AGENDA

PROGRAM & PLANNING COMMITTEE MEETING
Chair: Neal Kaufman

Thursday, May 24, 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

Item 2 Review of Program & Planning Committee Meeting Notes – April 26, 2012
  ▪ Neal Kaufman

Item 3 Census Data Mining Project
  ▪ Armando Jimenez

Item 4 PHFE-WIC Data Mining Project
  ▪ Armando Jimenez

Item 5 Family Survey
  ▪ Armando Jimenez

Item 6 Workforce Evaluation Plan
  ▪ Armando Jimenez

Item 7 Community Investments Department Update
  ▪ Teresa Nuno

Item 8 Policy Department Update
  ▪ Antonio Gallardo

Item 9 Best Start Communities Department Update
  ▪ Antonio Gallardo

Item 10 Public Comment for Items Not on the Agenda

Item 11 Adjournment

ACTION
INFORMATION
Item 1

Call to Order
Item 2

Review
of Program & Planning Committee
Meeting Notes – April 26, 2012
SUMMARY MEETING NOTES

FIRST 5 LA
SUMMARY MEETING NOTES
Program & Planning Committee
April 26, 2012

COMMITTEE MEMBERS PRESENT:
Philip Browning
Neal Kaufman (Chair)

COMMISSIONERS PRESENT:
Nancy Au
Duane Dennis
Cynthia “Cindy” Harding (Alternate)
Christopher Thompson (Alternate)

COMMITTEE MEMBERS ABSENT:
Patricia Curry [Excused]
Deanne Tilton [Excused]

STAFF PRESENTERS:
Christine Aque, Research Analyst
Barbara DuBransky, Senior Program Officer
Antonio Gallardo, Chief Program Officer
Armando Jimenez, Director of Research & Evaluation
Aleecce Kelly, Senior Program Officer
Elizabeth Iida, Director of Program Development
Kate Sachnoff, Policy Analyst

RECORDING SECRETARY:
Maria Romero, Executive Assistant

1. Call to Order

The meeting was called to order by Chair Kaufman at 1:36 pm.

Chair Kaufman commented that there was no quorum present of the Program & Planning Committee. Recommendations from the ad hoc committees would be forwarded to the full Commission, if this was the expectation. The recommendations would be brought forward to the full Commission in May without a vote from the Program & Planning Committee.

2. Review of Program & Planning Committee Meeting Notes – February 16, 2012

No changes were made to the meeting notes.

THE ITEM WAS RECEIVED AND FILED

3. Healthy Births Ad Hoc Committee

Director Iida reported that the healthy births investment had a total allocation of $28 million. It began in 2002 with an allocation of $15 million. Then five years later, the Commission approved an additional $13 million as part of a program expansion that allowed the addition of three Best Babies Collaboratives and the contract extension of the four initial Best Babies Collaboratives.
Since 2005, a total of 2,601 women have been enrolled. About one-third of the women were enrolled during the inter-conception period and the other two-thirds of the women were enrolled while pregnant. The Healthy Births Initiative was designed to positively impact rates of very low birth weight, preterm births, early prenatal care, and repeat teen births. It employed a community-based approach that brought together perinatal providers across Los Angeles County through a collaborative strategy to serve seven geographic areas of highest need. Through the work of Best Babies Collaboratives and the LA Best Babies Network, the initiative has created a comprehensive infrastructure based on preventative strategies designed to improve pregnancy outcomes.

There are currently seven Best Babies Collaboratives that provide direct services to pregnant and high-risk women. There is also the LA Best Babies Network (LABBN) that supports the Best Babies Collaboratives through technical assistance and coordination of policy and advocacy activities. The LA Best Babies Network previously coordinated the Healthy Births Learning and Care Quality Collaboratives. The Healthy Births Ad Hoc Committee was established by the Program & Planning Committee at the September 15, 2011 meeting with the charge to develop a viable sustainability plan that preserved the infrastructure and considered its relationship to the achievement of the Commission's priority measure to reduce the incidence of low birth weight. Commissioners Cynthia Harding and Nancy Au were appointed to the ad hoc committee.

Since its formation, the ad hoc committee worked by reviewing and analyzing the following key aspects in formulating their recommendations:

1. Findings from the Healthy Births Initiative Evaluation conducted by Clarus Research and funded by First 5 LA.
2. Promising practices and lessons learned from the field (presentations from MCHA-Welcome Baby and LABBN).
3. Review of FY 2009-15 Strategic Plan and transition of previous investments and overview of place-based family strengthening as well as new County-wide investments.

Senior Program Officer DuBransky reminded everyone about the four core components of the Healthy Births Initiative which included the following key activities.

- Outreach to women who are at risk of having a negative birth outcome, particularly low birth weight.
- A comprehensive component around case management. This includes improving access and utilization of prenatal care and inter-conception care; connecting at-risk women and families to needed resources and services; ensuring follow-up with service plans; and, increasing personal and interpersonal health-related behaviors.
- Increased coordination and collaboration among prenatal care social service providers, health parent practices, and to help women develop a plan for their future.
- Health education and messaging relevant to pregnancy, post-partum and inter-conception care. Promoting individual healthy behaviors including pregnancy and inter-conception period and enhancing personal support for healthy behaviors for women in the program.
SUMMARY MEETING NOTES

- Provide women and families with support to better cope with physical and psycho-social stress during pregnancy.
- Conducting a social support screening and strengthening the capacity of partners who work with women to provide that support which includes preparing women for their next healthy births.

Regarding the infrastructure of the Healthy Births Initiative, Senior Program Officer DuBransky reported the following.

- Eighty-one staff members are employed by seven Best Babies Collaboratives of which 55 staff members are trained home visitors. There are 34 Certified Lactation Educators.
- Staff also has experience implementing evidence-based curriculum and using client assessment tools.

The LA Best Babies Network has provided support to the Best Babies Collaboratives which has impacted their ability to increase quality of practice. The network has looked at evaluation capacity and has done training on data management, provided technical assistance around such areas as tracking client data, monitoring performance benchmarks, developing action plans, improving services and operations, as well as general continuous quality enhancement. The network also supports the use of a planning-do-study-act improvement cycle in their work. A peer learning network has been established which provides opportunity to learn best practices and improve service protocols. The network also does policy advocacy, playing a leadership role across the initiative around policy including looking at system-level change and where resources could be found in public/private spheres. Sustainability planning is done via workshops with the collaboratives.

In preserving the infrastructure, there should be a bridge between the collaboratives and the Best Start Communities finalize their partnership development phase, which is still in development. The collaboratives are able to align with home-based interventions that will be implemented in the communities.

In June and July, the community plans will be brought to the Board. The community plans will speak, in brief, about this family strengthening component of Best Start. Specifically, hospital engagement which is a key component of the Welcome Baby! piece of the Best Start model. The Welcome Baby! program in the Best Start Communities is a nine-visit, moderate home visitation program that has a moderate set of outcomes around ensuring that women and their families are linked to services in the community that are appropriate for them; initiate and continue breastfeeding; and that mother and child have a medical home. Some ancillary outcomes will also be achieved; thus additional indicators are also being monitored.

The Welcome Baby! program will be implemented in partnership with the Commission’s approved universal assessment project. The reason for implementing these two programs together is because the hospital is the key participant. The goal of the Commission is to ensure all women, at the time of birth, will be screened via a very friendly interview. A tool that has been used in Orange County for 10 years and has been well received by families is under consideration for adoption. Universal assessment will allow for this screening, as well as up to three more visits for families. Hospitals will be implementing both of these programs in unison. The expectation is that
hospitals will want to partner with a community-based organization as was done in the pilot Welcome Baby! to provide the remaining visits after the initial hospital screening.

Following the Welcome Baby! program, the communities can get a more intensive home visitation program launched with the intent of establishing a mechanism to decide what families would benefit from a more intensive home visitation program after the initial hospital screening. The Commission approved six models in September 2010 that would be options for communities. Presently, there are four models which communities can adopt. The Welcome Baby! program and the universal assessment project are triggers for identifying which families will move forward to voluntarily utilize either program.

In addition to the June and July plans that Commission will be considering, staff is taking a strong role in supporting the communities in recruiting hospitals, many of which are very tasked at this time. Staff is wanting to connect with these hospitals to indicate how this program can benefit their hospital and the population they serve. Staff is taking a strong role by bringing hospitals together on June 7 to introduce them to the program and to individuals who have been involved in the successful implementation of this program or similar programs in Los Angeles and Orange Counties. Staff will be assisting communities with this outreach on an ongoing basis, making it as easy as possible for the hospitals. There will be a rolling LOI process by which hospitals can engage at any point they are ready. Though it is unknown when community hospitals will come on board, there will be an option for them as early as the first quarter of the coming fiscal year. Staff will continue to report to the Commission as hospitals come on board to the program.

A link will be demonstrated between the expertise that has been developed in the Best Babies Collaboratives and the Los Angeles Best Babies Network and how those relate to what is being launched through the strategic plan.

In addition to looking at the infrastructure issue, the ad hoc committee clearly wanted to review what evaluation information was available related to the work done in the Healthy Births Initiative.

Research Analyst Aque reported that given the latest request for more information by the ad hoc committee, several findings were going to be presented. First, the qualitative study results from the evaluation Clarus Research completed in November 2011 was shared. Then information was shared from DCAR, the database being used by the Best Babies Collaboratives, to show performance measures around program services. Outcome data on infant mortality, birth weight was also presented.

