In the Matter of:

FIRST 5

COMMISSIONERS' MEETING

April 03, 2013

Dianne Jones & Associates
Reporting and Videography
P.O. Box 1736
Pacific Palisades, California 90272
310.472.9882
COMMISSIONERS' MEETING

MEETING OF FIRST 5 LA

WEDNESDAY, APRIL 3, 2013

Reported By:
Heatherlynn Gonzalez, CSR No. 13646
April 3, 2013
MR. RIDLEY-THOMAS: Ladies and gentlemen, let me call us to order.

We will move forward on this agenda without action items being before us at this point.

It seems to me that it's fully appropriate to acknowledge and respect your time and to adjourn in a timely manner to the extent that that is possible. We have several staff reports that we will hear. Let me just try to say that our goals for this special meeting are -- one is to provide the Commission with clarity and derive a common understanding around what it is seeking to accomplish with Best Start; two, to achieve a common understanding of how First Five LA measures its progress on Best Start; and, finally, to try to agree upon a series of measures and concrete overarching goals of First 5 LA.

Those have been stated with some regularity. They will be stated again in this meeting.

We thank you for your attendance.

Madam Executive Officer, I'm assuming you have preliminary remarks. And if so, let's proceed and then hasten to Item Number 2.

MS. BELSHE: Thank you, Mr. Chair. And I do want to make some opening framing comments, and begin by
thanking the board of commissioners as well as many
members of the community for investing the time in today's
meeting, which is the second of what we anticipate will be
at least four special meetings of the First 5 board of
commissioners to review and assess Best Start with the
goal as Supervisor Ridley-Thomas stated of identifying and
addressing the critical issues to the successful and
effective implementation of Best Start.

As we have discussed, the intent of the
commission's inquiry to Best Start is not about whether
Best Start will go forward, but rather how Best Start can
be implemented most effectively.

So it's through a series of these special
meetings that the commission is vesting significant and
necessary time, not just to discuss, but to decide -- to
decide key issues regarding Best Start that are central to
its effective implementation.

Last month on March 4th, the commission did a
couple of things. We discussed what a place-based logic
model is or is not, and how it can be used as an effective
tool.

Second, the board identified critical questions
to be explored as just broadly outlined by our chair.

And finally, the board heard next steps both in
terms of engagement of our board as well as engagement of
our Best Start community partners.

Today's meeting builds upon that March 4th presentation and focuses on board decisions on what in many respects really is the anchor issue, with Armando Jimenez's research and evaluation.

This anchor issue of how the commission defines success, how we define success is absolutely foundational to clarifying the results that First 5 LA seeks in partnership with your Best Start communities.

It is foundational to answering the overarching questions that we have to answer, foundational to moving the Best Start implementation forward.

Looking ahead in subsequent meetings, the board will build upon the decisions that are made today to address and decide other critical issues that flow from this anchor issue of how do we define success? How do we clarify the goals we seek?

We can then decide on intermediate outcomes and progress indicators to measure the movement forward. The evidence regarding what works for intended goals, the resources both in terms of time and funding which are required to achieve the changes we seek, and, finally, First 5's role. With both grantees and other partners.

This is a complex inquiry, and it's a consequential inquiry. Together we are working to
structure and support a place based initiative that has
the potential to contribute to meaning and measurable
improvements in the lives of children and their families.

We are fortunate to have the benefit of services
of two consultants to help us with this iterative and
deliberative and yet time bound inquiry. And I want to
acknowledge Gwen Wald. I think you know many of the
commissioners here. She's the managing director at
Arabella Advisors.

Her grant making expertise brings to this role is
really to support our work as a staff, and with you in
terms of coordinating and planning this inquiry process
and facilitating our board discussions, and she will be
playing that role here today.

Our second colleague, Ms. Valerie Moore. If you
could raise your hand. She's from the valley and is
principle and owner of Hoopman and Moor and Associates,
and brings a very deep expertise and community
development. We are looking to Valerie to bring her
expertise to help us with our community engagement process
and to facilitate those meetings.

Both Gwen and Valerie bring, I think, a very
clear and respectful understanding of the importance and
the power of building strong families and communities to
improve outcomes for young children, and both of them
bring a deep understanding and experience with First 5 LA
and with the development of our place based initiative
known as Best Start.

So I want to acknowledge their membership as part
of this team effort and appreciate their participation
today.

So with that, I would like to turn it over to
Armando Jimenez who's being very shy in the second row.

And Armando is going to -- if I could ask
forbearance, Mr. Chair -- go through his presentation and
then with Gwen's assistance, we'll proceed with the
clarifying questions, and more outstanding information to
drive to what we will be some very specific decisions
today by the board.

MR. JIMENEZ: Good morning, and thank you very
much, Mr. Chair, and commissioners, especially for taking
time out of your day in the early morning, although 9:00
o'clock isn't early for everyone here.

I would like to thank the leadership team, whose
efforts helped guide this process in helping us move this
forward.

I would also like to thank the research and
evaluation team, some of which are out here in the
audience, who put in a considerable amount of time and
effort giving this their best thinking. And that's what
we want to present today.

I'd also like to acknowledge all of the Best
Start staff. If they're out here in the audience, maybe
they could raise their hands.

But I want to acknowledge them for their
contributions and especially for their resolve and
commitment to change.

And that's essentially what we are here today to
talk about. It was heart warming at the last commission
meeting to see many of the families come and provide us
with testimony about their participation in many of our
efforts.

As I sat there and listened to them, I thought
how amazing it was to have the opportunity to witness that
from being in this commission and working for this
commission for 13 years. But first and foremost in my
mind was how can we actually move from the needle's moving
in an individual family to the needle moving in
neighborhoods, communities, and LA county.

How can we achieve that change to the degree we
all desire at the largest level we can? Because children
in LA County deserve it.

So today, our goal of this meeting is to
understand the context for specifying a change statement.

Now, a change statement -- by definition, it's a
statement that communicates -- that's required in order to determine success. That's what we want.

We're here also to agree upon and approve change statements for Best Start, and review the next set of critical questions that we have to answer in order to move us forward.

And also, finally, we're here to understand the next steps needed internally, within First 5 LA, and externally, within the communities.

So Kim mentioned earlier already we've provided the commission with several updates, and I just want to highlight the last special commission meeting for Best Start, where we identified and reviewed the literature for place based efforts.

We actually looked and identified overarching questions which will provide us with a framework for moving this discussion forward.

And this research and this literature review was the need for specificity around our outcomes, and starting at the end and working backwards.

Basically, what does success look like specifically? So today's decisions or today's inquiry process will focus on where we are going moving forward.

So today's decisions, we want to affirm and modify the Best Start goals and outlines; recommended
indicators; and most importantly today, we want to decide
upon the Best Start change statements.

In the future, we will be tackling additional
difficult questions such as what are intermediate outcomes
and progress measures, the strategies we will use and the
levels of evidence needed.

We want to understand our role as a commission,
and understand the role of communities within the Best
Start effort.

We want to identify what resources are needed and
the time frame required to achieve the change we seek.

I'd like to highlight that one of the findings
from the literature review for place based was to allow
sufficient time for efforts to not only take -- take root
in communities, but to be implemented and flourish.

And, finally, our future discussion will center
on how and what we will sustain with Best Start.

So I'd like to kind of provide a little bit of an
overall framework for what the commission has actually
already looked at and agreed upon, in a sense; so this is
the Best Start implementation framework.

And we have identified our long term outcomes.
They are here. We are all familiar with them. We have
also identified, very broadly, what the intermediate
outcome areas are. They refer to family, organizational,
and neighborhood and community changes.

As a commission, we've also identified broad strategies. We've been much more specific about our family strengthening strategy in providing updates on our progress in Welcome Baby, and we will be implementing intensive home visiting very soon within the communities.

But what we have not done is specifically identified the intermediate outcomes that we need to have and we need to monitor and measure for these specific strategies.

We've also not fully articulated the relationships between the strategies as we're implementing them.

So how do capacity building efforts support family strengthening? How do systems capacity communities and family strengthening help in communities?

So I'd like to make sure that we're all on the same page with regard to the rest of our discussion today, and just provide some basic definitions.

For the most part, goals and long term outcomes and -- tend to be broader statements about our desired change or achievements to strive for.

An indicator is a measurable characteristic or variable which represents progress towards our goals, and as I mentioned, before a change statement. And that
change is the indicator that is required in order to establish that a goal has been met, i.e. success determination.

Finally, I've identified a definition of intermediate outcomes, which is a measurable change in knowledge, attitudes, behaviors, organizational practices, neighborhood conditions that lead to goals, long-term outcomes.

And I'd like to note that today will not be about intermediate outcomes, but it was important for me and all of us to provide a definition as to what's coming ahead, and what we will be doing moving forward.

We feel the importance of change statements is important to highlight here. There is overwhelming support in the literature to anchor initiatives.

We reviewed that at the previous Best Start commission meeting.

Change statements provide needed specificity, and without them, we can't ever determine success.

A change statement is found to be essential to move Best Start forward. The need for clarity is a primary lesson learned from our initial Best Start evaluation work.

We have engaged in efforts in metro LA and through our evaluation and through our own internal
assessment and reflections.

We have identified the need for clarity as a critical component for us to move forward.

Finally, change statements provide an important tool for promoting accountability.

That word, "accountability." That's a public discussion buzz for ourselves and community members, and I'd like to talk a little bit more about what that really means for us.

So the implications for Best Start change statements -- and I strongly believe that having change statements for our commission will allow us to have joint ownership for specific changes for both our staff and commissioners.

