AGENDA

SPECIAL MEETING OF THE
LOS ANGELES COUNTY CHILDREN AND
FAMILIES FIRST PROPOSITION 10
COMMISSION – FIRST 5 LA

Wednesday, August 29, 2012
9:00 am – 12:00 pm

Meeting Location:
First 5 LA
Multi-Purpose Room
750 N. Alameda Street
Los Angeles, California 90012

Item 1  Call to Order
Item 2  Public Comment for Items on the Agenda
Item 3  Baby-Friendly Hospital Evaluation
  ▪ Armando Jimenez
Item 4  Discussion and Study Session Regarding
  First 5 LA’s NOFA for Permanent Supportive Housing
  ▪ Zev Yaroslavsky
Item 5  Review of Program & Planning Committee
  Meeting Notes – May 24, 2012
  ▪ Neal Kaufman
Item 6  Adjournment

ACTION
INFORMATION
INFORMATION
DISCUSSION
INFORMATION
ACTION
Item 1

Call to Order
Item 2

Public Comment for Items on the Agenda
Item 3

Baby-Friendly Hospital Evaluation
# Research and Evaluation Project Proposal

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Baby-Friendly Hospital Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statement of Purpose</strong></td>
<td>The BFH evaluation will be a point-in-time evaluation of the achievements and challenges F5LA-funded hospitals have experienced during their process to become Baby-Friendly hospitals. The evaluation will consist of interviews with maternity department staff and former patients, as well as a quantitative analysis of hospital data to track changes in practices. Key research questions include: What have been the most effective strategies for implementing the BFH program? What have been the major challenges in implementing the BFH program, and how have the hospitals overcome (or plan to overcome) them? What major milestones have the hospitals accomplished toward attaining the BFH designation? What have been the maternity department staff reactions to the changes in practice? For those patients who delivered at the hospitals, what were their reactions to the new baby-friendly practices? What changes in hospital practice have been made?</td>
</tr>
<tr>
<td><strong>Expected learning outcomes</strong></td>
<td>This evaluation will produce a report that will accomplish the following: Describe challenges the hospitals currently face or have overcome Describe best practices the hospitals have developed Highlight the hospitals’ major accomplishments Describe the staff reactions to the changes Describe how patients feel about the baby-friendly care they have experienced Illustrate changes in the hospitals’ practices through quantitative data The final report will help the First 5 LA Commission understand the hospitals’ progress toward becoming Baby-Friendly, enable the hospitals, especially the ones earlier in the process, to learn about each other’s best practices, and contribute to the body of Baby-Friendly Hospital literature.</td>
</tr>
<tr>
<td><strong>Timeline and Major Activities</strong></td>
<td>The evaluation contract will go from September 2012-June 2013. Some key milestones include: December 2012: Hospital staff and patient interview protocols created and approved by IRB March 2013: Interviews completed, quantitative data analyzed June 2013: Report, research brief and presentation materials completed</td>
</tr>
<tr>
<td><strong>Proposed Cost</strong></td>
<td>$130,000</td>
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</table>
Baby-Friendly Hospital: Background

The Baby-Friendly Hospital (BFH) Initiative is an international program of the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF). The Initiative recognizes hospitals and birth centers that have put in place policies and practices (the Ten Steps to Successful Breastfeeding) to enable parents to make informed choices about how they feed and care for their babies. Hospitals and birth centers that implement the Ten Steps create an optimal environment for the initiation of breastfeeding.

First 5 LA has committed $10.5 million to assist up to twenty hospitals to achieve BFH designation. Each hospital has three years to make the changes necessary to attain the Baby-Friendly Hospital designation. There are three “cohorts” of hospitals who began work about one year apart.

1. Pilot: California Medical Center was chosen to be the pilot hospital as part of the original resolution. It began work in July 2009. California Medical Center received its BFH assessment in June 2012; we are awaiting the results.

2. RFP 1: East Los Angeles Doctors Hospital, Hollywood Presbyterian Medical Center, Monterey Park Hospital, Pomona Valley Hospital Medical Center, San Gabriel Medical Center, St. Mary Medical Center and White Memorial Medical Center began their contracts in June 2010. They anticipate being ready for BFH assessment in June 2013.

3. RFP 2: Beverly Hospital, Garfield Medical Center, Greater El Monte Community Hospital, Memorial Hospital of Gardena, Pacific Alliance Medical Center, Providence Little Company of Mary Medical Center-San Pedro, St. Francis Medical Center and Valley Presbyterian Hospital began their contracts in October 2011. They expect to be ready for the BFH assessment in September 2014.

4. RFP 3: An RFP issued in April 2012 resulted in no responses. We expect to reissue the RFP later this fiscal year.
The Ten Steps to Successful Breastfeeding

The Baby Friendly Hospital Initiative promotes, protects, and supports breastfeeding through The Ten Steps to Successful Breastfeeding for Hospitals, as outlined by UNICEF/WHO. The steps for the United States are:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice "rooming in" by allowing mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial nipples or pacifiers to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birthing center.
Baby-Friendly Hospital Evaluation: Linking with Past Efforts

Although this will be the first contracted evaluation of the Baby-Friendly Hospitals Initiative, First 5 LA staff has been collecting data since the beginning of the program.

