**RECEIVED and FILED: 05-24-12**

**FIRST 5 LA**

# SUMMARY MEETING NOTES
## Program & Planning Committee
## April 26, 2012

**COMMITTEE MEMBERS PRESENT:**
Philip Browning
Neal Kaufman (Chair)

**COMMSSIONERS PRESENT**:
Nancy Au
Duane Dennis
Cynthia "Cindy" Harding (Alternate)
Christopher Thompson (Alternate)

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

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

**RECORDING SECRETARY:**
Maria Romero, Executive Assistant

1. Call to Order

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

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

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

   No changes were made to the meeting notes.

**THE ITEM WAS RECEIVED AND FILED**

3. Healthy Births Ad Hoc Committee

   Director Iida reported that the healthy births investment had a total allocation of $28 million. It began in 2002 with an allocation of $15 million. Then five years later, the Commission approved an additional $13 million as part of a program expansion that allowed the addition of three Best Babies Collaboratives and the contract extension of the four initial Best Babies Collaboratives.

Since 2005, a total of 2,601 women have been enrolled. About one-third of the women were enrolled during the inter-conception period and the other two-thirds of the women were enrolled while pregnant. The Healthy Births Initiative was designed to positively impact rates of very low birth weight, preterm births, early prenatal care, and repeat teen births. It employed a community-based approach that brought together perinatal providers across Los Angeles County through a collaborative strategy to serve seven geographic areas of highest need. Through the work of Best Babies Collaboratives and the LA Best Babies Network, the initiative has created a comprehensive infrastructure based on preventative strategies designed to improve pregnancy outcomes.

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

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

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

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

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

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

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

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

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

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

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

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

hospitals will want to partner with a community-based organization as was done in the pilot *Welcome Baby!* to provide the remaining visits after the initial hospital screening.

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

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

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

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

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

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

A majority of the focus group participants identified several important benefits from the Best Babies Collaboratives' services, namely increased social support and connection, with clients reporting making close connections as they not only received educational but also emotional and material support. Key findings included:

1. A majority of all the stakeholder groups reported improved health decision-making and behaviors (e.g., access to prenatal and post-partum care, making decisions to breastfeed their infants, staying on top of their doctor appointments).

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

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

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

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

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

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

Overall, the evaluation provided the following key findings.

Best Babies Collaborative clients reported experiencing:

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

Best Babies Collaborative performance measures showed:

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

Best Babies Collaborative outcome data showed:

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

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

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

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

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

- Extend seven Best Babies Collaboratives for no more than one year.
- Extend the LA Best Babies Network for no more than one year.
- Align with Best Start Family Strengthening Implementation Timeline

    - Welcome Baby/Universal Assessment contracts are scheduled to be ramped up quarterly beginning October 2012 at a rate of two hospitals per quarter.
    - Select Home Visitation contracts are expected to follow hospital contracts within communities by one quarter.

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

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

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

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

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

Commissioner Au strongly endorsed the comments made by Commissioner Harding. The ad hoc committee had an amazing conversation. For her, it graphically demonstrated how, oftentimes, the Commission says it wants to base its decision-making on definitive outcomes and measures that from the evaluation perspective are solid and grounded. Oftentimes, the data does not truly reflect what has been achieved. The ad hoc committee was quite frustrated with this but it still made them ponder about

what was First 5 LA's imperative in terms of what the Commission wanted to achieve with its dollars. Therefore, the ad hoc committee's recommendation would at least extend this project for another year; but also join, quite intentionally, the whole County-wide conversation about Healthy Births. In some ways, the Commission's investment in healthy births and the creation of the network and collaboratives was really to get its feet wet in trying to understand some of that dynamic. It was clear to the ad hoc committee that the conversation about ensuring healthy births among the population has to include a broader table. The Department of Public Health has been convening a table for that conversation. Commissioner Au recommended that First 5 LA needed to join that table because the Commission still needed to hold onto its commitment in terms of its goal of ensuring better health outcomes for the babies. The second piece is to revisit the *Welcome Baby!* component which is now embedded in the Best Start effort and move it to a County-wide conversation and initiative because the Commission needs to embed its *Welcome Baby!* component into the whole County-wide conversation about healthy births. The Commission has already agreed to invest in the universal assessment piece and to be able to then integrate universal assessment with the *Welcome Baby!* component and move it to a County-wide platform would, therefore, broaden the potential for partnering with other folks who are dealing with this issue. Commissioner Au said that it was her understanding that the table being convened by the Department of Public Health included mental health people which made it more of a comprehensive conversation. These are the components that are truly driving how infant mortality rates and low birth rates are impacted. Commissioner Au concluded by complimenting the staff on their work.

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

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

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

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

Chair Kaufman reminded everyone that medical care of these clients was paid through Medi-Cal. The cost was for care coordination.

