

In the Matter of:

FIRST 5

COMMISSIONERS' MEETING

January 10, 2013

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FIRST 5 COMMISSIONERS' MEETING

LOS ANGELES, CALIFORNIA
THURSDAY, JANUARY 10, 2013

REPORTED BY:
HEATHERLYNN GONZALEZ
CSR #13646

1 MR. RIDLEY-THOMAS: We'll need a roll call
2 first.

3 (Roll taken.)

4 MR. FIELDING: It's my pleasure, privilege, and
5 honor to nominate Mr. Mark Ridley-Thomas as the chair.

6 (Seconded.)

7 MR. FIELDING: I guess we're ready to vote.
8 All those in favor?

9 (Body votes.)

10 MR. FIELDING: Opposed? Those who dare.

11 Any abstentions?

12 MR. RIDLEY-THOMAS: Thank you very much. Thank
13 you very much, Dr. Fielding, and we'll proceed with the
14 business at hand, which is as you -- you'll see on the
15 agenda -- that's for everyone's perusal, the election of
16 the commission of vice chair.

17 I'm prepared to nominate Dr. Neil Kaufman in that
18 capacity.

19 The floor is open for additional nominations at
20 this time. Are there any such nominations to be heard?

21 (Motion seconded.)

22 MR. RIDLEY-THOMAS: Thank you very kindly. Are
23 there others who wish to place names in nomination?

24 Seeing none, the floor is closed with respect to
25 nominations.

1 All those who are in support of the vice chair
2 being Dr. Neil Kaufman, please indicate by the usual sign
3 of aye.

4 (Body votes.)

5 MR. RIDLEY-THOMAS: All those who are opposed
6 have the same privilege.

7 Dr. Neil Kaufman is elected as vice chair by
8 acclamation.

9 Let's move to Item Number 4 at this point, which
10 is the approval of the minutes from the meeting of
11 November 8th and November the 29th.

12 Are there any questions, additions, edits
13 pertaining to the minutes from those two meetings?

14 Is there a motion to approve the minutes from
15 those two meetings?

16 (Motion forwarded.)

17 MR. RIDLEY-THOMAS: It™s been moved.

18 (Seconded.)

19 MR. RIDLEY-THOMAS: It™s been
20 properly seconded. If there are no objections,
21 that will be the order.

22 Thank you very much. Let's move to Item Number
23 5.

24 Item Number 5 is the monthly
25 financial statements. We call on Raoul Ortega, Interim

1 Finance Director to share highlights and make appropriate
2 remarks.

3 MS. BELSHE: If I may, Mr. Chair, if I can make
4 just a brief introductory comment before turning to Raoul
5 for this presentation, I want to acknowledge that our
6 organization -- when Craig was interim, he made some
7 important progress in terms of moving to an electronic
8 agenda and background materials, in the spirit of being a
9 bit greener.

10 I want to acknowledge though that those who
11 still rely upon paper -- there are still some of us old
12 guards -- are struck by the three or four inches that are
13 associated with our monthly financial reports.

14 And the Board will recall that as a part of my
15 goals and objectives one of the goals I™ve committed to
16 undertaking is working with the Board to review our Board
17 structure, our committee structure, I should say the role
18 of our boards, the rationale, composition, et cetera, I
19 would like, and I™ve spoken to the Chair about this, to
20 make it a very high priority to work with the finance
21 committee, to see how we can streamline the material that
22 we provide to the Board as part of the monthly financial
23 statements so that we can get you some crisp, clear,
24 accessible information that honors our commitment to
25 transparency. But also insures that we are getting you

1 all the information you need to have to inform your
2 understanding of our financial situation -- so that™s a To
3 Do in my world working with the new leadership from the
4 finance committee and with the board chair™s support.

5 And we will be coming back to you in subsequent
6 meetings with hopefully a little bit more condensed and
7 Board-member-friendly approach to our monthly statements.

8 So with that by way of background let me turn to
9 our interim finance director, Raoul Ortega.

10 MR. ORTEGA: Thank you, Kim. And thank you,
11 chair. Good afternoon, Commissioners.

12 Before you, staff is requesting Board approval of
13 the monthly financial statements for both October and
14 November 2012. Both monthly financial statements before
15 you represents a soft close and are unaudited.

16 If there are no questions, I'd pass it back to
17 the Chair for approval. Thank you.

18 MR. RIDLEY-THOMAS: Any questions regarding the
19 financial statements as has been presented by the
20 financial director -- the finance director at this point?

21 MR. FIELDING: I think the Lorax would be very
22 happy with the comments of our executive director.
23 How to put this into a limited number of meaningful pages?

24 MR. RIDLEY-THOMAS: Right. Editorial remarks
25 noted. Thank you, Dr. Fielding, well stated.

1 Any other questions or comments regarding the
2 statement as, as it has been presented?

3 We look forward to the future statements for our
4 own clarification and advancement.

5 Is there a motion to adopt the -- it has been
6 properly moved by Dr. Fielding.

7 (Motion forwarded.)

8 MR. RIDLEY-THOMAS: Is there a second?

9 (Seconded.)

10 MR. RIDLEY-THOMAS: Seconded.

11 Any objections? Hearing none, that will be
12 ordered.

13 Next item is Item Number 6. We'll hand this over
14 to Ms. Bosch.

15 MS. BOSCH: This is Item 6 which includes ten new
16 agreements, nine amendments, and three renewals. I would
17 like to highlight that six of our new agreements are with
18 hospitals including the Welcome Baby Program (inaudible)
19 and to provide universal assessment for newborns.

20 That concludes my report. I'm happy to answer
21 any questions you might have.

22 MR. RIDLEY-THOMAS: All right. Any questions or
23 comments on the issues before us in Item Number 6?

24 MS. AU: I do.

25 MR. RIDLEY-THOMAS: The Chairman recognizes

1 Commissioner Au.

2 MS. AU: Just for my clarification.

3 MR. RIDLEY-THOMAS: Please, Ms. Au.

4 MS. AU: I noted that in a number of the renewals
5 in focusing in on the time frame, there are a number of
6 start dates and contract end dates. And in some, it
7 reflects as little as three months or six months,
8 actually.

9 And so I -- I just need to get a sense of, you
10 know, how is the grantee going to implement and execute
11 the terms of contract in such a short period of time?

12 MS. BOSCH: If I may, what I -- I'm assuming
13 you're talking about where we might have an anticipated
14 start date of -- for example here with -- which one is
15 this?

16 MS. AU: Well just take the Toddlers Parks.

17 MR. RIDLEY-THOMAS: Commissioner, if you could
18 talk into your microphone, everyone can hear you.

19 MS. AU: Sorry about that.

20 In terms of Toddler Parks for the Los Angeles
21 Parks Foundation, you have their anticipated contract
22 start date January 1, 2013, and the anticipated contract
23 end date as June 30, 2013.

24 MS. BOSCH: Yes.

25 MS. AU: So I just need to know, and this

1 particular project is supposed to be for three years, if
2 you could --

3 MS. BOSCH: That is because we only have contract
4 authority through the end of this fiscal year. We are on
5 an annual contract approval -- an annual budget approval
6 pursuant to the commission's directive.

7 And so what will happen in June, they will be
8 renewed for the next year. So it's only because the
9 contract's starting mid year, and we only have authority
10 to contract for six months because of the budget -- the
11 way we approve our budget. That -- that's why it reads
12 January through June.

13 MS. AU: So that leads to the next question that
14 I have is that in this one particular item. I don't see a
15 real issue, but then when we get down to the -- the family
16 strengthening and the hospitals, you have -- and I'm
17 trying to find it -- and I'm hoping to learn how to make a
18 notation in the future so I don't have to scroll down this
19 darn thing -- you have a hospital that is slated to have
20 to expend -- what is the number -- of \$400,000, and within
21 a relatively short period of time.

22 Is that the expectation? That they will expend
23 that amount? Or are we to expect that there would be
24 unexpended dollars, and then there would be a need to --

25 MS. BOSCH: Yes. So as I understand, what will

1 happen is this is a contracted amount, I expect, for the
2 year.

3 So is that correct, Antonio?

4 MR. GALLARDO: We have Barbara here.

5 MS. DuBRANSKY: For the five months. So then
6 that -- the -- for the total award-, the contract amount
7 of 457 for example-, or 459 for example, with Northridge
8 Hospital, would -- would be what they anticipate to spend
9 in those five months between February and June of this
10 year.

11 MS. BOSCH: Those estimates are developed by the
12 staff working with hospital, and releasing what the
13 hospital estimate would spend during that time period too.

14 Does that help, Commissioner?

15 MS. AU: Yeah. Then again, the same thing here,
16 because I'm looking at the dollar amount and the time
17 frame, and looking at the Early Childhood Education
18 Workforce piece, where you have the contract amount for
19 8,142,000.

20 And the time frame, again, within six months,
21 which you explained and we're on that analyzed basis. So,
22 again, the expectation that it will be funds carrying
23 over? Under which the financial amendment --

24 MS. BOSCH: Is it under the workforce? Contract
25 amount is 8,142,000.

1 MS. AU: Yes.

2 MS. BOSCH: I expect that if again, it's an
3 amount that is anticipated to be spent if we're consistent
4 across those six months, and whatever isn't -- whatever
5 isn't expended will be carried over to the next year.

6 MS. AU: Okay. Thank you.

7 MR. RIDLEY-THOMAS: Any other questions?

8 Dr. Fielding?

9 MR. FIELDING: I just have two questions. On
10 page 190. On that table I wanted to applaud that
11 kindergarten readiness license exempt provider needs
12 assessment with Carter and Company. This is a
13 particularly important segment and will also help us with
14 our First 5 Funded Childhood Obesity Project, which means
15 working directly with the license-exempt child care
16 provider; so I think it's a good example of how we can get
17 synergy among different parts of our project portfolio.

18 Secondly, under the data systems integration,
19 it's the contractor of -- data base for Welcome Baby --
20 the project length is three years.

21 What is the time table to actually build the data
22 system to the point where it has some utility? And also
23 if there are modification that have to be made to that
24 system, are there costs included in that?

25 MS. FIGUEROA-VILLA. We're going to ask to

1 understand better how the project is structured and for
2 the length of time and for the dollar amounts are
3 considered.

4 MR. JIMENEZ: Yes. The first phase of the
5 project development of the database for Welcome Baby is
6 the amount that includes maintenance and also revisions.
7 Our intent is to develop beta program to be able to in the
8 future make modifications that any providers may need when
9 doing the case management comprehensive home visitation
10 programs or any additional variables that we may need to
11 move forward. So the amount is for this fiscal year to be
12 expended.

13 MR. FIELDING: How soon will you have something
14 that can be, in fact, employed?

15 MR. JIMENEZ: Our goal is to have a viable pilot
16 or beta to be in and out out in the beginning of the
17 fiscal year -- moving forward in the fiscal year.

18 MR. RIDLEY-THOMAS: Other questions on Item
19 Number 6? Initiatives --

20 Help yourself, Dr. Fielding.

21 MR. FIELDING: One more. And I was impressed
22 with the percentage of parents who expect to be offered to
23 be screened under the 211 scenario. I think that augers
24 well for getting a lot of kids that have developmental
25 delays assessed in an early period. I don't see any real

1 downside to that screen.

2 So, again, I think that's really good news.

3 MS. CURRY: On the Visiting Nurse and Welcome
4 Baby programs, is there any efforts to integrate the
5 services with DCFS hotline calls so that if a child is --
6 for example, a call is made to the hotline of DCFS, and
7 it's determined that the baby is going to stay at home, is
8 there some way to -- within the contracts -- give some
9 priority to maybe offering the Visiting Nurse or Welcome
10 Baby services for an at-risk family like that?

11 MS. BOSCH: Barbara?

12 MR. JIMENEZ: Based on the screening assessment
13 that's done in the pilot, that happens fairly naturally,
14 but a stronger policy decision could be put in place about
15 it.

16 Right now, actually, DCFS makes quite a few
17 referrals to our pilot programs for families that are in
18 various components of the DCFS system.

19 MS. CURRY: Okay. And these would be children
20 that are maybe not being brought into the system, but
21 because there was a hotline call that maybe this family or
22 children are at risk, and I'm just wondering if you
23 couldn't develop some kind of protocol or relationship or
24 something with DCFS so that --

25 MS. DuBRANSKY: Yes. And part of what we're

1 doing right now is piloting the Bridges Screening tool.
2 And part of that is any kind of interaction with the child
3 welfare system, and that includes increasing the risk
4 score. And we're also talking about what we staff and
5 what the pilot do-not-pass-go's, where even if their
6 scores not the highest score, if they have that DCFS
7 contact, they get that referral. So as we pilot the
8 screening tool, we will be bringing back various
9 recommendations.

10 MS. BELSHE: We're going to be getting into a lot
11 more detail about universal assessment and home visitation
12 in the context of Barbara's initiative specific
13 presentation later in the agenda.

14 MS. AU: Will it be able to get a report to see
15 how that is -- how that process will work in terms of
16 identification and referral and some numbers at some point
17 in time.

18 MS. DuBRANSKY: The data system that Armando came
19 up to speak about will be a tremendous help to us passing
20 on that information.

21 MS. AU: So that will include that?

22 MS. DuBRANSKY: We do include types of referrals
23 we're making based on those risk factors, but it will be a
24 lot more robust once we have that data system.

25 MS. AU: Very interesting. Thank you.

1 MR. RIDLEY-THOMAS: All right.

2 MS. BOSCH: That concludes my report.

3 (Motion forwarded.)

4 MR. RIDLEY-THOMAS: All right. It's been moved
5 by Dr. Fielding -- Commissioner Fielding. Is -- is there a
6 second to that report as has been submitted?

7 (Seconded.)

8 MR. RIDLEY-THOMAS: Is there any further
9 discussions?

10 Hearing none, please record this vote.

11 Let's move to Item Number 7, which is perhaps a
12 new feature of the agenda which constitutes the remarks on
13 behalf of the Chair.

14 Let me just begin by saying -- thank you for the
15 opportunity to be here. I look forward to the next 12
16 months to serve.

17 I want to acknowledge the work of the previous
18 chair, Supervisor Yaroslavsky and his staff, to provide
19 leadership that is -- that was a pivotal in the
20 transitional nature for First 5. And here we are with a
21 new leadership team. We're poised to make a difference in
22 terms of what First 5 is about and what it can do.

23 I'm pleased to have the opportunity to work with
24 our new vice chair, Dr. Kaufman, and the entirety of the
25 Board as we seek to fulfill the mission of this

1 organization, fundamentally to improve the quality of life
2 aimed at basic issues, not the least of which is health
3 for these young people and their families.

4 We have a lot to do. I'm persuaded by the few
5 conversations to date that I've had with the new senior
6 team that they are ready to go, to make something of
7 consequence happen, to build on the strength of the work
8 that has been done by the staff to date, and to take it to
9 the next level.

10 That's what our obligation is. That's what I
11 hope we will do.

12 I'm guided by a fundamental question, and it is
13 essentially this: That we face the question of how we do
14 and continue to do a -- and to make a substantive impact
15 on the population that we serve? How is it that we will
16 make a substantive impact on the population that we serve?
17 I'm committed to that. And I'm confident that the Board
18 and the staff in its entirety will find themselves equally
19 committed.

