

In the Matter of:

FIRST 5

COMMISSIONERS' MEETING

April 03, 2013

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COMMISSIONERS' MEETING

MEETING OF FIRST 5 LA
WEDNESDAY, APRIL 3, 2013

Reported By:

Heatherlynn Gonzalez, CSR No. 13646

April 3, 2013

1 WEDNESDAY, APRIL 3, 2013; LOS ANGELES, CALIFORNIA

2 9:14 A.M.

3 MR. RIDLEY-THOMAS: Ladies and gentlemen, let me
4 call us to order.

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

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

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

20 We thank you for your attendance.

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

24 MS. BELSHE: Thank you, Mr. Chair. And I do want
25 to make some opening framing comments, and begin by

1 thanking the board of commissioners as well as many
2 members of the community for investing the time in today's
3 meeting, which is the second of what we anticipate will be
4 at least four special meetings of the First 5 board of
5 commissioners to review and assess Best Start with the
6 goal as Supervisor Ridley-Thomas stated of identifying and
7 addressing the critical issues to the successful and
8 effective implementation of Best Start.

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

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

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

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

24 And finally, the board heard next steps both in
25 terms of engagement of our board as well as engagement of

1 our Best Start community partners.

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

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

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

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

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

24 This is a complex inquiry, and it's a
25 consequential inquiry. Together we are working to

1 structure and support a place based initiative that has
2 the potential to contribute to meaning and measurable
3 improvements in the lives of children and their families.

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

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

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

22 Both Gwen and Valerie bring, I think, a very
23 clear and respectful understanding of the importance and
24 the power of building strong families and communities to
25 improve outcomes for young children, and both of them

1 bring a deep understanding and experience with First 5 LA
2 and with the development of our place based initiative
3 known as Best Start.

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

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

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

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

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

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

1 we want to present today.

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

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

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

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

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

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

25 Now, a change statement -- by definition, it's a

1 statement that communicates -- that's required in order to
2 determine success. That's what we want.

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

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

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

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

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

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

24 So today's decisions, we want to affirm and
25 modify the Best Start goals and outlines; recommended

1 indicators; and most importantly today, we want to decide
2 upon the Best Start change statements.

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

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

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

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

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

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

22 And we have identified our long term outcomes.
23 They are here. We are all familiar with them. We have
24 also identified, very broadly, what the intermediate
25 outcome areas are. They refer to family, organizational,

1 and neighborhood and community changes.

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

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

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

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

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

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

23 An indicator is a measurable characteristic or
24 variable which represents progress towards our goals, and
25 as I mentioned, before a change statement. And that

1 change is the indicator that is required in order to
2 establish that a goal has been met, i.e. success
3 determination.

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

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

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

16 We reviewed that at the previous Best Start
17 commission meeting.

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

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

24 We have engaged in efforts in metro LA and
25 through our evaluation and through our own internal

1 assessment and reflections.

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

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

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

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

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

20 So in other words, how does our other work serve
21 to promote and improve our ability to get those changes
22 that we seek? It provides a strong basis for internal
23 integration between departments, promoting shared
24 responsibility for change within all departments, not just
25 Best Start.

1 Upon reflection, initially creating a separate
2 department, although useful and beneficial, also created a
3 separation. And it's our desire to create an
4 organizational need for change, not just a departmental
5 one.

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

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

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

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

23 It provides a foundation for promoting shared
24 learning between communities on effective community
25 engagement using strategies of the work. Communities

1 shouldn't work in isolation. They are part of a bigger
2 effort. They are part of an effort that shared learning
3 will benefit each and every community and each and every
4 segment within the community.

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

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

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

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

25 In fact, in many ways the indicators could be

1 infinite, and a change statement gives us an ability to
2 narrow them down and focus.

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

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

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

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

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

25 Also -- and I'd like to say that many of these

1 indicators overlap or criteria overlap with criteria
2 established by Healthy People 2020 goal selection.

