In the Matter of:
FIRST 5 COMMISSIONERS' MEETING

BOARD MEETING
November 14, 2013

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MEETING OF FIRST FIVE BOARD OF COMMISSIONERS

THURSDAY, NOVEMBER 14, 2013

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REPORTED BY:
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1:55 p.m.

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COMMISSIONER RIDLEY-THOMAS: Thank you. Good afternoon, everyone. Once again, good afternoon to everyone. We thank you for your attendance at the regularly-scheduled meeting of the First 5 LA Commission. We'll ask the secretary if she would be kind enough to call the roll.

SECRETARY: Nancy Au?

COMMISSIONER AU: Here.

SECRETARY: Jane Boeckmann? Philip Browning?

COMMISSIONER BROWNING: Here.

SECRETARY: Duane Dennis?

COMMISSIONER DENNIS: Here.

SECRETARY: Jonathan Fielding?

COMMISSIONER FIELDING: Here.

SECRETARY: Sandra Figueroa-Villa?

COMMISSIONER FIGUEROA-VILLA: Here.

SECRETARY: Marvin Southard?

COMMISSIONER SOUTHARD: Here.

SECRETARY: Patricia Curry?

COMMISSIONER CURRY: Here.

SECRETARY: Arturo Delgado?
COMMISSIONER DELGADO: Here.
SECRETARY: Deanne Tilton?
COMMISSIONER TILTON: Here.
SECRETARY: Mark Ridley-Thomas?
COMMISSIONER RIDLEY-THOMAS: Here.
Thank you.
COMMISSIONER KAUFMAN: I'm here also.
SECRETARY: Neal Kaufman?
COMMISSIONER KAUFMAN: Here.
COMMISSIONER RIDLEY-THOMAS: All right. Thank you very much.

We'll move to the second item on the agenda, which is approval of the commission meeting minutes and the transcript that's attached.

Are there any questions, comments, edits, or further deliberations with respect to Item Number 2, Thursday, October 10 meeting of the commission?

It's been properly moved and seconded that we adopt those minutes. If there's no objections, let's consider that to be the order.

Then item Number 4 is before us.

MS. NUNO: Good afternoon, Chairman and members of the board. Under item Number 3, that's --

COMMISSIONER RIDLEY-THOMAS: 3. I'm sorry. I was attempting to make up for lost time.
MS. NUNO: We can certainly skip if that's your prerogative, but we are requesting your approval of the monthly financials for September.

We began the month with a cash balance of about $727 million and closed with about $730 million. As anticipated, we received our first allotment of tax revenues in the amount of about 8.5 million, and we're seeing more expenditures now as we're moving into the fiscal year, about $4.1 million come in from the beginning of the fiscal year.

As usual, these are unaudited, soft closing figures, which means they were prepared internally.

That concludes my presentation on this item.

COMMISSIONER RIDLEY-THOMAS: We thank you for your presentation.

Are there questions for the chief financial officer in regards to her presentation at this point?

The Chair will entertain a motion to adopt.

It's been properly moved and seconded. If there are no objections, we will submit the financial statements for audit pursuant to our ordinary protocol.

Let's then move to the next item, which is Item Number 4.

MS. CHOUGH. Thank you, Chairman.

We are requesting approval of a few budget
adjustments to increase the fiscal year '13-'14 budget by $1.4 million, as well as an increase to contract authority totaling $1.2 million.

This is a series of several different budget adjustments that I'll walk you through very quickly.

The first is for Workforce Development Family, Childcare, Higher Education Academy. This resolution reflects board action in June to increase the multiyear allocation by just over $2 million, and it also incorporates it into another existing allocation, the Workforce Development Allocation for ECE Workforce Consortium.

There's no net impact to the current year budget as the current year funds were already in the fiscal year 13-14 budget. However, for future years of this allocation, the $1.4 million will be taken out of uncommitted fund balance.

Second, we're requesting an increase of $1.4 million to the budget for three different programs. The first program is for Best Start Family Strengthening. This program is actually -- we're increasing about -- the budget by about $510,000, and it's actually good news. We are implementing this more quickly -- or we had an earlier start then anticipated.

We started these contracts in December as opposed
to January. Thus the increasing need for $510,000. We are also anticipating a greater number of Referrals to select home visiting than originally anticipated.

Secondly, for Tot Parks and Trails, there were projects that were not completed in fiscal year 12-13. It took longer than anticipated due to construction delays at the first two park sites, so there was -- that led to delays at subsequent project sites. So we will need to roll over roughly $494,000 from fiscal year 12-13 to fiscal year 13-14.

That has no fiscal impact on the overall budget because it's a carryover.

Finally, the Children's Council. This is a technical fix. In March, the board approved a contract renewal with the United Way of Greater Los Angeles in support of the NACs in the amount of $1.87 million. Unfortunately, as part of the fiscal year 13-14 budget, the amount included in the budget was $1.46 million, consistent with previous years, and it should have been 1.87 to reflect the higher contract amount. This will reduce the uncommitted fund balance by $413,000.

Finally, we're requesting an increase in contract authority for the data systems integration strategy by $240,000. As part of this strategy, Net Chemistry was contracted to build and maintain a database for Welcome
Baby and Select Home Visiting. We had to renew this contract for January through June of 2014. John will be -- this will be part of the contracts that John will discussing under Item Number 5.

We have adequate spending authority already so we're not requesting additional spending authority, but we do require a contract -- additional contract authority. This one has no fiscal impact.

That concludes my presentation. If you have any questions regarding these items, I'm available. Thank you.

COMMISSIONER RIDLEY-THOMAS: All right. Thank you for your presentation on Item Number 4.

Are there questions for chief financial officer, members of the commission? Any questions?

What is your pleasure? Chair will entertain a motion. Been moved by Commissioner Fielding, seconded by Commissioner Southard. Are there any objections?

Please record a unanimous vole on Item Number 4.

Item Number 5 is now before us, so we'll proceed accordingly. And, Mr. Ambassador, if you would proceed. the Honorable John Wagner, ladies and gentlemen, is about to make his presentation.

MR. WAGNER: Thank you.

COMMISSIONER RIDLEY-THOMAS: Thank you. I'm
going to ask that we take up the piece related to autism after we hear a report on it in Item Number 14. So members of the commission, let's suspend the disposition of that item until we hear a report on Item Number 14; the balance you may proceed on.

MR. WAGNER: Okay. I'm about to go into the consent calendar.

COMMISSIONER KAUFMAN: I need to acknowledge that, for one of the contracts, I have a potential conflict. The one involves Children's Hospital Los Angeles. I won't be voting on that one.

COMMISSIONER RIDLEY-THOMAS: All right.

MR. WAGNER: Good afternoon, members of the board and thank you, Mr. Chair.

This month, we're bringing to your consideration a total of 37 contracts. As the chair mentioned, seven of these will be deferred until the presentation later on in the agenda on the autism initiative. So I'll walk through the different contracts. 31 of these are new contracts. The bulk of these contracts, 21 to be exact, are a result of last month's board action in which the board authorized and took action to increase the Welcome Baby Select Home Visitation and Universal Assessment Initiative.

In addition to these 21 contracts, the seven new contracts related to the board's action on autism, which
are deferred until after the presentation, are included.

And finally, in the packet of new contracts, we have three contracts for research and evaluation. The first is to inform our practice on oral health. The second is to conduct a county-wide systems -- an analysis of our county-wide systems --

MS. BELSHE: Mr. Ambassador, can you kind of lean in there and let's ask Cruse Behar, our IT guru, to amp up the volume a little bit. We're having a hard time hearing you. Thank you.

MR. WAGNER: Okay. To increase -- the three contracts are for research and evaluation work: One for oral health, one to provide an analysis of our county-wide systems improvement efforts, and the third to conduct an evaluation of various investments that First 5 LA has across our professional workforce development initiatives.

The second category on consent are contract renewals. And we have two impacting our data. The first one is to build a representative dataset on key indicators tied to the six core results of the Building Stronger Families Framework across our 14 Best Start communities. And the second is to develop and build the Welcome Baby Select Home Visitation database. And then the final section on the consent are the contract amendments, which would augment existing board-approved contracts. As Genie
mentioned, two of those contracts that we're amending have
to do with Tot Parks And Trails moving funding from last
year into this year, and one contract is with Share
Squared, which is our contract that is building our share
point platform internally to First 5 LA and allowing us to
move to phase 2.

And the final contract under the amendments is to
implement the Welcome Baby Universal Assessment of
Newborns Initiative.

So with that, I would conclude my remarks.

COMMISSIONER RIDLEY-THOMAS: All right. Thank
you very much.

Any additional remarks? We've heard from the
chief operating officer. Any other staff remarks for our
acting chief of programs and planning? We're okay?

Members of the commission, questions or comments
for staff at this point.

COMMISSIONER FIELDING: I would move approval.

COMMISSIONER RIDLEY-THOMAS: All right. It's
been probably moved and seconded.

I think I want to make a statement about Welcome
Baby and to express appropriate support for this and at
the same time make sure that we have a full sense of
consequences of moving away from a prenatal care model
towards a more hospital-based model of care.
It comes to my attention that the research in this area show that prenatal and preconception care works for at-risk women and makes them more likely to breast feed and more likely to seek and stay with post-partum care and more likely to have healthier babies. There is data to support this. At the same time, there are alternative points of view to be considered.

I think we just have to be open to best practices, promising practices, and try to, as best as possible, perfect -- and I use that word advisedly -- perfect what is it we're doing, the spirit of working through of these and bringing the best of our insights to bear is essentially what I think -- what I think makes the work better and gives the board and the staff a good working relationship.

So as we move forward, I would want to call attention of the staff to be mindful of these insights and keep the dialogue healthy, dynamic, and appropriate as we try to do all that we can with this particular important aspect of our work.

Any questions or comments and the like on this matter?

All right. The item that is Item Number 5 has been properly move and seconded, with the exception of the piece on the autism grants, which we'll revisit that in
the context of Item Number 14. If there are no objections or no further comments at this point in time, we'll ask the secretary to -- it's been called to my attention that there are persons who wish to speak on Item Number 5. We will do that. Dr. Michael Jackson, Liz Guerrera, Ray Jones, Tara Hilliard, and Nicole Evans in that order.

Ladies and gentlemen, if you would seize the microphone and make your presentation. You have two minutes.

DR. JACKSON: Thank you very much, Supervisor Thomas.

COMMISSION RIDLEY-THOMAS: I want to make sure that the microphone is on for you, Dr. Jackson.

DR. JACKSON: I think it's on. Thank you, Supervisor Thomas and commission members. I just want to express my strong endorsement of Item Number 5 so that visitation and Welcome Baby. And also I want to let you know that, in the 26 years of working in our community in south Los Angeles, Watts, Willowbrook area, that is a great -- this is a great program, good social policy. I fully endorse it.

At the same time, I wanted the commission to know that, while we are implementing that great program, I think and great policy, we are leaving a gap in service as well through program that you put in place through the SRI...
program, which is leaving a number -- a significant number of underserved youngster who are already here, living the life in south Los Angeles, trying to navigate with the issues that we have to deal with in those underserved communities. So I think there's a gap in service that exists that we should consider doing some kind of gap analysis on as we go forward to insure that these youngsters continue to be served.

I serve them every day and I know the need, and I see the service that is going away. And I'm compelled to speak about it and bring it to your attention. Thank you.

COMMISSIONER RIDLEY-THOMAS: Thank you for your testimony.

We'll take the next speaker, please. Next speaker is Liz Guerrera.

MS. GUERRERA: Thank you. Good afternoon, Commissioners and Ms. Belshe. My name is Liz Guerrera, and I'm with the Los Angeles County Office of Ed. I'm here to wish you a happy National Family Literacy Day. And because there's such great news in Los Angeles, we're celebrating all month long.

And so many of you have already heard on the commission and some of our friends and supporters that recently, the First 5 LA Family Literacy Initiative was posted on the national map. It's from the Ascend Aspen
Institute, and it has promising programs. And so we brought a copy to share with you just to let you know that Washington DC has noted your First 5 LA Family Literacy model as a promising program. And so it was music to my ears when the supervisor mentioned that promising programs is something that First 5 LA and other funders want to be looking at. So here's someone from DC who says you all do good work.

Commissioner Kaufman challenged us years to go to get out the research. And this is exactly what something like this does. So I encourage any questions, comments that you have if you're interested in learning what we're doing in parent leadership or in community mapping in your Best Start LA communities. We welcome any questions, as well as any questions on entertaining the sustainability and expansion of one of your signature projects.