20 We have some strategic opportunities. We have
21 some tactical considerations. I think we can be
22 thoughtful. We can be transparent about it. I believe
23 that notions related to place-based investments to
24 strengthen families can make a substantial impact. I
25 believe that we can explore ways to sustain our

1 investments in early education. That education places
2 children on a path way to college and beyond, rather than
3 other alternatives that seem to be too plentiful to
4 mention.

5 So I -- I feel very good about what can happen
6 and, I'm prepared to roll up my sleeves with all of you to
7 pursue that.

8 Toward that end, there are a couple of decisions
9 that I trust you can make. One example would be that I've
10 asked the Executive Director to implement a process where
11 we have verbatim transcriptions of our commission meetings
12 that will enhance transparency and accountability.

13 So that -- one piece of that is when those who
14 come to the public microphones as it were, that they
15 identify themselves so that the recorder knows who's
16 speaking no erroneous remarks would be attributed to the
17 chair, if you get my point.

18 That was supposed to be funny. If you didn't get
19 it -- if you didn't get it, you came to the wrong meeting.
20 All right.

21 Let me suggest that we consider the committees
22 that have -- that are part of the way in which the
23 Board is established and doing its work.

24 The Executive Committee will be chaired by
25 Dr. Kaufman. Mr. Kaufman followed by Vice Chair

1 Commissioner Yancey. And that Commissioner Figueroa-Villa
2 serve on the executive committee as well as the Chair of
3 the Commission will serve in that capacity as a member of
4 the executive committee as well.

5 Budget and Finance, Commissioner Southard shall
6 Chair that committee. Commissioner Figueroa-Villa will
7 serve as vice chair. Dr. Fielding and Commissioner
8 Boeckmann will serve on the Budget and finance committee
9 as well.

10 And finally Program and Planning. Mr. Yancey
11 will serve as chair. Commissioner Delgado will serve as
12 vice chair. Commissioner Browning, Commissioner Dennis,
13 and Commissioner Tilton will be members of the Program and
14 Planning Committee but prepare the zones.

15 Public Affairs liaisons Commissioner Tilton and
16 Commissioner Curry and the Best Start liaisons
17 Commissioner Au and Commissioner Yancey and Dennis as
18 well.

19 If there are some additions or the like that can
20 be made as we move forward, I'm more than glad to
21 entertain them.

22 But in closing, I'm reminded of the credo of the
23 Children's Defense Fund, there is one among us that
24 embodies so much of what I think to be thought of and said
25 about children and what we ought to afford them. And I

1 think they ought to be afforded a head start, a healthy
2 start, a fair start, a safe start, and a moral start, and
3 successful passes to adulthood with the help of caring
4 families. And communications can make a huge difference,
5 and I hope, trust, and I think that this is what the First
6 5 is about.

7 My commitment is to work with you. And so let's
8 get to work.

9 That concludes Item Number 7. And I'm now
10 prepared to go to on to Item Number 8, unless there are
11 questions.

12 Number 8 is before us.

13 Madam Executive Director?

14 MS. BELSHE: Thank you Mr. Chair.

15 Members of the Commission, I want to start my
16 executive director™s report by introducing First 5 Los
17 Angeles First Chief Operating Officer, John Wagner.

18 You'll recall at our Board meeting at the end of
19 November, the Board authorized the creation of a COO
20 position which reflected the Board's investment in the
21 strength and effectiveness of our organization. And
22 bringing someone of John Wagner's caliber and background
23 skills, I think, really is a testimony to this board, our
24 staff, and the work of First 5.

25 And the staff and John, in fairly short order,

1 was able to join us and to already begin just about a
2 month ago to lend his considerable skills and abilities
3 and organization-wide expertise to our work together. And
4 so he's already making a very important contribution and
5 will be touching upon some of his priority
6 responsibilities over the course of today's agenda.

7 Second, I want to make a couple of observations
8 which will be a work in progress, to effectively
9 communicate information that is necessary for the Board to
10 fill it's responsibilities.

11 Couple of things that I -- I'm going to discuss
12 with the Chair that I would propose and you'll be seeing
13 is, Number 1, I would like to use a little bit of time
14 each Board meeting to shine a light on one of our
15 important initiatives as part of the strategic plan to
16 give us all an opportunity to have a shared understanding
17 of what the critical issues are and challenges that are
18 arising, and use it as an opportunity to lift up those
19 Board-level policy considerations for your consideration
20 and potential further action.

21 We're beginning with a presentation which we're
22 finding is universal assessment of all newborns, as well
23 as Welcome Baby, Best Start, and Home Visitation.

24 Second, over the course of the next year, we're
25 learning with implementation of many of the

1 recommendations that emerged from the Rose Audit from last
2 year.

3 We have two related agenda items today that are a
4 product of in whole or part of recommendations that
5 emerged from the audit that the Board supported, and which
6 staff embraced, and has been working very hard on.

7 There will be quarterly activity in the fiscal
8 year, both in terms of extended activity. And -- and one
9 example as well as aspects of the financial report are
10 intended to shine a broader light on much in the near
11 term, but, over a longer period of time, of our
12 expenditures to help insure that we're using long-term
13 information to inform near-term decision making.

14 Third, we're going to begin shortly what I -- we
15 are characterizing as our Listening, Learning, and Leading
16 initiative. I anticipate that at each of our Board
17 meetings, we will have an update to present to the board
18 in terms of that process, some initial learning as we move
19 towards identification later in the spring and more
20 specific with our strategic plan.

21 And, finally, I would like to work with the Board
22 Chair, Vice Chair, and Planning Committee to see if it
23 makes sense to include a more consistent agenda item
24 around public policy.

25 We talked a lot of sustainability in bits and

1 pieces, but I think there is -- you know, our success as
2 an organization in terms of a more systematic, sustained
3 program advancing our overarching purpose is not dependent
4 exclusively on what we fund. It's really about our larger
5 set of partnerships and public policies that will
6 influence a change over the longer term.

7 So those are thoughts about the agenda which I
8 wanted to preview for you going forward in terms of just a
9 couple of quick items or one quick item to touch on before
10 jumping into a more detailed presentation on the
11 listening, learning, and leading initiative.

12 The state budget -- and I'm trying to find my
13 paper which I'm not finding.

14 I wonder if that is just Freudian. Now that I'm
15 no longer with the state. Budget? What budget? From
16 memory.

17 The budget came out at 10:00 o'clock this
18 morning, and it represents a very -- significant sea
19 change -- John Wagner, Chief Operating Officer and
20 Antonio Gallardo.

21 Budget came out at 10:00 a.m. And as a result of
22 both progress made in spending cuts and bringing down the
23 deficit in recent years as well as in improvements in
24 economy and voter approval of proposition 30, the picture
25 is much improved.

1 And so in terms of issues that this organization
2 cares about, in terms of health, obesity prevention, child
3 welfare services, and early childhood education, the
4 picture is a much more positive one than it has been in
5 the past.

6 A really good example of the different context is
7 there is now a \$40,000,000 general fund augmentation to
8 effectively backfill the state First 5 dollars that had
9 been used in recent years on a quote unquote "one time
10 basis" to support programs that otherwise -- the zero to
11 five population, that otherwise would have been supported
12 with the general fund. So that represents a significant
13 sea change. That™s not about us, but symbolically is
14 really important.

15 In education, significant infusion of additional
16 resources has been proposed to the tune of \$2.7 billion.
17 I think what's most interesting for us to think about is
18 the governor's continued focus on a new funding formula
19 for K to 12 education. And to the extent it is grounded
20 in efforts to allocate resources to those districts, those
21 schools where there is the most academic need.

22 There may be some interesting opportunities for
23 us from a pre-K perspective to look for ways to
24 participate in that conversation. I don't really know
25 what the answer is.

1 Neil had sent me a note on this issue when the
2 Governor came out on this issue. I think it's worth us
3 thinking about in terms of what, if any, role does First
4 5, broadly, and First 5 LA, specifically, have on K
5 through 12 education funding.

6 This is a very significant proposal in terms of
7 health care in moving forward with the implementation of
8 the Medicaid expansion as called for by the Affordable
9 Care Act effective January 1 of 2014.

10 Of note to us is the administration has indicated
11 that there's a couple of different approaches for pursuing
12 the Medi-Cal expansion, one of which is to have the state
13 Medicaid program expand to cover all low income
14 populations 138% of poverty and below which; so
15 effectively taking back, if you will, the County
16 responsibility for indigent care or alternatively -- on a
17 County basis.

18 As a part of that first path -- and I share this
19 detail because it does have implications for us -- as a
20 part of that, administration seems to be proposing the
21 state would, Number 1, assume full responsibility for
22 indigent care, and in so doing, repurpose State dollars
23 that are currently going to support County indigent care
24 responsibilities. So redirecting what are now considered
25 County realignment or County Indigent Care Dollars --

1 pulling them back at the State level.

2 Given the complexities of the State budget, the
3 state can't really take money back -- so what the State
4 does is give more responsibility to the counties. And so
5 in the context of this proposal the Administration has
6 said the counties would undertake new problematic
7 responsibilities including in the State responsibilities
8 for child care under this approach would devolve -- would
9 realign to the counties. So that's something we're going
10 to need to pay some attention to as well.

11 There's a shift of nearly hundred thousand
12 Healthy Families program to the Medi-Cal program. And
13 that makes a number of changes in terms of funding shifts
14 and policy processes and streamlining processes along
15 child care as well as along CalCare.

16 Nothing too earth-shattering from our
17 perspective. No news is good news, and the news up until
18 recently has been one that created a lot of uncertainty
19 for a lot of County and State First 5s.

20 I'm going to invite questions or comments at the
21 end of my presentation if that is all right with you,
22 Mr. Chair, and what I would like to do is spend five or so
23 minutes providing a -- and there we go. Providing an
24 overview to the Board of what we are organizing as our
25 Listening, Learning, and Leading initiative.

1 Again, you'll recall the intention here is to
2 review and assess implementation of our strategic plan as
3 modified. It's not to revisit. It's not to reconsider
4 the strategic plan. It™s to do what most organizations or
5 many organizations do -- as a healthy business practice --
6 so and that is midway through a strategic plan, you step
7 back, you reflect, you review, and consider and make
8 course corrections as necessary and appropriate.

9 So in terms of context, we are at mid point of
10 implementation of the 2009 to 2015 strategic plan as
11 modified in the fall of 2010.

12 We do have a new executive director, a new
13 operating officer to provide an opportunity for review,
14 consideration, and organizational growth. So we felt --
15 and as we've shared before, this is an opportune time for
16 us to listen -- to listen to our Board, to listen to our
17 staff, our grantees, as well as the broader stakeholders
18 and key conformance about how we're doing. Where are we
19 with implementation and strategic plan? What needs
20 improvement? How can we have greater impact in terms of
21 improving the quality of life of young people?

22 We intend to engage a variety of stakeholders.
23 We intend to learn. We want to learn by synthesizing what
24 we hear through our conversations with staff, with Board,
25 with grantees, and many others, and we also want to learn

1 by looking in our own house, if you will, in terms of the
2 amazing amount of data, the amazing amount of information
3 and evaluations, and that our research and evaluation team
4 working with our broader staff and grantees has put
5 together.

6 And finally, we want to lead, we want to
7 synthesize what we heard, but with an eye to identifying
8 common issues, common themes, with related to our
9 implementation, in our eyes, critical issues that really
10 need to be lifted up for the Board's consideration and
11 possible mid course corrections in our work.

12 The goals for this exploration are really four.
13 Number 1, let's build a common understanding among staff
14 commissioners about where we are with implementation of
15 our strategic plan.

16 Number 2, is, as I said, let's identify what
17 critical implement issues need to come to the Board.
18 We™ve talked about some at a high level, for example,
19 around Best Start. Implement issues in decision making.

20 Third, where are there opportunities for us to do
21 our work better? You know, really looking at our ability
22 to execute and strengthening our external relationships.
23 And finally, not to revisit the strategic plan, but to
24 take stock so the final goal is to provide a road map. Do
25 we need to? And if so? How do we clarify our strategic

1 directions and what are those mid course directions and
2 fundamentally how do we achieve greater impact for the
3 populations we are all about?

4 The approach we intend to take is a very focused
5 one, collaborative one, time-bound one. This is not --
6 strategic planning that can go on for months and months
7 and months and months.

8 This is a project that we are beginning now, and
9 will be wrapped up by the late spring early summer. But
10 it's an exploration that's really centered on how do we do
11 a better job by way of children.

12 There are three strands of the inquiry we intend
13 to undertake.

14 Number 1 is really more external in focusing on
15 our strategic plan and its completion. We need to clarify
16 and identify those opportunities for greater impact.
17 We'll be talking to a diversity of stakeholders, also
18 looking internally, as I said, to our work. But this is a
19 very important strand of our inquiry process.

20 The second piece -- and this is an area where
21 John Wagner, as our new Chief Operating Officer, is really
22 looking internally. By internally, we're talking about
23 our financial management and administrative systems. We're
24 looking at our staffing and our organizational structure.
25 We're looking at our relationships and processes and

1 procedures with contractors. This is an issue we'll be
2 talking about more in the context of the first quarter
3 report.

4 So that second strand of activity to identify
5 opportunities, to strengthen who we are, how we're
6 organized, and how we execute our mission and the
7 strategic objectives identified by the Board.

8 And finally, the third strand is to look at our
9 external environment. There are a lot of folks who share
10 our aspirations for kids in that space around zero to
11 five. So really digging to see who are some of those
12 folks we're not doing business with, but share our goals,
13 and what are some of the political and social and economic
14 trends that influence the populations we serve and the
15 communities we care about and the goals we seek.

16 We™ve assembled an internal planning team that
17 is comprised of representation of each of our departments.
18 We have people who represent a diversity of roles within
19 our organization, and people who represent a diversity of
20 tenure. People who are very new. But people who have a
21 long history with our organization. We have some very
22 focused consultant engagements that we have just entered
23 into.

24 Cecilia Sandoval is going to be play kind of an
25 overarching coordinating role as part of this process.

1 She just brings a terrific sensibility, and set of skills,
2 and expertise to this work.

3 We're also bringing in another consultant team.
4 Again, very focused engagement that has much less
5 experience, Blue Garnet Consultant's Group, which brings
6 a very important focus, in my judgment, on impact and how
7 organizations best align their strategic plan, their
8 internal processes, and to maximize impact.

9 The Board, obviously, has an important role to
10 play. We have broken out the Listening, Learning, and
11 Leading. We obviously want to listen to and learn from
12 you. And we have already begun so through with my
13 one-on-one discussions with you. Most if not all of you
14 are having meetings with our consultant's team with the
15 Edelman Consulting Firm around brand perception, and
16 awareness of First 5 early childhood development et
17 cetera.

18 Many of you are also working with me to organize
19 some roundtables to help connect me to critical
20 stakeholders to help understand the work they do as well
21 as for them to hear about us and, in particular, this L-3
22 project.

23 We will be undertaking a diversity of stakeholder
24 engagement strategies from small groups to larger groups.
25 I anticipate -- and we would welcome Board members to
participate as interested and appropriate in those

1 conversations so you're learning and listening with us as
2 we move further along in the project and begin to identify
3 some of critical themes and issues that emerge from the
4 conversations that we anticipate and begin to ask the
5 questions associated with implementation of the plan, we
6 will be bringing back to those issues, back to the Board,
7 and it would be in that context to be engage very
8 purposefully in the committee context and then more
9 broadly.

