


AGENDA

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

Budget & Finance Committee Chair: Robert Byrd

**Thursday, September 8, 2022
1:30 PM**

**Meeting Location:
VIRTUAL**

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1. **ACTION**
Call to Order / Roll Call
 2. **INFORMATION**
Report on Executive Committee 7-19-22 and 8-26-22 Closed Sessions and Board 9-8-22 Closed Session
 3. **ACTION**
Consent
 - A. Approve Special Commission Meeting Summary Action Minutes and Transcript - 3
Thursday, July 14, 2022
 - B. Contracts: Approve One (1) New Agreement and Authorize Staff to Complete Final 96
Execution of the Agreement upon Approval from the Board
 - C. AB 361: Reconsideration of Findings 98
 - D. Authorize First 5 LA to Receive Funds from First 5 California for the Refugee Family 99
Support Grant, Approve Resolution #2022-02 and Authorize First 5 LA Staff to Execute
Agreement in the Amount of \$354,711.13
 4. **INFORMATION**
Remarks by the Commission Chair of the Board
 5. **INFORMATION** **102**
Executive Director's Report

COMMISSIONERS

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

EX OFFICIO MEMBERS

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

EXECUTIVE DIRECTOR

Karla Pleitez Howell

EXECUTIVE VICE PRESIDENT

John A. Wagner

A PUBLIC ENTITY

- 6. **INFORMATION** **161**
Biennial Updates to First 5 LA's Conflict of Interest Code
- 7. **INFORMATION** **167**
Strategic Plan Review and Refinement
Presenters: Antoinette Andrews Bush, Chief Transformation Officer; Charna Widby, Chief Government Affairs Officer; Kaya Tith, Senior Strategist, Strategic Planning & Refinement; Kimberly Hall, Chief Data Officer, Office of Data for Action; and Tara Ficek, Director, Health Systems
- 8. **Break**
- 9. **INFORMATION** **185**
Living First 5 LA Values: Journey Towards Deepening Our Commitment to Diversity, Equity, Inclusion
Presenters: Antoinette Andrews Bush, Chief Transformation Officer and Evan Holland, Co-Founder, SEED Collaborative, LLC
- 10. **INFORMATION**
Public Comment (for items not on the agenda)
- 11. **ACTION**
Adjournment



SUMMARY ACTION MINUTES

**FIRST 5 LA
July 14, 2022**

**Meeting of the Board of Commissioners (VIRTUAL)
1:30-4:30 pm**

COMMISSIONER PRESENT

Commissioners:

Judy Abdo (Vice Chair)
Astrid Heger
Sheila Kuehl (Chair)
Yvette Martinez
Carol Sigala
Romalis Taylor
Keesha Woods

Ex-Officio Commissioners:

Robert Byrd (Alternate)
Jacquelyn McCroskey
Deanne Tilton

COMMISSIONERS ABSENT:

Barbara Ferrer [Excused]
Karla Pleitez Howell [Excused]
Frank Ramos [Excused]
Jonathan Sherin [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

GENERAL COUNSEL:

Serita Young, Attorney-at-Law

CALL TO ORDER / ROLL CALL: (Item 1)

1. Commission Chair Sheila Kuehl called the meeting to order at 1:31 pm. Quorum was present
2. Report on Executive Committee 6-22-22 Closed Session and Board 7-14-22 Closed Session

Legal Counsel Serita Young stated there were no reportable actions from the 6/22 and 7/14 closed session meetings.

3. CONSENT

- A. Approve Special Commission Meeting Summary Action Minutes and Transcript – Thursday, June 9, 2022
- B. Approve the Monthly Financial Statements Month Ending May 31, 2022
- C. AB 361: Reconsideration of Findings
- D. Approve Amendment of the Strategic Partnership with the California Community Foundation (CCF) Community Initiatives Fund, Fiscal Sponsor for the Los Angeles Partnership for Early Childhood Investment in the Amount of \$400,000 for a Total of \$700,000 Through June 14, 2023 to Advance the County-Wide African American Infant and Maternal Mortality (AAIMM) Initiative by Overseeing Backbone Support for AAIMM Community Action Teams (CATs) and Providing Capacity Building, Advocacy, and Community Grantmaking and Authorize First 5 LA to Execute A Contract Amendment in the Amount of \$400,000
- E. Approve Amendment to the Strategic Partnership with the Child Care Alliance of Los Angeles (CCALA) in the Amount of \$95,000 for a Total of \$690,892 Through June 30, 2023 to Complete the Final Phase of the Dual Language Learner Evaluation Which Includes Data Collection, Analysis, and the Dissemination of Results Shared with Key Early Learning Stakeholders Such Families and Providers

**SUMMARY ACTION MINUTES
MEETING OF THE BOARD OF COMMISSIONERS (VIRTUAL)**

**July 14, 2022
1:30-4:30 pm
Page 1 of 3**

SUMMARY ACTION MINUTES

M/S (Judy Abdo/Astrid Heger)

Roll Call:

Judy Abdo – Aye
Astrid Heger – Aye
Sheila Kuehl – Aye
Yvette Martinez – Aye
Carol Sigala – Aye
Romalis Taylor– Aye
Keesha Woods – Aye

THE ITEMS WERE APPROVED

COMMISSION: (Items 4 – 10)

4. **Remarks by the Commission Chair**
5. **Executive Director’s Report**
6. **Executive Director Recruitment: Waive Governance Guideline No. 1 (7 of 9 votes required) and Approve Contract Amendment for Executive Search Services with Justus McGinity Executive Search for an Additional \$150,000 for a Total Amount not to Exceed \$280,000**

M/S (Romalis Taylor/Judy Abdo)

Roll Call:

Judy Abdo – Aye
Astrid Heger – Aye
Sheila Kuehl – Aye
Yvette Martinez – Aye
Carol Sigala – Aye
Romalis Taylor– Aye
Keesha Woods – Aye

THE ITEM WAS APPROVED

7. **Authorize First 5 LA to Receive Funds from First 5 California for the Refugee Family Support Grant, Approve Resolution #2022-02 and Authorize First 5 LA Staff to Execute Agreement in the Amount of \$354,727 (Written Only)**

This was a written only item presented to the commission as an information. Staff plan to come back in September seeking formal action.

8. **Launching the First Review & Refinement Cycle of the 2020-2028 Strategic Plan**

Staff engaged Board in a conversation around their current thinking and suggested refinements to foundational elements of First 5 LA’s current Strategic Plan. The proposed refinements aim to sharpen First 5 LA’s strategic direction and tell a more coherent story about the systems changes we seek.

Some proposed refinements include:

- Changing the focus of our North Star since it heavily on school readiness which is different than children thriving and developing optimally.

SUMMARY ACTION MINUTES

Other considerations include orienting our work, grounding it in child development, and focusing and prioritizing a child's earliest moments.

Staff also proposed that refinements include prioritizing prenatal to 3 and that they would select public systems that impact our prioritized conditions and measure system outcomes to track our progress.

Staff plan to bring this item back to the fall for further discussion before a formal action is taken at the November Board meeting.

There is no further discussion on this item.

9. Public Comment (for items not on the agenda)

There were no public comments.

10. ADJOURNMENT:

The Commission adjourned at 4:30 pm.

NEXT MEETING:

The next Commission meeting will take place on Thursday, September 8, 2022 at 1:30 pm.

VIRTUAL BOARD MEETING

Meeting details will be posted per Brown Act Requirements
Meeting minutes were recorded by Linda Vo, Board Relations Manager

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MEETING OF FIRST 5 BOARD OF COMMISSIONERS
Thursday, July 14, 2022
Los Angeles, California

STENOGRAPHICALLY REPORTED BY:
HEATHERLYNN GONZALEZ
CSR #13646

1 Thursday, July 14, 2022; Los Angeles, California

2 1:30 p.m.

3 -oOo-

4 SUPERVISOR KUEHL: I think I can call the meeting
5 to order before we do the roll call. And, Linda, I'll ask
6 you to read the instructions for those who want to give
7 public testimony.

8 Ms. VO: Good afternoon, members of the board and
9 of the public. Before we begin today's meeting, I will be
10 going over some important information.

11 As you are aware, under AD361 members of the
12 First 5 LA board of commissioners or staff may continue to
13 participate in this meeting via teleconference during
14 declared emergencies through January 1st, 2024. And in
15 the interest of maintaining appropriate social distancing,
16 members of the public may observe this meeting
17 telephonically or otherwise electronically as posted on
18 our website and this agenda.

19 Now, regarding public comments there are two ways
20 to submit public comments. The first way is written
21 public comment via email, and those must be submitted in
22 advance of the meeting to my email LVO@First5LA.org by
23 1:30pm the day of the meeting in order for them to be read
24 aloud during the meeting. And as a reminder, public
25 comments emailed should indicate the item number the

1 comment correspondences with. Any public comments emailed
2 after -- received after 1:30 p.m. will become part of
3 public record.

4 Now, during the meeting public members can use
5 the Q and A chat function to express an interest in
6 speaking to an item. It is important that these requests
7 to speak be submitted via the Q and A chat box before the
8 item being commented on is presented. When submitting
9 requests to speak, public members are asked to only
10 provide his or her name and the item number comments
11 corresponds with. All public comments received during the
12 meeting via the Q and A chat will be addressed in the
13 order that they are received.

14 Now, when the public member does hear his or her
15 name being called they will be given the ability to speak
16 during the meeting. And after saying the name twice, if
17 we don't hear you begin your public comment, we will go on
18 to the next public comment. There will be two minutes
19 allotted for each public comment before we move on to the
20 next one.

21 Now, before we begin today's meeting, please do
22 note the following: To minimize background disruptions
23 all board members and staff should place their lines on
24 mute until called upon to speak. And to minimize multiple
25 people speaking at the same time and to ensure for a

1 coherent dialogue, board members can utilize the hand
2 raise or chat box function to express an interest to
3 speaking, and I will coordinate with the chair regarding
4 the item that you would like to speak to. And with the
5 exception of adjournment, which will be called on for by
6 the chair, a formal roll call will be done for all action
7 items. And a reminder to all board members to take
8 yourselves off mute prior to roll call.

9 And finally, if technical assistance is required
10 during the meeting, you can contact me at 213-276-9389 and
11 I will connect you with IT. And with that, I will hand
12 this meeting back to our honorable chair.

13 SUPERVISOR KUEHL: Thank you very much. Would you
14 conduct the roll call, please.

15 MS. VO: Judy Abdo?

16 SUPERVISOR ABDO: Here.

17 MS. VO: Astrid Heger?

18 COMMISSIONER HEGER: Here.

19 MS. VO: Yvette Martinez?

20 COMMISSIONER MARTINEZ: Here.

21 MS. VO: Barbara Ferrer? Frank Ramos? Carol
22 Sigala?

23 COMMISSIONER SIGALA: Here.

24 MS. VO: Romalis Taylor?

25 COMMISSIONER TAYLOR: Here.

1 MS. VO: Keesha Woods? Robert Byrd?

2 COMMISSIONER BYRD: Here.

3 MS. VO: Karla Pleitéz Howell? Jacquelyn
4 McCroskey?

5 COMMISSIONER McCROSKEY: Here.

6 MS. VO: Deanne Tilton?

7 COMMISSIONER TILTON: Here.

8 MS. VO: And Sheila Kuehl?

9 SUPERVISOR KUEHL: Here.

10 Ms. VO: Quorum is present.

11 SUPERVISOR KUEHL: Thank you very much.

12 The next item is to ask counsel to report back on
13 the Executive Committee closed session on June 22nd. And
14 there also was a closed session today, but I will report
15 out on that one at the beginning of my remarks.

16 So, Counsel, will you report out on the June 22nd
17 closed session?

18 ATTORNEY YOUNG: Yes, Chair. Thank you.

19 So the executive committee did meet on June 22nd
20 for a closed session. Under public employee appointment,
21 pursuant to Government Code Section 54597B1, the title of
22 the position is Executive Director. And from that
23 meeting, there was no reportable action.

24 And I will just say for purposes of today's
25 closed session for the full board, for purposes of the

1 Brown Act and reporting out under, that one was held
2 pursuant to, again, Government Code Section 54957
3 regarding the Executive Director. Under the Brown Act,
4 there is no reportable action. But, however, yes, Chair,
5 I'm aware that have you comments that you would like
6 to share out from that executive -- from that board
7 session under Item 4.

8 SUPERVISOR KUEHL: All right. Thank you,
9 Counsel.

10 The next item is our consent agenda, Item 3.
11 Does any member wish to remove any item from consent?
12 Hearing none, is there any public comment on Item 3?

13 Ms. VO: There are no public comments on Item 3.

14 SUPERVISOR KUEHL: All right. May I have a
15 motion to adopt the consent calendar?

16 COMMISSIONER ABDO: I will move that. This is
17 Judy.

18 COMMISSIONER HEGER: I'll second that. This is
19 Astrid.

20 SUPERVISOR KUEHL: All right. It's been moved
21 and seconded.

22 Please, call the roll to adopt the consent
23 agenda.

24 MS. VO: Judy Abdo?

25 COMMISSIONER ABDO: Yes.

1 MS. VO: Astrid Heger?

2 COMMISSIONER HEGER: (Nonverbal response.)

3 MS. VO: I see her hand.

4 Yvette Martinez?

5 COMMISSIONER MARTINEZ: Yes.

6 MS. VO: Carol Sigala?

7 COMMISSIONER SIGALA: Yes.

8 MS. VO: Romalis Taylor?

9 COMMISSIONER TAYLOR: Yes.

10 MS. VO: Keesha Woods?

11 COMMISSIONER WOODS: Yes.

12 MS. VO: And Sheila Kuehl?

13 SUPERVISOR KUEHL: Yes.

14 MS. VO: Motion is passed.

15 SUPERVISOR KUEHL: All right. Thank you very
16 much.

17 The next item, remarks by the Chair. Let me
18 start by reading out as was reported about closed session
19 today. There was no reportable action, but I do want to
20 say that the board met in closed session specifically to
21 discuss the recommendations of the executive committee as
22 to the process we will follow to recruit and hire First 5
23 LA's new Executive Director. The board gave the direction
24 that we will conduct a broad search of both internal
25 candidates and external candidates to find an individual

1 that has both a deep knowledge of California and specific
2 experience in Los Angeles County regarding our special
3 population of children to keep the important work of First
4 5 LA moving forward. We'll be voting at a later meeting
5 as to whether to adopt a contract for the executive search
6 firm, and the board also approved a job description which
7 will be made public, and commissioners were asked to
8 provide their thoughts about the position and the ideal
9 candidate in informal discussion.

10 We also looked at a time line for this
11 process which fulfills the board's intent of naming a new
12 Executive Director by early December before we take our
13 normal break for the holidays.

14 And per First 5 LA's succession plan, the
15 Executive Committee will serve as the search committee,
16 but every member of the board, of course, have input into
17 the selection of our next Executive Director. So that's
18 the report out from closed session.

19 And I have a few other thoughts for my remarks
20 today. Little bit unrelated, but I can be random from time
21 to time.

22 First of all, I want to acknowledge our Executive
23 Director's announcement that she'll be retiring from First
24 5 LA at the end of the year. I have no doubt that there
25 are going to be many, many accolades and parties and

1 meetings and, you know, just ways of letting Kim know how
2 much we appreciate her.

3 But I want to share -- I'm getting some feedback.
4 Is everybody on mute? Thanks.

5 I want to share, Kim, how much -- starting out,
6 how much you're going to be missed. I mean, we have
7 plenty time for this later, but I want to tell you it's
8 been really gratifying to be sitting next to you for most
9 of the years that I did this, or virtually next to you for
10 the past couple of years, and work on the things that
11 really drives the passion of our work: Our children, age
12 zero to five.

13 I was happy to recognize this in my own
14 newsletter, and just want to thank you, Kim. And we'll
15 talk more later about how much you'll be missed and, who
16 knows, go fishing together.

17 Next, I want to talk a little bit about the state
18 budget. Because, at the end of last month, Governor
19 Newsom signed a budget for '22-'23, and he projected about
20 a \$308,000,000,000 spending plan using a little over 234
21 billion State General Funds.

22 The finalized budget also shows about 37 billion
23 in total reserves and utilizes what's called a surplus,
24 which simply means it hasn't been budgeted for yet, for a
25 little over 101,000,000,000. So the '22-'23 budget now,

1 in effect -- because fiscal year started on July 1 -- is
2 actually the largest in the entire history of the State,
3 and the first one to feature more than \$300 billion in
4 spending.

5 So in terms of how First 5 LA faired, we actually
6 did pretty well in a number of categories. Several of our
7 highest advocacy priorities, including those shared during
8 this years' Advocacy Day meetings with our law makers, got
9 funding in the finalized budget. 157.3 million to continue
10 to waive family fees for state subsidized childcare and
11 preschool programs through the next fiscal year,
12 37-and-a-half million ongoing to expand the really
13 important California home visiting program, and
14 12-and-a-half million ongoing to expand the equally
15 important black infant health program. 10 million in '22-
16 '23 one-time money and 20 million ongoing, contingent on
17 whether there are sufficient state resources in future
18 years to provide children under the age of five with
19 continuous Medi-Cal coverage, also an extremely critical
20 item. Six-and-a-half million in the current budget year,
21 and 29-and-a-half million in '24-'25 and ongoing to change
22 the Early Start eligibility threshold from a 33 percent
23 delay to a 25 percent delay. And also to highlight the
24 role of fetal alcohol syndrome as a risk factor for
25 developmental delays.

1 Finally, I'd like to very briefly preview our
2 final item this afternoon, Item 8, which is launching the
3 very first review and refinement cycle of our 2020 to 2028
4 strategic plan.

5 Kim, I know you're going to speak a little bit
6 more in depth after this, but this is a really important
7 item; so I wanted to point it out as well.

8 For all of you who helped to develop and affirm
9 the strategic plan, you remember it calls for a review
10 every 3 years, and this will be the first review.

11 Secondly, the analysis of presentation are really
12 deep, and it's an excellent opportunity to ask ourselves,
13 you know, what are the problems we're really wanting to
14 solve and how can we prioritize our work. Even to look at
15 our north star and ask ourselves is this still what we
16 want to prioritize? So more of that later.

17 Linda, are there any public comments for my
18 remarks?

19 MS. VO: There are no public comments for your
20 remarks.

21 SUPERVISOR KUEHL: Okay. Thank you. Let me then
22 turn it over to our Executive Director, Kim Belshe.

23 Ms. BELSHE: Thank you, Sheila. And thank you
24 for that lovely image of maybe going fishing together.
25 That's not the first activity I will necessarily see

1 either of us doing, but I'm confident if we're doing it
2 together, we'd have a lot of fun.

3 And I'm hoping today will be a lot of fun,
4 because, as the Supervisor said, this is the first time
5 we're going to have an opportunity to execute on the
6 strategic plan's provision that calls for every 3 years a
7 -- what we call a strategic plan review and refinement
8 cycle. And so we're going to learn together. And I --
9 I'm deeply appreciative of the board in 2019 and the team
10 that helped conceptualize and advance this work for
11 incorporating this type of periodic review into our
12 strategic plan, because it -- it -- does provide a very
13 productive and constructive and, no doubt, challenging
14 kind of forcing function in terms of inviting us to step
15 back, to reflect on how things are going, what are we
16 learning, lift up some hard questions, and consider where
17 there are opportunities to further sharpen and strengthen
18 our work for children and families.

19 You're going to be hearing from a number of team
20 members who have been doing just that, and I really want
21 to express my pride and appreciation to each of them, both
22 -- certainly the people you'll hear from today, but other
23 colleagues that have been working so hard to shape the
24 clay of this presentation.

25 But I'm super proud of how that team hasn't shied

1 away from asking some hard questions, inviting some
2 complexity and messiness, and not shying away from issues
3 that require some tough decisions within the organization
4 and with the board broadly.

5 So today we're going to hear from a number of our
6 leaders in the organization. We're going to be uplifting
7 some important learning. They're going to be raising some
8 important questions and issues. And we want to share with
9 you some initial thinking about how we can further refine
10 and then sharpen our focus and our contribution to impact.

11 As you listen to this and engage -- and we're
12 eager for the board's engagement -- I want to lift up four
13 specific issues for us to keep in mind. First, and, you
14 know, the board has recognized this and the broader
15 community has recognized this, First 5 LA is an
16 organization that has gone through and continues to go
17 through a really significant shift in our strategic focus,
18 shifting from funding direct services to focusing on
19 systems change, which our organization has identified or
20 defined as policy change, practice change, and public will
21 change.

22 That strategic shift has certainly been important
23 to this organization. It's also been important to our
24 partners and to the field broadly. It's a shift that I
25 think really aligns so well with our unique assets as an

1 independent County agency, and our role as a convener and
2 connector and a catalyst. And as the board and the team
3 knows, it's also been a shift that's been enormously
4 challenging.

5 This work by its nature is complex, especially
6 any type of systems change is complex, but particularly a
7 systems change where we're working to integrate and
8 coordinate different types of child and family serving
9 systems to actually work for children and families.

10 So my first point, and one that I've emphasized
11 with the board for the past year and a half or so is that
12 to do this kind of work is required and requires First 5
13 LA to do it's work differently if we're going to make
14 meaningful progress towards our goals at a system level.
15 And I've talked specifically with the board, for us to
16 contribute to change at a scale worthy of our County's
17 kids, we've got to focus and prioritize be really clear
18 about the work that matters most. We need to advance
19 tighter alignment and integration, both within First 5 LA
20 as well as with our County partners and others, and we
21 really need to ensure that we're incorporating our values,
22 particularly diversity, equity, and inclusion in all that
23 we do.

24 That leads me to my second point, which is our
25 implementation efforts today that really helped us to

1 identify and lift up challenges to focus and prioritize to
2 align and integrate our work. And as we've been digging
3 into what's holding us back, we really discerned and
4 really an important overarching insight that has
5 implications for our ability to focus and to prioritize,
6 and that's namely that we have a need, which we'll talk
7 about with you this afternoon for greater clarity in terms
8 for what we are holding ourselves as an organization
9 accountable for for achieving.

10 So in short, we're saying we have to do some work
11 to make claim of what success looks like, how that change
12 occurs, and how we're going to know whether or not we're
13 making progress. So that's, like, the organizational
14 challenge in front of us, Point Number 2.

15 Number 3 is we see a lot of urgency in this work.
16 Greater clarity on the outcomes we're going to
17 relentlessly pursue and hold ourselves accountable for
18 achieving are important for a number of reasons. Greater
19 clarity is going to allow us to -- the organization to
20 more strategically focus and prioritize our work, and I
21 think the board would agree, as the team believes, we are
22 doing too much. We need to focus not only on what we're
23 going to do but what we're not going to do so that what we
24 do do, we can be doing with the highest impact
25 contribution and change possible. Greater clarity for the

1 outcomes we're holding ourselves accountable for will also
2 help us explore and support deeper integration and
3 alignment grounded in a shared understanding of intentions
4 and aspirations. Systems change is -- is a team sport.
5 And the clearer we can be about what those goals are that
6 we're going to relentlessly focus on, the greater our
7 opportunity is to align with intention and goals with our
8 County partners and our community partners and more
9 broadly.

10 Greater clarity also will help us measure our
11 progress. This has been a recurring theme in our
12 conversations with the board, with the staff. It is a
13 critical issue. So having a clear, shared understanding
14 of the goals we are going to be pursuing and measure
15 progress against is absolutely essential.

16 Finally, greater clarity will also help us bring
17 and inform our multi-year financial planning and support
18 our responsibility as a steward of public funds and the
19 context of declining revenues. So the absence of
20 sufficient clarity has some significant implications.
21 greater clarity will contribute for the reasons I'm
22 touching on to greater impact.

23 Finally, I want to underscore as the board
24 absorbs what is a lot of important and deep information,
25 our intent is for today's conversation to be a starting

1 point, not an end point. We're going to begin by
2 talking about our context in learning, and we want to
3 share with the board, somehow, our thinking how we might
4 clarify what we're holding ourselves accountable for, and
5 do so in a way that can help us better focus and
6 prioritize and align and integrate our work and support
7 our ability to measure progress.

8 We are going to start with the end in mind, which
9 is our north star. We're going to share some insights
10 about the north star and talk with the board about a
11 proposed reframing of the north star. We're going to
12 speak to the opportunities before us informed by the
13 learning and potential reframe to the north star, and we
14 want to share some of the questions with you that we're
15 wrestling with.

16 I say to the team, inviting people into your
17 problems is a sign of strength. And I believe inviting
18 the board into some of the issues we're wrestling with is
19 an important example of how the team is genuinely
20 interested in getting some feedback and insights, because
21 these are some hard issues. There aren't easy answers.
22 There's not black and white solutions. But they really
23 are reflective of some very deep and important learning
24 and implementation of experience thus far, and some
25 important and powerful opportunities we see for us to

1 really lean into our role as a strategic, high-impact
2 agent of change in this family and child serving systems
3 that are critical to optimizing child -- healthy child
4 development in their overarching development.

5 Super proud of the team you'll be hearing from
6 them in a moment. But for now, I'll send it back to the
7 chair.

8 SUPERVISOR KUEHL: Thank you very much, Madam
9 Executive.

10 Ms. Vo, do we have any public comments on Kim's
11 report?

12 MS. VO: There are no public comments on Kim's
13 report.

14 SUPERVISOR KUEHL: All right. Then we will
15 receive that report. Thank you so much.

16 Item 6 is as I think I teed it up a little
17 earlier, this item is required in order to consider
18 expanding the contract that we have with Justus McGinity
19 Executive Search to do in addition to the high-level
20 searches they're conducting for us already to allow them
21 to conduct a search for the Executive Director.

22 In order to do that, we need to waive our
23 Governance Guideline Number 1 in order to do this today.
24 And to amend and extend the agreement with Justus
25 McGinity.

1 So let me turn it over to Counsel because I
2 believe this is an item that you're going to lead us
3 through?

4 ATTORNEY STEELE: Thank you, Chair. And I think
5 you led us through already. The only thing to your
6 excellent introduction to the item is that the proposed
7 dollar amount of the addition to the contract, \$156,000
8 for the fiscal year, of which approximately 75,000 is
9 expected to be used for the Executive Director search.
10 And the amendment to the contract also includes an
11 increase in the hourly rates payable to the consultant
12 from \$150 an hour to \$175 an hour.

13 So with that, staff would recommend that the
14 board vote with -- there's a seven of nine vote required
15 to waive Governance Guideline Number 1 and approve the
16 extension amendment of the contract with Justus McGinity.

17 And I'd be happy to answer any questions.

18 SUPERVISOR KUEHL: All right. Judy, do you see
19 anyone who's raised their hands that wishes to ask a
20 question or make a comment?

21 COMMISSIONER ABDO: Romalis would like to.

22 COMMISSIONER TAYLOR: I wasn't going to ask a
23 question. My hand -- I am going to make the motion when
24 it's time.

25 SUPERVISOR KUEHL: Okay. Anyone else that you

1 see that wishes to speak?

2 Ms. Vo, do we have any public comments on Item 6?

3 MS. VO: There are no public comments on Item 6.

4 SUPERVISOR KUEHL: All right. Thank you.

5 So we have a motion from Romalis. And this would
6 be that the board waive our Governance Guideline Number 1
7 and amend and extend the agreement with Justus McGinity
8 Executive Search to conduct the recruitment for the
9 Executive Director and other recruitments.

10 COMMISSIONER ABDO: And I'll second it.

11 SUPERVISOR KUEHL: All right. It's been
12 seconded. So let us call the roll.

13 MS. VO: Judy Abdo?

14 COMMISSIONER ABDO: Yes.

15 MS. VO: Astrid Heger?

16 COMMISSIONER HEGER: Yes.

17 MS. VO: Yvette Martinez?

18 COMMISSIONER MARTINEZ: Yes.

19 MS. VO: Carol Sigala?

20 COMMISSIONER SIGALA: Yes.

21 MS. VO: Romalis Taylor?

22 COMMISSIONER TAYLOR: Yes.

23 MS. VO: Keesha Woods?

24 COMMISSIONER WOODS: Yes.

25 MS. VO: Sheila Kuehl?

1 SUPERVISOR KUEHL: Yes.

2 MS. VO: Motion is passed with seven votes.

3 SUPERVISOR KUEHL: Okay. Thank you very much for
4 that very important step to take.

5 Let us move on to Item 7. It's presented as a
6 information item that we received in writing. A very,
7 very exciting one. So I'm going to turn it over to Reid
8 Meadows, Senior County strategist. But -- to present it.
9 But before I do, let me just say for those of you who
10 don't know, Reid is leaving. And July 22nd is his last
11 day after five years working with us. But then for some
12 unnamed reason, got married and is moving to Philadelphia.
13 But this -- this has been an incredible five years of
14 work, standing up our relationship with various parts of
15 LA County to work through our priorities. This item is a
16 really, really great example and a very exciting one,
17 which I'll ask Reid to present.

18 So let me turn it over to you, Reid.

19 MR. MEADOWS: Okay. Well, thank you so much,
20 Supervisor. I'm -- not expecting that, but thank you so
21 much.

22 So this item is information only. We will come
23 back to the board in September for action on this. And so
24 this was in response to a huge influx of refugees
25 following the humanitarian crisis in Afghanistan,

1 subsequently Ukraine.

2 First 5 California approved funding, 3 million
3 statewide, specifically, for First 5 commissions across
4 the state. We have been participating in LA County Office
5 of Emergency Management to put together a refugee task
6 force. We've been participating in that, and we ended up
7 at -- once this RFA was released, we partnered with
8 International Institute of Los Angeles. They are one of
9 the LA County resettlement agencies. And we decided to
10 apply for this funding.

11 The grant is really broken down into 3 main
12 categories. It's intended to be gap funding; so the idea
13 really is to connect refugees to longer term sustainable
14 public funding. But hopefully this funding will serve as
15 a really important bridge funding in order to connect
16 those refugees recently arriving with those public funding
17 sources.

18 So IILA -- International Institute of Los Angeles
19 -- is planning to offer assistance, navigation, case
20 management with incoming refugees, specifically refugees
21 with young children and their families. They will also be
22 offering emergency childcare for 90 days before they can
23 be connected to longer-term childcare. And then there
24 will also be some emergency housing vouchers, three months
25 of rent, before they can get connected to longer-term

1 public funding sources.

2 So we have partnered with them on this grant and
3 we were awarded it. It was competitive process across the
4 state, and we will be executing or, hopefully, upon the
5 board's approval in September.

6 So I think that's all I have to say.

7 SUPERVISOR KUEHL: All right. Thank you. Thank
8 you so much. And thank you so much for your work.

9 But, Counsel, I'm a little confused. It says
10 it's an information item, but it also appears to need us
11 to adopt a resolution to authorize the staff to execute
12 the agreement. So do we have to vote on this? Or how do
13 we authorize it?

14 ATTORNEY YOUNG: Chair, I believe the description
15 of the item is just referencing for the future action what
16 the future action will be. So it is really an information
17 item and no action is needed at this time.

18 SUPERVISOR KUEHL: All right. Good.

19 And are there any public comments on this item?

20 MS. VO: There are no public comments on this
21 item.

22 SUPERVISOR KUEHL: All right. Then we will
23 accept this information and look forward to the future
24 item when we're asked to say, oh, yeah. We'll take the
25 money.

1 COMMISSIONER HEGER: Supervisor, this is
2 Dr. Heger. Can I ask one question before he goes to
3 Philadelphia or wherever the heck he's going?

4 So you may not know or -- you may know that I
5 adopted and facilitated a family of seven out of Kabul to
6 -- did you know that?

7 MR. MEADOWS: I did not, actually.

8 COMMISSIONER HEGER: And my experience in dealing
9 with the individuals in LA County for relocation and
10 support was culminated in the statement by the Director of
11 the Institute that said, "Good luck, Dr. Heger. We expect
12 them to spend the rest of their life living in abject
13 poverty and we wouldn't be surprised if they weren't under
14 a bridge fairly soon."

15 And that kind of galvanized my psyche as you can
16 probably well imagine. So when we go back and this is
17 brought back to the board in the fall, I would be
18 interested in knowing in exactly what way we get to
19 participate in a positive way to support these families.
20 Because I was absolutely blown away by my conversation
21 with this guy. And I became a social worker for refugees
22 for about three or four months, to say nothing of their
23 chauffeur. But, I mean, I really think we have to as --
24 as a commission, have to look carefully in terms of
25 exactly what they're willing to do.

1 So maybe you could pass that baton to somebody.
2 And let them know that Dr. Heger is going to be all over
3 this like lint on a blue serge suit. So maybe we could
4 prepare ourselves for the worst.

5 All right?

6 MR. MEADOWS: I appreciate your comments,
7 Commissioner Heger, and will also absolutely pass on the
8 baton. And happy to provide extra discussion in the
9 September board meeting.

10 COMMISSIONER HEGER: All right. Thank you.

11 SUPERVISOR KUEHL: Thank you. Thank you, Astrid.

12 I haven't heard anything about blue serge suits
13 for such a long time.

14 All right. Anything else on Item 7 before we
15 leave it?

16 Okay. Thank you. Let us move on to Item 8.
17 This is really the -- the bulk of our meeting today; so I
18 wanted to ask my colleagues on the board to, you know, be
19 prepared to take some notes about things that you may be
20 thinking while you're hearing the presentation, because
21 there will be three times that our staff will pause for
22 discussion with the board.

23 You know, Antoinette will begin and Kaya will
24 give us an overview about what they've been thinking, with
25 Tara leading us in discussion about, as Kim indicated,

1 looking at our north star and anything we may need to
2 rethink about that.

3 We'll take a ten-minute break after those three
4 things. And then Charna and Becca are going to lead us in
5 a discussion as well about, you know, what problems are we
6 trying to solve and how will we approach that.

7 And then -- then Charna will ask us to look at
8 our focus, how we prioritize, how we measure. We'll also
9 have discussion on that. So there will be three times we
10 pause for board discussion. And then Antoinette will wrap
11 it all up and close, and that will be the end of this very
12 interesting and important item.