Thank you.

COMMISSIONER RIDLEY-THOMAS: All right. Thank you. Thank you very much.

Let me just indicate that was on Item Number 10. We're going to take the rest of those in due season. These are signed up. There was one person on Item Number 5, so we're going to go to that vote and allow those to be heard on the other items as they appear. So thank you. That then is before us with the exception of the piece on
Are there any objections to adopting the report from our chief operating officer?

Seeing none, that will be the order.

We'll proceed then to the next item on the agenda, which is Item Number 6.

Let me just quickly say that I have had quite a learning experience over the last year being chair of the First 5. I want to thank each of you, the commissioners, the staff, and notably our new executive director for the work as -- that has been done. There's no surprise to anyone here how much work has been done and how much we've attempted to do, but it is clear that it has been important to do so given the population that we serve. Some the most vulnerable and needy children and families that I -- I do believe that we have a moral obligation to be attentive.

Let me cite the words of Marian Wright Edelman who many of you know has been one of the nation's preeminent children's rights advocates. And we need to be involved in making sure that these children have a head start, a moral start, a safe start, a fair start, and a healthy start. I did say a head start, a moral start, a safe start, a fair start, and a healthy start. And we were in a different context, I would say, let the church
say, "amen."

But then we move to a celebration of some consequence. Fifteen years ago, attention was drawn to the need to focus on these children and their families. Here we are 15 years later, someone $1.2 billion later of investment in this very important work. So I think the work of First 5 LA speaks for itself. And the good news is that it gets better and better. The passage of Proposition 10 in 1998 made quite a statement, and we have an obligation to the voters of this state to honor our oath and our commitment to making good on that commitment. And I think there's an earnest attempt to do that in this space.

So let me just indicate that the board of supervisors on next Tuesday will acknowledge the work of First 5 LA and its leadership under our new executive director. We will invite them and we will celebrate this rather remarkable achievement and encourage work to continue in that manner.

So this year's been a year that we have tried to build on the foundation and rework the foundation where deemed appropriate: Advancing the implementation of Welcome Baby and home visitation, providing strategic focus to Best Start, and elevating and prioritizing early childhood education.
You've heard that over the past year and you've heard it with intensity, you've heard it with clarity, you've heard it with focus, you've heard it with a high degree of transparency, and that's been a good thing. Yet, there's more to be done. There's good news on the horizon and it's exceptional in one sense. It is an exception because it is a bipartisan support in the Senate and House with the Strong Start for America's Children Act. I did say bipartisan, a word that has fallen from our political vocabulary in this context. But it's a good thing and maybe children can cause adults to learn how to act together.

So we can keep pushing, we can keep working. We should do that. There's item on the agenda today that seek to identify the priorities of the board, the sense of direction that we should be taking with respect to Black Infant Health Program, a lot of work there, support and creativity as it relates to work for at-risk fathers and children who need our attention and help, and work that presumably aids children -- that will aid children who can do well and avoid certain kind of physical as well as mental health issues if they can just see the chalk board when they're in classrooms. So we'll speak to those issues a little later today on the agenda.

The board of supervisors support a change the
appropriate pieces of county ordinances. And we're going
to ask that the staff be prepared to deal with those
technical changes with respect to LA UP to prepare the
necessary contract amendments and present it to the
commission for approval at the next meeting immediately
following the adoption of the board, that is the board of
supervisors' ordinance I call that at this particular
point in time, so that it is a matter of transparency and
anticipation for the work that will be coming forward. It
is a structural governance issue that I think is important
for us to deal with. The members are pretty much
technical in nature, but they are important for us to
continue the fine work of this organization.

So Madam Executive Director and members of the
commission, we thank you for the opportunity to serve in
the capacity of chair for this year, and I wish to
acknowledge the exceptional work of the staff of the
second supervisorial district in aiding me as I attempted
to preside at the meetings. So let's give them a round of
applause.

Thank you, Yolanda, Alex, Grace, and Brenda.
Thank you.

We'll move to the next item on the agenda then.

MS. BELSHE: Well, terrific. Thank you,
Mr. Chair. And before I make a few comments and thank
yous to you for your year of service and leadership, I want to acknowledge someone who gets no recognition, but who's over there.

Heatherlynn Gonzalez, who tries to keep up with the fast-talking commissioners. We are not your model students, I know, to make your life worthwhile -- or easy to do. But I want to acknowledge Heatherlynn for her year of service in transcribing our fast-pace and very full meetings. So let's acknowledge that.

Thank you, Heatherlynn.

And supervisors, you note today is the last -- marks the year worth of service, as chair of First 5 Los Angeles. And, you know, it's always hard to point with pride to yourself, but I do want to acknowledge your leadership and contributions across a number of domains over the course of this past year.

It has been a very full year, a busy year. We have endeavored to work with a degree of pace and calibration, but we haven't always been that successful. And in part, it's because we've had a lot of work to do, a lot of important work to do. We very clearly have heard your sense of urgency given the moral imperative that drives our work as well as the practical challenges.

So I want to acknowledge your leadership in really spearheading our Best Start inquiry and making
clear that this was the year to get this very important place-based initiative on track and focus on results, focus on results in terms of improving outcomes for children in partnership with communities, a very different way of us doing our work at First 5.

You've also been a real champion of our work around Welcome Baby and Home Visitation, and I'm delighted that this year we have been able to move that important body of work forward, another centerpiece of our current strategic plan, and that we're poised in partnership with 14 hospitals to be in a place where we're going to be able to reach nearly 40 percent of all first county-wide and on average 60 percent of births in our Best Start partnerships communities. So that is -- we're on a path to a very significant achievement to improve outcomes for children and families.

And you've also brought a particular priority focus on a number of discrete services, which we're going to be talking about today, but always with a clear eye towards those families that are most at risk and looking for opportunities for First 5 LA to close a far too wide disparities.

We've also this past year, under your leadership, brought a much stronger focus on policy in terms of acknowledging that, yes, our important -- our investments
are important, but we have a larger role to play. And so I want to acknowledge the progress we have made in elevating our role, our focus, our investment in being, not just funders, but policy advocates and leaders for children, and we brought a particular focus, as you said, on early learning.

And finally, while this doesn't get as much attention, the chair and the executive committee have been busy this year updating and modernizing our bylaws. That's ministerial, but it is very important, and we'll be talking about that later in the agenda, including an important policy that brings greater focus to our effort to reach out to and secure broader diversity of participants in our solicitation processes.

Like you, Mr. Chair, I want to acknowledge your colleagues though. I would not, in addition to Yolanda and Grace and Brenda and Alex, we have missing in action because she is contributing to our work in a very real sense is Carla Sales, who is a new mother. So I also want to -- I also want to acknowledge Carla as well as your terrific team. It's been a real partnership.

And in acknowledgment that supervisors, when they -- they move on and off of commissions, you get lots of doodahs and plaques and door stops. We wanted to get you something that reflects to commitment to healthy living,
healthy nutrition. And so poor Monica's probably hurting
her back, but this is a small token of our appreciation,
an abundance of fresh fruits and vegetables and snacks.
And, you know, you're probably grumping that our special
chocolate chip cookies are not in there. But in honor of
the legacy of your former appointee, the late and
wonderful Tony Yancy, who really modeled healthy living
and good nutrition, we wanted to similarly honor and
acknowledge your leadership and many contributions over
the course of the past year.

So thank you, Supervisor.

COMMISSIONER RIDLEY-THOMAS: Don't touch my
stuff, Ms. Ambassador. Thank you very much.

MS. BELSHE: So Mr. Chair and members, just a
final couple of comments if I may. From the vantage
point, as we say, today marks of the last commission
meeting that Supervisor Ridley-Thomas will be chairing
this year. Tomorrow marks my first anniversary as
executive director. So thank you.

COMMISSIONER RIDLEY-THOMAS: (inaudible). You
understand.

MS. BELSHE: Indeed. We talked about human
years, dog years, and First 5 LA years. So day 364, and
it's been really quite a remarkable 364 days. And, you
know, just if you'll give me the benefit of just a couple
of quick reflections. It has been an incredibly busy and
classifying year. And what I really like to underscore
is, it's been a year for me and John as new leaders. But
really I think for our organization broadly, most
importantly, a year of listening, a year of learning.
First 5 LA is an organization that, as of tomorrow, will
be the 15th anniversary of Prop 10's enactment where -- it
would be enacted on the 15th, right?

So how is that -- I should ask Francisco. How
can it be the 15th? Okay. I'm not blaming Francisco, but
-- anyway, it's been 15 years. So you know, it's a time
of listen and learning for all of us and reflecting upon
the experience of First 5 -- First 5 broadly and First 5
LA specifically.

We are absolutely an organization in transition
as we thank our current chair for his year of service and
prepare to welcome a new chair. We are an organization
with new senior leadership and some leadership changes we
made within the organization. At the same time, we
continue to build and recruit and diversify our team and
insure our staff is aligned to the work to be done.

We are an organization that's invested a lot of
time and effort this year, from the board, the staff, with
our contractors and grantees, really trying to better
understand what we're doing well and what we're not doing
so well, and informed by what we have heard, what we have learned, beginning to move now more purposefully in the direction of leadership relative to making some adjustments, some mid-course corrections in terms of the work we do with an eye towards both how we do our work to be a more high performing organization, but also focusing on the what we do with an eye towards how do we maximize the impact we can contribute to as it relates to children and -- young children and their families.

We're an organization that's moving away from old ways of having done business and together developing and embracing a new organizational culture that reflects the principles of shared leadership, transparency, accountability, and fun.

And, actually, there was supposed to be a photograph up right now. I'm semi-glad it's not here, but -- sure. Let's see the photograph. In the spirit of fun and in the spirit of taking our jobs -- so if someone had told me a year ago that my Halloween costume would be Hello Kitty, I would have said, right. So I am Hello Kitty. And no one will be able to guess what John is, but John is the organization-wide champion. And he is dressed up as someone who is ready to do work, to take on policies and procedures, to contribute to a higher performing organization.
Let's hear it for John.

COMMISSIONER RIDLEY-THOMAS: John, you disappointed me. You're going to have to do better than that. I don't know what the hell that is. You wait until I become president, I'm going to outlaw Halloween just because of that.

MS. BELSHE: Or Breaking Bad. But as John says, you know, advancing organizational change in getting policies and procedures aligned can sometimes be messy work, And that's why he's got a eye protectors and the glasses. And because we are an organization committed to transparency, the cape is clear.

So it is in the spirit of fun that we had a wonderful holiday party, and it's in the spirit of fun as well as the more serious principles of shared leadership and accountability that we work together.

So it's been a terrific year. We have our eye clearly on the prize in terms of next year and the planning work that we will undertake together and informed by what we clearly heard from L-3, how do we better coordinate, align, and focus our work going forward from where we are today, which is 52 discrete projects and initiatives, to an approach and indeed an imperative I think to bring greater clarity and focus to our impact our role and our contribution to the children that we're here
to serve.

So I'm optimistic about the future and I want to thank the board and staff for what's been a significant year of listening and learning and initial leading. I think we have an important and strong foundation for our work going forward, which I think is -- with the Chair's permission and we can also get that photograph down because it's hard to take anything I say seriously with -- so let's below it up. Good, good.

COMMISSIONER RIDLEY-THOMAS: Get that thing from behind me, I'm telling you right now.

MS. BELSHE: So Mr. Chair and members, if you are in agreement, we can move to the next item.

COMMISSIONER RIDLEY-THOMAS: Item Number 8 is then before us, and we can talk about Best Start. Somebody take note of the name of Marsha Ellis, assistant director for Best Start Communities, and Teresa Nuno, acting chief of program and planning.

MS. BELSHE: And actually, I think the tag team is going to be myself and leanne Lagrone, and then we have a team to -- we should have updated those presentations. I apologize. So I'm going to make a few opening comments and then turn it over to Leanne to walk through quickly our presentation.

And I want to begin by underscoring, this is a
really exciting and important milestone for First 5 LA as we move forward with implementing a very important element of our current strategic plan, and that is the Best Start placed-based initiative which is all about improving outcomes for children by partnering, partnering with our Best Start communities to design, to develop, and lead a common agenda to strengthen and improve outcomes for kids.