10
11 In terms of where we are in Next Steps. We have
12 already had a couple of communications with our
13 stakeholder partners. I posted a statement, kind
14 of a "I've been here one month. Here's who I am. Here's
15 initial observations," and then at a broad level. What we
16 intend to undertake in terms of Listen, Learning, and
17 Leading exploration.

18 And we've done, been, or have something to or are
19 able to give us that feedback. So it's been interesting
20 to see what kind of feedback we're getting from our
21 grantees. I don't think we've done before. Which is do
22 -- and again, I want to acknowledge your comment prompted
23 this. Was communication directly to our best start
24 partners and wanted to make sure we're being sensitive to
25 our communities with whom we are working. With whom we
are partnering in which we are investing and yet we have

1 kind of treading a little bit of water with Best Start.

2 I thought it was important Commissioner Dennis
3 and Thomas Bradley to put pen to paper and try to describe
4 where we are and what it means for our Best Start
5 communities. We worked with -- I'm working with our
6 public affairs to develop communications plan for Best
7 Start which we are now executing.

8 The letter has gone out to them our staff is
9 engaging the communities directly. We will begin posting
10 frequently asked questions and using in follow-up
11 conversations with them. Our internal planning team and
12 our consultant team we are in the process of finalizing
13 the project design that we're grappling with and will be
14 bringing to closure fairly shortly is not only engaging to
15 be credible. But also specific stakeholders. Staff Board
16 but importantly stakeholders outside of our association
17 through the broader community.

18 Second, this is time bound. This is resource
19 limited. We are not going to be able to meet with
20 everyone. It is going to be deploying technology in as
21 appropriate and useful a way as possible. So looking at
22 what are some of the different and various outreach and
23 engagement strategies we can employ to secure meaningful
24 input in a credible way.

25 And finally developing interview protocols. We

1 want to bring some consistency to the questions we will be
2 asking of our key informants regardless of outreach
3 approach.

4 And so those are some of the key project design
5 items. As I said in terms of product our expectation is
6 there will be a series of reports a series of deliverables
7 to the Board.

8 We will want to present a pretty detailed snapshot of
9 where we are in implementation of the strategic plan as
10 modified. We're going to want to present to you probably
11 as early as March but I don't want to over -- I should
12 under promise and over deliver. There we go. But to
13 share with you in as real time as we can what are some of
14 the key themes that are emerging. It's going to take a
15 little bit of time because we need to talk to people. But
16 we want to share some key themes and issues documents.

17 And finally I want to identify some very specific
18 issue briefs that will shine a light much more concretely
19 on critical decision points that the Board really is going
20 to need to grapple with. And staff to be presenting
21 options, considerations, and trade-offs to help train and
22 inform those decisions.

23 I know March to June is not to suggest nothing is
24 happening until March. But as I noted a moment ago is the
25 earliest we can begin to see some initial themes begin to

1 emerge from our work.

2 I'll leave it there though invite John to fill in
3 any gaps I may have left. Otherwise, we will invite
4 comments on any part, Mr. Chair, of the Executive
5 Director's report. But in close, noting that I really
6 have been gratified by the enthusiastic engagement of
7 staff across the organization around the Listening,
8 Learning, and Leading initiative.

9 This will be an organization-wide undertaking,
10 there this is not just this discrete planning committee
11 that will be engaged, but I think everyone recognizes
12 there's a change in leadership but more fundamentally
13 we're halfway through the implementation of the plan. How
14 are we doing. What's working. What's some of the key
15 issues we need to deliver on the promise we all embrace
16 for young children and families in LA.

17 MR. RIDLEY-THOMAS: Thank you very much,
18 Madame Executive Director. And we will take any questions
19 that the commissioners may have at this time.

20 MS. AU: I'm just going to assume that this is
21 sort of talking about some unfinished conversations that
22 the commission had prior to engaging in the search
23 process. And it had to do with the strategic plan in
24 essence. But it really had to also to do with a number of
25 skepticism that was being articulated outside of our

1 operation here as well as among the new commissioners that
2 came on Board to our current strategic plans that was
3 finalized. And it -- particularly about place base.

4 And I believe the question in the air at that
5 time was a need for the commissioners to engage in a
6 conversation to clarify further what was the -- the
7 expectation as well as the understanding of what best
8 start place base was all about.

9 So I'm going to assume, Kim, that part of the
10 process you're engaging in terms of listen and learning
11 and ultimately leading is going to encompass and embrace
12 and specifically address this -- this unanswered question.
13 I -- I think as you said initially, in our conversation is
14 that with each commissioner, you got a different
15 definition if you want to call it that or understanding of
16 what best start place base is all about.

17 So my -- my goal as a newly or appointed liaison
18 to Best Start is really to begin with clarification. We
19 really need to be clear because from my vantage point as I
20 Listen to community folks that have been excited about
21 place base work with Best Start that they are also being
22 -- getting confusing messages. And that confusion is
23 really a reflective of confusion that's here among the
24 commissioners in terms of our understanding as well. And
25 we really need to be on the same page here. That was just

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my comment.

MR. RIDLEY-THOMAS: I think that's a very helpful intervention for us to come to grips with. And it would seem to me that this should be a priority consideration for the commission in collaboration with the staff so that there is a full clarification as a result of the appropriate vetting -- and then the innervation of what was originally intended, if in fact, that should be the deciding view of the commission.

But to have it be nebulous or ambiguous in any way is not helpful to the stakeholders not helpful to the staff. Obviously, the commission has an obligation to clarify this. And I would suggest that we make this among our highest priorities and revisit this issue at our next commission meeting perhaps and on an ongoing basis until we can satisfy ourselves that we have clarification.

Madam Executive Director.

MS. BELSHE: You're absolutely right. This is an example of a critical implementation issue associated with the strategic plan. The process that we're beginning is not solely about the best start initiative. It's about our strategic plan broadly as modified by the County-wide augmentations in the fall of 2010.

Best Start, I'm anticipating, is going to be a critical piece of our listening and learning. And my

1 proposal to the Board is a part of this process. That
2 you give us a little bit of time as we discussed in the
3 November meeting to undertake this exploration to do some
4 of the outreach with the Board, with staff members, with
5 the broader community to see if we can come back to you
6 with a crystallization of some of the critical decision
7 points that need to be raised and a road map for resolving
8 them. Because I think it's absolutely right that this is
9 a good example of some outstanding unfinished business
10 that needs to be lifted up and clarified as a new leader
11 and I would like to use the little bit of time that the
12 Board afforded us as part of the decision last November to
13 extend the current grants through March to be able to
14 listen to our community colleagues to listen to the Board
15 and the staff is and to come back with our best thinking
16 about what we heard and how to move this initiative
17 forward.

18 MR. RIDLEY-THOMAS: All right. Any other
19 questions or comments on the matter the commissioner
20 raised?

21 Let me just simply say that perhaps this ought to
22 be pursued attentively in the sense that we should make
23 sure that whatever it is we think we are doing in this
24 area that at least that the Board has clarification about
25 that.

1 What, in fact, do we mean when we say the
2 following: It seems to me the discussion ought to start
3 there. Now, if we wish to critique that that's wholly
4 appropriate. If we wish to modify that it seems to me
5 there's a way to do that. But it would seem rather
6 fundamental that the Board has clarity as to what we are
7 minimally talking about.

8 So Madam Executive Director, it would seem to me
9 that it would be appropriate at the point of the next
10 agenda just to make sure we all are talking about the same
11 thing. I'm not persuaded that such is the case as of this
12 minute.

13 MS. BELSHE: I'm not persuaded either. And
14 that's one of the challenges we're facing
15 organizationally. It's an issue with the Board and
16 broader community.

17 What we can do is take back this very strong
18 interest in accelerating an approach on Best Start and
19 maybe an initial discussion at our next board meeting
20 about the history and kind of how we organizationally got
21 to where we are and shining a light from a Board
22 perspective on what some of the key elements or questions
23 are would be a helpful investment of your time and our
24 time.

25 MR. RIDLEY-THOMAS: Any other questions or

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comments on that?

MR. DENNIS: Part of this deals to how do we measure success not only with Best Start but with all of our initiatives and part of deals with what are the success criteria and I think that is one of the challenges we have not only with Best Start but with everything else we do.

So, Kim, in so developing the learning and this and needing framework, how do we determine success. How do we know we've done what we need to do and how do we measure impact in the community and I think that will help The conversation considerably as well.

MR. RIDLEY-THOMAS: Very well. Other questions or comments pertaining to any of the items raised by the Executive Director at this point?

Commissioner Kaufman?

MR. KAUFMAN: Kim, I appreciate the overview. I think it's masterful in terms of what our challenges are. In addition to what you mentioned or we have a community structure. It's evolved and continually changed in various ways but I think it's a very solid one and under Dr. Yancey's direction as the chair of the proclaimed planning committee.

I guess the question becomes what is the role of that committee. How do things go there versus come here.

1 That's a body there are certain members of it. Votes are
2 taken but not really because there's no policy decisions
3 by that committee. Recommendations come to the full Board.
4 But looking at whether it's Best Start or whatever.
5 Identifying the best way to use that committee as at any
6 time an opportunity I think one the key things it allows
7 is an informal way for anyone in the public even if you're
8 not invited to a meeting to come and give their opinion.
9

10 And it gives the opportunity for often very rich
11 discussion small group discussions and I -- I'd ask and I
12 know we've talked about this to figure out how that
13 works the basic structure that is the commission delegates
14 to the planning committee. A questioner tasking. And
15 that task is then the chair and members of the committee
16 decide how they're going to approach it.

17 So part of what we need from you is to help us as
18 a commission to say this is something we should refer to
19 the committee. Because it's not working in this kind of a
20 setting it works better in the more informal. So
21 understanding that --

22 MR. RIDLEY-THOMAS: Let me just weigh into that
23 point. I think the process can and should be interactive
24 and dynamic in that regard. It would be the chair's
25 expectation that the committees are able to generate the
discussion items for the Board to consider maybe

1 spontaneously generated in the context of a discussion
2 that is too weighty too massive for the Board or the
3 committee to dispose of itself.

4 Therefore I would think in dialogue with staff,
5 this would be a process by which we have a full airing and
6 a variety of context of a given policy matter and/or
7 initiative. And so it would not be my view that the staff
8 sets the plate for what committees discuss but that they
9 would have input and that they would contribute to that
10 process. But it could come from the Board or the
11 committees themselves. Broadly, fully active in the
12 dynamic nature of how policy is formed everybody gets a
13 chance to be involved.

14 MR. KAUFMAN: I don't think -- if I said it, I
15 really meant it. And to be clear the commission delegates
16 it's decision to develop in more detail I think that's
17 what you're saying.

18 My comment is that there will be times that Kim
19 will be able to ask the Board would you like us to bring
20 this so to a committee. Would you like to have a more
21 detailed bring it back for the Board for final approval.

22 Is that the same thing you're saying?

23 MR. RIDLEY-THOMAS: It's not, but it doesn't
24 preclude that. In other words, I am suggesting that there
25 are processes ought to be defined by a high level of

1 transparency with respect to the discussions at the
2 Board level, obviously, at the committee level as well.

3 How those issues are generated or manufactured
4 would happen in a variety of ways as long as the range of
5 noted stakeholders know what is going on, I think we're in
6 good shape. That's what I'm saying.

7 MS. BELSHE: Specifically as it relates to the
8 listening, learning, and reporting back to the Board about
9 this is what we're hearing this is what we're learning in
10 terms of synthesizing or distilling those findings as well
11 as what we're learning from our internal information and
12 resources.

13 We will be identifying issues and it will be
14 at that point that we will be looking for some direction
15 as to how to most appropriately engage the proper
16 committee in terms of how to help, flesh out, air,
17 consider alternatives, consider situations, et cetera.
18 That would then come back to the full Board.

19 So I think the committees's structure has an
20 important role to play in terms of this exploration but it
21 will be a function of what we hear what we learn what we
22 come back to the Board.

23 Second observation more broadly is one of my --
24 as I said a moment ago. I'm trying to get my arms around
25 the committee roles, composition, rationale, et cetera.

1 And understanding what the committees do relative to our
2 strategic plan relative to either building upon an
3 existing initiative or considering a new one.

4 So I would hope as we engage our committees more
5 fully. We are engaging them in the development of ideas
6 or resolving issue that's are grounded in our
7 implementation work which is very distinct then generating
8 new initiatives entirely.

9 There may be some new initiatives that emerge,
10 but I hope it's grounded in our overarching goals and the
11 strategic framework that has been put forth.

12 MR. RIDLEY-THOMAS: Which I would suggest
13 needs to be rearticulated and presumably reaffirmed. I
14 think it's a mistake to assume that there is full embrace
15 of that which was in light of the obvious transition that
16 First 5 is in. So I would approach everyone to have an
17 open mind towards reassessment of those things as deemed
18 appropriate.

19 I am not an advocate of reinventing the wheel
20 or change for the sake of change. But in fact, I think
21 the opportunity presents itself for us to build as I said
22 earlier in my remarks on the strengths that have been made
23 obvious.

24 At the same time be appropriately prepared to
25 make the adjustments that may be rather obvious and need

1 of happening. Fair enough.

2 MR. DENNIS: Supervising your committee
3 designation, I mean, you, also discussed a Best Start
4 liaison. I mean, this goes to Neil's point as well. I
5 mean, what becomes a role of those liaisons along with the
6 program and planning committee in doing the work. One
7 would not want to be repetitive.

8 So I think we really need as a commission to
9 think about the role of the liaison versus the role of the
10 committee and how does the liaisons interconnect with the
11 committee working in that case. So I mean --

12 MR. RIDLEY-THOMAS: That's an excellent point.
13 And as I think you might anticipate, as we move forward,
14 we will make the appropriate mid course corrections. If
15 something is obviously duplicative, as a result of an
16 appropriate vetting of that duplication, I think we will
17 adjust the item at hand and figure out new ways of
18 innovation.

19 But I think it's best to do that on -- with
20 palms up and so that the entire Board has appreciation for
21 the direction of which we are headed and of course that
22 comes with the appropriate level of input from senior
23 staff.

24 Are we good? Any other questions or comments at
25 this point?

1 Thank you for your presentation Ms. -- Madam
2 Executive Director.

3 With your permission, Item Number 9.

4 MS. BOSCH: That is being deferred to the end of
5 agenda.

6 MR. RIDLEY-THOMAS: All right. That's being
7 pushed to the end.

8 MS. BOSCH: Yes. To the --

9 MS. BELSHE: That's right, Mr. Chair. Items
10 Number 9 and 10, staff would like to recommend that those
11 get pushed over to be presented following Item 13.

12 MR. RIDLEY-THOMAS: That's fine. Just a second.
13 By doing so, after the budget presentations and I think
14 that's more of a coherent way to digest what we have
15 before us.

16 So item number 10 is an approval of an increase
17 To the FY12-13 program budgets and infant safe public
18 education campaign.

19 Mr. Ortega, if you would proceed.

20 MR. ORTEGA: Thank you. Mr. Chair.

21 Staff is requesting approval of resolution of
22 resolution 201301. What this action does is formalizes
23 the discussion we had earlier in approving actual dollars
24 in the fiscal year 2013 budget by a total amount of \$2.6
25 million.

