AGENDA

PROGRAM & PLANNING COMMITTEE MEETING

Chair: Neal Kaufman

Thursday, April 26, 2012
1:30 pm - 4:30 pm

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

Item 1  Call to Order  ACTION

Item 2  Review of Program & Planning Committee
Meeting Notes – February 16, 2012
  • Neal Kaufman  INFORMATION

Item 3  Healthy Births Ad Hoc Committee  ACTION
  • Elizabeth Iida

Item 4  Kindergarten Readiness Ad Hoc Committee  ACTION
  • Elizabeth Iida

Item 5  Policy Department Update  INFORMATION
  • Antonio Gallardo

Item 6  Update from Federal Advocates  INFORMATION
  • Antonio Gallardo

Item 7  Public Comment for Items Not on the Agenda  INFORMATION

Item 8  Adjournment  ACTION

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A public entity.
Item 1

Call to Order
Item 2

Review
of Program & Planning Committee
Meeting Notes – February 16, 2012
Program & Planning Committee Meeting Notes
February 16, 2012
2:00pm-5:00pm

COMMISSIONERS PRESENT:
Neal Kaufman [Committee Chair], Nancy Au, Patricia Curry, Duane Dennis

FIRST 5 LA STAFF PRESENT:
Antonio Gallardo, Tracey Hause, Raoul Ortega, Tara Ficek, Tina Chinakarn, Francisco Oaxaca, Melissa Franklin, Mercedes Perezchica, Marsha Ellis, Lee Werbel, Karen Blakeney, Reuben De Leon, Annie Chang, Aimee Loya Owens, Armando Jimenez, Katie Fallin, Mario Snow, Christine Aque, Bronwyn Mauldin, Hayley Romper, Teresa Nuno, Jennifer Webb, Jessica Kaczmarek, Elizabeth Iida, Barbara Dubransky, and Stephanie Arevalo

CALL TO ORDER / ROLL CALL

Committee Chair Kaufman called the meeting to order at 4:15 pm.

Item 1 – HEALTHY BIRTHS AD HOC COMMITTEE UPDATE

Director Iida reminded those present that the committee was established by the Program and Planning Committee on September 15, 2011. It is co-lead by Commissioner Au and Harding, and is supported by the interdepartmental team Barbara Dubransky, Mario Snow, Christine Aque, Tara Ficek, Tina Chinakarn, Jessica Kaczmarek, and Mercedes Perezchica. She noted that through their work over the past 3 months, they were able to produce several recommendations.

Director Iida introduced Senior Program Officer, Barbara Dubransky who provided background information on the initiative. She reported that it consists of seven Best Babies Collaborative and one network intended to focus on improving outcomes for pregnant women and their families and reduce poor birth outcomes among vulnerable populations. The collaboratives in the network have developed relatively detailed logic models to encompass the various strategies that the collaboratives have found useful within the communities they serve. Each collaborative has a unique implementation design and case management is the primary vehicle of their work. The core approaches include: 1) outreach and recruitment; 2) health education; 3) social support; and 4) interconception care.

Director Iida pointed out that a two-page fact sheet was available for additional information.

SPO Dubransky reported that the outcomes identified were selected by the collaboratives as the long-term outcomes. Those outcomes are to reduce: 1) low birth weight; 2) preterm births; 3) infant mortality; and 4) teen/repeat pregnancy. In addition, they would like to
increase; 1) access to interconception care for high-risk women; 2) screening, appropriate resources, and services for pregnant women; and 3) quality of perinatal services.

SPO Dubransky introduced Research Analyst, Christine Aque, noting that she would provide a brief overview of some of the evaluations outcomes. RA Aque noted that First 5 LA recently partnered with Claris Research to conduct the evaluation of the Healthy Births Initiative, primarily the Best Babies piece of the initiative. Best Babies provides case management, social support, and health education to mothers who are considered high-risk. High-Risk includes mothers who:

- Are teen parent and/or
- Are African American mom
- Have a chronic condition such as diabetes, hypertension, depression
- Are currently using tobacco or substance abuse; and
- Have previously experienced a poor birth outcome

Before highlighting some of the main findings, RA Aque noted that the evaluation was available on First5LA's website under the research and evaluations section. She reported that the first comparison group included data obtained from a WIC Survey in 2008 and the second was the Vital Statistics, information gathered from all births across the State.

Some major findings from the report with regards to outcomes of interest include:

- Infant Mortality – the difference was not statistically significant from vital statistics
- Breastfeeding Initiation – the Best Babies Collaborative
- Preterm Births – there are mixed findings in this area. The BBC sample scored higher than the Vital Statistics sample, but did not score higher than the WIC Survey.
- Very low birth weight (less than 3 lbs. 4 ounces) – the difference was not statistically significant across all three samples. In other words, the BBC samples are comparable to the samples from the other two comparison groups.
- Low birth weight (5.5 lbs.) – the BBC sample has higher rates of low birth rates than the other two comparative samples.
- No birth defects – the BBC sample showed lower rates than the two comparative groups.
- Cesarean births – rates are lower among the BBC clients then the other two comparative groups.

Also, the Los Angeles Best Babies Network presented during the November 30, 2011 Ad Hoc Committee meeting and this time looked at the subsequent birth outcomes. They looked at preterm, low birth weight and very low birth weight and compared it to Denver’s Interconception Health Promotion Initiative, another program that is similar to their own, but has been in business longer. The finding was that the rates are higher for those who completed the Denver program than the BBC sample. Lastly, the BBC also provided data within groups. In other words, they provided data on outcomes of low birth weight within their own clients.
One thing to note is that the population being served by the healthy births initiative is a high-risk population and the control group was not, which means that we can infer that they are potentially having a greater impact than data can show us.

What the Commissioners learned from stakeholders is that there are areas where there is a lot of variance in terms of the strategies in terms of the healthy births collaborative but this was an area where the network and the collaboratives worked together and have a concentrated standard approach and the Commissioners really wanted to see how we can use strategy to focus on another area. Some of the discussions centered around interconception care as an opportunity that will impact low birth weight by making sure there is not a second poor birth outcome.

In order to support the Commission's investment, staff is currently working on a crosswalk of investments on a timeline and skillset basis that is currently in the process of being launched. Those include Welcome Baby! and social supports within Best Start, Prenatal through Three Core Competencies and Commission sponsored Countywide Projects such as -- Peer Support Groups etc.

So the recommendations were to extend the Best Babies Collaborates no more than one year in order to focus on prioritized core strategic areas supported by evaluation findings. In addition, they recommend extending LABBN for no more than one year to: a) support BBC's core strategic areas; b) focus on sustainability strategies for the initiative; c) focus on efforts to improve prenatal service provision; d) emphasize Healthy Births Learning & Care Quality Collaboratives. And lastly, we recommend extending the AJWI for no more than one year to continue to serve as a data repository for program monitoring and evaluations.

The rationale is to preserve the infrastructure (workforce and agency and capacity) until Best Start, Welcome Baby and Countywide projects, etc. are launched, and to better demonstrate the effectiveness of establishing priority strategies and to align potential opportunities to continue and enhance efforts to reduce low birth weight.

With that said, SPO Dubransky shared the fiscal implications of a one year extension as the following:

<table>
<thead>
<tr>
<th>CONTRACTS</th>
<th>AMOUNT</th>
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</thead>
<tbody>
<tr>
<td>7 Best Babies Collaboratives (BBC) Contracts</td>
<td>$3,673,948</td>
</tr>
<tr>
<td>LA Best Babies Network (LABBN) Contract</td>
<td>$696,302</td>
</tr>
<tr>
<td>AJWI Contract</td>
<td>$55,750</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$4,426,000</strong></td>
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The proposed next steps include presenting an action memo at the April commission meeting and begin negotiations of Scopes of Work and Budgets for one year of Healthy Births contract extensions.