Clarus Research conducted a qualitative study to provide a richer understanding of how the Best Babies Collaboratives operate as well as program effects upon clients they serve. Focus groups and phone interviews were conducted with 22 clients, 25 case managers and 10 administrators, seven of which were Best Babies Collaborative administrators.

A majority of the focus group participants identified several important benefits from the Best Babies Collaboratives' services, namely increased social support and connection, with clients reporting making close connections as they not only received educational but also emotional and material support. Key findings included:
1. A majority of all the stakeholder groups reported improved health decision-making and behaviors (e.g., access to prenatal and post-partum care, making decisions to breastfeed their infants, staying on top of their doctor appointments).

2. Improvement in psychosocial functioning (i.e., many clients described how they were suffering from stress, low self-esteem and depression; and found that the education, information and referrals to mental health services have really helped them).

3. Increased pregnancy and parenting knowledge (i.e., participants reportedly gained knowledge and skills on a range of topics such as nutrition, exercise, stress management, post-partum depression, SIDS, child development, and appropriate parental discipline).

At the Community level, the collaboration among community partners was considered a main strength of the Healthy Births Initiative. It has increased awareness of resources available, enabled relationship building among staff from different agencies which facilitated referrals and has led to improved access to services for clients. Another key finding was that the staff education and training around various topics such as maternal depression, motivational interviewing and certified lactation training have helped case managers better perform their jobs which leads to improved quality of care.

All of these findings have been reported to contribute to the infrastructure that was built and that can be sustained—the relationships built among partner agencies, the training that the case managers received that can be utilized elsewhere, and the program processes that were put in place for monitoring quality improvement.

These performance measures are common measures compiled by the Best Babies Collaboratives to help inform their progress in these programmatic services. There were very overall positive findings in 2011. For instance, 91 percent of clients received post-partum check-ups. The post-partum visit provides the opportunity for women to be screened for post-partum depression and gestational diabetes, among other things. Data from the Los Angeles Mommy and Baby Survey implemented by the Maternal Child & Adolescent Health was compared to data from Medicaid.

Staff proceeded to present various statistical data including comparisons between Los Angeles County (LAMB) and the Best Babies Collaboratives on preterm births, percent of births by birth weight, Cesarean births, babies born with no birth defects, infant mortality rates, breastfeeding initiation rates, and repeat poor birth outcomes.

Overall, the evaluation provided the following key findings.

Best Babies Collaborative clients reported experiencing:

- Increased social support and connection
- Increased health promoting behaviors
- Improved psychosocial functioning
- Increased knowledge about pregnancy and parenting
SUMMARY MEETING NOTES

Best Babies Collaborative performance measures showed:

- 91% of clients received postpartum check-ups (LAMB 91.4%, Medicaid 59.7%)
- 66% of clients with chronic conditions received care at 6 months
- 89% of clients received education in 3 or more health topics
- 93% of clients completed social support referrals

Best Babies Collaborative outcome data showed:

- In 2010, 15% of Best Babies Collaborative mothers have a preterm birth, compared to 9% of mothers in the LAMB dataset. In 2011, the percentage for BBC mothers was reduced to 8%.
- In 2010, 82% of Best Babies Collaborative mothers had normal birth weight babies, compared to 86% of mothers in the LAMB dataset.
- In 2010, 33% of Best Babies Collaborative mothers had Cesarean births, compared to 42% of mothers in the LAMB dataset.
- In 2010, the Best Babies Collaborative mothers and the mothers in the LAMB dataset both had a breastfeeding initiation rate of 84%. In 2011, the percentage for BBC mothers increased to 91%.
- Best Babies Collaborative mothers had lower rates of repeat low birth weight births (18%) than mothers in the LAMB dataset (21%), but Best Babies Collaborative mothers had higher repeat preterm birth rates (24%) than mothers in the LAMB dataset (18%).

Staff reported that given the less than favorable findings for some of the Healthy Births Initiative outcomes, it should be taken into consideration that there are probably many factors involved. For example, there is no way of controlling for any similar or other services that the comparison samples may have been exposed to, confounding the findings; the non-standardized framework of the Best Babies Collaborative program design (trainings and curricula vary across programs); the lack of a longitudinal timeframe to be able to see true sustained impact years down the road; and the lack of a randomized control trial experimental design. However, there are some positive outcomes in the evaluation and the positive findings from the qualitative study all suggest that the Best Babies Collaboratives possess a sound infrastructure that could be built upon and improved.

Senior Program Officer DuBransky commented that based on what has been shared about the infrastructure and evaluation findings, the ad hoc committee members were recommending no more than a one-year extension for the Best Babies Collaboratives and for the LA Best Babies Network. Their continuation should be in alignment with the Best Start family strengthening implementation timeline. In that one year, the Commission will continue to support the core strategies of the collaboratives and the network.

The ad hoc committee asked staff to look into establishing core focus areas, more narrow than their current strategies. Staff reported back to the ad hoc committee and that this not be done, allowing the collaboratives and network to continue on their current path for the year. The ad hoc committee agreed.
SUMMARY MEETING NOTES

The following ad hoc committee recommendations will be brought to the Board of Commissioners for action at the May Commission meeting.

- 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.

Based on the direction of the Program & Planning Committee, staff will again review the evaluation findings as well as the assessment of the infrastructure and present the recommendation to the Commission at the May Commission meeting.

Chair Kaufman commented the basic premise for the meeting was to fulfill the Program & Planning Committee's responsibility of having more detailed discussion on items that will be brought forward to the full Commission. The Program & Planning Committee might vote on an ad hoc committee recommendation, if quorum exists, or simply pass along the recommendation directly from the ad hoc committee. Even if a quorum was present, the vote of the Program & Planning Committee would not be binding as the full Commission is the only entity that has the full authority to make binding decisions.

Commissioner Harding thanked staff for their hard work. She also thanked the Best Babies Collaboratives for the impressive work that has been accomplished through the initiative. She further stated the Commission recognized the incredible work that these community-based agencies did by building infrastructures, building referral networks, and achieving phenomenal success at getting people into services.

Commissioner Harding said it was frustrating not being able to see a change in low birth weight outcomes. This may be because low birth weight is a complicated issue that has many other things that impact it. The Commission is still learning what is the best thing to do in order to impact low birth weight. It was also a struggle for the evaluation staff to compare the Best Babies Collaboratives as there is not one model. There are different models that are responsive to the communities that they serve. This is difficult to evaluate. Because of this, perhaps what was not seen in the outcomes was due to the way in which the evaluation was done as a result of the many different models.

Commissioner Harding did say that what came through very clearly, and why the ad hoc committee felt very strongly to stand behind the recommendations, was that the infrastructure that was built was really phenomenal and it can be of use as the Commission moves forward to build a stronger infrastructure around home visitation services or Welcome Baby!

Commissioner Au strongly endorsed the comments made by Commissioner Harding. The ad hoc committee had an amazing conversation. For her, it graphically demonstrated how, oftentimes, the Commission says it wants to base its decision-making on definitive outcomes and measures that from the evaluation perspective are solid and grounded. Oftentimes, the data does not truly reflect what has been achieved. The ad hoc committee was quite frustrated with this but it still made them ponder about
what was First 5 LA's imperative in terms of what the Commission wanted to achieve with its dollars. Therefore, the ad hoc committee's recommendation would at least extend this project for another year; but also join, quite intentionally, the whole County-wide conversation about Healthy Births. In some ways, the Commission's investment in healthy births and the creation of the network and collaboratives was really to get its feet wet in trying to understand some of that dynamic. It was clear to the ad hoc committee that the conversation about ensuring healthy births among the population has to include a broader table. The Department of Public Health has been convening a table for that conversation. Commissioner Au recommended that First 5 LA needed to join that table because the Commission still needed to hold onto its commitment in terms of its goal of ensuring better health outcomes for the babies. The second piece is to revisit the Welcome Baby! component which is now embedded in the Best Start effort and move it to a County-wide conversation and initiative because the Commission needs to embed its Welcome Baby! component into the whole County-wide conversation about healthy births. The Commission has already agreed to invest in the universal assessment piece and to be able to then integrate universal assessment with the Welcome Baby! component and move it to a County-wide platform would, therefore, broaden the potential for partnering with other folks who are dealing with this issue. Commissioner Au said that it was her understanding that the table being convened by the Department of Public Health included mental health people which made it more of a comprehensive conversation. These are the components that are truly driving how infant mortality rates and low birth rates are impacted. Commissioner Au concluded by complimenting the staff on their work.

Commissioner Browning asked if there was a review of cost per transaction or the cost per provider to see if some were "better than others" or were there things that stood out in one of the models that might have been different from one of the other models.

Commissioner Browning also asked if there was any standard against to measure this. Specifically, Commissioner Browning asked if there were other programs in other jurisdictions that serve the same basic population for half the cost or maybe twice the costs. Those are things that were of interest to him.

Chair Kaufman asked if there was data for enrolled pregnant women, women who were enrolled prior to being pregnant, and differences across the Best Babies Collaboratives. Senior Program Officer DuBransky said that staff did not have a sense of differences across the Best Babies Collaboratives. Information was available on cost based on the number of enrollees divided by the Commission's investment. Comparisons across the Best Babies Collaboratives have not occurred. In terms of the comparable population for similar programs, staff responded there were challenged in finding comparable programs and this is why the LaMB data was used.