1 The \$2.6 million is comprised of four specific
2 pieces starting with data systems. This action moves
3 funds from the contract authority represented in the
4 '12-'13 work plan into -- into the fiscal year '12-'13
5 budget to cover the high up front cost discussed earlier
6 with Armando necessary to build the requested database to
7 improve reporting. This will reduce the uncommitted fund
8 balance by \$459,000. Moving on under workforce we
9 increased the program budget by \$664,000 in this area.

10 This amendment is to account for an increased
11 target coaching sessions and adding milestones for several
12 of the subcontractors. With talk parts we increased the
13 overall program budget by \$974,000. This increase our
14 spread between three contracts for the following reasons a
15 seller rate in park projects to June 30th, 2013. Support
16 an increase in capitol cost accelerating from a
17 construction scheduled for park projects and address
18 safety and accessibility during the park planning phase.
19 Under universal assessment as we discussed as Bart showed
20 up to the table. An increase of program budget of
21 495,000. This amount accounts for hospitals participation
22 fiscal year '12-'13 is exceeded the original projections.

23 In addition to this resolution staff is also
24 requesting authority of two other \$50,000 for instant safe
25 sleeping public education campaign. The current budget

1 and work plan only accounted for an estimated fiscal year
2 of expenditures. The additional \$250,000 is needed to
3 authorize the execution of the contract renewal prior to
4 June 30th of 2013. And this contract will cross fiscal
5 years January 26 to January 25 of 2014. That is my
6 presentation, Mr. Chair.

7 MR. RIDLEY-THOMAS: All right. Matter is before
8 us.

9 Let me simply comment that I am pleased to see
10 that the push is making- prepared to make progress in the
11 public education campaign around safe sleeping. May I
12 just suggest the following each year in the County of Los
13 Angeles some of us may know approximately 70 babies die as
14 a result of unsafe sleeping practices.

15 A number of us have had to learn quite a bit about this.
16 It was a matter of disbelief for many. And yet this is a
17 very, very important matter for us to give attention to.
18 This is an important issue that needs to be addressed. My
19 opinion because these deaths are in fact preventable. And
20 unfortunately in too many communities, too many youngsters
21 are at risk for unsafe sleeping practices. So I believe
22 that public education can make a difference it has made a
23 difference. It is a salute to those that have been working
24 on the issue.

25 There's an abundance of data that is rather

1 compelling and it is high time that more people learn
2 about it embrace it for the good of those babies and their
3 parents who want to do better but have not full cognizance
4 of the harm they may be engaging in.

5 Other members of the commission, questions
6 comments to take the matter at hand.

7 Dr. Fielding?

8 MR. FIELDING: Just one. I think it's exciting
9 to see there are four new hospitals and six contracts with
10 hospitals by next month in terms of universal assessment
11 of newborns, that's really good news it's great to see
12 things moving along at the proper pace.

13 MR. RIDLEY-THOMAS: Excellent. Other questions or
14 comments by members of the commissioner.

15 Commissioner Tilton.

16 MS. TILTON: I just want to comment on how
17 important your words are regarding the significance of a
18 campaign reaching the general public about the dangers of
19 unsafe sleeping. Your support of that makes a huge
20 difference.

21 And if anyone here read the LA times article
22 just several days ago, that quoted some professional
23 opinion about the -- the positive nature of some unsafe
24 sleeping practices, you know what challenge we have before
25 us. This is a difficult topic and we have -- we have an

1 enormous opportunity to save the lives of infants.

2 More infants die each year here in LA county from
3 auto accidents, flu, pneumonia, fires, falls, injuries, it
4 is a leading cause of infant deaths in this county. So
5 thank you, Mr. Chairman for your support of this. And for
6 your comments. And thank you Commissioners for also
7 supporting this initiative. Because it is a long overdue
8 effort to save the lives of babies that we have.

9 So that's my comment.

10 MR. RIDLEY-THOMAS: Thank you. Any other
11 comments?

12 MS. AU: One of the things I guess I want to
13 highlight. It's sort of a reflex of the broad thinking
14 that the commissioners engaged in is the toddler park
15 initiative and how we are able to leverage First 5 dollars
16 with identifying some potential partners in creating a
17 number of these parks and I don't want us to lose sight of
18 that.

19 It's not just First 5 LA that is funding the
20 creation of these parks but we're actually working in
21 partnership and leveraging our dollars and making certain
22 that many of these parks become a reality as well. So I
23 want to acknowledge the CI department in their efforts in
24 doing that. And just want the commissioners not to forget
25 that either.

1 MR. RIDLEY-THOMAS: Any other questions or
2 comments about this item? There's no public comment that
3 we've gotten to.

4 So do I have a motion to approve?

5 (Motion Forwarded.)

6 MR. RIDLEY-THOMAS: So moved. Second?

7 (Seconded.)

8 MR. RIDLEY-THOMAS: Any further discussion all in
9 favor? Opposed? Motion passes unanimously.

10 MS. BELSHE: Great. Our next item. Thank you,
11 Vice Chair Kaufmann. So we™re going to hear from
12 Armando Jimenez who is our Director for research and
13 evaluation who is going to provide us an update, actually
14 a presentation on the FY 2012-2013 first quarter progress
15 report and improvement plan. Which is a product of
16 direction provided by the Board associated with
17 recommendations from the audit and represents a really
18 important step forward in terms of our ability as an
19 organization to support a more accurate and realistic
20 expenditure forecast, and improve the way we do our work.

21 Armando?

22 MR. JIMENEZ: Thank you commissioners and members
23 of the public, and I'd like to wish a happy new year to
24 everyone.

25 I'm here to present the staff report on the

1 quarter one progress for the work plan and before I do
2 that I'd really like to take a moment to express my
3 sincere thanks to all of the staff at First 5 LA who
4 worked very very hard in a relatively short amount of time
5 to provide us the data to be able to compile this report.
6 And I'd also like to express my appreciation to Kim and
7 John who provided the guidance and leadership and valuable
8 input in making sure that this process and report was
9 meaningful both hopefully to the commission as well as
10 staff.

11 In this presentation, I will briefly touch upon
12 the background, the purpose of the work plans and provide
13 a brief snapshot of -- of where we are with regard to
14 activities completed and expenditures for the first
15 quarter.

16 I want to identify some key learnings through our
17 analysis of the reasons we didn't complete activities in
18 the first quarter when we have should and when the
19 expenditures were not at target we had set and most
20 importantly we want to talk about and express and
21 articulate some actions that are underway and actions that
22 will be done in order for us to improve.

23 The Harvey Rose Audit in 2011, specified that
24 need to create an detailed work plan. This along with
25 several other recommendations expressed the need for more

1 transparency and greater accountability. As a result the
2 first work plan was presented to the commission in June of
3 2012.

4 The primary intent of the work plan was to serve
5 as a management tool for staff. To guide us in our work
6 in implementing the program work plan and to provide us
7 with a sense of us being more accountable to the work that
8 we set out to do.

9 This report only includes activities completed
10 and expenditures for the first quarter. Which is July
11 1st, 2012, through September 30th, 2012.

12 Now, it's important to note that this includes
13 data for 59 work plans which includes 113 discrete
14 projects and 272 active contracts and grants. It's an
15 incredible amount of work and doing this report basically
16 reaffirmed that an enormous amount of efforts being done
17 by this commission.

18 This is not a report on the status of
19 our progress in achieving our four major outcomes. This
20 is not a report on where we are with regard to
21 implementing the strategic plan nor is it a report
22 providing an organizational assessment of First 5 LA.

23 I need to note that the extent of pure data we
24 were provided by finance includes invoices processed
25 through November 30th, 2012, and the activity completion

1 rate is a percentage of all activities that were completed
2 based upon all the activities that were -- we said we were
3 going to complete in the first quarter.

4 I'd like to start on a very positive note by
5 identifying all of the tremendous work that's been done.
6 If there are any grantees or contractors in the audience,
7 I really want to commend you because there has been a
8 significant amount of effort and work that has been done
9 in the first quarter.

10 We grouped the major investment categories and
11 found that the county wide strategies, the prior strategic
12 plan work as well as actually those two specifically
13 surpassed a goal of 75 percent which we had identified
14 across all 59 work plans 66 percent of the activities that
15 we said we were going to do were completed. Roughly 50
16 percent of all of the work plans actually met the 75
17 percent target. Again along the same groupings around
18 place based initiatives county wide strategies, county
19 wide initiatives, prior strategic plan, research and
20 evaluation and new projects we looked at spending.
21 Unfortunately, there were no groupings that actually met
22 the 20 percent expenditure goal that we had identified
23 although countywide strategies, prior strategic plans, and
24 research evaluation were very close.

25 Across all 59 work plans we have spent 11 percent

1 of the total 2012-2013 fiscal year budget. The next part
2 of our report and the next part of the process of
3 describing what we did next is basically we talked with
4 staff and asked them questions about why activity that's
5 were to be completed were not and why expenditure goals
6 were -- fell short of the target.

7
8 We compiled all of that information across all
9 the 59 work plans. We coded the information and we
10 identified themes. And these are areas of reasons why the
11 information or the -- the activities were not complete and
12 expenditures were not met and we identified themes and we
13 found four major themes. One we called planning or work
14 plan development.

15 One was internal systems, grantee contractor
16 issues and governance and policy. In the staff report and
17 in the slides here I detailed several issues related to
18 the themes but for the purposes of time I'd just like to
19 highlight some of more salient issues.

20 During the planning process we found that there
21 were considerable inconsistencies in how the work plans
22 were developed in terms of cost estimation methods used.
23 There was inconsistencies in how activities were
24 articulated across the 59 work plans. We found that in
25 some cases staff did not expect to have expenditures in
the first quarter but expenses would be incurring in the

1 following quarters and several the projects and
2 initiatives that were cyclic working with schools and
3 school districts we find expenditures occurring most often
4 in the second, third, and fourth quarters. We also found
5 that in several cases staff were over ambitious in
6 estimating when they would have completed activities.

7
8 In terms of internal systems or the things that
9 we do internally, there's considerable variation on the
10 department by department basis on the amount of time it
11 takes and decisions required for citations, scopes of
12 work, negotiations, and budget negotiations and
13 contracting.

14 One issue that emerged was an issue that
15 related to staff transition. It's not just staff leaving
16 the organization, but we found issues related to staff
17 moving from project to project within a department and
18 staff moving from department to department. Several of
19 these led to delays in completion of activities as well as
20 expenditures.

21 One of the issues I'd like to highlight is with
22 respect to staff moving and with respect to staff moving
23 from project to project. We identified the culture of
24 reinvention and I think most often associated with the
25 reinvention of the wheel. And there's a tendency for
tinkering to happen on scope of work negotiations that led

1 to extended time frames and delays.

2 We also found that there were challenges
3 expressed by the staff with working with large
4 institutions and that they have their own governance
5 structures and procedural issues to account for.

6 We also found that there are issues of
7 underperformance related to our grantees and contractors,
8 and also to note as a recommendation from the Harvey Rose
9 Audit in 2011, there was an increased emphasis on staff
10 monitoring the performance of directors, contractors, and
11 grantees. This is not a pervasive issue and staff worked
12 very hard to make sure the projects moved back on target.

13 But it's also important to note that it does
14 cause delays in our work. I think we mentioned this and
15 it was mentioned before one of the issues that staff
16 brought up was an issue on the need to get clarity on Best
17 Start. It does affect several work plans -- projects.

18 The work plan budget for Best Start alone is over
19 \$31,000,000.

20 The next part of the report we talk about
21 specific actions that are already underway and actions
22 that we will be doing more to improve our work moving
23 forward. We identified these actions by having focus
24 groups with staff as well as several discussions with
25 leadership in order to identify the most appropriate

1 actions for us to move forward with.

2 And the first one that is already underway is the
3 Executive Director appointing the Chief Operating Officer
4 to be a lead working with the senior leadership team to be
5 the central point of contact for future work plan
6 development. To insure that there is consistency, there
7 is quality, comprehensiveness to the work plans and that
8 we're all under the same understanding of definitions with
9 regard to activities, objectives, and timelines.

10 Based on our learning we™re here, we will be
11 creating a much more effective work plan tool in the
12 future. And we will be creating processes that will help
13 us make sure that we have consistent definitions. We
14 define clear benchmarks specifically for expenditures and
15 services. And comprehensive quality assurance process.
16 In terms of internal systems or our own organization
17 internal operations one of the things that's already
18 underway is the process called getting better data that
19 helps us streamline the data that we get from our grantees
20 and contractors.

21 Not only will it help our own assessment of our
22 performance but it will help us report to the state
23 Commission on an annual basis. We also are implementing
24 or are beginning to implement electronic work flow
25 processes that will help us track our projects from idea

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to execution.

One of the things that we will be doing will be employing a comprehensive time and resource study to help us understand the time it takes us to move from allocations made here at the commission to the first payment of invoices to find areas where we can expedite our work.

We also are going to be developing protocols to help transition staff as they come into the organization and as they move from project to project or from department to department in order to avert any delays. In terms of grantee/contractor issues, one thing that's already underway and moving forward is a master agreement with the County of Los Angeles.

We're also moving forward with the templates to help our negotiation and contract process with major universities speaking on behalf of the research community, I can say that one of the issues that have caused me delays in negotiating data ownership and proprietary rights with universities but we've actually developed much better language and allow us to move faster in those project as well.

A major action we will be doing is to conduct an independent survey. First 5 LA grantees and contractors to help us understand how we can be more efficient. With

1 regard to governance and policy in terms of actions
2 underway.

3 As Kim mentioned before, discussions of the
4 commissioners to help us understand the information needs
5 and priorities and we will be working with the commission
6 to clarify the policy direction and outstanding
7 implementation issues related to Best Start. We will also
8 be working to sharpen our focus with the Listening,
9 Learning, and Leading exploration which Kim went through
10 in her earlier presentation.

11 I'd like to -- actually, I have a final thought,
12 and that as a member of this organization for the past 13
13 years, I say that this first work plan was an extremely
14 positive step in helping our organization create tools to
15 help us manage our work. We all know it can be improved,
16 and we are committed to making it better.

17 Finally, I'd like to express an observation from
18 conducting this report and collecting data for this
19 process that the commission may consider that a mid year
20 report may be a more accurate reflection of our ability to
21 implement the work plan and spending dollars that we set
22 out with at the beginning of fiscal year.

23 And I'd like to send it back to Kim for
24 questions.

25 MS. BELSHE: Thank you, Armando, for that

1 whirlwind tour through the first quarter. But if I might
2 just underscore one point and add a couple of issues of my
3 own.

4 One, Armando™s observation from his vantage point
5 as a long time veteran of First 5 Los Angeles. I come as
6 the new Executive Director, and I want to underscore I
7 think this is a very important step forward in terms of
8 providing management with a much needed and long overdue
9 tool to understand how we're doing.

10 So as an organization that's committed to
11 transparency to accountability, to learning, this is an
12 enormously helpful and important step forward, number one.
13 And we will learn. I've said to the staff, the results,
14 we're not happy with but we need to embrace the red and
15 acknowledge we can and will do better and how do we learn
16 from these findings.

17 And I really want to underscore the team-wide
18 effort and the professional effort. I want to underscore
19 the amount of activity this organization is involved with.
20 The 59 work plans do not include an additional three
21 initiatives that were supported by the commission such as
22 a separate housing initiative. Enormously exciting and
23 important but additional work. We do a lot. 59
24 initiatives, 113 discrete projects, 272 active grants. It
25 just has implications we need to think about in terms of

1 work load in terms of our allocation of human resources,
2 our allocation of financial resources and has implications
3 frankly for ultimately for our opportunity to have impact.
4 So I think this is going to be an issue that is going to
5 come up through the Listening, Learning, and Leading
6 initiative.