This board -- or at least many members of this board back in 2009 adopted the strategic plan that actually was very bold, very innovative by taking a somewhat different direction by saying, we are going to move in a little -- embrace a somewhat different approach by shifting our orientation away from exclusively funding services for specific populations, to an approach that's investing in partnership with a community.

That has required us to do our work very differently. It's different. It's one thing to invest in services for populations; it's another to be investing in supporting the development of human and social capital, building relationships, building trust, building social connections, and contributing to community conversations, also known as meetings that are about developing a common vision, a common action, a common agenda on the behalf of families with young children. It requires us, not to only to did our work differently in terms of our orientation;
it also requires different skill sets. So one of the
things I'm very keen on and we've already begun is really
to begin to invest more in our staff and our board to
insure that we have the skills, the tools, and the
supports to effectively engage with our community
partners, and that's exactly what they are: Partners in
our work.

This work is hard, it is complex, it is not for
the faint of heart, but it is worth doing and it's worth
doing well. And that's what this past year is about. The
Best Start journey far preceded me, but under the
leadership of the chair and this board, as I noted
earlier, you all were very clear. This was the year to
bring greater focus, greater clarity to results, to the
relationship between strategies and activities to results
and how we're going to measure and report on progress
towards those results. And the product of our journey
together is the Building Stronger Families Framework.

And what we're going to do today is, we're not
going to go through the detailed implementation plan
because there is a lot of material and background that we
spent countless hours with you on a number of different
contexts as a group, as a committee, and one-on-one. But
what we really want to do today is touch briefly on a
couple of key issues.
Number one, the theory of change that guides our work as well as the implementation approach that we've developed together to be more results focused, the outcomes we seek over the course of the first six months of this implementation phase, investments that are going to be required to move forward, and then next steps relevant to key issues and decisions will be continuing to work with the commission on.

So I've done a quick context setting and outline of our objectives. And now we'll look to Leanne to walk us through the presentation.

MS. LAGRONE: Thank you, Kim, And good afternoon, commissioners.

As Kim just mentioned, we, staff, the board, and communities have traveled a very important road to get to this time -- to this point in time. And we've met, as she mentioned, multiple times over this past year and more intensely over the past few months. And it seems appropriate that this presentation comes on the last day of the Supervisor's year of service as the chair.

We're excited about the -- about your consideration to approve the Best Start -- excuse me -- the Building Stronger Families Framework implementation plan, which marks the beginning of the next chapter of Best Start. It signifies an important step forward and
commitment to working more intentionally with communities
to create and act on opportunities that improve the
quality of life and neighborhoods and better outcomes for
children.

While I stand here as one, I represent many; not
just the staff behind me or to the right or the staff on
the second and third floors, but the many community
members who have been part of Best Start for the last few
years. We are all eager to partner with and realize our
vision together.

In your packet before you is staff's extensive
work in developing an implementation plan that is
comprehensive but also conservative. And I'm sure that
everybody has read all 70 pages at this point. Are we --
it is 70?

COMMISSIONER AU: 72.


COMMISSIONER AU: It was too daunting.

MS. LAGRONE: So we actually covered much of this
information in our previous presentations to the
commission and through extensive discussions with the
planning and -- the programming and planning committee
meetings.

As such, today's presentation is going to focus
on just the key aspects of initial implementation of the
Building Stronger Families Framework which will start in January.

So what is guiding our work going forward? You are familiar with and, as you can see on the slide, that the framework's theory of change asserts that strong families and families supporting communities will help achieve our overarching goals. And the framework is informed by extensive research, evidence, and experience in key principles. It embodies six core results and it reflects a clear relationship between community capacity building, families, and child development. And this pathway informs our investments and partnerships moving forward.

So what will it take to move forward from theory to action? The effectiveness of the framework lies in a few key areas. First, in aligning and integrating efforts that are anchored and the same results broadens and deepens what can be achieved. It's about partnering and -- with communities and mobilizing and leveraging resources and advocating for change together.

For example, partnerships have -- have been and will continue to reach out to current and timely efforts across different levels of -- and levels and sectors such as the county, city, and philanthropy, and businesses to reenforce each other's efforts.
It's also about First 5 LA's strengthening its capacity to be more purposeful in aligning our investments such as our learning from communities to inform our community-wide strategies.

First 5 LA's approach to community capacity building includes a focus on strengthening communities from the inside out and building informal and formal connections to carry out a shared community vision. For example, community partnerships are positioned to advance a shared vision, community agenda, and collective action on behalf of families and communities.

Our strategic partnership with the neighborhood action councils also enable us to have a deeper reach in and across neighborhoods to nurture the connections needed to support a shared community vision.

In order for community change to take hold, it must be informed and led by parents and residents starting at the neighborhood level. Parents and residents will be connected to the partnerships in a variety of ways, including having strong role in decision making and leadership. The partnerships will be more intentional in pursuing results-focused actions that are identified through a learning-by-doing approach.

And I just want to take a moment here and speak to the learning-by-doing approach and that what it does,
it offers a road map forward. It's not intended to be rigid. It's -- as we know, community work requires a level of flexibility. We anticipate that there is -- there's going to be needed adjustments along the way, and our responsibility is to take that learning and be able to make those adjustment in real time that. And that we, too, as First 5 LA, that we are going to be doing learning-by-doing.

So as we discussed previously, that the funding to support these actions will be based on progress and to promote a focus on results. And our work going forward will focus on capturing learning and implementing improvements in real time, just as I discussed regarding learning-by-doing.

Our work going forward -- I'm sorry. This requires a focus on and supports needed to look at what's working and what's not working and being ready to -- ready and able to respond to evolving circumstances that are on the ground. These practices will be embedded throughout the implementation of the Building Stronger Families Framework, including First 5 LA's practices, Best Start partnerships, and our other investments.

So what additional resources are needed to support the work going forward? In addition to the current Best Start resources, the following components
will require additional funding to support the initial implementation of the framework. Now, the components that are listed here, we actually have reviewed these in depth with commissioners individually and then also at the last program and planning committee meeting. And these components are the cost areas that are needed to support the -- the items that I just noted.

The -- based on our discussions with commissioners and at the programing and planning committee, there are refinements to the costs that were shared a couple of weeks ago at the programming and planning committee meeting and also based on further planning. So these are the refined costs that are associated to these components.

So I'm going to now take a moment and just review what are the outcomes that we are expecting to achieve by June 2014 relative to the cost components that are listed here. The detail of the outcomes are going to be listed in your PowerPoint, but I'm just going to lightly and -- just summarize those outcomes as I briefly touch on them.

So starting with First 5 LA's internal capacity, the knowledge and skills to support placed-based efforts will be strengthened of staff and the board. The partnerships' capacities to lead a community change process and agenda and implementing learning-by-doing
approach will also be strengthened. For resident engagement, we expect that there will be an increase in resident engagement in Best Start. And the work that's implemented in neighborhoods will make progress toward improving conditions of well-being.

In terms of assessing progress through a learning and accountability framework will determine if activities are working or if they're not.

And then our communication efforts will generate more support for the core results, thereby building more constituencies to collectively advance the results.

And for general partnership administration, we will continue to reduce the barriers for parents and residents to participate in community decision making and continue to increase the trust and social connections built among diverse community members.

Now, we recognize that these outcomes are primarily a process focused. However, as we've discussed in the past, the community building is a process that it takes time to achieve results. Our level of commitment to the length of time that this work requires effects the level of the results that will be achieved overtime. So we expect that some level of change in the target populations that are identified through the learning-by-doing process will be able to be seen within
the first two years. We also expect that, based on the progress of the work and informed by our learning from our experiences, that we will see larger family level changes in three to five years and community level changes in about seven to ten years.

So what's happening next? For -- from now until early 2014, the staff, board, and partnerships will continue their development, and we also will increase our support for resident engagement. Also in early 2014, community partnerships will begin to launch the learning-by-doing approach. And in spring of 2014, the following are going to be the -- our expectations of what engagement we will have with the board coming forward.

So we will provide an update on the implementation of the -- of the building stronger families framework and our initial learning.

We also will provide a proposed budget for the fiscal year 2014-15 that's based on the work with the board and the program and planning committee and where we are today. We'll also include an analysis of areas of funding that require either the same general level of funding but with a potential decrease or the same level of funding with the potential of a modest increase or additional resources that we know are going to be required.
So our initial projections for fiscal 2014-2015 for these funding areas shows that we are -- we anticipate that First 5 LA's internal capacity building, partnerships capacity building, and administration costs in general are anticipated to have a decrease.

The general level of cost associated with resident engagement and marketing and communications is expected to stay near the same or a possible modest increase.

And lastly, additional resources based on implementation progress and experience are anticipated for the learning-by-doing projects and assessing progress.

We will also provide recommendation to the board regarding a long-term business model and priorities for aligning First 5 LA placed-based and county-wide investments.

And, lastly, we will make sure to identify opportunities to link to other community collaboratives. And we have a couple of possible opportunities already listed here.

So in closing, this is an exciting point in our work. We have come a long way together. It marks the beginning of the next chapter for Best Start, one that has a sharper focus and clarity regarding what we want to achieve, how we want to achieve it, and what are the
resources that are needed. It looks at -- it identifies what -- what efforts need to be aligned to advance the core results and what supports our needs to -- to support community capacity building, and that there's a need in increasing resident engagement, and that there will be a pursuit and results focused actions, and that we'll continually integrate learning and quality improvement in all aspects of our work, and lastly will identify opportunities to link to other community collaboratives.

Again, thank you for your time and your consideration. And we look forward to your support going forward and we welcome any questions.

COMMISSIONER RIDLEY-THOMAS: All right. Thank you very much, Leanne, for your presentation.

Members of the commission, are there questions or comments, additional remarks, concerns? Dr. Fielding, Mr. Dennis, and we'll proceed in that order.

COMMISSIONER FIELDING: This is a very welcome fresh start for Best Start. And I want to thank, not only the staff, but the communities who have I know been working with us and seeing things in not always clear, not always consistent. But I'm very confident, now that we have a path and we have clarity on what we're trying to do, how are we going to know if we got it. And thank you for your perseverance. I think we all feel much better.
At least I can speak for myself. I feel much better understanding now what exactly we're trying to do, the level of resources that are required and what we expect. So thank you.

COMMISSIONER RIDLEY-THOMAS: Commissioner Dennis.

COMMISSIONER DENNIS: As the chair of P and P, I just want to thank staff. I mean, Leanne went through a half-hour presentation and we've been doing about eight months of work around this. And so it's an extraordinary amount of work.

And I just want to relay to my colleagues, what you're buying into is a framework and it's the Strengthening Families Framework, and you're buying into that, if you deal to these protective factors, that there can be indeed a community change. And, quite frankly, we're in our infancy. It really is.

And I said to staff that this investment is a meager investment taking consideration what we've got as far as volunteer community input into this process. We haven't begun to look at what community residents inclusive of parents, child care providers, and other community partners, we haven't began to capitalize on how that has played out in this whole scenario. And that will be an interesting endeavor as well.

And as a social workers myself, you know, and an
old community organizer, there was some thought that there
is product in the process. And there's only product in
the process if you can embrace the framework. And I think
this is the framework that we should be using and I think
it's the framework, you know, to move forward.

So I -- I hope my colleagues on this commission
will support staff and their recommendation.

COMMISSIONER RIDLEY-THOMAS: All right. Thank
you very much. We've heard from the chair of the
committee and -- are there additional remarks from the
members of the commission?

I take note of Commissioner Au and Commission
Southard in that order, please.

COMMISSIONER SOUTHARD: I -- please.

COMMISSIONER RIDLEY-THOMAS: Good try, Marv.