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

9 So I'd like to highlight that.

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

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

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

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

24 In addition, you'll see on the charts that you'll
25 be reviewing two lines.

1 One line, which is signified or identified in
2 red, which is the aggregated estimate for all 14
3 communities combined. And, also, we've identified a line
4 that establishes a goal target.

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

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

10 The recommended change statement is less than 10
11 percent of infants will be born at a low birth weight. So
12 I imagine upon first review, you would look and see that
13 by and large the aggregated number, and most of the
14 communities are at or below the target for healthy people
15 2020. So I'd like to actually refer to another piece of
16 information that I think will be very helpful.

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

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

24 And what you'll see here in LA county and many of
25 these communities -- in fact, the communities that are

1 represented with Best Start, the issue is around
2 disparities.

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

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

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

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

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

1 is also high, as well as Wilmington.

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

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

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

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

25 And the change statement that we're recommending

1 is 70 percent or more of children living in Best Start
2 communities will engage in 60 minutes of physical activity
3 a day.

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

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

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

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

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

21 Currently the aggregated rate per thousand among
22 all 14 communities combined is 2.5 percent, but you'll
23 note looking at the community data, there are significant
24 variation, especially high rates within Lancaster,
25 Palmdale, Watts, Willowbrook, and even in Compton.

1 For children who are free of abuse and neglect,
2 an additional childhood preventable injury indicator, the
3 rate is per one hundred thousand.

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

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

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

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

22 It's also quite dramatic for us to look at our
23 own statistics, both county wide and aggregated across the
24 14 communities. Across all 14 communities, 28 percent of
25 third grade students are proficient in English language

1 arts. In LA county, it's 44 percent.

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

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

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

17 The Healthy People 2020 goal is 52.6 percent.

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

25 It's a point that both the commissions across the

1 straight and the straight commission and the California
2 department of education have identified as an issue.

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

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

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

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

24 So today, the decisions before the commission is
25 to affirm and modify the overarching goals and modify the

1 recommended indicators, and affirm and modify the
2 recommended Best Start change statements.

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

8 For example, will First 5 LA apply the Best Start
9 14 communities combined, which I've identified in the data
10 in the charts, or will they be applied to each individual
11 community?

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

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

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

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

25 So at this point, I'd like to hand it over to

1 Gwen Walden, who will facilitate the remaining part of the
2 discussion.

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

5 Madam Secretary, please call the roll.

6 (Roll was called.)

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

10 Please proceed with the presentation.

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

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

25 And by "clarifying," I mean is there anything

1 that you think is unclear? Needs more articulation?
2 Needs more definition?

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

6 MR. RIDLEY-THOMAS: Dr. Fielding?

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

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

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

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

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

24 MR. RIDLEY-THOMAS: An additional remark that I
25 would just make in terms of the 2020 improvement goals as

1 such seems to me that if a part of the overarching
2 consideration is that of accountability, that can't be
3 fully achieved unless there are rather specific targets on
4 the way to 2020. So that if you talk about a 10 percent
5 goal, and you have less than a decade to get there, what
6 are we expecting to see happen within the respective
7 communities by the year 1? By year 3? By year -- what is
8 the baseline of this?

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

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

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

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

24 Is that correct? And the benchmarking?

25 MR. RIDLEY-THOMAS: Precisely.

1 MS. WALDEN: Okay. So if we can put a big
2 question by the definitions page first and address those
3 concerns, and then we'll move on to organizing the
4 conversation.

5 That will be helpful.

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

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

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

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

1 outcomes.

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

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

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

1 goals.

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

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

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

10 MR. RIDLEY-THOMAS: Dr. Southard?

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

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

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

25 But, supervisor, you're exactly right, the

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

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

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

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

14 But we need focus.

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

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

1 clarity for the next meeting.

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

5 MR. FIELDING: No.

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

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

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

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

24 So I think we'll get to just your point once we
25 get through the material here today.

1 MR. RIDLEY-THOMAS: Dr. Fielding, you said you
2 were not satisfied with the responses.

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

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

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

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

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

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

25 So I think unless we have that logic framework,

1 and we know that there's evidence, we can't figure out
2 whether the intermediate outcomes or long-term goals make
3 any sense.