7 This exploration has raised questions for me,
8 in terms of -- so what is our role relative to our
9 grantees are we the doers? Are they the doers? Are we
10 partners in the doing? Are we overseers, monitors, and
11 enforcers?

12 These are very important questions in terms of
13 our role and relationship with our contractors and
14 grantees how we allocate our resources and how we work
15 most effectively to advance our goals.

16 And I -- again, I think the L-3 exploration will
17 help us clarify and better understand roles and
18 responsibilities in, and finally this is an organization
19 wide effort. So I'm delighted we have a Chief Operating
20 Officer who will be leading the very extensive
21 comprehensive improvement plan that Armando just touched
22 on.

23 So thank you for the presentation, Armando.

24 MR. RIDLEY-THOMAS: Are there any other questions
25 or comments on behalf of the commission?

1 MR. FIELDING: Well, first of all, thanks to
2 Armando. Thanks to everybody. I think it's very helpful
3 to have this very frank assessment of some of the issues
4 with moving ahead at the appropriate pace or not. And we
5 can't fix them if we don't know what the problems are. So
6 congratulations.

7
8 But one thing I wanted to put a few things
9 together. I noticed that one of the issues is that some
10 of the staff had difficulty appreciating the difference
11 between objective and activity. And, you know, it makes
12 it very hard to have an effective work plan with smart
13 initiatives objective if you don't know the difference
14 between objectives and activities.

15 And so I think internal training is obviously
16 important and you're not going to be able to look at
17 impact and decide what that element is if that confusion
18 exists. If you're really interested in impact we have to
19 go all the way back to what the contractors put in place
20 and what we understand. And going out for contractors if
21 we're going to note down the road and whether we're making
22 an impact.

23 MR. RIDLEY-THOMAS: Thank you, Mr. Fielding.

24 Other questions or comments?

25 MS. AU: I guess I would -- I think I'm starting
to feel like a broken record sometimes, but I guess it

1 goes back to earlier conversations about how First 5 LA
2 and our organization view ourselves in terms of the work
3 that we do and our role in terms of establishing sort of
4 positive relationships to the community that we serve and
5 with the partners in the -- in terms of the
6 community-based organizations as well as the County
7 agencies.

8 And one of the things that I've always cautioned
9 against is gotcha policy. And wanting us not to engage in
10 a gotcha and really talk about ways to improve.

11 The -- the other piece is that really clear as to
12 what we are tracking in terms of expectations. Because
13 when we look at the graph that you showed in terms of how
14 we expended the allocations and whether we met the 20
15 percent, there might be a number of things operating.

16 Number 1 is that many times we made decisions
17 about initiatives based on a lot of theory and a lot of
18 studies and research. But when it gets down to
19 implementing, it may mean that our theory of change and
20 our logic model is not appropriate for LA County. And
21 therefore that may also be reflective as to the struggle
22 that the partners that we have engaged with to do this
23 work is having as well.

24 So just that caution that we don't necessarily
25 hold these expectations so that we actually lose sight of

1 the actual work that we are really about. So anyway just
2 that caution.

3 MR. RIDLEY-THOMAS: All right.

4 Commissioner Kaufman?

5 MR. KAUFMAN: First, very excellent report. And
6 actually I'm quite proud of the fact that we, as an
7 organization, can open up to the world as a public
8 document that things aren't perfect.

9 I would say that we haven't been bluffing over
10 the last year but we haven't done the analysis to show
11 that things weren't perfect. We all knew that money
12 wasn't getting out the door quick enough. Which led to a
13 whole lot of county-wide initiatives because of money
14 wasn't getting out the door.

15 By the way, it still didn't get out the door. We
16 may try to solve it in the wrong way. We should have made
17 at that time this kind of analysis. But maybe we weren't
18 ready.

19 So that's exciting and I really do feel proud and
20 this kind of report is really quite helpful. The
21 experience in medicine around malpractice avoidance and
22 improvement says that when you have an organization that
23 celebrates people finding mistakes finding problems
24 telling people about them is the kind of organization that
25 is not going to cut off the wrong arm in the medical

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sense.

So this is what we're doing and we don't want to cut off the wrong arm, so to speak, or operate on the wrong arm.

The other thing which I think we as a commission hasn't done as well as we should is to help in my simplistic way of thinking is what are the simple rule that we want to live by as a commission.

So I think Kim referred to what's our role with grantees. Well, we shouldn't have to decide that with every single grantee and every single contractor. There should be a framing that says basically here's what commissioners do here's what staff does. Staff has a certain relationship to grantees, and unless there's some reason for it to be different it's going to have this fractal nature of the way things get done.

And I think we haven't defined that well enough. So one of the key things I imagine in the listening side of things is from our grantees let's here if they think we're too intrusive not intrusive enough. Are we helpful? Those sorts of things and come up with guiding principles whether it's writing or cultural credo, I'll leave it to you all to figure out how that gets done. And we don't have that and we're inconsistent.

Some initiatives give total freedom to the

1 grantee appropriately so and others we may micromanage.
2 Well, not we commissioners or staff and maybe we haven't
3 be. So some way of figuring that out as a commission.

4 I think it starts with us, the governing Board,
5 to understand what roles we should have what roles,
6 therefore, our staff should have. What roles they have
7 should have with grantees so I look forward to the next
8 page.

9 You also mentioned something about six months
10 versus three months. Three months is a very short period
11 of time. I know the Harvey Rose said you should have to
12 report every three months to each other. That may be
13 fine. But I don't know if you can really -- I'll leave it
14 to Kim to come back and bring to us what the frequency of
15 that kind of reporting and maybe you do quarter reports in
16 which one fourth of the organization is looked at in more
17 detail on a rotating basis.

18 So you give an overview. Focus on one part and
19 the next quarter another part. So some way that doesn't
20 over do the amount of staff work it takes to give us the
21 answers. I'll leave that to you to sort of figure out.

22 MR. RIDLEY-THOMAS: If one is serious about
23 organizational transformation. If one is serious about
24 the issue of audit and how it serves as a guide for both
25 the Board and the staff. It has to continually and

1 regularly be in front of us in an appropriate way.

2 So I think, frankly, for the foreseeable future
3 the more the better. Hopefully not ad nauseam. But to
4 the extent that it serves as a strategic complement to the
5 policy work that we're doing these processes have to be
6 revisited with the kind of regularity that causes us to
7 build consensus and to engage in the appropriate levels of
8 transformation of the culture of First 5. That's
9 essentially what needs to be happening and is really no
10 easy way around that.

11 And so quarterly is the minimum. What comes
12 before us on that level is on that I will leave it to
13 senior staff to consultation with the chair as to
14 frequency, but we need to just keep the Board on point,
15 because whatever critique has been brought to bear, it is
16 not borne by any single individual or any single sector of
17 the experience that we call First 5.

18 The point I make is that there is a collective
19 sharing of responsibilities for the highs and the lows.
20 Our objection -- our objective is to offset those quote,
21 unquote "lows" in the interest of progress. Restate the
22 point can't do that unless we keep that issue front and
23 center. No point in belaboring at this point in time.

24 We accept the report that you made with the
25 appropriate acknowledgments that have already been

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extended.

Is there a motion to receive and file the matter in front of us?

(Motion forwarded.)

(Motion seconded.)

MR. RIDLEY-THOMAS: Granted. That will be the order.

Next item at hand which is item number --

MS. BELSHE: Item Number 12.

As I said in my comments, not only do we want to use time at each Board meeting to talk about implementation of different recommendations from the Harvey Rose audit. We also want to shine a light on important implementation activity as associated with our strategic plan and today we have Barbara DeBransky who is our lead on Universal Assessment and Home Visitation. And I want to acknowledge her boss Elizabeth Aida and Antonio Gallardo. Chief Program Officer.

And Barbara let™s turn it over to you to walk the Board through where we've been, where -- what we've learned, where we are, and raise some of the Board-level considerations.

MS. DeBRANSKY: Good afternoon. Happy to be here with you.

MR. RIDLEY-THOMAS: I'm just going to remind you

1 people of the time. We're at 3:15, and at this time that
2 we need to be mindful of the balance of the time that's
3 afforded us and if we can do that we™d be most in order.
4 Thank you.

5 MS. DeBRANSKY: So before you are the four
6 questions that staff seeks to answer today for the Board.
7 We will be reviewing the Best Start family strengthening
8 investment as well as Universal Assessment of Newborns
9 county-wide initiative and the seamless approach
10 intended for these efforts.

11 In order to review where we've been, we want to
12 briefly review the major fundamental newborn risk
13 screening, which allows provider and the relative levels
14 of risks among all families being screened. The
15 definition is before you.

16 Next, we define home visitation as this as this
17 is the core service being provided to the families by
18 these investments.

19 Throughout the commission's history investment
20 in-home visitation strategic review of nationality care
21 review studies the results of home scans of opportunities
22 to leverage resources as well as opportunities to maintain
23 foundational resources in communities. These -- the
24 commission has invested in a variety of initiatives that
25 while home visitation home visitation was is available for

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some families a few of those are listed here.

Initiatives that were focused specifically on working with families in their homes first was very early on. Allowing applicant's doing any form of home visitation to apply. And black infant home visitation specific investment and it be -- should be black infant health. They work with families much broader than beyond the home. The welcome baby pilot began in our metro LA community. Visual here indicates what Welcome Baby participants receive as well as when and where contact takes place as well as the various incentives to continue participating that are offered throughout the life of the program.

Families living outside of Best Start communities will receive one or more of the contexts in the shaded area in the center so the nine -- all nine contacts rests the welcome baby version that is available to our families in our Best Start communities and the up to four is represented by that lighter shaded area there in the center.

It's really important to know that there have been many partners along the way that have contributed to the design coordination and implementation of welcome baby.

Some of the most significant contributors are

1 here and on this side and the next slide. You will see
2 that these include representatives from local service
3 delivery systems including the key role in integrating
4 with the work of the public health department to promote
5 high quality early childhood home visitation. Some
6 additional partners represent a wide variety of sectors
7 that work to improve outcomes for young children and have
8 similar goals to First 5 in these areas.

9
10 Some of the lessons learned was home visitation
11 approaches are seen here. First the Board is evidence
12 based practice and programs. Where evidence based
13 practice was implemented results have been mixed to invest
14 in evidence based intensive home visitation models during
15 the strategic planning process.

16 Where evidence based practice has been promising
17 it has been backed by strong theories of change and
18 rigorously standardized practice. The commission has also
19 recognized that monitoring fidelity of program
20 implementation will be crucial as it moves forward as this
21 has not been a strong focus for the commission in the past
22 which may contribute to some of the commission's less
23 favorable results to increase agency capacity for strong
24 program management and implementation.

25 This effort will continue to be a key to
this. Throughout commission investments the Board has

1 also needed to ancillary results were meaningful and
2 indicative towards long term goals one example is as the
3 Board reviewed our health first initiative where the Board
4 was somewhat concerned that the lack of progress in
5 reducing low birth weight. The increase in breast
6 feeding initiation that was promoted through that
7 initiative.

8 Finally, the commission has recognized that
9 rigorous evaluation approaches particularly for unproven
10 program models will be crucial to making long term
11 decisions about maintaining expanding and/or leveraging
12 investments.

13 This data will be crucial for incentivizing
14 other associations and sectors including health insurance
15 providers and the public sector.

16 So what have we learned about Welcome Baby
17 pilot. Starting here with some demographics as a reminder
18 the Welcome Baby pilot is housed in California hospital
19 and the southern part of downtown very near the 110/10
20 intersection.

21 This provides a very brief demographic of
22 participants in the Welcome Baby pilot. As you will see,
23 almost a third of families have at least one risk factor
24 affecting them and less than half have a high school
25 diploma or GED.

1
2 In the first three years of implementation our
3 partners and commission staff have worked to refine the
4 program based on lessons learned in implementation.

5 Areas that have been learned are seen here on
6 this slide a significant area of continual refinement is
7 around linking participants which have been found to be
8 grossly scarce in this community and finally in light of
9 the commission's investment in intensive programs for
10 families who may benefit the pilot is currently working to
11 implement the family risk bringing into it's protocols.
12 Risk screening captured risk in the area of child welfare.

13 This tool has been utilized in Orange County and
14 has been tested for reliability and. The urban institute
15 conducts our evaluation of the Best Start pilot including
16 Welcome Baby.

17 Early results are promising at 12 months include
18 improvements in breast feeding practices and the
19 measurement tool as well as practices in the home around
20 home observation for measurement of the environment which
21 consists of measures that impact the home environment on
22 child development.

23 Finally, children in the program are more likely
24 to have received all required immunizations in a timely
25 manner and to utilize formal child care arrangements.

So where are we now. Previous to the

1 strategic plan the Board approved the launching of a Best
2 Start pilot which included a Welcome Baby pilot.

3 And I'm just going to walk through the various
4 policy decisions the Board has made through the strategic
5 -- and just as a side note we have expended 6.3 million to
6 date for almost four years under contract in that pilot
7 through the strategic planning process.

8 The Board opted to expand both Best Start project
9 and Welcome Baby pilot. Welcome Baby was intended to
10 insure universal contact with parents of newborns and
11 today the Board will vote on an expansion of six hospitals
12 per the initial five months contracts for total of just
13 under 885,000.

14 The Board, having been provided reports on the
15 level and the types of needs that families were presenting
16 in the Welcome Baby pilot discerned that first 5 LA had a
17 role in providing additional resources in communities to
18 insure that children who were assessed to be at risk of
19 poor child outcomes be offered additional resources to
20 prevent these poor outcomes from coming to fruition. The
21 commission decided that in offering these more intensive
22 services they had an opportunity to invest in programs
23 with strong evidence of the effectiveness in preventing
24 child abuse and neglect and insuring children were ready
25 for school.

1 The board approved the selection of models that
2 communities are authorized to select and implement. Staff
3 refers to these more intensive programs as select home
4 visitation programs.

5 Finally, in 2011 the board approved a county-wide
6 initiative intended to enhance the commission™s family
7 strengthening efforts outside the Best Start communities.
8 The universal assessment of newborns initiative created an
9 expansion of Welcome Baby that offered a briefer version
10 of Welcome Baby model targeting the over 100,000 births
11 outside of Best Start assumes that most families will be
12 assessed and require no further services and perhaps some
13 referrals that will be provided in the hospital.

14 The remaining families who demonstrate a
15 moderate to higher level degree of risk will receive up to
16 three of the Welcome Baby visits including a visit from a
17 nurse in the first week of returning home.

18 All of these policies were approved for
19 implementation from the time parameter of the strategic
20 plan. These visuals walk you through the same policy
21 decisions from but from the perspective of how a family
22 may flow through the program.

23 So this represents the decisions that were made
24 through the strategic planning process. If you follow it
25 from the yellow box you see we're talking about Best Start

1 women and their families and when we contact them
2 prenataally one of the first things we do and will continue
3 to assess whether or not they're eligible for nurse family
4 partnership. There's been a sizable expansion of nurse
5 family partnership in the county. And we want to make
6 sure that the families who are eligible for this program
7 has very strong outcomes are directed to those services.