COMMISSIONER AU: Well, I am so very pleased, and
I believe you really nailed it in terms of a number of
concerns that have I been voicing over a period of time.
And it's really truly a -- your presentation is a
reflection of a process that I had been encouraging
constantly, is that we have some -- somehow or another
been able to bring together lessons learned over a period
of time, lots of hiccupping. And also in terms of a
starting place that was relatively rigid in the beginning
and -- and to then incorporate those lessons, lessons that
were learned from not only the doing on the part of First
5 LA Best Start staff, but also in terms of our
interaction with the residents themselves because they
truly were the voices that needed to be heard. And I
think we truly got it.
And the -- and, of course, the masterful guidance
and leadership of our fearless leader of our executive
director in bringing her major smartness in being able to
envision this in such a way that brought us this framework
of building stronger families and the whole notion of
protective factors.
I think we're -- we're getting there. And I
agree with Duane though, we're still at the starting
point, because there are a lot of folks out there, but I
-- that we need to partner with. But just given the fact
that we stumbled and we still have folks that are invested
and committed to Best Start and the vision of Best Start.
They're still hanging in there because they resonated with
the -- with the fundamental principle of why we moved in
this direction because they are eager to come into this
partnership together because they truly are committed.
So bravo. Good job.
COMMISSIONER RIDLEY-THOMAS: Thank you very much.
Commissioner Southard.
COMMISSIONER SOUTHDARD: I also wanted to affirm
the framework and it's usefulness and wanted to suggest that perhaps, as we address the framework and implement it, we look at the opportunities for integrating mental health and substance abuse in the context of the ACA, and that may provide us opportunities to give communities something that they can work with, and maybe add vitamins to our developmental process.

MS. NUNO: Yes. Commissioner, you might have noticed that we did take note of that. That's one of our timely opportunities, the health neighborhoods as well as the LA USD. And there are many more, but those are just extremely timely. Thank you.

COMMISSIONER RIDLEY-THOMAS: All right. Commissioner Kaufman, please.

COMMISSIONER KAUFMAN: Very, very exciting. I really appreciate all the work, and it really does come together beautifully. As Duane said, infancy brought a thought to my mind and sometimes I can't control myself. There's a thing called post-dates baby, someone who stays in the womb too long, and when they came out, they're wrinkled, they don't have enough fat to control -- to maintain their body temporary. They're actually at great risk, they're fragile, worse than what you would have thought if they had -- you know, the extra time has to be good. Well, it turns out you outgrow your blood supply.
sometimes.

That's kind of where we're at. We have a post-dates baby that has been in there too long, maybe a year or two too long, not a couple of weeks too long. It's fragile. We have communities that are cracked, the skin. And we are trying to nurture those post-dates babies, which require sometimes a little extra help compared to a full-term baby.

So somehow that many imagine came to mind, not sure why. I guess it's the pediatrician in me every so often comes up with some weird things. But congratulations. I think that's some really very nice work.

COMMISSIONER RIDLEY-THOMAS: Send you to a school for gerontology and see if it works there for you.

Any other comments for staff on the presentation that's before us?

You've heard from the chair of the program and planning committee, Commissioner Dennis who moves the item. Is there a second?

It's been properly moved and seconded by several members of the board. I see no objections; therefore, please record a unanimous vote. Thanks to staff for their efforts and work.

MS. NUNO: Supervisor, I would like for the Best
Start team to stand up.

COMMISIONER RIDLEY-THOMAS: Best Start team up.

Best Start team.


COMMISIONER RIDLEY-THOMAS: Congratulations to all.

MS. NUNO: And there's 25 strong upstairs.

MS. BELSHE: I was going to say, yes, we have 20-plus strong upstairs who are very important colleagues and boots on the ground working very directly in partnership with our community partnerships. And we are eager to move this forward. So thank you for the strong board support and look forward to our ongoing working together.

COMMISIONER RIDLEY-THOMAS: All right. Thanks very much. We'll move to Item Number 9.

MS. CHOUGH: Thank you, Chairman.

Under Item -- I'm sorry. I defer to the chair of our budget and finance committee to make any opening remarks if he so wishes.

COMMISIONER RIDLEY-THOMAS: Commissioner Southard, if you would like to --

COMMISIONER SOUTHARD: I just wanted to set the context, is that our commission made a decision to move to a biannual budget a couple of years ago. And the process
of implementing the changes that have come before us, both
programmatic and facing our fiscal changes, have led us to
reconsider. Both in the context of the budget and finance
committee and the executive committee, we are now taking a
different recommendation, which is that we bring the
budget to us on a one-year cycle for 14-15. And Genie
will tell you all of the reasons why we're taking that
course and why it's in our best interest to do so.

MS. CHOUGH: I appreciate that. Thank you, Dr. Southard.

As Dr. Southard referenced back in May, the board
approved a policy to move to a rolling two-year or
biannual budget and have that budget be adopted in
April as opposed to June. And, historically, we have
never done this. And with the change in executive
leadership last year, that implementation to move to a
biannual budget with an April adoption was postponed for
consideration until after fiscal year 13-14.

So fiscal year 14-15 is now upon us. I came on
board on July 1st. And one of my first assignments was to
conduct an analysis of whether we should move -- we are
ready to move to a biannual budget and embrace this policy
that we have on record. I did a somewhat academic as well
as internal analysis and concluded that there are many
benefits indeed to moving to a biannual budget,
particularly for our agency. However, I soon also learned that there are reasons that we should postpone implementation for a biannual budget in April for at least another year. And there are three reasons to do so:

The first and foremost reason is that fiscal year 14-15 is the last year of the current strategy plan. It might not make sense to adopt a biannual budget for 14-15 and then have a rollover budget in our first year of the new strategic plan.

Secondly, I understand that we are -- fiscal year 11-12 was the first year that we conducted our program budget. So we have only had three years of experience with developing a program budget. And each those years -- in each of those years we've made significant changes to the way we developed those budgets. And the pendulum has sort of swung from one side to another, and we're hoping to make further incremental changes this fiscal year, fiscal year 14-15, to sort of continue in the right direction and make those incremental changes.

Finally, the third reason is that we are -- as Kim remarked in her remarks, there are a number of internal efforts, the organizational team -- transition team, OTT, is implementing the listening, learning, leading efforts, as well as 3M under John's leadership to update our policies and procedures. We also have the
government finance officers association joining to us embark on some new systems improvement processes.

And finally, we are awaiting the results of our compensation study from The Hague Group eminently. All four of these things -- and there are others that I won't bore you with. All four of these items could inform the way we develop our budget for the next fiscal year.

So as Dr. Southard mentioned, we shared this before the budget and finance as well as the executive committees, and we will continue. We're work right now on updating the long-term financial plan for presentation to the budget and finance committee in December and the full commission in January. So hopefully that will provide you with some context to make decisions in the fiscal year 14-15 budget.

COMMISSIONER RIDLEY-THOMAS: All right. Thanks very much.

Are there questions for the committee chair or staff pertaining to Item Number 9, essentially the approval of fiscal year 14-15 budget, development and recommendations?

It's been properly moved by Commissioner Fielding. I see that Commissioner Au is raising her hand for consideration.

COMMISSIONER AU: Just a comment.
COMMISSIONER RIDLEY-THOMAS: Seconded by Commissioner Kaufman. Thank you.

COMMISSIONER AU: I really appreciate the really clear, again, rationale for the delay, and I concur. I also clearly note that one of the -- I guess I'm sounding like a broken record, but I just can't --

COMMISSIONER RIDLEY-THOMAS: Oh, no.

COMMISSIONER AU: -- contain myself.

We really need the fiscal picture to guide us in our next planning process. And I really like what I'm hearing in terms of our -- our budgeting process is -- is integrated into our -- our planning as well because oftentimes, it's sometimes easy for us to silo many of these functions within our organization. And we really need to begin seeing all the connections. And not only in terms of when we started talking about what we would like to accomplish in the next iteration of First 5 LA, but we also need to know realistically how much dollars we're talking about in terms of that kind of commitment. So I think that would -- it's not one leading the other, but it needs to be an integrative conversation.

So I appreciate that very much. And you're setting the tone of that happening. So thank you very much, Genie.

MS. CHOUGH: Thank you, commissioner.
COMMISSIONER RIDLEY-THOMAS: All right. Thank you very much.

The context has been set by the chair of the committee, Commissioner Southard. The presentation has been made by our chief financial officer. The motion has been moved by Commissioner Fielding and seconded by Commissioner Kaufman, blessed by Commissioner Au. And with all that, please record a unanimous vote. Thank you very much.

Next item, please.

MR. STEELE: Mr. Chairman, members of the commission, thank you.

The next item before you is the proposed amendment to the commission's bylaws. Earlier this year, at the suggestion of the chairmen, the executive committee and staff undertook a detailed evaluation of your bylaws document, which is the -- serves as the commission's operating procedures, and made a review to determine whether the bylaws were in full compliance with applicable law, but also to determine whether there were any areas that could be updated or clarified or brought into alignment with laws that apply to the commission.

And as a result of that review, the executive committee is recommending approval of the amendments that are before you. They fall into two categories: One is --
broadly, is an alignment of the bylaws with the current provisions of the county ordinance. They are three relatively minor points that are things the commission is already doing, but they are in a county ordinance. And to the extent that we are gathering all of the legal requirements applicable to the commission into one document, it is a good practice to put these three into your bylaws.

They are requirements relating to evaluation, quarterly reports, and compliance with all of the applicable provisions of Proposition 10. Again, we're doing all of those things, but suggesting that they be gathered into the bylaws document.

The second category of amendments proposed is clarifications and updates to reflect existing procedures within the organization. These bylaws have been around since 1999, and they haven't been completely updated at all -- in a comprehensive sense in that time. So we are changing a few of the -- proposing to change a few of the provisions that remain from the early days of the commission.

The first, literally, has all of the employees of the commission reporting to the chair, and that doesn't reflect the current reporting relationships. This change would have note that employees report to the executive
director, the executive director reports to the chair and
to the commission.

The second change proposed is just a minor change
to clarify that the executive director approves travel
data for commissioners to the extent there are any and
that the chair or his or her designee would approve travel
data for the executive director.

The third uses the benefit of the past year of
the budget and finance committee function to more
specifically set out the jurisdiction of that committee.
You'll recall that the committee was established two years
ago in response to the Harvey Rose audit, and it's
original sort of description of jurisdiction was very
broad and very general. And in this bylaw amendment, we
are attempting to provide some definition of the
jurisdiction between -- and the division of labor between
the executive committee and the budget and finance
committee.

And I would note that the budget finance
committee reviewed this proposal earlier this year and
agreed with the -- the division of labor and the
jurisdiction that is set out in this document.

And finally, in the current bylaws document,
there is a provision that requires a -- a higher level of
minimum vote for approval of certain actions of the
commission: That being the election or removal of officers, the approval of strategy plan, and the approval of an expenditure in excess of $15,000. In those three instances, you are required to vote by an affirmative vote of the majority of the entire commission rather than an affirmative vote of the quorum that is present at a meeting.

So, effectively, you need five votes -- five affirmative votes to approve any of those three items.

In this particular amendment, we're suggesting that the dollar threshold for the action that requires that majority vote be raised from the $50,000 that it is currently to $100,000. That will dovetail into some changes that are being proposed in internal policies that Ambassador Wagner will be speaking of later in this meeting and in future meetings.

So those are the amendments that are proposed pursuant to your bylaws. We circulated each of these amendments at least 21 days in advance to the commissioners which is the notice requirement that's in the bylaws.

Additionally, I reached out to all the commissioners to check to see if there were any questions concerns. And I have not received any. And I would defer to Vice Chair Kaufman to -- for any remarks and to just
reiterate that the executive committee is recommending approval.

COMMISSIONER KAUFMAN: What you said exactly with no additions.

COMMISSIONER RIDLEY-THOMAS: All right. Thank you very much. We acknowledge the amount of work that has been done in this regard. It's not the most exciting way to spend one's time, but nonetheless, we deemed it necessary and appropriate. It is a way to insure the health and the currency, if you will, of the organization. So acknowledgment to general counsel for his work in this regard and to the executive committee for its due diligence.

Are there any questions or comments? We take this as a motion from the chair of the executive committee, Commissioner Kaufman. Is there a second.

COMMISSIONER RIDLEY-THOMAS: It's been properly moved and seconded with respect to Item Number 10, which calls for bylaw amendments. If there are no objections, please record a unanimous vote.

Thank you very much. I'm sorry. Did --

COMMISSIONER AU: No, I just -- you know, it sometimes takes me a while to truly understand. I need to use it as an example, but you were saying that, in order to pass the -- the spending allowance beyond -- well,
below -- sorry.

The last three -- the last three items, that it had to be passed by a larger majority, meaning that it's five votes since the majority of the -- or complete commissioner number is nine. Sorry. I can't even talk. And -- But then, if we have a quorum of five sitting on the panel, that means you need to have every single one of those five vote yes in order pass.

COMMISSIONER KAUFMAN: On those three items, yes.

COMMISSIONER AU: Okay. Thank you.

COMMISSIONER RIDLEY-THOMAS: Thank you for asking a clarifying questions.