- The hospitals that began work in June 2010 were interviewed that fall to assess their starting states. This evaluation will continue that work and allow a longitudinal analysis of the hospitals' change over time.
- Those hospitals with better-developed data collection systems (usually Electronic Medical Records) have begun reporting client-level data on such outcomes as patient preference (wanting to breastfeed at admission) vs. experience (their feeding method at discharge). This data will be analyzed in greater detail by the quantitative evaluation.
- A survey to capture the hospitals' stage of readiness was conducted June 2012. Of the 15 hospitals working on BFH now, 13 hospitals responded to the survey. Their answers will be compared with earlier surveys to document change over time. The survey revealed common challenges and experiences that the qualitative interviews will delve into:
  - Most of the hospitals do not have model responses for the staff to respond to requests for pacifiers, removal of the infant from the room or formula.
    - What are the nurses currently saying? How did the hospitals that do have model responses develop them? Can those resources be shared?
  - Some hospitals have a "no visitors" policy immediately after birth to allow the mother and infant to bond.
    - What are the pros and cons of this practice?
  - Most of the hospitals are unable to allow skin-to-skin contact for caesarian mothers in the operating room, or even in the recovery room. Several hospitals are unable to reunite infants and mothers until more than two hours after the caesarian delivery.
    - What are the challenges to quicker skin-to-skin contact for caesarian patients? How did the hospitals that have succeeded in providing skin-to-skin contact in the operating room or recovery room accomplish this?
  - Several of the hospitals are transitioning from a traditional nursery model to a couplet care model.
    - What are the keys to this transition?
<table>
<thead>
<tr>
<th>Domains</th>
<th>Key Questions</th>
<th>Data Sources &amp; Methods</th>
<th>Questions &amp; Considerations</th>
</tr>
</thead>
</table>
| **Attitudes & Culture:**  
- Attitudes / Commitment to BFH best practices | - Where is each hospital on their 4-D pathway to Baby-Friendly Designation?  
- What major milestones have hospitals accomplished toward attaining BFH designation (see 4-D Pathway)?  
- What have been major challenges in implementing and how have hospitals addressed them?  
- What have been the most effective strategies for implementing BFH program?  
- What are some common challenges across hospitals?  
- What promising or best practices emerged across hospitals? | **Administrative Data**  
- Hospital self-appraisal data (BFH standard tool) | - How can we build from existing evaluation efforts that First 5 LA?  
- Baseline: What if any baseline data is available for participating hospitals?  
- Sample size: Propose 12 hospitals  
- Other tools/data sources: Have any of the hospitals completed the Maternity Practices in Infant Nutrition and Care? |
| **Hospital practices & procedures:**  
- Skin-to-skin ("golden hour")  
- Rooming-in  
- Use of formula  
- Breastfeeding education & support for new moms  
- Breastfeeding resources & postpartum support  
- Language & cultural issues | | |
| **Staff education and training**  
- Training curriculum and teaching plans  
- Hours and type of training | | |
| **Hospital policy**  
- Existence of BF policy  
- Milestones in 4-D pathway | | |
| **Breastfeeding rates**  
- By race/ethnicity, age, etc.  
- By region/SPA, hospital | | |
| **Breastfeeding practices**  
- Skin-to-skin  
- Rooming-in  
- Use of formula  
- Breastfeeding education & support for new moms  
- Breastfeeding resources & postpartum support  
- Language & cultural issues | | |
Item 4

Discussion and Study Session
Regarding First 5 LA’s NOFA for Permanent Supportive Housing
SUBJECT:
Discussion and Study Session Regarding First 5 LA’s NOFA for Permanent Supportive Housing.

BACKGROUND:
Pursuant to the Commission’s action on July 12, 2012, First 5 LA is in the process of developing a competitive Notice of Funding Availability ("NOFA") for a $25 million allocation to provide permanent supportive housing for children prenatal to five years old and their families. The purpose of this study session is to review and discuss the terms and parameters of the NOFA, as currently provided in draft form in the attached matrix and PowerPoint presentation.

NEXT STEPS:
Following discussion by the Commission and input from the public and Commissioners, it is the intent of staff to finalize the NOFA consistent with the Commission’s direction and release it for proposals.

As currently presented, based on the advice of a panel of experts convened by Chair Yaroslavsky’s office, the NOFA would solicit proposals for specified projects in the categories of expenditures: Capital Development; Gap Financing; and Rental Assistance and Services. Staff and experts will give a full presentation at the meeting and facilitate a Commission discussion.
<table>
<thead>
<tr>
<th>Expenditure Purposes</th>
<th>Capital Development Fund</th>
<th>Gap Financing Fund</th>
<th>Rental Assistance and Service Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assist development projects that will result in new units of affordable housing for</td>
<td>Provide &quot;gap&quot; funding for permanent housing projects already under construction that will</td>
<td>Provide funding for rental assistance/master-leasing and/or supportive services; All programs must include both components, but applicants can request funding under one or both categories; If funds requested for only one category, application must demonstrate committed, leveraged funding to cover the other</td>
<td></td>
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<tr>
<td>the target population, and have at least site control.</td>
<td>set aside units for the target population</td>
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<table>
<thead>
<tr>
<th>Eligible Uses of Funds</th>
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<tbody>
<tr>
<td>1) Acquisition of a vacant building (must be ready for occupancy within 9 months); or</td>
<td>1) Capital gaps in projects that are under construction; 2) Up to 2 years operating subsidy for projects under construction; 3) Up to 2 years supportive services for projects under construction</td>
<td>Component 1 - Supportive Services, including Housing Locator Services (Required for all projects); Component 2 - Housing assistance, which may include any of the following: 1) Rental assistance; 2) Master leasing; 4) Move-in costs; 5) Eviction prevention/rental arrears</td>
<td></td>
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<tr>
<td>2) Acquisition with Rehabilitation; or 3) New Construction; or 4) Operating subsidy and/or supportive services in connection with a new capital project</td>
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<tr>
<td></td>
<td>* Projects involving relocation will not be considered</td>
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<tr>
<td></td>
<td>* Projects receiving operating and services funding must demonstrate track record of securing public and private funds and must include plan to secure long-term funding</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>* Rental assistance may be provided to families for 6 months up to 2 years, as determined by assessment of families needs</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposed Funding Allocation (approx. $2 million balance reserved for administrative costs)</th>
<th>$11 million</th>
<th>$5 million</th>
<th>$7 million</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Per-Project Minimum</th>
<th>$500,000</th>
<th>$100,000</th>
<th>$200,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per-Project Maximum</td>
<td>$3.7 million; $3 million max for capital; $500,000 for operating subsidy (~20 units at $12,000/family/year for 2 years) and/or $200,000 for supportive services (2 FTE service staff @ $50,000/year for 2 yrs.)</td>
<td>$2 million for capital; $500,000 for operating subsidy; $200,000 for services; Applicant may request any combination of the above</td>
<td>Rental Assistance - $1.2 million (50 families at $12,000/family/year for 2 yrs.); Services - $200,000 (2 FTE service staff @ $50,000/year)</td>
</tr>
</tbody>
</table>
# FIRST 5 LA PERMANENT SUPPORTIVE HOUSING NOFA - DRAFT TERM SHEET