13 So with that, let me turn it over to Antoinette
14 to begin the presentation and the sessions of discussion.

15 Thank you so much.

16 MS. ANDREWS BUSH: Thank you, Madam Chair. And
17 good afternoon to our commissioners and my colleagues, our
18 partners, and community. I am so eager, along with my
19 colleagues, to begin this conversation; so I'm going to
20 start with some opening remarks, and then we're going to
21 jump right into the conversation.

22 So just as a reminder to the board, the 2020-2028
23 strategic plan includes a commitment to review and refine
24 our strategic plan every three years. And 2022/2023,
25 which is this current fiscal year, is the third year of

1 strategic plan implementation. And today represents the
2 official launch of our very first three-year review and
3 refinement cycle.

4 Now, when the strategic plan was approved by the
5 board in 2019, board members and staff understood that the
6 work we do is conducted in a very dynamic context, and
7 that community conditions affecting children and families
8 can change rapidly.

9 So with this understanding, we had the foresight
10 to build in flexibility into our strategic plan so we can
11 be responsive to shifts in the external environment and
12 apply learning from implementations to achieve real and
13 meaningful change for children, family, and communities.
14 And as we now know, the context and communities have
15 indeed changed rapidly and dramatically. And during our
16 first two years of implementation, we learned, as Kim
17 noted, that we have to bring much sharper clarity to the
18 organization's focus and priorities in order to contribute
19 to outcomes that are still worthy of LA County children
20 and families.

21 So today's conversation is a starting point for
22 how we intend to bring sharper clarity to our focus and
23 priorities and tell a more coherent story about the
24 systems changes that we seek.

25 So our intention today is to provide insight into

1 the -- into our learning and questions that we've been
2 grappling with and invite commissioners into dialogue
3 around refinement for our strategic plan that will help us
4 focus and prioritize. And we acknowledge that there is a
5 lot of information that we're going to share during our
6 board meeting. And actually, our Chair stole my thunder,
7 but I was going to tell you there are three sections to
8 the presentation, and discussion that will help
9 commissioners digest the information and discuss what we
10 are presenting today.

11 So I'm just going to review again what our Chair
12 shared. First, our colleagues will provide a brief
13 overview of the strategic plan refinement cycle and
14 learning to date, and the implications of those learning
15 for reframing our north star.

16 After the first board discussion, there will be a
17 break. Then when we return from the break, we will turn
18 our attention to what we see of the opportunity before us,
19 sharing with the board the questions that have been
20 guiding our thinking.

21 And during the third section of the presentation
22 and discussion, we will summarize the information and the
23 implications for how we'll focus, prioritize, and measure
24 our work.

25 At this time, my colleague Kaya Tith will move us

1 to the exploration.

2 MS. TITH: Thank you, Antoinette. And good
3 afternoon commissioners, staff, and members of the public.

4 As Antoinette mentioned, we're going to start our
5 presentation first with some context setting.

6 So what have we learned over these past two years
7 of implementation that has informed where we start in our
8 review of reflections of our strategic plan during the
9 first cycle? So as a reminder, this visual here reflects
10 our commitment to engage in that ongoing and periodic
11 three-year review, reflection, and refinement of elements
12 of our 2020, 2028 strategic plan.

13 And as Antoinette mentioned, this fiscal year
14 marks our third year of implementation, as well as our
15 first cycle of that early-year review and refinement
16 cycle. And our review and refinement efforts, as Kim
17 mentioned, and learning from experience and data over the
18 past two years of that implementation.

19 So what have we been learning over the past two
20 years to reform our refinement efforts? The following are
21 highlights of those key learnings that informed where do
22 we start in our review and refinement of our strategic
23 plan.

24 So firstly, we're learning that the strategic
25 plan has broad and multiple elements. When we developed

1 the 2020-2028 strategic plan in 2019, as Antoinette noted,
2 we did so with the goal of clarifying our priorities and
3 role as agents of system change with the understanding
4 that the systems change work is complex and takes time and
5 it cannot be accomplished by a single organization. We
6 added a time urgency to our north star, while retaining
7 focus on school readiness and sought to communicate a
8 pathway for systems change that provides that clarity,
9 focus, and shared understanding needed so we could achieve
10 the greatest impact possible for children, families, and
11 communities.

12 But what we've learned is that, despite this
13 attempt in 2019, the broad and multiple elements in our
14 current strategic plan such as our north star, our results
15 for children and families, which are our outcomes, our
16 long-term system outcomes, and multiple-systems outcomes
17 lend itself to multiple interpretations of what we're
18 trying to achieve and why. And, therefore, it's had
19 implication in our ability to prioritize and focus, align
20 and integrate our work. And as noted earlier, defining,
21 measuring, and communicating success.

22 We've heard these same reflections from the board
23 in past strategic plan implementation update
24 presentations, of really wanting to hear what is the story
25 of our impact.

1 Secondly, we've learned that systems change work
2 requires us to be responsive and adaptable in the context
3 of a dynamic environment and rapidly changing conditions
4 as Antoinette noted. This rapidly changing context during
5 the pandemic, as well as the strategic opportunities that
6 are happening at the local and state level that we've
7 heard a little bit earlier today, really requires us to
8 sharpen that strategic focus and direction of our role and
9 impact so that we can effectively respond and adapt.

10 Thirdly, our fiscal imperative of embracing our
11 fiscal reality adds a sense of urgency to have clarity and
12 define our impact and unique role so that we can deploy
13 our fiscal and human resources strategically to maximize
14 impact.

15 We've engaged the board in previous months on our
16 ongoing work of aligning our long-term financial plan to
17 our fiscal reality. We've heard that our exploration of
18 potential use of remaining fund balance and when to align
19 revenue expenditure needs to be grounded in the impact
20 we're trying to achieve. So in summary, our lessons
21 learned over these past two years is that we still have
22 insufficient clarity on what we're trying to accomplish,
23 why, and how. And this is why our first cycle strategic
24 plan review and refinement is that opportunity to apply
25 what we've learned and achieve that level of clarity and

1 focus originally sought in 2018.

2 It is because of this learning that we're
3 starting our review refinement efforts and first really
4 bring clarity, and having that -- building that shared
5 understanding of what we are trying to achieve, and why,
6 as Kim noted, what are the outcomes we will relentlessly
7 pursue to hold ourselves accountable for.

8 To do this, we realized first we need to start at
9 our north star and consider that those are opportunities
10 to reframe our north star so that we can orient our work
11 to that critical, unique, development window in the
12 earliest years of a child's life.

13 With that grounding in our north star, then we
14 need to have a shared agreement on what is that, the
15 opportunity in front of us, what's our understanding of
16 the problem, and the opportunity for us to address what's
17 First 5's unique role in that opportunity. With the
18 grounding of our north star and the opportunity in front
19 of us, then we can ask ourselves what are the outcomes
20 that will relentlessly pursue and why. And so today, our
21 work -- our presentation is focused on the two of these
22 three areas -- our current progress to date and reframing
23 our north star and our opportunity in front of us.

24 Our work over the summer will be to refine our
25 outcomes grounded in our reframed north star and agreement

1 on this opportunity.

2 With that, I'll hand it over to my colleague Tara
3 to share what our current work is in reframing our north
4 star, the why and wherefore.

5 MS. FICEK: Thank you, Kaya.

6 So as we begin to clarify what we're holding
7 ourselves accountable for and in response to the learning
8 Kaya just shared with you, we realized the best place to
9 start was through a review of our north star, which
10 reflects the why of our work or our reasons for our work.

11 Our north star currently reads that by 2028, all
12 children in LA County will enter kindergarten ready to
13 succeed in school and life. And as the team processed
14 this, we worked through a number of questions. What do we
15 mean by ready for school, ready to succeed in school,
16 life, and what would that look like? If children need to
17 maximize their full developmental potential before
18 kindergarten, what is needed for that to occur? And
19 finally, what are the broader conditions needed to support
20 children to reach those full developmental potential.

21 These questions and the discussion they sparked
22 supported the following conclusion: Our north star is
23 heavily focused on school readiness, which is very
24 different than children developing optimally.

25 We're going to pause on that because that's a

1 really big critical conclusion the group came to. And
2 given this, the team decided a reframe was warranted to
3 better reflect the why of our work going forward.

4 So, again, here is the current north star:
5 Focused on school readiness and time bound by 2028. And
6 here is the reframe: Children will reach full
7 developmental potential throughout prenatal to five.

8 The changes are pretty obvious, I'm sure, to you,
9 but changes we want to call out in our rationale include
10 first we removed the 2028 time frame, which was included
11 to emphasize urgency as well as note the time frame and
12 date of our current strategic plan, and also was a nod to
13 LA's role in hosting the 2028 Olympics, and the focus that
14 would come from such an event.

15 Removing the year as urgency is better fulfilled
16 for emphasis on the earlier years, as you see with the
17 directly noting prenatal through five and this critical
18 unique period for children's development.

19 Second, we shifted the focus to reaching full
20 developmental potential throughout, versus a specific
21 point in time, like entering kindergarten. We think this
22 reinforces that child development is a continuous process
23 that never stops, and also adheres to key stages of
24 predictable growth in early childhood.

25 And finally, we included language that speaks to

1 the entirety of our target population, prenatal to five,
2 pushing us to think of children at a much younger age,
3 moving away from an orientation of an older child for
4 five-year-olds entering school. This change prioritizes
5 children at their earliest moments, acknowledging the
6 significance of pregnancy and the first few years of life
7 in supporting a child's development.

8 Many of the limitations of our current north star
9 that I just highlighted are themes commissioners have
10 shared and wrestled with in past conversations. Our
11 reframed vision reflects acknowledgment of those
12 discussions, and we think brings greater clarity on the
13 why of our work.

14 So as you continue to process our reframed north
15 star, let's consider the implications. First, a reminder
16 of the purpose of the north star. It serves to orient our
17 work, but it doesn't determine the what of our work. It
18 offers the why, our reason for being, and clarifies our
19 purpose. It's not to serve as a check off or threshold
20 for what we decide to do.

21 The reframe also grounds our work in child
22 development, and that continuous process children
23 experience beginning prenatally to age five, and for
24 multiple domains including motor language, adapted social,
25 emotional, and cognitive. It uplifts the urgency of a

1 child's first years, prioritizing the earliest moments
2 when rapid brain development is happening that sets the
3 foundation, the lifelong learning behavior, and health.

4 And finally, it affirms Proposition 10, which
5 clearly states our mandate of promoting, supporting,
6 and improving the early development of children.

7 With that, we'd like to open it up for
8 discussion. As was mentioned before, we'll have our first
9 discussion stop and hear from you commissioners.

10 So what is resonating? Kind of what's coming up
11 for you? What questions do you have? And we can really
12 open it up for comments and questions.

13 SUPERVISOR KUEHL: Okay. Well, since Judy can
14 see who's raising their hands, let me ask Judy to call on
15 people to talk about this thoughtful adjustment, about
16 what it is that we anchor ourselves to essentially, as our
17 purpose. What are we aiming to accomplish? What is the
18 why of our work, as Tara has said.

19 So, Judy, do you see anyone with their hand up to
20 kick this off?

21 MS. BELSHE: Dr. Byrd's hand is up, Sheila.

22 COMMISSIONER ABDO: So I didn't remember I was
23 muted.

24 Yes. Robert Byrd, and then we have Deanne.

25 Did you have your hand up? No? Okay.

1 SUPERVISOR KUEHL: Let's start with Robert, and
2 you can see if anyone else -- you know, it's a lot to
3 think about and respond to.

4 But, Robert, kick us off.

5 COMMISSIONER BYRD: Sure. One of the things I
6 like about the reframe is that it kind of shifts us from,
7 like, school readiness to really looking at social
8 determinants of health or the overall well-being that will
9 really launch a stronger trajectory, if that's the right
10 word. That kind of looking at the individual as a whole
11 person, and what this -- what contributes to wellness and
12 well-being.

13 SUPERVISOR KUEHL: Okay. Anyone else?

14 COMMISSIONER ABDO: Yes. We have Yvette and then
15 Jackie.

16 COMMISSIONER MARTINEZ: Thank you. I liked what
17 you said, Robert. One thing I remember from our prior
18 iteration discussion about our north star was that we put
19 the date in 2028 for a sense of urgency to sort of have
20 something to drive our energy and our sort of sense of
21 urgency, basically.

22 So I notice that you -- and you took the year
23 out. So can you -- and I just -- I worry that, like, you
24 know, I don't want to lose that sense of urgency that this
25 is giving. So tell me what your approach is and your

1 thoughts of removing the year 2028.

2 MS. FICEK: Yeah. We had a lot of conversation
3 with the understanding that the year 2028 wasn't
4 emphasizing that urgency or wasn't putting enough
5 placement on that urgency, and the focus to the earliest
6 years prenatal shifting right to those early years where
7 it is a very critical window, 0 to 3, 4, early childhood
8 development was what we're trying to place the urgency on
9 the conversation. The team says once in a lifetime
10 opportunity essentially. And so by focusing on those
11 earlier years and pivoting younger can that be -- can that
12 replace the urgency, because the date wasn't necessarily
13 fulfilling that.

14 COMMISSIONER ABDO: Jacky.

15 COMMISSIONER McCROSKEY: Thank you. I -- when I
16 first looked at these slides, I went wow. This is a very
17 important sort of foundation-laying thinking, and I'm very
18 much in support of moving away from a single focus on
19 school readiness as the north star. But I can't help
20 myself from jumping to the accountability portion of it.
21 And I think it's going to be even more challenging to
22 figure out holding ourselves accountable for which aspects
23 of, and not just conceptually but realistically, given the
24 size and scope and spread. So I just -- I know we're
25 going to take this part by part, but -- we're going to

1 make sure all the pieces lead to each other. But that was
2 my initial reaction was wow, this is in many respects even
3 broader and more challenging to figure out what our unique
4 contribution is in relationship to the many other partners
5 who affect developmental potential -- development and
6 developmental potential.

7 MS. FICEK: Yes. There was similar sentiment in
8 conversation within the organization of wait a minute,
9 aren't we going broader? But I do think -- and I heard
10 you say this too, it's coming in the subsequent sections,
11 I think you will see your point of, like, the aspects of,
12 you know, where can we focus will be more clear as we move
13 through the different pieces. So hold that comment, and I
14 think as we get through with the future systems, if you're
15 still processing that, we'll have plenty of time to
16 discuss that if it's still not clear to you.

17 COMMISSIONER ABDO: Okay. Romalis.

18 COMMISSIONER TAYLOR: I'm in concert with Yvette
19 and Jacquelyn. We have to have accountability at some
20 point; so I hear what you're saying, Tara, that it's going
21 to be covered in later discussion, but we need to really
22 focus on what that is and how we -- where are we going to
23 target this effort as we get on in the other one. Because
24 accountability is key. We want to be able to tell the
25 constituents and state and everyone what your successes

1 are, what we've learned and how we're -- where we're
2 going.

3 So this looking at it from the standpoint of what
4 we're going to do, I like the aspect that we are focusing
5 early, because this is the key to changing the trajectory
6 for children. I like the refocusing of that. But I -- I
7 think the accountability issue has got to be somewhere,
8 and hopefully, as we go forward, you will help us get to
9 that.

10 MS. FICEK: I have full confidence the team will.
11 But, again, if you're still, you know, working through
12 that question in the Part 3 discussion, let's bring it
13 back up. But yes, it is coming.

14 And at this point, it's really does this reframed
15 north star really better clarify our why and purpose? And
16 given the shifts and changes I walked through, does that
17 really resonate or not with this board? So it sounds like
18 the earlier focus on the earlier years was sitting well
19 with you, Commissioner Taylor; so appreciate those
20 comments, and we will keep walking through the future
21 sections again. Hopefully, we'll get at your questions
22 and concerns related to accountability.

23 COMMISSIONER ABDO: Okay. So we've got Carol
24 Sigala.

25 COMMISSIONER SIGALA: I just wanted to reiterate

1 with everyone else, I think the accountability issue is
2 incredibly important, but also looking at health and
3 mental health is extremely important as well. So I'm
4 looking at accountability, and hopefully we can see that
5 when we get to the third part as well as everyone's else's
6 concerns.

7 MS. FICEK: Yeah. Subsequently, Charna -- my
8 colleague Charna is going to dig into the whole child --
9 greater descriptions tied to whole child.

10 And I think to your comment, Commissioner Byrd,
11 the social determinants of how mental health aspects are
12 showing up there as well.

13 COMMISSIONER SIGALA: It's extremely important;
14 so thank you for focusing in on that.

15 COMMISSIONER ABDO: Okay. I have a couple of
16 remarks.

17 One is I've always been uncomfortable with
18 picking a year or a date when -- when the work is supposed
19 to be done. I mean, I would like to have that date be
20 tomorrow, and -- and not say that there's this period of
21 time where it's not expected that we're going to do this
22 work and then -- then we are to have expected to have
23 accomplish it. This is ongoing and children keep getting
24 being born, I've noticed, and then they keep developing.
25 And then they move up through their early years. And --

1 and I -- I think we -- we just need to sort of acknowledge
2 that. And I'm assuming that that's part of what your next
3 presentations will bring for us.

4 I -- I -- really like the -- the changes that
5 you've, I guess, revealed to us so far.

6 SUPERVISOR KUEHL: Thank you, Judy.

7 Anyone else -- sorry. Did you want to answer
8 first?

9 COMMISSIONER ABDO: I was just saying there's
10 nobody else with their hand up.

11 SUPERVISOR KUEHL: Okay. Well, I have a few
12 comments as well that echo in many ways my colleagues on
13 the board.

14 One of the things that we've been discussing over
15 the last several months is a recognition that we're
16 doing, in many ways, too much work given our declining
17 revenue, and our need to sort of lessen the volume of it
18 to live within our means. At the same time, as I do
19 resonate to a change from a -- simply an emphasis on that
20 when they enter kindergarten, are they ready, and, of
21 course, we've had a lot of questions about what it means
22 to be ready and new ones during the pandemic; so should I
23 be able to understand my teacher without seeing her mouth
24 because she's masked, for instance? And so I like, you
25 know, the broadening of it.

1 Like my colleagues, though, I -- I -- I'm worried
2 about the 3 Bears item. If we were a little too limited in
3 our goal earlier, are we now too diffused? And I -- I
4 know we've said the last item is how we will focus, how
5 we'll prioritize, and how we will measure our success on
6 how we've met our goal. But I guess in terms of talking
7 about full developmental potential and the fact, as Judy
8 said, that the work is never over, because there's always
9 a new child that needs these services in this age group or
10 many of them. So I think we have indicated, seems to me,
11 a general positive attitude for not having a goal year,
12 because, again, as Judy said, you know, what about the
13 ones who come after that year?

14 And secondly, shifting it kind of earlier in
15 development, really even prenatal, most people feel, I
16 think, is a good use of our targeting resources. But
17 whether we will be able to meet that, I guess, is what
18 we're going to have to discuss in the next couple of
19 presentations and discussions; so I look forward to that.

20 Is there anyone else that wants to talk about
21 this -- a presentation on the north star? Because we're
22 going to take a little break and come back for the next
23 two pieces.

24 Any one else with their hand up, Judy?

25 COMMISSIONER ABDO: No. No one else has their

1 hand up.

2 SUPERVISOR KUEHL: All right. Then let's take a
3 break. Let's say for 13 minutes, to 2:45, and come back
4 all together. Don't sign off, just maybe turn your
5 cameras off, and we'll come back into session at 2:45.
6 Thank you.

7 (A brief break.)

8 SUPERVISOR KUEHL: Okay. Let us gather again in
9 front of our computers and cameras and phones and things
10 to come back into our meeting after our break. So let me
11 hear some voices to let me know that people are around.

12 Looking good. So let us continue with the
13 presentation.

14 I think Charna and Becca, you're next?

15 MS. WIDBY: we are. We're excited. So in this
16 next section, we will unpack the opportunity in front of
17 us. So to get to the framework that we will use to narrow
18 our focus and identify the outcomes that we are promising
19 to relentlessly pursue within our strategic plan review
20 and refinement, we're exploring the whats and whys of
21 reaching full developmental potential and clarifying the
22 opportunity we see in front of us to collectively and
23 relentlessly pursue, starting with identifying what is
24 needed for children to maximize their full developmental
25 potential through prenatal -- throughout prenatal to five,

1 and what conditions are needed to support children
2 reaching their full developmental potential, what helps
3 and hinders those conditions that impact child
4 developmental potential, and what makes First 5 LA
5 uniquely positioned for public systems change.

6 We recognize this is largely conceptual and
7 building toward our strategic plan refinement; so hang
8 in with us as we walk through our logic and reframing the
9 opportunity we see ahead and getting us closer to
10 narrowing and defining our role and impact. And, of
11 course, that starts with the reorientation to a reframed
12 north star and the problem that we are collectively trying
13 to solve in the why of our systems change work.

14 So starting with what children need to maximize
15 this window of development, first recognizing that this is
16 a critical window of development. I know we talk a lot
17 about brain development, but there are a few key points
18 that we are thinking about as we conceptualize full
19 developmental potential.

20 During that period of prenatal to five, the brain
21 shapes keys abilities for long term wellness such as
22 forming trusting relationships, being open to learning,
23 regulating emotions. And that healthy, loving caregivers
24 promote healthy development in young children.

25 So first is recognizing that within prenatal to

1 five that prenatal to three is an especially critical
2 window to support or influence children's development with
3 cumulative effects that can further exacerbated poor
4 outcomes at four and five years of age, I think really
5 emphasizing that development is cumulative. This, to me,
6 is urgency, that this is a critical window of early
7 childhood when the brain is developing more rapidly than
8 any other time in a person's life. The brain is the most
9 plastic during this time. Meaning, it's open to the most
10 influence and the brain is the most adaptable to the
11 conditions it experiences through this period of life,
12 both for strengthening and poor outcomes. Prenatal to
13 three is the window to strengthen, bolster, and build
14 resilience, and in four and five years of age, when
15 synapses are pruning -- that was nerdy, but meaning that
16 in zero to three that we are building new connections
17 within the brain, and four and five years of age, we're
18 trimming down to the strongest connections that were
19 created during the prenatal to three time period. And
20 it's a profoundly critical and influential window of
21 development that starts in the earliest years.

22 So said in another way, it's a window of use it
23 or lose it.

24 I think we're also thinking about development
25 holistically, recognizing that the multiple domains of

1 development, which are interconnected as a child develops
2 skills and milestones, have an interdependent dynamic; so
3 from a systems' perspective and in evidence-based early
4 childhood practices, we recognize that there is a
5 interdependence of developmental domains. And we know
6 that a change in one area of development influences a
7 change in the other, that the domains are interlinked and
8 interrelated so that as a child progresses in one domain,
9 it influences the progress in other domains of
10 development.

11 For example, fine motor skills have an impact on
12 cognitive skills. Problem solving is central to
13 children's intrinsic curiosity to explore, to master
14 movement to take the risks needed to learn. And we know
15 that gross motor skills, like crawling, have a big impact
16 on both receptive and expressive language, that there's a
17 strong relationship, especially in children with autism
18 spectrum disorder, between motor skill development and
19 social interaction, and that there are sensitive
20 developmental time periods, especially within the first
21 three years of development while the brain and neural
22 systems are making connections so quickly, that it's a
23 unique window to influence and strengthen.

24 Although skills within domains are interrelated,
25 the process and rate of development varies within and

1 across domains; so it's common that development in one
2 domain may be predominant over skills in the other domain.
3 For example, a motor skill such as walking might seem to
4 be dominant for a time, followed by a period of language
5 development, but we know that this period -- that during
6 this period, skills are interdependent and reinforcing.
7 So when we build strengths, we strengthen the next
8 milestone. And when there is a deficit in one area, it
9 can have a snow ball effect into other domains of
10 development.

11 We also recognize that young children are
12 especially vulnerable to the conditions in their lives and
13 the interactions with key caregivers. A child can't fully
14 learn or develop optimally without addressing and
15 understanding the context in which a child lives and grows
16 and develops. And that health and well-being are critical
17 to successful learning. Trauma and adverse experiences
18 negatively impact a child's ability to learn and can
19 disrupt optimal development. And we know that systemic
20 inequities powerfully disrupt developmental potential,
21 that systemic inequity hinders the outcomes of children
22 before birth.

23 So recognizing this is a unique window of
24 development that is wild and profound, what is
25 needed for children to maximize their full developmental

1 potential throughout prenatal to 5? I'm going to say
2 again that we know this is a unique period of development.
3 We also know that what children need to optimally develop
4 or maximize the full developmental potential. We know it
5 requires safe, stable, nurturing relationships and
6 environments. Children need primary attachment and
7 routines. They need the space and environments for
8 physical play and sensory experiences. They need stable,
9 predictable, and responsive interactions with caregivers,
10 meaning healthy and responsive caregivers promote healthy
11 development in young children. And we recognize that a
12 child's well-being is fundamentally reliant on the healthy
13 well-being of the family in which they live. And this
14 perspective is informed by the protective factors
15 framework, social determinate of health and adverse
16 childhood experiences work that children's optimal
17 development requires secure attachment with adults,
18 stability and nurturing interactions.

19 And these ingredients for children to reach their
20 full potential are found within families that themselves
21 are supported by the community and environment around
22 them. Parents and caregivers must feel confident in their
23 parenting and their choices are respected by the important
24 messenger that's interacting with them in their children.
25 And moreover, family well-being is equally reliant on

1 children's well-being. Families with children who are
2 struggling are likely to struggle themselves.

3 There we go. Our next question, then, is what
4 conditions are needed to support children in reaching
5 their full developmental potential, or what conditions are
6 needed so that families can provide the safe, stable,
7 nurturing relationships and environments.

8 So as we consider and orient to our reframed
9 north star, we centered the care and development,
10 stability and strength of the family, including income
11 supports, employment, and the physical behavioral and
12 well-being of the all the members of the household. Our
13 prenatal to family focus also considers the community,
14 that built environments effect families and child health
15 and health prospects, and that conditions that impact
16 child development are also interrelated. We know parents
17 want what's best for their children, and sometimes
18 conditions, families' experience limit their ability to
19 provide safe, stable, nurturing environments. We
20 hear this from our communities work consistently that LA
21 County families are greatly impacted by the conditions and
22 context of families experience; so we recognize that the
23 conditions for the family and community can influence
24 or disrupt optimal development.

25 We know this isn't an exhaustive list of

1 conditions that are needed to provide those safe, stable
2 environments, but we know family stability is impossible
3 without sufficient income to adequately house and feed the
4 family, and we know that the community and individual
5 conditions and resources for networks of support vary
6 greatly.

7 Okay. As I said in the previous slide, this
8 visual is an attempt to recognize that children are nested
9 within families and within communities, and that the
10 conditions that families experience are interacting and
11 impacting child development on many levels. And
12 conceptually for this framework, at each level.

13 So full disclosure, I'm not a graphic designer;
14 so please be kind in my attempt to present this. But if
15 you are familiar with Bronfenbrenner's Ecological Systems
16 model, that's the frame we're adapting, exploring, and
17 applying here, and we will continue to adapt and explore
18 as we go along in this strategy refinement process that
19 we're launching. So this is to say there is a direct
20 connection between the health of parents and caregivers
21 and promoting and ensuring healthy development in
22 children, that child well-being is strengthened with
23 within caregivers when caregivers possess protective
24 factors, including parental resilience, social
25 connections, access to the basic necessities, and

1 resources to address mental health and substance abuse
2 issues.

3 These requisite needs are sorely missing for too
4 many parents and their young children, and that's
5 particularly true in families of color that are
6 exposed to systemic and pervasive inequities and
7 discrimination. We know that optimal child development
8 involves a whole family wellness approach that includes
9 systematic attention to the parent's well-being and the
10 psychological needs and must be an approach that fosters
11 dignity, bonding, healing within the context of creating
12 empowered communities.

13 So as we think about the framework we're
14 developing, we're also thinking about the conditions that
15 help or hinder development and that all conditions or
16 population outcomes as we may frame it can be framed and
17 understood at each level, the individual child's family,
18 and community levels as well.

19 And I will hand it to my brilliant and talented
20 colleague Becca Patton to walk us through more of our role
21 and the opportunity ahead of us.

22 MS. PATTON: Ooh la la. Thank you, my equally
23 brilliant colleague Charna.

24 So we're going to now move into sort of our next
25 question. So as we look at those conditions, what helps

1 or hinders the conditions that help families and therefore
2 impacts children's full developmental potential. So if we
3 look at those conditions surrounding families and
4 communities, we know that behind those conditions is a
5 public system shaping the condition. And public systems
6 can either help or hinder these conditions. They can make
7 the condition worse, or they can help the condition
8 improve. Families can either experience economic security
9 or economic insecurity. However, often, our public
10 systems uphold systemic bias and inequities to burden
11 families and make it difficult for children to reach their
12 full developmental potential.

13 As Charna said, sometimes the conditions families
14 experience limit their ability to provide those safe,
15 stable, nurturing environments. We also know that
16 historically public policies and the public
17 systems those policies create have contributed to
18 systematic disadvantages and inequities for families of
19 color. Structural racism in the United States has led to
20 deeply rooted inequities and injustice resulting in
21 families living in poverty, and these institutionalized
22 inequities rooted in systemic racism shape the conditions
23 that burden these families. For example, undermining
24 access to stable housing, good paying jobs, healthy food,
25 health care, and other foods and service systems that

1 promote well-being.

2 We know family stability is impossible without
3 sufficient income to adequately house and feed the
4 family, and too many LA County families suffer from
5 household instability related to low income.

6 And, lastly, as Charna mentioned, incredible
7 development happens prenatal to three. And as Tara said,
8 this is a once in a lifetime opportunity to support a
9 child's development. All public systems that nurture
10 children must recognize and address the disproportionate
11 impact of racism and systemic bias on children of color
12 and children in poverty, prioritizing those earliest
13 moments. We know that before birth and -- we know that
14 prioritizing the earliest moments prenatal to three can
15 reduce those disparities.

16 Okay. Now, let's put this all together to think
17 about our opportunity in front of us. So we have, as Tara
18 spoke about, our reframed north star that says that we are
19 aiming for children to reach their full development
20 potential consistently, because we know the
21 interdependence of development so consistently throughout
22 that unique window of prenatal to five, and we know that
23 child children's development is rooted in whether or not
24 children experience nurturing, safe relationships and
25 environments.

1 We believe that families and caregivers want
2 what's best for their children. And so, therefore,
3 parents and caregivers need to be supported. Certain
4 conditions support families and caregivers in providing
5 those relationships and environments that children need to
6 develop. And the public systems behind these conditions
7 can either burden or unburden families as they care for
8 their children.

9 So the opportunity before us at First 5 LA is to
10 shift public systems so they prioritize the critical
11 developmental window of prenatal to three in order to
12 reduce disparities by mitigating the effects of systemic
13 racism, bias, and intergenerational poverty that the
14 families have experienced. Or said another way, public
15 programs and systems should support the interconnection
16 and mutual strengthening of both the families health and
17 stability alongside the child's development and the five
18 domains: Social emotional, cognitive, adaptive language,
19 motor, and physical health.

20 Risk of poor outcomes and not a specific
21 diagnosis or means test should drive early childhood
22 systems and interventions, recognizing the unique
23 opportunity to reach young children and their families
24 during this critical window of brain development and build
25 and amplify strength and resilience from the earliest

1 moments.

2 Okay. So that is a very large opportunity in
3 front of us. But why First 5 LA? What makes us uniquely
4 positioned to work on public systems change? First, as
5 Tara mentioned, Prop 10 was created to optimize children's
6 development through a charge to coordinate and integrate
7 public systems; so it's the mission set out before us.

8 Second, we now have a long-term history that
9 system-change works.

10 Third, and maybe most importantly, we're uniquely
11 positioned within the ecosystem. We're an independent
12 public agency; so as a public agency, we too are part of
13 the public systems and can work closely with our public
14 system partners as we work together to eliminate
15 disparities for children and families. However, unlike
16 our public system partners as our independence and charge
17 by Prop 10 to focus specifically on child development
18 gives us the opportunity to be flexible and creative.

19 Lastly, our over 40 years of experience means
20 that we have a lot of learning, sometimes from our
21 mistakes, sometimes from our successes, but we've really
22 learned a lot about what works and what doesn't.

23 So as we did before, we're going to pause here
24 for discussion. Our next section after this part is going
25 to be a presentation that dives into how we focus

1 prioritize and select specific public system outcomes that
2 we'll relentlessly pursue. But before we get to that, we
3 want to pause here. That was a lot of information. So as
4 you think through this new framework to guide our work
5 and our unique position to execute on that, I want to open
6 it up to questions that you may have or to hear what
7 resonates with you.

8 SUPERVISOR KUEHL: Okay. Judy, do you see anyone
9 who has raised their hand to start this discussion?

10 COMMISSIONER ABDO: Not right now. I think
11 people are pondering, as I look at their faces.

12 SUPERVISOR KUEHL: Yes. I think I --

13 COMMISSIONER ABDO: Jacky has finished pondering.
14 She knows what she wants to say.

15 COMMISSIONER McCROSKEY: I'm in the middle of
16 pondering, but I have a question because I certainly don't
17 disagree with what you've laid out. It was when we got to
18 the point of shift public systems that I was like, help me
19 think about that.

20 Are we partnering with public systems? Are we
21 able to bring what's not easily found already in the
22 public agency conversation that -- I mean, I'll just go
23 straight to it. I think where First 5 has been most
24 successful is genuine partnerships with agencies and
25 systems that are moving in that direction anyway. And

1 where First 5 can bring additional expertise or research
2 or boots on the ground or hand connect to community-based
3 groups in a way that, you know, is hard for public
4 systems. Is that the kind of thing you're thinking about?
5 Or is there something else here that -- just coming up
6 later that I just haven't, like, put together yet?