Commissioner Browning asked about other counties and states that had similar programs. Commissioner Harding responded that comparisons and literature were shown to be similar in Denver and other parts in the report from the LA Best Babies Network and Best Babies Collaboratives. In most cases, the results were far better than those of the Best Babies Collaborative. Regarding cost for intense case management, the cost ranged from $300 to $10,000 per client. For example, the nurse-family partnership is in the $9,000 range per client.
Chair Kaufman reminded everyone that medical care of these clients was paid through Medi-Cal. The cost was for care coordination.

Commissioner Dennis asked what was the annual cost. Staff responded that it was approximately $4.5 million per year. Chair Kaufman asked that staff have the exact cost for the May Commission meeting.

Commissioner Dennis asked if there were placeholders in the program budget for these recommendations or if augmentation will need to take place once the Commission makes its decision.

Commissioner Thompson asked how birth defects were defined. Staff responded that birth defects were defined as general anomalies. He asked if there were any behavioral or health implications beyond birth. Staff responded in the negative.

Commissioner Browning said that it would be helpful to have total cost, total number of people served, and program statistics in a one-page fact sheet for the Commission meeting in May. This information would certainly help present the case for continued funding.

Chair Kaufman commented that when using a LAMB comparison that is weighted, those factors on which it is weighted should be provided so that Commissioners can get a sense of comparability of the LAMB population versus the Best Babies Collaboratives. The information can be presented as a footnote. Knowing the elements that were used (i.e., socio-economic status) would help get a better sense of how comparable those elements were.

Chair Kaufman also commented that he did not see any analysis of the two populations for any of the data to be statistically different (i.e., the p-value). Staff responded that no significance testing was done. Chair Kaufman asked why not. Staff responded that due to the timeframe, it was not possible to combine the two data sets.

Chair Kaufman asked Commissioner Harding if more specificity on the matching as well as statistical differences between the values of the two groups was worth doing. Commissioner Harding responded by saying that she did know if it was worth doing. She said she was very happy with the weighting and did not know that if any new information would surface in the outcomes.

Chair Kaufman asked why the ad hoc committee was making a funding recommendation of no more than one year and why were two year or three years not considered. Commissioner Harding responded that the language she recalled was up to one year of funding. This was based on what was being learned from the staff when Best Start was to be rolled out; and, therefore, those new investments should take over.

Chair Kaufman said that if the Commission approved any length of time, the assumption was partly based on the existing infrastructure that is there. This infrastructure transitions to other programs and activities. Chair Kaufman then commented that it seemed that staff and the ad hoc committee felt comfortable with having a 12-month funding recommendation. By the end of this period, communities should already have their plans approved and be ready to roll out so that the Commission did not have to go through this process again.
Senior Program Officer DuBransky clarified that there was no guarantee that every community would have their Welcome Baby! and home visitation programs ready in a year. Chair Kaufman commented that if this was the case, then some grantees would need funding for two years rather than one year since the communities would not have their plans. He said that he needed to understand why the recommendation was then only for one year. Commissioner Harding stated that the recommendation was based on the information provided by staff where communities would have their plans ready within the year. She also said that since it seemed that it may take longer than a year for the communities to have their plans ready, then the recommendation should be that funding be until the Best Start Communities are up and running.

Commissioner Au said that a year was in some ways arbitrary. There were also hospitals that have not been really engaged in the level that would prepare them to be receptive. Based on the initial consultant report, the hospital culture is a really daunting culture to engage with; and therefore, it may take more than one year. Commissioner Au said that as a Commission, budgets and expenditures are approved on an annualized basis.

CPO Gallardo clarified that the intent of the recommendation of this point in time was for the Commission to be able to approve an extension based upon the merit of the program. Where the communities are a year from now, if not all of them are ready, then a decision will need to be made at that time. The communities are mutually exclusive and after one year, the Commission can make the decision on what investments should continue.

Director Iida reiterated that one of the factors considered was the transition plan that is in the current strategic plan. These transition initiatives would continue to receive funding until the end of the partnership development phase and align with the implementation of the Best Start community plans.

Chair Kaufman stated that he understood this but was also confused because part of what he is hearing is that in June money will be allocated to a community if the community plans are acceptable; however, he also recognized, at the same time, that some community plans will not be fully developed and may take more time. Chair Kaufman further stated that communities should be able to have their plans in 12 months. Not knowing how many community plans will need work, which can be as long as six more months, he asked how the current recommendation would impact that situation. With an up to 12-month approval, there was a specific amount of time approved. He asked staff to think about language that could address this potential circumstance unless it was felt that the current recommendation was sufficient. Commissioner Kaufman asked for clarity so that the Commissioners fully understand what they are voting on.

Senior Program Officer DuBransky commented that a conversation with Interim CEO Steele has begun to establish a new process or mechanism for timely implementation of investments. Based on the new budgeting process, staff would be coming back and reporting to the Commission next year on which collaboratives successfully transitioned into the Best Start Communities and which would then require an extension of funding.
CPO Gallardo commented that a 12-month period was the safest approach to where the communities are. When the plans are received between June and July, if a community has not incorporated these or any other transition initiatives, they will have one year to incorporate them into their plan.

Senior Program Officer DuBransky commented that the Commission also wanted to incentivize communities to focus on moving forward with new programs as opposed to preserving current investments.

CONSENSUS: Chair Kaufman asked the members of the Kindergarten Readiness Ad Hoc Committee (Commissioners Au and Harding) to meet with staff at the end of the meeting to finalize the language of the recommendation based on the discussion and feedback provided, specifically if funding was going to be up to a 12-month period or if it was going to be linked to the community plans.

Public Comment:

Diane Gaspard, LA BioMed
Joey Shanahan, INMED Partnerships for Children
Janice French, LA Best Babies Collaborative

(Per Commission’s Activity Break Policy, the Committee took a 10-minute break).

4. Kindergarten Readiness Ad Hoc Committee

Director Iida reported the Kindergarten Readiness Ad Hoc Committee recommendations followed the direction requested by the Commission Chair at the February Commission meeting who asked the Program & Planning Committee and staff to consider transitioning these initiatives (time and investment amount) within the context of developing and approving First 5 LA’s FY12-13 budget so Commissioners could see all investments in early care and education and prioritize staff’s time and work when they review First 5 LA’s program budget at the May meeting.

As way of review, the Committee’s charge was two-fold:

1. Produce recommendations to the Commission on investments related to Kindergarten Readiness. These were first presented to the Program & Planning Committee at the January 26, 2012 meeting and then to the full Commission at the Commission meeting in February.
2. Preserve the infrastructure and, where appropriate, the outcomes of the School Readiness, Family Literacy, and Friends, Families & Neighbors initiatives.

Director Iida further reported that the ad hoc committee was looking to receive feedback from the Program & Planning Committee and the public regarding their proposed recommendations for extending each of the transition initiatives so that such feedback could be considered in producing the final recommendations for presentation at the May Commission meeting.
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The Commission Chair directed staff and the ad hoc committee to look at these transition initiatives within the context of First 5 LA's budget process for FY 2012-13. As a result, the ad hoc committee looked at each of these transition initiatives and decided on the recommendations being presented.

The ad hoc committee considered many factors in developing their recommendations for each initiative:

- Evaluation findings
- Service Levels – specifically, the number of families served
- Cost per participant
- Need for KR programs and services throughout Los Angeles County
- Infrastructures established by each initiative to support Best Start implementation

Senior Program Officer Kelly reported that three initiatives were being considered by the Kindergarten Readiness Ad Hoc Committee: Family Literacy, School Readiness Initiative, and Family, Friends & Neighbors.

For each initiative, staff shared the key considerations that were used in making the recommendation.

Key considerations for Family Literacy included parent self-reports upon program exit regarding improved English skills, improved employment, and parents reading more frequently to their children. The evaluation findings especially reinforce the value of implementing family literacies for core strategies in an integrated fashion. The follow-up study that was done found higher scores in both English and math assessments among the family literacy participants relative to the comparison group. While program participants performed strong in comparison to the others students, program participants were still not performing at the proficient level on CST language test. Another key consideration was how each of these initiatives linked or had key infrastructure for the Best Start Communities. While it is not expected that any of the Best Start Communities would fully fund a family literacy program, there are potential elements of the family literacy program that may be selected by a community as part of their community plan.

The ad hoc committee’s recommendation was guided by positive outcomes at program exit and the potential of program components that could be considered by Best Start Communities in developing their plans and alignment with timeline and roll out. The ad hoc committee's recommendation for family literacy is to extend all family literacy grantees for one year to coincide with implementation of Best Start community plans.

Commissioner Au asked what would be the impact of extending the family literacy grantees in only the 14 Best Start Communities in terms of providers. Staff responded that of the 19 family literacy grantees, 10 are in Best Start Communities at a cost of $922,500. This was the cost of funding only family literacy grantees in the Best Start Communities as opposed to the $2.17 million to support all 19 family literacy grantees, which does not include the Family Literacy Support Network.

Commissioner Au asked if the Family Literacy Support Network was included, what would be cost. Staff responded that the cost would be approximately $1.5 million. Chair
Kaufman directed staff to have concrete numbers available for the May Commission meeting.