<table>
<thead>
<tr>
<th># of Projects Funded/Families Served</th>
<th>Capital Development Fund</th>
<th>Gap Financing Fund</th>
<th>Rental Assistance and Service Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>High leverage ($35,000/unit): 30 families x 3 projects = 90 families</td>
<td>Gap Financing Fund with High leverage: ($35,000/unit):</td>
<td>Capital Gap with High leverage: ($35,000/unit): 400-500 families over 2 year period</td>
<td></td>
</tr>
<tr>
<td>Medium leverage ($200,000/unit): 15 families x 3 projects = 45 families</td>
<td>$500,000 loan: 14 units x 8 loans = 112 families</td>
<td>$2 million loan: 57 units x 2 loans = 114 families</td>
<td></td>
</tr>
<tr>
<td>Note: Calculations assume projects set aside 35% of total units for population; Actual numbers will vary based on building size</td>
<td>Note: Calculations assume projects set aside 35% of total units for population; Actual numbers will vary based on building size</td>
<td>Note: Calculations assume families receive rental subsidy for 2 years; number of families/children served will be higher if families require less than 2 years of assistance</td>
<td></td>
</tr>
</tbody>
</table>

| Number of Children Prenatal-S Served | Target: 60 children | Target: 100 children | Target: 400-500 children over 2 year period |

| Maximum Capital Subsidy per Restricted Unit | $200,000 (approximate average of industry Fund Special Needs limits for 1, 2, & 3 bedroom units; would equate to at least 15 units for $3M) | $35,000 | N/A |

| Number of Units per Project | Minimum set-aside for target population: Greater of 5 units or 35% of total project units | Minimum set-aside for target population: Greater of 5 units or 35% of total project units | N/A |

| Typical Financing Structure | See Attached Examples | | |

| Ineligible Uses | Emergency shelters, transitional housing, group homes | Emergency shelters, transitional housing, group homes | Services without linkage to a permanent housing component |

<p>| Continuing Family Eligibility | In permanent housing, families should continue to be eligible after children turn 6, provided that household income doesn't exceed limitations imposed by other funding sources; In mixed-population buildings, the next available unit can be made available for another family with a prenatals-5 child, however, this may have financial feasibility consequences for Project | In permanent housing, families should continue to be eligible after children turn 6, provided that family income doesn't exceed limitations imposed by other funding sources; In mixed-population buildings, the next available unit can be made available for another family with a prenatals-5 child, however, this may have financial feasibility consequences for Project | Families that had at least one prenatals-5 child when applying for assistance may continue to receive assistance after the child turns 6, as determined based on the family needs assessment |</p>
<table>
<thead>
<tr>
<th></th>
<th>Capital Development Fund</th>
<th>Gap Financing Fund</th>
<th>Rental Assistance and Service Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accommodated Level of Need</strong></td>
<td>Up to higher-barrier families (e.g. disabled head of household needing long-term rental subsidy)</td>
<td>Up to higher-barrier families (e.g. disabled head of household needing long-term rental subsidy)</td>
<td>Lower-barrier families that can be expected to have gainful employment and assume responsibility for lease after rental assistance ends</td>
</tr>
<tr>
<td><strong>Funding Structure</strong></td>
<td>30 year loan: negotiate forgivable or residual receipts (structure may be dictated by other funding sources such as tax credits)</td>
<td>Capital - loan; Operating/Services - grant with repayment in event of default provision</td>
<td>Grant with repayment in event of default provision</td>
</tr>
<tr>
<td><strong>Funding Term</strong></td>
<td>Capital - 30 years;</td>
<td>Capital - 30 years; Operating/services - Funds must be expended within 2 years</td>
<td>Funds must be expended within 2 years</td>
</tr>
<tr>
<td><strong>Scoring Criteria</strong></td>
<td>Projects will be scored based on experience of applicant/development team, financial feasibility, readiness, architectural design and sustainability, and the quality of the supportive service plan</td>
<td>Projects will be scored based on experience of applicant/development team, financial feasibility, readiness, and the quality of the supportive service plan</td>
<td>Projects will be scored based on the experience of applicant, readiness, and the quality of the service plan</td>
</tr>
<tr>
<td><strong>Readiness</strong></td>
<td>1) All applicants must demonstrate Site Control</td>
<td>Projects will receive readiness points based on the percentage of construction completed</td>
<td>Applicant must have proven track record of locating and securing housing for families, and must be able to demonstrate that is connected to a network of landlords/property managers</td>
</tr>
<tr>
<td>Service Requirements</td>
<td>Capital Development Fund</td>
<td>Gap Financing Fund</td>
<td>Rental Assistance and Service Fund</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------</td>
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<tr>
<td>All projects will be required to submit service plan and budget detailing all services to be provided on-site and offsite; Minimum service requirements include: case management, child care, job training and placement, life skills (including financial literacy), health care, substance abuse services, and mental health services</td>
<td>All projects will be required to submit service plan and budget detailing all services to be provided on-site and through linkages; Minimum service requirements include: case management, child care, job training and placement, life skills (including financial literacy), health care, substance abuse services, and mental health services</td>
<td>Minimum service requirements include: housing location, case management, child care, job training &amp; placement, life skills (including financial literacy), health care, substance abuse services, and mental health care</td>
<td></td>
</tr>
<tr>
<td>Geographic Limitations</td>
<td>Anywhere in LA County; Tiered point incentives for location in high-need Service Planning Areas (1st priority - SPA 6; 2nd Priority- SPAs 4 &amp; 8); Point incentives for proximity to child care and other children and family services; no projects within 500 feet of freeway</td>
<td>Anywhere in LA County; Tiered point incentives for location in high-need Service Planning Areas (1st priority - SPA 6; 2nd Priority- SPAs 4 &amp; 8); Point incentives for proximity to child care and other children and family services; no projects within 500 feet of freeway</td>
<td>Anywhere in LA County; Tiered point incentives for location in high-need Service Planning Areas (1st priority - SPA 6; 2nd Priority- SPAs 4 &amp; 8); Point incentives for proximity to child care and other children and family services</td>
</tr>
<tr>
<td>Affordability Level</td>
<td>30% Area Median Income (AMI) and below and affordable rent</td>
<td>30% x AMI and below and affordable rent</td>
<td>30% AMI and below</td>
</tr>
<tr>
<td>Rents- Total</td>
<td>Must not exceed TCAC rents or requirements of more restrictive funding source</td>
<td>Must not exceed TCAC rents or requirements of more restrictive funding source</td>
<td>Must not exceed HUD Fair Market Rents</td>
</tr>
<tr>
<td>Rents - Family Portion</td>
<td>Must not exceed 30% x 30% x AMI</td>
<td>Must not exceed 30% x 30% x AMI</td>
<td>Portion may increase over time; Family’s share shall not exceed 30% of household income initially</td>
</tr>
<tr>
<td>Project Administrative Costs Allowed</td>
<td>Developer fee per TCAC/ possible deferral of portion of developer fee</td>
<td>Developer fee per TCAC/ possible deferral of portion of developer fee</td>
<td>Maximum 10% of grant</td>
</tr>
<tr>
<td>Sample Financing Structures:</td>
<td>Capital Development Fund</td>
<td>Gap Financing Fund</td>
<td>Rental Assistance and Service Fund</td>
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<tr>
<td>Mid Celis - 19 units; TAY &amp; Mental Illness:</td>
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<td></td>
<td></td>
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<tr>
<td>1,2 &amp; 3 BR</td>
<td></td>
<td></td>
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<tr>
<td>CCRC - Tranche A</td>
<td>$214,700</td>
<td>Union Bank</td>
<td></td>
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<tr>
<td>CCRC - Tranche B</td>
<td>348,500</td>
<td>LAHD</td>
<td></td>
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<tr>
<td>Deferred interest</td>
<td>40,000</td>
<td>LACRA</td>
<td></td>
</tr>
<tr>
<td>HOME</td>
<td>3,460,000</td>
<td>MHS A</td>
<td></td>
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<tr>
<td>MHS A</td>
<td>525,000</td>
<td>MHP</td>
<td></td>
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<tr>
<td>Deferred Dev fee</td>
<td>514,000</td>
<td>Deferred Dev Fee</td>
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<tr>
<td>General Partner</td>
<td>100</td>
<td>Ltd Partner Contrib</td>
<td></td>
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<tr>
<td>Ltd Partners</td>
<td>3,132,000</td>
<td>City of Industry</td>
<td></td>
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<tr>
<td>Total Dev Cost</td>
<td>8,234,501</td>
<td>Total Dev Cost</td>
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<tr>
<td></td>
<td></td>
<td>13,432,598</td>
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<tr>
<td></td>
<td></td>
<td>2,050,000</td>
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<tr>
<td></td>
<td></td>
<td>25,699,857</td>
<td></td>
</tr>
<tr>
<td>Burlington Family - 30 units; Homeless &amp; 15</td>
<td>MHP $2,458,892</td>
<td>MHS A 2,596,570</td>
<td></td>
</tr>
<tr>
<td>Menlo Family - 59 units; TAY &amp; Mental</td>
<td>City of Industry 2,425,000</td>
<td>LAHD 6,309,887</td>
<td></td>
</tr>
<tr>
<td>units for Mental Illness: 0, 1, 2 &amp; 3 BR</td>
<td>Developer Note 1,328,406</td>
<td>LACRA 3,175,000</td>
<td></td>
</tr>
<tr>
<td>Illness 1, 2 &amp; 3 BR</td>
<td>Tax Credit Equity 840,300</td>
<td>MHS A 2,596,570</td>
<td></td>
</tr>
<tr>
<td>Total Dev Cost</td>
<td>13,432,598</td>
<td>MHP 689,208</td>
<td></td>
</tr>
<tr>
<td>Total Dev Cost</td>
<td>25,699,857</td>
<td>8-24-2012</td>
<td></td>
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</table>
Background to Recommendations for the Permanent Supportive Housing Notice of Funding Availability