Also during the months of May to June, staff plans to include costs for extensions in FY 2012-2013 Programmatic Budget for discussion at the May Commission meeting and approval at the June Commission meeting. Staff also plans to present Healthy Births
scopes of work and budgets in the June consent calendar. Staff expects to finalize contracting documents for July 1, 2012 contract start date.

Commissioner Au congratulated staff. She stated that this was a good interim step.

CPO Antonio Gallardo wanted to extend a word of caution. From the Programmatic perspective, he understands the value of recommending extensions, but thinks it's important to clarify what we mean when we say "until the community's plans are ready". He thinks what is important to clarify to providers is that holds a certain meaning that the community plans will be... that the communities will adopt these services as they are, but it is more that the communities, based upon their needs, can decide to incorporate these services.

Commissioner Au noted as Best Start is now becoming crystalized, she is noting that there are some foundation infrastructure issues that need to be in place. There is sort of a broader visioning that needs to be taken into account. For example, she is thinking of a hospital system. If we had a hospital system that is purely driven by community needs, there would be a less effectiveness to that system. That's why we have the Department of Health services to take a way to look at standardizing and establish some countywide structure in which these hospitals can operate. Similarly, best babies may grapple with this. They may not know how to articulate it but we do know that sometimes some kinds of infrastructure needs to be in place in the communities to truly address the issues deeper. Which is why it is so important to get partners on board as our funding disappears.

Director Iida commented on the power of the relationships that have already been established. One of the big take-aways is the strength of the relationships that were already established by the second meeting. We can look to this and think of how it applies to our work in best start communities.

SPO Dubransky stated that Commissioner Au and Harding thoughts were key were the various efficiencies and cost savings that exist when there is that infrastructure there. Saving time and cost when you already have someone trained, or saving cost and time in recruiting.

Commissioner Dennis did not have any comments.

Commissioner Curry did not have any comments.

Commissioner Kaufman stated that there were 4 elements that should be addressed during the presentation to the full board in a more comprehensive manner.

Firstly, he asked for clarification regarding the components of what the seven healthy birth programs do. Commissioner Kaufman noted that breastfeeding was one, but noted that it is not a healthy birth; it's a healthy post birth measure. He asked if those components standardized across all seven programs and for further information regarding the models used and the clinical approach.
Secondly, he asked for information regarding the process, the approaches, and the infrastructure that is there now that there wasn't there 9-10 years ago. Commissioner Kaufman commented on understanding that there are partnerships, but noted that he didn’t get a feel for that. He didn’t know if within them that there is an average of four partnerships within this type of group, etc.

Commissioner Kaufman continued by asking for the cost to deliver the service. How many deliveries were served or women served who weren't pregnant or women who were on birth control or were they only after they were pregnant? And with regards to interconception care, how many women were in that stage? How many were pregnant? Commissioner Kaufman expressed not having a sense of the logistics. The only place where he felt that was tapped into was birth weight. The number of deliveries that fell within that measurement was provided. However, there is no information on the number of people served, the cost of service, or return on investment.

Commissioner Kaufman stated that he didn’t like the outcomes presented or the manner in which they were presented. To compare a high-risk population to the standard LA County vital statistic is not helpful. Perhaps comparing them to the WIC population is better simply because of the eligibility requirements for WIC, but there are other methodologies. There could have prediction for low birth weight probabilities, entry to prenatal care, what actual percent got in. There are other ways of getting comparisons.

Essentially, Commissioner Kaufman felt that he didn’t know if we got our money’s worth.

Christine Aque stated that in terms of cost per participant, staff did a rough estimate that came to about $3,400 per participant and there were about 38,000 participants.

Commissioner Kaufman asked Christine how she felt about that number. Is that a lot per person, is it a little? Is there anything to compare that to? And that number of course doesn’t include the actual medical expenses because medical covers those.

Commissioner Kaufman presented a hypothetical situation. Assuming there is a cost per participant of $3,400 and assuming that all participants were pregnant at the time for duration of 8 months. He would have liked to know if:

- That a reasonable cost for prenatal care per patient?
- There is anything to compare that to?
- How much was spent during pregnancy?
- How much was spent during the first 6, 9, 12 months after birth?

Commissioner Kaufman suggested that information relating to the previously mentioned should be presented in a tabular form.

SPO Dubransky clarified that the components were mentioned earlier. She reiterated that the outcomes are 1) outreach and recruitment, 2) health education, 3) social support and 4) interconception care.
Commissioner Kaufman asked for further clarification. It was clarified that outreach and recruitment mean outreach and recruitment to identify high risk prenatal women leading to their participation in the program.

Commissioner Kaufman also noted that health education is an extremely broad term that would need clarification.

SPO Dubransky noted that in the future when going to the full board, the committee can expand on what those components really are. She also noted that selection of a curriculum was a process measure for each of the collaboratives within a collaborative.

SPO Dubransky explained that staff was currently working on collecting information regarding partnerships and related items. She also noted that the committee did not intend to go very much deeper in terms of cost of service for the reason mentioned earlier. The Commission's interest in extending this was less around a judgment about the program and its cost effectiveness but more around the training, the workforce that is housed within the collaborative. She continued by stating that doesn't mean we can't add it however.

Commissioner Kaufman stated that the Commission would be interested in both.

Commissioner Au clarified that the Committee did not want the outcomes to determine whether the initiative was a success or not.

Commissioner Kaufman acknowledged understanding of that concept. However, he noted that there were other ways to measure success, such as frequency of visits to the doctor. He stated that perhaps the way we are looking at outcomes may have other methodologies that are match controlled.

Commissioner Au pondered if the initiative was meant to address items like in vitro fertilization. In the last couple of years there has been a phenomenon where in vitro fertilization has been happening, and thereby resulting in more multiple births, etc. She wondered if the initiative had structures in place that take that into account.

Commissioner Kaufman commented that he believed that we set up an appropriate approach. First 5 LA found a skilled high-level coordinating group that looked at best practices that looked at how to identify the pilot test sites, and then created best practices sites. The coordinating group would evaluate it, correct it, standardize models, and include multicultural models with the goal of being able to learn from it and implement it 15 to 20 years from now.

Commissioner Kaufman opened the floor for public comment.

A representative from Maternal and Childhood Access who has been a BBC recipient for years suggested that the following should be included as measures:
- Lowering the frequency of performing a cesarean section this should be included since that is a cost effective measure.
- Return to provider – post-partum visit return rate – which is a positive measure in this best babies program.
A representative from LA Best Babies Network stated that they are currently conducting an evaluation of the BBC’s from October 2005 to December 2010. Once that is finalized, that will provide with the data requested. Completion date is expected to be by end of April.

Commissioner Kaufman asked Director Jimenez if staff had any other approaches (maybe not by April) to methodologically control for such items, for example zip code based comparisons.

Director Jimenez stated that staff did have zip code based comparisons which much of it was based on the time since staff didn’t have access to individual matches. He noted that a few improvements were suggested through the conversations. One flaw was that staff didn’t go deep enough to understand the client and client rates. Specifically within the Hispanic category, staff did not distinguish between clients who have been in the United States for a number of years and clients who have acculturated and those who have only newly migrated. Those groups tend to have much better outcomes anyway and that is something that we didn’t ask in the analysis and that could potentially mask some of the effects. In addition, staff would like to incorporate ways to look at future births. Some of the impact could have really been for future births, multiple births that create spacing between births.

**Quorum was not present. No vote was taken.**

**Item 2 – REVISED ACCOUNTABILITY AND LEARNING FRAMEWORK DRAFT**

Director Jimenez reported that staff has worked on a Revised Accountability and Learning Framework. He noted that with the implementation of this Framework, if approved, Commissioners, grantees, stakeholders and staff would have clear expectations from the inception of a project or initiative. Having already received input from Commissioners, one key element in the revised framework is the emphasis on defining success first. All parties involved should have a clear sense of direction and outcomes before engaging in conversations regarding allocations, strategies, etc.