It's something we both as a commission, as an organization, staff, and commissioners on the floor own. It provides an opportunity to focus efforts with county-wide strategies, county-wide initiatives, and other First 5 LA investments.

So in other words, how does our other work serve to promote and improve our ability to get those changes that we seek? It provides a strong basis for internal integration between departments, promoting shared responsibility for change within all departments, not just Best Start.
Upon reflection, initially creating a separate department, although useful and beneficial, also created a separation. And it's our desire to create an organizational need for change, not just a departmental one.

It's also provided a clear bias to partner with external organizations that promote the same change, to interact with agencies and entities that are after the same things we are.

And also for evaluation purposes, it provides a straightforward and efficient approach to evaluation and monitoring.

I must say in retrospect, similar to fishing expeditions, where we'd simply cast off the net and drag along the bottom to find outcomes that were suitable to us, with specific change statements we can be more specific and determine whether or not we've got there or not.

Now, for Best Start communities, the change statement will help us define intermediate outcomes. What are those intermediate outcomes that are most meaningful to most of the goals that the commission wants?

It provides a foundation for promoting shared learning between communities on effective community engagement using strategies of the work. Communities...
shouldn't work in isolation. They are part of a bigger effort. They are part of an effort that shared learning will benefit each and every community and each and every segment within the community.

It also provides a clear and consistent measure about Best Starts commitment to change. Not just about commitment to having resources, it's about commitment to change.

So the process for defining Best Start change statements -- I'd like to talk a little bit about that. And so to reach a commission agreement upon a change statement for Best Start, again, as I emphasized earlier, it's important to start at the end and work backwards.

We found it's critical to utilize criteria for selecting indicators for long-term and intermediate outcomes. We found that it's important to ground change statements with real data if possible. And also to utilize existing standards or targets that have been identified by others when possible.

I'd like to put up a chart, and I'm not going to go into detail here. You have, actually, this as a separate document. But the point here is the outcomes we have many indicators. There are several indicators to choose from.

In fact, in many ways the indicators could be
infinite, and a change statement gives us an ability to
narrow them down and focus.

But I'd like to also note in the chart on the
right hand side HP 2020 goal, and that is the Healthy
People 2020 goal actually established by the United States
federal government, department of health and human
services, which is a long standing effort to create goals
to promote the health and well-being of citizens in the
United States.

In fact, I feel we've broken some ground with
respect to identifying very, very specific targets, and
we'll talk a little bit more about that later.

But I won't go into detail about those particular
indicators, though if you want to have a discussion about
them we definitely will.

Again, going back to the importance of criteria,
we've identified criteria here to help us narrow down the
list of indicators.

And I won't go into detail with all of them but
to say this list is developed from reviews of the
literature and without actually going back in time, as a
commission, early on we've identified these same criteria
to develop our first set of indicators that the commission
used back in the early 2000 and 2001.

Also -- and I'd like to say that many of these
indicators overlap or criteria overlap with criteria established by Healthy People 2020 goal selection.

So many of these criteria actually are similar to those used by the federal government to select their indicators. Most have the ability to select an indicator, although we'd like to have every one of these criteria met, primarily one of the things that drives our selection and data availability.

So I'd like to highlight that.

For the most part, it's valid and reliable data. Comparables are extremely important in how we selected the indicators we'll be talking about in a minute.

So before I get to actually talk about some of the data that we do have, I'd like to explain a couple of things.

Number 1, what you see is a chart. And within the chart, you will see the communities listed, but I wanted to note that South LA represents the combination of West Athens and Broadway Manchester.

And we did that in order to create a sample sized with enough power to be able to establish a reliable indicator; so you'll see the south LA bar, which is a combination of West Athens and Broadway Manchester.

In addition, you'll see on the charts that you'll be reviewing two lines.
One line, which is signified or identified in red, which is the aggregated estimate for all 14 communities combined. And, also, we've identified a line that establishes a goal target.

And in this case, the healthy people 2020 improvement goal.

So the very first goal we'd like to review is children are born healthy, which the indicator percent of infants born at low birth weight.

The recommended change statement is less than 10 percent of infants will be born at a low birth weight. So I imagine upon first review, you would look and see that by and large the aggregated number, and most of the communities are at or below the target for healthy people 2020. So I'd like to actually refer to another piece of information that I think will be very helpful.

Here is a document that actually is from our colleagues in the Department of Public Health, who produce maternal and child health statistics.

Of most importance in this previous indicator is not the overall or aggregated birth weight rate or the county birth weight rate, it's the issue for all ethnic groups to be below a specific percentage.

And what you'll see here in LA county and many of these communities -- in fact, the communities that are
represented with Best Start, the issue is around disparities.

And what you'll see looking at the second column, low birth weight, less than 2,500 grams. The birth weight low birth weight rate for African-Americans is 12.9. The lowest among the ethnic groups is for Hispanics at 6.5. The differential between that number and the lowest is double.

So that disparity has existed in LA county, and exists -- our target goal specifically focuses on reducing the disparity between African-American low birth weight rate and the remaining ethnic groups.

The next goal or outcome is children maintain a healthy weight. The indicator here is the percent of children four years old that are overweight.

The change statement that we are recommending for this indicator for this goal is less than 10 percent of four year olds living in Best Start communities will be overweight. And as you see from the chart, 9.6 percent is the Healthy People 2020 improvement goal.

For all communities combined, the percentage of children four years old that are overweight is 21.4. You'll also notice several communities are even higher than the overall county rate, up past 25 percent, which is metro LA, El Monte, and South -- South LA or Southeast LA
is also high, as well as Wilmington.

Another indicator for children maintaining a healthy weight is zero to 17 eating fast-food once a week or more. The change statements that we are recommending is less than 25 percent of children, zero to five, living in Best Start communities will eat fast-food once a week or more.

For this specific indicator, there is no Healthy People 20 improvement goal, but we would like to see a reduction of nearly 50 percent of what currently exists between the aggregated or all 14 Best Start communities which is 46.4 percent.

And again, you'll see by the community bars or the bars representing the communities there are several which are much higher than the county average. Wilmington, Compton, Lancaster, and Southeast LA.

Finally, it's important to have an indicator that represents children's physical activity, and we've included one that we currently have no data existing, but we've planned to establish that database and actually create day to day for that moving forward in your Best Start communities, and that indicators percent of children ages two to five who engage in 60 minutes of physical activity each day.

And the change statement that we're recommending
is 70 percent or more of children living in Best Start communities will engage in 60 minutes of physical activity a day.

And you'll note that the center for Healthy People is looking for an improvement goal of a hundred percent.

And although it would be wonderful to achieve that goal, we felt it would be much more reasonable to accomplish a goal that is much more aligned to where we can move forward, 70 percent.

Next is that children are free of abuse and neglect. The indicator that we selected is substantiated cases of abuse and neglect, and the rate per 1,000.

And the change statement we are recommending, there will be at least a 10 percent reduction in substantiated cases of abuse and neglect within the Best Start communities.

We've established that goal directly related to the Healthy People 2020 improvement goal of a 10 percent reduction.

Currently the aggregated rate per thousand among all 14 communities combined is 2.5 percent, but you'll note looking at the community data, there are significant variation, especially high rates within Lancaster, Palmdale, Watts, Willowbrook, and even in Compton.
For children who are free of abuse and neglect, an additional childhood preventable injury indicator, the rate is per one hundred thousand.

That will be there will be at least a 10 percent reduction in childhood hospitalization for preventable injuries in Best Start communities.

We currently are working to establish from the office of development a data set for each of the 14 communities. We weren't able to provide it here. But we have an LA county rate, but we also have a Best Start goal which relates directly to the Healthy People 2020 improvement goal of a 10 percent reduction.

Finally, children are ready for school. We have an indicator percent of third grade students proficient in English language arts. The change statement we're recommending is that over 50 percent of third grade students living in Best Start communities will be proficient in English language arts.

I'd like to note that the California department of education has established an annual goal of hundred percent.

It's also quite dramatic for us to look at our own statistics, both county wide and aggregated across the 14 communities. Across all 14 communities, 28 percent of third grade students are proficient in English language arts.
arts. In LA county, it's 44 percent.

For this particular goal we have a significant way to go. It's important to note that one important public policy discussion is our ability to help create a knowledgeable and productive work force for the future.

And this particular indicator, I think, establishes the need for us to concentrate on this particular area. Another indicator for children already for school is this the percent of children who are read to every day.

The recommended change statement is over 50 percent of children -- over 50 percent of children zero to five living in Best Start communities will be read to every day. And, again, overall, among the 14 combined communities, 38.8 percent of parents read to their children every day.

The Healthy People 2020 goal is 52.6 percent.

Finally, I -- I'd like to mention that it's very important to note that school readiness indicator development in LA county, although we have concentrated efforts to look at this particular issue, there is no assessment of children coming into kindergarten to systematically collect in LA county within every school district and every school.

It's a point that both the commissions across the
straight and the straight commission and the California department of education have identified as an issue.

Currently, there are efforts to develop new school readiness measures. In fact, the State of California is piloting a measure called the desired results developmental school readiness measure, which they will establish as a mechanism to help them monitor progress towards the race to the top application.

In addition, there are several other counties piloting school readiness measures. In fact, we will assist a piloting -- a population based measure of school readiness metro LA called the early developmental instrument or inventory.

So it's important to note that although we're looking at many indicators that appear at third grade, we are, I believe, poised to engage in an effort to provide some leadership in developing a school readiness measure as children enter school.