Presented to:
Planning & Program Committee
First 5 LA Commission
August 29, 2012

Presented by:
First 5 LA; Economic & Housing Development, Los Angeles County Community Development Commission; and HR&A Advisors, Inc.
Presentation Overview

- The First 5 LA Funding Initiative
- Housing Issues for At-Risk Children Prenatal to 5 Years Old & Their Families
- Range of Supportive Housing Options
- Overview of the NOFA Recommendations
- NOFA Implementation Schedule Summary
The First 5 LA Funding Initiative

• **First 5 LA Commission Motion**
  
  "... approving an allocation of $25 million to provide permanent supportive housing for homeless mothers and families previously involved in or transitioning out of our child welfare system and for families at risk of homelessness with children age prenatal to five years old ..."

• **Key Concepts in the Motion and Conditions**
  
  - $25 million spending allocation
  - Permanent supportive housing
  - Children prenatal-5 yrs. old and their parents and families who:
    - Are homeless or at risk of homelessness; and
    - Had or have some connection with DCFS
  - Prompt action to release a competitive NOFA and award funds in December 2012
  - Consider geographic need and coordination with Family Solution Centers
  - Convene an independent panel of experts to advise on funding parameters, eligible projects and grantees
Housing Issues for At-Risk Children & Families

• **Scale of Need**
  - At least 3,000 children prenatal-5 yrs. old are homeless
  - Thousands more are at risk of homelessness
  - Many, or most of these children or families, have or had contact with DCFS
  - Highest concentration of need = SPA 6 (South)

• **Primary Need: Housing stability (safe, affordable, permanent)**

• **Collateral Need: Comprehensive Supportive Services**

  - Income support
  - Child care & early education
  - Education (child and parent)
  - Access to recreation resources
  - Parenting skills
  - Financial literacy and other life skills
  - Conflict resolution skills
  - Parent job training, placement and retention skills

  - Transportation access
  - Referrals to community resources for basic needs (e.g., food bank)
  - Physical health services
  - Substance abuse services
  - Mental health services
  - Trauma services
  - Benefits enrollment & advocacy

* Per *Homeless Children 0-5 in Los Angeles County*, A Report to the First 5 LA, Commission July 2012
Housing Issues for At-Risk Children & Families

• Existing Local Precedents for Program to Develop Permanent Supportive Housing for Families (though not targeted to prenatal-5 yrs.)
  