Again, it's been properly moved and seconded. Seeing no objections, please record a unanimous vote on Item Number 10 which tells the amendment to the bylaws, bringing them current. Thanks to general counsel on this item.

All right. With permission, we will then move to Item Number 11. We'll hear from our chief of operating officer.

MR. WAGNER: Thank you, Mr. Chair, and members of commission. I am talking about the Item 11, the procurement policy. And before I walk through some of the changes, I do want to call out that one of the items in the executive director's report focusing on the work over
the last year was putting in place the systems and infrastructure to make sure that First 5 LA has the mechanisms to meet the business needs of the organization. One of those mechanisms are our internal policies.

So over the last few months, although I may be the one unfortunate to don the distinguished cape and goggles, there have been many, many folks very much involved in updating -- looking at and up indicated our policies and procedures. And I want to recognize Monica who not only bears the fruit basket but has been bearing a lot of the work of that group and the members of 3-M work group.

And to focus and just to provide a little bit of context, we set up this -- this structure, the 3-M work group, which is our policies and procedures work group, to represent each and every department and all layers of the organization. So when we bring forth policies and procedures, you can know that we've vetted them across the department to represent -- all the departments to represent the business needs of the organization.

As we began to set up that process, as you heard from Craig's presentation, the executive committee was undertaking the bylaw review. And one of the items that the Chair asked us to do is to bring forth those policies and procedures that warranted board consideration with
suggested recommendations and updates.

So this procurement policy was brought forth with our proposed changes at the last executive committee meeting on the 4th of November, last week. So we did walk through these -- these recommendations and these changes with the executive committee and solicited their input, and this version represents their input as well.

So what I will do is just call out the items in your packet. There is a board memo that walks through the significant changes. There is a copy of the -- the proposed changes in a version of the procurement policy that's highlighted in yellow so it calls out those areas in which we're making suggested changed with some comments in the column to the right, highlighting what those changes are. And then we also provided the existing procurement policy that the board approved back in 2012. So this is one of those board-approved policies.

So maybe what I'll do is just walk through very quickly the -- and call out those items as they are addressed in your board memo just to mange sure that the commission knows the significant changes that we are proposing in this updated procurement policy.

The first one is that First 5 -- first 5 California recommends that the commissions establish thresholds above which open competitive solicitations are
required. It doesn't really dictate what those thresholds are, just that they are established. Currently, our threshold is at $5,000. Our recommendation is to increase that to $25,000. And, again, that's for a formal, open, competitive solicitation. It doesn't mean that, under $25,000, we don't do due diligence and check around to get best price, but it mean we don't go through a full-blown request for proposal or qualification process. That is much more formal and labor intensive.

You'll see that in the -- one of the attachments, Attachments D, we provided a chart that compare our practice with other First 5 commissions, especially the larger ones. And you'll see we were significantly -- our threshold was significantly lower than most of the others. Even at the 25, we continue to be fairly low. There is one with no threshold. One First 5 we looked at, which is at 25, and all others were above; in the neighborhood of 50, $75,000.

So Attachment C, which is also in your board book, shows the number of current contracts that would be impacted by this change. So just wanted to call out that, if the board approves this new threshold, there are only 16 current contracts, or about six percent of our contracts, would be below this $25,000 threshold.

The next significant change is to call out on the
second item that really codify existing practice. Right now, we -- First 5 LA establishes pools for vendors and grantees and contractors. And so the language in this policy, we're just putting practice -- current practice into the policy so it's more transparent, more accessible to the public, but it also does one thing in that it requires that, if we do establish pools internally, that they have to be refreshed at a regular basis, which means they're open for others to, you know, come into the pool, and that that has to be done no less than every 24 months.

And that would be true of all -- all contracts that we would want to solicit over 25,000. So it would be over the threshold, which would require a competitive, open procurement, and we could either go to the -- go to these pools or we could go to an open process that's just, you know, advertised on the Web site.

The third change that I would like to highlight impacts the exceptions. So, again, the existing policy is that, above that threshold when there is a competitive procurement required, that there are -- can be business reasons why we would want to make a case why we would want an exception to a competitive procurement. So you often hear about these as AB-109 exceptions.

These are exceptions in the procurement policy that currently exists that the board approved. These are
reasons for emergency needs, leveraging, unique circumstances. And so we bring those forth to you. So we're keeping all of those.

But what we've done is, the board has approved a separate policy called, strategy partnerships. Sometimes you hear us bring forth a recommendation for a strategic partnership. And that's in a separate policy. What we're trying to do here is put them all together. These are all reasons why we're making that business case as to why maybe a competitive open solicitation isn't in the best interest of the commission.

This clarifies, puts them all in one place. Again, not changing the process of bringing them back to the board, but just basically saying they're all in the procurement policy rather than having separate policies dealing with strategic partnerships.

The next item to call out is what was addressed earlier, and that our procurement policy current does not have a policy on diversity. And so we've included a new section in procurement so that First 5 LA, in our procurement policy, will promote diversity amongst contractors, grantees, and vendors to insure that we're reflective of the community in which we live and the community we serve. And this would include disadvantaged businesses, minority-owned, veteran-owned, women-owned
entities as well as small business enterprises. So that will be in our procurement policy.

And the final noteworthy change to call out is in our current procurement policy, there was a threshold above which all contracts need to come to the board on consent. That threshold right now, as you know, is $25,000. What we are recommending is that also increase moving from 25 to $75,000. So in effect what would occur is, the executive director can enter into contracts credits up to $75,000 without putting contract on consent. Anything at $75,000 or above would need to come to the board on consent for board approval.

So a couple of things to call out on that is, we are not saying that the board does not see contracts up to 75. We would recommend that, from the $25,000 threshold to the $75,000 threshold, we would, during the course of normal business board meetings, make sure that the board sees copies of those contracts, not that they all have to go on consent for approval and discussion, but that they would be provided as informational so that it's transparent and available in a public settling.

We would also provide something that is, as we understand, practiced at the county, which is that the board approves a contract above this $75,000 threshold, that the executive director would have the ability to
amend that contract if it's needed up to ten percent
without having to go through the process of bringing that
item back to the board.

The -- the other couple of things to point out, again, I would draw your attention to the attachments so that you can see how these recommended changes stack up with other First 5s. Attachment D shows you that there are other First 5 Santa Clara, for example, has that threshold at $100,000. There is -- our budget, as you know, is significantly higher than any of these other First 5s. So what we're trying to do is balance the business needs of the organization with transparency and practice across the other organizations, so you'll see how that compares.

And in Attachment C, we also wanted, again, to give you a sense of the number of contracts this potentially it could impact. So Attachment C shows you that, currently, there are 57 contracts, or about 22 percent, would continue to be below this threshold, below the $75,000. And the vast majority of contracts, 78 percent, are above that threshold. So they would come back to the board on consent.

And I think those are really the most significant changes to draw your attention to. And I would just defer to the chair of the executive committee if I've misstated
anything or if there's any other clarifications you would like to provide.

COMMISSIONER KAUFMAN: Good job. That was really quite good.

This is really exciting stuff, guys. We've been talking about the third level of the fourth derivative of a procurement, but it is important things and it does define what we do, it does effect policy relevance. As you'll recall, there are a number of policies and procedures that John and the tem are working on, and only some of them are coming to us, the ones that require policy. And this one, for example, the 75,000, those kind of things are policy relevant.

So great presentation and thank you.

COMMISSIONER RIDLEY-THOMAS: All right. Any other question or comments for the chief operating officer regarding this presentation, Item Number 11. All right. Commissioner Figueroa-Villa.

COMMISSIONER FIGUEROA-VILLA: When do we plan on updating our procurement list because I know there's one that exists and --

MR. WAGNER: The pools?

COMMISSIONER FIGUEROA-VILLA: Yeah, pools.

MR. WAGNER: So the pools --

COMMISSIONER FIGUEROA-VILLA: How would that
work, because I'm really interested in the diversity side?

MR. WAGNER: Yeah. We're in the process right now. It's my understanding, the pools do not become updated on -- all at the same time, like they're rolling, depending on when they were establish, and we have a number of pools internally. Should the board pass this, what we would do -- we're trying to move that into a regular cycle like so that every year those pools become refreshed which would be within the policy we're recommending. And we're trying to move so that they're all on the same kind of timeline.

But if there -- I could -- I could break them out and give you that information separately. I just don't know it off the top of my head.

COMMISSIONER RIDLEY-THOMAS: All right.

Commissioner Au.

COMMISSIONER AU: Two questions. One is, one are the findings by Harvey Rose's audit was there were a number of expenditures that did -- they could not find board approval -- formal approval of. So would this policy meet that criteria given the fact that we are authorizing expenditures or procurement up to $100,000 without board involvement in terms of that approval process?

MR. WAGNER: Thanks for that question,
Commissioner. I'll ask my colleagues from finance to provide any additional input. But to answer your question, I believe it would. One of the findings of the Rose audit was the degree to which the documentation existed in the files that backed up the decisions. So there were cases of strategy partnerships and things where we didn't have clear documentation. It wasn't necessarily that the level of board agreement was the issue. It was insuring that we were providing proper documentation for making the case of when we went out to bid, when things were decided at the board level, and how that documentation was maintained in internally.

I would further answer that by saying, this attempts to clarify and put much more into this so it's less confusing. So, for example, on strategic partnerships, you know, if we are making the business case to not go forward with a competitive procurement, all of those reasons for resumption should be put together so we can walk through the best rationale for those business reasons.

Right now there is some in the strategic partnership policy. There are some in the AB-109 exception policy. And it just increases --

COMMISSIONER AU: Confusion.

MR. WAGNER: Yeah, the confusion. So we're
trying to consolidate that and put it together to make sure it's very clear what goes to the board and when.

COMMISSIONER AU: In some ways you answered my second question, which was, would the policy clearly define what constitutes a strategic partnership? And you, in a sense, answered it.

MR. WAGNER: And I want to make sure that it's clear, we are not changing any of the rationales for an except or a strategic partnership. We're just putting them all together in one area of the procurement policy.

COMMISSIONER AU: Thank you.

COMMISSIONER KAUFMAN: I know I didn't ask this question in the executive committee, but in thinking about the strategic partnership, right now there are four criteria. An entity needs to have one of those four, any one of those four equally. That's certainly what we agreed upon in the past.

MR. WAGNER: Right.

COMMISSIONER KAUFMAN: I guess my question is, is that the best practice? Should it be two? Is one enough? Are we being restrictive, too restrictive? It just strikes me that I just wanted to talk that through because it is an important issue around how we relate to individuals who believe they should be getting a competitive possibility, but instead we're doing a
strategic partnership. One is the standard around the
First 5 or other organizations or most have two; where are
we on that continuum? Maybe Craig is looking like he's
going to answer that.

MR. STEELE: When we drafted the original
strategic partnership policy, the -- we took examples from
statutes and other procedures around California. They
weren't necessarily First 5 related. But, typically, what
you see in purchasing ordinances and purchasing procedures
is there's an exception for a reason that is important to
the -- to the work of your organization. And I think the
county's ordinances is an example of that. There are a
list of five or six exceptions, and one of them is
sufficient to establish the exception.

I think that in the case of our policy, it would
be difficult to just take these four -- almost impossible
to just take these four and say, well, instead of one,
we'll make it two because they're intended to address
different kinds of exceptions. We would have to go back
and rework the criteria themselves if you were going to go
to a tighter --

COMMISSIONER KAUFMAN: So that means -- the one
exception in each of four that we've done are strong
enough in and of themselves to not require us to think
through whether we need to have more than one reason for a
partnership?

MR. STEELE: I believe so, yes.

MS. BELSHE: But I think in the context of looking at our policies and procedures, it's always important to be stepping back and reflecting and reviewing what's working well and what's not. So that could be an example of an issue we would want to kind of put up on the priority list next year to take another look at.

MR. STEELE: And although self-evident, it just bears repeating that it's actually two because it's one of the four and consistency with the strategic plan. So it's not just willy-nilly new ideas.

COMMISSIONER KAUFMAN: I think that my comfort level is, I agree with it, I support it now. On the list of things we might want to talk about a good governance policy is just whether this the way it should be or not. I don't think it needs any change right now.

COMMISSIONER RIDLEY-THOMAS: All right. Thank you, Commissioner Kaufman, for your question and the chief operating officers for presentation.

Are there other question or comments at this point in time on this item?