So here's our summary of our recommended change statements. And, again, I won't go into details as we reviewed these. But these decisions will lead us to -- into our future discussions, and they're key points of key decisions that we need in order to move forward.

So today, the decisions before the commission is to affirm and modify the overarching goals and modify the
recommended indicators, and affirm and modify the
recommended Best Start change statements.

So the next steps for the board to engage, these
are key questions for future discussions. And it's
important to note that they are important for us to move
forward in addition to identifying intermediate outcomes,
strategies, resources, time, and sustainability issues.

For example, will First 5 LA apply the Best Start
14 communities combined, which I've identified in the data
in the charts, or will they be applied to each individual
community?

Will we require communities to address all four
long-term outcome goals? Or can they focus on a subset of
them?

Considering where they are with regards to the
four outcomes, many communities would be poised to
concentrate and prioritize efforts to make the most
dramatic change in a subset of the four outcomes as
opposed to all of them.

And what are the intermediate outcomes and what
measures will we use to measure progress?

And the last question is the time frame. The
amount of time that we as a commission and communities
need to be able to move the needle and become successful.

So at this point, I'd like to hand it over to
Gwen Walden, who will facilitate the remaining part of the discussion.

MR. RIDLEY-THOMAS: Before we proceed, let's establish a quorum.

Madam Secretary, please call the roll.

(Roll was called.)

MR. RIDLEY-THOMAS: Having established a quorum, indeed, in the case that the board decides to take action, we can do so.

Please proceed with the presentation.

MS. WALDEN: Good morning, Commissioner, and thank you for allowing me to assist in this important inquiry process we've taken around the Best Start communities. It's my pleasure to be with you again and to be engaged in First 5 LA.

We thought we'd begin -- you've had a lot of material, kind of, presented at once, and it's a lot to digest. We thought we would start the process by first seeing if there are any clarifying questions about some of the foundational concepts and material that Armando has presented; so we'd like to go back to the definitions slide -- which if I can get some help with that, that would be great -- and see if there are first any clarifying questions you might have on this slide.

And by "clarifying," I mean is there anything
that you think is unclear? Needs more articulation?

Needs more definition?

Just in order to move the conversation forward, is this a slide that you readily understand? Are there any questions you might have about any of these items?

MR. RIDLEY-THOMAS: Dr. Fielding?

MR. FIELDING: I'm just trying to understand how all these relate in an analytic framework or a logic framework.

It seems to me that those are essential, otherwise we're not going to be able to figure out how we get any intermediate steps along the road here.

And what we really -- I also wonder if the goal, for example, is consistent -- these are in some ways -- some of these are measures -- they're indicators of goals rather than goals.

For example, if you look at weight. Weight is not a goal for itself. Weight is a goal because it increases health and vitality and it reduces risk going forward.

So I have problems with the definition of your goal as well as a lack of a logic framework in which we can argue about whether A leads to B leads to C.

MR. RIDLEY-THOMAS: An additional remark that I would just make in terms of the 2020 improvement goals as
such seems to me that if a part of the overarching consideration is that of accountability, that can't be fully achieved unless there are rather specific targets on the way to 2020. So that if you talk about a 10 percent goal, and you have less than a decade to get there, what are we expecting to see happen within the respective communities by the year 1? By year 3? By year -- what is the baseline of this?

It seems to me a drill down in that regard is essential, otherwise, the notion of accountability is illusory at best.

So I will be fully reluctant to proceed absent that accountability is predicated at its best on a clearly defined set of expectations.

And accountability is not to be separated from just a basic notions of good stewardship. That, for me, means we want to be very clear and collaborative about outcomes, and not in 2020.

MS. WALDEN: So I'm going to make a suggestion that Armando address the relationship, again, the goals and the logic model or framework first, and I believe, Mr. Chair, that you're asking questions about the indicators themselves.

Is that correct? And the benchmarking?

MR. RIDLEY-THOMAS: Precisely.
MS. WALDEN: Okay. So if we can put a big question by the definitions page first and address those concerns, and then we'll move on to organizing the conversation.

That will be helpful.

MR. RIDLEY-THOMAS: And let me say 2020 is a sensitive issue because the time that my service on the board of supervises sunsets, and I want to make sure that what I need to have achieved is, indeed achieved. Nothing like longevity. All right. Proceed.

MR. JIMENEZ: Thank you, Dr. Fielding. I think that's a great question. Especially to see the definition in the context of an analytic framework.

What would probably be helpful for us and the commission is to really look at the framework that I placed here, and superimpose or actually include in there the actual change statements that relate to each of the long term outcomes here.

Finally, in addition to that, is to be able to, again, once the definition of intermediate outcome be superimposed here in this particular place, which actually specifically talks about knowledge of increases and awareness and practices and behaviors, improvements and conditions in family that's lead to or theoretically and evidence based leads to improvement in the long term
outcomes.

So, again, it's helpful, I think, for you to see those definitions actually included in this particular framework, to see again what we are looking for in the future if your future discussions is to identify and list out those intermediate outcomes that relate to families, organizations, and neighborhoods that allow us to be able to determine that upon year 1, 3, 5, 7, whatever that progress, that we are moving in the direction that we feel confident that eventually will be able to establish a link and be able to determine our ability to achieve the change statements.

MR. RIDLEY-THOMAS: Let me weigh in at that point by saying the following: It is a question of emphasis. And I think it's reasonable to assume that the board gets a significant portion of this.

And so a goal once stated or goal once articulated is for the most part easily understood or digested. But goals in and of themselves do not service accountability, and so the emphasis that I want to see in part and the overemphasis on the goals in the context of the presentation this morning gets us off of what I do feel very strongly has to be a more well-articulated emphasis, that is how we are going to be results driven in the context of accountability in service to the overall
goals.

Otherwise, this easily gets away from us. The goals are broad, always. So the question is from the perspective of public trust, how are we causing change to take root in a track-able, measurable, outcome-driven way?

That seems to me to be where the rubber hits the road. And the goals, frankly, would be the easy stuff.

MS. WALDEN: So if I can just maybe offer some clarity --

MR. RIDLEY-THOMAS: Dr. Southard?

MR. SOUTHARD: I was just going to say -- excuse my voice first of all.

In some ways this may remind you of your first few months on the job with First 5 LA because this was the foundational conversation we had back then. And I think some of our issues within First 5 -- because I don't think we've got it quite right way back then, and some of the effects of that are playing out right now.

So I think this presents as a wonderful opportunity to get right what we got wrong so long ago. And it seemed to me then that I think the basic change strategy is you improve outcome by strengthening families and communities and there's a variety of mechanisms that you can employ to do that.

But, supervisor, you're exactly right, the
question is one of focus. And if we don't get a focus, it
happens exactly as you described. A lost effort takes
place, and what that effort leads to remains unclear.

So my question is it seems to me that having four
for each community would be a miss -- I think a mistake in
strategy because then people won't be able to focus.

So maybe this is more comment than a question. I
think each of the four could conceivably be valuable, and
maybe we want to let communities which have those four
that they choose, but expect them to make tangible
progress only on one. Hold them accountable only on one.

Because the -- if they make progress on the one,
they'll make progress on the others.

But we need focus.

MS. WALDEN: So I think just to locate
intermediate outcomes that's where the rubber hits the
road. In terms of the inquiry process, today's sort of a
gating opportunity for these larger questions of what's
the end goal, which I think Armando discussed, we need to
get to that end goal and then work our way back.

So it sounds like you're all ready to go with the
criteria and the outcomes we've identified today. But I
think if we can get the decisions on the table for today,
we can quickly go to the intermediate outcomes the
accountabilities that you're discussing and get some
clarity for the next meeting.

If you'd like to kind of go through this pretty quickly and just get to that? Or are you satisfied with that?

MR. FIELDING: No.

MR. RIDLEY-THOMAS: We don't want to rush it. And I certainly don't want to jump ahead of where the staff is in it's preparation to articulate or unpack the intermediary goals, et cetera.

MS. WALDEN: So if we can come back to --

MR. RIDLEY-THOMAS: But I will state it's a question of emphasis, and the tough work is in the remnant of the objectives that -- targets, I'll call it, the focus -- if we use Dr. Southard's terminology -- because it seems to me that there has to be embrace on the part of the board of commissioners, one, in tandem with the staff as they presented, but it's also critical that we have buy in from the respective stakeholders and communities that will then be expected to deliver on what we assay are the objectives that in my mind will be contractually bound.

MS. WALDEN: And we did reserve some time at the end of day to walk you through what the staff posted for this meeting.

So I think we'll get to just your point once we get through the material here today.
MR. RIDLEY-THOMAS: Dr. Fielding, you said you were not satisfied with the responses.

Dr. Fielding has already made clear that he is in an implacable disposition today; so we'll have to work hard to accommodate him.

MS. WALDEN: So I guess I would ask if Dr. Fielding --

MR. FIELDING: Well, no. Because I think the question is is there good evidence that the -- do we know exactly what changes in family and organizational and neighborhood community will lead to the particular outcomes. Is there clear evidence?

So we know that if, you know, if there's a bunch of literature, and this shows that if families start increased reading, school readiness increases by X.

I mean, that's the kind of information that we really need here, because otherwise there isn't that sense of accountability. And while I am a great H P 2020 supporter, I share the knowledge that an advisory committee set those objectives. They're not all exactly, you know, written in stone.

And because some were done by groups that said, "We don't really know. Let's say 10 percent or 20 percent or whatever."

So I think unless we have that logic framework,
and we know that there's evidence, we can't figure out whether the intermediate outcomes or long-term goals make any sense.