7 MS. PATTON: Yeah. I think you tapped into that
8 sort of unique positioning we have. We do have some of
9 that creativity and flexibility that we can bring as sort
10 of an extra layer of support to our public system
11 partners. The other piece that we'll get into sort of
12 later in the presentation and sort of how our thinking has
13 been headed, how do we also help our public system
14 partners potentially integrate the line? So thinking
15 through how that -- what that piece could look like as
16 First 5 LA. Something else we're just starting to
17 explore.

18 COMMISSIONER ABDO: And Romalis.

19 COMMISSIONER TAYLOR: Yes. I -- I see a unique
20 opportunity to help public systems think outside the box,
21 Because public systems are vetted in doing -- ways of
22 doing business the way they've been doing it, rather than
23 looking at other options and opportunities to do it
24 differently with a greater outcome. So the strength of us
25 having data and creating outcomes and that concept comes

1 in, what we've been doing under modeling systems changes
2 and then working with the collaborative partners to
3 integrate that into a change in how the practices of what
4 they do affect these children zero to five.

5 An example of that is we've been modeling home
6 visitation. And our collaborative partners see the
7 benefit of that, but we need to connect that to the
8 children zero to three so they understand how effectively
9 they're making a difference as well, and how children are
10 developing in this collaboration around home visitation
11 and what it means when you do that investment for the
12 outcomes of families. So therefore, going back to
13 Jaqueline, I think the data will help them even more move
14 forward in changing their systemic systems, because what
15 it is, the temporary is -- doesn't have the ability to
16 look at itself and say am I doing what it is, the job
17 they're doing is the route process versus outcome
18 changing.

19 So they have -- you know, we can help them see
20 the difference. The example -- the other example I'd
21 like to point at is Help Me Grow, because none of the
22 systems of looking at how to help the family get to where
23 they need to do the change, whatever happens, and the
24 children and getting them to collaborate with us. To see
25 that, how it works and what can we do, and doing the

1 modeling of it is the key to helping them see it, us see
2 it, and the world to see that doing it differently will
3 help the children even more.

4 And then there's a collaborative success versus
5 an individualized success. So in joining them in success
6 of the change is going to be very important as you move
7 forward; so I'm -- I'm excited. I like it. That's just
8 what I wanted to say. Thank you.

9 MS. PATTON: Thank you, Commissioner.

10 COMMISSIONER ABDO: Okay. Astrid.

11 COMMISSIONER HEGER: Yes. I -- I'm fascinated by
12 this for many reasons, but one I would like to bring up is
13 the fact that when we listen to what we're talking about
14 in terms of supporting families, we're looking at an
15 intact family or a family with a child, a nuclear family.
16 And I want to bring up the fact that we haven't really
17 considered how to support kids in foster care with that
18 same level of -- maybe even a bigger level of needs, if
19 we're looking at it. A critically high percentage of
20 children who have been exposed to drugs, prenatal -- and
21 alcohol; so I would like to think about that.

22 And we have 23,000 kids in foster care. I would
23 like to talk about -- I would like to think about how do
24 we support them in foster care? I agree that supporting
25 the family is critically important.

1 I'm working with a group of people throughout the
2 County to figure out how to help kids in and stay with
3 their nuclear family. And one of our mottos is to assess
4 the family to sustain the child in the family, rather than
5 to -- remove the kid. In other words, we'd like to figure
6 out the factors that we could bring to a family when
7 they're identified of a risk so the kid can stay in their
8 own family. That's obviously what we were just talking
9 about. And I agree with all of that. Obviously,
10 isolation is a huge issue, and loneliness is a huge issue
11 in my field, and brings a lot of disruption in -- and --
12 and abuse and neglect and all that.

13 So I don't want to forget the kids who are not in
14 a nuclear home so we can, you know, do something for them.

15 I think the other issue -- and Romalis and I
16 repeatedly touched on this, a lot of you have, is the idea
17 of the quality of care. And that, you know, that the fact
18 that they have access to certain services does not mean
19 quality of services.

20 And I personally -- you all have heard this as my
21 soap box here, is I would like to see us advocate for the
22 best services for those groups that are highest risk. And
23 looking at, you know, my Beyonce' clinic idea in South
24 Central, that the idea of everyone wants to go there and
25 participate in to get the best services, that we then

1 begin to see the ability to assess, to sustain. If we
2 routinely evaluate to remove, these are kids are all going
3 to end in a juvenile justice system and in San Quentin. I
4 want to see what we do to strengthen the family, and if we
5 do get them removed, that we look at ways to get them back
6 in the family and in their community rather than have them
7 become permanent wards of the state. We have failed these
8 kids that are in foster care. Completely and totally
9 failed them and their families. So let's advocate for
10 those kind of kids.

11 And, finally, I'm so validated in talking about
12 the kids from prenatal because then that brings in my
13 whole obsession with FASD, which is only getting worse, by
14 the way. And the fact is that we recognize that brain
15 damaged children are not easily prepared for school. So
16 that's what I'm -- that's my entire dissertation for today
17 and July.

18 So thanks for your fabulous report. And I agree
19 with what you're saying, and I'm glad we're taking this
20 stand at this point. Thank you so much.

21 COMMISSIONER ABDO: So I wanted to add in a just
22 a couple of thoughts. I agree with everything that
23 everybody has said so far. One of the issues that I think
24 families of all kinds come up against is that -- that the
25 complication of getting to the services that they need is

1 way beyond how -- their ability to figure it out. They --
2 they are in need, and they need help now. And they don't
3 need a master's degree in the different kinds of systems
4 and how to access them. And I don't know what First 5 can
5 do about that, but it seems to me that's one of the
6 challenges.

7 And it isn't only within the County. It includes
8 the State and the federal programs that -- which all have
9 different requirements and different processes to access.
10 And I don't know how you can help, but this is -- this is
11 a major, major problem for not only zero to -- to five,
12 but even beyond.

13 Romalis and then Astrid.

14 COMMISSIONER TAYLOR: Okay. That's sort of
15 hitting the nail right on the head. The issue is
16 sometimes in systems, systemic gaps, and you guys have
17 really identified that. And Help Me Grow, when you do the
18 assessment and you get the child to the appropriate
19 services they need, if it's regional centers and things
20 like that; so there's a warm hand-off. So the family does
21 know, doesn't have to try to figure out something. They
22 will never understand these systems, but they have
23 somebody that navigates that and gives them a warm
24 hand-off.

25 So there's a transition from one assessment to

1 the services they really need and the help they need. And
2 then that need has to be the quality of service that we
3 expect for any child. So the -- the issue is helping
4 systems understand that there's a gap in the services.

5 I'll give you an example. Astrid's dead on
6 where child welfare fails investigation and services,
7 there is no service. And what happens is that same person
8 which could be investigated for 30 days, 60 days, or even
9 90 days, if you don't give them any help and you're seeing
10 them struggle, the end result is you could get a
11 re-referral while you're investigating. So the end result
12 is we have to help systems stop just doing enforcement,
13 but understand that when you see some help is needed, give
14 help.

15 And how do you do that and how do you bridge that
16 gap? So there was a thing that says there has to be an
17 intermediary service to fill the gap; so there is no need
18 to take the child away, but the services are right up
19 front getting the services as the investigation's going
20 on, because what is struggling on is abject poverty and
21 the frustration of what do I do and how do I do it? And
22 they don't know. They just don't know.

23 So the end result, whether they're an immigrant,
24 whether they're an American citizen -- a lot of our
25 citizens don't know how to get help, where to get help,

1 and where to get help from, because we don't teach them
2 that in the school. We don't give it to them. So the end
3 result is that they -- they -- they go into this chaos and
4 on this cycle of helplessness and becomes more traumatic;
5 so I'm just saying we may want to help our systems people
6 to see the gaps and understand how to fill it so we can do
7 better, versus what they've been doing. So then the
8 systems stop saying it's not my problem to help them once
9 I investigate. It's their problem for the back end. No
10 it's a problem from the beginning to the end. And you
11 can't drop the ball in the middle. You have to fill it
12 and help so that you don't exacerbate the situation for
13 families.

14 It's just so that -- and I look at foster care as
15 an intermediary meeting and mentoring of families; so they
16 don't just say not my problem to mentor. They need to be
17 mentoring these families and giving them the help that
18 they need, because investigating and detaining is not the
19 solution. The solution is help and mentoring and support.
20 And we reduce -- I -- I'm going to say it again, the
21 number of children going into the child welfare by
22 changing the system by 50 percent, helping them up front
23 not after the fact.

24 COMMISSIONER HEGER: I want to add something to
25 that, Romalis. I'm very concerned about the lack of

1 follow-up and care that I see in foster care. And, you
2 know, the sort of the abdication of responsibility for
3 improving outcome, I would like to -- I would be happy do
4 invite a staff member from First 5 here on Tuesday
5 afternoons from 2:00 to 4:00 when a group of concerned
6 providers, you know, nonprofits and et cetera and
7 foundations are gathering to talk about how we can, in
8 fact, impact change for these kids and provide a network
9 of services that are not being provided by the system
10 right now. So somebody wants to come, they can let me
11 know. I'm happy to have them here.

12 I'm -- I think that the other thing that we're
13 working on is to create a clearing house of information,
14 as you said, Judy; so that everybody can easily access the
15 services that they need without having an advanced degree
16 in -- in that process. And -- and I would love to see a
17 Yelp-like system that responds to people that access the
18 service, get to rate it so that we end up encouraging
19 those who are doing a good job to continue to do so.

20 But all of that is right now boiling to the
21 surface, because many, many people in the community that
22 have tried to help these kids and these families feel
23 frustrated by the system; so if somebody wants to come and
24 be frustrated along with us, 2:00 to 4:00 at VIP. And, of
25 course, you're all invited on the 25th to my mural with

1 Getty. That's interesting.

2 But the idea, it's very easy to get here. I'm
3 sure somebody at First 5 can tell you how to find me.
4 But, I mean, the idea is we want to have a debate and we
5 want people to be there who actually want to do things,
6 not just talk about it.

7 And Romalis, if you want to come, you can come.

8 COMMISSIONER ABDO: No more hands up.

9 SUPERVISOR KUEHL: Okay. So then I will add just
10 my thoughts about this section, and then go onto our last
11 section.

12 The interesting thing about doing systemic change
13 work is figuring out what constitutes a system. People
14 use the word "system" a lot. The system does this and the
15 system doesn't do this. But the truth is, there are
16 probably 50,000 systems that impact a person's life. They
17 are often not connected and don't see themselves as
18 systems. And then, of course, a number of things outside
19 the system where when we identify what we call systemic
20 racism, we know that it's been embedded in those aspects
21 of our lives that have power. But it's also embedded
22 across such a broad frame that, if we were saying what
23 problem are we trying to solve, systemic racism, I don't
24 think we have enough money and maybe enough time
25 altogether.

1 So the question is what system or what systems --
2 because each of them would be impacted in a different way.
3 And I look forward to the conversation about focus,
4 because, in a way, that is really where the rubber hits
5 the road, where we want to make an impact, not by being so
6 diffuse.

7 When we were trying to figure out how to do
8 systemic change about domestic violence, one of the areas
9 that we identified was law enforcement didn't care at all.
10 So we had to impact what was then called the justice
11 system. But that was more than law enforcement. That was
12 also the courts and perhaps DA's who were prosecuting
13 women who were fighting back. And then eventually it
14 looked like we actually had to work to change the law,
15 because the system of the law did not serve our clients
16 And the people with whom we were interested.

17 So when we look at our -- the population that
18 we're interested in, the parents, and in terms of prenatal
19 needs and all the way to adequate resources, we have a lot
20 of partners, but we do not have any control over any of
21 those systems.

22 So the question of how to convince a system to
23 change itself is the work of systemic change. How do we
24 when we can't make them do it, how do we then find the
25 levers? And I think that that is what we have tried to do

1 in our major programs, and I assume what we will continue
2 to do.

3 So I'm happy, then, to move on, Charna, to the
4 next item, because I think we've all been thinking how
5 will we focus, how will we prioritize, and how will we
6 know if we're at all successful, which I think is the next
7 section, if I'm not mistaken.

8 MS. PATTON: Yes, it is.

9 MS. WIDBY: Thank you for teeing it up for us.
10 So as we have heard but also been exploring with you
11 today, this can feel like a really large opportunity, and
12 a broadening in some ways from our previous north star, as
13 you all have implied throughout our conversation today as
14 well.

15 So we want to have some discussion with our
16 reframe, which is in our strategic plan, will start to
17 help us focus, prioritize, and measure our work. So this
18 slide takes the next step into giving us a pathway to
19 prioritize and focus. All of this is setting the stage
20 for -- or setting the organization to have more clarity.
21 And this is largely a conceptual framework and
22 orientation, but it will support our strategy refinement
23 and help us make decisions as we prioritize and measure
24 our impact.

25 So starting with we will orient our work to the

1 north star, but recognize that the north star is what we
2 navigate towards. It's the why of the work. It gives us
3 our bearings and helps us steer towards prevention and
4 strengthen within families and strengthen within systems,
5 orienting to the earliest moments and recognizing that
6 this is a unique window of intergenerational influence,
7 and also an orientation to look upstream if possible.

8 The north star orientation does not decide the
9 what of our work. The framework that we're building this
10 framework in totality will decide and refine the what of
11 our work. The north star keeps us aimed towards the
12 unique window of prenatal to five years, and keeps us
13 looking upstream.

14 So in our last section we listed a not exhaustive
15 list of conditions that help or hinder child development.
16 But we will select and monitor conditions that have the
17 most impact on child development and where we think we
18 have the most opportunity to influence. Because we know
19 conditions impact children and families and caregivers and
20 communities in big and complicated ways. We need to
21 prioritize for the most opportunity for impact as we
22 define our roles and focus. We will monitor changes in
23 the selected conditions that enable the safe, stable,
24 nurturing, responsive relationships, environments for
25 children, and these conditions will also inform us on LA

1 County well-being and what families and communities are
2 experiencing over time.

3 So to shift those conditions that we end up
4 selecting, we will then select the public system that
5 shaped those prioritized conditions and measure public
6 systems outcomes to track our progress. These public
7 systems outcomes will be the outcomes that we relentlessly
8 pursue. This is where we see our accountability for
9 impact.

10 In our work and strategy refinement, we will
11 prioritize and deploy strategies in order to achieve those
12 identified public system outcomes. So this is our
13 reaffirmation and litmus test that we're doing systems
14 change work. Our strategies will be aimed within public
15 systems which include partners, community-based
16 organizations, agencies, funding streams, programs,
17 policies, norms, that are all the dynamic players within
18 public systems. And we will focus our attention,
19 expertise, and activities to maximize impact for our
20 public system outcomes. And that means building on
21 positive prevention-focused approaches in the earliest
22 moments; so children and families are supported
23 seamlessly. And also to reduce the need for interventions
24 to maximize children's developmental potential from the
25 earliest moments.

1 And I think our last discussion was really
2 helpful in clarifying system barriers and how we at First
3 5 LA are uniquely situated at the intersection of public
4 systems. And we offer the partnership and the rocket fuel
5 to shift systems so families, caregivers, and children
6 experience seamless supports and strengths.

7 MS. PATTON: Thank you, Charna.

8 So as you know, this is the first step. As we
9 enter our first strategic plan review and refinement
10 cycle, we've learned a lot about how complicated and messy
11 systems-change work is. I have come to understand the
12 importance of us narrowing and focusing our efforts that
13 we may have the largest potential impact. As we reflect
14 on these learnings in this presentation and discussion, we
15 are going to shift into our final discussion now.

16 But in summary, before we do that, let me give a
17 quick summary. So as Tara mentioned, our reframed north
18 star directs our attention to supporting a child's full
19 developmental potential, our understanding that children
20 need safe, stable, and nurturing relationships and
21 environments from the earliest moments, and family want
22 what is best for their children, but are often limited by
23 the conditions surrounding communities.

24 We know that public systems are at play in
25 shaping these conditions, and we will be making decisions

1 on strategies focused at public systems to shift those
2 conditions for families.

3 Now you've heard sort of our thinking to date,
4 what resonates with you? What questions do you have?
5 What would you suggest we keep in mind as we continue our
6 refinement, particularly as we zero in on conditions and
7 the public systems shaping those conditions?

8 SUPERVISOR KUEHL: I hear a lot of thinking going
9 on. Do I see any hands, Judy?

10 COMMISSIONER ABDO: No hands, but a lot of
11 thinking. I -- I can see it on people's faces.

12 SUPERVISOR KUEHL: Let me see. And this is not
13 to close off any avenues, but one of the things that in
14 public policy I've found the most difficult is sort of at
15 any decision point, we -- let us say we all agree that
16 there needs to be resources given to families so that we
17 don't remove children, which was mentioned by a couple of
18 my colleagues.

19 But we also -- you have indicated that we want to
20 devote ourselves to the most nurturing environment early
21 on. That really in itself is the intersection of the
22 problem with the child welfare system, where we imagine we
23 must offer services and that was systemic change. But,
24 you know, at what point are we concerned about the child's
25 safety and not able to guarantee it?

1 So public policy, it's often very difficult to
2 say with systems, here's how we want you to change, when,
3 if you talk to anyone who is a juvenile court judge or
4 dependency judge, where they see the kids one at a time.
5 It's so different.

6 However, I do understand that we want to work so
7 that these systems will understand that -- the need and
8 the impact of their actions and that I -- I think would be
9 a Herculean but doable task for us, and one of the things
10 I've heard identified today.

11 All of that was to give you all time to think
12 about what you were going to say.

13 COMMISSIONER ABDO: I'm waiting to see if
14 somebody's hand goes up, but that has not happened.

15 Ah, Romalis.

16 COMMISSIONER TAYLOR: I'm going to jump right in
17 here. I think we have to look at how successful we've
18 been in modeling systems change at the collaborative
19 construct by our partners. As to doing the change and
20 getting the will for change, we're not dictating as much
21 as we're saying we think there's a better way, and then we
22 need to model it and then we need to capture the data to
23 prove that it works. And we've done that in many
24 different ways and many different systems. And first
25 proof of concept, which you have done very effectively in

1 the past to prove that doing it a different way has a
2 greater impact and how the results are for children and
3 families.

4 So the idea is we need to think of what does that
5 look like? How can we partner with them? How can we help
6 fill the gap? Because sometimes government, because of
7 the rules and regulations, doesn't allow them to do it the
8 way it could be done or should be done. It creates its
9 own barrier because of the laws and the rules and the
10 regulations; so we have to do a pilot and a model that
11 proves doing it differently works and can then
12 subsequently change the laws and the rules and the
13 regulations to do it better, do it differently.

14 And especially in -- in this area of zero to
15 three, and how does that look? What does that look like?
16 What does it mean? And what can we do? And that means
17 getting everybody at the table, not just the law, the
18 enforcement systems, but everyone. How can it be done
19 better? What can be done? Get the professionals and
20 everyone at the table to talk about it and be open to say
21 what does that model look like? Where's the data to prove
22 that what we're thinking of doing as to the outcomes we
23 think it will have for the benefit of children and
24 families?

25 The hardest thing is you can't expect a

1 person coming here as an immigrant to understand our rules
2 and regulations and laws. Some come from a different
3 culture, and what they thought over there was okay was
4 okay but not over here.

5 So how do we help educate them that that doesn't
6 work here? And this is a difference, and the change, and
7 what you need to do? And their willingness, believe it or
8 not, to change, to meet our requirements, is unbelievable.
9 But we have to be open that this is how to do it, and this
10 is the way to do it.

11 And so I'm -- I'm just kind of throwing that out
12 there. I know you guys are going to come up with
13 solutions to the strategies, but I think this
14 collaboration that you've done in the past and the way
15 you've done it is going to be that across all these
16 domains and spectrums that affect these children. And we
17 will doing different models and different domains. And I
18 will go back and throw out the Help Me Grow as one of
19 those. I will go back and throw out Home Visitations,
20 Welcome Baby, and all those things. We're modeling
21 concepts that prove concept.

22 And once those proof of concepts -- and we're
23 doing it with our collaborative partners and feel that
24 we're getting positive outcomes. And that mean our
25 partners are willing to make changes, but we've got to go

1 back and do what change -- the laws change, the rules
2 change, the regulations to allow these systems to do it
3 better, you know, do it differently. And I think it's the
4 systemic change up and down the line. It's not one
5 shot takes all. It's looking at the whole thing and
6 saying what does that -- that will need to change to make
7 it better to do it. And what is needed and especially in
8 these communities of color that -- that don't have that
9 benefit.

10 COMMISSIONER ABDO: Okay. Jacky.

11 COMMISSIONER McCROSKEY: Just another potential
12 area for piloting I think you guys certainly know about,
13 which is that the data we usually rely on to show change
14 are not positively focused. They are residual data,
15 legacy data, systems in these public agencies that are who
16 knows what have developed the way they have. But you get
17 to this point of how do we show change when the people are
18 delivering the system.

19 I just think -- and it occurred to me because
20 Romalis keeps saying it, and I think quite rightly, that
21 we've learned good lessons from our home visiting work
22 over time. And our starting, I think, to learn it around
23 Help Me Grow. But that's another really big issue here,
24 where maybe First 5 can help to engage some people in kind
25 of how do you know success when you see it?

1 Well, in foster care, for example, it's not just
2 counting those who have a case opened, and those who got
3 referred to something, don't know exactly what. And those
4 went into out of home care.

5 Each system has their own examples, but I just
6 think that's another piece of the puzzle. We really need
7 your guys brilliant brains to help us think about what
8 could we demonstrate and how could we demonstrate a
9 different way of tracking change that really does focus on
10 the stable supporting aspects, and not just on the problem
11 aspect.

12 COMMISSIONER TAYLOR: I call it measuring widgets
13 rather than measuring outcomes. I don't want to sit down
14 and say I had 10 home visits, what does that mean?
15 Nothing, if you can't tell me what was the result of that
16 visit, and did it effect a change to how the family
17 functioned and what were the connections that were made.

18 So we have to come up with better ways to measure
19 the outcomes and get our partners to see this is a better
20 way to measure it. And if they don't have the system like
21 we've been doing in home, Help Me Grow, we're developing
22 the systems. ECE, we're developing the systems to capture
23 data that is more meaningful and has more outcome driven,
24 meaning that is directly related to what we're doing and
25 we have to do that.

1 And that may mean changing the laws of what
2 government measures versus what we're doing because
3 they're measuring. You had 10 visits for what? If you
4 don't measure what the result of the visit was and how it
5 changed what the family functioned, then it means nothing.

6 COMMISSIONER ABDO: Okay. We've got Carol with
7 her hand up.

8 COMMISSIONER SIGALA: This discussion is so
9 exciting. Thank you Jacky and Romalis. I totally agree.

10 So we're really looking at objectives that
11 measure change, not just counting numbers for numbers'
12 sake. So I'm hoping that we can be forerunners in that
13 area that, as you say, Romalis, it may be changing the law
14 of what is the life that would be in terms of really
15 looking at what's working with families as opposed to what
16 we're just visiting families or count the numbers. Thank
17 you for bringing that up.

18 COMMISSIONER ABDO: Deanne, did you want to say
19 something?

20 COMMISSIONER TILTON: First of all, I would like
21 to take credit for everything that's been said before me.
22 I'm right in there. I'm very pleased with the new focus.
23 It's great, and everything that's been said, for the
24 record, I said it, because totally agree.

25 I want to emphasize a couple of things. And that

1 is the important prenatal and post-natal, perinatal
2 period, where the most important development stage for a
3 child is, of course, pregnancy, and then the most high
4 risk day in a child's life is the first day of life.

5 And I can't tell you how many times we have
6 reviewed awful outcomes, tragic outcomes, and we find that
7 this baby at the time of birth was not only unwanted, but
8 did not bond, did not -- was not received in a way that
9 clearly one would assume would lead to a healthy outcome.

10 We've just reviewed a case of a mother who
11 brutally beat her four-year-old to death in front of her
12 two little boys because she never wanted a girl. And that
13 -- looking back at the birth records, she said that at the
14 time this child was born. So we have to be aware that
15 there are those risk factors that are reality and we do
16 need a system to -- to avoid and prevent those awful
17 outcomes.

18 And by the way, we have, for those of you who
19 haven't seen our 30-year report, we have reduced the fatal
20 outcome by 70 percent just by reviewing these cases and
21 seeing what the risk factors were and, by the way,
22 bringing the system together to feel empowered to do
23 something; so I wanted to mention to talk about the
24 system, because that's what I do. I bring the systems,
25 many, many different disciplines, local, national,

1 international.

2 And the difference that it makes within terms of
3 effectiveness of the outcome is if the different
4 representatives or people from the different systems feel
5 like they're empowered to make a difference, what happens
6 when they aren't, when you're not at the table, when
7 you're not all a part of the answer, is they -- they hold
8 the cards to their chest.

9 We have problems information sharing, cases where
10 a child's outcome could have been totally different if one
11 agency had just talked to the other. I think that I mean
12 we talk about 911 being the prime example of failure to
13 share information with a very bad outcome; so I would just
14 say that I'm taking all this to heart because I truly hope
15 I can be a part of promoting this -- this vision that we
16 have now to -- to bring the system together and to look at
17 the opportunities that are there. As Romalis, Astrid, and
18 others have said, those opportunities aren't there for all
19 families. They just aren't. And so how can we
20 realistically promote the healthy development of a child
21 when those -- those resources just are either not there or
22 the family has no idea how to access them.

23 I -- I want to emphasize too that we need to
24 promote the role of extended family in the community, in
25 the development of the child. Either it isn't always

1 going to be a system, an agency, or organization. It's
2 going to be whatever it takes to prevent the isolation of
3 that family, which, as we say, and Astrid can confirm
4 this, isolation is the Number 1 risk factor for children
5 and family, and community support is the Number 1 positive
6 influence on the development of children.

7 So I also want to say we haven't mentioned much
8 about the health -- we haven't focused on the medical and
9 pediatric component of whatever is the system, and the
10 family's access to that. It's -- it's a reality that
11 there's a very, very big difference between the kind of
12 health care or medical treatment a child receives in one
13 part of our County and another part of our County from one
14 family at a certain economic level and another family
15 who's struggling. Just to stand in line at a clinic,
16 frankly. I -- I know that there -- there's -- believe it
17 or not, there are parents and people in our County who are
18 sitting up all night with IV's in their arms at the County
19 hospital, literally just happening at this point in time
20 because the medical -- the health care system in one part
21 of our County is so different from the health care system
22 in another part of our County. So not everybody is a -- a
23 brilliant, creative, and sensitive and insightful medical
24 doctor like the ones like Astrid Heger -- I don't know.
25 Do we have any other medical doctors here? But -- and I'm

1 married to one, and they're great. But that's not the
2 case with our whole medical system. And it's not just the
3 medical doctors. It's the entire health care system. The
4 doulas, the -- the home care specialists, and then I have
5 to end with my big shout out for home visitation. Yay.

6 So wonderful to hear about the -- the financial
7 support that's coming from the State. And so I'm so happy
8 that we're working now together to try to promote the
9 expansion of home visiting. I believe that that is
10 probably the most effective, from my perspective, way in
11 which we can concretely and actually make an immediate
12 difference in the lives and families of very young
13 children.

14 So shout out for that. And thank you so much for
15 -- for broadening the division beyond being ready for
16 kindergarten to assessing each stage in the development of
17 a child, and recognizing the very early years as being so
18 important.

19 So again, let me say again I know different
20 agencies and different systems, I've worked with them for
21 decades. If they're all feeling a part of it, if they're
22 at the table, if they see that what they're doing makes a
23 difference, then they will participate. If not, they
24 become violent.

25 So thank you. That's my dissertation for today

1 -- for July.

2 COMMISSIONER ABDO: Astrid, you had your hand up?

3 COMMISSIONER HEGER: I took it down because when
4 I was -- I didn't want to sully any warm comments at the
5 end Deanne made about me; so I'm just now going to remain
6 silent so -- for fear she's going to have to retract all
7 of her statements. But I agree with them 100 percent.

8 Thus, Judy, I talk about my Beyonce' clinic, it's
9 the idea of being the absolute best care for those who
10 have never had it. Period. And that's something we have
11 to take a stand on that these kids actually have the best
12 care. And then I will be silent now.

13 COMMISSIONER ABDO: Okay. There are no other
14 hands up right now.

15 SUPERVISOR KUEHL: Thank you. And, Judy, do you
16 have anything that you wanted to add?

17 COMMISSIONER ABDO: No, I think it's all been
18 said.

19 SUPERVISOR KUEHL: Okay. Well, I want to thank
20 everyone, especially the staff who presented and the staff
21 who backed up and the staff who backed up the staff who
22 presented for this refresh, essentially, to look at what
23 we've been doing and what it might take to do it better.
24 My very favorite thing is centering the child themselves
25

1 in terms of our north star, because one of the things that
2 always gave me pause about school readiness was there was
3 a school, and we were making them ready for that school,
4 which didn't necessarily reflect their own, as we would
5 now say, developmental potential. So I think speaking to
6 that with the child as the center is a truly
7 child-centered approach. It's a very important shift for
8 us, not that we didn't always mean that anyway, but to see
9 what it takes because it may take different things with
10 different children. And I don't mean may. I should
11 probably say it does.

12 So thanks very much to my colleagues for a
13 continuously thoughtful contribution to every meeting and
14 really stepping up, giving feedback, praising -- which is
15 very important for our staff and everybody to hear.

16 So I think that we will look forward to the next,
17 not waiting three years, but the next piece to see what
18 this means in terms of making concrete each of these
19 areas, as Romalis said, you know, what -- how shall we
20 model, and taking all of this into account, but mainly a
21 lot of thanks to everyone.

22 I believe that closes this -- unless we have
23 public comment --

24 MS. BELSHE: Actually, Sheila, we do have a
25 couple of closing comments and next steps from Antoinette

1 to wrap it all up.

2 SUPERVISOR KUEHL: All right. Thank you, Kim.
3 Antoinette, back over to you.

4 MS. ANDREWS BUSH: Thank you. Well, we really
5 appreciate this conversation. It reflects a lot of deep
6 conversations and thinking that we as staff have also been
7 having internally, and it reminds me of, you know, I guess
8 we can say the good old days of having board retreats
9 where we would have all been in person having this
10 conversation. But we intended to do a retreat like
11 conversation with the board and really just appreciate the
12 engagement and thought partnership.

13 Two really important next steps for us -- of
14 course, we're going to be reflecting on what we're hearing
15 today. But two really important next steps for us are to
16 engage external partners, communities, and system leaders.
17 Like commissioners, we also feel that there's got to be
18 conversations to really test our thinking and our
19 assumptions, and to build a shared understanding and
20 commitment for the direction that we would like to go at
21 First 5 LA. So having those kinds of conversations is
22 going to be really important, and we're going to be
23 turning that attention to that over the coming months.

24 In addition to that, as Charna laid out with this
25 sort of reframed pathway, we need to get clearer around

1 the outcomes that we're going to prioritize at that public
2 systems level; so that is the work that we'll also be
3 doing over the summer. And when we come back to the board
4 in the fall, we will bring to you some initial thinking
5 around refinement to the strategic plans and building from
6 this conversation.

7 And there's some other, interrelated things that
8 we'll be bringing to the board, such as our DEI
9 recommendations, which interestingly, one of the things
10 we've been exploring from a DEI perspective is are we able
11 to communicate what our strategic direction actually is,
12 and is there shared understanding and commitment around a
13 set of outcomes. And in a way, that helps to partner more
14 powerfully with various groups.

15 And so consistent with that DEI recommendation,
16 we are continuing to deepen our own understanding and do
17 engagement and come back to the board in the fall to share
18 those recommendations. In addition to that, we'll share
19 progress on our data strategy and measurement plan and
20 we'll also come back to the board around potential uses of
21 the remaining fund balance.

22 We're seeing all of this as interconnected.
23 Every conversation that we have, everything that we do
24 should be moving First 5 LA towards its strategic
25 direction and, as we talked about, towards the changes

1 that we seek for children, families, and communities by
2 focusing in on public system.

3 So that's what's coming up. We have a lot more
4 work ahead of us. As we said earlier, this is a beginning
5 point that we're engaging you in. We started having these
6 conversations fairly recently, and we wanted to invite the
7 board into our initial thinking before we get too far down
8 a path.

9 So again, we appreciate the board. And I'll turn
10 it now back to the Chair for any additional discussion.

11 SUPERVISOR KUEHL: Thank you.

12 Has anyone had any second, third, or fourth
13 thoughts that they want to share before I call for public
14 comment?

15 Okay. Hearing none, Linda, is there any public
16 comment on this item?

17 MS. VO: There are no public comments on this
18 item.

19 SUPERVISOR KUEHL: All right. As I said, I want
20 to thank everyone, and not repeat what I said before the
21 close.

22 So let us then move to general public comments
23 for items not on the agenda.

24 Are -- has anyone signed up for public comments
25 on -- just generally?

1 MS. VO: Confirming there are no general public
2 comments either.

3 SUPERVISOR KUEHL: All right, then. My -- my
4 deepest thanks to the board, to Kim and -- Kim and the
5 entire staff for this thoughtful refresh and the
6 presentation. It's -- it's unusual in many ways to be so
7 self reflective, and yet not just totally self focused. I
8 think it's an extraordinary time for us, and real
9 opportunity to help those about whom we care most. And
10 the board has been very thoughtful in your approach, and
11 we, I assume, will continue to be.

12 So let us keep in touch with each other, and take
13 care. And with that, I will -- unless anyone else wants
14 to say anything else, this meeting is adjourned. Thank
15 you very much.

16 (At 3:57 p.m. the meeting was adjourned.)

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C E R T I F I C A T E

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

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

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

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

Attested to on this 28th day of July 2022.

DocuSigned by:
Heatherlynn Gonzalez

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CERTIFIED SHORTHAND REPORTER
FOR THE STATE OF CALIFORNIA

First 5 LA

SUBJECT:

Contracts for approval

RECOMMENDATION:

Approve one (1) new agreement and authorize staff to complete final execution of the agreement upon approval from the Board.