We do wish to acknowledge, pursuant to Commissioner Figueroa-Villa, her remarks regarding the diversity initiative. This was a matter that was
entertained in the executive committee meeting. And we trust that, once First 5 LA has promulgated its own policies, that that will find resonance in the First 5 California because, in terms of the presentation of the staff, we did note that there was an attention to this area in several First 5 entities. And it seems to me that we ought to recognize that this is California, and more to the point, it is the 21st century. Some things just ought to be basic. A sense of diversity and attention to equity spells a matter of justice in my view, and I trust that we can embrace that. And it seems to me that the presentation seeks to do precisely that.

All right. Any further comment or discussion?

Then the chair of the executive committee moves to pursuant to the presentation. Second from the commissioner from the fourth district. And with that in mind, we will be recording a unanimous vote unless there are objections on the part of any member.

Thank you very much. A lot of work having been done by that team.

What's before us? Item 12.

COMMISSIONER FIELDING: I have to recuse myself on this item.

COMMISSIONER RIDLEY-THOMAS: All right. We take note that Dr. Fielding conveniently recuses himself.
Thank you so much, Dr. Fielding. Note pursuant to instruction from counsel.

And this is an item pertaining to a couple of initiatives that I think strengthen the work of First 5 LA, the first of which is the Black Infant Health Program, one of the programs with a proven track record working with at-risk pregnant women to improve birth outcomes. A lot to be celebrated here.

The motion before us simply seeks to cement the strong work that goes forward. The second piece of the motion is a study. We know the studies show that fathers play a critical role in developing self-esteem and emotional health of the children. Many young men, however, do not know how to be fathers. They strive to be because no one is there to help mentor, set a role model and the like. These young men impact the quality of too many young people's lives, children, children for whom they are fathers.

And so this motion seeks to bring forth both of these items and so instructs the staff to come back in April after having done the work it deems appropriate to cause it to be in the kind of shape that would be necessary for a board disposition.

I'm going to call on three persons who signed up to be heard on this item: Ray Jones, Tara Hilliard, and
Nicole Evans. Thee of you would come forward. Each of you have two minutes to be heard on the item before us, Item Number 12.

MS. JONES: Good afternoon, Mr. Chair, commissioners, Ms. Belshe. I'm Ray Jones. I'm the executive director of Great Beginnings For Black Babies. When Great Beginnings was founded in 1990, 19 in 1,000 babies was dying before their first birthday. Twenty-three years later in 2013, 13 of every 1,000 black babies is dying before their first birthday making our group the largest, and two or three times more than any other ethnic groups in this country, in the state.

Under the Black Infant Health Program, we've served and have been able to serve for -- since 1990, more than 500 women per year. We have other programs that serve other ages, including teen moms and women of all ethnicities, but this is our biggest and most productive program.

And until June of 2012, Great Beginnings also had a fatherhood initiative, which we had run for three years and graduated over 300 men who were desperately wanting to support their families. We had to end that program for lack of funding. But before we ended it last March, we had a state of the black male, putting the father back in family symposium.
After sending out an e-blast, within two days we got over 200 responses. We had to move to a larger facility to accommodate these men, again, desperately want to take care of their families. They are in very much in need and the women are very much in need and we encourage you today to support all of these very important initiatives.

And Mr. Chair, I want to especially thank you to you. This may not be appropriate at this time, but I've been known to be inappropriate. I hope you had a wonderful birthday.

COMMISSIONER RIDLEY-THOMAS: Thank you so much.

I got younger. Thank you so much.

MS. HILLIARD: Good afternoon. My name is Tara Hilliard. I'm the program manager for the Black Infant Health Program Great Beginnings for Black Babies. And I would like to personally thank Supervisor Mark Ridley-Thomas and the commission for allocating the funds to maintain and enhance the Black Infant Health Program. As our executive director stated, Great Beginnings serves more than 516 women annually, but overall LA county is serving more than 1,700 women. This allocation will allow us to empower -- to continue to empower and connect mothers to important social support programs that help women build healthy and supportive relationships. As you
know, these services directly impact all of our high-risk mothers in the African-American community.

So we thank you for this consideration. Thank you.

COMMISSIONER RIDLEY-THOMAS: Thank you. Next speaker, please.

MS. EVANS: Good afternoon, commissioners. My name is Nicole Evans, and I am the program coordinator for the Black Infant Health Program in Pasadena at the Pasadena Public Health Department. And I just want to say that I'm so very thrilled that this motion is up for approval. We embrace our fathers in our program even though we are not fully engaging them as a program. We had a breast feeding workshop two weeks ago, and a father attended, answering more questions than the mothers that were there in attendance. So that speaks to their desire and thirst to be a part of a family and to be the anchor of their family.

And you all know better than I do that the health of a family is determined by the health of the father. Whether they are married or in a partnership relationship, it's very critical that the father is engaged to insure the health of the family, the health of the baby, and ultimately the health of the community.

Thank you so much.
COMMISSIONER RIDLEY-THOMAS: We thank you for your testimony.

That concludes the list of those who wished to be heard by way of public comment.

Members of commission, this item is before you.

A motion by both commissioner Dennis and myself. Is there any discussion to be entertained on the matter? Any questions? Any concern that we should take up at this point?

Commissioner Dennis, Commissioner Au.

Commissioner Au, you're about to break a record today.

COMMISSIONER AU: This is your last chair. I have to make a statement.

COMMISSIONER RIDLEY-THOMAS: I thought I was going to get out of here alive, but I see you have different ideas.

Commissioner?

COMMISSIONER DENNIS: Just a couple of things, Mr. Chair. The first of which is that, if we remember that started funding Black Infant Health because of the curtailment of state funding. So I would suggest that, you know, part of what we probably should do if in fact that -- that funding is reinstituted we won't need to use First 5 money. So that would be an amendment that I would -- you know, suggest.
Now, there's no promise from the state that they
will do anything within the next five years, but just in
case they do, I think that should be part of the
amendment.

Then secondly, we had a discussion at the last
commission meeting with regards to how the Black Infant
Health program is being delivered. And there is a lot of
group work that's being done. And to that end, I would
suggest that, as staff is looking at this, that we try to
model the Black Infant Health Program after our Home
Visitation Program and to some degree collapse it. And
surely, you know, I think the research shows that the
one-on-one home visitation tends to be a more -- more
effective.

And then finally, you know, social service has
historically excluded men in -- in -- in the development
of -- of -- of their families and the nurturing of their
families, especially men of color. And so I do support
this initiative which is -- which indeed looks at men and
their role in the -- in development maturation and support
of their families.

COMMISSIONER RIDLEY-THOMAS: All right. Thank
you, we take note of the amendment. Commissioner Au, did
you wish to be heard?

COMMISSIONER AU: Yeah. I'd like to echo Duane
and -- because I really wanted to see this program integrated into our Welcome Baby effort and our Best Start work as well.

The second piece to this is that, my concern is that what we are tracking with the Black Infant program is low birth weight babies, and I'm not sure, unless you can help me understand this, is the connection between the -- the intervention that's occurring with this program and the -- and the birth weight of babies. Because from -- and I'm not -- I'm not a physician. I don't have any medical training, other than being a mother myself, is that I understand that oftentimes the health of the baby is really directly tied to the health of the mother. And it's very important for -- for the focus to be -- if we're talk tracking low birth weight, I would think we would be looking at intervening in terms of mother's health. And so -- this is where I'm not quite making the connection.

The other is that I -- I truly -- I do have a suggestion though; is that one of the things that is utilized in the mental health field -- and I'm looking at Dr. Southard here -- is the -- the thriving of babies. And we do have a number of babies that we say failure to thrive as a diagnosis where there is something happening oftentimes between the relationship between the mother and
the baby that is not present that results in a baby not really fully thriving oftentimes in the first six months of -- from the time they're born.

So I would think that, if there's a mechanism or a way for us to track -- if the focus is on fathers being involved in the baby's health, that we take a look at a way to measure how effective this -- this intervention is. Again, it's coming from just my -- my response.

COMMISSIONER RIDLEY-THOMAS: Well, I think the wisdom of Commissioner Dennis' amendment is to move the existing model closer to what might be considered a best practices model in terms of individual interventions and the like pursuant to home visitation, et cetera, et cetera. That was the thrust of what I think he said.

I think the wisdom of what you are identifying is trying to make sure that more health is provided for specific mothers and questioned that are involved. And clearly all of us intuitively know that that just makes good sense. And so more alignment in that regard -- and I'm sure the providers here would testify to the extent that that would help produce better outcomes.

So we're just in pursuit of making sure we're doing the right thing, more of it, we're doing it in the best way possible. And so there is nothing that you have offered by way of your own personal experiences that which
we just know as laypersons and the physicians in the room, the two or three pediatricians here get this.

And I think there are no other questions or comments in this regard. I think we might be ready to move forward, commissioner.

COMMISSIONER DENNIS: This is another piece, the National Black Child Development Institute, which is an advocacy organization out of Washington, DC, that looks at the promotion of the black family and especially black children noted New Beginnings in the newest publication entitled, Being Black is Not a Risk Factor. And I would encourage my colleagues to read that piece as it's a very, very good piece. So kudos to New Beginnings. Great Beginnings.

COMMISSIONER RIDLEY-THOMAS: Let's just get it clear, Great new beginnings. All right. That's what this new program will be dubbed.

Any further questions or comments at this point? Commissioner Dennis moves. Seconded by Commissioner Figueroa-Villa. Seeing no objections at this point in time, we will record a unanimous vote on the item before us. That will be Item Number 12. Thanks to all members.

Let's then move to Item Number 13. Members of the board, we all know that vision is critical to a child's ability to learn. Approximately, 451,000 children
-- I'm going to ask if you would be kind enough to leave quietly if you must leave. There will be a part at the end of the celebration. So if you leave, you're going to miss the party. Thank you so much. Nobody knew there was going to be a party but me. Maybe I'll be by myself, but that's another matter altogether.

Again, approximately 451,000 children ages of three to five live in LA county. Research shows the following: Children should be screened between the ages of three and five. First 5 does work in this area already, and we acknowledge that and we support that. Mobile vision services expand geographic access and eliminate barriers to service. Vision to Learn, one example, is an innovative and unique organization that provides screenings, examination, eyeglasses to children. And all of us have had experience onsite where we've seen things that are potentially transformative and on site with this project has caused a lot of consideration to come forward.

That number does not take into account the unique partnership LA USD that resulted in some 70,000 children being screened, a project in the LA community for this effect, and I've seen it work in various other places. The south bay is eager to benefit from us. And this is a footprint of first 5 LA, and this organization recognizes
the importance of screening children early. And the
behind of America, also an entity that has done
extraordinary work, positions itself to be helpful where
deemed appropriate.

So the idea here is to create a cost-effective
operational program that has demonstrated expertise
capacity, proven the scaleability and track record of
success. The more youngsters we help, the better.

And so I hope that you would be supportive of
this modest investment in expanding services, vision
services to the target population of First 5 LA.

We move this forward, both Commissioner Southard
and myself. Members, if there are questions or comments
you wish to raise, now would be a good time to do so. Any
questions or comments on the expansion of vision services
to the children of the populations we serve through First 5 LA?

COMMISSIONER AU: I'm just looking at it now.
COMMISSIONER RIDLEY-THOMAS: Okay.
COMMISSIONER AU: So I'm -- but I'm -- I guess
I'm going to ask the pediatricians.
COMMISSIONER RIDLEY-THOMAS: All right.
COMMISSIONER AU: Isn't there sort of a standard
protocol in terms of when you see a child in well baby
checkups that you also check their vision? You know, do
you know what --

COMMISSIONER KAUFMAN: Yes, but not clearly as well as a structured vision assessment by a professional who's trained to do vision screening. Depending on how young you are, that's not something easily done, if that's the question.

COMMISSIONER AU: But then, if there's some indication that there might be some vision issues, it's not that I expect the pediatrician to then go intensively. But then the normal -- my understanding would be a normal protocol would be then to refer to a specialist.

COMMISSIONER KAUFMAN: Yes.

COMMISSIONER AU: Who would then be able to do a more intensive assessment.

COMMISSIONER RIDLEY-THOMAS: That assumes that the youngsters are being seen in the first instance, Commissioner Au.

COMMISSIONER AU: I beg your pardon?