Commissioner Au asked what would be the impact in terms of number of children served and families served if only the family literacy programs in the Best Start Communities were funded. Staff responded that it would be 50 percent of the numbers reported for FY 2012-13, which would be 470 children and 430 families.

Chair Kaufman directed staff to have clear numbers on the number of children and families served for the May Commission meeting. Chair Kaufman asked if there were comparable standards in terms of cost for family literacy in other parts of the country or other programs with a similar approach including any leveraging information.

Senior Program Officer Kelly reported that regarding the School Readiness Initiative, evaluation findings demonstrated that children in more intensive programs, upon exiting, showed positive outcomes in regard to English proficiency, math and letter naming in contrast to the comparison group. Parents participating in more intensive services reported an increased knowledge of child development. In a follow-up study, participating children scored the same or lower in English language arts in contrast to the comparison group. Participants, similarly to family literacy, were not performing at the proficient level on the CST language arts test. The challenge with the evaluation of this initiative has been the diversity of program components and intensity of services. Also, similar to family literacy, there are strengths to SRI infrastructure with potential aspects being included in the Best Start Communities.

The recommendation of the ad hoc committee for school readiness is to extend the SRI grantees that are currently being funded to implement one of First 5 LA’s approved home visitation models and to fund those grantees for one year to coincide with the implementation of the Best Start community plans.

Commissioner Harding commended Senior Program Officer Kelly on how she explained the thought process of the ad hoc committee. She said that the committee’s charge was to look at the infrastructure and to determine what to preserve and sustain of that infrastructure so that the castle was not crumbled before Best Start got up and going. There has been a significant amount of investment in several of these programs and evidence-based programs such as Parents as Teachers and early Headstart. These are the same models that the Commission is looking to rebuild with the Best Start Communities. It seemed silly and wasteful to let that infrastructure die when these programs are expensive for staff to get trained in. These models should be maintained if they are going to be part of the Commission’s next investment.

Commissioner Dennis commented that the infrastructure was not really school readiness, although it started as such, because the charge of the ad hoc committee was to look at infrastructure necessities that the Commission would need over time so that money would not be wasted.

Commissioner Au commented that the recommendation was very specific in terms of approving the home visitation piece and the school readiness piece. She asked for more clarity on how the school readiness and home visitation piece related to the Best Start Communities.
Commissioner Dennis said that the recommendation focused on how to roll into Best Start the infrastructure that existed and incorporate those models into the Best Start plans, which are mandated to have a home visitation component.

Commissioner Au stated that her understanding of the SRI grantees was that it had such diversity in projects and it was really difficult to truly clearly document what the impact was of the programs. However, there was some common thread among all SRI programs that tied them together around impacting the school readiness of children.

Commissioner Harding commented that the difficulty was around the evaluation findings because they were mixed. On the short-term, the program had good outcomes; however, in the long-term, the outcomes did not look so good. It was hard to differentiate whether this was the result of the diversity of programs or a result of the programs not working. The ad hoc committee looked at the existing structure and determined that the infrastructure of the home visitation model, a component required of all Best Start Communities, could be expanded upon.

Commissioner Au commented that not all school readiness grantees were doing home visitation.

Director Iida reported that 16 of the 38 current grantees had a home visitation component. She further reported that it was an even split of the 16 grantees between those in the Best Start Communities and those outside.

Commissioner Au asked if there were any programs within the School Readiness Initiative that were not necessarily doing home visitation but were actually addressing the issue of school readiness. Staff reported that all grantees were working toward school readiness in four result areas: (1) improved family functioning; (2) improved child development; (3) improved health; and (4) improved systems of care. The challenge for the ad hoc committee was that the follow-up study indicated that given the difference in how each program was implemented, there was no data that showed that in the long-term, children were showing strong outcomes. The ad hoc committee pulled out what was an evidence-based model within school readiness that would also support the implementation of Best Start.

Commissioner Au asked if the Commission tracked for each of the grantees what they had done and some element of outcomes or impact. Director Jimenez reported that the individual grantees provide performance measures and the extent to which they accomplish their activities and meet service requirements. The grantees do not have individual extensive evaluations of each of the individual models. There are 42 very different programs; some of which provide such services as preschool, transition programs from preschool to kindergarten, and early childhood education quality enhancement. There are a number of kids who get smaller levels of services and other kids who are participating in longer term interventions. This combined with the broad definition of school readiness (some focused on health, others focused on family engagement and parental education) made it complicated to evaluate the grantees. Age was also a factor since some programs targeted the zero to three population and others targeted four and five year old children. Because of this, it was not possible to standardize outcomes across the 42 grantees. Grants management staff have engaged with all grantees to make sure performance measures were met. All grantees were required to have program level evaluations.
Commissioner Au commented that knowing that it was difficult to come up with an aggregate evaluation data set, there needed to be some level of criteria for all grantees to be evaluated. She said that she found it difficult to just utilize the Best Start home visitation criteria as justification for extending the grantees because the focus should be school readiness.

Commissioner Harding commented that the home visitation program was not being extended but rather the evidence-based models that would provide the infrastructure needed for the next investment. The ad hoc committee did not consider how to extend school readiness programs because the outcomes were all over the place and it did not look like these outcomes were something that the Commission wanted to continue investing in. The charge of the ad hoc committee was to determine what infrastructure was present to be preserved in order to assist with the Best Start rollout and assist with future investments of the Commission. The piece that was present is that many of the school readiness programs were using the models that were evidence-based, that have gone through rigorous evaluations, and have outcomes that are predictable. Therefore, the ad hoc committee looked at expanding those programs that have evidence-based models because that infrastructure would be needed for future investments.

The issue at the beginning was looking at kindergarten readiness and what sort of investment the Commission should have toward it. This was thrown out at one of the Commission meetings where there was so much discussion about not investing in kindergarten readiness. Consequently, the ad hoc committee then pursued the issue of what infrastructure needed to be preserved.

Commissioner Dennis said there was seemingly no will to continue with a kindergarten readiness investment by the Commission. Thus, this is why infrastructure was looked at and how some of the work that was being done by school readiness grantees and family literacy grantees could be incorporated into Best Start.

Commissioner Au said that she was finding it difficult for the Commissioners to abandon one of the four key goal areas which was school readiness.

Commissioner Dennis said the deciding point as to how to move forward with this issue took place at the February Commission meeting when the Commission Chair was very definitive in what needed to be done. Staff added that the directive of the February Commission meeting was for recommendations to be presented specifically around the grantee funding extensions and not around a new kindergarten readiness investment.

Director Iida said that although no formal vote took place, what came out of that discussion was for the ad hoc committee to look at what was going to be done with transition initiatives. The home based interventions that the Commission had approved through its current strategic plan did, in essence, prepare children for kindergarten through parenting education classes and programs that identify developmental delays.

Senior Program Officer DuBransky commented that the place where the four approved programs fit into the pathway of the strategic plan were directed toward kindergarten readiness and prevention of child abuse. For example, Parents as Teachers was the model that 16 of the SRI grantees utilize and their targeted outcomes include increased parent knowledge of early childhood development, improved parenting practices,
provision of early detection of development delays in health issues, prevention of child abuse and neglect, and increased school readiness and school success. These outcomes are addressed through a home visitation program.

Chair Kaufman commented that this was not an abandonment of an outcome of school readiness. The Commission’s largest partner is LAUP, which is one approach to school readiness, called universal preschool.

Commissioner Dennis commented the ad hoc committee did not believe there was a will by the Commission to continue this piece (school readiness), apart from what is done in LAUP.

Chair Kaufman further commented that an investment in kindergarten readiness would have meant new program development.

Chair Kaufman asked if the $4.4 million being recommended by the ad hoc committee for the 16 grantees was to fully fund the grantees at last year’s approved allocation for each grantee that had a home visitation component. Staff responded in the affirmative and stated that about 70 percent of each grantee funding allocation was used for home visitation. The ad hoc committee did not look at each grantee but rather at what elements of the SRI programs were evidence-based models that could potentially be used by the Best Start communities.

CONSENSUS: Chair Kaufman asked the ad hoc committee members to meet with staff at the end of the meeting to finalize the recommendation based on the discussion and feedback received. He also asked that the recommendation to be brought to the Commission in May be clear on what will be funded and what will be lost as a result of not funding a SRI grantee.

Regarding the Family, Friends & Neighbors Initiative, Senior Program Officer Kelly reported on some of the key considerations for the recommendation made by the ad hoc committee. These included evaluation findings in terms of number served and qualitative information on the providers. There is no outcome data in terms of improvement in quality. Eighty-five percent of participating providers were interested in becoming licensed; 26 percent of participating providers report lacking sufficient toys or materials to serve the children. Not a lot is known about unlicensed providers County-wide. What is known is that approximately 188,000 children, ages zero to five, are served by license-exempt providers in Los Angeles County. Of those providers and children, Family, Friends & Neighbors serves a small proportion—201 providers. In terms of the infrastructure, in regard to Best Start, there is an opportunity for the Best Start community plans to include license-exempt provider training, if they choose to do so. This was one consideration of the ad hoc committee’s findings; however, a key consideration that guided the findings was that not a lot is known about this provider population which serves a large number of children in Los Angeles County.

The ad hoc committee’s recommendation was to extend Family, Friends & Neighbors grants for two years while a needs assessment is conducted on what is really needed for the license-exempt population with reporting to the Commission on any recommendations resulting from the assessment. The budget amount being
recommended is for FY 2012-13 and it can be assumed that it will be same amount for FY 2013-14.