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

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

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

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

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

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

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

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

Chair Kaufman said that if the Commission approved any length of time, the assumption was partly based on the existing infrastructure that is there. This infrastructure transitions to other programs and activities. Chair Kaufman then commented that it seemed that staff and the ad hoc committee felt comfortable with having a 12-month funding recommendation. By the end of this period, communities should already have their plans approved and be ready to roll out so that the Commission did not have to go through this process again.

Senior Program Officer DuBransky clarified that there was no guarantee that every community would have their *Welcome Baby!* and home visitation programs ready in a year. Chair Kaufman commented that if this was the case, then some grantees would need funding for two years rather than one year since the communities would not have their plans. He said that he needed to understand why the recommendation was then only for one year. Commissioner Harding stated that the recommendation was based on the information provided by staff where communities would have their plans ready within the year. She also said that since it seemed that it may take longer than a year for the communities to have their plans ready, then the recommendation should be that funding be until the Best Start Communities are up and running.

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

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

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

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

Senior Program Officer DuBransky commented that a conversation with Interim CEO Steele has begun to establish a new process or mechanism for timely implementation of investments. Based on the new budgeting process, staff would be coming back and reporting to the Commission next year on which collaboratives successfully transitioned into the Best Start Communities and which would then require an extension of funding.

CPO Gallardo commented that a 12-month period was the safest approach to where the communities are. When the plans are received between June and July, if a community has not incorporated these or any other transition initiatives, they will have one year to incorporate them into their plan.

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

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

Public Comment:

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

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

4. Kindergarten Readiness Ad Hoc Committee

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

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

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

Director Iida further reported that the ad hoc committee was looking to receive feedback from the Program & Planning Committee and the public regarding their proposed recommendations for extending each of the transition initiatives so that such feedback could be considered in producing the final recommendations for presentation at the May Commission meeting.

The Commission Chair directed staff and the ad hoc committee to look at these transition initiatives within the context of First 5 LA's budget process for FY 2012-13. As a result, the ad hoc committee looked at each of these transition initiatives and decided on the recommendations being presented.

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

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

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

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

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

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

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

Commissioner Au asked if the Family Literacy Support Network was included, what would be cost. Staff responded that the cost would be approximately $1.5 million. Chair

Kaufman directed staff to have concrete numbers available for the May Commission meeting.

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

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

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

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

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

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

Commissioner Au commented that the recommendation was very specific in terms of approving the home visitation piece and the school readiness piece. She asked for more clarity on how the school readiness and home visitation piece related to the Best Start Communities.

Commissioner Dennis said that the recommendation focused on how to roll into Best Start the infrastructure that existed and incorporate those models into the Best Start plans, which are mandated to have a home visitation component.

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

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

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

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

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

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

Commissioner Au commented that knowing that it was difficult to come up with an aggregate evaluation data set, there needed to be some level of criteria for all grantees to be evaluated. She said that she found it difficult to just utilize the Best Start home visitation criteria as justification for extending the grantees because the focus should be school readiness.

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

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

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

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

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

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

Senior Program Officer DuBransky commented that the place where the four approved programs fit into the pathway of the strategic plan were directed toward kindergarten readiness and prevention of child abuse. For example, Parents as Teachers was the model that 16 of the SRI grantees utilize and their targeted outcomes include increased parent knowledge of early childhood development, improved parenting practices,

provision of early detection of development delays in health issues, prevention of child abuse and neglect, and increased school readiness and school success. These outcomes are addressed through a home visitation program.

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

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

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

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

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

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

The ad hoc committee's recommendation was to extend Family, Friends & Neighbors grants for two years while a needs assessment is conducted on what is really needed for the license-exempt population with reporting to the Commission on any recommendations resulting from the assessment. The budget amount being

recommended is for FY 2012-13 and it can be assumed that it will be same amount for FY 2013-14.

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

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

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

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

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

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

Public Comment:

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

5. Policy Department Update

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

6. Update from Federal Advocates

The Policy Department pursues the Policy Agenda adopted by the Commission as part of the FY 2009-2015 Strategic Plan. Until last year, the vast portion of the focus of the policy and advocacy work was done at the state and local levels. First 5 LA inaugurated a federal policy strategy utilizing consultants in Washington, D.C. in June 2011. A one-year contract was awarded after a competitive RFQ.

Policy Analyst Sachnoff introduced Alan Lopatin and Stephanie Monroe from the Federal Advocates. The presenters provided the history, policy landscape, budget challenges, strategies and activities, thus far, in the first year of the contract relationship.

7. Public Comment for Items Not on the Agenda

None.

**ADJOURNMENT:**

The meeting was adjourned at 4:35 pm.

**NEXT MEETING:**

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

1:30 pm – 4:30 pm
May 24, 2012

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

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