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

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

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

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

22 And we also need to be clear that goals are
23 really not the ultimate goals in some cases. We want --
24 you know, we want to reduce abuse and neglect because we
25 want to have children that -- I think we need to be very

1 clear about that. We kind of made this is our shorthand.
2 But we need to make sure we're providing the broad
3 picture.

4 MR. RIDLEY-THOMAS: Commissioner Au.

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

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

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

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

24 So -- so I sort of agree with Jonathan in some
25 ways that we haven't quite got our hands around, clearly,

1 what the clear indicators should be.

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

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

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

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

23 Do you know where I'm going?

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

25 So I want us to -- I guess, Armando --

1 MR. JIMENEZ: No, I totally agree. And I wanted
2 to state, although it's not in the presentation, there's
3 significant research that actually demonstrates that the
4 third grade reading scores, that it's a strong predictor
5 of future school success.

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

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

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

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

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

25 But as far as our well known outcomes, let's be

1 clear and understand how it relates. We want to be very
2 strong on that. If it's something we're not as sure of,
3 maybe we want to weight that a little less importantly and
4 ask them come back to assess whether that's the right
5 indicator.

6 MR. RIDLEY-THOMAS: All right.

7 Commissioner Dennis, please.

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

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

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

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

1 a commission and as a community.

2 MR. RIDLEY-THOMAS: All right. Well stated.
3 Commissioner Curry?

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

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

15 MR. RIDLEY-THOMAS: Ms. Curry.

16 MS. CURRY: I have two things.

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

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

25 The other thing, going to what we were saying a

1 minute ago about 2015, I wonder if when we look at the
2 declining revenues in the future, and we look at, you
3 know, where we're going with Best Starts.

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

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

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

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

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

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

21 We have approximately an hour or so remaining.

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

24 MS. WALDEN: I'll just jump in here. I think
25 what we anticipated is that you would be most interested

1 in talking about the intermediate outcomes, as you said,
2 Mr. Chair.

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

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

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

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

20 MS. WALDEN: The four goals.

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

25 MS. WALDEN: Yes.

1 MR. RIDLEY-THOMAS: If we did that, tentative
2 though it may be, because we are evolving.

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

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

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

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

19 MS. WALDEN: So given that --

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

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

24 MR. RIDLEY-THOMAS: Okay.

25 MR. FIELDING: But I just want to ask one general

1 question about one of the goals that is free from abuse
2 and neglect.

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

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

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

14 Dr. Southard?

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

25 And the second thing is I think we stand, as I

1 think I said, at an earlier meeting at a wonderful
2 opportunity to tie the Best Start efforts with other
3 efforts that have been going on and will be going on.

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

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

15 MR. RIDLEY-THOMAS: I see.

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

19 MR. RIDLEY-THOMAS: Let's proceed.

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

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

25 MR. FIELDING: You've said that some of the data

1 frankly is not currently available. We're going to be
2 delving. So I think until the data is available, there's
3 going to be a concerted effort to, in fact, have a
4 baseline. And I think it's very hard to set a target
5 unless you have a baseline. So in at least one case, a
6 target would have to wait until you have the baseline.

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

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

13 MS. WALDEN: Yes.

14 MR. RIDLEY-THOMAS: Is that fair?

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

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

23 And that assumes that there's clarity in the
24 commission. It assumes that the staff is locked in and
25 capable of doing what the staff should do, and that the

1 communities that are selected are fit for the purpose of
2 carrying this forward.

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

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

9 MR. DENNIS: We're speaking about criteria?

10 MR. RIDLEY-THOMAS: Precisely.

11 Everybody okay with the criteria for the most
12 part?

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

15 Professor Walden?

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

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

24 MR. RIDLEY-THOMAS: The commissioners hands are
25 up.

1 Commissioner Dennis. Commissioner Au.

2 Commissioner Fielding.

3 In that order, please.

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

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

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

21 And then in addition, we also are supporting
22 steps to excellence. And we do believe as a commission
23 that if kids are in steps to excellence programs they will
24 have better outcomes, kindergarten, as I said to Kim
25 yesterday, if we're just looking at third grade reading

1 level, that's too late. And we probably need some sort of
2 indicator prior to that if we are a commission concerned
3 about children zero to five.