BACKGROUND:

First 5 LA's proposed programmatic budget for FY 2022-23 totals \$83,748,000 and the approved operating budget totals \$ 22,245,086. Funding for the new agreement will be received from First 5 CA and included in the FY 22-23 First 5 LA Budget at mid-year. Funding for the FY 23-24 budget will be included when the FY23-24 budget is prepared and presented to the Board for approval in June 2023. A description of the contractor's project and scope of work for FY 22-23 is provided in Attachment A. For contracts that span fiscal years, the estimated spending amount for each fiscal year will be included in First 5 LA's annual budgets for approval. Pursuant to contract terms, if the Commission does not appropriate funds for the agreement in future fiscal years, First 5 LA may terminate the agreement. Upon approval of the agreements presented below and the approval of Resolution 2022-02, staff will complete final execution.

DISCUSSION:

Staff seeks the Commission's approval of the agreements summarized in Attachment A.

Attachment A
September 2022

NEW										
	DEPARTMENT	TEAM/ INITIATIVE/STRATEGY / PROGRAM	CONTRACT (PROJECT) INFORMATION	PROCUREMENT METHOD	PROJECT LENGTH	ESTIMATED TOTAL PROJECT COST	CONTRACT AMOUNT	ANTICIPATED CONTRACT START DATE	ANTICIPATED CONTRACT END DATE	ANTICIPATED PROJECT END DATE
1	Communities Team	Communities/Communit ies/Refugee Family Support	<p><u>INTERNATIONAL INSTITUTE OF LOS ANGELES (10350)</u> The Contractor will be the lead implementer and service provider in Los Angeles County to implement the Refugee Family Support Program in Los Angeles County. The program is focused on supporting refugees and their families in the wake of the humanitarian crisis unfolding in Afghanistan. The primary objective of the Refugee Family Support Program is to provide case management services, and childcare and housing vouchers to refugees, Special Immigrant Visa (SIV) holders, or humanitarian parolees from any country who are eligible for federal funding and arrive between September 9, 2022 and August 31, 2023 or who arrived and settled in California after August 1, 2021. Funding is restricted to families with children 0-5 or families with a pregnant family member who are residents in LA County.</p> <p>The funds to support the Refugee Family Support Program were awarded to First 5 LA from First 5 California in the amount of \$354,711.13 to regrant to the Contractor.</p> <p>Resolution No. 2022-02 for approval of receipt of Refugee Family Support Grant Funds is presented to the Board during the September 9, 2022 Board of Commissioners meeting under Item 3E.</p> <p>The funding for this contract will be included in the FY22-23 budget at mid-year.</p>	N/A; Contractor was named in First 5 LA's grant application for the Refugee Family Support Program. First 5 LA was awarded the grant with IILA to support implementation. In this circumstance, a procurement is not required according to the Procurement Policy.	11 months	\$354,711	\$354,711 Estimated FY 22-23 Spending: \$290,218 Assigned Impact to FY 23-24 Budget: \$64,493 Assigned	9/23/2022	8/31/2023	97 8/31/2023

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

FIRST 5 LA

SUBJECT:

Review and Determine that the Board and Committees will Continue to Conduct Public Meetings by Teleconference Pursuant to Government Code Section 54953(e)

RECOMMENDATION:

That the Board review the current County and City states of emergency due to the COVID-19 pandemic, and social distancing measures that are required and recommended by state and local health authorities, and determine that in person meetings of the Board and Commission would present imminent risks to the health and safety of attendees.

BACKGROUND:

The Board and Committees of the Board have met remotely throughout the pandemic to protect the health and safety of the public, staff and Commissioners. Remote meetings under relaxed Brown Act rules were permitted by Governor Newsom's executive Order N-29-20, which expired on September 30, 2021. In its place, the Legislature passed AB 361, which became effective October 1, 2021. AB 361 continues to permit remote meetings during a proclaimed local emergency, if social distancing measures are required or recommended. New Government Code Section 54953(e) requires that the Board review these requirements every 30 days, to determine whether in person meetings of the Board and Committees would present imminent risks to the health and safety of attendees. If the Board continues to meet remotely, AB 361 requires that the public have real time opportunities to participate.

DISCUSSION:

State, County and City-declared states of emergency due to the COVID-19 pandemic remain in effect. While California and Los Angeles County residents have worked hard to reduce the spread of the virus, hospitalizations and deaths, transmission remains at substantial levels in the community. Authorities, including Cal OSHA, recommend that businesses and entities continue to practice social distancing as well as other measures to guard against the virus. Staff will provide the required real time public participation measures for remote meetings.

The Executive Director and legal counsel recommend that the Board make the determination to continue to meet remotely at least through September 2022. As required by law, the Board will continue to review this matter every 30 days, or as soon thereafter as meeting schedules permit.

RECOMMENDATION:

Staff and legal counsel recommend that the Board determine that the Board and Committees will continue to conduct public meetings by teleconference pursuant to Government Code Section 54953(e), because in-person meetings would present imminent risks to the health and safety of attendees.

SUBJECT:

Authorize First 5 LA to Receive Funds from First 5 California for Refugee Resettlement Grant and Approve Resolution # 2022-02 and Authorize First 5 LA Staff to Execute Agreement in the Amount of \$354,711.13

RECOMMENDATION:

The following recommendations were presented as written information for the Board's consideration at the July 14, 2022 Commission Meeting wherein the amount listed was \$354,727; there was a reduction and now the amount is \$354,711.13. After a closer budget review, First 5 California and International Institute of Los Angeles (IILA), the primary implementer of the grant, aligned the budget to the accurate amount. First 5 LA staff recommends that at the September 8, 2022 Commission meeting, the Board approve the following action related to the Refugee Family Support Grant:

1. Approve a Budget Resolution # 2022-02 to approve receipt of funds in the amount of \$354,711.13 over the anticipated project period of September 23, 2022 to August 31, 2023 from First 5 California to implement the Refugee Family Support Grant.
2. Authorize the Executive Director to complete execution of agreement with First 5 California upon approval from the Board at the September 8, 2022, Board of Commissioners meeting to receive funds for the anticipated period of September 23, 2022 to August 31, 2023.

BACKGROUND:

In the Fall of 2021, First 5 California began convening First 5 Commissions across the State to better understand the needs of recent refugee arrivals. Following the collapse of Afghanistan and subsequent humanitarian crisis, the United States was expected to take in thousands of new refugees and California would be one of the largest State recipients. The Los Angeles County Office of Emergency Management created a new Refugee Resettlement Task Force composed of County Departments, state-sponsored resettlement agencies, community-based organizations, philanthropic partners and representatives from surrounding counties. Members discuss emerging challenges, share best practices and coordinate services and supports for the thousands of refugees that have arrived. The huge influx of refugees combined with decades of underfunding for resettlement agencies have caused severe capacity challenges across the refugee-serving sector of Los Angeles.

Recognizing the complex needs of young refugee children, the First 5 California Commission approved a \$3 million statewide competitive grant intended only for county commissions. F5CA planned a webinar in March 2022 to introduce the grant application and released the Request for Applicant (RFA) in April 2022. First 5 LA shared the grant opportunity with members of the County task force and gauged interest among resettlement agencies. Because this grant focuses on delivering direct services, First 5 LA sought a lead resettlement agency with expertise in serving young children and the capacity to both apply and administer this grant. With a huge influx of refugees and several competing funding opportunities, many agencies could not dedicate the time needed to complete the application. The International Institute of Los Angeles (IILA) emerged as the refugee-serving agency best positioned to carry out this grant.

The Refugee Family Support (RFS) grant focuses on three service categories: case management and system navigation; short-term emergency childcare; and short-term emergency housing. The grant is intended to fill gaps within existing funding streams and must benefit federally recognized refugee categories (e.g., those seeking asylum are not included). IILA plans to hire system navigators and a Pashto interpreter, provide on-site childcare and offer short-term housing vouchers for a limited number of refugee families. IILA will also informally partner with other refugee-serving organizations and the Childcare Alliance of Los Angeles to connect families with other childcare providers.

Given the partnering resettlement agency's experience and expertise in serving refugee families, First 5 LA views IILA as the lead implementer and service provider for this grant. The First 5 LA RFS grant application names IILA as the implementing agency and details the services they will provide for refugee children. First 5 LA will support IILA by connecting them to its network of early childhood grantees and

partners (e.g., Best Start Community partners) who can provide referrals where appropriate. First 5 LA will also provide in-kind administrative support to ILLA to ensure that all required invoices, data and reports are submitted to First 5 California in a timely fashion. First 5 LA will not serve as a direct service provider.

NEXT STEPS:

Upon approval at the Board of Commissioners meeting on September 8, 2022, First 5 LA Executive Director will complete execution of agreement with First 5 California to receive funds for the anticipated period of September 23, 2022 to August 31, 2023. In addition, First 5 LA staff seek action on the ILLA contract, which is Consent Item 3C at the Board of Commissioner's meeting on September 8, 2022.

RESOLUTION NO. 2022-02

**A RESOLUTION OF THE LOS ANGELES COUNTY CHILDREN
AND FAMILIES FIRST PROPOSITION 10 COMMISSION:
APPROVAL OF RECEIPT OF REFUGEE FAMILY SUPPORT GRANT FUNDS**

The Board of Commissioners of Los Angeles County Children and Families First Proposition 10 Commission (“the Commission”) hereby finds and resolves as follows:

Whereas, pursuant to the Fund Balance Policy approved on October 13, 2016, the Commission is required to approve via Resolution the receipt of restricted funds, thus formally acknowledging and reflecting externally imposed constraints placed on the use of these resources; and

Whereas, First 5 CA awarded First 5 LA a grant to be used to support refugee resettlement in Los Angeles County, with a focus on case management and system navigation, short-term emergency childcare and short-term emergency housing. Sub-contractor activities will include: hiring system navigators and a Pashto interpreter, providing on-site childcare, offering short-term housing vouchers for a limited number of refugee families, and partnerships with other refugee organizations to connect families with additional childcare providers.

NOW, THEREFORE, BE IT RESOLVED THAT:

1. Funding received from First 5 CA in the amount of \$354,711.13, invoiced quarterly over a project period of twelve months, will be considered restricted for fund balance purposes; and
2. The Executive Director, on behalf of First 5 LA, is authorized to accept additional funding from First 5 CA if funding for the same purpose continues, and
3. The executed copy of this Resolution shall be retained on file as evidence of the Commission’s actions herein.

PASSED, APPROVED AND ADOPTED THIS 8TH DAY OF SEPTEMBER 2022, BY THE FOLLOWING VOTE:

AYES: Commissioners _____

NOES: Commissioners _____

ABSTAIN: Commissioners _____

Sheila Kuehl
Chair, First 5 LA

Kim Belshé
Executive Director

Memo

To: Board of Commissioners

From: Kim Belshé, Executive Director

Date: September 8, 2022

Subject: EXECUTIVE DIRECTOR'S REPORT

EXECUTIVE DIRECTOR'S HIGHLIGHTS

We look forward to welcoming the board back from its summer break and sharing progress in two areas critical to First 5 LA's future and impact for young children.

First, we will provide the board with an update on strategic plan refinement activities since the board's July meeting. The team has continued to dig into the overarching question, "what outcomes are we holding ourselves accountable for?" This question is lifting up critical issues and potential refinements to strengthen our logic for how change occurs, maximize First 5 LA's contribution to change, and potential systems outcomes to focus and narrow our work for greater impact.

The questions the team is wrestling with are complex, challenging and consequential. Some issues are emergent in the context of the fluid environment in which we work. Others are long-standing in nature. All are issues with important implications for First 5 LA realizing its potential to change systems to support children to reach their full developmental potential.

I am enormously proud of how the team has leaned into issues that have long challenged First 5 LA. At the September 8 meeting, we will update the board on where we are with our work and foreshadow the deeper dive that will occur later this month at the Program and Planning committee meeting. We encourage all board members to attend.

Second, we will talk with the Board about the status of the organization's diversity, equity and inclusion (DEI) activities. As the board is aware, a staff-led process, known as the DEI governance board (DEIGB), has been underway to develop a set of DEI recommendations to guide the next phase of First 5 LA's DEI journey. Informed by 11 months of learning, reflection, and deliberation, the DEIGB recently adopted 12 recommendations, which we now embrace as commitments to be integrated into our internal and external work.

First 5 LA's DEI work reflects an essential understanding of the relationship between First 5 LA's culture and values and our ability to realize change at a scale worthy of LA County's young children, families and

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EXECUTIVE DIRECTOR

Kim Belshé

EXECUTIVE VICE PRESIDENT

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A PUBLIC ENTITY

communities. That's because the DEIGB has uplifted a fundamental truth: We cannot separate our why - the impact we seek - from who we are and how we work together and with our partners.

We can – and must – recognize that our values and our culture are inextricably connected to the work before us: our Strategic Plan review and refinement cycle, strategy and Impact Framework refinements, and the long-term financial plan update, to name but a few organization-wide priorities.

If we're serious about First 5 LA's contribution to impact – which we most certainly are - we have to be serious about our culture, our values, and DEI – and that means working on ourselves: as individuals, as teams, as an organization.

This is critical work. It is hard and messy. It is all of our work. And, it's work the team will brief the Board on relative to the 12 DEI commitments recently adopted, learning and reflections from this organization-wide undertaking, and next steps in First 5 LA's journey.

We look forward to our time together.

I. OPTIMIZING OUR ORGANIZATIONAL EFFECTIVENESS

Employee engagement in a hybrid work environment is something the team continues to explore. Finding ways for employees to connect has uplifted opportunities for us to spend time together informally and get to know one another better. One such engagement opportunity occurred on Thursday, July 21, 2022, when First 5 LA hosted an employee summer outing at Dodger Stadium to watch the Dodgers take on Bay-area rivals, the San Francisco Giants. For some employees, it was the first time seeing colleagues in-person since 2020 and for others, it was a first-time baseball watching experience. Employees came out for a night at the ballpark with their loved ones and families, enjoyed Dodger Dogs, and had the opportunity to reconnect with each other. Planning for future in-person, virtual and hybrid employee outings and activities are underway.

On August 18, 2022, the Office of Government Affairs and Public Policy (OGAPP), in consultation with the Contract Administration and Purchasing (CAP) team, issued a Request for Qualifications (RFQ) to select a State Policy and Advocacy Consultant. The selected contractor will support First 5 LA's early childhood policy and advocacy strategies in the state policy arena. The contractor will employ a variety of strategies and activities to support First 5 LA's state policy and advocacy efforts to strengthen systems of support for children ages prenatal to 5-years old including but not limited to: policy analysis, development and strategy formation, lobbying, government affairs, strategic communication, technical assistance and project management. OGAPP and CAP partnered to host an information webinar on August 31, 2022 to provide an overview of the project and application requirements. The deadline for proposals to be submitted is September 12, 2022. The awarded contractor will be selected in October. Staff anticipate presenting the contract to the Board at the November 2022 Board Meeting for approval. The contract start date is anticipated to be December 1, 2022.

II. ADVANCING PROGRESS TOWARD OUR RESULTS FOR CHILDREN AND FAMILIES

Result 1: Families have the resources, opportunities, and relationships to optimize their child's development

Strengthening the Capacity of Nonprofits in Best Start Communities - Lessons Learned

Overview: In June of 2020, First 5 LA partnered with the Center for Nonprofit Management (CNM) to lead the Optimizing Organizational Capacity (OOC) in Best Start Networks Project. The intent was to strengthen the capacity of nonprofit organizations participating within each of the 14 Best Start community partnerships to more effectively function as a network of diverse partners to influence policy and systems level change within the local and regional Best Start networks and larger social ecosystem. The two-year initiative provided capacity building services including technical assistance (TA), training, and coaching to 189 nonprofit organizations and Regional Network Grantees (RNGs) including a variety of training and capacity building supports on the following areas; Strategic Partnerships, Policy, Advocacy Tools, Leveraging Data, Systems Change, Administrative Infrastructure, Fund Development, and Wellness.

Impact: Through this responsive and multifaceted approach to partnership strengthening, the OOC initiative has helped shift power dynamics, strengthen Best Start networks, center capacity building efforts around DEI principles (including combatting racism and anti-black racism specifically) to support and nurture stronger nonprofits to serve communities and work towards systems change. CNM has shared learnings to strengthen partnerships among RNGs and partners, build and strengthen the nonprofit sector and field, and share and leverage learnings.

Lessons: OOC served to highlight key factors regarding best practices in capacity building; 1) Nonprofits, while resilient, need continued capacity building and connection. Across the nonprofit sector, many organizations serving communities continue to struggle in isolation due to the converging crises of the COVID-19 pandemic and the resulting economic fallout and ongoing injustices. They are also grappling with organizational challenges related to funding, staffing, and increased community need; 2) A responsive and respectful capacity building approach is critical. Co-design and delivery of TA must reflect the current needs and focus of each Best Start region. Trust building is key and is dependent upon working with network members on their priorities; and 3) Systems change is defined and considered very differently across and within networks. It will be important to continue to strengthen nonprofits' understanding of systems change and broadening their understanding of networks, coalition and movement-building, which are essential to achieve systemic changes.

Office of Communications: Support to Further Advance First 5 LA's Policy & Advocacy Efforts Signed into Law, FY 22-23 CA State Budget

On June 27, 2022, Governor Newsom signed the state's 2022-23 California state budget into law. The 2022- 2023 budget is the largest in California state history, and the first ever to feature more than \$300 billion in spending. In reaction, First 5 LA joined the First 5 Association and First 5 California in a joint statement released on July 1, 2022, which acknowledged the critical investments in behavioral and mental health, children's health, early literacy, and reproductive rights, as well as ongoing funding to support continuous Medi-Cal coverage for children ages 0-5.

The First 5 Network statement can be read in full on our website: <https://www.first5la.org/article/the-first-5-network-statement-on-the-2022-23-state-budget/>.

To complement the First 5 Network statement, First 5 LA released a separate statement by Kim Belshé that highlighted reactions to the budget as related to First 5 LA priorities. The statement can be read in full on our website: <https://www.first5la.org/article/kim-belshe-releases-statement-in-reaction-to-2022-23-state-budget/>.

In an effort to help stakeholders, partners, parents and the public better understand the implications of the largest budget in our state's history, the Office of Communications supported Chief Government Affairs Officer Charna Widby in the development of a blogpost in which she provides an in-depth analysis of the 2022-23 state budget and its impact on California's youngest children and their families.

The blog can be read in full on our website: <https://www.first5la.org/article/what-the-record-breaking-2022-23-state-budget-means-for-the-future-of-california-kids-and-families-an-analysis/>.

The blog was also promoted on First 5 LA's social media channels:

Twitter: <https://twitter.com/First5LA/status/1560404782476472320>

Facebook:

<https://www.facebook.com/first5la/posts/pfbid07GLwtQaL421d6CuWbNVHGuprXA73PQkHNpmqPf13CGD8SSycovihDB6hNqFAUvAXI>

LinkedIn: <https://www.linkedin.com/feed/update/urn:li:activity:6966181986482712576/>

Instagram: <https://www.instagram.com/p/Cha859vuwor/?hl=en>

First 5 LA Select Home Visitation Providers: Achieving Model Quality Endorsement

One of First 5 LA's Select Home Visiting grantees was recently awarded a prestigious national award by their national home visiting model office. Child Care Resource Center (CCRC) implements the Parents as Teachers (PAT) model and was awarded the PAT Losos Prize for Innovation. Each year, the PAT National Center awards Losos prizes to only two PAT affiliates nationwide – out of over 800 affiliates - that display the best innovation in program delivery.

Losos awardees are PAT Blue Ribbon or model affiliates that have developed new solutions that address specific needs of their community or the families served or have enhanced existing programmatic and/or service delivery needs in a new or innovative way. CCRC's innovative efforts focus on enhancing protective factors for families, including providing concrete supports for families in times of need, supporting the social and emotional competence of children, and enhancing knowledge of parenting and child development.

One of CCRC's innovative activities included the opportunity for families to participate in the "Your Money, Your Goals," a financial literacy program that included a small stipend for participants who completed their financial goals. Through a partnership with LA County DPH and coordination by LA Best Babies Network and First 5 LA, CCRC distributed 38 loaner laptop bundles to families to help them stay connected to their PAT home visitors for virtual visits as well as to pursue educational and professional goals. CCRC delivered activity kits to the homes of families to support the social emotional development of children and stay connected (at a safe distance) over the past couple of years. Further, CCRC's home visitors provided infant massage training to families through virtual visits. Losos prize winners receive \$5,000 to support their work plus free registration, accommodation, and travel expenses for one employee to attend the PAT Annual Conference. CCRC will receive their award at the September 2022 PAT Conference in Denver, Colorado.

Communities Region 1: Selection of Strategic Actions for a Just Economy Team by Best Start Region 1 and Receipt of Grant to Support Promotores Effort

Prioritizing Quality, Affordable, and Stable Housing

The Best Start Network in Region 1 (BSNR1) has demonstrated in-depth experience in authentically bringing together families with young children and other community members to connect, learn, and advocate for self-identified priorities. In an inclusive, equity-focused approach, the Para Los Niños (PLN) team uses popular education methodology and community-developed values to guide each aspect of their work.

While continuing to balance critical supports in the form of food boxes with systems change efforts, the BSNR1 underwent an extensive 10-month issue prioritization and contractor selection process culminating in a one-year, renewable contract with Strategic Actions for a Just Economy (SAJE), along with LA Forward and Sandra McNeil Consulting. The process to select the area of focus, which ran from August 2021 to February 2022, included a review of primary and secondary data sources for each of the 10 priorities outlined in the Community Bill of Human Rights (a broad guide for BSNR1's long-term vision), facilitated discussions, and an anonymous voting process with 233 community members, that resulted in all four BSNR1 communities (East LA, Metro LA, South El Monte/El Monte, Southeast LA) selecting Quality, Affordable and Stable Housing as the most urgent, intersectional, and critical focus area that needs to be addressed.

Based on this process, the PLN team developed and released the BSNR1 Collective Advocacy Contractor Request for Proposals in April 2022. After a two-month in-depth, inclusive and transparent process that included the participation of 55 community members in the proposal review and interview process, BSNR1 community residents and organization representatives selected SAJE, along with LA Forward and Sandra McNeil Consulting, to serve as the Best Start Region 1 Collective Advocacy Contractor Team, with a grant award of \$250,000. The SAJE team will support the entire region and each of the four BSR1 communities to build and strengthen the capacity to:

- have a deepened understanding of the resources for quality housing for young children from prenatal to age five and families;
- engage in systems change efforts in relation to quality, affordable, and stable housing for young children prenatal to age five and families;
- advocate for, educate, and engage partnership members, policymakers, and the public to understand the importance of addressing housing issues to support better outcomes for young children prenatal to age five and families in LA County; and
- co-design a collective advocacy action plan and engage in collective advocacy efforts.

Cedars Sinai Grant to Support Promotores

In addition to this work, the BSNR1 continues to share and advocate for their Community Transformation Framework that includes the integrated use of promotores. They recently received a 2-year grant from Cedars Sinai in the amount of \$200,000 to work on expanding and strengthening the promotores efforts at Children's Hospital Los Angeles. The First 5 LA internal Region 1 Team provided thought partnership on the Request for Proposals and the procurement process.

Result 2: Children receive early and timely developmental supports and services

Social Media Campaign in Partnership with L.A. Care Health Plan

As part of Help Me Grow (HMG) LA partnership with L.A. Care Health Plan, reaching and educating families with young children about child development is one of many key strategies to improve early identification of developmental delays in young children. L.A. Care developed a comprehensive communication plan to engage L.A. Care members and families accessing Community Resources Centers supported by L.A. Care and Blue Shield's California Health Plan. On July 21, 2022, L.A. Care launched a ten-week social media campaign via their Facebook (25,000 followers) and Instagram (7,800 followers) channels and in collaboration with First 5 LA and the Los Angeles County Department of Public Health. These social media posts, inspired by the CDC's "Learn the Signs. Act Early." messaging, provide information on developmental milestones, prevalence rates of developmental delays and disabilities, and highlight child development classes hosted by L.A. Care at Community Resource Centers. In addition to promoting classes and raising awareness on child development, the posts were designed to also help address and reduce stigma associated with developmental delays and promote the HMG LA website and call center. This collaboration will inform other HMG LA social media efforts.

Result 4: Children have high quality early care and education experiences.

LA County ECE COVID-19 Response Team Learning Report

Since April 2020, the Los Angeles County Early Care and Education COVID-19 Response Team (Response Team) has met to coordinate efforts in supporting essential worker's access to childcare, ensuring providers have the resources and information to operate safely, and preserving early care and education infrastructure in the County. Co-convened by the LA County Office of Education, the Office for the Advancement of Early Care and Education, and First 5 LA, the Response Team also includes the Child Care Alliance of Los Angeles, Los Angeles Unified School District, Office of Mayor Garcetti, and County resource and referral agencies.

Though the COVID-19 pandemic still continues, the Response Team acknowledged the importance of capturing the story of its work as well as successes and challenges in order to learn for the future. To do this, the group brought on Dr. Pauline Brooks, an independent researcher and evaluator with "particular interests in the histories and stories of groups pushed to society's margins, eliminating health- and other disparities in treatment and outcomes, transforming systems of structured inequities, and cross-cultural issues in evaluation and programming." The project included interviews of Response Team members, childcare providers, and parents as well as document and data review.

The results of this project emphasized that the way the Response Team did its work was crucial to its impact; members showed up with trust, openness, willingness to contribute, and a shared focus. The interviews showed that, though providers were scared, they did feel more secure having the information and resources provided by the Response Team. However, providers with the most need may not have been fully served by the Response Team's efforts due to lack of technology access, language barriers, or not being connected to existing systems. The included stories capture the harsh realities many providers and families felt as well as the incredible support that childcare providers offer to their communities. The full report can be found in the appendix to this item.

The Response Team is working to address some of the recommendations, including updating County emergency plans with learning from the report as well as expanding its capabilities to reach more providers outside current networks. The group will also be discussing the learnings with other partners such as the Child Care Planning Committee and Policy Roundtable for Child Care and Development to further strengthen ECE system in the County. **(See Attachment for ECE Response Team Learning Report)**

III. STATE AND FEDERAL ADVOCACY

State

The Office of Government Affairs and Public Policy (OGAPP) continues to advocate for state policy proposals in support of First 5 LA's four results for children through the end of the legislative session. Since the last board meeting, First 5 LA has added AB 2159 and AB 2517 to its list of support bills. August 31, 2022 is the deadline for each house to pass legislation and send to Governor Newsom for his signature or veto. He has till September 30, 2022 to respond. First 5 LA has an official support position on the following state proposals:

- AB 92 (Reyes), related to Family Fees, will establish a more equitable sliding scale for family fees utilizing state subsidized preschool and child care services. (Status: Senate Floor)
- SB 976 (Leyva), related to Universal Preschool, will establish universal preschool, to provide California's young children and their families equitable access to quality early learning and care services. (Status: Assembly Education Committee)
- SB 951 (Durazo), related to Paid Family Leave, will phase in higher levels of wage replacement through California's Paid Family Leave program, and by 2025, provide many new parents with 90 percent of their wages when they take eight weeks of leave to care for their child. (Status: Assembly Floor)

- AB 2402 (Rubio), related to Continuous Eligibility for Medi-Cal, will require that children under the age of 5-years old receive continuous eligibility for Medi-Cal. (Status: Senate Floor)
- AB 2159 (Bryan), related to Parent Reunification, will prohibit a parent or guardian who is in custody prior to conviction from being denied reunification services with their dependent child based on an existing provision which allows a court to deny reunification services for a parent or guardian who is incarcerated, institutionalized, or detained. (Status: Senate Floor)
- AB 2517 (Bonta), related to Cradle-to-Career Networks, will establish a two-year California Coordinated Neighborhood and Community Services grant program to implement new, and strengthen existing, neighborhood and regional cradle to career (C2C) networks, by allocating state funding into these programs. (Status: Senate Floor)

Federal

The OGAPP team continues to advocate for the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV), which is set to expire on September 30, 2022. OGAPP participated in virtual meetings with key members of the Los Angeles Congressional Delegation, including Rep. Judy Chu and the office of Rep. Lucille Roybal-Allard, who both serve on committees of jurisdiction, to educate them on the importance of home visiting, and to ask for their support in reauthorizing the MIECHV program. OGAPP will continue advocating to Los Angeles congressional members on the reauthorization throughout the summer and fall months, and will advocate alongside the First 5 Network and national partners.

In addition, the OGAPP team advocated for the inclusion of child care and early learning investments in the Inflation Reduction Act (IRA) among the Los Angeles Congressional delegation. In partnership with the First 5 Network, First 5 LA coordinated a letter for this inclusion to Senator Feinstein and Senator Padilla asking for their support. Though child care and early learning investments were ultimately not included in the IRA, OGAPP will continue working with the First 5 Network and national partners to elevate the need for federal support of child care and early learning investments. Please see the 2022-23 State Budget and Legislative Priorities sheet (attachment 1) for a complete list of state policy proposals First 5 LA is supporting and monitoring.

IV. CONTRACTS AND SPONSORSHIPS EXECUTED PER BOARD-APPROVED EXECUTIVE DIRECTOR DELEGATION AUTHORITY

Contracts Executed between \$10,000 to \$150,000

Pursuant to the Procurement Policy adopted on September 9, 2021, "The Executive Director (or designee) may approve any contract or amendment up to and including \$150,000 in the aggregate and will establish appropriate internal policies and controls for those awards. Contracts that are executed under the Executive Director (or designee) between \$10,000-\$150,000 will be presented as information at the next Board of Commissioners meeting."

The following contracts were executed between July 1, 2022, and August 17, 2022.

#10086 Gonzalez Reporting (formerly dba Heatherlynn Gonzalez) – Contract Amount: \$16,800 Contract Period: 7/1/2022 – 6/30/2023

The Contractor will provide stenographer services for all First 5 LA Board of Commissioners meetings and Special Board/Program & Planning Committee meetings.

#10307 Conrad LLP – Contract Amount: \$25,000 Contract Period: 7/1/2022 – 6/30/2023

The Contractor will will conduct in-depth reviews of invoicing substantiation of costs and verification of reimbursements. The Finance Team is responsible for the organization's fiscal monitoring and

compliance of our agreement. Part of this review process requires First 5 LA to contract with an independent auditing firm to perform limited scope fiscal compliance audits of its contractors and grantees selected for an in-depth review of invoices and reimbursements. Conrad LLP is one of three firms selected from the Auditing Services Pool RFQ.

#10309 Vasquez & Company LLP – Contract Amount: \$25,000

Contract Period: 7/1/2022 – 6/30/2023

The Contractor will will conduct in-depth reviews of invoicing substantiation of costs and verification of reimbursements. The Finance Team is responsible for the organization's fiscal monitoring and compliance of our agreement. Part of this review process requires First 5 LA to contract with an independent auditing firm to perform limited scope fiscal compliance audits of its contractors and grantees selected for an in-depth review of invoices and reimbursements. Vasquez & Company LLP is one of three firms selected from the Auditing Services Pool RFQ.

#10231 Long Beach Unified School District – Contract Amount: \$60,000

Contract Period: 7/1/2022 – 6/30/2023

The Grantee will measure the school readiness of children entering kindergarten and engage community stakeholders around the results for systems change as part of the The Kindergarten Readiness Assessment (KRA). The objectives of the KRA program includes: 1) Collect Early Development Instrument (EDI) data to assess kindergarten readiness of children in the community; 2) Strengthen school district and community agency staff capacity to support systems change; and 3) Build capacity of stakeholders to understand and act on the EDI data.

#10342 Mercer (US), Inc. – Contract Amount: \$78,500

Contract Period: 8/17/2022 – 12/31/2022

The Contractor will conduct the 2022 Compensation Study which will assess how First 5 LA compares as an employer in relation to the current marketplace.

#10282 County of Los Angeles Chief Executive Office – Contract Amount: \$147,000

Contract Period: 8/1/2022 – 6/30/2023

The Contractor will support efforts to measure and track key prevention indicators related to systems, children, families, and communities in LA County, and to facilitate First 5 LA's access to data from LA County agencies to help advance First 5 LA's systems change work and support our data efforts.

Sponsorships

A Philanthropic Partnership for Black Communities (ABFE)

Date: August 25-27, 2022

Sponsorship amount: \$5,000

Description: ABFE is a membership-based, nonprofit, philanthropic serving organization that advocates for responsive and transformative investments in Black communities. They hosted their annual retreat which aims to provide a space for Black women in executive and senior executive positions to strengthen their mind, body, and spirit. The retreat served as a source of sisterhood and connection through activities that facilitate renewal, relatability, and reflection around our unique experiences as Black women working in the philanthropic sector. Kimberly Hall, First 5 LA's Chief Data Officer, attended the retreat.

LEARNING, REFLECTION, and MOVING FORWARD

June 15, 2022

Presented To: Jaime Kalenik, FIRST 5 LA

By

Pauline E. Brooks, PhD
Patricia Karimi-Taleghani, C. Phil.
Diane Griggs-Ross, LCSW
Hamid Karimi-Taleghani (Technical Assistance)

LEARNING, REFLECTION, and MOVING FORWARD

June 15, 2022

Introduction

The pandemic affected everyone. The virus hit hard. People lost loved ones. Some families lost many. There was fear, confusion, and illness. Some illnesses were relatively mild, others acute, and some debilitating and long-term (Long-COVID). There was great uncertainty about COVID-19’s impacts on other areas of well-being, not just health. There were supply shortages and business and work shutdowns. There were times when store shelves for personal protective equipment, disinfectants, hand sanitizer, and the like were bare. At the peak of shutdowns some areas of the county looked like ghost towns—e.g., normally noisy congested streets of Los Angeles had silence and no moving cars. When people had to go out for groceries or the like, ages two and up wore face masks and sat, stood, or walked six feet apart from one another. Some also wore gloves, face shields, goggles, or other protective clothing and wiped down the grocery bags and their contents with something sanitizing when they arrived home.