COMMISSIONER RIDLEY-THOMAS: That assumes that these youngsters are being seen in the first instance. And the data will make it clear in terms of what we know about health disparities that they aren't. They're not getting the services. So the objective here is to reach out and to accommodate them so that they are not impaired, not only their vision, but their academic achievements are
-- are not stymied owing to not being able to see the chalk board.

COMMISSIONER SOUTHCROFT: An additional way to think about it might be that this could be -- the screening resource could be an opportunity for Best Start communities to engage community members that might not otherwise be able to be reached. So if you thought of this as an additional service. Because you're right, if our health system worked perfectly, we wouldn't have this issue to deal with. But since it doesn't and we're trying to find ways to engage people in bringing up their own community and get engaged as they partake in services and get things. So this might be seen as a potential service to the community, but also a -- a way of improving the vision of these young children.

COMMISSIONER AU: I guess it's the overall question I have. Again, it's fundamental in terms of, with our declining revenues, I even have some concerns about our ability to continue with universal assessment county-wide because it's very expensive. And then to then add another component, you know, it's, again, coming from my experience being a community-based provider and working with community folks. One of the major obstacle and barrier we had to address is when we start new programs when we're -- we have the funding, you know, it's there
and the community is appreciative. But then -- and then they become reliant on it. And then when the funding disappears, the service disappears, and then our credibility is then undermined.

So I -- I'm just concerned, even with the universal assessment piece and adding on the vision piece, whether or not we're raising expectations among our -- our community folks that these kinds of services will be there for them in its perpetuity. We have even -- again --

COMMISSIONER RIDLEY-THOMAS: Commissioner Au, respectively, I don't know how you draw that conclusion. This is essentially an initiative to try to be of assistance to youngsters who would otherwise not benefit from such services. I don't know that it is raising anyone's expectations.

More to the point, I think it's designed to make sure that children get the screening that they need and deserve. And to the extent that we can aid in that effort, that's a good thing. And if it has to be discontinued after the projected time that we would allocate at this point in time, then we can look back and see how many kids we did help. That's the impetus that causes this motion to come forward.

All right. I'm going to move to others and come back to you if you have additional questions or comments.
to make.

Commissioner Kaufman, Commissioner Dennis.

COMMISSIONER KAUFMAN: I have two problems with this proposal.

COMMISSIONER RIDLEY-THOMAS: Okay.

COMMISSIONER KAUFMAN: The first has to do with the substance of the proposal. The second has to do with the process. The substance, I'm somewhat confused. I think Nancy's trying to point it out a little bit. We funded an organization to do this. I don't yet know if they're meeting the needs. I don't yet know how many unscreened children there are. We don't yet know how poorly these kids who are now all eligible for Healthy Kids, Medi-Cal, or other programs. So by definition, all kids under five in LA county have health insurance through us as the backstop, healthy families and Medi-Cal.

So you have the medical system where you should be doing the screening part of it, and they should have coverage through their Medi-Cal or Healthy Kids for the definitive evaluation. So part of, me I'm not sure if we need it. I'm not sure if it's the right way of doing it.

Screening programs in general are only as good as the referral, follow-up, and treatment. So often screen programs get set up and they don't have proper linkages, so that worries me. So that's the structural challenge
that I have with it.

The process challenge I have with it is, we haven't heard answers to these and probably other questions having just seen it this morning. That's when I got my first copy of it, and I don't even know the questions I don't know.

COMMISSIONER RIDLEY-THOMAS: That's a problem.

COMMISSIONER KAUFMAN: It is a problem. But it's a challenge trying to understand how to make a decision.

So that gets me to the process question. My personal preference, though it's not a commission policy, is that we bring new ideas which are great. We talk about them. We instruct staff with a charge to bring it back a month later, whatever length of time it is, and then we vote on it. And often, what the staff does, whether they were involved before or after, asks these questions, come up with the answers, able to explain the nuances of this, whether at a planning committee if it's that important, or just coming back to the full commission.

So we don't have that, which makes it very hard for me to vote on it. And I would prefer to defer it and to instruct staff to analyze it, to come back and tell us, yes, this is a needed service; yes, it's not being met; why it's not being done by Medi-Cal and Healthy Kids; what does it mean for it to work; how are we going to measure
its outcome.

    Sustainability is a separate question because I think that's out there. So both the structure and the process are what are concerning to me.

    COMMISSIONER RIDLEY-THOMAS: We appreciate your opinion and your comments.

    Commissioner Dennis.

    COMMISSIONER DENNIS: I don't know if I can address what you just said, Neal, but I mean, there are a couple of things that I want to say, the first of which is that I equate this to what we did with dental health. And dental care is covered through Medi-Cal and medical -- medical assistance. But we, as a commission, felt it was necessary to devote a certain amount of resources to populations who otherwise wouldn't get dental care. So we made -- we had a relationship with UCLA, Western University, and USC to provide dental services. So I think this is, you know, somewhat comparable.

    And then the other piece, if we do have populations who are not getting these services with regards to kindergarten readiness, we know that vision and dental is so important and key and significant in children be ready for kindergarten is just as important as, you know, those developmental milestones that we try to attain through early care and education.
So that would -- those would be my comments.

COMMISSIONER KAUFMAN: I wouldn't dispute either of those. So the first vision proposal program that we funded had that same sort of concept. So I'm not saying it's a bad concept. I just don't know what the deficiencies are from the first one. Are we -- are there lots of kids that aren't being screened by that group and they're not meeting their goals? Are they meeting their goals and there's still all these extra kids?

COMMISSIONER RIDLEY-THOMAS: The spirit of this motion, Commissioner Kaufman, is to be complimentary. So there's complimentarity that's pursued here and being pursued here rather than reflecting unfavorably or competitively with any of the other things. The assumption being made here is, there's a lot to be done and it needs to be done.

Commissioner Curry.

COMMISSIONER CURRY: I just had a question. I saw that the vision for children was one of the things that's now required in the Affordable Care Act. Is that incorrect? I think it is.

MS. BELSHE: Right. Vision services for children is part of essential benefits for children and is a part of the Medi-Cal program as well as private coverage.

COMMISSIONER CURRY: So are we trying --
MS. BELSHE: And that's, I should say, for Medi-Cal, it's screening, eye exams, and eyeglass for children that are enrolled in organized health plans, which is what is offered here in LA county.

COMMISSIONER CURRY: So are we trying to reach those children in the community that maybe are still not covered under those plans or have access to them? Is that what this is trying to do?

COMMISSIONER RIDLEY-THOMAS: I'm sorry. I didn't hear you.

COMMISSIONER CURRY: I was just saying, since vision is included in the Affordable Care Act for children, is this trying to reach those, go out into the community and try to reach those that maybe not -- are not covered under somehow under the Affordable Care Act?

COMMISSIONER RIDLEY-THOMAS: That's in part what it has done and presumably what it will do prospectively. The notion here is that this is not teed up for in perpetuity. It is essentially to try to address a felt need in real time at a network of schools throughout Los Angeles Unified School District and beyond.

And so the real point here is that access becomes an issue of consequence, not qualification alone, but access. And that's one of the unique features that is accomplished through this program. And the partnership
that is proposed for consideration is for all intents and
purposes without peer. Vision to Learn, some of you know
about it. Junior Blind, as you know, has an extraordinary
history. And so the point is, can we not enhance the
work, the mission, call it the witness of First 5 LA in
this critically important area.

Other questions or comments?

COMMISSIONER FIGUEROA-VILLA: For me what stands
out, because I'm also active in the Lion's club, and the
Lion's club I'm involved with has one mobile van and they
-- what I -- the reason I was involved is because they
actually go out to core communities, they set up at a
center. It's a target area where families can just come
to that day with going to counseling program while the
kids are getting eye screenings.

And I -- as I'm reading this, I think I
understand that part of this is also to support those
mobile efforts and that they would go into, not just
schools, but to community centers and they go where
families and kids are at.

COMMISSIONER RIDLEY-THOMAS: Precisely.

COMMISSIONER FIGUEROA-VILLA: Okay. So --

COMMISSIONER SOUTHARD: In addition to that,
that's the piece that's not Medi-Cal reimbursable.

COMMISSIONER FIGUEROA-VILLA: Right. I was going
to -- yeah, that's what it says, Medi-Cal does not reimburse that mobile clinic.

COMMISSIONER RIDLEY-THOMAS: Other questions or comments?

COMMISSIONER DELGADO: One comment here. I would like to point out that the numbers are overwhelming. So the need for this is obvious to me. And as an educator, the piece that I think that answers part of what's been discussed here is that, most often it's our urban kids, the ones who have the least amount of access, as the supervisor was saying, have the most difficult time even looking at something like vision for their children as a real need. They'll look at whether they have an infection or whether they've been cut or whether they have a broken limb, but they don't often pay attention to the vision of children in your report, low social economic neighborhoods. So I encourage this type of movement for -- for this group to consider.

I would also like to promote tying into some of the other agencies that are perhaps already doing work with the specific age groups of three to five. I'm thinking specifically of a group like LA UP who does a great deal of work with this population to begin with. And if there's a way to tie these agencies together so that they're working together and having greater access, I
would encourage that to be a part of what goes on.

  COMMISSIONER RIDLEY-THOMAS: Noted.

  Commissioner Fielding, please.

  COMMISSIONER FIELDING: This is certainly very important service. My question is, is there a way to get it so that they can bill for this, you know, which would deal with the issue of sustainability. It seems like this is a covered service, you know, but the -- but the delivery vehicle is not covered.

  I wonder, Kim, if you could just -- you know, if you have any comments on that, whether that -- whether we would want to put that into this as a requirement or as a request or something like that. So in fact it would be more sustainability than it is just based on First 5 money.

  COMMISSIONER RIDLEY-THOMAS: That's a good question. Is it not the case that Medi-Cal does not currently reimburse for mobile eye clinics. So the predicate is whether there's value in moving into communities and maximizing access to care. We assume that that is of value against a backdrop of a need that some of us would argue would be obvious. Then do you take it to the next conclusion assuming that those facts are correct.

  Madam, executive director.

  COMMISSIONER KAUFMAN: Well, it seems like if
mobile eye care is not reimbursable, then I believe First
5 initiative would be to change public policy: Location,
sight, and delivery of high quality --

MS. BELSHE: The kids we are serving -- let's be
real clear. The kids we're serving through both our oral
health programs and our vision services are all -- they're
either enrolled in Medi-Cal or eligible. These are
covered kids. We had this discussion. Actually, it was
my very first board meeting a year ago. And I was just
saying, when the dental issue came forward, I said we are
effectively using First 5 LA resources to backstop
problems with the existing Medi-Cal program.

So through Medi-Cal coverage, if the child is an
HMO, which is what kids are enrolled here in LA, those
plans are required to cover screening, eye exams, and
eyeglasses.

The problem, as the chair said, is an access
problem. And so mobile services are proving to be an
effective way of connecting children and their families to
necessary vision services. But these are services that
the State is paying, Medi-Cal health plans, and by
extension VSP as the vision services plan to provide.

So I'm sure -- I mean, I think there's a very --
to the point of sustainability it's about policy change.
It's about working with VSP. It's about working with
Medi-Cal program. It's about potentially connecting mobile vans to federally-qualified health centers to fall under a provider number. But these kids have Medi-Cal cards in their pockets. It's an access problem, and I think you're absolutely right, Dr. Fielding, the issue here is really to achieve sustainable change. It's going to be through policy and practice. It's not going to be through individual services.

COMMISSIONER FIELDING: So I wonder if it would be appropriate to add -- I'll wait until the chair's available, but to simply add to this that we would expect them to work with our policy folks to try and help achieve the ability for them to bill for those services over time.

COMMISSIONER RIDLEY-THOMAS: And I would accept that as an amendment. Thank you.

Commissioner Au.

COMMISSIONER AU: I -- for myself, I would like to have this conversation in the program planning committee meeting because there -- it's not to deny that the need is there and there are issues round access, but have I a sense that there are even other areas in which we need to attend to. And I think the program planning committee is an arena where we can really vet that out. And then we will have a project that I think will really get to the -- the point of this particular challenge.
So my recommendation is that, if we could refer this to the program planning committee for them to weigh in on this and for the staff then to do what they need to do in order to come back to the commission with a strong recommendation that we move forward. That would be my preference.

COMMISSIONER RIDLEY-THOMAS: We take note of your preference. Are there any additional questions, comments, or concerns in this regard at this point?

COMMISSIONER KAUFMAN: I agree with Nancy.