4 MS. BELSHE: If I may, Mr. Chair, let me say a
5 word on that, and then invite Armando to weigh in as well.

6 I think it will show who we are and what we do.
7 It is somewhat remarkable that there is not a universally
8 designed developed test, and an accepted indicator for
9 measuring kindergarten readiness.

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

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

23 The fact we're not recommending one is not
24 intended as a oversight, but rather a reflex. Selection
25 criteria we identified. More here I'm just not entirely

1 clear what that is. But I think there is a huge
2 opportunity for us.

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

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

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

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

20 MR. DENNIS: But I do believe that as a
21 commission we -- we intuitively have a major investment in
22 universal preschool. And to tie those children in those
23 Best Start communities to universal preschool -- I mean,
24 we do believe that going through universal preschool will
25 lead to a better outcome for these children who don't go

1 to universal preschool and to which we can make the link
2 in Best Start communities.

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

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

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

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

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

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

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

1 Armando?

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

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

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

25 Georgia and North Carolina utilize a state-wide

1 school readiness measure, but they don't have the issues
2 around English language learners to the degree that we do
3 in the State of California. And they're able to use
4 teacher rating tools very effectively.

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

7 MR. RIDLEY-THOMAS: Commissioner Au.

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

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

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

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

25 I'm not sure if that kind of assessment is being

1 utilized right now in our schools. But perhaps the
2 research evaluation folks could explore that because I
3 think that's -- that's as objective a measure as possible
4 without a teacher having to have more subjective
5 assessments as to whether or not a child is ready to
6 learn.

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

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

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

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

1 Do you see where I'm going on that?

2 MR. JIMENEZ: It's right about the magnitude.
3 Healthy births -- the specific recommendation for the
4 change statement relates to all ethnic groups being --
5 will be 10 percent of low birth weights per 1,000 births.

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

11 It's because we want to maintain good birth
12 outcomes for those that currently have poor birth
13 outcomes. But we want to specifically focus on the --
14 this disparity that exists not only in LA county, but the
15 14 communities combined and within each of the communities
16 that disparity exists as well.

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

20 We can look at what that magnitude change with
21 regard to what the that change statement means, and be
22 able to develop estimates of what that means in terms of
23 number of births in children that are affected both in the
24 14 communities combined and within each of the
25 communities.

1 It's our -- well, professional -- my professional
2 opinion that the Best Start effort that the commission is
3 moving toward and moving and investing in is more than
4 just the work in the communities.

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

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

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

24 Those kinds of intermediate measures be the one
25 that's the communities own, which we can identify clear

1 progress measures in shorter amounts of time.

2 MR. RIDLEY-THOMAS: All right.

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

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

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

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

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

25 And as -- especially given the profile of each of

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

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

9 MR. RIDLEY-THOMAS: Right. Thank you.

10 Commissioner Fielding and then
11 Commissioner Perry.

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

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

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

25 So I don't think this is a very good indicator.

1 Especially if we're talking about across our communities,
2 and I would hope that these would be all things that could
3 be across our community.

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

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

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

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

21 Secondly, on children maintaining a healthy
22 weight. I think that's a good one again. I think those
23 that are under 10 percent -- if there are any under 10
24 percent, now I can't remember -- should there be length --
25 those -- the one there, then, that probably should be

1 changed is this eating fast-food once a week or more.

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

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

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

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

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

24 So we can look at kindergarten and not see any
25 effect at age eight or nine.

1 So I'm not -- I'm not sure what to do here. We
2 have to really scratch our heads and get all the best
3 thinking about that. But I think we have to be careful
4 about that. It suggests we're not effective.