At the beginning of 2020, the questions were unending: Will there be vaccines for this virus? Will there be treatments and cures? Are there any long-term or permanent effects for those who get the virus and seemingly recover? What effects will being in isolation for such a long time have on my child—on her/his social, emotional, and intellectual development? How can I work from home or externally and supervise my child’s online classes at the same time? What do I do with online learning and a 3-year-old, a 4-year old, and a 14-year old? What arrangements will I have to make if someone in the family gets COVID-19? What income can I count on now that my work is closed? How do I feed my family with no income? Will we lose our house, our apartment? I am experiencing a lot of worry, anxiety, and stress: what can I do to reduce it? Where can I get reliable, truthful, useful, and timely information to protect my family?

March and April 2020, shortly after the state’s Governor issued a Stay at Home Order in an effort to slow the fast rise in COVID-19 cases, there was an organic gathering of people

concerned about COVID-19 and early care and education (ECE). Three people, each from different institutions, had earlier begun exploring how they might maximize resources and work more effectively and differently together. In time, others from different institutions were invited, referred, or in other ways showed up to become a part of this emerging group. At their level of work within the different institutions, many members already knew one another, but some didn't. All but one was well-experienced in ECE.

May 14, 2020, the group held a special meeting with the Chief Science Officer, Los Angeles (LA) County Department of Public Health (DPH), to learn more about COVID-19 in the county. The intention was to see what they could do by working collectively, cooperatively, and collaboratively with a focus on COVID-19 related problems and ECE in LA County. Feeling that they did not have the luxury of time, the group moved quickly to not lose windows of opportunity. The group was the Los Angeles County Early Care and Education COVID-19 Response Team (Response Team or RT).

No one was appointed, no one was assigned, and no one was paid for participation. The focus of these volunteers was the virus' impacts on ECE providers, parents, and system. It soon became clear that without adequate, quality, ECE services, persons designated as first responders and other essential workers in the county would not be free to do their jobs. ECE workers were, in effect, “essential” for the county's first responders and others. Viewing from the early days of this rapidly unfolding epidemic and then pandemic, RT initially thought that their work might require several months of intense, urgent, emergency efforts. It has now turned into more than two years at the point of this writing.

RT members stepped forward to help in the ways that they could, just like so many others. At the time, people in neighborhoods were bringing hot meals, bags of groceries, offers of rides and errands, or contributing cash to family, friends, and neighbors in harm's way of COVID-19. Neighbors said things like, “Here's my number. Let me and my family know if we can be of help.” Local business people collected bags of groceries from within ordinary communities to deliver to local food banks. When public schools shut down, schools provided meals to entire families ensconced in lines of cars that sometimes stretched around the block. This was a collective response. Individuals were collectively responsible for everyone.

A desire to help was part of what initially brought RT members together. Some RT members spoke of being deeply affected by the fact that many in the field of ECE would be placed at high risk of exposure to the virus given the face-to-face hands-on nature of ECE work. This was especially the case if ECE workers continued working throughout the pandemic: some workers had opportunities to close and work virtually; others did not, and remained open throughout the shutdown. Those who remained open had daily face-to-face engagement with children and children’s family members coming into the care space from the wider outside. One RT member talked about personally experiencing great anxiety over these kinds of potential harms to providers, children, and parents who were on the front line of exposure, sometimes without the necessary personal protective equipment (PPE) and materials and protocols needed to be as safe as possible in the pandemic.

Something personal for a different RT member was the family story that the pandemic of 100 years ago had taken the life of their grandparent. This made the fight against COVID-19 even more personal for this ECE professional. RT interviewees all spoke about concerns for others as well as for their own lives: they, too, had elders and extended family members, newborns, pre-school-age and older children, and other loved ones.

These human-to-human feelings of care, though commonly not topics in a document about learning and reflection and how a group has done its job, is an important substrate of the RT story. It is a kind of human-glue, a human-to-human connection, that links all involved. It tends to manifest when very different people find themselves facing a common crisis together. RT focused on the human beings that were being placed in harm’s way, especially those person’s serving as essential workers to the essential workers. The centering of human beings was part of the glue that infused RT’s work, held members accountable, and facilitated team cohesiveness.

Other indicators of this humanity-glue emerge from the minutes of RT’s weekly virtual meetings: Certain members kept an almost drumbeat focus on the urgency of the situation and COVID-19’s threat to human life and livelihood. There was respect from and for each team member, a willingness to listen and learn from one another, and speaking and problem-solving

in terms of one another’s strengths. Members built upon one another’s ideas and contributions. These things, too, strengthened RT’s cohesiveness.

There were also at least three additional factors shaping RT. These were like unseen members of the 19-person RT: The first was the influence of isolation. Staying at home for such a long period of time cultivated a felt need to somehow connect and interact with other people, and to do something meaningful in the situation. The second factor was a willing environment. The COVID-19 threat was so scary and potentially so disruptive and damaging that lots of decision-makers were open to trying new things. Operating within the context of the pandemic, very little was, or even could be, business-as-usual. The third unseen member of the RT was that everyone was forced into experiencing change. No exceptions. Things changing and one not being able to assume business-as-usual became a norm.

All of these humanity-themes and factors appear in various forms in the personal stories shared not only by RT members, but also by providers and parents (see latter half of this report). Humanity-themes have played a role and will continue to play a role, hopefully, in any movement out of the emergency phase of the pandemic and into the transition and building phases for an “equitable recovery” (a term that appears in RT minutes).

Response Team (RT) Members

Who were these people that came together weekly, and later bi-weekly, over the course of more than two years during the pandemic? The following 19 individuals have served as members of RT and are associated with nine different institutions. Fifteen (15) of these 19 individuals participated in RT interviews for this report and/or shared documents.

NAME	INSTITUTION	POSITION
Becca Patton	First 5 LA	Director, Early Care and Education Team
Christina Acosta	Pomona USD	Child Development Program Supervisor
Christina Hernandez	LA Mayor’s Office	LA Early Childhood Equity Project Coordinator
Colin Legerton	LA County Office of Education	Head Start Communications Specialist

Cristina Alvarado	Child Care Alliance of LA	Executive Director
Dean Tagawa	LAUSD	Executive Director, Early Childhood Education Division
Debra Colman	Office for the Advancement of Early Care and Education (Department of Public Health)	Director
Ed Sudario	Child 360	VP of External Relations
Ilyssa Foxx	Child Care Alliance of LA	Quality Start Los Angeles Program Manager
Jamie Kalenik	First 5 LA	Program Officer, Early Care and Education Team
Keesha Woods	LA County Office of Education	Executive Director, Head Start and Early Learning
Lindsey Hanlon	LA County Office of Education	Grants Consultant, Head Start and Early Learning
Luis Bautista	LA County Office of Education	Administrative Supervisor, Head Start and Early Learning
Marcy Banuelos	First 5 LA	Administrative Coordinator, Early Care and Education
Marcy Manker	First 5 LA	Senior Program Officer, Early Care and Education
Michael Olenick	Child Care Resource Center	President & CEO
Patrick MacFarlane	Child Care Resource Center	Government Relations Manager
Ranae Amezquita	LAUSD	Early Childhood Education Director
Steve Zimmer*	LA Mayor’s Office	Senior Education Advisor

* This member has moved to a position at the state level.

What Has Been RT’s Work?

“The response team [RT] was able to mobilize our efforts quickly due to our clear understanding of the “why.” We knew why providers needed us to get systems in place and supplies into their hands quickly. We knew that the key to first responders to be able to go to work was having access to child care. We knew that providers were highly challenged with accessing PPE supplies due to shelves being bare at their local stores. All of this information was known to all of us which allowed us to act quickly on behalf of our unsung heroes of early care and education.”

(An RT Member)

Theoretically, the full field of outreach for RT was all childcare providers in Los Angeles (LA) County, and to a lesser extent, essential workers needing childcare, as explained by one RT member. From interviews with RT members, there were three broad foci. RT members did not speak in terms of goals or objectives. The feeling was that these terms were too confining, limited, and specific. RT took a broader and more fluid approach. Its primary foci were that:

- ECE workers are kept safe
- essential workers have access to ECE for their children
- there is preservation of the county’s ECE infrastructure

Some RT members further identified more specific, hoped-for, outcomes for *providers*.

These were that providers, as much as possible given the conditions of the pandemic:

- had clarity on how to be safe during this pandemic
- felt supported, and didn’t feel alone
- felt that they had people working on their behalf
- had knowledge and practices for keeping children safe, developing, educationally stimulated, and learning

In practice, RT’s efforts were more than providers knowing how to be safe or that they felt supported. From its beginning, RT operated largely in crisis mode. As stated in the earlier quote, RT was flexible and worked hard to put into providers’ hands the materials that were necessary to be safe and do their care- and education work. For example, in 2020, at a time when there were major shortages of all varieties of needed supplies, RT began working on the supply issue. Though it took time given the many delays in the supply chain—this was a time of shutdowns and closures—RT was eventually able to secure, warehouse, and distribute multiple

rounds of large quantities of supplies to providers across the county. Supplies included items like: masks for adults and children, hand sanitizer, wipes, diapers, cleaning supplies, gloves, non-contact thermometers, and other items. As of the time of this writing, there have been 6.5 rounds of distributions.

In interviews, several RT members offered more specifics about what they saw as RT aims for *parents*. These were that parents, as best as possible given the circumstances:

- felt that their children were safe
- felt free to do their first-responder and/or other essential work and maintain family stability without risking the safety of their children
- felt that their children were also in environments where they could develop, be educationally stimulated, and learn

RT Activities: A One-Stop Shop

The weekly meeting minutes, individual interviews, and documents show that RT gave continuous attention to, and actively worked on, the preceding foci and aims. RT did so from multiple angles. For example, RT worked on a host of ECE access issues. For instance, these included: setting-up an enhanced referral system and a 1- 888 toll free phone number for easier and swift access to ECE services. RT helped with prioritizing hospital staff (i.e. essential workers) for accessing ECE, and sought and secured funding for stipends for low-wage hospital workers to do the same. RT worked to help open care and education services with LA City Parks and Recreation. RT arranged for some of the expert coaching and training that was needed for pop-up care in struggling areas of the county. RT also collaborated on submitting an emergency plan to the state.

One continuing activity has been RT actively seeking out, overseeing, and distributing resources to providers. The diversity of resources has been wider than those items previously mentioned. This diversity of resources has included donations from funders, donated and reduced-cost supplies, trauma-informed and other learning materials, furniture, books, and toys. One part of the outreach to funders yielded \$150,000 for vouchers and \$150,000 for general support. Raising money from philanthropy completely outside the usual funding stream, created the opportunity to provide low-wage hospital workers \$100 per shift for six

months to use for child care. Two donor organizations created individual learning kits for children. Reaching out to key existing organizations such as the eight county-wide Resource & Referral Centers (R&Rs), RT was able to collaboratively set up a system for distributing* these diverse supplies to providers. The R&Rs cover the entire county of Los Angeles. Hence, closely working with this pre-existing system enabled RT to reach more providers. In one instance, one RT member stepped forward and paid for the warehousing of large supplies when other means for storage were not available. By May, 2022, supplies in total numbered over 16 million items.

Information was a key element of protection from the virus and its impacts. RT regularly provided a variety of expert health and safety communications. It did this through fliers, hotlines, question-lines, emails, webinars, billboards, and attempting to access provider networks that served different cultural and language communities (e.g., Mandarin speakers, etc.). There were also Community Calls (18 such calls as of January 14, 2022)*, website updates, a phone bank, and Facebook posts.

RT made efforts to receive feedback, questions, and inputs from providers and others through these different channels of communication. Surveys were another method used by RT to find out what was happening at the community level. Additional on-the-ground insights emerged from the questions and concerns that providers and parents raised in their interactions with R&Rs, and queries to the Department of Public Health (DPH).

RT members routinely received relevant updates from across the county at the weekly and later bi-weekly virtual meetings. Members were then able to pass this information along to other agencies, including their home agencies. Something that DPH was planning concerning COVID-19 vaccinations, for instance, could be shared with the Mayor’s Office, the R&Rs, or any one of numerous ECE agencies. This early sharing gave opportunities for increased planning, preparation, and inter-institutional participation. At the weekly meetings, RT partners sometimes invited fellow RT members to help with planning for upcoming events or rollouts (e.g., how best to organize for the vaccination effort for young children).

* Further details concerning this point will be discussed later in this document.

RT partnered with different agencies on a variety of projects. One of a number of examples was partnering with the Mayor’s Office and a community college to support the College Promise Works program. In an attempt to get ahead of the issue of vaccine hesitancy, College Promise hired and trained community college students to call providers and give out accurate information and answer questions concerning vaccinations. RT also worked to prioritize ECE providers to receive vaccinations once they were made available. RT members worked with Children’s Hospital, as well as sought to get providers to the County mega-vaccination sites.

In various venues RT advised, advocated, and proposed policies on behalf of the ECE community. Examples of policy issues that RT worked on included: hazard pay, that existing programs receive full state allocations, funding child care and education for essential work, streamlining enrollment requirements, extending hold harmless, and vouchers for those receiving unemployment. RT advised both the County and City of Los Angeles on structures for grants, and advocated for funds to be used in support of child care providers. Some grantees received funds to support their child care businesses.

Much of what RT did during this two-year period was in partnership and collaboration with the various member institutions/agencies as well as with external agencies. The work was virtual, given that throughout the county and state people were largely working from home. The work was detailed and sometimes intense. It involved a lot of day-to-day communications, planning, decision-making, implementing actions, and responding within a changing environment.

The mix and level of RT activity cannot be easily captured, especially not in the small space of this document. Interested persons can find far greater information in the detailed weekly and bi-weekly RT meeting minutes, and the near week-to-week timeline of RT activities. These two sources, as well as other documents (e.g., identification and tally of all items distributed), can be accessed in the RT archives housed at First 5 LA.

For any one of RT’s efforts or accomplishments, there were a host of smaller tasks that had to be completed in order to make that one larger task happen. Many of RT’s efforts might best be described as projects; these were projects happening within the context of continuing

disruptions and uncertainties of the pandemic and other people’s responses. Like everyone else during the pandemic, RT and those assisting were learning as they were doing. Four examples illustrate some of the many smaller or intervening issues and questions that RT navigated in efforts toward achieving some particular outcome.

Example 1: Community Calls

“A community call is what the RT calls its webinars (the first couple were actually big Verizon conference calls instead of Zoom meetings). The format is usually 30 minutes of presentation and 30 minutes of Q&A. The content is aimed primarily at childcare providers, but in the beginning was for a broader audience including parents needing childcare. Presentations have ranged from updates from the Department of Public Health and information about supply distribution, to mental health resources and LAUSD distance learning processes.” (An RT member)

Community Calls, of which there is an official record of 18 between April 2020 and January 2022, presented information to provider- and parent communities. They also created a means to hear from, get feedback from, and answer questions from call attendees. Often, multiple agencies were available to present information or answer questions on the call. Recordings of Community Calls and printouts of the questions that providers and others asked are in the RT archive.

Questions were most often about concrete, practical, real-life, daily challenges that providers or parents encountered in navigating the pandemic. This included guidelines and new rules. For instance, questions asked by providers elicited expert responses like: “Two (2) surgical masks should be used in lieu of a single high-grade mask: K95, KN95 or KF94.” Providers asked myriad questions that sometimes reflected a high level of concern or confusion. A few examples of provider questions are:

- *“Are we still submitting unusual incidents for each COVID case?”*
- *“Are vaccines required by ECE? Head Start is requiring them by Jan 31.”*
- *“Does shortened isolation apply to pre-K students, considering they nap without masks? Does it apply to toddlers that don’t mask due to age?”*

- *“Can you please go over home kits? Are we allowed or not allowed to test children with these on campus if it is the parents administering it? Or do these kits need to be administered by parents at home?”*
- *“Parents are both negative. One-year-old child continues to test positive. What is this protocol? Do we admit the child?”*
- *“During nap/resting time children under 5 do not wear mask so is everyone present then exposed or do you have comments on this?”*
- *If a child under 5 has traveled internationally, what is the recommendation? [this question was paraphrased]*

Experts presented on the Community Calls and/or were available to answer at least some of the questions at the time of the Community Call. RT made efforts to get answers back to providers: e.g., on the next Community Call, through group emails, and trying to keep information current on the website.

Example 2: Website

RT’s partner that managed the website *Child Care Heroes* provided a report for the period December 2020 – June 2021. Summarizing and paraphrasing:

The total number of users was 179,074. The website was visited 263,240 times and had 333,316 page-views. Per session, the average number of pages visited were 1.27 and persons visiting the site did so an average of 1.48 times.

The order of the most visited pages in English was: home page, educators landing page, and learning activities. Learning activities held visitors’ attention the longest. Pages that gave guidance and that had information about vaccines received the next longest attention. The Spanish site had fewer visitors, but had “comparable average times on pages to the English site for the guidance pages and vaccine page.”

The Child Care Heroes site was shared by Facebook users 982 times, and the complete reach of Facebook content was 863,349.

(December 2020 – June 2021, *Child Care Heroes* Final Analytics Report, June 30, 2021 Viva Social Impact Partners)

RT is presently working on updating and further refining the website. Aspects to learn more about go beyond numbers and include questions of quality and usefulness. They seek to

answer questions like: “What do any of these numbers truly mean for intended users?” How frequently was any website content updated? Not just what was taught, but what did website visitors actually learn from their visits to this site? Was what they learned helpful? How easy was it for providers and parents to apply what they learned given the circumstances they were facing? Does anything else need to be added to the website?

Example 3: Distributing Supplies

At latest count, RT played a role in acquiring, warehousing, and distributing 16,407,867 individual items. Distributions were done in 6.5 rounds, as of this writing. To give several examples of size, at one point between 2020 and January 2022, the official count of several items by category included 2,885,200 diapers; 1,212,150 adult face masks; 2,198,850 child face masks; 74,096 bottles of hand sanitizer, etc. While the *Los Angeles Times* (January 22, 2022, A1, 10) was reporting that home testing kits were coming very slowly to child care, documents show that LA County R&Rs were distributing these home testing kits in January 2022 and later in February. (See the RT archive for current official tallies and the sources of contributions of home testing kits.) Though much needed, securing and distributing these and other items (e.g., gloves, no-touch thermometers, cleaning wipes, liquid hand soap, disinfectant, baby wipes, etc.) over the course of two-years had many logistical challenges.

Digging into the logistics a bit deeper helps one to appreciate the amount of work it took to address the many levels and types of complications involved in getting these supplies into the hands of providers: First, it took efforts to net the various donations coming from different sources (e.g., city, county, state, private companies, foundations, etc.). Then, assuming that these were sometimes very large quantities of items being donated or purchased at any one time, where are these items to be stored once they are available? If these large quantities are to be stored in a warehouse, where does one find a warehouse? What are the requirements, including length of time, contracts, etc.? How will large and small amounts of supplies be moved from one place to another? If the movement of large quantities of supplies is by truck, where does one get the trucks, drivers, and how many? If by car, whose cars? Are there any insurance or liability issues? In a large county like LA, what locations in different parts

of the county will be best for distributing items? What staff will be needed and available onsite to implement the distributions? When will all this take place? What will be COVID-19 safety methods for distribution? And, throughout, what will all of this cost?

One Resource and Referral Center (R&R) described the end part of distributing large quantities of needed supplies to individual providers. The following description provided during an interview is edited and paraphrased:

At [this R&R], those who received the PPEs (personal protective equipment) were mostly Family Child Care (FCC) providers who typically may have limited access to additional resources. The larger Child Care Centers have multiple access avenues. The group of FCC providers already have fluid relationship with [the name of this R&R] and have a strong history of being responsive. For example, these providers attend workshops, seek information, and have relationships with [this R&R's] staff.



Courtesy of Los Angeles County Early Care and Education COVID-19 Response Team (RT). Distribution activities at a site.

This R&R sent out an email notice to all providers in their network. Many providers responded. The R&R first tried distribution as a mass event. This resulted in long lines around the building. Next time the R&R used appointments for picking up supplies. There were appointment hours with a 15-minute window between provider pick up. No contact occurred. The provider makes a request and the goodie bag is prepared and left in the front of the office for pick up. When the provider arrives, the provider calls the front desk to be let in to receive their supplies.

R&R staff made the supply bags, and took the orders. Distribution occurred during normal business hours. Items distributed over the course of multiple rounds of distributions included: home test kits, N95 masks, hand sanitizers (size 8 oz. and 16 oz.), and medium/large non-Latex gloves, etc. Early on during the time of shortages, providers inquired repeatedly for supplies prior to the first distribution.

Example 4: Vaccinations

RT was working in a complex and fluid environment. Members had to be aware of and respond to the actions of other decision-makers, as well as to so many other conditions. The following story of RT and vaccinations for ECE providers illustrates some of this environmental fluidity, impacts of the decisions of others, and spaces in which RT navigated.

The COVID-19 pandemic forced the closure of many child care facilities. By May of 2020, only 21% of the centers and 59% of the family child care homes were open. Many ended up closing for good, but for those who wanted to continue serving children in their care, the COVID-19 vaccine became a critical part of this process.

When the vaccine first rolled out, child care providers were not on the priority list. We advocated for them to be added, and they were included in the teacher group. At the end of February 2021, we began to set up weekend vaccine clinics at Children’s Hospital Los Angeles (CHLA). The Resource and Referral agencies first had to sign up providers 65 years and over. A couple of weeks later, we expanded to all child care providers as long as they had an appointment through their R&R (we made the appointments and shared them with CHLA).

Other community groups followed the same process, until the Governor expressed concern that people seeking vaccines were not following the roll-out order (i.e. older folks first, followed by first responders, nurses, teachers, child care providers, etc.). As a result, the Governor implemented a system of codes. Vaccine providers could reserve a certain time/place and they would be assigned codes. When a recipient visited the indicated website, the idea was that only those who had a code could sign up to get a vaccine for that designated site.

We asked child care providers to sign up for CHLA on the identified days/times. Later, mega-sites run by the Department of Public Health (DPH) set aside Saturday mornings for child care providers with a code. The Child Care Alliance was sent thousands of codes from the State, and we had to allocate these to all the Resource and Referral Centers (R&Rs) in the county, Los Angeles County Office of Education, and the provider union (SEIU).

As we rolled out the vaccines, we started receiving notifications that the codes worked for some and not others. Mostly they didn’t work. This caused frustration amongst providers as well as some “giving up” on trying to receive a vaccination. As we contacted child care providers to assess vaccine interest, we learned that there was resistance and trust issues in certain communities, especially brown and black communities who have had past negative experiences with government. We then targeted some of the areas by sending out mobile vaccine vans on specific dates – no codes! This produced some results but the level of vaccination rates within targeted communities remained low.

(An RT member)

LEARNING and REFLECTION

Context, Context, and Context

All that we do happens within a context. Context gives meaning. It includes not only the physical world, but also social-emotional-cognitive-philosophical and other ways that we organize and interpret events. There is no way of interpreting actions in the absence of some form of context. Too, the same behavior in different contexts will often be interpreted very differently. In taking the time to look back, learn, and reflect on RT’s work to date, two enormous issues stand out as critical aspects of the context. They influence the meaning of what RT has done to date, and what RT might do in moving forward.

The first issue is obvious: RT was operating in a pandemic—as was everyone else. In hindsight there is sometimes a temptation to ask questions like: Why did RT do “A” and not “B” or “C”? Given the context at the time, questions like these may not wholly apply. The context was fluid. Everyone was working in a once in a lifetime, illness-causing, deadly set of circumstances. There was chaos, fear, and trauma—often going unnoticed at the time. It was a time of unknowns, uncertainties, and all hands-on-deck. And, everyone was doing their best.

This is not to excuse or rationalize, but it is to state the reality of the context for many people at the time, including RT. Could RT’s work have been performed better? As several RT members themselves have said: “Yes, there is always room for improvements.” Could RT’s work have been performed worse? Most definitely. Simply doing nothing would have produced far worse outcomes. Given the many efforts by RT to provide important information, materials/supplies, and other supports over more than two years, RT efforts contributed to saving and protecting lives.

The second issue of context is inequalities and inequities. Because of historical, systemic, and institutional inequities in the society at-large, and the nature and economic structures of ECE, some people were far more exposed to COVID-19 and its damages than others. These were the providers themselves. Add to this the fact that the providers of ECE in the county (and the state and nationally) were among those populations that, pre-COVID-19, based on income and race/ethnicity were already at high disadvantage in virtually all areas of well-being in the society.

The ethnic and racial breakdown for ECE providers in LA County is largely Latina and other women of color:

“In LA County, 56.1% of providers identify their ethnicity as Hispanic or Latino, and 43.9% of providers identify their ethnicity as Neither Hispanic nor Latino. When asked to identify their race after their ethnicity, providers identify as: 56% White, 22.3% Black or African American, 7.4% Asian American, 1.5% American Indian, 1.3% Other Pacific Islander, 0.2% Native Hawaiian, 0.1% Alaska Native, or 11.2% as Two or more races.”
(Resource manager for an RT member)

In terms of income, a recent statewide study of early care and education in California found that:

“...the median hourly wage in 2019 for a California child care worker was \$13.43, whereas preschool teachers earned \$16.83. Meanwhile, a kindergarten teacher earned \$41.86 per hour—just above the California living wage for a single parent with one child.... In addition to poor wages, many early educators lack access to benefits such as health care or retirement savings....” (“The Forgotten Ones’—the Economic Well-Being of Early Educators During COVID-19: Findings from the 2020 California Early Care and Education Workforce Study,” Research Brief, February 2022, p. 9)

Income in this field is low. So low, in fact, that in the state (California) substantial percentages of early care and education workers are forced to supplement their income with public assistance (Figure 1).

Low-income and persons of color have been among those populations especially in earlier periods of this pandemic at greatest risk of contracting COVID, falling ill, and dying. Too, they are less likely than white counterparts to receive lifesaving medicines and treatments for COVID-19 (*Los Angeles Times*, “COVID Drugs Expose Equity Issue,” February 5, 2022, A1, 6). These populations experience myriad other forms of inequities throughout the systems of health, education, housing, assets, and the like (*The State of Black America and COVID-19, 2022*¹; *A Poor People’s Pandemic Report: Mapping the Intersection of Poverty, Race, and COVID-19*, April 2022²). Issues of inequities are dominant themes in the story of COVID-19. One RT member referred to “the brutality of the disparity of impact,” associated with COVID-19. Though not so much in what RT discussed, the topic of inequalities and inequities, especially

¹ <https://blackcoalitionagainstcovid.org/the-state-of-black-america-and-covid-19/>

² https://www.poorpeoplescampaign.org/wp-content/uploads/2022/04/ExecutiveSummary_7.pdf

income inequities and access to a living wage, clearly emerged in the interviews with providers (see the latter half of this report).

Figure 1
Assistance Program Use By Early Educators in California, 2020

Public Assistance	FCC Provider	Center Teaching Staff
One or more	41.9%	31.6%
Medicaid (child)	26.2%	29.22%
Medicaid (self)	18.1%	12.1%
SNAP	9.1%	8.1%
Food pantry	8.1%	8.4%
Child care subsidy	5.9%	5.5%

Source: This figure is reconstructed from *Figure 2. Early Educator Participation in Public Assistance Programs in California, 2020*, “The Forgotten Ones’—the Economic Well-Being of Early Educators During COVID-19: Findings from the 2020 California Early Care and Education Workforce Study,” *Research Brief*, February 2022, p. 12.

These and other aspects of context have implications for future work by RT and/or its successors. Such contextual factors are critical components that will need to be addressed in moving forward and for building something healthy, flourishing, equitable, and sustainable for the people and the field of ECE.

RT Learning and Reflection: Selected Issues

Looking back to learn from what has happened is wisdom. In the case of COVID-19, looking back creates opportunities for learning how to heal from the trauma and other damage resulting from the pandemic. Looking back with a reflective, fearless, critical, and open mind also creates opportunities to see what facilitated and what hindered the work, what didn’t work, and why. It holds the potential for depth of insight about what should be valued and retained, and what may need to be re-designed or newly built for moving forward in ways that nurture health, well-being, and equity.

The following section centers learnings related to RT’s work. (Other learnings from providers and parents appear in a later section). Consider the RT learnings presented here in this section as incomplete: There are more lessons to add. Many of those lessons can and should come from RT members discussing among themselves and from those persons and groups whom RT sought to serve.

1. Providers in circumstances of most need were often not reached; some were “chronically left out,” as one RT member stated. Contributing factors included: e.g., some providers did not have social media or email; some spoke languages other than English (e.g., Cantonese, Mandarin, Spanish, Armenian, etc.); and RT’s lack of knowledge about how best to reach certain communities, etc. This means that some of the children in circumstances of most need, as well as their parents, too, were not reached. This is an observation from RT members themselves, and is something that should be given immediate attention. That immediate attention should have the same push and sense of urgency (all-hands-on-deck) that has characterized much of RT activities to date. Rigorously addressing this significant shortfall is independent of what RT may decide about its future. This is a NOW problem that was also referenced in interviews with providers and parents. A related comment from one RT member was: “Do not just look at demographics. We need to do deeper dives: There are poor people everywhere.”
2. RT was working to manage the ECE portion of a county-wide crisis. The initial years of the pandemic did great damage to individuals, families, children, provider businesses, and the ECE system. All that damage, including the trauma, needs to be assessed and addressed. It is another, perhaps deeper, level of the COVID-19 crisis.
3. RT functioned within larger contexts where agencies and institutions often have a history of working in silos. Purportedly, there was even prior friction between some agencies/institutions that were represented on RT. Each RT member stepped out of

their silo and brought their best, free, and willing self to the circle of collaboration. In this way, it was possible for very different agencies and organizations to collaborate, work well together, build trust and relationships, plan, implement, and accomplish desirable results. In and of itself, this is advancement.

Several questions to consider going forward: 1. How can such openness, trust, willingness, cooperation, and focus on a common good be sustained? 2. What can RT do to contribute to something similar in terms of relationship building between RT and an organic group representing ECE providers?

4. *Who* RT members are was important: In telling how they became involved with RT, they presented as “people-people:” they were caring, willing to give of themselves, and personally invested in doing something to help the situation. Some expressed actual worry and anxiety about the health and well-being of providers, especially those providers that had to remain open during the pandemic when so many others had the relative safety of being closed. It seemed in some way that these RT members were questioning the extent to which our society was not too troubled about placing ECE workers in harm’s way—a human glue kind of question.

RT members came into the group with resources and positions of influence. They were among LA County’s experts in ECE. They had seats and voices at decision-making tables in the county. They had a wide variety of skill-sets, relevant contemporary and historical knowledge, first hand and analytical experience with the field of early childhood, up-to-date COVID-19 and related information, access to ongoing planning within and across different agencies, access to resources including technology (e.g., media platforms), and an open mind. They had both private and public contacts with persons, groups, institutions, and government agencies that had resources. High up enough within their respective agencies, RT members had connections, access to information, and an understanding of how systems work. They could anticipate what was and what might be needed. All of this worked in ways to synergistically enhance their collective problem-solving.

Question: How can all this power be focused and/or refocused in various intentional ways to shape a healthy (in all meanings of the word), equitable, and sustainable ECE system for moving into the future?

5. *How* a group does the work of collaboration can be both satisfying to its members and produce collective output that is greater than the sum of the individual inputs. In RT’s case, members of the group operated with no hidden agendas, no egos, no one leader. They worked as equals, though taking on a variety of different roles. They operated from a spirit of good will and collective cooperation. The approach was more about, what can I contribute, as opposed to what can I get, and what can I give up, for example, in terms of institutional ideas about regulations, how money is spent, etc. They maintained an urgent focus on specific tasks and projects, learned from one another, and built trust in the group.

Reflecting on their experiences, RT members used words and phrases like: velocity, dexterity, tolerant of different ideas, a means to cross-walk between institutions, exposure to new knowledge about various participating institutions, offering-up team members and their time, no psychological fear of failure, doing our absolute best, reduced bureaucracy, and no slackers—we would bring back to the group what we said we would do.

To quote several RT members:

- *“We all need to feel that we have a community during a crisis; we (RT) became a community for one another.”*
- *“...so early on to have so many different players/stakeholders in one work group. It gave us more of a full scope and the effort was what is most needed.”*
- *“The LA County COVID-19 response team is an example of government collaboration during a crisis. We saw multiple agencies and departments across several levels of government come together with community-based non-profits and philanthropy to meet the needs of community during the pandemic.”*

- *“We are not afraid to bump into one another—we speak up, openly, honestly, and work all together as a team.”*
- *“This work was hard, quick, varied, and we felt like we were really doing something good and important; we did our best.”*
- *“The Response Team has been very different from all other committees that I have been on. It is not a chore, but an opportunity to do something important.”*

Question: How can RT help facilitate these kinds of coming together for other sectors involved in ECE, for instance, providers and parents?