In addition, staff also presented two policies for recommendation to the full board. The first is Policy and Guidelines for the Development and Approval of Research and Evaluation Projects. The second is Policy and Guidelines for Outcomes-Driven Planning and Evaluation. Director Jimenez noted from personal experience that unless it’s policy, it may be pushed to the bottom of the ‘to do list’. Therefore, it is important to put into policy the process of assessing and coming to agreement with regards to outcomes, what performance target reflects meaningful change.

Assistant Director Fallin proceeded to provide a brief overview of the Framework. She explained that the framework is a document that describes how we will hold ourselves accountable to our stakeholders through a process of setting expectations, monitoring the performance of investments, reporting on both progress and outcomes, and using data to improve our effectiveness and efficiency. It describes the various components of the Research and Evaluations work and includes the addition of the countywide augmentation projects.
Additionally, staff met with the Research Advisory Committee (RAC) to get feedback and through those conversations, several suggestions surfaced. Some of which included that staff scale back on some of our plans on evaluating Best Start and that staff elicit partnerships with existing data sources. They also they strongly suggested that staff put more of an emphasis on outcomes and targets during the planning phase so that efforts can be evaluated in a way that is meaningful.

Harvey Rose and Associates, via the audit, provided various recommendations as well. Firstly, that staff expand the dashboard and that as a whole, the agency become more transparent in sharing our findings with the public. It was also recommended that staff develop an Annual Accountability and Learning Report that is different from than the one provided to First 5 California, which is focused on a collective evaluation instead of an initiative specific evaluation.

Assistant Director Fallin commented that all of the previously mentioned recommendations were or are in the process of being incorporated. Assistant Director Fallin noted that additional information about research and evaluation projects are not available on the website, including most R&E reports, research briefs, and brief videos starting staff. In addition, staff has improved the dissemination of findings within First 5 LA as well through brown bag lunches, conversations with Commissioners and other stakeholders.

Assistant Director Fallin reported that program evaluation have been organized into thematic clusters largely due to the high volume of projects. She explained that staff developed common research elements within clusters and across those projects in order to facilitate communication and to increase efficiency and effectiveness.

Commissioner Kaufman requested that staff explain in more detail how organizing evaluations in clusters helps staff.

Assistant Director Fallin explained that originally, the decision was made in order to more practically organize staffs work and staff. The idea was to have staff specialize in certain areas and to begin to think of the projects as a collective. However, they found that there were advantages beyond that, including the development of common data elements which facilitated their ability to tell a story across a cluster. For example, in the perinatal cluster, staff can collect many of the same variables across the cluster and aggregate them so there’s almost a cluster level evaluation.

Assistant Director Fallin proceeded to provide a brief overview of the two policies.

Policy and Guidelines for the Development and Approval of Research and Evaluation Projects
Assistant Director Fallin reported that the policy statement states that all new research and evaluation projects must be approved by the Board of Commissioners. Commissioners will have the opportunity to provide feedback on all research and evaluation project proposals prior to approval by the entire Board of Commissioners.

Staff is proposing that this policy apply to all evaluation projects after the effective date of the policy.
Assistant Director Fallin continued by noting that the responsibility section states that the Board of Commissioners is responsible for approving all new research and evaluation projects. The Chief Executive Officer or his/her designee, in coordination with the Director of Research and Evaluation, is responsible for assuring that all new research and evaluation project proposals are brought to the Board of Commissioners for approval and that Commissioners are given the opportunity to provide feedback in the development of research and evaluation projects prior to formal approval by the entire Board of Commissioners. In addition, the proposal to commission for approval would include a) a statement of purpose, b) a list of expected learning outcomes, c) a timeline and list of activities and d) the proposed cost.

Assistant Director Fallin explained that those components were included verbatim from the recommendations made in the Harvey Rose audit.

Furthermore, all commissioners will be given the opportunity to provide feedback and we are proposing that we would do this through:

- Individual commissioner briefings
- Presentations at this committee
- Information items in the board of commissioners meetings
- And/or through our annual program budget process

Commissioner Kaufman opened the floor for any requests for clarifications first. None were made known.

Commissioner Kaufman opened the floor for any questions. None were made known.

Commissioner Kaufman noted that any suggestions related to generating more traffic to the website, such as placing it in the other people’s newsletters, etc. would be appreciated.

Commissioner Kaufman commented that he would judge the success of that website by how many people click on to the website, how many people download the stuff, by the metrics of the website, which he staff is collecting that data on.

Assistant Director Fallin reported that the baseline number of reports was originally had was 20, but now has approximately 100 reports online.

Commissioner Duane Dennis asked for clarification regarding the evaluations presentations to the Commission. He expressed concern over having to present to the Commission information about every single evaluation that R&E performs for approval. He asked if the information be presented in a form much like the consent calendar or if there would be lengthy discussion around each evaluation of every program that First 5 LA funds.

Director Jimenez responded that he believed it would be possible to think of the evaluations as part of categories where certain high profile, large investment evaluations that would go to the commission and the program and planning committee for discussion. There,
discussion would include how we are going to go about this, this is a significant investments and learning and making sure the outcomes are the ones we want and then there may be other evaluations where projects are smaller with smaller investments where the commission might feel that the best place to move forward and approve is on a consent calendar type of document.

Commissioner Duane Dennis suggested that dealing with those types of things might not be appropriate for the commission meetings but might be appropriate for something like the Program and Planning Committee meeting, having those lengthy, tailored discussions and then presenting it to the commission as either an action item or a consent calendar item.

Commissioner Kaufman thanked Commissioner Dennis for his input and expressed his agreement. He felt that there should be a working definition of what type of items it goes to the full board. If it's this type of item, then it goes to the board, if it's this amount then it goes to the board.

Commissioner Kaufman continued by noting that according to the audit, every evaluation should be presented to board for its approval. However, the format was not specified. He noted that there are potentially three pathways for full board approval. They included:

- Full Commission should look at it, discuss it, and approve it.
- The Planning Committee should look at it, discuss it, and make a recommendation to the full commission for approval.
- Requires Commission affirmation (for a lack of better word) through consent calendar.

Commissioner Kaufman asked for clarification regarding the proposed cost.

Assistant Director Fallin clarified that staff meant the proposed cost of the project.

Commissioner Kaufman suggested and amendment of the wording to “proposal for each research evaluation should include...”

Assistant Director Fallin also clarified that individual commissioner briefings meant that staff would provide the opportunity for briefings, but it did not become a requirement.

Commissioner Kaufman cautioned that a discussion regarding Commissioners and staff roles regarding such items had not yet taken place. He noted that we have formal things called Committees, informal things called liaisons, and we have things called point of contact like a phone call, which is highly informal. However, individual staff briefings had not yet been discussed. He also pointed out that it would be an undesirable situation for staff to have to talk to individual commissioners about every evaluation.

Assistant Director Fallin explained that it was intended as a list of possibilities.

Commissioner Kaufman commented that by saying that included this in the list of possibilities, it would mean that each commissioner has the right to have personal briefings, at any time. That has the potential for becoming excessive.
Commissioner Dennis stated that it's pretty arbitrary right now and suggested that the more nebulous you keep it the more flexibility staff will have.

Commissioner Au noted that either way, there will be variance between Commissioners as to whether they will take up staff on their invitation to discuss certain items.

Director Jimenez stated that in the past, he has appreciated when Commissioners have provided their input in the evaluations information. For example, if there is a Commissioner who does not have the opportunity to participate in the Program and Planning Committee meeting or any other related meeting, but is highly involved in the project, those briefings could provide them the opportunity to be aware of what's going on instead of having to wait until the board meeting.

Commissioner Kaufman and Commissioner Curry suggested that perhaps it might be an issue of putting in the right wording.