Commissioner Harding said the ad hoc committee believed that this initiative was a workforce development issue. Because of this, the ad hoc committee recommends a funding extension but also a linkage to the County-wide work that is being done by the Workforce Development Initiative.

Commissioner Dennis said that the Workforce Development Initiative would need additional funding to conduct the needs assessment.

Commissioner Au commented that moving this initiative into the Workforce Development Initiative was a good idea. She also stated that she did not know how the Family, Friends & Neighbors Initiative fit into Best Start place-based approaches because in workforce development, it is more impactful on a County-wide basis by looking at requirements and incentives to encourage license-exempt providers to get training for their license.

Director Iida stated the ad hoc committee, for this very reason, wanted to link the work of this initiative through the County-wide investment to the extent possible.

Chair Kaufman commented that he was confused how $1.2 million was spent on 200 providers serving 400 children. He asked what these grantees did. Staff responded that funding was used for training, social networking opportunities among the providers, site visitation and linkages with other community resources. Chair Kaufman asked that a summary of people served through this initiative be provided at the May Commission meeting for clarity.

CONSENSUS: The ad hoc committee recommendation regarding the Family, Friends & Neighbors Initiative would be brought to the Commission at the May meeting as presented.

Public Comment:

Ellen Cervantes, Child Care Resource Center
Liz Guerra, Family Literacy Support Network
Dana Morales, Human Services Association
Natasha Wheeler, Hathaway-Sycamores Child and Family Services

5. Policy Department Update

This item was continued to the next regularly meeting of the Program & Planning Committee in May.

6. Update from Federal Advocates

The Policy Department pursues the Policy Agenda adopted by the Commission as part of the FY 2009-2015 Strategic Plan. Until last year, the vast portion of the focus of the policy and advocacy work was done at the state and local levels. First 5 LA inaugurated a federal policy strategy utilizing consultants in Washington, D.C. in June 2011. A one-year contract was awarded after a competitive RFQ.
Policy Analyst Sachnoff introduced Alan Lopatin and Stephanie Monroe from the Federal Advocates. The presenters provided the history, policy landscape, budget challenges, strategies and activities, thus far, in the first year of the contract relationship.

7. Public Comment for Items Not on the Agenda

None.

ADJOURNMENT:

The meeting was adjourned at 4:35 pm.

NEXT MEETING:

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

1:30 pm – 4:30 pm
May 24, 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 3

Census Data
Mining Project
DEMOGRAPHIC COMPARISON OF THE FIRST 5 LA BEST START COMMUNITIES
A Dynamic Perspective
PRESENTATION OVERVIEW

LOCATIONS

COMMUNITY CHARACTERISTICS

CHILDREN

CONCLUSION
FIRST 5 LA’S BEST START COMMUNITIES
General Community Characteristics
REPORT DATA USED

- This analysis relied upon Census Bureau data. Data was taken from the 2000 and 2010 Decennial Census.

- In addition, data from the American Community Survey (ACS) 2005 – 2009 was also used. This data consists of multi-year estimate (MYE) surveys of 2005-09, centering on 2007 MYE, and all references to 2007 use that data.
HOUSEHOLDS WITH CHILDREN IN 2010

Source: Census 2010 SF-1, P19, P38
HOUSEHOLDS WITH CHILDREN IN 2010 COMPARED TO 2000

65%
60%
55%
50%
45%
40%
35%
30%

2010

Los Angeles County
Metro LA

Southeast LA
Watts-Willow.
Wilmington
Compton
El Monte-South E.M.
Central Long Beach
Pacoima
East LA
Panorama City
B'way-Manch.
Palmdale
Lancaster
W. Athens

2000
Source: Census 2000 SF-1 P18, P34; Census 2010 SF-1 P19, 38

Community Characteristics
MEDIAN HOUSEHOLD INCOME, 2007 MYE

Los Angeles County, $54,828

Source: ACS 2005-09, B19013
POVERTY RATE OF CHILDREN UNDER 6, 2007

Los Angeles County, 23.2%

Source: ACS 2005-09, B19013
TYPE OF HOUSING, 2007

Source: ACS 2005-09, B25024

Community Characteristics

USC PopDynamics
PERCENT FOREIGN BORN OF TOTAL POPULATION, 2007

Los Angeles County, 35.4%

Source: Census ACS 2005-09, B05002, B16002
ENGLISH ONLY HOUSEHOLDS

Source: Census: 2000 SF-3, P20, P21; ACS 2005-09, B05002, B16002
Children
PARENTAL MARITAL STATUS OF FAMILIES WITH CHILDREN

- Married Couple Households
- Female Single Parent Households
- Male Single Parent Households
MALE SINGLE PARENT HOUSEHOLDS

Source: Census 2000 SF-1 P18, P34; Census 2010 SF-1, P19,

USC PopDynamics
Percentage Change in the Number of Children Ages 0-4, 2000-10

Los Angeles County, -12.5%

Source: Census 2000 SF-1, P12; Census 2010 SF-1, P12
PERCENTAGE CHANGE IN THE NUMBER OF CHILDREN AGES 5-9, 2000-10

Los Angeles County, -21.0%

Source: Census 2000 SF-1, P12; Census 2010 SF-1, P12
Note: The total fertility rate is determined by the population of women between the ages 15-50 who gave birth within the past 12 months. It is the average number of children expected to be born to a woman over her lifetime.

Source: ACS 2005-09, B13002
SCHOOL ENROLLMENT OF CHILDREN AGES 3-4, 2007

Source: ACS 2005-09, B14002
CONCLUSION
Senior Ratio: Age 65+ per 100 Working Age (25-64)

Source: California Department of Finance, Census Bureau, and Immigrants and the New Maturity of Los Angeles Report, 2010.

USC PopDynamics
CONCLUSION

- Children are precious resources more than ever
- Investment in future workers and taxpayers
- Who’s going to buy your house?
Item 4

PHFE-WIC Data Mining Project
THE WIC RESEARCH PARTNERSHIP:
TEN YEARS OF COLLABORATION

Shannon E. Whaley, Ph.D.
Lu Jiang, Ph.D.
Maria Koleilat, DrPH
PHFE WIC
WIC AND FIRST 5 LA

- We have collaborated since soon after the passage of Proposition 10.

- WIC is the Special Supplemental Nutrition Program for Women, Infants and Children.

- WIC 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, ~1.4M in CA and ~550,000 in LA County.

- WIC serves ~69% of all infants born in LA County.
WIC FOOD PACKAGE EXAMPLE:
FULLY BREASTFEEDING MOM

MOM — Up to 1 Year

BABY — 6 to 12 months
7 Local Agency WIC Programs in LA County

- PHFE WIC
- LA Biomed/SLAHP
- NEVHC
- Long Beach
- Antelope Valley
- Watts Healthcare
- Pasadena

- Research partnership harnesses data from all 7 programs.
The WIC population is the target audience of Proposition 10 funds.

WIC has the infrastructure to reach low-income families on a monthly basis, and collects health and socio-demographic information on all participants.

WIC data are all stored centrally in the California Integrated Statewide Information System (ISIS).

Prior to this partnership, WIC data were only used for internal administrative purposes, were not shared across agencies, and were not available countywide.
VISION

- Harness WIC data so they can be accessed and utilized by First 5 LA, other child welfare advocates, policy makers, researchers, and the general public.
GOAL 1: HARNESS WIC ADMINISTRATIVE DATA

- Data elements in WIC administrative data

- Maternal height, weight and BMI
- Prematurity and birth weight
- Child height, weight and BMI
- Breastfeeding rates
- Geographic info (SPA, City, ZIP, Census Track)
- Demographics (race, language, education, etc.)
GOAL 1: HARNESS WIC ADMINISTRATIVE DATA

- Many of these elements 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.

- Alignment with the First 5 LA 2009-2014 Strategic Plan:

  - **Goal #1:** Babies are born healthy.
  
    **Measure:** Percent of Babies Born at a Low Birth Weight

  - **Goal #2:** Children maintain a healthy weight

    **Measure:** Percent of Overweight Children
Obesity Trends among Los Angeles County WIC Children

**Age**
- 3
- 4

*Data source: Los Angeles County WIC Administrative Database. Charts produced by PHFE WIC.*
Breastfeeding Rates among Los Angeles County WIC Infants

% Infants that were breastfed

2003 2004 2005 2006 2007 2008 2009 2010 2011

Any Breastfed.. Fully Breastfed..

Infants that were breastfed (any)

Infants that were fully breastfed

*Data source: Los Angeles County WIC Administrative Database. Charts produced by PHFE WIC.
VALIDATION STUDY OF CHILD HEIGHT AND WEIGHT MEASUREMENTS

- WIC measurements of 287 2- to 5-year old children were compared with "gold standard" research protocol measurements.

- CONCLUSION: Height, Weight and BMI collected by WIC staff are sufficiently accurate for surveillance and research, on par or exceeding accuracy of measurements in pediatric offices.
  - Intraclass correlations measuring agreement between WIC and research protocol for height, weight and BMI were .96, .99 and .93.

- Funded by the American Heart Association
INFANT FOOD PACKAGES ARE A VALID INDICATOR OF BREASTFEEDING

- Surveyed ~2000 postpartum mothers by phone in August 2010 about feeding behavior at home. Linked their survey data to their food package issuance data in August 2010.