6. It was not merely egos and hidden agendas that were excluded from RT meetings. It was also certain institutional- and cultural ways of doing things, philosophical orientations, and sensitive issues that had the potential to divide, weaken, or slow down the group. This meant members leaving outside the meeting things like: “In my institution, we always have to” or ideas that there has to be full bureaucratic approval of something before exploring it, planning it, or trying to implement it.
7. Time management was different. There was no time to wait for designing and testing a prototype before going to scale, for instance. RT’s approach was more like: observe, learn, go for it, assess, tweak in real time, and if necessary try again or try an alternate approach. Though at times the speed did pose challenges, there were efforts at trying to closely observe, learn, and net some amount of timely feedback so corrections could be made. Even though there was an effort to move swiftly, meeting minutes and other documents show that there was a lot of communication, thought, and planning behind the scenes.
8. A commitment to paying attention and aligning with the realities of a situation has been productive for RT. It made it possible to find mistakes early and to get out in front of some issues. For instance, some things that RT tried didn’t work initially (e.g., using codes as a means to move providers up on the eligibility list for

- vaccinations given their level of potential exposure to the virus). After what some RT members described as a fiasco with the codes, they switched to other means. RT also pushed back on the agendas of others, for example, making the case that providing testing, vaccinations, etc. only during workday hours made it difficult for providers that had to work during those hours.
9. Having a variety of venues (e.g., website, Community calls, social media, emails, etc.) through which providers and parents could access information has been constructive. Accurate and timely information based on science was high on the list of what providers and parents found valuable and said that they wanted/needed.
 10. Having the member composition, structure, and functioning that it had, RT's existence introduced greater efficiency. It reduced the need for so many meetings by serving like a one-stop shop for receiving and sharing data, information, and planning. RT's weekly virtual meetings kept members current and in the loop of what was happening across various institutions and agencies in the county. Information, directly from key sources, could within hours be brought back by RT members to their respective home institutions and professional networks. This is one of several issues to consider when inviting others to serve on a team like RT.
 11. RT's weekly (and later bi-weekly) virtual meetings were not only spaces for collaborative problem-solving, but provided an un-politicized, non-polarized, open space in which to discuss and work. It was more like a space with a clean slate and fresh air. This gave freedom. Working in the interstices between institutions, and where one institution's boundaries ended and another institution's boundaries began, made it possible for faster, unbureaucratic, decision-making. During interviews, RT members made frequent remarks concerning RT being able to get things done. This was experienced by team members as a positive. It was a good

motivator: members felt that their actions were making headway and they could see fruits of RT’s labor.

12. RT gained a lot of inter-agency problem-solving experience working on real-life, on-the-ground, problems. RT often worked from the very beginning of an effort through to the end outcomes. This continuity yielded a much clearer picture of some of the problems and the potential for obstacles. Consider extending this continuity to include at the end point how the efforts actually impact the individuals within the groups that RT is intending to serve. The second half of this report includes some examples of those individuals that RT has been attempting to serve. How can those individuals and RT come together even more closely? To what extent is/can RT make a meaningful difference in the lives and livelihoods of the people in the latter half of this report?

13. Transportation and low-income may need much more consideration by RT.

Financially struggling providers may or may not have a car, gas money, available time, or easy access to other transportation. This may restrict their opportunities to pick up needed supplies from what may be for them a distant R&R site—LA is a very large county.

14. Isolation during the pandemic was a silent member of RT. Many RT members as of the time of interview had yet to meet one another in person, for instance. The RT experience made some members feel that they were not alone as they worked from their “shelter in place.” The fact that RT members found ways to connect with one another and develop strong, cooperative, working relationships under the conditions of isolation suggests that maybe they can do so under other conditions, as well. For example, what’s to stop RT members from finding new ways of reaching out, connecting- and collaborating with providers and parents (and indirectly the

children), especially those that are in circumstances of great need. What would it take to do so?

15. RT’s work had to be done by videoconferencing, phone, text, emails, webinars, social media, and other technologies. How does one get at least the basics of some of these technologies (and training for how to use these technologies) into the hands of providers and parents that are in most-needy circumstances? How does one improve their access to and acquisition of updated information, opportunities, resources, financial supports, and supplies?

16. In the midst of a deadly pandemic that was very scary and uncertain, some RT members spoke of experiencing joy in their work. They spoke of pride, laughter, friendship, trust, amazement, and a sense of belonging to something that was doing good. One of many ways to think of this is that these members were experiencing a kind of ongoing mental health treatment in the middle of a deadly pandemic. They had a lightness and happiness when they talked about RT’s work. Members expressed that they felt a part of the group. For these members, there was a strong sense of belonging and work well done, even though they recognized that there was so much more to work on and always room for improvement.

Providers and parents could potentially benefit greatly (including in terms of mental health) from ongoing experiences such as these. Their interviews show that they do reach out to help one another. But, in a group, where can they virtually go to reach out, connect, problem-solve, and experiment with having access to resources for implementing their solutions for support and collective concerns? RT may be able to help with this, especially in terms of resources to support this.

17. COVID-19’s impacts also made even more clear the need for a wide variety of fundamental economic, structural, and valuing changes for the ECE system and its providers. So many in the society at-large depended on, or leaned heavily upon, this

largely under-paid, under-appreciated, under-valued system, career, and its people.

Question: What is in place or should be in place for providers and parents to be similarly able to lean on and depend on as a safety net?

18. In addition to RT’s hard work, so many other things facilitated their efforts. Some of these included: access to and use of technology; reaching out to contacts; creating a means and a place for receiving and sharing information; having access to resources and supplies, and a mechanism (e.g., the R&Rs) for distributing those supplies; an active official direct contact high up and inside DPH; the values practiced when collaborating with one another, etc.

What can RT do to provide these same or similar opportunities to providers, and parents, to come together on a regular basis, examine their situations, map what they need and when, and have access to decision-makers and resources? Could it be that it is through the current RT that they can access some of these kinds of experiences?

This is part of a larger fundamental question about how RT can bring the natural other half of solutions into the circle for identification, discussion, and attempts at solutions. This natural other half is the on-the-ground portion that is directly experiencing the realities and living with the consequences in the present context of providing frontline services. How does one support the organic creation of something like an RT that consists of providers, or parents, or both?

In an effort to follow our own research team’s recommendations concerning viewing from systems-level perspectives and viewing from first-hand, on-the-ground perspectives, we’ve added the following sections as part of Learning and Reflections. The purpose is to hear from frontline providers and parents in their own words about some of their experiences. What are some of their observations and assessments on the frontline in the midst of this pandemic?

PROVIDER and PARENT INTERVIEWS

Methodology

As shown in Table 1, 20 providers were interviewed. Seventeen (17) came from providers that responded to an email invitation sent to all providers in the RT database. Eighty-one (81) providers responded with their first name, email address, type of ECE facility, and zip code in which they worked. Thirty-one (31) were selected, each from a different zip code and representing the different types of ECE (family child care home, child care center, or friends/family/neighbor care). Of the 31 initially approached by the research team, 17 completed an interview. Three (3) additional providers were selected by convenience sampling. In total, 20 providers completed the structured interview (see Appendix). Four (4) additional providers that were nannies (a convenience sample) separately received only informal interviews. Nanny data are included in the texts about providers.

Parents were selected by convenience sample (N=16). The requirement was that they had at least one child age 5 or under during the period March 2020 - February 2022. Providers and parents were interviewed by phone between February - March, 2022. (See Appendix for interview instruments.) Provider and parent interviews averaged 50-60 minutes in length.

Interviewees were read a confidentiality statement that also included the purpose of the interview. Throughout, the interviewer reminded interviewees of their rights to stop at any time, not answer a question, etc., without them being negatively impacted in any way. Interviewers frequently asked would it be OK if the interviewer quoted them and/or told the stories that the interviewees shared. Interviewers read back to the interviewee anything that they thought they may wish to quote. Interviewers told interviewees that if they gave permission, their stories without identifiers might be shared with the general public.

The interview forms had id numbers and no names. Only at the end of the interview did the interviewer ask if the interviewee wished to receive a “Thank You” note in appreciation of their participation. If they said yes—all said yes, but one—the interviewer used a completely different form and asked the interviewee for a full name and address to send the note. The personal data were captured on this completely separate sheet with no identifiers connecting it to an interviewee’s questionnaire. The two documents were then stored separately. Though

never told beforehand about a \$30 cash card, a \$30 cash card was included with the Thank You note along with a personal handwritten message of thanks.

ECE Providers

Table 1
Provider (N = 20)³ Demographics
 (Data Collected February – March 2022 in Los Angeles County)

GENDER 20 Female 0 Male

ETHNICITY⁴

Black	Latinx/Hispanic/ Mexican American	White	Asian	Middle Eastern
2	9	6	1	1

SELF-DESCRIBED INCOME LEVEL OF PROVIDER’S NEIGHBORHOOD

Low/ Poor	Working Class	Working-Middle Class	Middle Class	Upper Middle Class	High Income
2	2	1	8	5	1

AGES OF CHILDREN SERVED⁵

0 - 5	6 – 11	12 – 14
19	3	1

TYPE OF PROVIDER⁶

Child Care Center	Family Child Care Home	Family/Friends/Neighbor	Other⁷
8	8	0	5

³ Providers in this table do not include the four nannies that were given a different type of interview (one of which was in Spanish) and whose data are included in later text.

⁴ One provider chose not to answer this question and the next question about income level of neighborhood.

⁵ Some providers had to take in older children sometimes because of school closures.

⁶ One provider indicated that she did both Child Care Center and Family Child Care Home.

⁷ Other: three Head Start providers, one LAUSD preschool provider; one interviewee also did nanny work.

Provider Stories

Provider-Story A

A Family Child Care Home (FCCH) provider discussed caring for the children of a single mother of six (ranging in age from 3-years to 18-years). This mother got COVID-19, was hospitalized, and placed on a ventilator for 3 months. While the mother was hospitalized, the provider’s family took food, clothes, shoes and whatever else was needed to the family of the sick mother. When the mother returned home from the hospital, she suffered from Long- COVID-19. She had permanent lung damage and difficulty walking. The provider continued to be involved in helping to support the family as much as possible. The provider also attended the funerals of one of the children’s parents who died from COVID, and also attended the funeral of one of the parent’s family member who died from COVID-19. According to the provider, “We wanted them to know that ‘you are not alone.’”

Provider-Story B

A Child Care Center Provider recalls, “During COVID-19, we were all traumatized. I saw students losing their parents, [their] family members from COVID-19 and other illnesses. We need to focus on the children’s mental health. It is emotionally stressful times for them. [During COVID-19] I would ask a child in the morning: ‘how do you feel?’ A child would say, ‘Grandma passed,’ then this little kid will go sit in a corner, alone. I can see [that] they are disturbed. These children are not okay. It is really draining. One parent lost her husband, her child lost his father: the child would say, ‘I want my father back.’ You can feel the emotional impact. I had to talk to children and their families. They would call me—we need to answer calls [parents’ calls] because we don’t know how [we] may have a positive impact on a family and child.”

Provider-Story C

A Family Child Care provider had to close for 6 months because she contracted COVID-19 from one of the babies she cared for. When low-income parents found out, the provider explained: “Poor [low-income] women on food stamps gave my family food when we were all sick with COVID-19.” After she reopened, her low-income families gave diapers, cleaning supplies, and other supplies to help. The provider had to borrow money to keep her home that was also her business. She lost a brother and aunt to COVID-19, five people in her household got COVID-19. “We are in the line of fire for them [essential workers]. We [also] need help.”

Provider-Story D

“When the Pandemic started we needed supplies, gloves, masks—it took 6-8 months to get aid. We could not close because we [would] not get paid. ...Parents had to work so I stayed open. We risked our lives [because] I have underlying conditions. Some parents would not pay attention [to guidelines]: they brought kids sick with fevers of 103 (an 11-month old). The parents told me the baby tested negative [for COVID-19]. All of that family had COVID-19.”

Provider-Story E

“We had to close down because I got sick, [so did] my mother and my child with COVID-19. When I reopened, because it was difficult to get parents to practice the health guidelines, I had

to get a pro-bono lawyer to draft a ‘Provider/Parent Contract’ for me. It made me feel more comfortable about parents [following] guidelines they signed onto. This invisible disease [has] a domino effect, we don’t know who will get sick and die. I knew a young athlete who got COVID-19 and died. My mom got sick, my child’s college savings fund was lost, and I [nearly] lost my home. I worry about this.”

Provider-Story F

A childcare provider talked about not being aware that funding was available to help childcare providers stay open. This caregiver did not receive any government funding. In order to comply with COVID-19 social distancing policies, she lost some of the children in her care. She talked about the constant worry and fear of having to shut down her childcare business. For this provider, navigating her childcare business during COVID-19 was difficult. She felt it was “unknown territory” for those who were providing COVID-19 information, and she had to trust that she was doing her best in “uncharted territory.”

Provider Story-G

A caregiver describes how she navigated COVID-19 health care practices and her understanding of early childhood development in her family day care business. She recognized the need for young children to learn important emotional cues through exploring and monitoring the facial features of those around them. Therefore, she decided that she, her staff, and children would not wear masks. Understanding that young children need to be comforted through touch, she also decided not to enforce the social distancing policy, and stuck to her previous routine. She said that all her parents were always aware of her non-masking, non-distancing, and touching policies. Parents contributed cleaning, and sanitation supplies to her family day care facility. Understanding that her staff made a commitment to work during the COVID-19 Pandemic, after receiving funding she used it to give her staff bonuses. She had only one positive COVID-19 case, and closed down until she could re-open. She said, she was, “committed to keeping the day care intact knowing that she had working parents who depended on her.”

Table 2 identifies circumstances that providers experienced. Though providers were largely aware that some financial assistance was available (Table 2), only half that number applied for this assistance. Their qualitative responses (later in this section) indicate some of the problems they encountered when trying to get financial help. High on the list of what they did receive were supplies and information, something that RT emphasized. A little over half received some benefits through employment. All had health insurance, which they later described as a life saver and very important for their families. Though all had experienced stress and anxiety, the averages over time at the point of the interview were not exceptionally high. They reported that their stress/anxiety levels increased when there were surges of the virus, and decreased when virus cases were on the decline.

Table 2
Provider (N = 20) Experiences During COVID-19
 (Data Collected February – March 2022 in Los Angeles County)

Number of Providers Indicating “Yes”

16	Awareness of financial assistance												
8	If “Yes” concerning awareness of financial assistance, did apply												
11	Received <u>any</u> form of assistance ⁸												
7	Money												
15	Supplies												
0	Vouchers												
5	Stipends												
13	Information												
7	Other: (grant; resources, masks, cleaning supplies; N/A; Pampers, milk, disinfectants, baby wipes, thermometers, masks; diapers, PPE, food daily)												
16	Closed within last two years												
15	If closed, re-opened ⁹												
10	Used own money for COVID related items for business												
11	Received some benefits through employment												
20	Health insurance												
20	Experienced stress/anxiety: Stress/anxiety level = 4.63 ¹⁰												
	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left; width: 25%;">Very Low Stress/Anxiety</td> <td style="text-align: center; border-top: 1px solid black;">1</td> <td style="text-align: center; border-top: 1px solid black;">2</td> <td style="text-align: center; border-top: 1px solid black;">3</td> <td style="text-align: center; border-top: 1px solid black;">4</td> <td style="text-align: center; border-top: 1px solid black;">5</td> <td style="text-align: center; border-top: 1px solid black;">6</td> <td style="text-align: center; border-top: 1px solid black;">7</td> <td style="text-align: center; border-top: 1px solid black;">8</td> <td style="text-align: center; border-top: 1px solid black;">9</td> <td style="text-align: center; border-top: 1px solid black;">10</td> <td style="text-align: right; width: 25%;">Very High Stress/Anxiety</td> </tr> </table>	Very Low Stress/Anxiety	1	2	3	4	5	6	7	8	9	10	Very High Stress/Anxiety
Very Low Stress/Anxiety	1	2	3	4	5	6	7	8	9	10	Very High Stress/Anxiety		

⁸ Respondents may have understood “Assistance” to mean finances, given that more providers indicated that they received supplies and information than “received any form of assistance.”

⁹ One provider did not re-open. Reasons given were: opened September 2021 but closed again shortly after due to no director and not enough staff.

¹⁰ Providers often described having different levels of stress/anxiety at different times during the pandemic. The different levels for the individual provider were averaged, and that average was used to give the individual provider one number used in this table to represent stress/anxiety. They reported that having health insurance reduced their stress/anxiety; so did having accurate, scientific, COVID-19 information.

Table 3
Provider (N = 20) Problems Encountered During COVID-19
(Data Collected February – March 2022 in Los Angeles County)

Have any of the following been problems for your childcaring business/activities?

Number of Providers Indicating “Yes”

5	Parents/Guardians unable to pay
13	Staffing difficulties (recruiting or keeping)
7	Unsure about or unable to implement health safety standards
16	Children absent from childcare
11	Your own personal illness/well-being/stress/anxiety
6	Unstable scheduling due to COVID-19
8	Loss of stable income
2	Long-Term COVID symptoms within your own family
4	Had to care for family members who were experiencing COVID symptoms
8	People distrusting vaccines/medical system
0	Vaccine scarcity/unavailability
7	Forced to close because own children were home due to school closures
10	COVID-19 vaccine hesitancy/fears/uncertainty
3	Other: a. [Parents] “Don’t want to be vaccinated because they want to do what they want to do.” b. “Staff got COVID; some staff had immigration issues.” c. “Parents were challenging health guidelines: Sent protocols, Zoom meeting. 75% came back in summer. By end of summer 100% came back.”

Table 3 lists a number of problems that providers were likely to have encountered during the pandemic. In the order of their frequency, half or more of the 20 providers encountered problems with: children absent from childcare; staffing difficulties (recruiting or keeping); own personal illness/well-being/stress/anxiety; and COVID-19 vaccine hesitancy/fears/uncertainty. No provider identified vaccine scarcity/unavailability as a problem at the time of the interview.

Provider Assessments of COVID-19 Impacts on Children

- a. Less of a sense of community overall for children and families for fear of COVID-19 infection
- b. 4- and 5-year-olds seemed to suffer more than younger children from fear of getting sick with COVID-19. For example, once things started opening up and children could play together more, a 4-year old got very upset when a younger child went to play on yard equipment. The 4-year-old started saying, “No you can’t go on that, it has COVID-19 all over it!” Staff had to assure the 4-year-old that it was safe before s/he would play freely.
- c. Children’s social, physical, and emotional health and development are being affected. Children don’t go to play dates, parks, or just outside because some parents are fearful and stressed thinking that the child will get sick. Born in the COVID-19 era, some children haven’t been socialized into their larger family or larger society. Children seem to be more fearful.
- d. Drastic changes in behavior for some children: rude, aggressive, rather play alone, lack social interaction, less verbally communicative than before COVID-19
- e. Masks, distancing, barriers were the norm in the environment for children born during COVID-19. Some children didn’t know how to play with other children, sat alone in corners, didn’t make social attachment to their child care providers like before the pandemic.
- f. Children couldn’t hug, touch, share toys, comfort each other. Since COVID-19, it seems harder for children to share.
- g. Some children are grieving and traumatized by the pandemic. They need mental health attention.
- h. Some children (born during COVID-19) were isolated and never saw or played with another child. For example, one child sat across from a baby but didn’t interact. When the teacher explains that this is a baby, the child insisted it was not a baby; the doll was a baby, not the real baby. It took 30 full minutes to get the child to interact with the real baby.
- i. Young children are much more aware today than during pre-COVID-19 that a person can get sick and die, because family members got sick and died. They are sensitive to the word *sick*. “Sick equals COVID-19 to them.”

- j. Trauma by COVID-19, especially among providers and the children and families they served in low-income areas, came from things like COVID-19 related deaths, loss of jobs, loss of income, Long-COVID, and food scarcity.
- k. We see developmental problems, e.g., child could not jump or move alone because s/he never played outdoors or with other children, delays in communication skills
- l. Some children don’t show as much affection as they did before COVID-19.

The Added Care That Providers Gave

- a. Called families to check on them to make sure they were okay
- b. Made homework packets or baskets filled with crayons, scissors, paper, glue and little objects the children could hold in their hands during Zoom sessions, and delivered them to the families
- c. Talked to parents about what programs were available to help them: e.g., food, formula, diapers, and distributions for PPE, rent or mortgage payment programs, COVID-19 vaccines and testing sites
- d. Scheduled appointments with parents so they could FaceTime with children to read them stories, talk to the children, so they could feel safe and know someone cares about them
- e. “What I did was hug the children [2-year-olds] because they need hugs.”
- f. Drive by birthdays, promotions, end of year celebrations for kids during height of pandemic
- g. Had parents sign pledge to create “Social Pod” with childcare so children could play freely with the children in the Pod. Mask in public places, quarantine after air flights, socialize outdoors with immediate family. The idea was lowering their risk for contracting or infecting other children in the Pod.
- h. Sometimes didn’t charge low-income parents who had been laid off their jobs during COVID-19 and couldn’t pay
- i. Instead of artificial barriers to separate children in play areas, one provider used natural materials, such as flowers, leaves, and sea shells arranged in ways that separated play areas and were non-intrusive for the children.
- j. Assessing different skills or learning bench marks of children over Zoom: e.g., eating skills--had parents let child help make a sandwich, then eat the sandwich
- k. When doing online learning, some children had meltdowns—the teacher taught the children breathing techniques to calm themselves down, and asked the other little kids to help calm their friend. “The children were so compassionate.”
- l. Minimized mask use, distancing, and tried to keep daily routines normalized so that children could learn facial cues; this learning could not occur with facial masking
- m. Taught toddlers to wear masks by modeling, and taught learning skills around masking. All of the teacher’s 3-year-olds learned quickly and understood that they needed to wear their masks. If the children dropped their masks on the ground, they would come and ask for a clean one. Masking, distancing, and washing hands was normalized.

- n. Spent their own money on Gift Cards and other things and mailed to families and children because families lost jobs, children got COVID-19, they had family members who died. “I did things that would help them to know they weren’t alone, and these things also helped children’s development.”
- o. Provider gave stipend money to staff as a thank you for all they did during the COVID-19 pandemic
- p. Created outdoor classrooms for children to minimize chances of contracting COVID-19

Challenges

- a. Parents “lied” about themselves or their children having tested negative for COVID-19 and brought sick children to childcare providers. Providers felt that many parents did not want to abide by COVID-19 guidelines and as a result put everyone at risk. Providers in this situation did not feel safe.
- b. Providers got infected with COVID-19 from toddlers with COVID-19.
- c. Providers had to close down family child care home because they had COVID-19 or were caring for family members with COVID-19 and almost lost their homes because they couldn’t pay mortgage during the closures.
- d. Difficulty for some providers applying for funding because of language barriers combined with the complexity of some of the forms, and meeting eligibility requirements (some FCCH Providers were not eligible for funding): e.g., one Spanish-speaking provider asked her daughter to fill-out forms for the business, the daughter tried but gave up because the forms were too hard to fill-out
- e. Staffing shortages, staff not willing to risk getting COVID-19 resigned, and some even changed professions (not working in Child Care) because they did not want to take the vaccine
- f. Alterations that child care providers made to meet regulations for COVID-19 health and safety guidelines were expensive. If they were unable to get funding, they borrowed or went into debt to make alterations to their businesses.
- g. Transitioning to Zoom classes for children and teachers, teachers and children unfamiliar with Zoom technology, children couldn’t focus, providers felt anxiety over the increased amount of paperwork
- h. Distance learning meant more work for teachers, but coming back to classroom and trying to adhere to COVID-19 health guidelines meant constantly cleaning and worrying about safety of the children
- i. Long waits for getting COVID-19 related supplies and learning materials
- j. Anxiety about running a Child Care business in uncharted territory during COVID-19 pandemic
- k. Low enrollment and absent children because parents did not want to adhere to the social distancing mandate and other COVID-19 pandemic rules that providers had to implement
- l. Applying for funding was “hit or miss” in the beginning because providers weren’t sure they could qualify. Many discussed the Small Business Bureau (SBA) as asking

- for so much information, and often duplicate information that they had already supplied. Providers thought the bureaucracy was overwhelming, especially when they were “stressed and fearful” to begin with.
- m. Some parents were challenging health guidelines. We sent them COVID-19 protocols and had Zoom meetings to get them to comply.

Feeling Safe

- a. Information (COVID-19 guidelines) and resources made providers feel more secure/safe with providing child care services for “essential workers”
- b. Knowing that guidelines were there as back-up when parents were not co-operating and didn’t want to test, wear masks, distance, wash hands, wanted to bring babies in with 102 temperature, etc. Just referred parents to the Guidelines
- c. Supplies: masks, hand wipes, diapers, formula, and food were given to us and we gave to our families. It made them feel safer because the government was helping them during COVID-19
- d. “Really helpful to get information, educational materials, PPE, sanitizing supplies, guidelines [these] really cut the COVID rates. Parents were able to see that by following the guidelines they could also help bring the COVID-19 rates down. The children want to come to school; the parents want them to come to school, so they follow the guidelines. And our modeling really helped.”
- e. “I feel safer because of it [information, resources, and health advice]. Our community is safer because we had reliable information.”
- f. “It made a big difference.” This provider was able to stay up-to-date on her mortgage, utilities, and create an outdoor classroom because she felt it was healthier for her and the children to spend half the day outside.
- g. Felt safer because they were “guided by science.”
- h. “It helped, [we] had no transmission [COVID-19] in our schools because we were testing, families were not sending children to school sick. [We] had the DPH as back-up, it was like, this is what I am told, I have to do this. [we] appreciated the helpline. I called on a weekend and they called back, they were very reliable.”
- i. “Very important, ...what helped was cash stipend to buy [COVID-19] related supplies because we could get the appropriate PPE. [The pandemic was] financially ruinous, it [assistance] made a huge difference.”
- j. “We are definitely safer, because of DPH and COVID-19 Response Team collaborated with ECE.”
- k. We felt safer, information gives us opportunity to make informed decisions about being safe, especially for the children.”
- l. “We are safer, we took many precautions that DPH guidelines gave us. We reduced enrollment numbers, we social distanced. Families trusted us to be safe. I was in direct communication with parents.”

Health Insurance

- a. “We need coverage [insurance] for COVID-19 related sickness for employees and their families.”
- b. “It is a blessing to have insurance...”
- c. “We felt secure and confident because [we had insurance].”
- d. “Happy to have insurance”
- e. “If we had not had insurance we would have had a rough time.”
- f. “Nice to know that I have it [health insurance], I have underlying conditions. What would I have done if I’d gotten sick [without insurance]?”

Worry Most About

- a. Everything has changed; it will take time for things to be normal. I am worried about early child education because parents aren’t comfortable sending kids to school.
- b. After first mandatory shut-down, enrollment dropped tremendously. Providers worried about getting kids back in child care, etc. LAUSD schools closed for 1½ years while teachers taught kindergarteners by Zoom.
- c. Government mandated COVID-19 vaccinations
- d. Getting COVID-19
- e. That they, their families, and their children would get COVID-19. Example: “I don’t want to get sick, my child has underlying conditions. I pray that we don’t get COVID-19. I cry. I worry so much. Parents don’t tell the truth so they can work and bring sick children [to child care].”
- f. Someone would get sick and not recover
- g. They [providers] would get COVID-19 and die
- h. They would lose their home that was also their child care business location
- i. Their families and the children and families they served through their child care business
- j. Learning loss, and opportunities for children to learn. “Zoom and hands-on are different, [I] worried about the social, physical, emotional, [and] cognitive development of children who could not attend school.”

What Would Have Happened Without Help?

- a. “By now (end of February 2022) we would have been dealing with a worsened situation. We needed structure, everyone following the same information.”
- b. “It would have been devastating, a lot of deaths among my students, family members, [and] staff if we had not received these things.”
- c. “There would have been a lot of people with COVID-19. We would have been very stressed.”
- d. “It was good to have solid, scientific guidelines. How could we have functioned with confusing, contradictory information? People would have been arguing over information.”

- e. “Our classes would have shut down if we had not received the things we needed during the COVID-19 pandemic. The Head Start office supplied us with a resource book. We used it to tell the families how to get medical care, food, mental health support, immigration information. We call it our ‘Bible.’”
- f. “It would have been difficult, a challenge. There would have been uncertainty.”
- g. “Everyone would have gotten sick, I would have had to close down.”
- h. “I would be closing if they had not helped, with six children, if they had not helped. I don’t know what I would do without my job. Thanks for programs, information, educational materials; it made it easy for us (providers) and parents.”
- i. “[There would be] more people with COVID-19. We teach the children to wash hands, mask, but at home they don’t wash their hands.”
- j. “We may not have been able to stay open, [and] there was a much greater chance of contracting sickness [COVID-19].”
- k. “We would have closed down. I would have been hiding like a ‘hermit crab.’ We would have a lot of fear.”
- l. “I would not have opened if I hadn’t the resources and information. The guidelines made a difference, very strategic.”
- m. “It would have been a disaster. We need science-based information about what to do. It would have a significant difference to not have this information.”
- n. “[With] no resources, funding or guidance, it would have been difficult. We would have had to use our own funds for PPE, cleaning materials etc., difficult financially. We may have had to close.”
- o. LAUSD teachers’ union played a large part in setting the parameters for safely opening schools.

In brief summary, providers experienced a lot of physical- and emotional health threats and problems. They had tremendous financial difficulties and threats of losing their business and home. This was more the case for Family Child Care Home (FCCH) providers. Also, it was more difficult for FCCH providers to access funding: reasons given included lack of knowledge about financial opportunities, language barriers, complexity of forms, and meeting eligibility requirements. Childcare centers seemed to have better access, know-how, fewer problems filling out forms and meeting eligibility requirements. As reflected in the stories and comments, many providers (and parents in the next section) helped one another.

“Education is an act of love and courage. We were not able to be physically with the children, but our love for our students and families remained. We had the courage to continue to provide services to our children and families during the COVID-19 pandemic, the only thing missing was the touch. Because of COVID-19, we embraced the love for each other as humans.”

(A provider at a child care center)

Parents

As was the case for providers, all parent respondents were female (Table 4). The majority of the parents interviewed live in “low-income/poor” to “working-class” neighborhoods and rely upon multiple types of care and education. Family, friends, neighbors, and others were an import component in their care arrangement.

Table 4
Parent (N = 16) Demographics
 (Data Collected February – March 2022 in Los Angeles County)

GENDER	16 Female	0 Male					
ETHNICITY ¹¹							
	Black	Latinx/ Chicana	White	Pakistani			
	8	6	0	1			
INCOME LEVEL OF PARENT’S HOME NEIGHBORHOOD							
	Low/ Poor	Working- Class	Working-Middle- Class	Middle- Class	Upper Middle-Class	High Income	Other¹²
	4	2	5	2	2	0	1
AGES OF CHILDREN ¹³							
	0 - 5	6 – 11		12 – 14	15+		
	14	6		2	1		
TYPE(S) OF PROVIDERS USED BY PARENT ¹⁴							
	Child Care Center	Family Child Care Home		Family/Friends/Neighbor		Other¹⁵	
	11	4		5		2	

¹¹ One parent chose not to answer this question.

¹² One parent lived in student housing.

¹³ Some parents had multiple children.

¹⁴ Some parents used child care during weekends or other non-conventional work hours, hence used multiple types of providers.

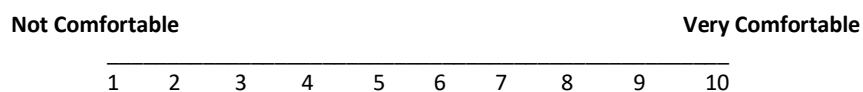
¹⁵ “Other” included nanny and parent.

Table 5
Parent (N = 16) Experiences
 (Data Collected February – March 2022 in Los Angeles County)

Number of Parents Indicating “Yes”

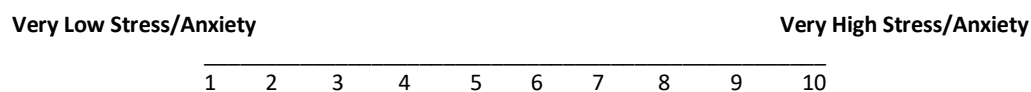
16	Received information, resources, health advice or other assistance regarding COVID-19
15	Feel safe ¹⁶ because of what you received
16	Health insurance
14	Have stories to share publicly about the pandemic

Level of comfort about their child care arrangement



Comfort Level = **7.25**

Level of stress/anxiety:



Stress/anxiety level = **7.44**¹⁷

¹⁶ Parents did not necessarily feel *safe* with the information they received, but felt more equipped to make informed decisions to protect themselves and their children.

¹⁷ Parents often described experiencing different levels of stress/anxiety at different times during the pandemic. For this table the different levels for the individual parent were averaged, and that average was used to give the individual parent one number representing their stress/anxiety. They reported that their levels of stress/anxiety went up when there were surges of the virus, and went down when the virus seemed to be retreating. Parents also emphasized that having health insurance was critically important for reducing their levels of stress/anxiety, in that health insurance provided an important safety net and sense of security.

Table 5 shows that all parents had health insurance at the time of the interview. Too, all had received some form of information, resources, health advice or other form of assistance concerning COVID-19. Based on the provider interviews, we might expect that some of the information received by parents about COVID-19 may have come through their providers. Parents in these interviews reported a fairly high comfort level with their child care arrangement(s). They also reported a fairly high level of anxiety/stress. Some of the issues captured in Table 5 are further clarified in the parents’ stories that follow.

Parent Stories

Parent-Story A

One mother delivered her first child during the COVID-19 pandemic. She talked about feeling comfortable being a first-time mother because she and her husband lived in the same community with her family. But, her comfort level dropped tremendously after she and her husband moved to Southern California and away from her support community. She struggled in isolation with no family or community to support her because of COVID-19. She experienced heightened levels of anxiety and fear of death due to possible contraction of COVID-19. She worried because her child and husband had underlying health issues. She had her child in university-sponsored day care, but was uncomfortable and anxious about how strict (not strict) the providers were in implementing the COVID-19 health guidelines. She also distrusted the way other parents were implementing safety precautions because she felt they did not take the pandemic as seriously as she did.

She was so terrified of her family getting COVID-19 that she took her child out of childcare after only a short time. Eventually, the entire family was infected with COVID-19. She realized that COVID-19 socially and developmentally impacted her and her child. They missed out on bonding opportunities like *Mommy and Me* classes, and peer play days for her child’s interpersonal skills development.

Parent-Story B

A single mother of two children (ages 4 and 6) lived in a one-bedroom apartment. The mother contracted COVID-19 and was forced to isolate from the children in the bedroom for 5 days. She had no one who could come help her with the kids. She ordered food for herself and the children daily from “Door Dash.” She worried every time she had to leave the bedroom to go to the bathroom. She had to thoroughly disinfect everything each time, for fear that the kids could touch anything in the bathroom. She monitored the children’s behavior using cameras in the apartment and communicated with them using FaceTime. Nightly prayers were said together. The mother said, “It was a bittersweet experience hearing my 6-year-old read to the 4-year-old.”