**Item 3 - BEST START COMMUNITY PLAN TEMPLATE**

Assistant Director Marsha Ellis commenced by noting that the last Program and Planning Committee Meeting, a brief overview was provided of the community plans. The Community plans are made through mile stones presented in June. The staff for the Best Start Ad Hoc Committee has been working on implementing the template lead by SPO Karen Blakeney.

SPO Blakeney explained the Best Start Community Plan is designed in a way that each community can highlight what their current accomplishments are. What will be accomplished within the next year and long term where they want to be in five years? The whole focus on Best Start is about strengthening communities so they therefore can strengthen families. The class fit structure and design is to align with the strategic plan that was approved by Best Start in 2010, it incorporates the approved prioritized path way to define the outcomes expected for the four goal areas that the Commission intended for Best Start. SPO Blakeney explained the four goals are as follows:

- Children are born healthy
- Children maintain a healthy weight
- Children are safe from neglect and abuse
- Children are ready for kindergarten

Each community plan will explain how they will work toward achieving the goals and outcomes of the strategic plans prioritize path ways. Communities will develop plan and objectives that are achievable in year one and have the 5 year outlook.

SPO Blakeney noted the development of the community plan structure has been an interdepartmental effort and acknowledges the Research and Evaluation, Public Affairs,
and Program Development Department. Each plan will speak to the same components, the template will have the same components in it, which the community will answer the same questions. The depth of the component may have a different answer, and different from each of the communities. In the areas of capacity building some communities may have more in that section and less in the programmatic section. This is because we know when best start began we had communities at various levels of readiness. We had some communities that had a lot of collaboratives that were formed across the agency and some had minimal collaborative within their boundaries. Also, there were those communities that had a large number of neighborhood action councils.

SPO Blakeney discussed the one community that didn’t see themselves as a neighborhood, according to the boundaries that First 5 LA had imposed on contact. The levels of readiness are very broad on all levels of the community. The timelines may be different on the implementation and planning around Welcome Baby and Home visitation programs. Some communities are either closer where they can submit an LOI for Welcome Baby and some already have a proposed program model that are existing in the community.

SPO Blakeney informed the commissioners the main components of today’s presentations is so that they can see what they will expect to be submitted by the Community Partnerships in June.

Program Officer Owens proceeded with the structure of the plans. She explained all of the work that is being done with the community is moving them toward community plans that outline health and work toward best start First 5 LA goals. Each of the components of the plan with align with prioritize of the pathway and based on data on community assessments that best start has conducted, but also other data information that the community has.

PO Owens noted the first part of the plan will begin with the strategy section. Each plan will have a strategy section that will describe the activities that Best Start will implement in two broad areas, which are Family Strengthening and Community Capacity Building. Family Strengthening activities are to remind us that they focus on strengthening relationships between parents, children and their caregivers. Under family strengthening the section will describe how the community will plan and implement Welcome Baby and their select Home Visitation Model. As for the home visitation model communities can choose from the four approved evidence based projects. Family Strengthening sector will also describe community based projects; these projects are design to strengthen families with links to early childhood education.

PO Owens added the community capacity building is very beneficial to the success of Best Start, because it’s about strengthening the community to the support of the family. Each community plan will identify activities to build capacity in four court areas. These four court areas are as follow:
Engagement- Building and strengthening relationships between people who live and work within the community.

Leadership- Writing resources and opportunities for current and emerging community leaders to focus on children and families and issues they face within the community.

Infrastructure- Activities to create stronger organizations and to connect organizations in the uppers that they are rooting for each community. This is in hope that communities will work more effectively and efficiently.

Investments- Includes - Activities to build the community resources, connecting the community to resources outside of their community, it can deal with money, time or talent other things that are external.

PO Owens added these activities will build on current community's strengths and skills, resources that are already in place, best start wants to leverage and build on those. As part of community capacity building, the communities will begin to identify potential topics or issues they want to address through community based action research program. This section will also include information from the communities First Step project, based on the lessons learned from Metro LA, they have gone through a similar process. Best Start is revising their first step process to increase collaboration and input that are receiving from partnerships and to minimize competition in the community.

PO Owens continued to emphasize that family strengthening, the community capacity is very central to best start and the success of best start in each community. In addition to the implementation success it is also looking into sustainability in the long term passed the first 5. As mentioned, the community will use a template to craft their plans. For each activity addressed, the strategy of family strengthening and capacity building partnerships will use that template to answer the following questions.

Planning Questions

- How will their activities align with the community vision and objectives?
- How will they achieve those objectives?
- How will the community define success and monitor progress?
- How is the community building on or using the existing resources, strengths, and skills?
- What additional resources are needed to implement, and how do community’s plan on implementing. What are their specific next steps?
- How will the community then communicate progress beyond the community partnerships?
By having these questions, it helps to ensure that the plans will align with First 5 LA's prioritizing pathway and it that they are also working towards their community vision and objectives, keeping those in mind. SPO Blakeney mentioned the depth of the questions will vary as well, depending on their readiness and the type of resources already placed in the community.

PO Annie Chang addressed other components of the community plan. Every community has developed their community vision which is the wordle that was shown in the beginning of the presentation. Community plans will include visions statements as well as their community priorities. These priorities are leaking back to the outcomes of the prioritize pathway so they know what First 5 LA's idea strategy was to accomplish these four goal areas. They will lay out the community priorities as well as the community objectives, these objectives are measurable for five year and this one year of what they want to achieve. As well as the visions and priorities objectives, there will be a lay out of the demographics of the community so that we have a context of who the plan will impact. As well as the current community boundaries and proposals of the revised in these boundaries. A description of the planning process will also be addressed with all of its steps they have gone through to develop these community plans.

PO Chang continued with some other sections of the components of the community plan:

- Communication - Will lay out overall how they will be communicating the results to the outer community and the stakeholders.
- Evaluation and Learning - Will speak about how they will be working with their evaluations to measure progress in their communities
- Implementation - They will lay out with their partnership structure will be through implementation. How they make sure that diversity and inclusion is of community residents and parents continues through Best Start as well how they will be accountable with how these communities achieve their goals.
- Budget - The first year there will be a general budget for activities

PO Chang continued to address how the best start partnership planning process plans have been and will be developed as of June. As a base across the community there are training that are in session, these trainings help give skills to the partnership so they can appropriately plan and achieve the objectives. Best Start believes this is what they see as an opportunity for residents and anyone else who may have not previously participated in the planning process, so that their skills can be at the level of other professionals that are planning as well.
PO Chang noted the topics that have been occurring for these trainings include formalizing the partnership structure, smart planning, public speaking, and how to read interpret data. In addition to the trainings every community has work groups, these work groups have already started, they are smaller groups made up of the larger partnership. These groups organize all the feedback that they hear from the community. The partnership meetings can range from 50-80 in attendance, these groups have started around Family Strengthening Component, Community Capacity Outreach and Engagement and Data.

PO Chang continued on to the next planning process that involved leadership groups. All communities have leadership groups, the majority are parents and residents they range from 10-15 members for the larger communities. These members were selected by the partnership as a whole. The goal for them is to develop these community plans.

PO Chang notes the most important of the partnership planning process is the partnership meetings, this is when the community comes and gathers and makes decisions for the partnership. A criteria is developed to who can and cannot vote, these partnership meeting occur once a month and even twice a month to get through all the work that the community needs to do to develop these plans. All the community activities will continue to happen from now until June, so we can develop all the sections of the plans that were described.

SPO Blakeney interjected about Next Steps for Best Start, the community will have a template and guidelines that will be used within the process of having something to work with. The best start leadership will provide updates to the Best Start Commission Liaison on a regular basis on where the plan is for the next few months. The commission can expect to receive fourteen plans for approval in June with the understanding that each one will indicate a different level of readiness. In closing SPO Blakeney shared the process has a lot of participants from the communities to come together and have been able to form relationships, to discuss what they want in their communities.