So that's -- now, the other point is I think we have to be very realistic and working with communities so that we push them and we partner with them, but we also don't ask them to do the impossible.

We know that healthy birth outcomes, for example, are probably things that can't be as well affected as we like in the very short term. Should -- some of them are healthy births as we are finding out has more to do with nutrition that the mom had as a child than when she's pregnant.

So I just want to make sure that we're assuming things that can be done.

What can we expect in two years? But I don't quite see the framework yet. And I don't see the link that's make me feel comfortable that we have an overall approach that we can sell and sell with our head held high and say, "Look, we know if you make these changes, these will be the results."

And we also need to be clear that goals are really not the ultimate goals in some cases. We want -- you know, we want to reduce abuse and neglect because we want to have children that -- I think we need to be very
clear about that. We kind of made this is our shorthand.
But we need to make sure we're providing the broad
picture.

MR. RIDLEY-THOMAS: Commissioner Au.

MS. AU: I agree with Jonathan, and also have the
sort of basic questions.

And yet on the other hand, I'm concerned about
using the standard of -- of clear evidence that a certain
intermediate outcome is not helpful. Because there -- I
think we're -- we're delving into a different way of
looking at how to significantly impact those outcomes.

And as an example, as I was listening to
Armando's presentation regarding tracking school readiness
and the third grade language arts as an indicator -- as a
variable, I started thinking about do we truly understand
enough of our -- the human brain development to truly say
that English language acquisition is really the bottom
line in indicator to -- to predict a child's ability to
flourish and thrive as an adult.

Because there are a large number of our children
that are coming from households where they're monolingual,
rather it's Spanish speaking or Chinese speaking or
Japanese language and so on and so forth.

So -- so I sort of agree with Jonathan in some
ways that we haven't quite got our hands around, clearly,
what the clear indicators should be.

So I guess my suggestion is the long-term outcomes, though, I don't think is debatable. I mean, those outcomes, to me, cross all cultural lines. All families, all parents want children to be safe and safe from abuse and neglect and preventable injuries.

I mean, we want all our children to be ready for school and to thrive, and we want all our children to be born healthy and maintain healthiness.

I don't think that's where the debate is. I think there is a question mark about the intermediate outcomes in terms of the selection of the indicators and those variables.

So may I -- and because there's so much unknown, as I said -- an example is the human brain development; right? And especially with this movement for even families choosing to place their children in language immersion schools -- I mean, we have nonSpanish speaking families actually enrolling their children in programs where they have Spanish spoken to them almost a hundred percent of the day so that they will acquire a new language.

Do you know where I'm going?

I mean, there's something else that's operating.

So I want us to -- I guess, Armando --
MR. JIMENEZ: No, I totally agree. And I wanted to state, although it's not in the presentation, there's significant research that actually demonstrates that the third grade reading scores, that it's a strong predictor of future school success.

There are significant research suggesting that improvements in the actual parents reading to their child as a proxy for family engagement and attachment and emotional well-being.

There's significant literature to suggest that behavior is predictive of family strengthening or attachment in the future.

There is significant research emerging around weight being an issue and physicality, activity as a behavior also leads to cognitive acuity and performance in school. And so there's --

MR. FIELDING: On the other hand, the fast-food as an indicator is not very well shown to be causally related to weight.

So, I mean, I just think we have to be -- some things we know. And some things we don't know. And it's fine to have thing that's we're not sure of. But let's be clear what we know and don't know so we can add to the literature.

But as far as our well known outcomes, let's be
clear and understand how it relates. We want to be very strong on that. If it's something we're not as sure of, maybe we want to weight that a little less importantly and ask them come back to assess whether that's the right indicator.

MR. RIDLEY-THOMAS: All right.

Commissioner Dennis, please.

MR. DENNIS. Just one comment and I don't know if this is the appropriate time.

There's an operational implication here as well because basically Best Start as we undertook it was a part of a strategic plan that is supposed to sunset in 2015. So when you look at these goals, obviously, if we look at some of these changes that takes us in investment, that's beyond 2015, because to have these measurable changes we're not talking about another two and a half years, we're talking about considerable time.

So that is an investment beyond our current strategic plan. And that is an operational piece that we just need to be aware of. And I just wanted to bring the commission to that -- to that key point.

You know, that is a longer term investment to -- to see some of these appreciable changes that have -- have been stated and that does take us into a greater investment in Best Start beyond where we currently are as
a commission and as a community.

MR. RIDLEY-THOMAS: All right. Well stated.

Commissioner Curry?

MS. BELSHE: I would like to just note that as the commissioner makes a very important note about timing, that was not an issue that the -- at the time of adoption of our current strategic plan understood that the -- even though 2009 to 2016, that the place based initiative in particular given the research given history and evidence to make a meaningful and measurable contribution to outcomes would extend beyond the life of the current strategic plan, but not a new one.

It's been a timing issue this organization has always acknowledged.

MR. RIDLEY-THOMAS: Ms. Curry.

MS. CURRY: I have two things.

First, in the long term outcomes, I wonder where environmental health fits in to -- the four outcomes, and this, you know, the recent studies by Harvard about the effects of trauma on, you know, infants and how that relates to their behavior and the fact of their later life.

So where do we put that in into the long-term outcomes is one question.

The other thing, going to what we were saying a
minute ago about 2015, I wonder if when we look at the declining revenues in the future, and we look at, you know, where we're going with Best Starts.

    Should we build in a component where we start from the beginning project out how we can pull together? You know, different county resources and departments start looking at funding down the road.

    When we're in -- First 5, obviously, we all know cannot fund all of this forever.

    So should part of our planning process be in 2015 or '16 or '17, whenever it is that public health might have some funding, mental health, DCFS, whoever.

    Do that planning as part of our financial planning process for Best Starts as part of how are we going to continue it.

    Because, otherwise, we're just going to drop off and it will make -- all the work will be gone.

    MR. RIDLEY-THOMAS: Excellent point. Let me invite a bit of a process check here so that we are clear that we are hitting the objectives for the meeting.

    We have approximately an hour or so remaining.

    So consultants and executive director and help us in this regard, and I think you want to be heard.

    MS. WALDEN: I'll just jump in here. I think what we anticipated is that you would be most interested
in talking about the intermediate outcomes, as you said, Mr. Chair.

If we could just get some kind of agreement about the definitions the criteria that have been laid out and the indicators that have been laid out for the broad goals, then I think we can move to those intermediate outcomes.

However, what I'm hearing is sort of the hurdle for that right now is this issue that's been identified about the relationship between these overall goals, the intermediate outcomes, and the -- the indicators and what they are.

So the relationship between those three things which are extremely important. I'd like to just go back to Kim's sort of admonition to us all that those four goals are sort of every -- for the commission they're ones that have been identified.

MR. RIDLEY-THOMAS: Are we talking about goals or definitions at this point?

MS. WALDEN: The four goals.

MR. RIDLEY-THOMAS: So you asked a moment ago if we could look in on the definition and have an understanding and agreement that this will serve us for this time.

MS. WALDEN: Yes.
MR. RIDLEY-THOMAS: If we did that, tentative though it may be, because we are evolving.

All right. Now, let me just simply assert that what we are doing is essentially trying to get everyone within reason on the same page within the commission as well as commission staff.

So if there needs to be a definition adjustment subsequent or pursuant to our having a staff saying this is where we're going with these definitions, but later on in the conversation mid course correction seems warranted, I think that's okay. That's fair. That's all right.

If there are no violent objections -- and today is the anniversary of the assassination of the Reverend Martin Luther King; so we declare today to be nonviolence day.

If there are no major concerns about the definition, let's just assume that we can proceed in that matter and take the next step on our journey.

MS. WALDEN: So given that --

MR. RIDLEY-THOMAS: The group will be admonished once.

MR. FIELDING: I do this at my peril. I'm fine with the definitions.

MR. RIDLEY-THOMAS: Okay.

MR. FIELDING: But I just want to ask one general
question about one of the goals that is free from abuse and neglect.

We really -- our other goals are very positive goals, and this is kind of a negative thing, and it's a small percentage that are affected. I wonder if we don't want to think about recasting that; so this is a subset of that.

But we really want kids that are thriving that have developmentally advanced with age and stuff; so that's my only question.

MR. RIDLEY-THOMAS: I think I'll do a bit of word-smithing there to shift it accordingly; so that it is affirmative in terms of it's presentation is a good thing.

Dr. Southard?

MR. SOUTHARD: I wanted to thank Trish for her questions, because I think it illustrates some important things. So for example, the role for mental health services in this framework, would you -- that we wouldn't imagine that kids would be able to achieve their third grade reading scores or to be free from abuse and neglect if they were traumatized; so, therefore, mental health services to intervene with trauma are strategies that are applied to the goal of achieving these measurable outcomes. So that's kind of how it would work.

And the second thing is I think we stand, as I
think I said, at an earlier meeting at a wonderful opportunity to tie the Best Start efforts with other efforts that have been going on and will be going on.

So, for example, in the implementation of the affordable care act, there are going to be health neighbored is one of the strategies that health -- mental health and public health departments will be developing, and they ought to work with and be built on the strategies of those communities and the community investments already made.

So I think the county health-related agencies will have a vested interest in collaborating with the work that First 5 is doing in these neighborhoods and communities.

MR. RIDLEY-THOMAS: I see.

MS. WALDEN: So I'd like to move us forward now to the criteria and see if there are any clarifying questions or issues related to the criteria.