8 If they are not we will enroll them in the
9 Welcome Baby program. At the time of birth at the
10 hospital they will experience the risk screening, which I
11 should note is a experienced -- a very family-friendly
12 interview that supports the family™s concerns and needs.

13 Based on the results they will either be invited
14 to continue through Welcome Baby after they've returned
15 home and we currently project that 70 percent of families
16 would fall within this categories and 30 percent would
17 fall we would say they would benefit from a more intensive
18 program that would work with the family more often and for
19 a longer period of time.

20 In, as was mentioned, in 2011, when the Board
21 made the decision to invest in the universal assessment of
22 newborns initiative viewpoints initiative, it created
23 another path way. Specific to families not in Best Start
24 communities.

25 So you follow from their yellow box on the top

1 down to their first contact with this investment would
2 be at the birthing hospital where they would receive
3 the same screening that our Best Start families receive.
4 And the same decision tree would be made and the higher
5 risk families would be offered up to three visits of the
6 Welcome Baby program.

7
8 Obviously, at every step of the way, referrals
9 will be made as necessary. Whether they are or are not
10 being referred to one of the First 5 LA funded programs
11 and of course all participation is voluntary.

12 So where are we now? Upon Board approval of 24
13 early target hospitals in June 2012, staff released a
14 letter of invitation to enter in a strategic partnership
15 with hospitals. Staff also held a luncheon attended by 11
16 of those 24 hospitals. Contracts with six of the
17 hospitals who will implement Welcome Baby for Best Start
18 and non-Best Start families are on the calendar today.

19 Two additional hospitals will be on the consent
20 calendars within the next 4 months. As you will see here
21 based on 2010 data these hospitals deliver 32,130 births
22 county wide. Representing 24 percent of all the births in
23 the county.

24 Just under a third of those births are to
25 families residing in Best Start communities which
represents 37 percent of all Best Start births.

1 Additional next steps include the implementation of a home
2 visitation provider pool.

3 This pool will serve two purposes. The pool will
4 be available to hospitals to provide options for
5 subcontractors to assist with the implementation of
6 Welcome Baby. The pool will also be utilized by
7 communities to select providers for the select home
8 visitation programs in Best Start communities.

9 Staff is currently reviewing the response to an
10 RFQ to release an oversight entity who will play a key
11 role to insuring success in Welcome Baby in select home
12 visitation. Roles and responsibilities for this body are
13 outlined here.

14 Staff continues to work toward integrating these
15 investments with other First 5 LA investments particularly
16 those that contribute to the same outcome and work to
17 strengthen families as well as existing resources
18 throughout the county.

19 Data in the map -- data in this map demonstrates
20 the geographic concentration of births by the eight
21 contracting hospitals which are the Blue crosses you see
22 on your map. These are the six that are on the consent
23 calendar today as well as the two that are set to
24 come on the consent calendar in the coming months and the
25 pilot which is the red cross in the pretty much the center

1 of the map there.

2 The green crosses indicate the 16 hospitals who
3 are eligible but have not yet responded to the letter of
4 intent to become a strategic partner.

5 The yellow boundaries with the black dashes
6 indicate the Best Start boundaries. As you can see, the
7 births as would be highly concentrated in and around
8 hospitals serving Best Start communities. As you can also
9 see, hospitals that are serving Best Start communities are
10 not necessarily located within the communities.

11 It is also worth noting that market shares or
12 another way to frame that is number of births from any
13 given community within one hospital can be quite diffuse.
14 The largest market shares excluding Antelope Valley are
15 ranging from 14 to 41 percent. So often not one hospital
16 has a large number of the births in a given Best Start
17 community which means what this means is it will take
18 papers with multiple hospitals in each Best Start
19 communities.

20 If all 24 hospitals were to participate each
21 community would have a penetration of 75 to 94 percent
22 with one outlier of 64 percent. These initial 8 hospitals
23 achieve a range of penetration from 24 to 50 percent with
24 a few outliers one being 14.4 percent and the other is our
25 two Antelope Valley communities both under 4 percent and

1 what that means is there is only one birthing hospital so
2 -- so they deliver a large number of babies and as they
3 are not currently participating our penetration rate is
4 very, very low there right now.

5 Given the strong early investment in welcome baby
6 and staff's analysis of program costs there are several
7 considerations that the board will want to discuss in the
8 near future.

9 First, staff has shared the estimated per child
10 cost here. For Welcome Baby these are based on the record
11 going expenditures in the pilot as well as various policy
12 decisions about targets. Select home visitations per
13 child cost is based on national data. Utilizing the per
14 child costs, staff has developed a long-term projection
15 which informs the commission on the costs of what
16 implementing these programs will be over time.

17 These are undergoing continual refinement as data
18 is received. Annual cost is projected to be 94 million at
19 full ramp up which is defined as 80 percent acceptance
20 rate for Welcome Baby and 100 percent acceptance rate for
21 select home visitation as this program is expected to
22 receive referrals until slots are filled.

23 Staff will continue to utilize data to refine
24 these costs. Data to be incorporated include inflation
25 enrollment and utilization data and birth trends. The

1 commission will want to consider both various
2 implementation issues that arise as well as the impact of
3 this work on First 5 LA resources and capacity.

4 In the areas of oversight policy and advocacy and
5 evaluation, staff will bring both of these issues to the
6 commission to consider for discussion at the program and
7 planning committee meetings.

8 In the light of the commissions ongoing
9 commitment to the leveraging significant resources to be
10 invested in this work the Board will continue to consider
11 the nature and level of commitment to these investments
12 this will be discussed in the context of our policy and
13 advocacy approach and key policy decisions about First 5
14 LA targets and time lines for these programs.

15 Staff will bring to the program and planning
16 committee issues related to sustainability based on Board
17 interest in these discussions.

18 With that I'd like to answer any questions or ask
19 if any of the senior leadership team would like to add
20 anything.

21 MS. SWILLEY: I do have one question. You
22 mentioned that in a lot of the Best Start communities, a
23 lot of those babies are not necessarily delivering at
24 hospitals that are Welcome Baby Hospitals.

25 Is there any other way to get into the program

1 Other than at the time of birth or before that be it
2 through WIC program or anything else where young babies
3 are still seen?

4 MS. DeBRANSKY: The outreach strategic is diverse
5 and clinics play a long role in that. WIC can play a role
6 in that as well. The families that they serve are we
7 chose the hospitals because these are the hospitals that
8 deliver the most Best Start babies it just takes several
9 hospitals to get a strong penetration rate.

10 And in our pilot, anyone who is planning to
11 deliver at California hospital is attempted to be reached
12 prenatally. And that will be the continued practice for
13 Best Start babies.

14 Based on policy additions by the Board non-Best
15 Start baby's social security our intent to first contact
16 them in the hospital.

17 MR. RIDLEY-THOMAS: Thank you. Any other
18 questions?

19 Dr. Fielding?

20 MR. FIELDING: Just a few quick things. It's an
21 excellent summary of where we are, I think the best we've
22 had, and I really appreciate it.

23 Few things. First of all, I think we should
24 define the screening as more than looking at risks. We're
25 also referring -- and I think that's an inherent part of

1 screening. Screening alone isn't helpful unless you doing
2 something about it.

3
4 Secondly, one of the most striking things is the
5 high percentage who have not completed high school. And I
6 think you know the linkage with educational institutions
7 is particularly important.

8 We know that outcomes for kids improve a lot with
9 a formal education of their caregivers so I think we
10 should focus on the issue of health literacy is a critical
11 issue not just with health care services but with
12 parenting and other opportunities to enrich child
13 development so I think we should think through the health
14 literacy linkages.

15 Third, and probably most important it's really
16 important we try to the degree we can to quantify two
17 types of benefits from the program. One are the health
18 benefits and the second are the health care utilization
19 benefits so we have health and development benefits on one
20 side which affects public funding in a whole bunch of
21 different areas the likelihood of being in foster care,
22 UPSS, a whole bunch of things.

23 But also if we can relate those potentially to a
24 reduction health care cost compared to the control
25 condition that would be extremely important because I
think what we need to start to do from a policy

1 perspective is try and get the other health care providers
2 to come on board.

3 I mean, is there a reason that if this is cost
4 effective and health effective and developmentally
5 effective that LA care shouldn't support babies that are
6 born in their coverage.

7 The same question for Kaiser. Those are the
8 places we should at least consider starting. So I think
9 that there™s a huge policy issue here and we shouldn't
10 look forward to carrying the sole burden and we couldn't.

11 MR. RIDLEY-THOMAS: Right. Are there questions?

12 Commissioner Au?

13 MS. AU: I'm glad, Johnathon, that you ended on
14 that note about First 5 LA not being able to carry the
15 whole burden of providing for this very vital service. I
16 agree.

17 I'm -- I -- my mother, we lived in Hawaii in the
18 plantation era, when she had her babies and the plantation
19 provided a public health nurse to actually come to the
20 home when she had given birth. And so -- and we
21 benefited, you know, directly from that kind of -- of
22 support.

23 So I don't think there is any debate as to the
24 effectiveness of Welcome Baby and the home visitation
25 component. The question still becomes that of finance.

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You know, how do we finance this.

And the \$94,000,000, I -- I can't help but think that that's even a very conservative estimation. It's probably more than that.

And so when you ended the note saying why aren't we having other folks on board to carry the burden. LA care, Kaiser, I guess that's again a conversation that we really need to have. Because I hate to see us again face the same issue with universal preschool. That's a vital service and children and families definitely benefit. But they're facing a fiscal cliff for themselves because we can't carry them as well. So I hate to see this happen also with this project and program.

MR. RIDLEY-THOMAS: Thank you. Dr. Southard?

MR. SOUTHARD: I was wondering the extent to which you were able to identify perinatal and post partum depression in the mothers and the extent to which there is a referral network to provide care for -- care for those problems once identified.

MS. DeBRANSKY: Yes. And I'm trying to find it here.

They actually do assess for maternal depression at every visit. Every time they contact the parents. So they have been successful at identifying the depression. Finding the services has been the challenge in the metro

1 site. There are not enough services. So it's a continual
2 struggle for the team.

3 MR. SOUTHARD: Thank you.

4 MR. RIDLEY-THOMAS: Right. Just a couple of
5 observations before -- Dr. Kaufman?

6 MR. KAUFMAN: Yeah, I have a specific question
7 and then a philosophical discussion I guess.

8 Page 19, slide 19, when it says 1,700 estimated
9 Best Start welcome babies 500 for the County wide and then
10 2750. The 2750 for the select home visitation is that in
11 addition to the Best Start Welcome Baby or is that the
12 total because as I understand it you get some home visits
13 and then you get put into another space.

14 MS. DeBRANSKY: Yes, this is the cost of the
15 intensive home visitation program. Though it's not
16 itemized but the 94 million we do account for women having
17 received prenatal visits and the hospital visit before
18 that program.

19 MR. KAUFMAN: So I think it's helpful at this
20 time it's helpful for the marginal cost.

21 MS. DeBRANSKY: Yes.

22 MR. KAUFMAN: The other really has to do with the
23 philosophy of what I think we're trying to do. I believe
24 that First 5 LA is the R and D wing of government the R
25 and D wing of sustainability and scaleability.

1 What that means we do a large enough
2 intervention, a large enough program to be able to prove
3 that things work, identify other people who have money and
4 Johnathon mentioned health insurance has a likely one and
5 go back to the universal assessment protocol that we
6 approved of at least half of the five year budget was
7 projected to begin from health insurance Medi-Cal and
8 commercial.

9 But what that means is we know we're not going to
10 be able to serve everyone. We're not going to be able to
11 get to 85 percent whether it's 50 million or hundred
12 million. But we're never going to get to that annual. So
13 the -- for me, the real challenge is how large and how
14 robust, how diverse what kind of proof do we need to have
15 for the sites that we use to be able to bring in other
16 people meaning other hospitals other funders, governmental
17 agencies, et cetera, to allow us to bid, be able to
18 generate revenue for our pilots but more importantly for
19 the rest of the kids we couldn't even cover.

20 And for me I think that's the fundamental first
21 question that we have to understand from the agents of
22 sustainability and scalability. What would it take for
23 LA Care as obvious example with a large population of
24 vulnerable babies and the like for them to say you've
25 given me enough evidence and if they show this. Then we

1 can honestly say that happened.

2 Would be it be true for DCFS or home visitation
3 programs for depression, et cetera.

4 So my question to us is how do we make sure we're
5 doing that. I know we're trying to now. I want to remind
6 us all that that's the purpose of what we're trying to do
7 and that's not for us to fund the entire program as it
8 goes to scale in perpetuity.

9 MR. RIDLEY-THOMAS: All right. So the
10 philosophical question has been posed.

11 MS. BELSHE: It's not a philosophical question,
12 but it is an example of a very important consideration
13 that was lifted up through the creation of this
14 presentation among others.

15 That our reputation would be for you all to
16 direct us to work with the programming and planning
17 committee to really tease out some of these key issues.
18 Number 1, does it make sense for us to have these
19 different strands of activity that are all about family
20 strengthening but we call them something different. So
21 this issue of integration of universal assessment of
22 Welcome Baby. And select home visitation taken together
23 that's all family strengthening.

24 So what would it mean for us to really integrate
25 in the spirit of program efficiency and transparency.

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What are some of the budget implications.

Some for example are zero based supported.

Others are part of an allocation. What are the administrative implications of integration to our hospital partners service.

So in my mind there are some interesting and important questions for us to work through in the programming planning committee around Number 1.

Number 2. This issue of our financial commitment as an organization relative to other funders is philosophical, but it's also very practical because the implications not just philosophical. What is our role? What are we do trying to do? Implications for how we implement this initiative. So if our role is to be a seed funder to be the R and D to work with as I call them the super smarty pants.

And Armando shop around research and our partners and bring in our research advisory committee to help inform the development of these research protocols and approaches.

What is the sample size we need? What is the research strand that we need to work through with program and planning and with that?

And there's also a policy pathway we need to work through in terms of what is allowable under federal and

1 state law. What is currently allowable as a funding
2 source to secure additional funding and what kind of
3 evidence is required which gets back to the sample size
4 and research?

5 Yes, it™s philosophical, but it's also very
6 practical. Because if the sample size is about 40,000.
7 That's where we are right now with the eight new contracts
8 and the pilot. So that would -- we would effectively be
9 saying we got what we've need now let's implement let™s do
10 so in a sequence way informed by research to then make the
11 case to other funders so we may front load our investment
12 in years 1, 2, and 3 with expectation of additional funds
13 coming in.

14 But that's the kind of implementation work we
15 need to undertake and bring back to the program and
16 planning committee or the full Board. But it's more than
17 philosophical from a staff perspective.

18 MR. RIDLEY-THOMAS: All righty. That's the
19 distinction between a Board and a staff. Board
20 philosophizes, staff executes.

21 Well stated. Thank you.

22 There are a couple of questions that I think we
23 ought to give a little thought to.

24 On page 274. There is a reference to Welcome
25 Baby select home visitation universal assessment.

1 Describes three different home visitation strategies.

2 Might I just briefly suggest that there could
3 be a branding issue here that we want to address in terms
4 of how we do in fact think of this initiative in it™s
5 totality?

6 It needn't be belabored. I just wanted to call
7 it out for clarification. There may be a need for it.

8 On pages 275 and 276 regarding the various home
9 visitation programs and how they interact, et cetera, we
10 can follow up on that.