Commissioner Nancy Au proceeded to explain that she met prior to the meeting with Best Start since she is a liaison for the department. She went on to address the presentation that was given by research and evaluations in regards to framework and is trying to implement that with Best start. Best Start placed based piece is very different in a sense first 5 LA has become an implementer of this particular project. People have been hired to do the implementation therefore the accountability piece that we are holding the staff to, should be viewed how we hold contracts accountable in terms of formats. There is an immense anxiety on Best Start due to the different stages of the community; some of them are just about ready to move forward to present a plan to the commissioner for approval and funding. There are those
communities that are still developing themselves as a community. The trust level is the key that can be a relationship issue.

Commissioner Nancy Au stated back the four foundations which is very core value orientation. 1) Best Start is about community capacity building and the way we define it as an issue of empowerment. Commissioner Au explained that she addressed to Best Start staff her expectation from those communities that are not quite ready to formulate an extensive plan and to inform the staff they are not ready and are working on it. What they may need conditionally so they can get to a point to solidify.

Commissioner Au noted that there is an opportunity to test a lot of our hypothesis, assumptions and theories, family strengthening, community capacity, and subsets of theories are to name a few. It is important that First 5 LA revisits that, and as Liaison Commissioner Au wants to push for that, so that as Commissioners they will be able to respond to the new framework that Research and Evaluation is proposing. As commissioners they need to be clear as to what kind of outcomes they are looking for. What mechanisms or items will be used to determine if the theories are working? The staff will be held to this performance base, how well these communities are coming together, how organized they are and, if effective communication is being used. In addition, what needs to be in place in a county wide level to support community, this is where direct services can be key.

Commissioner Nancy Au proceeded to ask the question, what are parents doing to support their children in school readiness, but overall what are communities doing in order to support children in readiness for school?

Commissioner Patricia Curry interjected by asking under the partnership planning process if each of the fourteen communities have target time frames for each of these areas?

SPO Blakeney responded they will be submitting with the implementation plan a timeline where they will would target each phase they need to go through, for instance, pick a specific strategy by specific date.

Commissioner Patricia Curry asked what if one of the communities stays much further back than others? How long do we allow them to stay back? Is it indefinite or do we allow these communities to work it out themselves?

SPO Blakeney responds that Best Start expects some conversations amongst the community members and based on experience with the CBO’s that have done training with parents in the program. Not all parents and residents that are at the table are people who have experience with leadership and advocacy. A task as a
program officer is to provide these communities with the technical assistance from what we have learned and seen in other initiatives.

Commissioner Curry interjects that her concern is the strain put on for a period of time, but is glad to hear that technical assistance is being provided.

Commissioner Duane Dennis wants clarity if the expectation in June is that the commissioner will receive a timeline with the physical note attached to those activities as well?

SPO Blakeney responds that there is a budget template that match whether it is capacity building or act in programming that is being requested, it might not be an in depth piece as detailed that you would get as someone that does a contract, given the scope of work or detailed budget, but will be an overall budget for a category. Those budgets will be negotiated once it has been taken to the commission.

Commissioner Kaufman interjected what is the period of time for the budget?

SPO Blakeney responds it would be for one year, from July- June 2013 with an expectation to include the First Step grants in June. The first step grants will be part of the plan, but the goal is to be presented to the commission in May so that the contracts can be ready in July.

Commissioner Nancy Au noted that we are hold to AB 109 in terms of competitive process. It is an impairment of residents so she cannot see the community being able to apply for these funds unless they organized as a 501. Therefore the only people who can apply for these grants in the community are CBO's.

SPO Ellis interjected by adding that Best Start has worked for the past two months to restructure First Step Friends, feedback has been provided to promote competition that leaves out funding process. Several conversations have taken place with the contracts legal compliance department knowing that First 5 LA can only fund legal entity, we have restricted First Step so that a parent organization or club not formally structure as an entity would be able apply under the structure agency that will be able to receive funds. Best Start encourages people to come together around similar projects to work together.

CPO Gallardo interjected as a difference from traditional funding as we do RFP/RFQ we structure the first step as a letter of intent where the community can engage and see what kind of opportunities are within the communities and sit around the table, discuss options and find opportunity to promote collaboration. CPO Gallardo wanted to make it clear to the commission there is a delay implementation on this until the Commission will allow to move forward.
Commissioner Duane Dennis expressed his concern that this can potentially have a lot of discussion and if the expectation, presentation and exception is due in June and distribution by July it seems that there is a constraint. Commissioner Dennis suggests if possible that there is a presentation in May and action item in June.

Commissioner Kaufman interjected the first step to push things back is separating two things. 1) First step small grants/ large plan acceptance 2) one year policy. Commissioner Kaufman coincides with Commissioner Dennis suggestions. There will be considerable discussion because of the understanding so far has been supporting the planning of best start. As soon as you start supporting the implementation there will be terms of actuals there will be discussion how big of a contribution. Commissioner Kaufman suggest that best start should give an informational item in the April Commission meeting, in May, they can proceed to display the plans in the fourteen different communities, and in June it can be brought for a vote. This does not mean that it gives best start a July contract, since the chances are slight that a contract can be done in two weeks.

Commissioner Kaufman proceeded to ask clarification on the fundamental question, what is the scope and size of implementation and budget request that will come forth in June? What kind of level of funding is that supposed to be, is it phase where the community is? All of this has to be presented so it's best to present a conceptual in April, come back in May to explain to the commission. Commissioner Kaufman suggests the same conversation should take place for first step grants.

SPO Ellis clarified that the small grants are up to 100,000 per community.

Commissioner Kaufman noted that it is based on a concept where you give communities a quick win so they can feel good they have done something. This as well, should be on the context of the plan, not sure why the voting panelist should vote on it beforehand before the plan makes it in June. The plan approved in June if that's when it can be, should include first step grant to any community that is ready for it.

SPO Ellis mentioned that a part of it had to do with the timeline in terms of contracts, so they can be in place so that in July dollars can be distributed to the communities. After the plans are approved there will be some delay between the times communities can roll out their programs.

CPO Gallardo noted the idea was to take the first step with capacity building exercise for communities to learn how to make decisions, prioritize, and do that along the way to develop.

Commissioner Kaufman interjected by stating that if best start wants a start in June they need to begin the process in the next commission meeting. In March,
present to the commission, April present community plans and in May the commission can take a vote. It seems there can be a possibility for a start in June, but more than likely it will now occur until July/August. The commission should not hear for the first time the implementation budget and plan having not heard the month before what you will get the following month. This can cause confusion to the commission.

Commissioner Patricia Curry asked what the community’s expectations even after waiting anxiously are.

SPO Ellis replied first step grants were announced some time ago, best start has begun to receive calls because the expectation that the LOI should have rolled out by now.

Commissioner Patricia Curry asked if there are services and programs that are on hold with people.

SPO Blakeney clarified that the communities have been meeting since September 2010. They have been committed and keep coming back to do the planning. The original concept was for the grants to go out earlier than the plan was even submitted. Commissioner Kaufman interjected going out a month before is not the same as it would have gone out six months in advance. SPO Blakeney noted that best start took the time to look at it and hear the input from the community to try making it less competitive.

Commissioner Kauffman addressed the Best Start liaisons, Commissioner Au, Yancey, Tony, and LACCO appointee. This is a perfect example of a meeting, that a committee can discuss and hear people’s opinions. This is the reason why the liaison committee is structured, the idea that the committee can help the department think things through before it is addressed to Commissioners.

Commissioner Kaufman opened the floor for discussion to the public.

A member of the audience urged and encourages First 5 LA staff to let the public know what is needed to make decisions on the extensions. As a whole they hope for the decision to be made in April. She continues to express to the staff to inform the people of what can be done to make the proper informed decision.