  – Los Angeles County Community Development Commission (CDC) and County Housing Authority Programs
  
  – Los Angeles County Dept. of Mental Health, Mental Health Services Act Housing Program
  
  – City of Los Angeles Housing Department and City Housing Authority Programs
  
  – Other Local Municipal Housing Programs (e.g., Santa Monica, Pasadena, Glendale, Long Beach)
  
  – Corporation for Supportive Housing and Other National Intermediaries
Range of Supportive Housing Options

- **Specially Financed Housing that is “Affordable” to “Extremely Low-Income” Households** (definitions depend on financing program)
  - Up to 30% x Los Angeles County Area Median Income (e.g., $20,250 for 2-person household; $22,800 for 3-person household; $25,300 for 4-person household)
  - Affordable monthly rents (including utilities)
    - Maximum allowable rents (e.g., $481 for 1-BR; and $577 for 2-BR); or
    - 30% x actual monthly income

- **Types of Supportive Housing Opportunities**
  - New construction apartment buildings
  - Acquisition and rehab of existing apartment buildings or scattered site housing (e.g., duplexes, condos, single-family homes)
  - Master leasing existing apartments, condos or single-family homes
  - Short-term rental assistance in existing apartments, condos or single-family homes
Range of Supportive Housing Options

• **New Construction & Acquisition/Rehab Developments**
  
  – Developed by private, non-profit or for-profit affordable housing developers
  
  – Utilizes many different federal, state and local financing sources (typically in the form of loans, not grants) to pay for land, professional fees and permits, construction, financing costs, initial operating reserve and developer’s fees
  
  – Rent subsidies and other funds are also typically required to pay for annual operating costs and supportive services
  
  – Buildings can devote 100% of units to families with young children or a portion of the units can be set aside for this target population within a building serving other types of tenants (i.e., seniors, other types of families, etc.)
  
  – Opportunities for First 5 LA assistance range from early pre-development funding to filling gaps in already-financed or under-construction projects (i.e., construction costs; operating subsidies; services)
Range of Supportive Housing Options

Casa Dominguez
East Rancho Dominguez
Families & Transition Age Youth

Cuatro Vientos
El Sereno
Families
Range of Supportive Housing Options

Mid Celis
City of San Fernando
Transition Age Youth

Euclid Villa
City of Pasadena
Sustainable Rehab for Homeless Families
Range of Supportive Housing Options

Las Brisas
Signal Hill
Families & Child Care Center
Range of Supportive Housing Options

- **Master Leasing**
  - Supportive housing provider leases existing units at market rates and then subleases to target population at affordable rates, including services
  - Whole Child, Whittier
  - Beyond Shelter’s Skid Row Families Demonstration Project
  - Transition Age Youth examples in various cities nationally

- **Short-Term Rental Assistance**
  - Cash assistance to target population for specified uses and term, including services

- **Opportunities for First 5 LA to make short-term grants**
Overview of the NOFA Recommendations

- **General Objectives That Shaped the Recommendations**
  - Respond to the adopted motion and conditions
  - Achieve consistency with First 5 LA’s Strategic Plan, policies & practices
  - Make a timely, measurable and positive impact on the existing problem
  - Demonstrate the value of this particular investment
  - Leverage other resources
  - Evaluate results for possible future action
Overview of the NOFA Recommendations

- **Other Considerations That Shaped the Recommendations**
  - Advice from an independent panel of experts (CDC, DMH & HR&A)
  - All applicable categories of funding (i.e., capital, operating subsidies, services)
  - Timing needs for funds (i.e., one-time vs. continuing need)
  - Form of funding (i.e., loans vs. grants)
  - Applicable types of supportive housing opportunities
  - Timing in relation to other funding opportunities (e.g., Federal LIHTC Program; Industry Fund/Other Substitute Sources; LAHD NOFA; MHSA Housing Program)
  - First 5 LA project management capacity
  - Implications of the motion’s NOFA implementation schedule
Recommended Funding Allocations
(see Term Sheet for details)

- Capital Development Fund
  - For acquisition; acquisition-rehab; new
    construction; and operating subsidy and/or
    services
  - Up to $3.7 million/loan
  - Objective: 3 loans; serve about 60 children

- Gap Financing Fund
  - For in-process developments ready for
    occupancy in 9 months
  - Up to $2.7 million/loan
  - Objective: 2-8 loans; serve about 100
    children over two years

- Rental Assistance & Services Fund
  - For rental assistance and/or services for up
    to two years
  - Up to $1.2 million for rental assistance;
    $200,000 for services
  - Objective: 5 grants for rental assistance; 5
    grants for services; serve 400-500 children
    over two years

- First 5 LA Program Administration
  - $2 million (loan servicing; performance
    monitoring; evaluation; administration)
NOFA Implementation Schedule Summary

• **Draft and Finalize NOFA - Aug. through Mid-Sept.**
  – Drafted by CDC & HR&A using an existing CDC model, but with First 5 LA procurement/contracts review
  – Initiate public outreach to prospective bidders

• **Release NOFA & Submit Proposals – Mid-Sept. through Oct.**
  – Release NOFA on Sept. 17 using multiple communication channels
  – Bidders’ Conference – Oct. 1
  – Proposals Due – Oct. 19

• **Review and Score Proposals – Late Oct. through Nov.**
  – Threshold review and scoring
  – Preliminary scoring notices and appeals process

• **First 5 LA Commission Awards – Mid- to Late December**
  – Regularly Scheduled or Special December Meeting
Item 5

Review
of Program & Planning Committee
Meeting Notes – May 24, 2012
1. Call to Order

The meeting was called to order by Chair Kaufman at 1:41 pm.

NOTE: The following reflects the order in which agenda items were discussed.

9. Best Start Communities Department Update

Chair Kaufman stated that everyone was aware that the Commission had approved the idea of having the 14 Best Start Communities coming to the Commission with plans that could get up to $1.7 million of funding during the next fiscal year based on the plan submission and on a range of different activities.