- 89% of mothers taking the fully breastfeeding food package were fully breastfeeding. 91% of mothers taking the full formula package were fully formula feeding.

Whaley, Koleilat & Jiang (2012). WIC infant food package issuance data are a valid indicator of infant feeding packages. *Journal of Human Lactation.*

- *Funded by the State of CA WIC Division*
What WIC data do we have to support this?
- 80,000+ infants on WIC from birth to 4+ years old
- They have the same Individual ID for four + years

Infant on WIC

Four + Years

Same child on WIC four years later
INITIATION OF FULL BREASTFEEDING = 23.6% REDUCTION IN OBESITY AT AGE 4

Obesity Rate at Age 4

<table>
<thead>
<tr>
<th>Package Type</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Formula Package</td>
<td>25.9</td>
</tr>
<tr>
<td>Combination Package</td>
<td>24.2</td>
</tr>
<tr>
<td>Fully Breastfeeding Package</td>
<td>19.8</td>
</tr>
</tbody>
</table>

*Package issuance at infant enrollment into WIC*
LONGER BREASTFEEDING DURATION = LOWER OBESITY RATES AT AGE 4

- For every additional month of ANY breastfeeding:
  - 2% reduction in obesity at age 4.

- For every additional month of FULLY breastfeeding:
  - 4% reduction in obesity at age 4.
GOAL 2: ENHANCED DATA COLLECTION

WIC administrative data provide rich information on the population served in LA County, but WIC does not collect information on many outcomes of interest.

- 5000-6000 participants per survey answered questions on topics including:
  - food and SSB intake
  - breastfeeding practices
  - household food security
  - child care and preschool utilization patterns
  - access to health care and dental care
  - home literacy practices
  - maternal emotional well-being
  - developmental concerns of early childhood
LA COUNTY WIC SURVEY DATA

- **2005: Series of briefs**

- **2008: WIC Data 2003-2009**

- **2011: Cleaned, analysis underway**
  - Best Start Community oversample
  - Now can do trend analysis
  - Student researchers

- For all years, merge to ISIS data for child height, weight & BMI
SAMPLE OUTCOME FROM WIC SURVEY 2008: SSBs AND BREASTFEEDING

- Collaboration with Jaimie Davis (UT Austin) and Michael Goran (USC)

- On an average day, about how many sodas, such as Coke or Mountain Dew, or sweetened drinks, such as Gatorade, Red Bull or Sunny Delight, does <child’s name> drink? Do not include diet sodas or sugar-free drinks.
PERCENT OF CHILDREN CONSUMING SSBs DAILY, BY AGE (2008)

- Age 6m - 2y: 29%
- Age 3-5 years: 43%
CONCLUSIONS

- Children breastfed for 12+ months had 45% lower odds of obesity at age 2-4.

- Children consuming no SSBs had 31% lower odds of obesity at age 2-4.

- The combined effect of 12+m BF and no SSB intake conferred a >60% reduction in odds of obesity at age 2-4.

- SSB intake affected obesity prevalence only in children who were breastfed less than 12 months.

PROJECT ACCOMPLISHMENTS

- Ties directly to First 5 LA priority measures.
- Has created collaborative partners and funding streams.
- Provides training opportunities for students and post-doctoral researchers.
- Has generated multiple and presentations.
- Becoming a national model for use of WIC data.
NEXT STEPS

- Ongoing use of administrative and survey data to support First 5 LA strategic plan goals, projects and initiatives

- Model for National WIC

- Promote visibility of First 5 LA through publications and presentations
ACKNOWLEDGMENTS

- Armando Jimenez, Jessica Monge and many Emeritus Research and Evaluation staff at First 5 LA
- Larry Renick and Public Affairs staff at First 5 LA
- Neal Kaufman for his original shared vision of a First 5 LA-WIC data partnership
- Eloise Jenks, Mike Whaley, Judy Gomez, Kiran Saluja, PHFE WIC
- Linnea Sallack, Michele van Eyken, Pat Gradziel, CA WIC Program
- May Wang & Kate Crespi, UCLA
- Jaimie Davis, USC/University of Texas, Austin
- Lorrenne Ritchie, UC Berkeley Center for Weight & Health
WE WELCOME YOUR IDEAS

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LuJ@phfewic.org
MariaK@phfewic.org

www.phfewic.org
Item 5

Family Survey
# Research and Evaluation Project Proposal

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Family Survey Data Collection Project</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statement of Purpose</strong></td>
<td>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 and are listed below:</td>
</tr>
</tbody>
</table>
| | • Parents/caregivers are resilient  
| | • Children bond with parents/caregivers  
| | • Parents/caregivers support their child’s learning  
| | • Children have adequate physical activity  
| | • Infants and children have good nutrition  
| **Expected learning outcomes** | 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, we 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. |
| **Timeline and Major Activities** | 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. |
| **Proposed Cost** | • Request Commission approval in June 2012  
| | • Release Family Survey Data Collection Project RFP in July 2012  
| | • Present finalist for commission approval in October 2012  
| | • Begin data collection in February 2013  
| | • Release preliminary results in January 2014  
| | • Distribute dissemination products in June 2014  
| | • $1 million requested for initial administration across FY 2012-13 and 2013-14  
| | • $400,000 requested specifically for FY 2012-13  
| | • Additional funds will be requested for subsequent administrations of the Family Survey, as needed. |
The First 5 LA Family Survey

Proposal to the Program & Planning Committee

May 24, 2012
Background

* 2009-2015 Accountability and Learning Plan
* Progress to date
  * Expert consultation
  * Design and methodology
  * Instrument development
* Next steps
  * Contract with survey research firm
  * Data collection in the 14 Best Start Communities
* Long-term planning
  * Follow-up administration in the Best Start Communities
  * Survey families across First 5 LA programs countywide
Purpose

* Assess intermediate outcomes to establish a baseline
  * Parents/caregivers are resilient
  * Children bond with parent/caregiver
  * Parents/caregivers support their child’s learning
  * Children have adequate physical activity
  * Infants and children have good nutrition

* Examine functioning at the community level and across the entire investment

* Compare Best Start Communities to L.A. County (as well as the state and nation where possible)

* Identify lessons learned to inform future administrations
Methodology

* Multi-stage, address-based sampling
* Representative sample of families with children 0 to 5 in each community
* Household screening and recruitment
* Telephone-based interview
* Primary caregivers of children 0 to 5
Instrument

* 20-25 item measure
* Approximately 20 minutes to administer
* Topics
  * Family demographics
  * Breastfeeding
  * Child nutrition and exercise
  * Family activities to support child development
  * Parental functioning (e.g., social support, stress, depression)
Expected Learning Outcomes

* Establish baseline for the Best Start Communities
* Compare each community and the investment as a whole to L.A. County
* Inform community governance groups’ prioritization, planning and implementation of programs and services
* Facilitate First 5 LA’s ability to support and leverage efforts in each community
* Identify lessons learned regarding sampling, recruitment, administration, etc.
## Timeline & Major Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present project proposal for Commission approval</td>
<td>June 2012</td>
</tr>
<tr>
<td>Release RFP</td>
<td>July 2012</td>
</tr>
<tr>
<td>Present RFP finalist for Commission approval</td>
<td>Oct 2012</td>
</tr>
<tr>
<td>Begin data collection</td>
<td>Feb 2013</td>
</tr>
<tr>
<td>Share preliminary results</td>
<td>Jan 2014</td>
</tr>
<tr>
<td>Disseminate final results</td>
<td>June 2014</td>
</tr>
</tbody>
</table>
* $1 million for initial administration requested across FY 2012-13 and 2013-14
* $400,000 requested specifically for FY 2012-13
* Additional funds will be requested in subsequent administrations, as needed.
Questions
Item 6

Workforce Evaluation Plan
## Research and Evaluation Project Proposal

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Comprehensive Workforce Development Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statement of Purpose</strong></td>
<td>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 our Workforce investments. We will look at outcomes in six key areas: 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 our Workforce investments. Funds will also be used to complete evaluations begun in prior years of the Workforce Initiative (WFI) and High School Recruitment Pilot Program (HSR). We will also develop a measure of ECE provider competencies, and open an LA office for the pilot stage of the California Early Care and Education Workforce Registry.</td>
</tr>
<tr>
<td><strong>Expected learning outcomes</strong></td>
<td>The expected learning outcomes of the project will be: 1. Knowledge of the short, intermediate and long-term outcomes (see the evaluation framework) 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</td>
</tr>
</tbody>
</table>
| **Timeline and Major Activities** | - Evaluation study of **participant change** to begin implementation in Q4 of FY 2012-13  
- Evaluation study of **systems change** to begin implementation Q4 of FY 2012-13  
- Development of a measure of ECE **provider competencies** to begin implementation in Q4 of FY 2012-13  
- **LA County ECE Workforce Registry office** to be established Q3 of FY 2012-13  
- **WFI initiative evaluation** to be completed Q4 of FY 2012-13  
- **HSR evaluation** to be completed Q3 of FY 2012-13 |
| **Proposed Cost** | - $331,000 requested in FY 2012-13 (WFI and HSR evaluations)  
- $1.13 million in contract authority requested across FY 2012-13 and 2013-14 (Comprehensive Workforce Development Evaluation)  
- Additional funds will be requested in subsequent years as needed, through the life of our Workforce investments. |
# Early Care and Education
## Workforce Development Investments