Commissioner Duane Dennis noted there will be a lot of public comment on the best start communities that will proceed in the following months.

Meeting Adjourned at 5:00pm
Item 3

Healthy Births
Ad Hoc Committee
Healthy Births
Ad Hoc Committee

First 5 LA
Program and Planning Meeting
April 26, 2012
Healthy Births Initiative

- **Total Investment**: $28 million
  - Approved allocation of $15 million in 2002
  - Additional $13 million approved in 2007 as part of program expansion

- **Number of Clients Enrolled** (October 1, 2005 and December 31, 2010): 2,601
  - N=718 (27.6%) clients enrolled during interconception period
  - N=1869 (71.8%) were pregnant at enrollment
Healthy Births
Ad Hoc Committee

**Background:** Established by the Program and Planning Committee on September 15, 2011

**Charge:** Develop a sustainability plan that preserves the Healthy Births infrastructure and considers its relationship to the achievement of the Commission’s priority measure to reduce the incidence of low birth weight
Committee Process

Review and Analysis of:

- Healthy Births Initiative evaluation findings

- Field-based promising practices and lessons learned from key informants

- FY 2009-15 Strategic Implementation Plan - Transition Plan

- Place based family strengthening and countywide investments
Healthy Births Initiative’s Infrastructure

Workforce:
- Eighty-one (81) staff employed by seven (7) BBCs.
- Fifty-five (55) trained home visitors
- Numerous certifications completed, including 34 Certified Lactation Educators
- Experience implementing evidence based curriculum
- Experience using client assessment tools

Partnerships and Collaboration:
- Forty-two (42) formal and 145 informal partners are in the referral network
- Partners represent a wide range of medical, mental health, education, nutrition and emergency service providers
- Interagency Referrals: Over 85% of referrals to other agencies were completed
- Clinic and Hospital Participation: 10 clinics participated in the Healthy Care Quality Collaborative
Healthy Births Initiative's Infrastructure

Identifying successful strategies for supporting the adoption, implementation, scale-up, and sustainability of evidence based home visiting programs, based on a national cross-site evaluation, conducted by Mathematica Policy Research and Chapin Hall at the University of Chicago

- **Infrastructure Elements Supported by LABBN:**
  - Evaluation Capacity
  - Peer Learning Opportunities
  - Policy and Advocacy
  - Sustainability Planning
Rationale for Preserving Health Births Initiative Infrastructure

- Alignment to Best Start Communities’ home-based interventions, countywide efforts, and timeline
- Transition to Best Start, Welcome Baby and Countywide projects, etc.
- Potential opportunity to continue and enhance efforts to reduce low birth weight and contribute to a more cost and time efficient ramp up of family strengthening programs in the Best Start Communities
Clarus Research
Qualitative Study (2011)

• Best Babies Collaborative (BBC) clients:
  – Increased social support and connection
  – Increased health promoting behaviors
  – Improved psychosocial functioning
  – Increased knowledge about pregnancy and parenting

• Community:
  – Increased referrals
  – Improved access to services
  – Improved quality of care
2011 BBC Performance Measures

- 91% of clients received postpartum check-ups (LAMB 91.5%\textsuperscript{1}, Medicaid 59.7%\textsuperscript{2})

- 67% of clients with chronic conditions received care at 3-6 months

- 87% of clients received education in 3 or more health topics

- 93% of clients completed social support referrals

- 85% of clients completed at least 1 interagency referral completed

- 87% of clients had partial achievement of care plan goals by time of birth

\textsuperscript{1} 2007 Los Angeles Mommy and Baby survey data

\textsuperscript{2} 2009 Medicaid data obtained from LA Best Babies Network 2011 report
Percent of Preterm Births for BBC clients from 2006 through 2011

2010:
- BBCs - 14%
- LAMB Survey - 9%
Percent of Births, by Birthweight (2010)

- **Very Low Birthweight (<1,500g or 3 lbs 5 oz):**
  - BBCs (N=245): 2%
  - LAMB (N=1,079): 2%

- **Low Birthweight (<2,500g or 5 lbs 8 oz):**
  - BBCs (N=245): 8%
  - LAMB (N=1,079): 7%

- **Normal Birthweight (bwt 2,500-4000g or 5 lbs 8 oz-8 lbs 13 oz):**
  - BBCs (N=245): 82%
  - LAMB (N=1,079): 87%

- **High Birthweight (>4,000 g or 8 lbs 13 oz):**
  - BBCs (N=245): 8%
  - LAMB (N=1,079): 6%
Percent of Low Birthweight Births for BBC clients from 2006 through 2011
Cesarean births (2010 data)

- BBCs (n=247): 33%
- LAMB (n=1,079): 38%

Babies born with no birth defects (2008-09 data)

- BBCs (n=578): 97%
- Vital Stats (n=61,890): 93%
## Infant Mortality Rates

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
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<tbody>
<tr>
<td>BBCs</td>
<td>0%</td>
<td>0.7%</td>
<td>0%</td>
<td>1.1%</td>
<td>0.8%</td>
<td>0.4%</td>
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<tr>
<td></td>
<td>(0/169)</td>
<td>(2/301)</td>
<td>(0/183)</td>
<td>(4/374)</td>
<td>(2/252)</td>
<td>(1/278)</td>
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<tr>
<td>LAMB</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>0.8%</td>
<td>%</td>
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<td>(9/1,071)</td>
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**Note:** Infant deaths only include neonatal and post-neonatal deaths. This does not include fetal deaths, spontaneous and therapeutic abortions.
Breastfeeding Initiation Rates for BBC clients from 2006 - 2011

- 2006 (n=61/144): 42%
- 2007 (n=169/329): 51%
- 2008 (n=157/242): 65%
- 2009 (n=296/367): 81%
- 2010 (n=268/318): 84%
- 2011 (n=250/276): 91%
Repeat Poor Birth Outcomes

• Repeat Low Birth Weight
  • BBCs - 17%
  • LAMB Survey - 20%

• Repeat Preterm Births
  • BBCs - 24%
  • LAMB Survey – Forthcoming
  • Colorado Trusts’ Interconception Health Promotion Initiative 23%\(^1\)
  • FDA approved drug for women with preterm histories 29.4%\(^2\)

\(^1\)LA Best Babies Network, 2012
\(^2\)ibid.
Healthy Births Ad Hoc Committee Recommendations

• Extend seven Best Babies Collaboratives for no more than one year

• Extend the LA Best Babies Network for no more than one year

• Align with Best Start Family Strengthening Implementation Timeline
  - Welcome Baby/Universal Assessment contracts are scheduled to be ramped up quarterly beginning October 2012 at a rate of two hospitals per quarter.
  - Select Home Visitation contracts are expected to follow hospital contracts within communities by one quarter.
Next Steps

- Present the following in an approval memo at the May 2012 Commission meeting for Commission action:
  - Most recent evaluation findings and comparison data
  - Ad-Hoc Committee Recommendations
Item 4

Kindergarten Readiness
Ad Hoc Committee
NOTE:

Materials for this item will be sent as a separate document prior to next Thursday’s meeting.