MR. RIDLEY-THOMAS: Let's proceed.

MS. WALDEN: Okay. At my peril, hearing none, I'm going to say we're going to put a check mark on this page.

MR. RIDLEY-THOMAS: Slow down. We turn to Dr. Fielding.

MR. FIELDING: You've said that some of the data
frankly is not currently available. We're going to be delving. So I think until the data is available, there's going to be a concerted effort to, in fact, have a baseline. And I think it's very hard to set a target unless you have a baseline. So in at least one case, a target would have to wait until you have the baseline.

MR. RIDLEY-THOMAS: Well, this leads toward how we assemble what it is that we are seeking to do. Not only that, but how we evaluate what we ultimately want to accomplish.

Am I correct, Professor Walden, in stating it that way?

MS. WALDEN: Yes.

MR. RIDLEY-THOMAS: Is that fair?

MS. WALDEN: Yeah, I think it is fair.

MR. RIDLEY-THOMAS: So some of what we're dealing with here, members of the commission, is this is the methodology by which we are going to use, the language of criteria. But it's also methodological, that we are trying to just kind of figure out how we are going to right the ship in a way that brings about the potential for the highest amount of success.

And that assumes that there's clarity in the commission. It assumes that the staff is locked in and capable of doing what the staff should do, and that the
communities that are selected are fit for the purpose of carrying this forward.

So the criteria would seem to me, would have to line up for all of that. But this is really our methodology for trying to get there. That's what I expect the criteria to initially be.

Is there anything that is glaringly absent from the list that is in front of us?

MR. DENNIS: We're speaking about criteria?

MR. RIDLEY-THOMAS: Precisely.

Everybody okay with the criteria for the most part?

If there are additional insights tantamount to a epiphany, you'll let us know at that time.

Professor Walden?

MS. WALDEN: Thank you. The staff has recommended change statements. These will be the indicators of how well you are meeting those goals as stated; so we've already had some input on how you -- what more information you would need about these.

And perhaps we should now get more if you have more input on these change statements or have clarifying questions.

MR. RIDLEY-THOMAS: The commissioners hands are up.
Commissioner Dennis. Commissioner Au.

Commissioner Fielding.

In that order, please.

MR. DENNIS: I had a conversation with Kim yesterday with regards to children ready for school and Armando did hit on it to some degree as related to kindergarten readiness. And although I fully believe that we don't have a lot of evaluative data suggesting that there are like DRDP is still in the process and stages.

But as a commission we've undertaken some major investments thinking that what we're doing will lead to kindergarten readiness. So I think we need to relook at that.

And in -- and perhaps we're looking at enrollment in universal preschool. That's one of our major investments. And there's no linkage between universal preschool and Best Start, that if children go through LA Up, they will be better prepared for kindergarten; therefore, leading to better outcomes and third grade reading level.

And then in addition, we also are supporting steps to excellence. And we do believe as a commission that if kids are in steps to excellence programs they will have better outcomes, kindergarten, as I said to Kim yesterday, if we're just looking at third grade reading
level, that's too late. And we probably need some sort of indicator prior to that if we are a commission concerned about children zero to five.

MS. BELSHE: If I may, Mr. Chair, let me say a word on that, and then invite Armando to weigh in as well. I think it will show who we are and what we do. It is somewhat remarkable that there is not a universally designed developed test, and an accepted indicator for measuring kindergarten readiness.

The criteria that Armando has suggested which reflects the work of this commission in the past and we have returned to it today with some additions related to comparability suggests that there is not a kindergarten readiness measure that we could come to you notwithstanding our desire and recommend.

But the question we have been grappling with, and we want to come back to the commission with this. To provide some leadership on our own in concert with whether it be the state commission or other First 5 commissions others who share our goals, student achievement, to help advance the much needed and long overdue work around kindergarten readiness.

The fact we're not recommending one is not intended as a oversight, but rather a reflex. Selection criteria we identified. More here I'm just not entirely
clear what that is. But I think there is a huge opportunity for us.

MR. RIDLEY-THOMAS: With reference to the ECE or -- as advanced by President Barack Obama, and a lot of talk in a couple of our meetings ago when it was first done, it seems to me that provides an opportunity to build on a rather substantial platform.

And though the language is different, the intent is quite similar in terms of kindergarten readiness.

This ECE agenda seems to me something that's worth pursuing and exploring in a real way. And I believe that there are activities currently underway with the First 5 and with the LACOE along those lines, and I think we ought to look to that collaborative to see what's going on and learn more about it build on it if it makes sense to do so.

And parenthetically, Madam Executive Director, it seems to me that the board could benefit on a presentation at a time deemed appropriate.

MR. DENNIS: But I do believe that as a commission we -- we intuitively have a major investment in universal preschool. And to tie those children in those Best Start communities to universal preschool -- I mean, we do believe that going through universal preschool will lead to a better outcome for these children who don't go
to universal preschool and to which we can make the link in Best Start communities.

And children in universal preschool may have an anecdotal standpoint, get those kids to be better ready for kindergarten.

So I am suggesting that we need to relook at that goal, because I don't think the two criteria that we have are sufficient in meeting some of the outcomes that we have planed. That's my suggestion.

MR. RIDLEY-THOMAS: Commissioner Dennis, we are now on summary of recommended change statements.

Your mention regarding universal preschool, is it -- you understood that perhaps it could factor its way into this list of recommended change statements. And, if so, perhaps staff could take the kernel of that idea and come back with something.

MS. BELSHE: That's what I'm hearing, three. Three, yeah. That's what I'm saying.

MS. BELSHE: What options are available with kindergarten readiness? Which, again, I think is an indicator, and an indicator we all embrace. But one that doesn't meet our critical criteria test.

Thoughts and observations about notwithstanding the absence of consistent valid reliable data and Armando can speak to this more directly.
Armando?

MR. JIMENEZ: I just want to add one thing. In our experience with LA Up, in the universal preschool effort, in our investment, we actually tested the idea of adopting a school readiness measure that was much easier to implement. And we could promote district wide or school level, and we actually compared several measures against direct assessments which are the gold standard of being able to determine a child's ability to do all the things they need to do to be prepared for school.

And this we did within the LA Up evaluation. And we found a significant problem with many of the teacher rating assessments that are being promoted and utilized, and primarily, it's the conditional areas around English, and the inability of those teacher ratings to be able to accommodate for language development.

And thus we went back to utilizing our direct assessments as a way to measure progress in preschool. But I must say that that process is not a cost effective process, or is it practical or could be it sustained and could be -- be expanded throughout the county, because that's an extraordinary expensive endeavor; so the pursuit is being able to measure or a tool that accommodates the English language learners, and to be able to promote it.

Georgia and North Carolina utilize a state-wide
school readiness measure, but they don't have the issues around English language learners to the degree that we do in the State of California. And they're able to use teacher rating tools very effectively.

I think that's something that we will need to be -- invest a lot more time and efforts and also have time.

MR. RIDLEY-THOMAS: Commissioner Au.

MS. AU: I think this conversation is really in line with what my concerns are -- is that at some time, I think that it's an opportunity that -- for First 5 LA to take leadership in sort of fine tuning and identifying what would be a reliable and dependable indicator for school readiness, given our unique population in LA county.

And I -- I'm not aware -- I'm not an educator, I'm not in early childhood education.

Probably Duane is probably the most informed here this morning, but I only know the experiences of my own grandchildren.

And I do know that at -- at -- when they entered into kindergarten, one of the indicators they utilized to see whether or not they were ready was their alphabets. And whether they could also in terms of arithmetic whether they could count to a hundred.

I'm not sure if that kind of assessment is being
utilized right now in our schools. But perhaps the
research evaluation folks could explore that because I
think that's -- that's as objective a measure as possible
without a teacher having to have more subjective
assessments as to whether or not a child is ready to
learn.

But that's just a suggestion on my part. But I
-- I do have some specific questions about before I can
even agree to some of these change statements --
recommended change statements, because embedded in this is
the data that was shared earlier about low birth weight.

And I think there was a question in here whether
or not we apply the goals or the changes to individual
communities versus county wide.

And -- and I guess looking at the data or the --
the -- the grid that you provide us, there isn't a
breakdown as to the low birth weights per Best Start
communities.

So I'm just wondering what -- when you say you
would like a 10 percent change, does that mean one birth?
Or does it mean a hundred births? Do you know what I'm
getting at? So we're going to most need just what little
statistics I have in my background, you know. One birth
change may not have as much weight as a hundred birth
weights changes.
Do you see where I'm going on that?

MR. JIMENEZ: It's right about the magnitude.

Healthy births -- the specific recommendation for the change statement relates to all ethnic groups being -- will be 10 percent of low birth weights per 1,000 births.

And the real issue there relates to the disparity between African-American, specifically, and the rest of the ethnic groups. And that's -- that's the rationale for us, basically, to access specifying all ethnic groups below that particular percentile.

It's because we want to maintain good birth outcomes for those that currently have poor birth outcomes. But we want to specifically focus on the -- this disparity that exists not only in LA county, but the 14 communities combined and within each of the communities that disparity exists as well.

One -- one particular community that this definitely is pronounced is in Lancaster/Palmdale. So I think that's the particular focus in terms of numbers.

We can look at what that magnitude change with regard to what the that change statement means, and be able to develop estimates of what that means in terms of number of births in children that are affected both in the 14 communities combined and within each of the communities.
It's our -- well, professional -- my professional opinion that the Best Start effort that the commission is moving toward and moving and investing in is more than just the work in the communities.