Parent-Story C

“In the beginning of the pandemic, I was very stressed because of the misinformation, contradictions, and uncertainty. There was no food, and scarcity of essential needs. Also, people during the pandemic don’t make as much wages. [My] job cut hours, then cut what I was paid. I was already part-time but they cut me from 4 days a week to 2 days a week, ... they gave no “heads up.” Try making childcare affordable. Make things more accessible to people who can’t afford to pay for childcare so they can work. It is difficult to get help. I received information about a local community Head Start in the mail, but when I contacted them they couldn’t help me because my 3-year-old daughter is special needs.”

Parent-Story D

A new mother gave birth during the COVID-19 Pandemic. She had not planned to breastfeed her infant, but decided to breastfeed to support the infant’s immune system. She thought this would help keep her infant safe, so she breastfed longer than she felt comfortable doing. However, doing this contributed to her fragile mental health. Feeling isolated from family, feeling trapped, and feeling her worth reduced to providing milk at the infant’s whim, were all contributing factors to her fragile mental state. In an emotional crisis, she left her partner, and almost turned down a new employment opportunity. She had a family member in the mental health field, so she with her infant went to this family member seeking guidance and an opportunity to gather herself.

Parent-Story E

This parent’s 5-year-old contracted COVID-19 from school. The parent felt that medical professionals were misleading the public with the new guidelines decreasing the isolation period from 10 to 5 days. Then saying it’s okay to send children to school 5 days after a positive COVID-19 antigen test. She said, “I didn’t agree with that because my child was still antigen testing positive 7 days after the first positive test. I took all my children out of school, now they distance learn. They [authorities including medical professionals] need to be truthful and keep this a public health issue, not worry about pleasing everyone, and just keep people safe.”

Parent-Story F

Distrusting some medical procedures during the pandemic, this parent shared the following: “If you go to the hospital, everyone needs to make choices for their own bodies. If you can, don’t let medical procedures be forced on you.” For example, one of her loved ones [hospitalized with COVID-19] was put on a ventilator during the pandemic. This loved one eventually died. “We should know how our body works, and make informed decisions about medical procedures being offered; many people died after they were put on ventilators,” she explained.

COVID-19 Related Impacts on Their Children and Themselves (Parents)

- a. Children learned about viruses, how to protect themselves, and what a pandemic looks like
- b. Children born during COVID-19 show less interest in social interactions and have some preference for isolated play when put in a group

- c. Children under 3-years-old are not meeting social development milestones. Some of those 4-year-old and above are showing emotional wellness issues: e.g., anxiety, fears of not wearing masks, hyper-vigilance around safety precautions, worry about getting sick
- d. Parents are grieving lost opportunities for engaging in group activities with their young children, like participating in *Mommy and Me* classes, and regular social interactions
- e. There has been an absence/loss of family support systems for parents and children, such as grandparents and family members who would be alternative care givers, and that families normally rely on for stability
- f. Parents are experiencing anxiety over COVID-19 and new variants
- g. Overall, parents indicate that their mental health has suffered

Key Things Parents Did

- a. Some mothers breastfed and others got vaccinations while breastfeeding to ensure their children’s immune systems were boosted and infants’ immune systems were supported by antigens in mother’s milk
- b. Took their young children out of school and did distance learning until there is a safe COVID-19 vaccine for children under 5-years-old.
- c. Made health care choices on their own after **seeking out** reliable information

Comfort Levels with Childcare

- a. Working parents felt more comfortable with childcare located at their place of employment
- b. Did not trust that other parents with children in child care facility would follow health care protocols or recognize the seriousness of the pandemic
- c. Had the highest comfort levels when they had a nanny, parent, or family member (if consistent) taking care of children in the home

Distrust of COVID-19 Information Messaging

- a. Parents did not feel safe with the information they received but felt more equipped to make informed decisions to protect themselves and their children
- b. Parents who were healthcare providers or who had close connections with a healthcare provider had more trust in personal capacity to keep children safe
- c. Parents felt the information they were receiving was often contradictory and confusing. They sometimes felt that misinformation from those in authority caused the general public to distrust some of the information they were receiving.
- d. Especially troubling to some parents was the information around safety and efficacy of vaccines, and the contradictory information about children and the vulnerability of children, especially younger children, to the COVID-19 virus. As one parent put it:

“They [authorities] were saying, ‘kids can’t contract the disease, then kids need to be vaccinated.’ It was confusing.”

Worry Most About

- a. Surges in new COVID-19 variants
- b. Over whether child care centers/family day care would close due to parent’s exposure to COVID-19, disrupting parent’s work routines and children’s need for consistency
- c. Fear of dying from COVID-19, inability to protect children, getting elders ill
- d. Feared children with compromised immune systems would fall ill and possibly die
- e. Worried about government mandated vaccines and vaccine side-effects
- f. Most anxiety over misinformation, uncertainty about the disease, shortages of food and basic necessities, losing jobs, and pay cuts
- g. Safety and efficacy of the COVID-19 vaccines

Challenges

- a. Providers’ over-reactions to “common cold” symptoms. Parents had to get doctor’s notes, or keep children out of school for extended periods of time
- b. Information did not always address how to protect children, but was more tailored for adults
- c. Not being able to afford reliable, consistent childcare during the pandemic. For example, one parent, who works and goes to college, relies on family to care for her 3-year-old with special needs, because she can’t afford childcare. She explains, she has someone to take care of her child “only when [family are] available, [it is] inconsistent.”
- d. Getting COVID-19 related PPE, food, sanitizing and disinfecting products at the height of the pandemic
- e. Loss of income and pay cuts

How Helpful Was the Information Received?

Parent interviewees felt that the information they did receive was helpful, especially information about testing and vaccines. They all felt the information they received helped them to make *informed* decisions about how to keep themselves and their children and families safe. However, they also felt that the often contradictory and sometimes misinformation messaging from those in positions of authority caused them and others to distrust some of the information they were receiving.

Health Insurance

Parents were “relieved,” “comforted,” and “at ease” because they had health insurance. They felt having insurance was essential in case of medical necessity.

MOVING FORWARD

Ideas for moving forward appear in various parts of this report. They can be found in the Learning and Reflection section of this report, as well as in the comments that RT members, providers, and parents have made up to this point. When specifically asked about what they need and would like to talk with decision-makers about, providers and parents made the following comments.

Provider Suggestions for Moving Forward/What Providers Need

- a. More funding for buying educational materials, the budget is not enough
- b. “Hourly rate for teachers is low. Because of our professional ethics we were willing to expose ourselves, we worked hard to keep children learning. We are ‘essential workers’ for the first time this is validated that we are ‘essential workers,’ for children and their families. Show this [by] paying us a higher wage.”
- c. Need to be clear, consistent with information about COVID-19 and be more organized in distributing materials, supplies, guidelines
- d. Need to give more mental health days--maybe 1 or 2 times a month. “It is overwhelming what’s going on during this pandemic.”
- e. Some Child Care providers felt they should not be classified as “essential workers” (like Target or Walmart employees), they are *teachers*
- f. Funding assistance for providing training for COVID-19 related issues
- g. “Child care providers are essential, we need financial programs, higher wages, and more resources made available to help us continuously, not just during a crisis”
- h. Need to supply more formula, diapers, to give to parents; parents could not afford these items because they have to buy food for their families
- i. Licensing needs to help us take care of these children. Make it easier. There are too many forms. They are too removed from children and society.
- j. We need mental health support, would recommend therapist to come to school. We need parent and student workshops to learn how to deal with this situation [pandemic] emotionally, socially. People need some kind of reassurance that they will be okay.
- k. “We [early education teachers] need encouragement not to give up, we are doing work for the next generations.”
- l. “Incidental fees: CPR training, fingerprinting, should be paid upfront for Child Care Providers, we shouldn’t have all the paperwork to get reimbursed.”
- m. “Child care should be supplemented by the government, if we want good, quality child care.”
- n. “Small [child care] businesses need to be eligible for loans, emergency loans. The government should know that small business is [the] backbone of this economy. They need to give us grants, aid. Private providers don’t get the help that state sponsored providers get. We are in the line of fire.”

- o. “Going forward there needs to be more clarity about protocols. [There] needs to be one central place that gives reliable, scientific information.”
- p. “DPH should be on all COVID-19 Response Team calls with scientific information collaborating with ECE. Because, in the beginning, we got contradictory information. We lost time and energy on distancing [didn’t know to distance].”
- q. “Early Education funding needs to be provided by the government. Give us [ECE teachers] more money and we will give you better child care, better service, you will be building provider’s self-esteem.”

Parent Suggestions for Moving Forward/What Parents Need

- a. “Make childcare affordable. Make things more accessible to people who can’t afford childcare.”
- b. “...conflicting, confusing, contradictory information makes us lose faith in CDC, NIH, and DPH. They need to be truthful and keep this a public health issue, not worry about pleasing everyone, and just keep people safe.”
- c. The DPH should send daily alerts to all our phones. While they sent alerts about vaccines, they needed to send up-to-date information on COVID-19 guidelines straight to all of our phones to keep us safe and informed
- d. Assistance for childcare because children’s [early development] is being stunted
- e. Get people free home testing kits quicker
- f. Help people get resources

The Writers of This Report Recommend

We have included more ideas to consider in the previous section, “Learning and Reflections.” Please see that section. In addition, several closing remarks seem warranted about moving forward. At the top of the list, it is essential to create and implement ways to reach those ECE providers and families that are in situations of most need. Providers in these situations may not even be on RT’s radar. This is unfinished business. It is an important step for moving forward—when RT can create ways to serve the ones in situations of most need, that will also strengthen future work by RT and/or its successors.

It is the work-spirit, access to resources, and experience of having successfully worked together collaboratively across institutions for more than two years that should be preserved. This preservation would be helpful whether or not RT is continued, modified, or changed to some sort of Transition Team, Building Team, or something else. Don’t lose the contacts, trust, and access to knowledge that have been built. These will be needed again. There are any

number of crises on the horizon and this current crisis is far from over, in that it is embedding and deepening. Use all your talents and advantages to see and prepare.

Be ready. Stay ready. Collaboratively put together an emergency plan of action in preparation for the next crisis (it may be a virus, an earthquake, a fire, or something else unforeseen). Keep that plan current. Conduct mock practices, like practicing fire drills. Providers and parents need to be included in all aspects of developing this plan. They have had first-hand experience of what will likely be needed. They will also need to know what to expect from the different institutions and systems and how to work those institutions and systems during emergencies and crises.

Streamline access. Build on what you have learned from the COVID-19 experience. For example, in preparation for and during the next emergency, providers and parents will need quick and adequate financial supports, technology equipment and training, supplies, transportation, fast access to health services, etc. Work out these kinds of issues in advance. Put something in place before the emergency, and while these issues are at the forefront.

Now or soon will be a time for transitioning out of the emergency aspects of COVID-19. Consider a Team PHASE 2 that involves transition and building. Foci can include the fallout of what everyone has been through (e.g., trauma, child developmental delays, providers leaving the career, providers financially ruined, families stressed emotionally and financially, etc.). Again, include providers and parents equally in this transition planning and building. It could be that providers and parents have their own Teams. (There are suggestions along these lines in the Learning and Reflection section of this report.)

See the connectedness between ECE and all the critical things in our society that rely on its health, safety, and effectiveness.

Reassess. What are all the voices that need to be at the table for moving forward. This may include psychologists, social workers, child development specialists, R&R staff, parent educators as well as providers and parents. As parents and providers have said, people in Los Angeles County need help. Children need help: Providers and parents will be among the first to see some of the hidden impacts of the pandemic on children’s intellectual, physical, social-

emotional, moral, and other early child development issues. ECE workers, too, need help as do parents, families, and communities.

In an “equitable recovery,” ECE workers need to be adequately represented in discussions and at decision-making tables. As one RT member expressed: “Have all the different entities and levels of the problem communicate.” Draw upon the village to identify problems and find solutions.

Recognize, acknowledge, and fully compensate early care and education workers for any work related to something like RT. Consider their financial hardships and frequent lack of opportunities (e.g., access to and training to use technology, material resources, time constraints, transportation challenges, etc.).

Establish some type of easily accessible pipeline from providers and parents to RT or other Teams. Among other things, use this pipeline to check/verify who is being reached (e.g., during the distribution of resources) and who is not. Providers and parents will likely have ideas for how to do this.

The ECE sector and all of its workforce need to be economically and educationally healthy, stable, and vibrant. This is to everyone’s benefit, independent of there being a crisis or not. This sector is a significant part of society’s foundation for healthy social, emotional, intellectual and other learning, growth, and development for our next generations.

2022-23 State Budget and Legislative Priorities

First 5 LA, in partnership with others, works to strengthen families, communities, and systems of services and supports so that by 2028 all children in LA County enter kindergarten ready to succeed in school and life. The early years of a child’s life is foundational for success, with 90 percent of a child’s brain being developed by age 5. This crucial period of brain formation and development affects how a person learns, communicates, and behaves for the rest of their lives.

The COVID-19 pandemic has dramatically exacerbated the already fragile and fragmented early childhood systems of care and heightened the urgency we face to support working families, especially within our hardest hit communities of color. Lowering barriers to access essential physical and mental health services and systems of care to meet families where they are, has never been more urgent. First 5 LA urges State Leaders to support policies that prioritize families and early childhood supports. This is a pivotal moment for California’s families and the future of our youngest children.

Budget Priorities

The Early Care and Education (ECE) Coalition 2022-2023 Budget Ask: The lack of available child care is significantly hindering many women’s ability to return to work. To stop a widening wealth gap between women and men, particularly women of color, and continue economic growth, the ECE Coalition — a group of 35 diverse organizations including First 5 LA — is uplifting the need for increased child care provider wages, waiving of family fees, and investments in child care infrastructure and workforce development grants.

- **Rates:** Increase rates for child care providers by \$1 billion as outlined in the Senate budget proposal, with an additional \$50 million for Head Start providers
- **Family Fees and Increasing Access:** \$187 million (from ARPA Child Care Development Block Grant (CCDBG) Discretionary Supplemental Funds) to waive family fees through Sept 2024.
- **Facilities:** \$300 million GF investment in the Child Care and Development Infrastructure Grant Program and \$10 million to fund the study.
- **Workforce Development:** \$250 million to expand the number of early care and education professionals, and ensure that they have access to training, coursework, and professional development opportunities.

Home Visiting: We support the Governor’s proposal to expand the California Home Visiting and Black Infant Health programs by providing an additional \$50 million annually to these programs.

Additional options and flexibilities for families to receive home visits are vital as well. Families should have the choice of where they receive visits, and we should meet families where they feel safe. Promoting flexibility in program choice will also help better serve diverse family needs. Strengthening the Black Infant Health program and ensuring families can continue to participate virtually, as they have during the COVID-

19 crisis, will support Black maternal health, and help to reduce the unacceptably high rate of maternal mortality facing Black mothers in California.

Early Start transitions: We support \$65.5 million in funding in the Governor’s January budget proposal to strengthen transitions from Early Start early intervention services to special education preschool programs.

A seamless transition from early intervention services to preschool special education programs helps children maintain continuous access to important care, which helps children overcome development delays and return to optimal developmental pathways. For too many families the transition between Early Start and preschool special education services, when their child turns 3-years old, fails to occur successfully. Losing access to these supports even for a short period of time adversely affects the child’s development. This proposed funding would help reduce service coordinator-to-child caseload ratios, support preschools to increase inclusion of children served by Regional Centers and require that each Regional Center and Local Education Agencies designate a main point of contact for coordinating transitions.

Infant and Early Childhood Mental Health (IECMH): We support the First 5 Association led proposal for \$250 million dedicated to Infant and Early Childhood Mental Health Services for children ages prenatal to 5-years old.

Through the new Children & Youth Behavioral Health Initiative (CYBHI), California has committed to better supporting systems that help improve the health and well-being of the state’s children and youth. This one-time funding request would strengthen infant and early childhood mental health services and provide training to providers supporting infants and toddlers.

Legislative Priorities

SB 976 (Universal Preschool Act): We support SB 976 (Leyva) establishing Universal Preschool, to provide California’s young children and their families equitable access to quality early learning and care services.

SB 976 will help to maintain family choice and create a true mixed-delivery system by allowing community-based programs to offer Universal Preschool for all 3- and 4-year-olds. California has recently made a substantial investment toward creating a universal system of Transitional Kindergarten (UTK). However, UTK alone will not adequately meet the unique needs of California’s diverse young children and their families. Ensuring young children and their families have ample choices in early learning services is especially critical in today’s economy given the continued impact of the COVID-19 pandemic on the working class, low-income, and communities of color.

AB 92 (Family Fees): We support AB 92 (Reyes), to establish a more equitable sliding scale for family fees, utilizing state subsidized preschool and child care services.

AB 92 will help ensure that low-income and working families have access to affordable early learning services and supports by capping fees for state subsidized preschool and child care to no more than 1 percent of a family’s monthly income and waiving them altogether for those earning less than 75 percent of state median income and receiving cash aid through CalWORKs through October 31, 2023.

SB 951 (Paid Family Leave): We support SB 951 (Durazo), to phase in higher levels of wage replacement through California’s Paid Family Leave program, and by 2025, provide many new parents with 90 percent of their wages when they take eight weeks of leave to care for their child.

Increasing the financial support families receive through California’s Paid Family Leave system will benefit child development, maternal physical and mental health, and family economic security.

AB 2402 (Continuous Medi-Cal eligibility): We support AB 2402 (Blanca Rubio, Wood), to establish continuous eligibility for children under the age of 5-years old under Medi-Cal.

AB 2402 will ensure no children under the age of 5-years old served by Medi-Cal loses access to health care coverage through that program due to temporary changes in family income.

AB 2159 (Parent Reunification): We support AB 2159 (Bryan), which will prohibit a parent or guardian who is in custody prior to conviction from being denied reunification services with their dependent child based on an existing provision which allows a court to deny reunification services for a parent or guardian who is incarcerated, institutionalized, or detained.

AB 2159 will ensure that parents who are incarcerated pre-trial cannot be bypassed solely for the reason of incarceration and would instead be given the same rights to reunify with their children as parents who were able to afford bail. This legislation will ensure that all of California’s parents are given the same opportunities to reunify with their children.

AB 2517 (Cradle-to-Career Networks): We support AB 2517 (Bonta), to establish a two-year California Coordinated Neighborhood and Community Services grant program to implement new, and strengthen existing, neighborhood and regional cradle to career (C2C) networks, by allocating state funding into these programs. (Status: Senate Floor)

California Coordinated Neighborhood and Community Services Grant Program that AB 2517 will create would provide competitive funding, using state resources, for regional C2C networks to address poverty and improve achievement outcomes. The intention of this additional funding is to reduce inequities and increase economic mobility in communities across California through integrated place-based support systems

For more information please contact: Charna Widby at cwidby@first5la.org

FIRST 5 LA

SUBJECT:

2022 Biennial Update to First 5 LA's Local Conflict of Interest Code

RECOMMENDATION:

Review the 2022 Biennial Update to First 5 LA's Local Conflict of Interest Code; Direct staff to file the updated Code with the County of Los Angeles.

BACKGROUND:

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

Every two years, the Commission is required to conduct a biennial review and update of the Code. This year, the review and update must be completed prior to the end of December. Staff is presenting this item as information to Commissioners today and will be presenting it for action at the upcoming Commission meeting on October 13, 2022.

DISCUSSION:

The last time First 5 LA made substantial revisions to its Conflict of Interest Code was in 2016 when First 5 LA made changes to its structure to better align with the work envisioned in the 2015-2020 Strategic Plan. For the last biennial update in 2020, minor changes were made to our Conflict of Interest Code to reflect position reclassifications.

In November 2020, First 5 LA made additional changes to its structure to align with the refined 2020-2028 Strategic Plan, resulting in changes impacting our conflict of interest code. During that time, First 5 LA informed LA County that its code would need to be revised to reflect these changes during the next biennial review period for 2022. These updates reflect the addition of several new positions and deletion of old positions, as shared with the Board in 2020.

The amendments required by the County (see Attachment A) are solely reflective of organizational changes for First 5 LA previously shared with the Board.

Upon adoption of the proposed amendment, staff will file the amended code with the County of Los Angeles as required by the PRA.

ATTACHMENT A

PROPOSED AMENDMENTS TO COI CODE (Changes in underline and ~~strikethrough~~)

Conflict of Interest Code
of the

LOS ANGELES COUNTY CHILDREN AND FAMILIES FIRST – PROPOSITION 10 COMMISSION (Aka First 5-LA)

Incorporation of FPPC Regulation 18730 (2 California Code of Regulations, Section 18730) by Reference

The Political Reform Act (Government Code Section 81000, *et seq.*) requires state and local government agencies to adopt and promulgate conflict of interest codes. The Fair Political Practices Commission has adopted a regulation (2 Cal. Code of Regs. 18730), which contains the terms of a standard conflict of interest code. After public notice and hearing, it may be amended by the Fair Political Practices Commission to conform to amendments in the Political Reform Act. Therefore, the terms of 2 California Code of Regulations Section 18730, and any amendments to it duly adopted by the Fair Political Practices Commission, are hereby incorporated into the conflict of interest code of this agency by reference. This regulation and the attached Appendices (or Exhibits) designating officials and employees and establishing economic disclosure categories shall constitute the conflict of interest code of this agency.

Place of Filing of Statements of Economic Interests

All officials and employees required to submit a statement of economic interests shall file their statements with the agency head; or his or her designee. The agency shall make and retain a copy of all statements filed by its Board of Commissioners, Alternate Commissioners, Ex-Officio Representatives and the Executive Director and forward the originals of such statements to the Executive Office of the Board of Supervisors of Los Angeles County.

The agency shall retain the originals of statements for all other Designated Positions named in the agency's conflict of interest code. All retained statements, original or copied, shall be available for public inspection and reproduction (Gov. Code Section 81008).

ATTACHMENT A

PROPOSED AMENDMENTS TO COI CODE

LOS ANGELES COUNTY CHILDREN AND FAMILIES FIRST – PROPOSITION 10 COMMISSION (Aka First 5-LA)

EXHIBIT “A”

CATEGORY 1

Persons in this category shall disclose all business positions, investments in, or income (including gifts, loans and travel payments) received from any entities that provide services of the type, which are eligible to receive Proposition 10 funding.

CATEGORY 2

Persons in this category shall disclose all interests in real property within the jurisdiction. Real property shall be deemed to be within the jurisdiction if the property or any part of it is located within or not more than two miles outside the boundaries of the jurisdiction or within two miles of any land owned or used by the agency.

Persons are not required to disclose a residence, such as a home or vacation cabin, used exclusively as a personal residence; however, a residence in which a person rents out a room or for which a person claims a business deduction may be reportable.

CATEGORY 3

Persons in this category shall disclose all business positions, investments in, or income (including gifts, loans and travel payments) received from business entities that manufacture, provide or sell services and/or supplies of a type utilized by the agency and associated with the job assignment of designated position assigned to this disclosure category.

CATEGORY 4

Persons in this category shall disclose all income from any Proposition 10 employee, any represented or association of such employee; and business positions or income (including gifts, loans and travel payments) from any entity owned or controlled by such employee or his/her spouse or other financial dependent.

ATTACHMENT A

PROPOSED AMENDMENTS TO COI CODE

LOS ANGELES COUNTY CHILDREN AND FAMILIES FIRST – PROPOSITION 10 COMMISSION (Aka First 5-LA)

EXHIBIT “B”

<u>Designated Position</u>	<u>Disclosure Categories</u>
Board of Commissioners & Alternates	1, 2, 3, 4
Communications Coordinators	1, 3
Consultants/New Positions*	
<u>Chief Communications Officer</u>	<u>1, 2, 3, 4</u>
<u>Chief Data Officer</u>	<u>1, 2, 3, 4</u>
<u>Chief Government Affairs Officer</u>	<u>1, 2, 3, 4</u>
<u>Chief Operating Officer</u>	<u>1, 2, 3, 4</u>
<u>Chief of Staff</u>	<u>1, 2, 3, 4</u>
<u>Chief Transformation Officer</u>	<u>1, 2, 3, 4</u>
Director of Communities	1, 3
Director of Community Relations	1, 3
Director of Contract Administration and Purchasing	1, 3, 4
Director of Early Care <u>and</u> Education	1, 3
Director of Finance	1, 2, 3
Director of Communications	1, 3, 4
Director of Family Supports	1, 3
Director of Health Systems	1, 3
Director of Human Resources and Talent Management	1, 3, 4
Director of Information Technology	3
Director of Integration and Learning	1, 3

ATTACHMENT A

PROPOSED AMENDMENTS TO COI CODE

Director of Measurement, Learning & Evaluation	1, 3
Director of Public Policy and Governmental Affairs	1, 3
Director of Strategic Partnerships	1, 3
Executive Director	1, 2, 3, 4
Board Relations Manager	3
Executive Vice President	1, 2, 3, 4
Ex-Officio Representatives	1, 2, 3, 4
Finance Manager	1, 3

ATTACHMENT A

PROPOSED AMENDMENTS TO COI CODE

LOS ANGELES COUNTY CHILDREN AND FAMILIES FIRST – PROPOSITION 10 COMMISSION (Aka First 5-LA)

EXHIBIT “B” (Cont’d)

<u>Designated Position</u>	<u>Disclosure Categories</u>
Human Resources Manager	3, 4
IT Project Manager	3
Legal Counsel	1, 2, 3, 4
Senior Director of Administration	1, 2, 3, 4
Vice President of Integration & Learning	1, 2, 3, 4
Vice President of Policy and Strategy	1, 2, 3, 4
Vice President of Programs	1, 2, 3, 4

* Consultants/New Positions are included in the list of designated positions and shall disclose pursuant to the broadest disclosure category in the code, subject to the following limitations:

The Executive Director or his or her designee may determine in writing that a particular consultant or new position, although a “designated position,” is hired to perform a range of duties that is limited in scope and thus is not required to fully comply with disclosure requirements in this section. Such written determination shall include a description of the consultant’s or new position’s duties and, based upon that description, a statement of the extent of disclosure requirements. The Executive Director or his or her designee’s determination is a public record and shall be retained for public inspection in the same manner and location as this conflict-of-interest code. (Gov. Code Section 81008.)

Individuals who perform under contract the duties of any designated position shall be required to file Statements of Economic Interests disclosing reportable interests in the categories assigned to that designated position.

FIRST 5 LA

SUBJECT:

2020-2028 Strategic Plan Review & Refinement Cycle: Progress to Date and Next Steps

BACKGROUND:

The July 2022 Board of Commissioners meeting represented the official launch of the first three-year review and refinement cycle of the Board-approved 2020-2028 Strategic Plan. Over the past two years of strategic plan implementation, we have learned that there is continued confusion about First 5 LA's priorities, outcomes we will relentlessly pursue, and the focused actions we will employ to achieve meaningful systems change. The review and refinement cycle built into the 2020-2028 Strategic Plan now presents an opportunity to apply what we've learned and achieve the level of clarity and focus to achieve the greatest possible impact for children, families, and communities.

During the July Board discussion, staff engaged Commissioners in dialogue on current thinking and suggested refinements to the following foundational elements of the plan:

- The North Star that orients grounds First 5 LA in the “why” of our work
- The opportunity that First 5 LA see in front of us that signals the outcomes we will collectively and relentlessly pursue
- What makes First 5 LA uniquely positioned for public systems change

Over the summer, staff have incorporated Commissioners feedback to further refine these foundational elements to sharpen First 5 LA's strategic direction and tell a more coherent story about the systems changes we seek.

DISCUSSION:

The September 2022 Board of Commissioners meeting will provide an opportunity to share progress to date on refinements to the foundational elements that were shared in July. Specifically, staff will highlight what we heard from the July Board of Commissioners meeting and how they informed refinements of the North Star, problem statement, logic flow, and opportunity statement. The accompanying PowerPoint presentation provides information that will guide Board discussion.

NEXT STEPS:

Staff will incorporate Commissioners input and feedback during the September 2022 Board of Commissioners meeting and share any refinements at the September 2022 Program and Planning Committee meeting. Staff will also begin to engage in discussion on the public systems First 5 LA will focus its efforts on and draft systems outcomes with plans to seek directional endorsement of the refined North Star and draft system outcomes at November 2022 Board of Commissioners meeting.

2020-2028 STRATEGIC PLAN REVIEW & REFINEMENT CYCLE: PROGRESS TO DATE AND NEXT STEPS

Antoinette Andrews Bush, Chief Transformation Officer
Charna Widby, Chief Government Affairs Officer
Kaya Tith, Senior Strategist, Strategic Planning & Refinement
Kimberly Hall, Chief Data Officer, Office of Data for Action
Tara Ficek, Director, Health Systems



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- Share brief update on progress since the July 2022 Board of Commissioners Meeting
- Discuss next steps and key milestones September – November 2022



- The Strategic Plan has broad and multiple elements that result in different interpretations of First 5 LA's priorities and impact
- Systems change requires responsiveness and adaptability to the changing external context
- Fiscal imperative brings an urgency to defining our impact and differentiating role
- Insufficient clarity on what we're trying to accomplish, why and how
- Three-year review and refinement cycles built into the 2020-2028 Strategic Plan provide a window of opportunity to address what we've learned

- Enthusiasm and support for a reframed North Star
- Appreciation for a focus on social determinants of health in supporting families
- Interest in retaining a sense of urgency for the work
- Acknowledgement of the important role of extended families and communities
- Affirmation of our unique role in partnering with public agencies to address systemic gaps, barriers, and inequities
- Interest in clarifying outcomes and measures to track progress; being clear about what success looks like
- Receptiveness to how proposed strategic plan refinements will focus and narrow our work to achieve greater impact

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- Cultivating shared understanding among staff
- Examining feedback from Commissioners and staff
- Reviewing county and community priorities
- Having initial conversations with some external partners
- Discussing the integration of our DEI commitments and Strategic Plan¹⁷² Review and Refinement Cycle
- Conceptualizing and testing our language, logic flow, and opportunity statement in context of our whole child, whole family approach

Current

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

Reframed in July 2022

Children will reach full developmental potential throughout prenatal to 5.

Reframed in Sept 2022

Every child in Los Angeles County will reach their full developmental potential¹⁷³ throughout the critical years of prenatal to 5.



Children reach full developmental potential throughout prenatal to 5.



In order for children to reach full developmental potential, they need safe, stable, nurturing, relationships and environments.



Supportive conditions are needed for families/caregivers to provide safe, stable, nurturing, relationships and environments for children prenatal to 5.

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Public systems can enable supportive conditions during the prenatal to 3 window to reduce disparities and promote optimal development throughout prenatal to 5.

OPPORTUNITY

Shift public systems to prioritize prenatal to 3 to eliminate disparities rooted in systemic racism, bias and intergenerational poverty that families experience.

1. Every child in LA County will reach their full developmental potential throughout the critical years of prenatal to 5.

2. In order for children to reach full developmental potential throughout prenatal to 5, they need safe, stable, nurturing, relationships and environments, particularly during the prenatal to 3 window of rapid development.

3. Supportive conditions are needed for families/caregivers to provide safe, stable, nurturing, relationships and environments for children prenatal to 5.

4. Given the scale and reach of public systems, they have a role in facilitating supportive conditions that enable full developmental potential throughout prenatal to 5.

5. Our Problem Statement: Systemic bias and inequities within public systems undermine supportive conditions and disrupt children's full developmental potential.

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- We are an independent county public agency with a mandate, knowledge, and insights to promote, support, and improve the early development of children from the prenatal stage to five years of age in Los Angeles County.
- Our governing board, which includes representatives of family serving public agencies, gives us the knowledge and direct connection to other public agencies that enable us to work within and across systems.
- Our history, relationships, and learning from communities shapes our understanding of families' experiences and priorities and informs what we do and how we approach our work.
- Our commitment to prevention, equity, and systems change compels us to address the effects of systemic bias and inequities within systems that impact the earliest moments of a child's life.

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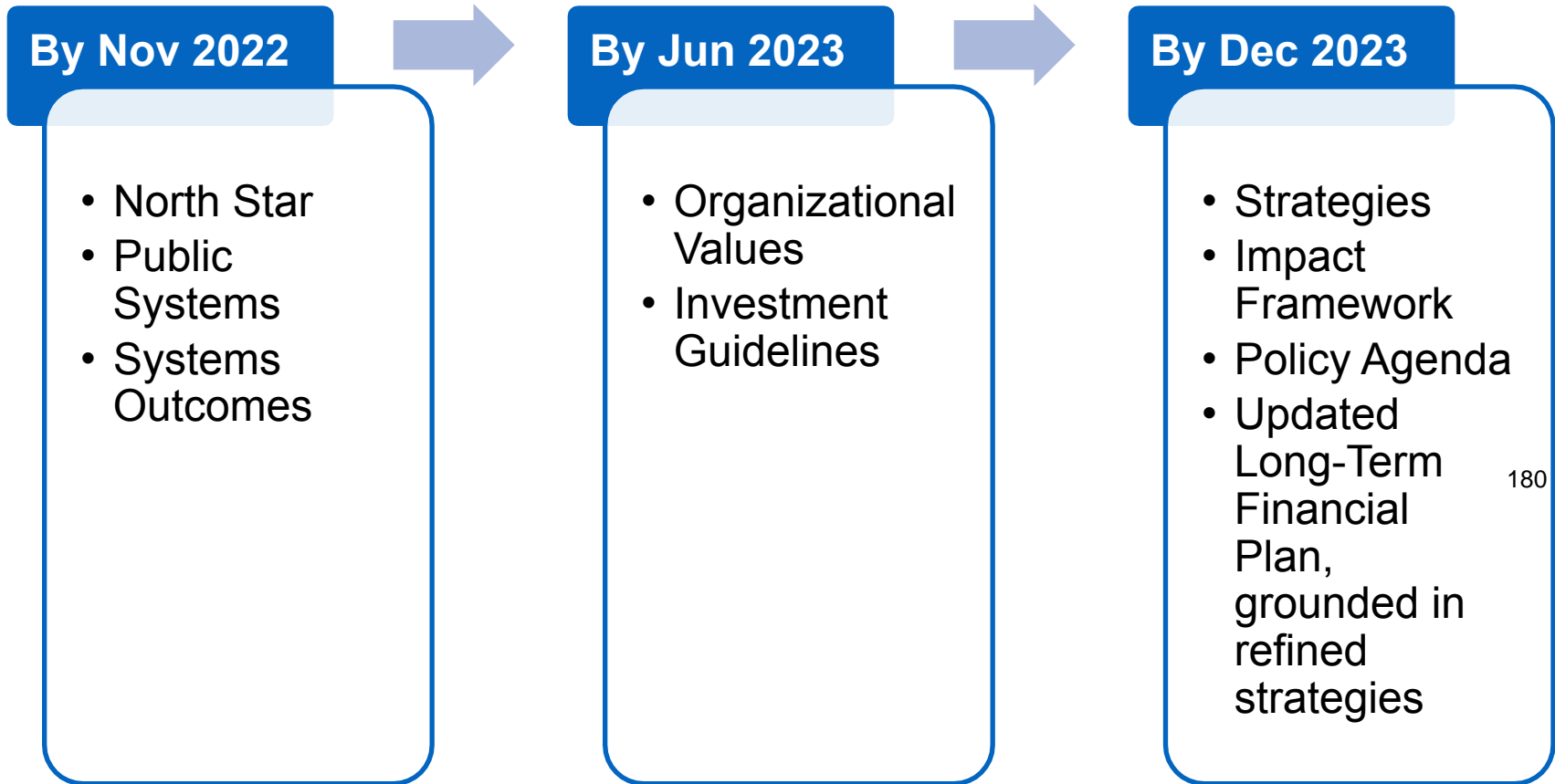
Work within and across public systems to align, integrate, and prioritize supports that are responsive to families and communities, particularly during the prenatal to 3 window of rapid development, to eliminate disparities.