Thank you.
Item 5

Policy Department Update
AGENDA

- Policy Department Mission
- Strategic Plan Defined Policy Activities
- First 5 LA Policy Agenda
- Policy Department Strategic Overview
- First 5 LA Policy Agenda & Policy Department Activities Alignment
- Background
- 2011 Accomplishments
- Legislation – close up
- 2012 Priorities
First 5 LA Policy Department Mission

Public Policy: To achieve large scale and lasting change in the lives of children, families and communities, First 5 LA must proactively seek long-term public policy change. First 5 LA will use its unique role to build public support for policies and programs that benefit children prenatal through five and their families utilizing efforts that complement First 5 LA’s place-based investments. Through collaboration with stakeholders, local experts and the leadership of Commissioners, we will contribute to positive change for children and families. This work highlights that we are more than a public foundation; we are an advocate organization for young children.
(Source: Strategic Plan Implementation Plan 2009-2015)

Government Affairs: We will engage in relationship-building, education, early childhood advocacy efforts, all aimed specifically at elected officials on all levels of government, including staff, appointed officials of administrative agencies, and community advocacy groups who influence these elected officials and administrative agency personnel.
(Source: Strategic Plan Implementation Plan 2009-2015)
Strategic Plan Defined Policy Activities

- **Policy Development**: Our activities will include research and analysis of issues, proposals, and legislation; environmental assessments of the policy landscape; review of policy research; identification of barriers; and formulation of policy recommendations/positions. Convening and consulting experts and grantees, as well as engaging in coalitions and task forces will inform this work.

- **Issue Education**: Efforts to build public will among key stakeholders and the general public will include conducting issue education campaigns; sponsoring forums, trainings and policy conferences; publishing white papers, policy briefs and fact sheets; and collecting and sharing research to document the need for policy change.

- **Advocacy**: Our strategies will include convening and consulting stakeholders to collaborate on advocacy strategies; creating media visibility for policy positions; engaging grantees in issue education; communicating directly with policymakers; and promoting leadership development in advocacy in our targeted communities, as well as at the countywide levels.

- **Public Policy Grantmaking**: We will explore opportunities to fund others in support of First 5 LA’s policy goals, including funding for coalitions, projects to identify policy solutions, regional or local campaigns to build support for the Policy Agenda goals, professional advocates, leadership development in policy/advocacy, efforts to build media visibility on problems and potential solutions, and research to inform and create movement towards policy change related to the ten policy goals.

- **Collaboration**: First 5 LA recognizes the critical role partnerships and coalitions play in advancing our policy goals and improving systems. As such, First 5 LA will identify and actively participate in existing collaborations and seek out new and expanded partnerships and relationships with County agencies, other funders, nonprofits and community-based organizations.

(Source: Strategic Plan Implementation Plan 2009-2015)
First 5 LA Policy Agenda

- Support comprehensive, affordable health insurance for all
- Increase access to healthy food options and physical activity
- Promote reductions in drug, alcohol and tobacco use by parents/caregivers
- Expand access and improve quality of early care & education programs
- Expand voluntary home visiting
- Support data integration and sharing
- Strengthen the prenatal to five workforce
- Increase supports for breastfeeding
- Expand early identification and intervention
- Promote integration of family strengthening principles and prevention practices into the child welfare system

(Source: Strategic Plan Implementation Plan 2009-2015)
Policy Department Strategic Overview

All F5LA

Broad recognition/awareness by government officials, policymakers, advocates of F5LA’s role and value in LA County, benefiting children 0-5 and their families

LA County

LA County

State

State

Federal

Federal

Reach

Critical Capabilities

Goals and Aspirations

Activities

Outcomes

- One-to-one communication and relationship building with electeds and staff (Government Affairs, Issue Education)
- Support/Oppose policies, legislation (Advocacy)
- Participate in coalitions and partnerships with County and other stakeholders (Collaboration)
- Grants to support policy development and advocacy projects (Government Affairs, Collaboration, Issue Education, Advocacy)
- Events, panels, roundtables and speakers (Issue Education, Policy Development, Collaboration, Government Affairs)
- Policy Briefs elevate policy opportunities, frame challenges and policy solutions (Issue Education, Advocacy)

First 5 dollars preserved
First 5 LA value recognized by policymakers
Community capacity to advocate on behalf of children 0-5 increases
Policy solutions identified, developed
Policies benefiting children 0-5 and their families are adopted and implemented effectively; damaging policies stopped

Concrete improvements to public policies that affect children 0-5 and their families

Policy Agenda

Children 0-5 and their families have improved outcomes in 4 main strategic goal areas and 10 Policy Agenda goal areas.
# First 5 LA Policy Agenda & Policy Activities Alignment

<table>
<thead>
<tr>
<th>Health Insurance</th>
<th>Healthy Food/Physical Activity</th>
<th>P-5 workforce</th>
<th>Quality ECE</th>
<th>Family Strengthening</th>
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<tr>
<td>Obesity/ACA Panel Discussion</td>
<td>SSB Brief</td>
<td>Next Panel on Child Care/ECE</td>
<td>PAF: Crystal Stairs; LABBN</td>
<td>Collaborate with County Agencies</td>
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<td>PAF: APALC; Western Center</td>
<td>Obesity/ACA Panel Discussion</td>
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<td>COF: Community Coalition, L.A. Gay &amp; Lesbian Center, LABBN</td>
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<tr>
<td>COF: Children's Hospital Los Angeles, Maternal &amp; Child Health Access</td>
<td>SSB Policy Roundtable</td>
<td>PAF: Crystal Stairs</td>
<td>Next Panel on Child Care/ECE</td>
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<td>PAF: Public Counsel; Advancement Project; Crystal Stairs; Special Needs Network</td>
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<td>State Leg: AB 6, AB 152, AB 234, AB 581, AB 669, AB 1100 AB 1319</td>
<td>COF: Advancement Project, Alliance for A Better Community</td>
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<td>State Leg: AB 419</td>
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<td>Early ID &amp; Intervention</td>
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<td>PAF: Breastfeeding TF; LABBN</td>
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<td>PAF: Special Needs Network; LABBN; LAPMHTF</td>
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<td>COF: Breastfeeding TF</td>
<td>Federal Advocate: ACA Prevention Fund</td>
<td>State Leg: AB 823, AB 1088</td>
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<td>State Leg: AB 540</td>
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<td>Federal Advocate: Advocating backfill requirement in federal tobacco tax legislation</td>
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Background

CA State Budget

THE PERFECT STORM
Accomplishments 2011

State Budget
- AB 99 – outreach and education to every member of LA County delegation and key staff about impact of proposal; original version reduced from 50% of all future revenue to static $1B amount
- Partnered with First 5 Association on key budget issues
- Stage 3 Child Care

Grantees
- 12 active COF grantees
- Advancement Project/Preschool California garnered $40M for LAUSD to use for preschool facilities in underserved areas
- Maternal and Child Health Access uncovered over 100 inconsistencies in benefits for pregnant women resulting in over 100,000 pregnant women will soon be eligible for dental services
- Policy Advocacy Fund RFP released and 13 finalists selected, investing over $5.5M in the community for advocacy projects

Events/Publications
- ACA/Healthcare & Obesity panel event with elected officials and experts; over 85 attendees
- 2 Policy Roundtables: 1 focusing on Sugar Sweetened Beverages, other on Federal Advocates/Federal Policy; over 30 attendees
- Sugar Sweetened Beverages Policy brief & Executive Summary
- Co-programming with Public Affairs for Rethink Your Drink Campaign: ensure elected official engagement/participation
- Regular, timely articles in First 5 LA Monday Morning Report highlighting local, state and federal policies affecting children 0-5 and their families

Legislation
- Reviewed ~150 bills
- 25 actively supported
- 8 signed into law (see next slide)
Legislation – Close Up

- 150 Bills Reviewed
- 25 Actively Supported
- 8 Signed Into Law

Collaboration, Coalitions, Partnership

**AB 581 & 152**
- More healthy food available to food insecure families
- 1.5 million food insecure families in CA will have more access

**AB 1319**
- Prohibits BPA in baby bottles
- 430,000 0-2 year olds in LA County will benefit

**AB 201 & 222**
- Requires insurers provide coverage of maternity care/services to all pregnant women
- 2.86 million CA women will benefit

**AB 1296**
- Creates a single application for Medi-Cal, Healthy Families and Health Exchange
- Over 4 million CA children benefit

**SB 502**
- Requires infant feeding policy encouraging breastfeeding in hospitals
- Benefits 150,000 babies born in LA County each year