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

8 MR. RIDLEY-THOMAS: All right. Thank you.
9 Commissioner Curry.

10 MS. CURRY: Yes.

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

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

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

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

24 And then when I look at some of the statistics
25 and recognize that Antelope Valley and South Central both

1 have high incidents of drugs, you know. That's a huge --
2 so I feel in some ways by change statements unless we
3 change some of the issues of poverty and drugs and
4 homelessness, it seems -- I don't know some of these other
5 ones seem a little bit superficial, because we're looking
6 at --

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

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

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

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

23 MS. CURRY: I just -- you know. I just -- the
24 change statements seem to me to not go far enough because
25 it's kind of like we're looking at one end, and we're

1 missing the whole issues that are causing a lot of these
2 things, the poverty, the drugs, the homelessness.

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

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

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

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

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

19 MR. RIDLEY-THOMAS: They did something --

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

22 MR. RIDLEY-THOMAS: Got it.

23 MS. CURRY: So --

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

25 MS. WALDEN: I'd like to take stock of --

1 MR. RIDLEY-THOMAS: Sorry.

2 Dr. Southard, please.

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

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

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

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

25 So I -- I -- intellectually, I understand where

1 you're coming from with regard to those things, but I
2 think we need to narrow things down a bit or it makes
3 things unworkable in the long run.

4 MR. RIDLEY-THOMAS: Point made.

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

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

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

10 MS. AU: Absolutely.

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

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

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

24 But I do go back to the indicator selection
25 criteria because we may want to know or advance a variety

1 of different goals.

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

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

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

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

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

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

20 MS. WALDEN: So Dr. Fielding offered some
21 amendments to this list. I'd like to suggest that some of
22 those may come out in the immediate outcomes, and I think
23 we heard clearly that there is this need to tie together
24 the change statements or to have an understanding of how
25 those relate to each other.

1 I heard pretty consistently feedback about the
2 abuse and neglect sort of area and how to recast that, the
3 benchmarking question, and some more illumination on what
4 the ends are for some of these are, or what they relate to
5 in orders of magnitude.

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

10 Mr. Chair?

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

15 MR. DENNIS: I'm in total agreement.

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

20 MS. WALDEN: And I think there were some other
21 comments relative to mental health as well as what a
22 community indicator might look like, the value and the
23 weight provide for those that I think will probably come
24 out as a part of the intermediate outcomes included in the
25 feedback to staff.

1 Before we take the next step, does that sound
2 like reflective of your feed back and comments on the --
3 the change statements?

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

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

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

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

20 MS. BELSHE: That would be helpful, Mr. Chair.
21 And, again, I will come back to what I said a moment ago.
22 The staff that brought to the board very specific criteria
23 for select indicators, and we will continue to use those
24 criteria as a lens through which we consider additional --
25 or to use your term, Mr. Chair -- refinements, and for

1 those ideas that have been brought forth for which there
2 is not a good alignment with the suggested criteria, we'll
3 offer some other observations and thoughts this issue of
4 kindergarten and school redness if is a good example of
5 that.

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

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

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

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

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

23 MR. RIDLEY-THOMAS: And I want to make sure we
24 get those pieces going, because I understand we have a
25 11:30 adjournment.

1 MS. WALDEN: I'm going to invite Armando to come
2 back up.

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

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

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

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

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

25 MS. AU: Would that speak to establishing a

1 baseline, Armando, as Dr. Fielding had expressed?

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

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

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

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

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

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

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

24 MS. AU: Excellent. So if I could make a request
25 that one of the things that were mentioned in the profiles

1 that were attached to our agenda today was the -- the --
2 it was a broad statements about this community has a lot
3 of resources regarding support -- supportive services for
4 children.

5 And it was just that one statement.

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

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

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

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

25 But let me go back and look at that, please, if

1 you could.

2 Thank you.

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

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

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

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

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

24 There were efforts from the March 1st effort was
25 sent out on March 12 -- the -- the March 4th summary.

1 So that was sent out to Best Start communities on
2 the 14th of March.

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

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

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

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

21 So, finally, I would like to basically echo,
22 going back to our previous discussion, that what
23 Dr. Southard had -- had mentioned -- I've been a
24 participant in many indicator development processions both
25 with the state commission and in LA county, and also with

1 national groups developing indicators for child
2 well-being.