Presentation of the community plans to the Commission would constitute the formal request for approval at the Commission meetings scheduled for June 14 and 28, and on July 12. Due to the number of communities, three presentations would be done on June 14, six on June 12, and five on July 12.
SUMMARY MEETING NOTES

The idea of having the presentations done at the Program & Planning Committee meeting prior to the full Commission was for Commissioners, staff and members of the public to have an opportunity to provide feedback so that there would be a clear understanding of the approval request that would take place on June 14.

CPO Gallardo commented that staff was very happy to present an update on the plans developed by the 14 communities. In addition to providing an overview of the community plan development process for general understanding, there would be an opportunity to review the highlights of the community plans for Central Long Beach, Panorama City and Wilmington. Part of the reasons for selecting these three communities was because these specific communities represent the variety of the communities that exist among the 14 Best Start communities. Despite the variations in the levels of planning among the proposals, all have in common the amount of effort that has been put into the plan, the level of commitment, intense planning, and literacy development.

Furthermore, CPO Gallardo reported the hope was to provide a preview of the type of proposal that would be coming to the Commission for approval and to obtain feedback that will allow for the communities to be better prepared when they make their presentations to the Commission. This was the first time the communities would be engaging in a public forum—a glimpse into the seeds of hope that are being planted to change communities in the way they operate. The communities have been engaged in many community meetings and countless hours of planning over the past 20 months with the community plans being the culmination of the process.

Assistant Director Ellis reported there were four levels of engagement within the Best Start effort. From its inception, relationship building and ongoing community outreach have been cornerstones of the Best Start effort. Assistant Director Ellis reviewed the model for levels of community engagement which include the key components of the Leadership Group, Partnership, Best Start Communities, and Community-at-Large.

The Leadership Group serves as an advisory committee to the partnership. It is comprised of community parents, residents and stakeholders.

The Partnership consists of parents, residents and stakeholders who consistently participate in Best Start planning meetings through forums such as subcommittees and workgroups. This group has decision-making authority.

The Best Start Community is comprised of parents, residents and stakeholders familiar and/or affiliated with Best Start, but not consistently or actively engaged in all Best Start activities.

The Community-at-Large consists of parents, residents and stakeholders that live within a community’s geographic boundaries.

Each of the community plans will all have key components: summary, community background, vision and objectives, Best Start strategies, communications, evaluation and learning, implementation, budget. The plans will outline how communities came to decisions on each of the components. While there are many elements that are consistent across communities, there are all very diverse communities and this will come across in their plan.
CPO Gallardo reported that there were many consistent elements across the 14 communities. Of importance was the realization and understanding that each community has resources. The community plans will propose ways to coordinate those resources within the community. By the communities working with First 5 LA, they have similarly expressed the intent to work together and figure out what can be done with existing resources before adding more resources. Another element consistent across all communities is that parents want to be trainers. The parents want to be the individuals who train the community. Because of this, some communities will propose such projects as “train the trainers” and “parents as leaders.” Additionally, community strengthening is very important to the Partnerships as well as accountability. The Partnerships want to assume ownership of the Best Start effort within their community and be treated with respect.

Representatives from the communities of Central Long Beach, Wilmington and Panorama City presented their community plans, focusing on the vision, proposed family strengthening projects, and proposed community capacity strengthening projects.

Chair Kaufman reminded everyone that the Best Start Liaisons (Nancy Au, Antronette Yancey, Arturo Delgado) were available to provide guidance and facilitate staff questions on how information gets presented to the Commission.

On behalf of the Best Start Liaisons, Commissioner Au applauded the presenters for a job well done. She said it was very important for the Commissioners to hear that what was being presented truly reflected the voice of the community. She cautioned that there would be tough questions regarding resource allocation. In the spirit of how the presentations were made and the communities wanting to take ownership of Best Start, she said it was awesome. Commissioner Au commented that the Partnership wanting to hold service providers accountable was good.

With regard to obtaining ongoing feedback from the community, Commissioner Au suggested having a “Yelp” system where members of the communities could provide their feedback, whether services received were appreciated, and how well services were provided. Commissioner Au said that data becomes obsolete at some point in time and this system would provide current feedback and responses so that change could be timely.

Commissioner Harding echoed Commissioner Au’s comments. She said that while the presentations were excellent and the proposed projects were worthy, she felt that the plans should include how, as a result of those projects, would the communities change. Commissioner Harding further commented that Commissioners needed to clearly understand how the Commission’s investment would make a change in the future.

Commissioner Tilton commented the community presentations provided a good sense of an overall picture.

Commissioner Curry commented she looked forward to seeing the entire plan and found it interesting how the community was working together.

Commissioner Browning commented that the presentations were enjoyable. He asked for a more definite measure of change. Specifically, he asked what was the Commission trying to accomplish and how would the Commission know when it had been accomplished. Commissioner Browning also asked what measures were in place to hold the providers accountable. Furthermore, he asked if there was any duplication among the different
proposals with same amount of money. Commissioner Browning also asked if projects could be pilot-tested in one area and implemented in other communities.

Commissioner Dennis commented that he was always interested in how Best Start efforts were interconnecting with the other service providers in the communities—i.e., NACs. He was interested in learning about the connection Best Start has with not only Commission funded initiatives but with the other social and human services initiatives focusing on the zero to five population.

Chair Kaufman commented he was excited to see the community plans coming forward. He attempted to describe the process that would be taking place at the June and July Commission meetings. Chair Kaufman said that the approval would consist of authority being granted to Commission staff to negotiate a process and a contract to implement what is being proposed in the community plans. Staff would then bring back the proposed contracts to the Commission for approval.

Chair Kaufman suggested that a workplan be developed aimed at completing the community plans and while he was not interested in the detail of the workplan, he wanted to know the deadlines. He stated that staff could present the workplan with the community plans for approval or the community plans would be approved in concept with staff coming back to the Commission with the workplan at a later date. To him, either was fine. Otherwise, Commissioners would not really know what they would be approving. For instance, it was his understanding that there was no lead agency necessarily; but rather a multiple of groups.

Commissioner Browning asked if the contracts were going to be awarded through a competitive bidding process or if they were going to be sole source contracts. Chair Kaufman responded that in each case it could be different.

CPO Gallardo commented that the process to be followed in the communities should mirror the process approved by the Commission. The process is for an allocation to be approved for a concept of a project, staff then returns at a later date with specific details on how it will be executed, and how the contract is awarded is dependent upon the project (solicitation or sole source). CPO Gallardo assured everyone that existing practices would be followed.