We have also identified a set of county-wide strategies to support the efforts in the Best Start communities.

In addition, we have invested and agreed upon investments that are under the category of county-wide initiatives that also will be significantly impacting not only just those communities but all -- many others, but we also have to say that there will be additional value added by that work.

So what I'm pushing is or suggesting is that the commission be the accountable party for the change statements and the collective environment in Best Start among the 14 communities, and that whether we move forward in identifying the intermediate outcomes, that those are the communities accountable and community owns those changes for Best Start in their efforts to improve things like improved breastfeeding rates, improve networks between families, improve available areas for families to come together and spaces to -- to be physically active.

Those kinds of intermediate measures be the one that's the communities own, which we can identify clear
progress measures in shorter amounts of time.

MR. RIDLEY-THOMAS: All right.

MS. WALDEN: So Commissioner Au, would it be fair to say that you're pressing this notion of benchmarking sort of how do you know what the order of magnitude is in this list?

MS. AU: Yeah. Also in listening to Mr. Jimenez's response, it is clear that there are going to be intermediate outcomes that are not necessarily going to be helpful for us to just target in one particular community, that some of them will need to be sort of a county-wide perspective.

And -- and then -- and it's not just place based work that's going to impact those changes. But it's really going to be the whole family strengthening piece as well as the county-wide approaches that we will be engaged in with Best Start.

I think, those -- that it's helpful for us to be delineated that -- so you know, we're moving towards clarity here.

And I think that it will be important for us to be able to do that. Especially for the 14 communities that we don't saddle them with an outcome of results that may not necessarily be appropriate.

And as -- especially given the profile of each of
those communities, it would really be most appropriate for -- let's say in the Lancaster area, where we do see a major concern about low birth weight with African-American babies, or in South Central or just recalling all of these description of those -- it may not be as appropriate for Pacoima or Wilmington.

Because, again, just based on the demographic profile of those communities. That's what I'm hearing.

MR. RIDLEY-THOMAS: Right. Thank you.

Commissioner Fielding and then Commissioner Perry.

MR. FIELDING: Yes. I -- I'll go with top to bottom here.

In the first children are born healthy. I do think that this is a -- a single measure is inadequate. We have a bunch of reasons that kids are born low birth weight, but the fact that kids are not born low birth weight is not necessarily a measure of health, because, for example, if you have a high obesity rate among moms, you're going to have a lot of heavy babies. They won't be captured all there. And it could be worse than having a low birth weight.

You can have drug affected babies that aren't necessarily small.

So I don't think this is a very good indicator.
Especially if we're talking about across our communities, and I would hope that these would be all things that could be across our community.

So I would suggest adding to this at least the breast feeding one, because it's, you know, get a healthy start.

It doesn't have to be born healthy, just get a healthy start in life. And some of that could be low birth weight or breast feeding bonding including reduction in ear infection and SIDS and all kinds of other problems; so -- so I would suggest adding that.

And I think we want to understand that did -- and I don't like the 10 percent either, because I think that almost all of the communities could have a reduction to some degree in their birthrate.

If you look at us versus other countries, we still don't look as good for almost any group, even though we put additional emphasis on one or two communities, but I would like to see something here that would -- healthy start would do that.

Secondly, on children maintaining a healthy weight. I think that's a good one again. I think those that are under 10 percent -- if there are any under 10 percent, now I can't remember -- should there be length -- those -- the one there, then, that probably should be
changed is this eating fast-food once a week or more.

        I don't note evidence for that. I know the
literature. I understand what we're trying to do.

        But let's see if there's some other measure. I
think others are good.

        For the free of abuse and neglect, part of it can
be reduction in unsubstantiated cases. I don't know if
there's a common definition by all hospitals, and I'm a
little concerned about that indicator. I'd be happy to
talk to you offline and get our folks in the department
looking at that with you. But I'd like to see some things
there that are positive.

        In terms of developmental screening results, in
terms of meeting developmental milestones in the life,
things that we already -- that -- things might fit under
that as well, on the positive side.

        And then finally ready for school. I think
that's the hardest one because we know that one of the big
criticisms of the programs that have gotten kids ready for
kindergarten, that's not aggregate to the mean over the
three years subsequently; so by the end of the third year,
they're positive in kindergarten. You don't see it
anymore at the end of third grade.

        So we can look at kindergarten and not see any
effect at age eight or nine.
So I'm not -- I'm not sure what to do here. We have to really scratch our heads and get all the best thinking about that. But I think we have to be careful about that. It suggests we're not effective.

In fact, we were, but the school system is not following up, parents are not following up getting engagement.

MR. RIDLEY-THOMAS: All right. Thank you.

Commissioner Curry.

MS. CURRY: Yes.

I'm struggling with the children are free of abuse and neglect area. I -- there's a couple of things.

One, should we look at fatalities as a change statement; so that there are fewer fatalities in children, infants, in -- as one of the criteria?

But the part I'm really struggling with is that many of the cases that are substantiated as abuse and neglect are neglect, not abuse. And that comes from poverty most of the time.

And then you have all of the homeless that probably won't even be counted in this, these are substantiated or unsubstantiated cases, because people may be moving around.

And then when I look at some of the statistics and recognize that Antelope Valley and South Central both
have high incidents of drugs, you know. That's a huge --
so I feel in some ways by change statements unless we
change some of the issues of poverty and drugs and
homelessness, it seems -- I don't know some of these other
ones seem a little bit superficial, because we're looking
at --

And I don't mean that they're superficial, but
we're looking at a very small piece of what the bigger
problem is.

And when we say substantiated cases of child
abuse and neglect, substantiated by who? Are we only
looking at those that are substantiated at DCFS? Or, you
know, I understand there's been somewhere in the
neighborhood of 8,000, you know, homeless abuse and
neglect calls that have come into the 211 line. Those
often don't even go over to DCFS. So they wouldn't even
be looked at in the substantiated.

So I'm just not sure what to do about all that.
But it --

MR. RIDLEY-THOMAS: You don't know what to do
about it? I'm waiting for you to tell me. Don't leave us
hanging.

MS. CURRY: I just -- you know. I just -- the
change statements seem to me to not go far enough because
it's kind of like we're looking at one end, and we're
missing the whole issues that are causing a lot of these things, the poverty, the drugs, the homelessness.

You know, neglect isn't always because people want to be neglecting their kids.

MR. RIDLEY-THOMAS: Well, I don't think there's a value judgment attached to it. It's more objectively asserted.

And, frankly, whether it's intentional or not, the net result is the same. Intentionality is not to be ignored or dismissed particularly. But we are trying to evaluate it legally or morally.

But I think to name it as such is what we have to do, and then to go from there to figure out what to do about it based on causal factors.

MS. CURRY: Yes. Yeah. And I guess the point I was trying to make, I agree with you, it doesn't matter whether it's intentional or not except for some times when you talk to people, they think that neglect is abuse.

MR. RIDLEY-THOMAS: They did something --

MS. CURRY: Yeah. And they may just not have the where with all for a lot of reasons.

MR. RIDLEY-THOMAS: Got it.

MS. CURRY: So --

MR. RIDLEY-THOMAS: Got it. Fair enough.

MS. WALDEN: I'd like to take stock of --
MR. RIDLEY-THOMAS: Sorry.

Dr. Southard, please.

MR. SOUTHARD: I'd like to just comment that one of the great things about being on First 5 is it's full of people who are big thinking and have big hearts, but the down side of that is sometimes we try to do too much.

And given the resources that are available to us, so this reminds me of some of the -- again, some of the initial conversations within First 5 where we were going to change the world with our money. And, frankly, we tried to do too much. And it was too broad. And so -- so Dwayne, for example, if the initiative had passed -- second initiative, then there would have been a funding source for universal preschool. But without that initiative, there wouldn't be the opportunity to do the things that we wanted to get done.

So I think our challenge is to apply some sort of selection criteria to make it clear what we really expect from these communities and sort of help them in getting there.

And contrary to Dr. Fielding, I would say we need less indicators rather than more and do some crossing out rather than additions, because what -- I think what we need is a clarity of purpose for our communities.

So I -- I -- intellectually, I understand where
you're coming from with regard to those things, but I think we need to narrow things down a bit or it makes things unworkable in the long run.

MR. RIDLEY-THOMAS: Point made.

But Dr. Southard, please don't provoke Dr. Fielding.

MS. AU: I think it's a good thing.

MR. RIDLEY-THOMAS: Well, then you can help me referee then.

MS. AU: Absolutely.

MS. BELSHE: And I know better than to put myself between two commissioners who both bring such expertise and thoughtfulness -- as do all the commissioners -- to our work broadly and in this specifically.

This offering of the indicators selection criteria wasn't an effort to provide some guard rails, if you will, around this question of what -- what the overarching goal is, which I think Mr. Southard speaks to very well, to bring clarity of purpose.

What we're trying to do in comments we've been receiving are enormously helpful and one of these, I think we're going to need to take a little bit of time to digest.

But I do go back to the indicator selection criteria because we may want to know or advance a variety
of different goals.

But if we do not have data and information that is valid and reliable available of high quality, comparable, it is not of use to us or our community partners; so I will come back to the criteria trying to provide a framework to help inform what we are recommending, our means, accountability, and clarity of purpose, and which tallies on the outside.

Gwen, I think you were trying to bring us to where we think we are.

MS. WALDEN. I just want to summarize what I think I've heard relative to the kinds of modifications you would have made to this list before affirming it.

MR. RIDLEY-THOMAS: Now -- we're not going affirm it today.

MS. WALDEN: Yes. At the next -- at next meeting.