11 I just want to call that out and put it on
12 the record.

13 On page 279 there's reference to the fact
14 that there's no candidate hospital in Antelope Valley and
15 South LA but it's also noted that these highest areas of
16 infant mortality rates means to me that we need to come to
17 grips with what is being done to address that issue.

18 The other point that I would make is related to
19 the specific steps that First 5 LA has taken and will
20 continue to take in terms of pursuing a federal and state
21 legislative as well as a philanthropic and education
22 organizing campaign to sustain these investments.

23 This is in part some of the issues that have been
24 raised otherwise. More to be said on both of these points
25 but I simply wish to lift them up at had this point for

1 the purpose of our collective consideration.

2 I'd like to offer a motion for consideration and
3 that is that the staff come back with a proposed advocacy
4 plan to sustain a First 5 LA investments in universal and
5 more intensive home visitation programs for at risk
6 families.

7 That the plan describes the specific federal and
8 state legislative efforts as well as efforts with
9 philanthropic, academic, and community based organizations
10 to sustain these involvements and that it should describe
11 how LA county as well as other counties that have also
12 invested in home visitation programs can be partners in
13 these efforts and it would be appreciated if they report
14 back with the material for the next meeting.

15 That is before us as well as the report.

16 Is there a willingness to entertain the motion?

17 (Motion forwarded.)

18 MR. RIDLEY-THOMAS: And the second?

19 (Seconded.)

20 MR. RIDLEY-THOMAS: All right there is a second.

21 Is there any discussion about that at hand?

22 MR. SOUTHARD: I just wondered if a part of that
23 could also be a look at the ACA as it's currently
24 configured there may be some components that are fundable
25 as prevention measures even without further legislative

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new actions.

MR. RIDLEY-THOMAS: That's well taken. And I accept that as a friendly amendment.

MS. BELSHE. If I can make a quick comment and I was touching upon it in terms of changing context in which we collectively are developing and will be advancing the sustainability agenda.

We as an organization move forward with this initiative before the affordable care act. The Affordable Care Act is now the law and will be taking effect soon.

One of the critical changes in the Affordable Care Act is the creation of what's called a central health benefits. So basically, the -- under federal law everyone's going to have to buy.

So what do you have to buy to comply with that mandate? Federal government is direction in terms of how to define them. We have an opportunity, nationally, to provide input to the pending federal rule in terms of definition of essential health benefits which we as an organization weighed in on December 26.

I'll be eager to see how many other organizations shared our observations. But one of the points in the letter we sent is how important that in the definition of maternity and newborn care which is one of the categories of services that comprise that there be a clear

1 recognition of the value and support for screening
2 assessment and home visitation services. In the absence
3 of the essential health benefits including that kind of
4 specificity.

5 The issue we as a state will need to navigate is
6 whether policymakers go beyond that minimum. It will be
7 at the state's expense. So the world got a lot better but
8 it also got a lot more complicated.

9 Making everything everyone has said about
10 sustainability absolutely spot on, and John and I and the
11 team have begun to, you know, really flesh out what are we
12 already doing to help inform this very question of what
13 does a comprehensive actionable sustainability agenda look
14 like.

15 Our insurers, we absolutely view as critical
16 partners, but it may be making the case voluntarily for
17 them to add these benefits because state policymakers if
18 they add it. The State will have to pick it up.

19 So I just wanted to -- it's a very important
20 point around sustainability; so I appreciate your raising
21 it.

22 MR. RIDLEY-THOMAS: Dr. Fielding, and then I
23 think I saw the hand of Dr. Kaufmann.

24 MR. FIELDING: My only question -- I appreciate
25 the urgency of this.

1 I just wonder given the fact that would only give
2 staff a couple of weeks to do this whether it's probably
3 not enough time I just would ask them how long it's going
4 to take on an accelerated basis. But it just seems that may
5 be a short time to get back the quality of the report
6 you'd like.

7 MR. RIDLEY-THOMAS: Point made. The
8 consideration is that we can begin the process. It
9 doesn't have to be conclusive commissioner Fielding and if
10 the staff is having difficulty meeting the time line
11 that's suggested there they're always free to say we need
12 more time to get more data and make it more meaningful.

13 Dr. Kaufman? Ms. Belshe?

14 MS. BELSHE: What I would -- and I appreciate
15 both the sense of urgency and the sense of commitment as
16 well as, Johnathon, your questioning about timing, I would
17 like us to see what we can do over the course of the next
18 couple of weeks.

19 At a minimum we will be able to bring -- and this
20 is something we're all learning together -- is where are
21 we today? What activities have we undertaken? What have
22 we learned? What are the gaps?

23 So at a minimum we™ll be able to provide broad
24 brushes about next steps but a truly detailed multiyear
25 actionable sustainability agenda that's going to take a
little bit more time.

1 It will require us coming back to the Board for final
2 support.

3 MR. RIDLEY-THOMAS: My point is staff correctly
4 interprets the directive but the point is to be restated
5 that treated in an ongoing evolving manner as such that as
6 we learned we -- add to as needed. All right.

7 Anything more on this item?

8 MR. DENNIS: I just wanted to comment on Neal™s
9 first philosophical assertion that First 5 is the R and D
10 I think that's wore at this think of some debate.

11 Two our reality doesn't suggest that. I mean,
12 you know, the First 5 has become the life blood of certain
13 initiatives in this county and has been purposeful and
14 direct -- this commission. Black infant health being one,
15 and there's several others so I think that warrants some
16 discussion and debate. I think originally that was the
17 thought that First 5 would be the R and D and policy and
18 certain programs but that is definitely not our reality.

19 And I don't think we've had more or less
20 strategic discussion or philosophical discussion as to
21 where we are now, and what we should be doing with advice
22 to our frame our initiatives.

23 MR. RIDLEY-THOMAS: Thanks very much. True to
24 the form of philosophical debate. They do precisely that.
25 They provoke more discussion.

1 Are there any other items that we're comfortable
2 acknowledged. It's well received and we have more to see
3 on this matter. Specifically my task that will be useful.
4 Thanks very much.

5 Item number 13, I believe.

6 MS. BELSHE. Thank you. I will ask John Wagner
7 to make opening comments for this presentation and then
8 we'll turn to Raoul for the -- we are on item 13.

9 We -- I believe we're going to be taking up the
10 calendar the Yolanda issue at the end of the agenda.
11 Thank you.

12 MR. WAGNER. The topic of sustainability is a
13 perfect segue to the next agenda item, which is the
14 long term financial projection.

15 So Mr. Chair and members of the Board, I want to
16 thank you for the opportunity to be here today.

17 As the executive director mentioned, I will
18 present the little bit of background comprising the
19 overview and purpose of the long range financial planning
20 and a couple of -- summarize some key findings and
21 identify key trends identified by this analysis and then
22 I'll turn it over to the Raoul Ortega to dig a little bit
23 deeper into the findings and assumptions, and to end with
24 some Board consideration.

25 I also want to acknowledge the amazing amount of

1 time that went into this by staff at First 5; so thank you
2 for that.

3 As background, just as a reminder, when the
4 fiscal year 2012, 2013 was cast back in June, the Board
5 directed First 5 staff to develop a long range financial
6 projection which is what we are presenting today.

7 It's also worth noting as chair and the others
8 have commented about the link to the Rose Audit back from
9 2011 which had some key recommendations involving First 5
10 commissions need to report on Board actions related to
11 allocations and contracts and also some recommendations
12 regarding the reporting on fund balance.

13 So these are key components that you'll see
14 contained in this long range financial projection.

15 The projection the goal of this analysis is
16 really to establish a framework for the Board to help
17 guide and inform the boards financial stewardship goal.
18 What it is it's a multiyear analysis comparing revenues
19 and expenditures it's important to note before we go
20 through these numbers that this report this analysis does
21 not commit additional funds but it is our best thinking on
22 reflecting on Board decisions to date.

23 So the long term financial projection represents
24 First 5 LA™s first efforts to really develop and provide a
25 comprehensive forecast that includes three key components.

1 First, revenues and fund balances. And we used as a -- as
2 a starting point fiscal year the second component is
3 expenditure commitments and projects on Board policy
4 decisions and actual program expenditures.

5 And third component is a projection of our
6 operating expenses and this basically is the cost of
7 running the First 5 commission. As I mentioned this time
8 period of the forecast is five years so from 2013 to 2017
9 and it's noteworthy that this does go two years beyond our
10 strategic plan which provides a fuller longer range
11 picture to allow the commission to consider the long term
12 implications of some of the initiatives that are just
13 beginning to ramp up. And it also reflects the Board™s
14 acknowledgment that some invests will take longer than
15 first five year period.

16 So you'll see in some of the data that we present
17 some of those longer range trends. So to summarize some
18 of the key findings that we he will get into. In the
19 short term the resources you'll see are adequate to cover
20 the committing obligations through the course of the
21 current strategic plan.

22 But in the longer term a combination of declining
23 revenues fund balances and increased program expenditures
24 indicate that expenditures will exceed incoming revenues
25 of the next strategic plan which will depend on the

1 remaining and declining fund balance and/or outside
2 resources for sustainability which is what we were just
3 talking about.

4 So as we prepare for the next strategic planning
5 period to cover the years 2016 to 2020. The commission
6 will face important choices to align annual funding
7 commitments with annual revenues.

8 Following up on this projection staff we
9 recommend that the staff will work with the budget finance
10 commission and to identify and raise key policies and
11 fiscal issues for Board consideration options for the
12 Board consideration to inform an actual financial plan for
13 moving forward.

14 So with that introduction I™d like to turn this
15 over to Raoul.

16 MR. RIDLEY-THOMAS: Thank you.

17 MR. ORTEGA: Thank you John, and thank you,
18 Mr. Chair.

19 At this time I would like to ask commissioners to
20 if you're looking at your packet electronically to scroll
21 down to screen 14, because I will be referencing
22 attachment two of the long term financial projections
23 packet.

24 If you have the hard printed packet. I refer for
25 you to guys to look at page 297.

1 Building upon the findings revenues is projected
2 to decline by 13 percent from the current fiscal year
3 through fiscal year '16-'17.

4 Our fund balance as of July 1st, 2012, the
5 audited fund balance was \$821 million. Which 646.5
6 million, 79 percent, has been obligated through Board
7 approved actions.

8 The five year projection shows that the overall
9 fund balance will decrease a total of 522 million from
10 fiscal year -- year '16-'17 through the current fiscal
11 year through ending '16-'17.

12 So that's a total of \$2,000,000. It's decline of
13 64 percent.

14 On the next page we put together a graph that
15 visualizes the declining fund balance and revenue. The
16 graph reflects fidelity to poor decisions in key
17 investments like LA Up ending in fiscal year '15-'16 when
18 you look at the graph -- the blue graph -- you see a
19 significant decline of fund balance and then it starts
20 softening in '15-'16. That's when the contractor LA Up
21 ends and declines softens.

22 Moving on to a significant finding was what staff
23 considers a significant concerns on projected cost. The
24 program costs for family strengthening and universal
25 assessment is projected to be 65 percent of the annual tax

1 revenue as of fiscal year '16-'17. By fiscal year '19-'20
2 absent policy changes the program cost for family
3 strengthening and universal assessment is projected to be
4 71 million. That will represent 99 percent of projected
5 tax revenue for that year.

6 The following two slides will show visuals of
7 these projections. Specifically this slide projects
8 family strengthening and universal assessment on an annual
9 basis through the end of the long term financial
10 projections.

11 As stated earlier, the projected costs will
12 represent 65 percent of the projected tax revenue for
13 fiscal year '16-'17. As discussed earlier I'd like to
14 note that these costs continue to be analyzed while at the
15 same time opportunities curtail cost and encourage
16 Sustainability of the pursuit.

17 On this slide we will build from the prior slide
18 and he extend our program costs projections through fiscal
19 year '19-'20.

20 Absent a policy change projected program costs
21 for family strengthening and universal assessment will
22 reach 71 million by year fiscal year of '19-'20 which
23 represents 99 percent of the projected tax revenue for
24 that time of \$71.6 million.

25 Moving on to the next piece of our long term

1 projection plan is our assumptions that staff built and
2 developing the long term financial projections. Revenues
3 is based from state department of projections which are
4 updated on an annual basis. The projections reflect an
5 annual basis decline of 3 to 4 percent. The decline over
6 13 percent over the next four years. Moving to
7 assumptions that staff made under operations. The
8 estimated cost represents the 15 program and
9 administrative departments within the organization.

10
11 Cost, our primarily to staff salary and benefit
12 and other operating expenses. It assumes a 2 percent
13 increase to the fiscal year '16-'17 and flat for the last
14 year of the long term projections and compliance with the
15 5 percent administrative limit.

16 Please note as we talked through the meeting
17 today through the Listening and Learning and Leading
18 process currently underway. Management is committed to
19 ways to improve efficiencies within the operations of the
20 organization.

21 Moving into program assumptions as mentioned
22 earlier the presentation the cost assumes fidelity to
23 decisions made by the Board. It assumes that allocations
24 will be spent down and end as supported by Board actions
25 and assumes that annual funding is appropriated for
programs under the current strategic plan. Specifically

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items under the zero based platform.

During the development of the long term financial projections and input from the budget and finance committee, management looks to our members for the Following Board consideration, insuring that existing allocations are reasonable accurate and aligned with the strategic plan.

Staff sees this as taking form in two approaches. On the short term, staff will focus on items that will develop fiscal year '13-'14 budget process. By identifying allocations with no activity and develop recommendations to the program and planning committee.

In the longer term, staff will reevaluate the allocation levels by the Board and identify allocations that are not projected to spend their balance by the end of the long term financial projections by analyzing cost as programs move into full implementation.

Staff will then make recommendations to the P and P -- Program and Planning committee -- and based on their input staff will provide recommendations for commission approval.

As the organization continues to implement the strategic plan and to build upon our efforts to align with the Harvey Rose recommendations we urge the Board to consider integrating programs to promote the efficiency

1 and transparency. As discussed for example examine the
2 integration of family strengthening strategies and in
3 addition clarify the First 5 financial commitment to such
4 strategies.

5 Staff will work with program and planning
6 committee to identify the fiscal and problematic
7 implications and issues to raise for Board consideration.
8 We also want to promote sustainability of our major
9 commission investments.

10 The board should also consider a major
11 sustainability policy a policy to be developed by staff
12 working with the P and P program and planning to
13 establish guidelines.

14 In addition, Board should consider adopting a
15 policy to establish a fund balance will in essence be a
16 long term financial projections projected to decrease by
17 \$522,000,000 to fiscal year 1617.

18 As we look further down the line the long term
19 financial projections democrat straits that First 5's LA
20 commission will need to make strategic decisions about
21 balancing budget in the limit its reliance on fund balance
22 to support it's operation. Staff will develop options to
23 present to the budget and finance committee for input and
24 for them to provide recommendations to the commission.

25 I'd like to end this presentation by saying that

1 this document as John mentioned earlier does not formally
2 obligate or it's to provide a framework for further
3 dialogue as the commission moves into the developing
4 fiscal year '13-'14 budget and the next strategic
5 planning.

6 I would also like to thank and acknowledge at
7 this time the hard work of my staff Alison Mendoza our
8 consultant on the project Christina Altemeyer and the
9 members of budget and finance committee, and, of course,
10 our leadership.