<table>
<thead>
<tr>
<th>PROGRAMS</th>
<th>LEAD AGENCY</th>
<th>SUBCONTRACTOR(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Vistas: FCC Higher Education Academy</td>
<td>East Los Angeles College</td>
<td>Child Care Providers of LA Human Services Association</td>
</tr>
<tr>
<td>High School Recruitment (HSR)</td>
<td>Boys &amp; Girls Club of South Bay, The Children’s Collective Home, Los Angeles Community College, Los Angeles Valley College, Rio Hondo College</td>
<td></td>
</tr>
<tr>
<td>Families, Friends &amp; Neighbors (FFN)</td>
<td>El Proyecto del Barrio, North Valley Caring Services, Children’s Bureau, Children’s Collective, St. Mary’s Medical Center</td>
<td></td>
</tr>
<tr>
<td>ECE Career Development Project (CDP)</td>
<td>LACOE</td>
<td>Strategic Counsel</td>
</tr>
</tbody>
</table>

### LAUP WORKFORCE CONSORTIUM

<table>
<thead>
<tr>
<th>Aspire(CARES Plus)*</th>
<th>LAUP</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>LAUP Workforce Initiative (WFI)</td>
<td>LAUP</td>
<td>Cal Poly Pomona, East Los Angeles College, Long Beach City College, Los Angeles Community College, Los Angeles Valley College, Pierce College, Santa Monica College</td>
</tr>
<tr>
<td>Partnerships for Education, Articulation and Collaboration in Higher Education (PEACH)</td>
<td>LAUP</td>
<td>Janet Fish, Ph.D.</td>
</tr>
<tr>
<td>Gateways for Early Educators</td>
<td>LAUP</td>
<td>Child Care Alliance</td>
</tr>
<tr>
<td>Early Childhood Education Professional Learning Community Project (ECE PLC)</td>
<td>LAUP</td>
<td>LACOE Division for School Improvement</td>
</tr>
<tr>
<td>Steps to Excellence Program (STEP)</td>
<td>LAUP</td>
<td>LA County Office of Child Care</td>
</tr>
<tr>
<td>ECE Workforce Registry Pilot</td>
<td>LAUP and the San Francisco Human Services Agency</td>
<td>Childcare Education Institute</td>
</tr>
</tbody>
</table>

*Last updated 3/14/12*
## Early Care and Education
### Workforce Development Investments

<table>
<thead>
<tr>
<th>OUTCOME AREA</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruitment</td>
<td>Recruit a younger, more ethnically diverse pool of prospective ECE professionals (mostly high school students) into the education pipeline and/or workforce</td>
</tr>
<tr>
<td>Qualifications</td>
<td>Increase the formal qualifications and competencies of ECE professionals (e.g., degrees, child development permits and certificates)</td>
</tr>
<tr>
<td>ECE Practices/Quality</td>
<td>Improve the practice of ECE professionals and the quality of ECE programs</td>
</tr>
<tr>
<td>Retention &amp; Advancement</td>
<td>Improve retention and career growth among ECE professionals</td>
</tr>
<tr>
<td>Compensation</td>
<td>Increase the salary and benefits of ECE professionals</td>
</tr>
<tr>
<td>Systems change</td>
<td>Create, align and/or improve systems to support educational advancement, quality improvement and/or career growth</td>
</tr>
</tbody>
</table>

### STRATEGY |
### DESCRIPTION

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>Outreach/ Exposure</td>
<td>Include activities aimed at generating knowledge and interest in ECE as a career choice such as orientations, campus tours, field experiences, etc.</td>
</tr>
<tr>
<td>Academic Preparation/College Coursework</td>
<td>Includes enrollment in college courses and degree programs as well as efforts to modify/add courses, degree programs and/or credentials</td>
</tr>
<tr>
<td>Academic Support</td>
<td>Includes activities that support academic progress and success such as academic counseling (college counselors), tutoring, and mentoring</td>
</tr>
<tr>
<td>Financial Incentives/Support</td>
<td>Includes the provision of tuition waivers and assistance with book and transportation expenses as well as stipends for the completion of college coursework</td>
</tr>
<tr>
<td>Training/ Workshops</td>
<td>Includes traditional professional development workshops as well as efforts to develop ECE trainer certification requirements and an approval process</td>
</tr>
<tr>
<td>Coaching/ Technical Assistance/Mentoring</td>
<td>Includes both quality and academic coaching as well as technical assistance and mentoring related to ECE practice</td>
</tr>
<tr>
<td>Peer Support/ Learning Communities</td>
<td>Includes professional learning communities for practitioners as well as cohort groups for students in the pipeline</td>
</tr>
<tr>
<td>Other</td>
<td>Includes policy and advocacy activities, quality assessment, and training calendars</td>
</tr>
<tr>
<td>OUTCOMES</td>
<td>Recruitment</td>
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<tr>
<td>----------------------------------------------</td>
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<tr>
<td>FCC Higher Education Academy (ELAC)</td>
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<tr>
<td>High School Recruitment</td>
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<tr>
<td>Family, Friends, &amp; Neighbors (FFN)</td>
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<tr>
<td>Career Development Policy Project (CDP)</td>
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<tr>
<td>LAUP Workforce Consortium</td>
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<td>Aspire (CARES Plus)</td>
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<tr>
<td>LAUP Workforce Initiative</td>
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<tr>
<td>PEACH</td>
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<tr>
<td>Gateways for Early Educators</td>
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<tr>
<td>ECE Professional Learning Community</td>
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<tr>
<td>Steps to Excellence Program</td>
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<tr>
<td>STRATEGIES</td>
<td>Outreach/Exposure</td>
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<tr>
<td>FCC Higher Education Academy (ELAC)</td>
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<tr>
<td>High School Recruitment (HSR)</td>
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<td>Steps to Excellence</td>
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</tbody>
</table>

- BA in ECE
- Doctorate in ECE
- ECE credential
- Training calendar
- Quality assessment

Policy advocacy
<table>
<thead>
<tr>
<th>PARTICIPANTS</th>
<th>High School Students</th>
<th>Com. College Students</th>
<th>4-Year College Students</th>
<th>ECE Providers (general)</th>
<th>ECE Program Admin</th>
<th>Elem. School Principals</th>
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</thead>
<tbody>
<tr>
<td>FCC Higher Education Academy</td>
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</table>
First 5 LA Workforce Portfolio  Outcome Indicators

**OUTCOME AREAS**

- **Recruitment**
  - Knowledge of ECE degree options
  - Intent to pursue ECE degree
  - Knowledge of ECE careers
  - Intent to pursue ECE career

- **Qualifications**
  - College/course enrollment
  - Participation in professional development activities

- **ECE Quality/Practices**
  - Knowledge of developmentally appropriate practices (DAP)
  - Knowledge of research-based practices

- **Retention**

- **Compensation**

- **Systems Change**
  - MOUs
  - Partnerships
  - Articulation Agreements

**INDICATORS**

- **Recruitment**
  - ECE field experience/internship
  - College/course enrollment

- **Qualifications**
  - Fulfill basic & gen ed. requirements
  - Complete Lower Division 8 courses
  - Fulfill transfer requirements
  - PD hours completed / certificate

- **ECE Quality/Practices**
  - Knowledge of developmentally appropriate practices (DAP)
  - Knowledge of research-based practices

- **Retention**

- **Compensation**

- **Systems Change**
  - Structural changes in organizations supporting the ECE workforce
  - New and revised services, policies and procedures

- **Outcome Indicators**
  - Job in ECE
  - ECE/CD degree
  - Child Development permit
  - High quality interactions
  - Intentional facilitation of development and learning
  - Ongoing child assessment
  - Tenure in ECE
  - Time in current position
  - Turnover rates within settings
  - Career advancement
  - Increased salary
  - Improved benefits
  - Seamless educational and PD pathways for the ECE workforce

**Time Frames**

- **Short-term**
- **Intermediate**
- **Long-term**
- **Systemic**

**Younger, more diverse workforce**

**Well-qualified workforce**

**High quality programs**

**Greater retention and advancement**

**Improved pay scales & benefits**

**Coordinated & aligned systems**
First 5 LA Workforce Investments Target Groups

Desired change across outcome areas and target groups

Systems Change
Establish and improve connections, communication, and alignment in early care and education, and across the agencies and institutions that prepare and support ECE professionals

High School Students
- Recruitment

College Students
- Qualifications

ECE Professionals
- Practice/Quality
- Retention
- Compensation

License Exempt Providers

Long Term Outcomes
- Jobs in ECE
- ECE Degrees and CD Permits
- Effective Practice and Interactions
- Career Advancement
- Increased Salary and Benefits

Outcome areas by target group
FIRST 5 LA'S WORKFORCE INVESTMENTS PORTFOLIO

Program Investments

$14.2 million in FY 2012-13

- ECE Workforce Consortium
  - LAUP Workforce Initiative (WFI)
  - Partnerships for Education, Articulation and Collaboration in Higher Education (PEACH)
  - Gateways for Early Educators
  - Early Childhood Education Professional Learning Community Project (ECE PLC)
  - Steps to Excellence Program (STEP)
- Cares Plus/Aspire
- Family Friends and Neighbors (FFN)
- ECE Careers Development Project
- Project Vistas/ELAC
- P-3 Workforce Development / P-5 Core Competencies

Evaluation Workplan

$331,000 requested for FY 12-13

- Conduct an evaluation of the WFI Initiative
- Complete an evaluation of the High School Recruitment program

$1.13 million in contract authority requested across FY 2012-13 and 2013-14

- Conduct an evaluation of our combined workforce investments, to understand
  1) How participants change over time
  2) Differences in outcomes between different programs and groups of participants
  3) How ECE professional development systems and organizations changed
- Develop a measure of ECE provider competencies
- Oversee the establishment of an ECE Workforce Registry office for LA County
Item 7

Community Investments
Department Update
FIRST 5 LA

SUBJECT:
Community Investments Department Update

RECOMMENDATION:
Receive and file report on recent accomplishments achieved in three key programs (Match Grant Program, Challenge Grant, Social Enterprise Grants) that have leveraged significant resources relative to First 5 LA's initial investment.