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

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

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

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

18 Would you like to move to public comment?

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

22 Guadalupe Garcia, Malice Taylor, and Torres.

23 Commissioner Dennis, sir.

24 MR. DENNIS. I just got a an e-mail from
25 Commissioner Swilley.

1 And she wanted me to let the commission know that
2 the -- the obesity criteria as well as the fast-food maybe
3 somewhat ambitious based on her professional experience;
4 and so she wanted to mention that.

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

7 So let's invite Commissioner Swilley's input.

8 Ma'am?

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

13 Thanks for having these meetings.

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

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

22 So and on the research, we create a link with
23 other agencies who take in findings and change their
24 structure to better respond to our needs as parents in the
25 communities.

1 And also they are focused on work and we're find
2 in our community throughout the child care investigation.

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

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

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

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

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

23 This is the best way that you can do that you can
24 see how we working. What -- what are we doing. What are
25 our outcomes. And also I wonder if our community were

1 defined Best Start goals as you already says, in base our
2 work in we just -- I wonder if we could respect as
3 instructor of metro LA we work different because our
4 community is different.

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

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

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

13 MR. RIDLEY-THOMAS: As you wish.

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

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

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

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

25 As case managers, we do home visits.

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

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

10 Let's make a difference. And we know that in
11 order to work for a change, we need to be persistent, we
12 need to be patient, and passionate.

13 They're the secrets to success.

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

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

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

22 Thank you, and have a great day.

23 MR. RIDLEY-THOMAS: Thank you.

24 MR. TAYLOR: I want to thank the commission for
25 this opportunity to speak. But I want to also acknowledge

1 the other members of our leadership.

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

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

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

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

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

22 I really appreciate what the commission has been
23 discussing today. I think we do have to have a limit in
24 the number of goals that we try to achieve, because you
25 can overwhelm a community that's already struggling.

1 We need to be very clear about the baselines that
2 we're trying to achieve by the communities. We don't want
3 to set a goal or task from for the community that they
4 can't achieve, because we can't put the resources there or
5 the development or the parents so they can achieve it.

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

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

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

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

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

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

25 We need reforms that are being designed and

1 changes that are being made are very important that we do
2 this. So I'm not going keep talking, but I want to thank
3 you anyway.

4 Bye.

5 MR. RIDLEY-THOMAS: Thank you for your testimony.

6 That concludes the public comment portion of our
7 meeting today.

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

11 Madam Executive Director -- Oh,
12 Commissioner Dennis, please.

13 MR. DENNIS: This one notation.

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

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

25 And I guess the question is that intentional not

1 to deal with some of the larger macro issues that we had
2 investments in?

3 For example, community engagement and that sort
4 of thing.

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

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

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

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

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

24 So Armando, you can elaborate on what you heard
25 the commissioner say.

1 MR. JIMENEZ: Yeah. And I think maybe the issue
2 today has been the fact that we're not able to explicitly
3 outline proposed intermediate outcomes and their
4 relationships to those long-term goals.

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

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

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

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

25 Some of those things which I think for the graph

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

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

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

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

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

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

24 MR. RIDLEY-THOMAS: All right. Any further
25 remarks?

1 Commissioner Southard, Commissioner Au.

2 And it is close to 11:30.

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

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

8 So thank you.

9 MR. RIDLEY-THOMAS: Commissioner Au.

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

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

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

25 And the other piece maybe that would be helpful

1 for us, and this was drummed into me so many times that
2 the data we have access to oftentimes limits us as to the
3 indicators we can put our hands around, because those
4 indicators, the validity and the reliability of those
5 indicators often rely on the source of that data and how
6 it's collected.

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

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

13 MR. RIDLEY-THOMAS: Oh, my goodness.

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

15 MR. RIDLEY-THOMAS: Commissioner Curry?

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

1 bigger picture issues like the poverty and drugs.

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

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

7 And we will see you at that time.

8 Thank you. We are adjourned.

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

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