11 MR. RIDLEY-THOMAS: Thanks very much for your
12 presentation. In terms of the commission are there
13 questions or comments that you wish to explore.

14 MR. DENNIS: Just one question. The projections
15 are based on spending full budget amendment for those
16 years, so the information that you all gave us earlier on
17 the percentages that we haven't spent we didn't take into
18 consideration where we were projected to be at the end of
19 this fiscal year.

20 So it's based on spending the budget or not? I
21 guess that's the question.

22 MR. ORTEGA: Not specifically. If you want to
23 look at attachment three of your -- of the report, it
24 shows that in some areas we will have not savings but
25 unspent funds from allocations so really the assumptions

1 are based from program officers looking at their projects
2 and really thinking about how much they're going to spend
3 down from their allocation. We're on the zero base
4 platform it's based on the design of the program and what
5 the program officers do.

6 MR. DENNIS: So it's not the budget amount?

7 MS. BELSHE: So it's actually building on finding
8 and trying to bring a more.

9 MR. DENNIS: That's really important.

10 MS. BELSHE: And he noted and had one of the
11 considerations the expectation is given this deeper
12 analysis not withstanding the allocation there's going to
13 be some unexpended resources. So that will be a
14 reallocate those dollars. But yeah. It's an effort to
15 really capture a better estimate of expenditures of
16 allocations.

17 MR. RIDLEY-THOMAS: Specified a number. Is that
18 not the case of those uncommitted funds?

19 MS. BELSHE: The \$65,000,000 estimates unexpended
20 dollars from previously approved allocations.

21 MR. RIDLEY-THOMAS: Oh.

22 MS. BELSHE: Over the five years.

23 MR. ORTEGA: Over the course of five years?

24 MR. RIDLEY-THOMAS: Five. Correct.

25 MR. ORTEGA: See --

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MR. RIDLEY-THOMAS: Is that number 65 or --

MS. BELSHE: For dollars that have been allocated based upon a unspent.

MR. RIDLEY-THOMAS: And as stated it's uncommitted.

MS. BELSHE: They're currently committed as allocations approved by the Board but based on this deeper analysis and longer term financial expenditures staff believes there will be unexpended funds with those allocations so the question is are those dollars that the Board can be considering reallocating sooner rather than later do we have that level of confidence in the allocations exceeding anticipated expenditures.

MR. RIDLEY-THOMAS: The additional consideration are we making a distinction between unspent and uncommitted.

MR. ORTEGA: Yes, we are making a distinction.

MR. RIDLEY-THOMAS: All right.

MR. ORTEGA: 65 million represents what we have committed in allocations and funding and to consider those to be put back for other areas to fund.

MR. RIDLEY-THOMAS: Right.

MR. ORTEGA: I would have to -- I would be hesitant to answer that question because I think further analysis needs to happen. Because in some of the cases

1 implementation of some of these programs so the cost
2 savings are related to slow implementation.

3 So depending on if you want to -- if your goal is
4 to reach a specific goal, you may want to consider
5 extending the length of the program.

6 MR. RIDLEY-THOMAS: The unspent is 65 over five
7 year period is there a number for that which is
8 uncommitted under that same period of time.

9 MR. ORTEGA: Yes, it's the 233 million.

10 MR. RIDLEY-THOMAS: Both numbers need to be in
11 the focus of the commission so we have a fuller
12 appreciation of that which we are speaking about that
13 could be projected program and the like.

14 Commissioner Fielding, please.

15 MR. FIELDING: I think what Kim said earlier
16 about the importance of having policy at the -- in the top
17 tier of our agenda on a continuing basis is highlighted by
18 the recent discussions in this commission.

19 And I again want to second that and think it's
20 extremely important.

21 The other is with respect to sustainability my
22 guess is that not all not all our initiatives and projects
23 programs whatever have the same risk or same potential for
24 sustainability so I think one I would hope staff would do
25 is to look at that realistically and this has a reasonable

1 chance this has a small chance this has no chance because
2 we he need to treat these commensurate with that if we™re
3 concerned about sustainability.

4 MR. RIDLEY-THOMAS: All right. Point made.

5 Dr. Southard.

6 MR. SOUTHARD: I just want to say there's a
7 policy issue that we need to decide. If we're going to
8 allow a roll forward from -- from one month to the next or
9 not.

10 Because if you said you didn't expend this in the
11 fiscal year we can harvest this money and put it in the
12 pool.

13 But we may not want to do it that way. So I
14 think there's a policy matter for us to consider.

15 MR. RIDLEY-THOMAS: I would say that's a budget
16 matter for the budget and finance committee to take up and
17 bring it back to the full Board for consideration.

18 With respect to the major program cost
19 projections that include universal assessment as well as
20 home visitation spending a lot of detail there, what about
21 the projections are there any for the other major
22 investments that the commission has undertaken, for
23 example, LA up?

24 MR. ORTEGA: The --

25 MR. RIDLEY-THOMAS: Has there been a --

1 MR. ORTEGA: Specifically with LA up we based on
2 their contract. And based on fidelity to Board decisions
3 that's how far we took LA up. We did that consistent
4 approach with all of our investments it's based on
5 allocations or based on the contracts and we have taken it
6 up appropriately.

7 MR. RIDLEY-THOMAS: All right. That's a
8 discussion again that I'm going to ask budget and finance
9 to go into some greater detail on.

10 In terms of the -- the parallel of the respective
11 major investments pound for pound on methodologically
12 speaking there needs to be the same drill down. I'm not
13 sure that you're seeing it.

14 There may be a reason for that that's fully
15 justified but as of this moment in time I'm not sure that
16 such is the case.

17 LA Up would be an example or Best Start would be
18 another example. Let's see if it squares accordingly. We
19 don't need to spend the entire commission's time on it.
20 But I think it's worth having the discussion.

21 MS. BELSHE: If I may ask a question for
22 clarification. In terms of parallel treatment of as Raoul
23 endeavored to characterize our long term financial
24 projection endeavors to capture to the best of our ability
25 our understanding of Board decisions made. So previous

1 the previous strategic plan investments are all slated as
2 the very detailed small hard to read chart attachment
3 shows us. That those investments reflect allocations that
4 are slated to end at varying periods of time over the
5 course of the next five years the same is true with the
6 county wide supported by the Board in the fall of 2010.
7 They are multiyear initiatives they are slated and assumed
8 to come to an end consistent with decisions made by the
9 Board.

10 The allocations for the current strategic plan
11 are done on a zero based budget. So it is true it's a
12 little awkward and apples and oranges a little bit to the
13 extent we have allocations supporting some of our work
14 historically. Whereas the Board made a determination to
15 support on a zero budget basis the Best Start and county
16 wide strategies going forward.

17 So I -- I don't know if I would characterize
18 we've endeavored to retain fidelity Board decisions a
19 Board decision around a strategic plan in zero based
20 budgeting. We did have to make some assumptions what
21 those funds would be on an annual basis, but all the other
22 grants below the line if you will in terms of support for
23 the county wide initiatives and the prior strategic plan
24 investments the Board obviously can revisit all of those
25 decisions but this presentation did not make those policy

1 decisions.

2 MR. RIDLEY-THOMAS: Well, then I think that's
3 fair. In terms of the clarification that is being wrought
4 but as we are in the process of assessing reassessing
5 considering and reconsidering a range of initiatives and
6 in terms of efficacy of those programs it seems to me
7 they're beholden to expected that the material there are
8 at least projections for the boards consideration and
9 we'll specify those and I think any other Board member who
10 is of a similar mind can do that if for no other purpose
11 what it would mean with respect to assessing the
12 commitments of the decisions that may have been previously
13 made.

14 But thanks for that clarification. Anything more
15 for now?

16 MS. AU: Just a comment. I really want to
17 applaud the staff. You know, we've been talking for a
18 number of years about the declining revenue and wanting
19 to be prudent about how we go about making decisions and
20 how we allocate the dollars and we have this vague money
21 bag and full of unallocated dollars and you know. It was
22 a real temptation.

23 And I guess when the state went through their
24 budget crisis it became a major attraction and temptation
25 on part of the state. So we made some decisions and

1 unfortunately we didn't have this kind of information that
2 helped to inform us when we made these kinds of decisions;
3 so I really applaud the staff in giving us something that
4 now I feel really confident I get my hands around and see
5 that we truly need to be very, very thoughtful and
6 strategic as to how we go about allocating and starting up
7 new programs and projects and even having some hard
8 decisions about some very good initiatives that we may not
9 be able to sustain overtime.

10 So I thank you for your hard work. And this is a
11 helpful framework. It does allow us to really have
12 substantive conversation and I appreciate that.

13 MR. RIDLEY-THOMAS: Thank you, Commissioner Au.

14 Did you say that the state had some temptations?
15 Or the government pronouncement today said they might be a
16 surplus in the offing? I did read that now. The
17 Executive Director didn't reference that in terms of
18 governors conjecture.

19 MS. BELSHE: I believe that when I see that.

20 MR. RIDLEY-THOMAS: Can you tell that governor
21 that we said yield not to temptation. Yielding is sin.
22 Items on this issue at point.

23 MS. BELSHE: Final couple of quick comments
24 Number 1 is consistent with the boards in considerations
25 which Raoul articulated beginning on and well the slide

1 before us and the one previous staff will be doing further
2 work and coming back to the budget/finance committee as
3 well as program and policy. With the results of further
4 refinements of our of our allocations.

5 So I want to be clear about a couple of points.
6 Number 1 is the five year projection does assume that
7 there will be or estimate that there will be a remaining
8 balance of \$239,000,000 that at one level that sounds like
9 a lot of money.

10 But it also diminution in the fund balances can
11 at the same time we will be ramping up significant new
12 initiatives as a part of the family strengthening and
13 community building through Best Start.

14 Reconsider those decisions made but a very useful
15 tool in terms of underscoring there are resources in the
16 short term but over the long term there are some very
17 important links that are crossing, but 23 is the five
18 year estimates balance.

19 We also estimate but only experience will truly
20 determine additional \$65,000,000 in dollars that have been
21 committed estimate but probably will not be spent. It
22 will only be through experience that we can better refine
23 those numbers.

24 So working through those numbers and more
25 refinement is something we would want to work with the

1 chair of the finance Committee.

2 And secondly we have made a recommendation
3 that we should look at a policy governing establishment of
4 a fund balance reserve.

5 This organization has not had to worry about that
6 to date. But this projection makes clear that we now is
7 the time and fiscal stewardship responsibility I think
8 this is a good investment come back with some options of
9 the First 5 et cetera and to inform our reasonable and
10 responsible balance to retain.

11 MR. RIDLEY-THOMAS: Thank you very much. We will
12 receive and file this report with thanks to the staff for
13 their good work.

14 Item Number 9 is before us.

15 MS. BOSCH: Before you today is a request for
16 approval of our year 1314 budget calendar. On June 14th
17 this commission approved policy and guidelines for
18 adoption of the program and operating budgets policy which
19 accelerates budget approval from June to April and also
20 requires a rolling two year budgets on December 20th of
21 last year.

22 Staff discussed last month -- I should say, staff
23 discussed these new requirements with our budgeting
24 finance committee and for a number of reasons including
25 the appointment of our COO, the Q1 report by you heard

1 today by improvement and our commitment to improving
2 overall efficiencies within the organization as mentioned
3 by Kim through our L-3 process, the committee recommended
4 that staff present a one year budget for fiscal year
5 '13-'14 to the June 13th, 2013, meeting.

6 I'm seeking approval of this recommendation.
7 Thank you.

8 MR. RIDLEY-THOMAS: All right. It's before us.
9 Is there a motion to put that confirm?

10 (Motion forwarded.)

11 MR. RIDLEY-THOMAS: Properly moved.

12 Second?

13 (Seconded.)

14 MR. RIDLEY-THOMAS: Moved and seconded.

15 Is there any further discussions on the matter
16 that's before us?

17 Unless there's an objection, we will move this
18 forward by a unanimous vote.

19 Thank you very kindly.

20 Anything more to come before us other than
21 public comment at this time?

22 We are at that point in the agenda.

23 Item Number 14. I see that no one wishes to be
24 heard by way of public comment.

25 Dr. Fielding cannot resist the temptation.

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MR. FIELDING: The flu is growing in LA county. I wanted to just recommend it that anybody who hasn't been immunized against influenza there's still time.

MR. RIDLEY-THOMAS: Thank you very much. That's always useful. There are flyers to an event on 19th of January as you exit we invite you to be our guest at the 21st annual empowerment conference at the University of Southern California. Take a look at I think you'll find it interesting.

MS. AU: I just want to mention the horrendous occurrence in Connecticut at the Sandyhook elementary school. And that we're now conversation that's occurring on a federal level regarding this violence. And I'm not sure what role California or Los Angeles county will have in that conversation.

MR. RIDLEY-THOMAS: Significant --

MS. AU: That's really a good thing. And because I -- I think that was one of the most appalling ways for us to have finished 2012.

MR. RIDLEY-THOMAS: No question about that. And I'm glad to share with the commissioners the initiative of the Board we'll make sure that you have a copy of the motion that I introduced and the amended language that it is going to focus our efforts to the extent that it is appropriate some of that should find it's way on the plate

1 of First 5 in terms of the issue of the epidemic of begun
2 violence in communities for which we are specifically
3 concerned so we can give that more thought and
4 Dr. Fielding your assistance in that would be helpful all
5 right.

6 Ma'am?

7 MS. TILTON: I have spent the last year on a
8 federal task force that is led by the U.S. Attorney
9 General on children exposed to violence. You brought up
10 the issue.

11 The report was released the day before the
12 Newtown disaster tragedy. And so now many recommendations
13 to this report are under consideration at the federal
14 level. I only have one copy of this, as a member of the
15 commission, but I'm willing to make copies for anyone who
16 cares to look at the recommendations.

17 Again, Attorney General Eric Holder held a major
18 press conference when this was released and I was honored
19 to be a part of that.

20 So I can loan this to anyone who wants to borrow
21 it. But I think it would be better if I made copies for
22 anyone who would like me to present that.

23 MR. RIDLEY-THOMAS: I'm pretty sure the staff can
24 be of assistance with that

25 MS. BELSHE: Why don't we help with that.

1 MS. TILTON: And members of this commission were
2 actually sent to Newtown because of the great emphasis of
3 the impact of trauma to children who are trauma that these
4 children the survivors were exposed to is beyond anything
5 that is imaginable.

6 It was one day after the release of our report
7 that that tragedy occurred and such a you know. Horrible
8 irony, that.

9 MR. RIDLEY-THOMAS: Yes.

10 MS. TILTON: That juxtaposition; so --

11 MR. RIDLEY-THOMAS: Commissioner?

12 MR. SOUTHARD: And I just wanted to comment that
13 using mental health services acts funds Los Angeles county
14 has had a great partnership with school districts and
15 law enforcement to do preventative activities so we can
16 look at people who are at risk of doing such things.

17 So we've had some very significant intervention
18 both at high schools junior colleges and universities of
19 incidents that may have turned out to be like that. But
20 because of an intervention didn't so I think some of the
21 resources that we've dedicated to that in LA has been
22 fruitful for us.

23 MR. RIDLEY-THOMAS: Thank you very much.

24 Is there anything more that we entertained to
25 today?

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4:30 on the dot. And we're adjourned.
Thank you very much.