DISCUSSION:
The following update on three key programs is being provided 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.
Item 8

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
- 2011 Accomplishments
- Legislation – close up
- 2012 Priorities
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

- Promote Comprehensive, Affordable Health Insurance for All
- Support Integration and Sharing of Data
- Expand Voluntary Home Visiting
- Increase Supports for Breastfeeding
- Promote Reductions in Drug, Alcohol and Tobacco Use by Parents/Caregivers
- Expand Early Identification and Intervention
- Promote Family Strengthening Principles and Prevention Practices in the Child Welfare System
- Improve Quality of Early Care and Education Programs
- Strengthen the Prenatal to 5 Workforce
- Increase Access to Healthy Food Options and Physical Activity

First 5 LA Strategic Plan Goals:

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

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

**Health Insurance**
- Obesity/ACA Panel Discussion
- PAF: APALC; Western Center
- COF: Children's Hospital Los Angeles, Maternal & Child Health Access
  - Leg 2011: AB 210, AB 1296, SB 222, SB 166

**Healthy Food/Physical Activity**
- SSB Brief
- Obesity/ACA Panel Discussion
- SSB Policy Roundtable
- PAF: CFPA; CHIC; CCHPA; Occidental; Public Counsel
- COF: APIOPA, CCHPA
  - Leg 2011: AB 6, AB 152, AB 234 AB 581, AB 669, AB 1100 AB 1319

**P-5 workforce**
- Next Panel on Child Care/ECE
- PAF: Crystal Stairs; LABBN

**Quality ECE**
- Next Panel on Child Care/ECE
- PAF: Public Counsel; Advancement Project; Crystal Stairs; Special Needs Network
- COF: Advancement Project, Alliance for A Better Community
  - Leg 2011: AB 419
  - Federal Advocate: CCDBG, ESEA

**Family Strengthening**
- Collaborate with County Agencies
- COF: Community Coalition, L.A. Gay & Lesbian Center, LABBN
  - Leg 2011: AB 1147

**Early ID & Intervention**
- Next Panel on Child Care/ECE
- PAF: Special Needs Network; LABBN; LAPMHTF
  - Leg 2011: SB 472

**Drug, Alcohol, Tobacco Abuse**
- PAF: LABBN; LAPMHTF
- COF: GBBB, LABBN, SIPA
  - Leg 2011: AB 540
  - Federal Advocate: Advocating backfill requirement in federal tobacco tax legislation

**Breastfeeding**
- PAF: Breastfeeding TF; LABBN
- COF: Breastfeeding TF
  - Leg 2011: SB 502

**Home Visiting**
- PAF: LABBN; LAPMHTF
- Federal Advocate: ACA Prevention Fund
  - Leg 2011: AB 823, AB 1088

**Data**
- PAF: LABBN; CFPA; LAPMHTF
  - Leg 2011:
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

- 25 active Policy grantees
- Advancement Project/Prenatal 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

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

a) Alignment with the First 5 LA Policy Agenda
b) Impact on young children
c) Timeliness
d) Feasibility
e) Focus on a prevention approach
f) Value-add of First 5 LA’s contribution
## 2011 Signed Legislation

<table>
<thead>
<tr>
<th>Bill</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB 581 &amp; 152</td>
<td>- More healthy food available to food insecure families</td>
</tr>
<tr>
<td></td>
<td>- 1.5 million food insecure families in CA will have more access</td>
</tr>
<tr>
<td>AB 1319</td>
<td>- Prohibits BPA in baby bottles</td>
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<td>- 430,000 0-2 year olds in LA County will benefit</td>
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<tr>
<td>AB 201 &amp; 222</td>
<td>- Requires insurers provide coverage of maternity care/services to all pregnant women</td>
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<td>- 2.86 million CA women will benefit</td>
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<tr>
<td>AB 1296</td>
<td>- Creates a single application for Medi-Cal, Healthy Families and Health Exchange</td>
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<td>- Over 4 million CA children benefit</td>
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<td>SB 502</td>
<td>- Requires infant feeding policy encouraging breastfeeding in hospitals</td>
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<td>- Benefits 150,000 babies born in LA County each year</td>
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<tr>
<td>AB 1088</td>
<td>- Requires disaggregation of data related to Asian, Native Hawaiian and Pacific Islander populations</td>
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<td>- Over 68,000 children 0-5 are Asian, Native Hawaiian or Pacific Islander in LA County</td>
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2012 Priorities

- **Advocacy:** Support First 5 LA Legislative Agenda and engage in advocacy activities in support or opposition to relevant bills
- **Relationships/Agency Awareness:** Build relationships with legislators, track and respond to state budget threats directed at First 5 and programs that serve young children
- **Policy Grantees:** Manage 24 Policy grantees and post Policy Advocacy Fund (PAF) Cycle 2 in Summer 2012
- **Policy Events:** State elected officials focused awards event, Federal Baby Caucus support, legislative staff briefing, Valley Reps meeting, policy roundtables, and panel discussions
- **Raise Awareness/Highlight Policy Options:** Publish policy briefs and articles on key issues for prenatal to 5 in LA County
- **Collaboration/Coalitions:** Identify and participate in new County, State, and Federal policy coalitions, collaborations and workgroups
Questions?
Item 9

Best Start Communities
Department Update
Best Start Communities Update

Program and Planning Committee Meeting
May 24, 2012
Objectives

- Provide an Overview of the Community Plan Development Process
- Review Highlights of 3 Community Plans
  1. Central Long Beach
  2. Panorama City
  3. Wilmington
- Review Timeline for Community Plan Approvals
- Address Commissioners’ Questions
Levels of Community Engagement

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
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<tbody>
<tr>
<td>Community At Large</td>
<td>Parents, residents and stakeholders that live within a community's geographic boundaries.</td>
</tr>
<tr>
<td>Best Start Community</td>
<td>Parents, residents and stakeholders familiar and/or affiliated with Best Start, but not consistently or actively engaged in all Best Start activities.</td>
</tr>
</tbody>
</table>
| Partnership            | Parents, residents and stakeholders who consistently participate in Best Start planning meetings through sub-committees, work groups, etc.  
                        | Decision-makers.                                                            |
| Leadership Group        | Elected advisory committee of community parents, residents and stakeholders.  |
Community Plan Components

- Summary
- Community Background
- Vision and Objectives
- Best Start Strategies
- Communications
- Evaluation and Learning
- Implementation
- Budget
Community Plan Review

- Vision Statement
- 5-Year Objectives
- 1-Year Objectives
- Proposed Family Strengthening and Capacity Building Projects
- Budget
Best Start Central Long Beach

VISION STATEMENT

"Central Long Beach is a community where babies, children, and their families are healthy and safe, with a passion for life and learning."
Best Start Central Long Beach

Family Strengthening Projects:

- Home Visitation
  - Healthy Families America

- Projects supporting parents taking an active role in their child’s learning and development
  - Parenting Classes
  - Parent Support Groups
  - Parent/Child Education Classes
  - Breastfeeding Support Groups
Best Start Panorama City and Neighbors

VISION STATEMENT

"The Vision of the Panorama City Best Start Community is to provide all children with accessible opportunities and resources to support their well-being and academic success by working in partnership with parents and the entire community."
Best Start Panorama City and Neighbors

Family Strengthening Projects:
- Resource Guide
- Nutrition and Physical Activity Classes
- Parenting Classes
- Stress Management
- Parent-Child Bonding
- Supporting Child’s Learning
Best Start Panorama City and Neighbors

Community Capacity Building Projects:

- Partnership Identity
- Partnership Training
- Assessment of Partnership skills and talents
- Outreach workers to support participant recruitment, engagement and retention
Best Start Wilmington

VISION

“Best Start Wilmington strengthens families and organizations to provide a healthy foundation for children in our community.”

MISSION

“Best Start Wilmington supports children and families by working together as a community to ensure children are safe, healthy, and ready to learn; residents have access to quality services and opportunities, and everyone is valued and respected.”
Best Start Wilmington

Family Strengthening Projects:
- Home Visitation Model to be selected by July 2012

Community Capacity Building Projects:
- Safe and United Wilmington
- Outreach (Community Resource Information)
- Wilmington Service Guide

Partnership Support:
- Best Start Partnership Review Committee
# Timeline for Community Plan Approval

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<td>Central Long Beach</td>
<td>Metro LA</td>
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<td>Compton / East Compton</td>
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Questions
Item 10

Public Comment for Items Not on the Agenda
Item 11

Adjournment