**AB 1088**
- Requires disaggregation of data related to Asian, Native Hawaiian and Pacific Islander populations
- Over 68,000 children 0-5 are Asian, Native Hawaiian or Pacific Islander in LA County
2012 Priorities

- Monitor legislation that aligns with the First 5 LA Policy Agenda and engage in strategic plan approved activities in support or opposition to relevant bills
- Build relationships with legislators, track and respond to state budget threats directed at First 5 and programs that serve young children
- Manage Policy grantees and post Policy Advocacy Fund (PAF) Cycle 2 in Summer 2012
- Implement policy events—electeds' staff briefing, Valley Reps meeting, policy roundtables, and panel discussions
- Publish policy briefs and articles on key issues for children 0-5 in LA County
- Identify and participate in new County, State, and Federal policy coalitions, collaborations and workgroups
Strategic Overview Presentation

Questions?
THANK YOU
Item 6

Update
From Federal Advocates
D.C. Professional Advocate: Goals

1. Create and identify legislative opportunities at the federal level that will benefit L.A. County's 0-5 population and their families, with special emphasis on First 5 LA goal areas and strategic outcomes. This includes sponsoring and otherwise supporting and advocating for legislation, regulatory change, and other policy-related efforts that benefit children 0-5 and their families.

2. Create and identify opportunities to leverage fiscal and non fiscal resources on behalf of children and families 0-5 in L.A. County.

3. Promote First 5 LA as a model advocacy/grantmaking entity to federal officials and their staff members and inform and educate that audience about our mission, goals and successes.

4. Facilitate relationship-building between First 5 LA staff and federal officials/staff including other nationally based strategic alliances.

5. Inform and educate federal officials and their staff members about both the command of strengths and assets of Los Angeles County and the greater Southern California region such as its diversity and extensive formal and informal networks which serve to address the critical needs and challenges facing children and families.

6. Create and participate in collaborative advocacy/education efforts with other child advocacy organizations and stakeholders in the 0-5 arena.
## Attachment B

### First 5 LA

**2012 Legislative Agenda:**

Federal Component

(Approved by Commission April 19, 2012)

### MAJOR LEGISLATIVE REAUTHORIZATIONS AND THEIR CORRESPONDING APPROPRIATIONS

<table>
<thead>
<tr>
<th>Bill Title</th>
<th>Description</th>
<th>Status of Reauthorization/ FY 12 Appropriation Level</th>
<th>First 5 LA Policy Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child Abuse Prevention and Treatment Act (CAPTA)</strong></td>
<td>CAPTA authorizes formula grants to states to help improve their child protective services; competitive grants and contracts for research, demonstration, and other activities related to better identifying, preventing, and treating child abuse and neglect; and formula grants to states for support of community-based child abuse and neglect prevention services. This includes the following programs: the Community Based Child Abuse Prevention, Promoting Safe and Stable Families and Kinship Guardianship Programs as well as the Safe and Stable Families Discretionary Funds.</td>
<td>Status - Awaiting action in both houses. Community Based Child Abuse Prevention Program Appropriation - $41,006,000 Promoting Safe and Stable Families Program Appropriation - $345,000,000 Kinship Guardianship Program Appropriations - $80,000,000 Safe and Stable Families Discretionary Funds - $63,184,000</td>
<td>Promote Family Strengthening Principles and Prevention Practices in the Child Welfare System</td>
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<td><strong>Child Care Development Block Grant (CCDBG)</strong></td>
<td>CCDBG is the primary federal grant program that provides child care assistance for families, and funds child care quality initiatives. CCDBG is administered to states in formula block grants. States use the grants to subsidize child care for working families earning low incomes. In addition, the law requires no less than 4 percent of CCDBG funding in each state to be used for activities to improve the overall quality of child care for all children within a community.</td>
<td>Status - A bill was introduced in the Senate and there have been hearings in the Senate Health, Education, Labor and Pensions Committee. No action has been taken in the House. Appropriation - $2,282,027,000</td>
<td>Expand Access to and Improve Quality of Early Care and Education Programs</td>
</tr>
<tr>
<td><strong>Elementary Secondary Education Act (ESEA)</strong></td>
<td>The Elementary and Secondary Education Act (ESEA) authorizes several programs dealing with early care and education programs and the early learning work force including the Race to the Top-Early Learning Challenge Fund (RTT-ELC), Promise Neighborhoods, and Investing in Innovation (IN), among others. These programs were funded through the FY 2011 Appropriations bill but not formally authorized.</td>
<td>Status - The Senate Health, Education, Labor and Pension Committee has passed a version of its bill. The House of Representatives Committee on Education and the Workforce has passed two bills</td>
<td>Strengthen Prenatal to 5 Workforce; Expand Access to and Improve Quality of Early Care and Education Programs</td>
</tr>
<tr>
<td>Head Start/Early Head Start</td>
<td>Head Start and Early Head Start are comprehensive early childhood development programs designed to meet educational, emotional, social, health, nutritional and psychological needs of 0-4 year olds and their families. Includes a home visiting model for infants and toddlers and their families.</td>
<td>Status - Awaiting action in both houses. Appropriation - $7,983,633,000</td>
<td>Expand Access to and Improve Quality of Early Care and Education Programs</td>
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<td>Individuals with Disabilities Education Act (IDEA), Parts B and C</td>
<td>IDEA is the main federal statute that authorizes federal aid for the education of children with disabilities. Part B helps states provide preschool for children with disabilities ages 3 – 5. Part C of the IDEA provides funding for the states to maintain and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system to provide early intervention services for infants and toddlers with disabilities and their families.</td>
<td>Status - Awaiting action in both houses. Appropriation -</td>
<td>Part B - Expand Access to and Improve Quality of Early Care and Education Programs; Expand Early Identification and Intervention</td>
</tr>
<tr>
<td>Appropriation Line Item</td>
<td>Description</td>
<td>FY 12 Appropriation Level</td>
<td>First 5 LA Policy Goal(s)</td>
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<td>Child and Adult Care Food Program (CACFP)</td>
<td>CACFP subsidizes nutritious meals and snacks for low-income children and adults who are enrolled for care at participating child care centers, day care homes, and adult day care centers. CACFP also provides meals and snacks to children and youth who participate in after-school care programs or reside in emergency shelters. CACFP requires the food provided to meet nutritional guidelines.</td>
<td>$2,830,000,000</td>
<td>Increase Access to Healthy Food Options and Physical Activity</td>
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<td>Prevention and Public Health Fund</td>
<td>The Prevention and Public Health Fund was created as part of the Affordable Care Act to invest federal dollars in efforts to improve public health and improve outcomes for chronic diseases such as heart disease, cancer, stroke, and diabetes. Specific funds are targeted to home visiting, smoking cessation, breastfeeding and anti-obesity strategies, including the Community Transformation Grant that LA DPH received.</td>
<td>$1,000,000,000</td>
<td>Expand Voluntary Home Visiting; Promote Reductions in Drug, Alcohol and Tobacco Use by Parents/Caregivers; Increase Supports for Breastfeeding.</td>
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<td>SupPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)</td>
<td>Known as CalFresh in California, SNAP is a government assistance program that helps low-income households pay for food. It serves 237,239 0-5 year olds in L.A. county.</td>
<td>$88,198,000,000</td>
<td>Increase Access to Healthy Food Options and Physical Activity</td>
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<tr>
<td>Women, Infants and Children Program (WIC)</td>
<td>WIC provides grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are at nutritional risk. Approximately eighty five percent of children in LA County benefit from the WIC program.</td>
<td>$6,618,497,000</td>
<td>Increase Access to Healthy Food Options and Physical Activity; Increase supports for breastfeeding.</td>
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</tbody>
</table>
Item 7

Public Comment for Items Not on the Agenda
Item 8

Adjournment