Chair Kaufman commented that this type of information would probably not be included in the detail to be presented at the June and July Commission meetings but he did want to know the dates of when decisions for RFP and RFQ processes would be made.

Commissioner Au commented that the Commission will have to tread very carefully because they are other [legal and legislative] requirements that the Commission must comply with. At the same time, this was truly the test because Best Start was about community empowerment. The question then was, “when does the community voice come into play in the process of selection?”

Commissioner Au said that she did not have clarity at this point because she was not sure of the legal parameters. If the Commission went with sole source contracts, it would give the Commission the most latitude in working with the community versus the competitive [bidding] process. As Commissioners, a conversation would need to happen around this issue.
Chair Kaufman agreed with Commissioner Au. He suggested having this discussion at a future Program & Planning Committee, not for any particular contract or community, but in general. He then commented that perhaps the Commission may need to change procedures because of a new model.

Deputy Mandel commented that in thinking through the contracting process, she did agree that another meeting to reach agreement should take place. She stated that the Commission initially said that contracting would be done by delegated authority. This made her uncomfortable because there was a lot of money being contemplated and there needed to be a standardized way of approaching the contracting process. While sole source contracts may be the only way in certain instances, this would be a true test for the Commission. Deputy Mandel stated that it would help the communities to have a more rigorous and very transparent process. It seemed like the Commission was going to approve the community plans, give delegated authority to the communities, and for them to issue contracts.

Chair Kaufman and CPO Gallardo both clarified that this was not the process.

Chair Kaufman stated that he envisioned the Commission providing feedback to the community plans in June and July, possibly approving and/or delaying approval, and then parallel to this process, discussion taking place on the issue of contracting and how to go about it in the communities.

Chair Kaufman commented that he believed this was the right place and approach to start with community building and with place-based strategies. However, he did not believe that it was the place where the Commission should end. The Commission started with asking how to make services more efficient, effective and accessible for vulnerable children and their families. The key word was services and every one of the presentations was about services. He said there was another whole approach to improving capacities of communities to nurture children and their families that had to do with making a place where people felt connected and safe, where communities could nurture and support themselves without the requirement for a service.

Chair Kaufman stated that he would be a consistent voice that will continue to say the Commission needs to think about the other parts of how to improve the sense of community.

2. Review of Program & Planning Committee Meeting Notes – April 26, 2012

No changes were made to the meeting notes.

THE ITEM WAS RECEIVED AND FILED

3. Census Data Mining Project

Director Jimenez reported that on March 8, 2012, the revised accountability framework was presented to the Program & Planning Committee. There were two critical pieces: (1) actual evaluations of projects; and, (2) whether the Commission contributed to outcomes that were meaningful in Los Angeles County.

As a Commission, difficult decisions have been faced. It seems that the decisions get more difficult every time. Therefore, there is an urgency to provide the Commission with recent and reliable data for it to make decisions.
SUMMARY MEETING NOTES

This project was part of the revised accountability framework. Staff realized this was an opportune time to get new information about who lives in the 14 Best Start communities and Los Angeles County, as a whole, being that the census was conducted in 2010. Because of this, a study was commissioned to utilize the new data. In addition, data from the American Community Survey (ACS) 2005 – 2009 was also used. This data consisted of multi-year estimate (MYE) surveys of 2005-09, centering on 2007 MYE, and all references to 2007 use that data.

A presentation was made on specific characteristics of the 14 Best Start communities including households with children, median household income, poverty rate of children under six years of age, homeownership rate, type of housing, race/ethnicity, percent of foreign born, languages spoken, and parental marital status of families with children, and school enrollment of children ages.

4. PHFE-WIC Data Mining Project

The WIC Research Partnership has been in existence for the past 10 years between PHFE-WIC and First 5 LA. WIC is the Special Supplemental Nutrition Program for Women, Infants and Children. The program serves pregnant and postpartum women, infants and children up to age 5 who are low income (<185% FPL) and at nutritional risk.

WIC provides nutritious foods, nutrition education, breastfeeding support and referrals to health care and other services. Funded by USDA, WIC serves 9 million participants nationwide, approximately 1.4 million in California and approximately 550,000 in Los Angeles County. Furthermore, WIC serves approximately 69 percent of all infants born in Los Angeles County.

There are seven local agency WIC Programs in Los Angeles County: PHFE WIC, LA Biomed/SLAHP, NEVHC, Long Beach, Antelope Valley, Watts Healthcare, and. Pasadena. Additionally, the research partnership harnesses data from all seven programs.

Prior to this partnership, WIC data were only used for internal administrative purposes, were not shared across agencies, and were not available countywide. Many of the data elements WIC collects tie directly to current and past First 5 LA Strategic Plans and Priority Measures, so they can be used to help track impact of First 5 LA programs and initiatives. The WIC administrative data is disseminated annually on the Healthy City website and PHFE-WIC site. The Los Angeles County WIC survey, which has just completed its third administration in 2011, provided additional rich information on the WIC population served in Los Angeles County. In December 2011, the American Journal of Clinical Nutrition published a paper (co-written by Dr. Shannon Whaley, Director of Research and Evaluation, at PHFE-WIC) detailing the effects of breastfeeding and low sugar-sweetened beverage intake on obesity utilizing data collected from both the WIC administrative and survey datasets.

It is the goal of the WIC Research Partnership to use administrative and survey data to continue to support First 5 LA strategic plan goals, projects and initiatives. Additionally, the visibility of First 5 LA will continue to be promoted through publications and presentations.

Public Comment:

Jan French, LA Best Babies Network

PROGRAM & PLANNING COMMITTEE – MAY 24, 2012 – PAGE 6
SUMMARY MEETING NOTES

(Per Commission’s Activity Break Policy, the Committee took a break).