MR. RIDLEY-THOMAS: There's some risk in doing so.

MS. WALDEN: So Dr. Fielding offered some amendments to this list. I'd like to suggest that some of those may come out in the immediate outcomes, and I think we heard clearly that there is this need to tie together the change statements or to have an understanding of how those relate to each other.
I heard pretty consistently feedback about the
abuse and neglect sort of area and how to recast that, the
benchmarking question, and some more illumination on what
the ends are for some of these are, or what they relate to
in orders of magnitude.

And the kindergarten readiness issue, the need to
have some articulation of what a kindergarten readiness
indicator might look like, and how to add that to the
change statements.

Mr. Chair?

MR. RIDLEY-THOMAS: Precisely. And I think to
mine the area of early childhood education as it is taking
off unless, Commissioner Dennis, you see that as different
from what you are saying?

MR. DENNIS: I'm in total agreement.

MR. RIDLEY-THOMAS: It seems to me that there is
more there in a contemporary context to pursue it for us
build on it. So we latch on it a lot, even at the federal
level.

MS. WALDEN: And I think there were some other
comments relative to mental health as well as what a
community indicator might look like, the value and the
weight provide for those that I think will probably come
out as a part of the intermediate outcomes included in the
feedback to staff.
Before we take the next step, does that sound like reflective of your feed back and comments on the -- the change statements?

MR. RIDLEY-THOMAS: That's sufficient enough distillation.

I want to suggest the following: That we proceed with that input. We will not attempt to adopt that which has been presented. We will expect refinement from the staff at a subsequent meeting, either at the board meeting or the next special meeting.

We will then seek then to land between now and then if there is additional input that commissioners wish to share with the executive director, you are invited to do so.

But for the summary of change statements, if you have refinements, send them forward. And we will leave it to the staff to do it's best work in terms of trying to distill all of that for our collective review and adoption.

MS. BELSHE: That would be helpful, Mr. Chair.

And, again, I will come back to what I said a moment ago. The staff that brought to the board very specific criteria for select indicators, and we will continue to use those criteria as a lens through which we consider additional -- or to use your term, Mr. Chair -- refinements, and for
those ideas that have been brought forth for which there
is not a good alignment with the suggested criteria, we'll
offer some other observations and thoughts this issue of
kindergarten and school redness if is a good example of
that.

MR. RIDLEY-THOMAS: And it may be necessary so
that everyone gets it to display that which is in
alignment and that which isn't so that we know a
particular goal and a refinement of that goal as it is
being proposed. That is a disconnect based on the
criteria that we adopted.

All right. Because you will conceivably get
suggestions from the board that may not be as faithful to
the criteria as the staff is hoping, we will be in the
interest of discipline and clarity.

So you'll probably have to make it clear for
where the alignment exists.

All right. I think the clock strikes 11. We are
going to 11:30; correct?

MS. BELSHE: Correct. I think we have an
opportunity to touch, very briefly, on community
maintenance and then public comment.

MR. RIDLEY-THOMAS: And I want to make sure we
get those pieces going, because I understand we have a
11:30 adjournment.
MS. WALDEN: I'm going to invite Armando to come back up.

MS. AU: Just for my clarification. In your indicator and where your source for that data, you feel it is noted that it was going to be a First 5 LA survey regarding the healthy weight area.

Could you elaborate a little bit? Because I wasn't aware that we were doing a survey regarding that.

MR. JIMENEZ: Yes. Actually, several months ago, we brought to the commission a proposal as part of our Best Start evaluation efforts to conduct what we call the family survey. And it's actually specifically oriented to the 14 communities sampling within the series of questions related to both family strengths and practices occurring among families with their children to be able to monitor what we consider important long term outcomes.

And hopefully what we will be able to identify and articulate our intermediate outcomes, certain practice as round engagement with other families, their neighborhoods, and some of these issues that we will not going out into the field after summer at end beginning of fall.

We will be going out into the field for family services.

MS. AU: Would that speak to establishing a
baseline, Armando, as Dr. Fielding had expressed?

MR. JIMENEZ: In fact, we've adopted a good portion of our questions from the LA county health survey and the WIC survey.

So we have comparisons with county measures, what's going on in the 14 communities as well as particular communities that might be very similar to compare against.

So we did that purposefully to be able to coordinate the questions so they have some reference points for LA county in total. Not just the 14 communities.

MS. AU: Thank you. Just one more. This is a follow up.

Are we going to have a conversation regarding the county-wide approaches in terms of next iteration of our Best Start conversation?

I'm looking at Kim, because I have some questions in terms of information.

MS. BELSHE: Elaborate on that or we can have a side bar after the meeting. At our next board meeting, we're going to -- next Thursday, we are going to begin a series of profiles of our county wide strategies.

MS. AU: Excellent. So if I could make a request that one of the things that were mentioned in the profiles
that were attached to our agenda today was the -- the --
it was a broad statements about this community has a lot
of resources regarding support -- supportive services for
children.

And it was just that one statement.

If I could -- if you have it -- have more --
could I have dollar amounts there? Not just that
statement of large resources?

If I could have a dollar amount and if it could
have a breakdown in terms of counsel dollars, private
dollars, and First 5 LA dollars, because we also have an
indication that some of the statements said that First 5
LA has a large presence in some of these communities.

And, again, if there ways to breakdown in terms
of health -- mental health -- well, child safety, so on
and so forth, I think that would help in terms of
conversation around the county wide approaches, for me
anyway.

MS. BELSHE: I'm certain we'll look at that
language. I -- not having been there when those documents
were created, I'd be very surprised, though, in the term
resources was intended to quantify a dollar value as
opposed to an acknowledgment of community capacity and
infrastructure and institutions.

But let me go back and look at that, please, if
you could.

Thank you.

MS. BELSHE: Mr. Chair, if we can speak briefly about some of the work underway within the staff and within our new colleague and partner Val Cushman, more about community engagement, and then we'll have an opportunity for feedback.

MR. JIMENEZ: Thank you. Just a very brief description of the efforts that have been underway and also are planning to occur in the communities and engaging community members and community partnerships in this process.

The objectives are really to inform and engage, to gather their thoughts and perspectives around key issues, and probably most critical importance will be their edge input on the intermediate outcomes that I think are really key to this discussion.

The approach that we will be engaging in this, in terms of how we're communicating with Best Start communities is through our Web site and e-mail.

Providing commission meeting summaries, for example, of today's discussions, and also frequently asked questions.

There were efforts from the March 1st effort was sent out on March 12 -- the -- the March 4th summary.
So that was sent out to Best Start communities on the 14th of March.

What was provided to them was a commission meeting, audio streamed from the meeting, and opportunity to provide that -- is that meeting translated in Spanish as it's done here.

On March 29th there was the March 14th meeting summary was posted and released. And then basically the set of frequently asked questions that were posted and reached from the are going to be done on the first week of April -- this week, actually.

In addition, First 5 LA leadership will be meeting with Best Start leadership groups throughout months of April and May. It will be a very critical and important discussions, how they'll be grouped, an opportunity to engage in the discussions around these key questions and overarching questions with Best Start communities.

And also First 5 LA staff have been in ongoing Best Start community members.

So, finally, I would like to basically echo, going back to our previous discussion, that what Dr. Southard had -- had mentioned -- I've been a participant in many indicator development processions both with the state commission and in LA county, and also with...
national groups developing indicators for child
well-being.

And the lesson learned there, I think, is
something that Dr. Southard just put so well and so
eloquently, that opportunities exist in those efforts to
add and add and add and often times what ends up being the
result is a loss of focus. And often times those
indicators, in many cases, are rarely used or referred
back to.

So I -- again, I think that the opportunity
exists for us do choose the ones that make sense and are
meaningful to this commission. With you also allowing us
to focus and make meaningful change.

So I'm -- I think that's the end of it.

MS. WALDEN: Any discussion or comments about the
community engagement process as it's happened or yet
before us? Okay.

Would you like to move to public comment?

MR. RIDLEY-THOMAS: All right. Let's hear from
those three persons who have asked to speak by way of
public comment.

Guadalupe Garcia, Malice Taylor, and Torres.

Commissioner Dennis, sir.

MR. DENNIS. I just got a an e-mail from
Commissioner Swilley.
And she wanted me to let the commission know that the -- the obesity criteria as well as the fast-food maybe somewhat ambitious based on her professional experience; and so she wanted to mention that.

MR. RIDLEY-THOMAS: Well, we'll engage her to give her input on the summary changes statements.

So let's invite Commissioner Swilley's input.

Ma'am?

MS. GARCIA: Good morning. My name is Guadalupe Garcia. I'm a single mother. I have two children who are four and six years old. I'm the cochair of best metro LA community.

Thanks for having these meetings.

Thanks for take your time to talk about the Best Start program.

Each community is different. Even when we are focused on children from zero to five, we have different needs; so Best Start metro LA, as far as we do our research, we planning and focusing. Also we engage our parents. In fact, we already have parties in our community.

So and on the research, we create a link with other agencies who take in findings and change their structure to better respond to our needs as parents in the communities.
And also they are focused on work and we're finding in our community throughout the child care investigation.

As parents, we want to have a good health forever for our children also we want to have a better life for them.

And so the Best Start, we get the tells and resources to do it. I know that you -- whether you're talking about the outcomes you would like to hear about numbers, percentages.

As mothers, the only thing that I like -- that I can say about my children is that they know that they have to respect each other. My children is six years old. They just have the -- I know that my children is reading. They love to read. They're respect each other. They have health. And at the end of the day, this is the main important for us as parents.