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September 2022 Program and Planning Committee meeting

- Adjustments to language, logic flow, opportunity statement, and overall approach
- Initial thinking about the systems First 5 LA will focus its efforts
- Draft systems outcomes

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Appendix



Key Terms

- **Child Development:** a series of skills and stages that occur in a child between birth and adulthood. Five domains of skills include motor, language, adaptive, social-emotional, and cognitive.
- **Community:** Groups of people who have something in common (demographics, culture, interest, geographic location) who are in relationship with each other and support each other.
- **Public systems:** Interconnected, and often interdependent, sets of rules, programs, organizations, and institutions (both public and private) that work to meet a particular set of needs that are financed, at least in part, by taxpayer dollars
- **Levers:** Focused action that can produce significant improvements.
- **Outcomes:** A specific change as a result of some known effort.
- **Systems Change:** Shifting, reconfiguring, or transforming policies, practices, relationships, mindsets, resource flows, and power dynamics to improve how a system functions to achieve its purpose and goals.

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Critical “must-dos” to strengthen our organization and role as an agent of child and family-serving systems change

Impact

Clarify what we are **holding ourselves accountable for**, **focus and prioritize our work** to achieve **measurable progress**

Process

Concentrate on what is really needed, **simplify** tasks, and **avoid process overload**

Culture

Ensure *how* we do our work **demonstrates our values** internally and externally; **align what we do with what we say**

Fiscal

Embrace our fiscal reality, **invest** in our human capital, and deploy fiscal **resources strategically** to maximize impact

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Our Pathway for Systems Change



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

Results for Children and Families

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

We Want Systems To Be

- Accessible
- Quality
- Aligned
- Sustainable

We Change Systems By

- Policy change
- Practice change
- Will building

Our Strategic Priorities

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

Our Values

- Collaboration
- Integrity
- Learning
- Diversity, Equity and Inclusion

Our Investment Guidelines

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

FIRST 5 LA

SUBJECT:

Living First 5 LA Values: Journey Towards Deepening Our Commitment to Diversity, Equity, and Inclusion

BACKGROUND:

The Board-approved 2020-2028 Strategic Plan uplifts Diversity, Equity, and Inclusion (DEI) as an organizational value and Equity as an investment guideline. While staff has been working to explicitly integrate DEI into First 5 LA's external work, we have been simultaneously exploring how to best advance DEI in our organizational culture, internal policies and practices.

First 5 LA's DEI journey has been an iterative process of listening, learning and reflection, deliberation, and refinement with the goal of expanding our collective perspective on what DEI means for First 5 LA. In October 2020, the Board approved a contract with the Seed Collaborative, LLC (Seed) to walk alongside First 5 LA as it deepens its knowledge and commitments to DEI. Seed's work with First 5 LA began in January 2021 with a due diligence process, which included a survey, interviews, focus groups, document reviews, and best practice research. An overview of Seed's due diligence findings and high-level observations was shared with the Board during the October 2021 Board of Commissioners Meeting.

An employee-driven DEI Governance Board (DEIGB), consisting of colleagues representing every team within the organization, was established in 2021 to examine data, reflect on experiences, and create space for meaningful dialogue among staff – all with the purpose of developing and adopting recommendations for how First 5 LA can deepen its commitment to DEI through the internal policies, practices, norms, and behaviors that shape our culture and impact our work. After 11 months of deliberation, the DEIGB adopted 12 recommendations on August 24, 2022.

As the DEI recommendations were being developed, staff were simultaneously launching the first cycle of the Strategic Plan Review and Refinement Cycle. The review and refinement cycle has created an opportunity to integrate DEI more deeply into First 5 LA's strategic plan to achieve an equitable and lasting impact for children and families in Los Angeles County.

DISCUSSION:

First 5 LA's 12 DEI recommendations, which we now call commitments, reaffirm Strategic Priority #4 of the 2020-2028 Strategic Plan, which underscores organizational effectiveness and uplifts the interconnectedness between what work we do and how we do that work. First 5 LA has an opportunity to amplify DEI through three priority areas:

- Strategic Direction and Values: Ensuring there is consistency between First 5 LA's strategic plan, values, culture, and organizational identity.
- Culture, Internal Relationships and Experiences: Engaging our colleagues in ways that strengthen relationships, increase trust, and promote collective ownership of our work and organizational culture. And addressing internal policies, practices, norms, behaviors, and mindsets that may be barriers to culture change.
- Interpersonal and Institutional Relationships with Grantees and Partners: Maximizing First 5 LA's impact through stronger relationships with grantees and partners, and more equitable grantmaking and contracting processes.

The commitments (included in Attachment A), data highlights informing them, and learnings from the process will be discussed during the September Board of Commissioners meeting.

NEXT STEPS:

The adoption of the 12 DEI commitments has signaled the work ahead to integrate DEI more fully into First 5 LA's culture, strategic plan, and the day-to-day work. Some immediate next steps include identifying measurable DEI outcomes and metrics to assess progress and working to sequence implementation, balancing the appeal

for immediate action with longer-term strategies and impending leadership transitions. Aligned with efforts to sequence, staff will defer upcoming Board and staff learning sessions to the Winter/Spring of 2023.



Living First 5 LA Values: Journey Towards Deepening Our Commitment to Diversity, Equity, and Inclusion

Antoinette Andrews-Bush
Chief Transformation Officer

Evan Holland
Co-Founder, Seed Collaborative, LLC

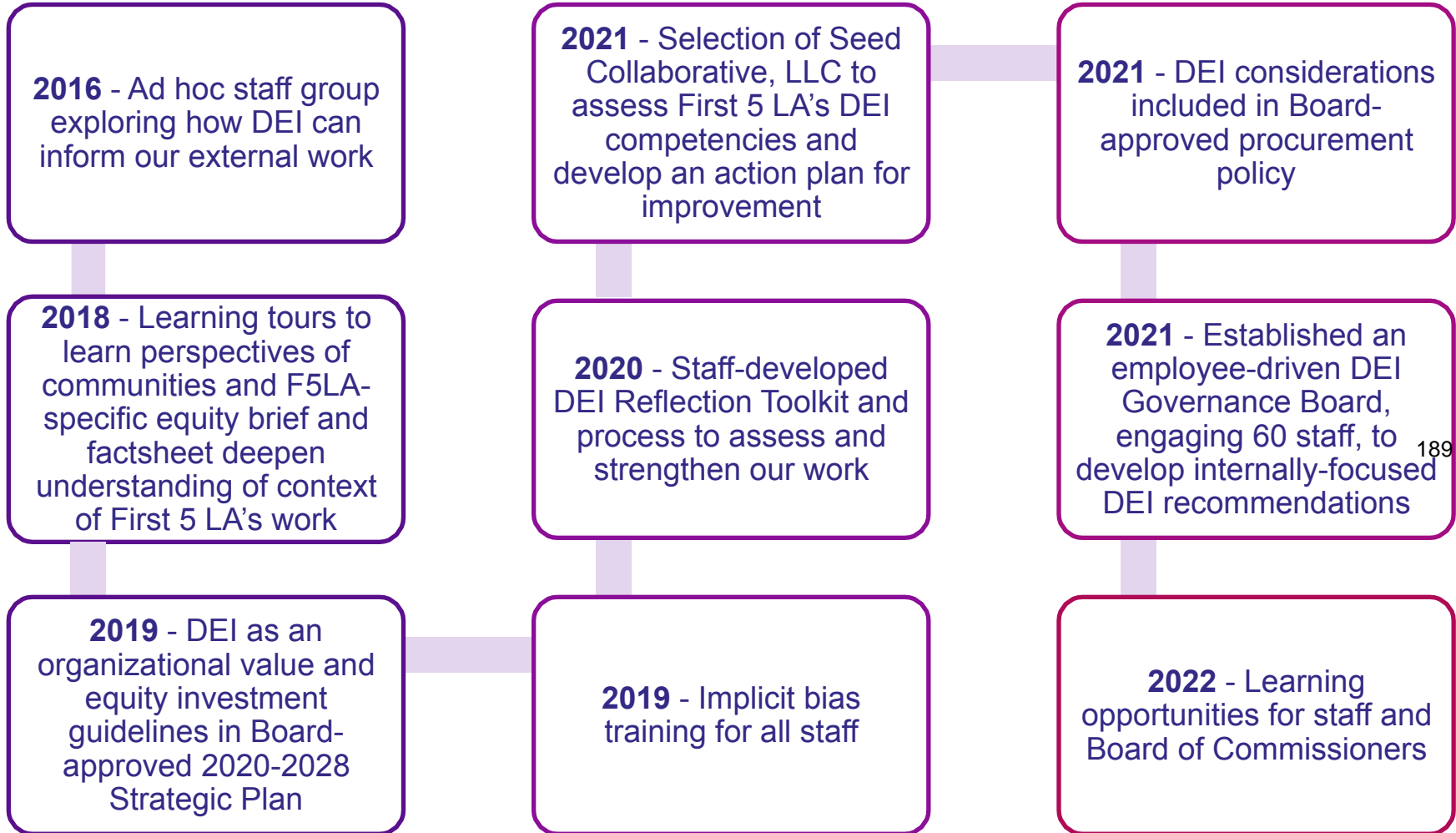


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- First 5 LA's journey towards greater diversity, equity, and inclusion (DEI)
- DEI priority areas, data highlights, and adopted commitments
- Learning and reflections
- Next steps





Twelve commitments adopted by the employee-driven DEI Governance Board on August 24, 2022

- Affirm the interconnectedness between *what* work we do and *how* we do that work
- Build upon the incremental shifts in our organizational culture already taking place, while acknowledging this work is a long-term proposition
- Facilitate meaningful progress towards a culture of belonging, healing, safety, learning, and trust
- Require improvements to policy, procedures, and practices

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First 5 LA has an opportunity to amplify its commitment to DEI through:

Priority #1

Strategic Direction and Values

- Ensuring there is consistency between our strategic plan, values, culture, and organizational identity

Priority #2

Culture, Internal Relationships and Experience

- Engaging our colleagues in ways that strengthen relationships, increase trust, and promote collective ownership of our work and organizational culture.
- Addressing internal policies, practices, norms, behaviors, and mindsets that may be barriers to culture change.

Priority #3

Interpersonal and Institutional Relationships with Grantees and Partners

- Maximizing our impact through stronger relationships with grantees and partners. ¹⁹¹
- More equitable grantmaking and contracting processes.

Data Highlights

- Board survey results highlighted anti-racism, justice and equity as *most important* in helping Commissioners fulfill their governance role.
- Board survey results highlighted diversity, equity, inclusion, belonging, anti-racism, and justice as *equally important* in helping First 5 LA fulfill its role as an agent of systems change.
- Surveys, interviews, and focus groups revealed varied understandings of DEI among Board and staff
- Some interview and focus group participants encouraged First 5 LA to narrow scope of work to more high impact grantmaking, be bold for children.
- Seed Collaborative's review of strategic plan noted lots of layers and terminology confusing.
- March 2021 Board of Commissioners feedback:
 - Be unapologetic about the target populations First 5 LA focuses on to achieve greatest impact; connect our DEI work to child outcomes

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Commitments

#1: Streamline the strategic plan and use it to deepen alignment among staff and Board of Commissioners around a shared organizational culture and identity grounded in outcomes we are holding ourselves accountable for and the values we live to achieve those outcomes.

#2: Ensure funding opportunities aimed at systems change are grounded in an explicit problem statement and informed by an understanding of root causes that contribute to the problem(s) we seek to address.

#3: Work in partnership with individuals, communities, organizations, and institutions that have lived experience and expertise with the conditions we seek to address in order to understand root causes and develop credible and viable strategies.

- What resonates with you?
- What questions do you have?

Data Highlights

- Some interviews, focus groups, and survey participants described organizational culture as:
 - Hierarchical, siloed, with layered decision-making BUT changing with pockets of collaboration
 - Perfectionist, drives overpreparation/over think, risk adverse, rigid, not nimble
 - Reflecting on this finding, staff noted the level of preparation required¹⁹⁵ for Board presentations and the fear of making a mistake in such a public setting.
 - This finding suggests room for improvement in practices that reflect First 5 LA as a learning organization
- March 2021 Board of Commissioners feedback:
 - Cultivate an environment where people feel comfortable taking risks, asking questions, being curious, and learning.

Data Highlights

- Seed Collaborative's document review of human resource policies and practices (e.g., recruitment, hiring, retention, succession, performance evaluation, harm prevention) found need to update policies and practices for greater integration of organizational values.
- Several interview and focus group participants suggested DEI-specific staff development, coaching and training so that leadership and staff better understand how to implement DEI.

Commitments

#4: Commit resources to improve our individual and collective skillsets and mindsets at all levels of the organization to create safe and brave spaces and embed practices into organizational processes that enable staff to dialogue, learn, and reflect with each other on how to improve our work together, embody, practice, and live our values, and nurture a culture of belonging, healing, safety, learning, and trust.

#5: Formalize practices for shared leadership and identify the most appropriate opportunities to apply those practices to support learning, inclusivity, power-sharing, and co-ownership of our work and culture. 197

#6: Engage staff in the design and implementation of a decision-making approach with input, feedback, and communication channels to foster greater trust and transparency.

Commitments

#7: Engage staff in the development of a leadership philosophy with clear expectations and behaviors that includes staff development and accountability mechanisms to support a culture of belonging, healing, safety, learning, and trust and enables First 5 LA to do its best, most high-impact work.

#8: Strengthen personnel policies, practices, and processes for recruitment, hiring, on-boarding, professional development, performance evaluations, promotions and reclassifications.

#9: Develop formal policies, practices, processes that bolster existing harm prevention policies and practices.

- What resonates with you?
- What questions do you have?

10 Minute Break

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Data Highlights

- Seed's best practice research on philanthropic, nonprofit, government, and corporate sectors found DEI improvements in the areas of Programs, Grantmaking, Products, Services, Work with Communities, and Human Resources.

- March 2021 Board of Commissioners feedback:
 - Balance internal and community engagement to inform what we can do to improve internally. 201
 - Examine our own attitudes, philosophies, and behaviors.
 - Have feedback mechanisms to hear from stakeholders about what is working and not working and hold ourselves accountable for continuous improvement.

Commitments

#10: Strengthen relationships with grantees and other system and community partners, grounded in our organizational values and a commitment to transparency, trust, and mutual accountability.

#11: Develop robust, accessible, and fair procurement and outreach strategies that address barriers to participation and ensure equitable opportunity and access for all organizations.

#12: Simplify and clarify contract terms and conditions, budget modification guidelines and reporting requirements to reduce burden and improve accessibility and understanding.

- What resonates with you?
- What questions do you have?

- DEI, organizational culture, and our systems change work are interdependent.
- This is a journey not a destination; being open and nimble are key.
- This work requires humility, empathy, gratitude, and a willingness to change policies, procedures, practices, and individual behaviors.
- The desire to act quickly can inhibit deeper learning, creativity, and sustainability; balance urgency with long-term strategies.
- There is no one “right” way; organizational context matters.
- This IS the work not additive.
- The process is culture shaping.
- Embrace the most important deliverables (i.e., alignment and actionable recommendations) and adjust accordingly.

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- Identify key DEI outcomes and measures of success to regularly assess progress, learn, and improve
- Integrate implementation of commitments into the Strategic Plan Review and Refinement Cycle as applicable
 - North Star
 - Problem Statement
 - Opportunity Statement
 - Logic flow
 - Refined strategies
 - Refined organizational values
- Sequence actions for implementing commitments
- Defer additional Board and staff training to Winter/Spring 2023

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Appendices

Appendix A: Board of Commissioners feedback in March 2021

Appendix B: Seed Collaborative's due diligence findings shared with Board of Commissioner in October 2021

Appendix C: Board of Commissioners survey findings shared with Program & Planning Committee in April 2022



Appendix A: Board of Commissioners feedback in March 2021

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Theme	What We Heard
Have a clear stance	<ul style="list-style-type: none">• Clarify what DEI means to First 5 LA.• Be clear and unapologetic about the target populations First 5 LA focuses on to achieve the greatest impact towards our North Star.• Connect our DEI work to child outcomes.
Live what we say	<ul style="list-style-type: none">• Practice change is essential to exemplify that we living what we say.• It is important for us to examine our own attitudes, philosophies, and behaviors.• Consider an anti-racism approach to assess where we are and what we need to change.• Cultivate an environment where people feel comfortable taking risks, asking questions, being curious, and learning.

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Theme	What We Heard
Engage communities and other stakeholders	<ul style="list-style-type: none">• Balance internal and community engagement to inform what First 5 LA can do to improve internally.• Ensure there are feedback mechanisms to hear from stakeholders what is working and not working and hold ourselves accountable for continuous improvement.
Allocate resources for this work	<ul style="list-style-type: none">• First 5 LA's annual budget should explicitly reflect our DEI priorities.• Board and staff should have learning and training opportunities (e.g., implicit bias).
Balance urgency with long-term view	<ul style="list-style-type: none">• This work takes time to do it right, and we should not wait two years for the completion of the plan before we start to act.• We have consultants to help us, but it is our responsibility to carry the work beyond their contract.

Appendix B:
Seed Collaborative's Due Diligence Findings
Shared with the Board of Commissioners in
October 2021

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High-Level Observations

- **DEI understanding is varied**; findings reflect a desire to meet needs and cultivate greater belonging.
- There is work to be done on **aligning policies and practices with organizational values**.
- The **process** First 5 LA is undertaking to integrate DEI into its work and internal operations is **consistent with best practices and lessons from field experts**.
- Like many organizations taking up DEI, First 5 LA's **organizational culture is already pivoting towards greater DEI**.
- There are opportunities to **better infuse DEI within First 5 LA's strategic plan**.
- **DEI well positioned** within First 5 LA's reporting structure.

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Varied DEI Understanding

- **Survey data suggests confusion about First 5 LA's definition of equity.**
 - When staff were asked if First 5 LA has a clear organization-wide definition of equity and/or an equity statement, about half said Yes with the other half saying No.
- **Interview and focus group data suggest that the organization values DEI but does not understand it and does not have what's needed to implement.**
 - Several interview and focus group participants suggested DEI-specific staff development, coaching and training so that leadership and staff better understand how to implement DEI.

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Varied DEI Understanding

<p>Diversity</p>	<ul style="list-style-type: none"> • People with different ideas, education, lived experience, experiences, opinions, perspectives, voices • People from different backgrounds with different races, ethnicities, socio-economic statuses, identities, places of origin, that look different • The presence of difference • Representation across groups
<p>Equity</p>	<ul style="list-style-type: none"> • Giving people what they need based on positionality, all have what they need, consideration of disparities • Access to opportunities
<p>Inclusion</p>	<ul style="list-style-type: none"> • Representation, opportunities for involvement, decision-making, leadership and new thinking. • Sense of belonging, feeling of mattering • Difference welcomed
<p>Cross-cutting</p>	<ul style="list-style-type: none"> • All have a voice, all perspectives and experiences present and matter

Alignment to Organizational Values: Learning, Collaboration, Integrity, DEI

- **Interview and focus group participants described organizational culture as perfectionist, drives overpreparation/over think, risk adverse, rigid, not nimble.**
 - Reflecting on this finding, staff noted the level of preparation required for Board presentations and the fear of making a mistake in such a public setting.
 - This finding suggests room for improvement in practices that reflect First 5 LA as a learning organization
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- **Interview and focus group participants described organizational culture as hierarchical, siloed, and with layered decision-making BUT changing with pockets of collaboration**
 - This finding points to the need for greater alignment and integration of the work across teams as well as greater intentionally around “pulling back the curtain” to involve a diversity of staff levels in decision-making processes as appropriate

Alignment to Organizational Values: Learning, Collaboration, Integrity, DEI

- **Document review, interviews, and focus groups revealed some misalignment between policies and organizational values.**
 - Human resource policies and practices (e.g., recruitment, hiring, retention, succession, performance evaluation, harm prevention, etc.) are consistent priorities and being updated for greater integration of organizational values.
 - Board-adopted policies are opportunities for greater integration of First 5 LA's DEI value.
 - The updated procurement policy approved by the Board at the September 2021 Board meeting represents greater alignment with the DEI value.
 - Findings suggest metrics and monitoring methods are needed to ensure policy and practice alignment with organizational values and to address misalignment.

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DEI Positioning within First 5 LA

Seed's review of First 5 LA's organizational structure led to no major findings or areas for potential improvement at this point.

- The Office of Equity, Strategy and Learning (OESL) is well positioned in terms of reporting structure and in terms of positionality to effect change and shepherd DEI work with the organization.
- Human resources reporting relocation to Chief Transformation Officer is unique but supports the need for change in human resources regarding DEI. 216
- There is an outstanding question about accountability for successful implementation of DEI recommendations.

DEI in First 5 LA's Strategic Plan

From Interviews and Focus Groups

- Some interview and focus group participants noted that stability, strategic thinking and focus came with current Executive Director's tenure.
- Some participants noted that the move to systems change has been challenging for organization and community.
- Some participants suggested that First 5 LA take on work that directly relates to the North Star/mission, narrow the scope of work to more high impact grantmaking, be bold for children.
 - This suggestion refers to being more targeted in our approach to improve outcomes for children, families, and communities experiencing the greatest inequities. ²¹⁷

Seed's Review of the First 5 LA Strategic Plan

- Strategic Plan has lots of layers and terminology that is confusing to lay readers.
- There are opportunities to infuse DEI language into the strategic plan.
- As a systems change agent, First 5 LA should ensure that systems change include making systems more equitable (in addition to accessible, quality, aligned, and sustainable).

Best Practices

Seed compared four sectors: Philanthropic, Nonprofit, Government, and Corporate

- All sectors made DEI changes in the areas of Programs, Grantmaking, Products, Services, Work with Communities, and Human Resources.
- The philanthropic, nonprofit, and government sectors also made DEI changes to Vision, Mission, Purpose and DEI Monitoring, Evaluation, and Accountability.
- All but the government sector made DEI changes to Governance, Policy, and Evaluation.

Area of DEI Change	Philanthropic Sector	Nonprofit Sector	Government Sector	Corporate Sector
Vision, Mission, Purpose	X	X	X	
Identity, Culture, and Values		X	X	
Theory of Change and Strategy		X		
Programs/Grantmaking/Products/Services and Work with Communities	X	X	X	X
Governance, Policy, and Evaluation	X	X		2/8
DEI Monitoring, Evaluation, and Accountability	X	X	X	
Fund Development		X		
Communications	X	X		
Human Resources	X	X	X	X
Built Environment		X		

Lessons from Field Experts

On Change

- To fully change culture (i.e., develop new ways of being), DEI work takes a minimum of 5-7 years.
- Common DEI language is critical; relationships are also critical.
- Having metrics are critical to measuring progress on DEI goals, benchmarks, outcomes, etc.

On Process

- Before developing a DEI plan, a DEI assessment must be conducted.
- For a successful DEI assessment and implementation process, DEI consultants need to spend time with leaders to help them understand, digest, and support all aspects of the DEI process.²¹⁹

On Leadership

- It is important for leaders to remember that aspects of the DEI assessment findings may be hard to hear; however, it is important to own that their words/actions- or lack thereof- may be harmful.
- Leaders must remember where they are headed, and that the DEI change process is not about them being good or bad people; these processes about their strengths and growing edges.
- Successful DEI change requires invested leadership; leaders must have a clear vision for DEI change, examine why DEI is important to their mission and successes, and must be able to articulate this clearly.

Appendix C:
Board of Commissioners Survey Findings Shared
with Program & Planning Committee (PPC) in
April 2022

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Highlights and Initial Observations

- Similar to First 5 LA staff, there are **varying definitions and understanding of DEI concepts** often used in the field.
- **Anti-racism, justice, and equity** were noted as the concepts most important in helping Commissioners fulfill their governance role.
- **Diversity, equity, inclusion, belonging, anti-racism, and justice** were identified as equally important in helping First 5 LA fulfill its role as an agent of systems change.
- There are varying perspectives on **Board knowledge, culture and relationships**.
- **Targeted Universalism, DEI in systems change, and implicit bias/micro-aggressions** identified as the top training topics to help Commissioners fulfill their governance role.

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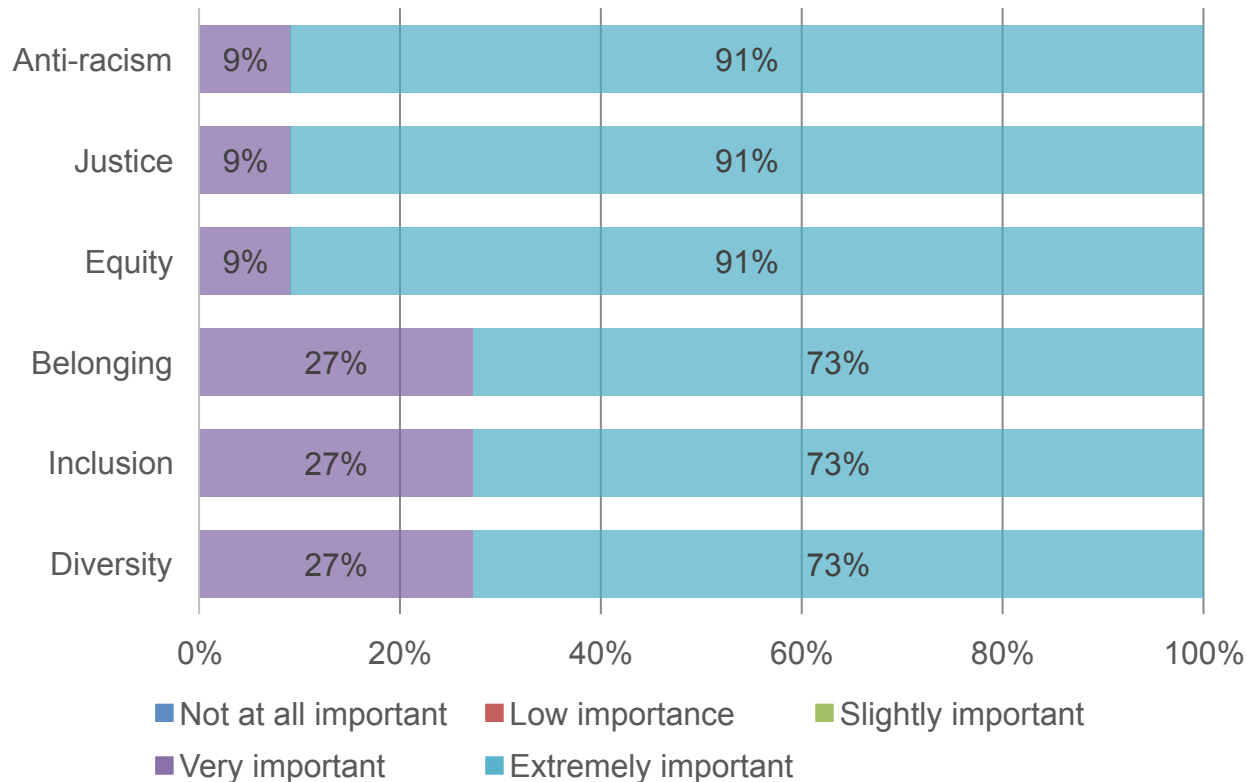
Varying Definitions and Understanding of DEI Concepts

Concept	Examples of Commissioner Responses
<p>Diversity</p>	<ul style="list-style-type: none"> • Inclusion of everyone • Different people, cultures, views, approaches • A group that includes people from different social/racial/ethnic backgrounds • A great variety of racial and gender and national origin and language choices represented in every civil group and workplace
<p>Equity</p>	<ul style="list-style-type: none"> • Same opportunity regardless of status • Equal outcomes for people of differing traits and abilities because society and those in power level the playing field • That everyone has not only access (equality) to services, but that their access is to the best
<p>Inclusion</p>	<ul style="list-style-type: none"> • A state of being valued, respected and supported. It's about focusing on the needs of every individual and ensuring the right conditions are in place for each person to achieve full potential • Purposeful effort to include a broad array of people • Diverse viewpoints respected and valued

Varying Definitions and Understanding of DEI Concepts

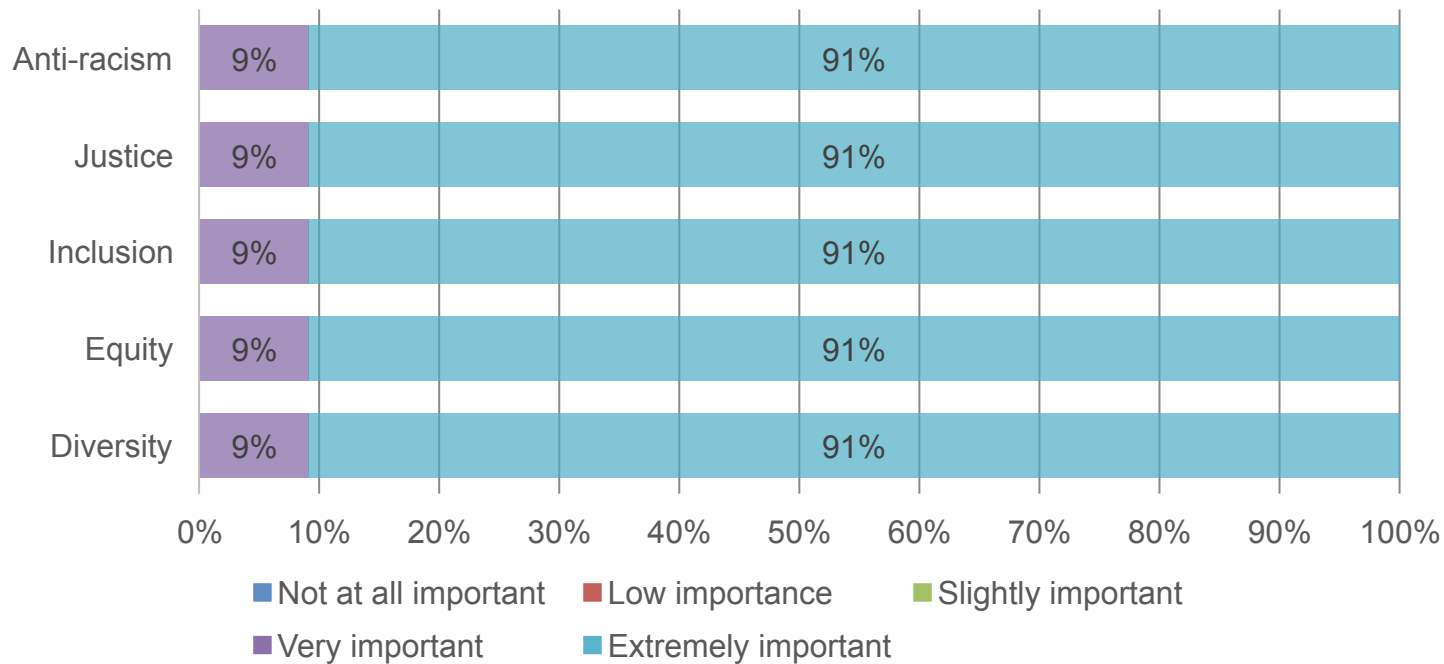
Concept	Examples of Commissioner Responses
<p>Belonging</p>	<ul style="list-style-type: none"> • Diverse communities feeling included and respected in decision-making • Creating bridges of connection so that all can see themselves reflected in others and feel both sameness and pride in difference • A sense of being connected, feeling secure and part of the team...feeling comfortable being yourself within the team or group
<p>Justice</p>	<ul style="list-style-type: none"> • Fairness • The view that everyone deserves equal economic, political and social rights and opportunities ²²³ • Equitable application of laws and rules that are fairly derived and fashioned for the common good in the broadest sense.
<p>Anti-Racism</p>	<ul style="list-style-type: none"> • Opposing bias, prejudice, or differential treatment because of race • Working to make sure no one suffers diminishment of quality of life or outcomes based on racial identity chosen or perceived • Leaders and organizations working consistently and fervently against racism

Level of Importance of concepts in helping Commissioners fulfill governance role



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Level of Importance of concepts in helping First 5 LA fulfill its roles as an agent of systems change



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Board Knowledge, Culture, Relationships