5. Family Survey

The Family Survey will look at children 0 to 5 and their families within the Best Start Communities to assess how they are doing on the intermediate outcomes that are important precursors for our four priority goals. These intermediate outcomes are specified in the Theory of Change pathway for the 2009-2015 Strategic Plan. Those intermediate outcomes are:

1) Parents/caregivers are resilient
2) Children bond with parents/caregivers
3) Parents/caregivers support their child’s learning
4) Children have adequate physical activity
5) Infants and children have good nutrition

Data will be collected from a representative sample of households with 0 to 5 children in each of the Best Start Communities. Using Family Survey data, First 5 LA will be able to describe functioning in terms of the intermediate outcomes at multiple levels: 0 to 5 children and their families, individual communities, and across the Best Start investment. No other data collection activities planned in the Best Start communities will have the ability to show trends utilizing quantitative data at these three important levels. In addition, the Family Survey instrument includes previously tested survey items that allow us to compare data from the Best Start Communities to county, state and/or federal data. In each community, the same sample design, instrument, data collection plan and analytic approach will be used.

The expected learning outcomes of the project will be:

1) Baseline data on each of the First 5 LA intermediate outcomes before services and supports are provided in the Best Start Communities on a large scale.
2) Comparisons of each Best Start community and the Best Start investment, as a whole, to Los Angeles County; and in some instances, the state and the nation.
3) Data to inform Best Start Community governance groups and funded agencies regarding the prioritization, planning and implementation of programs and services.
4) Psychometric properties of the survey measure to inform future administrations.
5) Facilitate First 5 LA’s ability to support and leverage efforts in each community.

The proposed cost is $1 million for the initial administration across FY 2012-13 and 2013-14; with $400,000 specifically for FY 2012-13. Additional funds would be requested for subsequent administrations of the Family Survey, as needed.

6. Workforce Evaluation Plan

The purpose of the Comprehensive Workforce Development Evaluation is to carry out a set of multi-year evaluation studies that will allow First 5 LA to understand and explain the combined effects of the Workforce investments. Outcomes in six key areas will be evaluated: recruitment, qualifications, ECE quality/practices, retention, compensation and systems change. These evaluation studies will commence in FY 2012-13 and continue through the life of the Workforce investments.
SUMMARY MEETING NOTES

Funds will also be used to complete evaluations begun in prior years of the Workforce Initiative (WFI) and High School Recruitment Pilot Program (HSR). A measure will be developed of ECE provider competencies and a Los Angeles office will be opened for the pilot stage of the California Early Care and Education Workforce Registry.

The expected learning outcomes of the project will be:

1) Knowledge of the short, intermediate and long-term outcomes achieved by participants in our Workforce Development programs.
2) Knowledge of progress toward outcomes by Workforce Development program, type of participant and/or workplace.
3) Understanding of which program strategies are associated with the greatest participant progress.
4) Understanding of system changes within and between participating institutions that support the ECE workforce.

The proposed cost is $331,000 in FY 2012-13 (WFI and HSR evaluations) with $1.13 million in contract authority across FY 2012-13 and 2013-14 (Comprehensive Workforce Development Evaluation). Additional funds would be requested in subsequent years as needed, through the life of the Workforce investments.

7. Community Investments Department Update

Director Nuno reported on three key programs in response to interest expressed by Commissioners, during the April 12, 2012 Commission meeting, of learning more about the types of leveraging and matching investments the Community Investments Department is implementing as well as the process that is followed.

Match Grant Program
First 5 LA has awarded 13 matching grants organizations serving young children and their families throughout Los Angeles County. With First 5 LA’s commitment of matching funds of close to $3.4 million, these organizations raised close to $2.4 million from private foundations and corporations nationwide. The purpose of the matching funds program is to help organizations improve their odds of successfully securing funds from non-First 5 LA sources. Awards range from $50,000 in one year to up to $400,000 over two years. Some of the private funders that were matched by First 5 LA include the Weingart Foundation, the Ahmanson Foundation, Boeing Company, Met Life Foundation, Atlas Family Foundation, and the Robert Wood Johnson Foundation. Matching grants went to organizations who proposed projects aimed at impacting the First 5 LA four priority outcomes: (1) children are born healthy; (2) children maintain a healthy weight; (3) children are safe from abuse and (4) neglect, and children are ready for kindergarten. In addition, to the notable funds leveraged from private foundations and corporations, this program strengthened and further developed First 5 LA’s relationship with private foundations and corporations, and facilitated new relationships between some funders and nonprofit organizations.

While the Matching Funds Program builds upon the success of the ARRA Matching Funds program, there were several lessons learned from the first time implementing the Matching Funds Program. These lessons include the need for a longer time period for organizations to secure a match, the flexibility to raise funds from multiple funding sources and possibly in multiple ways such as through an event fundraiser or donor donations. The first year of the Matching Funds Program has seen great success with close to 70 percent of all First 5 LA dollars committed being matched by private foundations and corporations.
**Challenge Grant Program**
First 5 LA staff is working with Families in Schools to develop the Challenge Grants Program and RFP, scheduled to be released on June 30, 2012. A total of $1,050,000 will be granted to up to 11 organizations over a two-year period, with a maximum grant award of $100,000 per applicant. Grantees may only draw down First 5 LA funds as they secure matching funds from other sources at a 1:1 rate during the two-year challenge period. The Challenge Grants Program grantees will also receive individual coaching, peer exchanges and learning institutes in addition to the cash grant. Applications will be due August 30, 2012. Grant award letters will be issued in November 2012.

**Social Enterprise Program**
In partnership with Families in Schools, First 5 LA released an RFP for the Social Enterprise Grants Program on April 30, 2012. This program is for organizations looking to diversify their revenue streams by launching or expanding a social enterprise. A distinct aspect of this grant program is combining funding with technical assistance, which includes coaching, peer exchanges and learning institutes. A total of $350,000 will be granted to seven organizations over a 12-month period, with a maximum grant award of $50,000 per applicant. Applications are due June 30, 2012. Grant award letters will be issued in October 2012.

8. Policy Department Update

Staff presented an overview of the Policy Department including the department mission, defined policy activities, a review of the policy agenda, and 2011 accomplishments.

10. Public Comment for Items Not on the Agenda

None.

**ADJOURNMENT:**

The meeting was adjourned at 4:47 pm.

**NEXT MEETING:**

The next regularly scheduled meeting will be taking place as follows.

1:30 pm – 4:30 pm
June 21, 2012

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

Meeting minutes were recorded by Maria Romero, Secretary to the Board of Commissioners.
Item 6

Adjournment