I know that you need numbers, but I just wonder if you taking account this these outcomes as far as we have.

And there are some outcomes that in this presentation that reflect we as metro LA community have, and I would like to see you in one of the meetings or even when we are in action in our community.

This is the best way that you can do that you can see how we working. What -- what are we doing. What are our outcomes. And also I wonder if our community were
defined Best Start goals as you already says, in base our
work in we just -- I wonder if we could respect as
instructor of metro LA we work different because our
community is different.

And we're still working. We want to still work,
but we need your support. We have a network. As parents,
we meet with other -- with others, but we need your
support to approve a budget.

MR. RIDLEY-THOMAS: Thank you for your testimony.
We'll here from the next speaker please. Romalis
followed by Olga Torres.

MR. TAYLOR: I was going to let Olga go first.

MR. RIDLEY-THOMAS: As you wish.

MR. TAYLOR: We're both from Compton, and this is
my co-chair from the Compton leadership group. And I'll
let her go first.

MS. TORRES: Good morning. I am Olga Torres, and
am co-chairperson for the community of Compton.

I'm also a resident of Compton. I work in
Compton. And I also live in Compton. I work for an
agency called EnMed, formerly known as Mother Net LA.

We work with teen moms; so I see a lot of what we
just talked about throughout this morning, low birth
babies, abuse. You name it, we see it.

As case managers, we do home visits.
Why am I here? Like I said, I live in Compton. Compton has an enormous need. But with our vision and the vision of First 5 LA and the leaders and partners, we will succeed because we all are encouraged to work for change, and we inspire our community to do the same.

We are very proud to say that the men, the women, and the youth who have been participating in the meetings in Compton for the past two years are very passionate and very motivated to see a change in their city.

Let's make a difference. And we know that in order to work for a change, we need to be persistent, we need to be patient, and passionate. They're the secrets to success.

Let's take action to keep moving forward, and to continue to work to support and strengthen our families and our children.

Thank you very much. And thank you for your time.

And also I want to invite you all to our great event that our -- we're planning, which is going to be June the 22nd.

Thank you, and have a great day.

MR. RIDLEY-THOMAS: Thank you.

MR. TAYLOR: I want to thank the commission for this opportunity to speak. But I want to also acknowledge
the other members of our leadership.

Can you stand for a real quick minute; so they'll know you're here?

So we brought more people also, so you know we're committed to this direction and what you're trying to do in Best Start.

I'm not going repeat what Olga said, but we are here to demonstrate that this is a culturally integrated effort to make a change in the Compton community, and we're not only going to have a special event of a walk in the park and have an activity for the community and have providers for all the families that wish to come, but also that we intend to try and find ways to increase the participation of parents.

What we're seeing is that we're not effective sometimes in the way we engage the parents; so they can have a voice and to guide us in what we do.

It's important that even though I see all of these great planning and I appreciate what the staff has done, we need to hear from the people on what they want to do and how they want to do it.

I really appreciate what the commission has been discussing today. I think we do have to have a limit in the number of goals that we try to achieve, because you can overwhelm a community that's already struggling.
We need to be very clear about the baselines that we're trying to achieve by the communities. We don't want to set a goal or task from for the community that they can't achieve, because we can't put the resources there or the development or the parents so they can achieve it.

We need to make sure that we are provided resources that will effectively support the communities in their attaining the goals and tasks and outcomes that they select.

We want to achieve these goals for the betterment of our children and families and our community.

The timelines need to be reasonable so that they can develop, grow, and then achieve. And that would be great for all of us.

We need to make sure we have an integrated effort into the other areas that are in the process of being developed now. I think Dr. Southard very clearly said we're not here to provide health care reform.

There's hot spots. There's healthy neighborhoods. All of this perfectly fits with what Best Start and First 5 is trying to do.

We have to figure out how to integrate these efforts and utilize DCFS, and how we can work better together.

We need reforms that are being designed and
changes that are being made are very important that we do this. So I'm not going keep talking, but I want to thank you anyway.

Bye.

MR. RIDLEY-THOMAS: Thank you for your testimony. That concludes the public comment portion of our meeting today.

Members of the commission, are there any other additional questions or comments or announcements that you may wish to offer at this point?

Madam Executive Director -- Oh,

Commissioner Dennis, please.

MR. DENNIS: This one notation.

When we look at goals in the criterions, and when Armando did the initial explanation, he talked about community engagement, and he talked about systems change. And most of our goals are on a microlevel. And yet we talk a lot about the risk level.

And my question to staff, was that intentional and purposeful with regards to -- we had goals around some of those macro issues which are just as significant in communities, and then our goals are around, you know, micro issues, you know, specifically the children in the neighborhoods.

And I guess the question is that intentional not
to deal with some of the larger macro issues that we had investments in?

For example, community engagement and that sort of thing.

So it's a question, but it's pretty obvious.

MS. BELSHE: Armando, do you want to take -- and this is where definitions are so important, because the overarching framework that Armando presented is squarely grounded in the four overarching goals that is the commission strategic plan.

So what we're endeavoring to do is go from those very broad sweeping goals to a more refined set of indicators, and change statements that speak to what we intend to hold ourselves accountable for.

So I'm not sure if we're maybe talking past each other in terms of micro and macro, because the anchor, or the four goals, strategic plan -- and as we've discussed it's that bringing greater specificity to the results which aspire to achieve consistency, would those four goals that are the anchor for moving Best Start forward.

Indicators we brought forward in the change statements are built off those four macro goals.

So Armando, you can elaborate on what you heard the commissioner say.
MR. JIMENEZ: Yeah. And I think maybe the issue today has been the fact that we're not able to explicitly outline proposed intermediate outcomes and their relationships to those long-term goals.

And to talk about -- a little bit about some of the evidence that I think Dr. Fielding mentioned, that -- that we need to change, are important to do in order, to lead to the longer term goals that we as an agency aspire to change.

Again, we -- we took the approach of trying to deal with the most important macro level decision that the commission needs to account and hold ourselves accountable and also own a change that we want to see happen in the Best Start communities, and that we ground ourselves in the change and that we move to the next step of looking at all of the intermediate outcomes.

And we're talking about things like, for example, Dr. Fielding identified breast feeding.

We talked about community engagement. We talked about family support. We talked about family interactions. We talked about systems. We talked about community level elements like, for example, our efforts to increase space for families to come together and be engaged in physical activity.

Some of those things which I think for the graph
that we put up would fit into those intermediate outcomes, those are the things that I think that many of the community members have really been working on already, and have been engaged in to figure out how to improve in their communities.

And we did not articulate those in this particular meeting. We will in the future.

That's our goal, is to actually do that. And to outline those things and to bring those to the commission to say these are things we feel are the intermediate outcomes, those things that we talked about today.

So, again, we hope that we'll be able to bring the picture and complete the picture that the commission needs to be able to really feel comfortable about making the decision to move forward.

MS. BELSHE: I think that's right. Today really was about trying to go from the big results associated with our four strategic goals to more specificity in terms of the change we aspire to achieve.

But the pathway to achieving these specific goals absolutely will be defined by these intermediate outcomes and benchmarks; so we're trying to do this sequentially, even though we're not a good example of that.

MR. RIDLEY-THOMAS: All right. Any further remarks?
Commissioner Southard, Commissioner Au.

And it is close to 11:30.

MR. SOUTHARD: I want to thank the staff for the work you did in the -- in the vignettes describing each of the Best Start communities.

I plan to steal them and use them in the help conversation.

So thank you.

MR. RIDLEY-THOMAS: Commissioner Au.

MS. AU: Before I forget, because I do, I want to applaud the staff again because this was done extremely well and a truly helpful process that you took us through. And when -- thank you for your facilitation as well.

I -- but I do think that perhaps -- and I think you may have some -- how should I say nonalignment here in terms of how we define certain words, operational words here.

But it might be helpful for us to be able to have a definition of strategic plan, because in some way, that's how we look at our logic model. Some -- from some perspective, when we talk about the systems-wide systems change, family strengthening, and people would say, "Well, you're talking about strategy here, and not necessarily outcomes or -- or whatever."

And the other piece maybe that would be helpful
for us, and this was drummed into me so many times that
the data we have access to oftentimes limits us as to the
indicators we can put our hands around, because those
indicators, the validity and the reliability of those
indicators often rely on the source of that data and how
it's collected.

And perhaps if you could -- as you're presenting
to us -- to consider certain variables and indicators to
tell us what the limitations are, and that would also
inform our decision making.

So thank you very much. You -- I had a really
good time listening to you this morning.

MR. RIDLEY-THOMAS: Oh, my goodness.

MS. AU: You notice I didn't talk a whole lot.

MR. RIDLEY-THOMAS: Commissioner Curry?

MS. CURRY: Just quickly, I want to say that I
recognize that by having too many goals and not being
focused, it can cause problems that we don't reach any of
our goals, but we can also, I think, make a goal to work
with other county departments so that they can set as
their goals to work on the drug issues and the other, you
know, issues that are out there. Just because we have a
goal doesn't mean our goal has to establish all of those
things ourselves, but what we're looking for is one of
these specific things, other people maybe working on the
bigger picture issues like the poverty and drugs.

MR. RIDLEY-THOMAS: All right. Thank you very much. If there's nothing further to be discussed?

We thank you for your time, your attendance. We look forward to you coming to our next regularly scheduled meeting, which will be next week.

And we will see you at that time.

Thank you. We are adjourned.

(At 11:29 a.m. the meeting was adjourned.)