COMMISSIONER RIDLEY-THOMAS: Noted. Any other questions or comments?

All right. It would seem to me that we can interpret Commissioner Au's recommendation seconded by Commissioner Kaufman as a substitute motion. The parliamentary procedure would suggest then that we would take up the substitute motion to refer the matter to the appropriate committee, program and planning, correct?

MR. WAGNER: Yes.

COMMISSIONER RIDLEY-THOMAS: And to do the balance of the work that's deemed appropriate in that context. So if there is no unreadiness with respect to proceeding in that way and then we will take that item up. The chair will recommend a no vote on the substitute motion.
It is my intent to cause this matter to be taken up today.

Madam secretary, please call the roll on the substitute motion.

SECRETARY: Nancy Au?
COMMISSIONER AU: Yes.

SECRETARY: Philip Browning?
COMMISSIONER BROWNING: Yes.

SECRETARY: Duane Dennis?
COMMISSIONER DENNIS: No.

SECRETARY: Jonathan Fielding?
COMMISSIONER FIELDING: No.

SECRETARY: Sandra Figueroa-Villa?
COMMISSIONER FIGUEROA-VILLA: No.

SECRETARY: Neal Kaufman?
COMMISSIONER KAUFMAN: Yes.

SECRETARY: Marvin Southard?
COMMISSIONER SOUTHARD: No.

SECRETARY: Mark Ridley-Thomas?
COMMISSIONER RIDLEY-THOMAS: No.

The item is before us. Madam secretary, please call the role as amended by both Commissioner Fielding and Commissioner Dennis. Proceed, please.

SECRETARY: Duane Dennis?

COMMISSIONER DENNIS: No.
SECRETARY: Nancy Au?
COMMISSIONER AU: No.
SECRETARY: Philip Browning?
COMMISSIONER BROWNING: I'm not sure what the vote is. Are we voting for the motion?
COMMISSIONER RIDLEY-THOMAS: Voting on the motion as presented by both Commissioners Southard and Ridley-Thomas.
COMMISSIONER KAUFMAN: With the amendment --
COMMISSIONER RIDLEY-THOMAS: From Dr. Fielding, right.
COMMISSIONER FIGUEROA-VILLA: Which is the amendment --
COMMISSIONER RIDLEY-THOMAS: The amendment to advocate for policy change that would cause these to be reimburseable.
COMMISSIONER BROWNING: And you voted no?
COMMISSIONER RIDLEY-THOMAS: No, he didn't. He didn't. She misspoke at that point.
COMMISSIONER AU: No.
SECRETARY: Philip Browning.
COMMISSIONER BROWNING: I'll abstain. I'm not clear what this is yet.
SECRETARY: Duane Dennis?
COMMISSIONER DENNIS: Yes.
SECRETARY: Jonathan Fielding?
COMMISSIONER FIELDING: Yes.
SECRETARY: Sandra Figueroa-Villa?
COMMISSIONER FIGUEROA-VILLA: Yes.
SECRETARY: Neal Kaufman?
COMMISSIONER KAUFMAN: No.
SECRETARY: Marvin Southard?
COMMISSIONER SOUTHARD: Yes.
SECRETARY: Mark Ridley-Thomas?
COMMISSIONER RIDLEY-THOMAS: Aye.
MR. STEELE: Motion passes with five yes votes.
COMMISSIONER RIDLEY-THOMAS: Thank you very much.
Commissioner Browning, did you wish to move from your state of agnosticism or are you --
COMMISSIONER BROWNING: Sounds like you want a unanimous vote, so --
COMMISSIONER RIDLEY-THOMAS: I'm not pushing with that. We're fine as it stands. Thanks very much.
We'll move to the next item.
MS. BELSHE: Mr. Chair, we have a number of year-end reports and updates that we wanted to share with the commission. And we will go through them at a fairly quick clip in terms of presentations. And then we'll have a little bit of time for comments and questions from commissioners.
So Anthony, are you -- who's first up? Step on up, introduce yourself. This is our parent-child interaction therapy, PCIT program.

COMMISSIONER SOUTHARD: I have to say that, because that funding goes through the Department of Mental Health, I'm going to recuse myself.

MS. BELSHE: Thank you, Dr. Southard.

MR. URQUIZA: Good afternoon. My name is Anthony Urquiza. I am professor of department of pediatrics as well director of the PCIT training center at UC Davis in the department of pediatrics.

And I just wanted to thank you for allowing me here to speak with you for a few moments. I'm also, after a little white, going to share this podium with Sam Chan with LA County Department of Mental Health.

I also want to tell you that this informational presentation is about parent/child interaction therapy, which is a project that was funded by these commissioners. And I wanted to acknowledge and thank you all for your support in this effort. This is a remarkable effort that is going to benefit all of Los Angeles county.

I particularly want to thank Commissioner Mark Ridley-Thomas and his staff in their support for this in bringing this to the commission about a year and a half ago, I believe. Plus you may also want to know what this
One of the things it is, it is a project that helps First 5 develop the breadth and the depth of support in its goal for child safety.

This slide that you see up here -- somebody is going to change slides. It's me. I think it was me. maybe it is not me. Now it is.

The slide that you see up here really addresses -- and I'll do my best to very concisely talk about what is PCIT. Essentially, it is a little pail in making the statement, but it is a parenting program. It is an intensive parenting program. The reason why I am strongly in support of PCIT is because, as we know at First 5, one of the strengths that we have, one of focus -- one of the areas that we need to focus on is the strength and the quality of relationship between parents and children. And that's exactly what PCIT does. I say it pails in comparison to a lot of other -- or it is much stronger than other interventions related to parenting because what PCIT is, is essentially one of the most effective interventions, parenting interventions that brings parents and children together to alleviate major risks, specifically issues of child maltreatment.

The simple description is, it is a way in which, as you can see in the photograph of that slide, a
therapist coaches -- the word that we use -- coaches a parent who is interacting or playing with their child. And through a series of therapy sessions, usually about 20 therapy sessions, we are able to help parents to acquire the skills necessary to be an effective, positive, and most importantly, safe parent with that particular child and decrease that child's disruptive behavior, oppositional behavior. It is one of the most well-researched interventions that we have in child psychotherapy. It's very skill based. It's very operationalized. It's also a very short-term intervention at about 20 weeks. And it has been one of the most effective ways that we've been able to deal with helping parents acquire the skills to be safe parents and concurrently decreasing those risks that result in child abuse.

It's a little bit difficult for me to explain to you in words how this works. So in part of your packets that were distributed to you earlier, you were provided a link, an Internet link to a video presentation. It's about six minutes long. And I would encourage you to go to the Internet, perhaps this evening or in the next couple of weeks, and just go to that link and watch this. It's a very wonderful case example of how PCIT works.

It is me who make that's change.
Treatment outcomes really are pretty straightforward. PCIT, one of the treatment outcomes is it decreases negative interactions between parents and kids, that negative verbal interactions, negative physical interactions, increases positive or pro-social interactions, positive filial behaviors. That really is the crux which reduces child maltreatment.

Parents start to demonstrate those kids the quality, the affective relationship quality of the parent to the child's improves tremendously. Parents' stress goes down. Parents report fewer psychological problems, a greater sense of control, a greater sense of how to manage their treatment.

In addition -- it says high satisfaction treatment -- parents like being in PCIT. They enjoy it. They have learned to enjoy the quality of the relationship that they have with their child on day-to-day basis.

The other one is, it is specifically designed for kids who have disruptive defiant, name calling, swearing kinds of kids who are roughly between the ages of about two to eight years of age.

We're looking for those kids who get kicked out of Head Start. Those are the kinds of kids that we work for. Getting kicked out, getting expelled from Head Start is a really poor prognostic sign. Those are the kids that
I think we're most successful with. Those kids have a substantial decrease in child behavior problems. Although it's a relatively short intervention at 20 weeks, we have found in our own research that the outcomes last up to six years. Six-year duration and outcomes, sustaining treatment being over six years is huge.

In addition, parents who are involved in PCIT not only acquired those parenting skills that they then use with their child, they also used with that child's siblings. So those kids who are not part of treatment benefit from PCIT because the parent is part of the treatment.

Really quite simply, if you improve parenting skills and if you improve the quality of the relationship between the parent and the child, you decrease risk; you decrease risks of children being physically abused. That's really quite simply reflected on that slide.

One last brief comment here that I want to make is, we have done, both at UC Davis and with our colleagues who -- not just in the United States but in other countries, research looking at effectiveness and efficacy of PCIT with a variety of different cultural groups. And we have found it to be highly effective with Latinos and Spanish-speaking families, with African-American families, with Native American families, with Asian-American
families who are part of our collaborative with families
Hong Kong in which they did an efficacy trial of PCIT and
found similar gains that we found throughout the
United States.

It is really an intervention that helps us to
gain some of the strength back -- strengths back in
families.

Because it is difficult for me in just a few
minutes to easily explain to you the value of this
intervention, why you go look at the video, and I would.encourage you to look at the online video. I also want to
invite you, each of the commissioners, since we will be
training agencies throughout Los Angeles county, I want to
invite you to be observers of this yourselves. So I will
come down and people from First 5, as well as LA County
Mental Health, and you will be able to observe an
intervention, be able to observe a treatment session in
your district or in your area. And we have already with
regard to our collaboration with Children's Institute
International and the benefit of Judge Curry and Sylvia
Drew Ivy and Jackie McClowski, we're able to watch a PCIT
session two and a half months ago. Just about a month
ago, Brenda Robinson was also able to watch a PCIT session
and for the child in Long Beach. And I think they came
away from that very impressed. So I would like to extend
that invitation to all of you also.

Now, at the heart, his is a training project. We are training providers in Los Angeles county about how to do PCIT. And I want to turn this podium over to Dr. Sam Chan who will talk a little bit more about what this project is all about with regard to the training methods.

COMMISSIONER KAUFMAN: Thank you, Sam.

MR. CHAN: Thank you, Sam Chan, district chief with LA County Department of Mental Health. My unit, Family Community Partnerships, oversees the administration of PCIT.

So the question is, why are we interested in this effort? Why is it important? Aside from the fact it's a large $20 million investment is the fact that -- and in that investment, DMH has allocated 17 million over the course of five years to manage the program. UC Davis PCIT training center, three million for the training component. But I think the critical issue reason for this intervention and this practice has been an alignment with the First 5's basic -- as a prevention and early intervention program, it clearly addresses the strategic goal of insuring children are safe from abuse and neglect by teaching parents effective strategies to manage and improve their young children's behavior through positive, nurturing interactions.
But it also aligns very directly with the Building Stronger Families Framework as far as the core family value or core family result of demonstrating resilience, parental knowledge, and positive relationships that support children's social and emotional competence. And in that context, we have seen our relationship -- which is the advance? Here we go.

We know that, as far as the partnership that we have available, UC Davis is clearly the lead as the parent training center. And we've talked about their history and track record, but particularly national, international populations they've served. Their conference that was just held in September actually had race, culture, and ethnicity and its impact on promoting PCIT as one of the primary issues to deal with. And in LA county particularly, underserved communities are largely female population. This has been one of the critical issues for us in promoting this program at this point.

And we are also looking at the notion that, sense DMH since 2009 has been implementing close to 30 different evidence-based practices of 40 in total, but 75 percent of our EBPs and practices really are focused on children. But within that, we have a particular concern about two- to five-years older or preschoolers who are at risk of entering or are in the child welfare system.
Many of you may have seen yesterday's article in the LA Times talking about the cycle of child abuse and the high, high proportion of children of teen parents who've been abused, who continue to be abuse, and what the risk factors are for those children. And in that sense, this -- I'm sorry. I move forward here.

This is where our partnership with all the different colleagues throughout LA county comes into being. What we're looking at here in promoting this effort is not a just a partnership with UC Davis and Department of Mental Health, but we also have colleagues clearly from the Board of Supervisors. We really appreciate, as Anthony was saying earlier, Mark Ridley-Thomas' staff for championing this from the very beginning to achieve funding for the program, but also your vigilance with Yolanda, Brenda, Carla, all of your staff who are highly sophisticated in birth to five issues and the strategic importance of programs like these in serving underserved communities.

We also have our eyecare network, which DMH has over 400 providers in the infant/early childhood mental health that work toward building capacity to serve children throughout the system, our colleagues at DCFS, Philip and his staff, that work very closely with us, and also the commission with Trish and Sylvia at Drew Ivy
really being champions of a particular focus on teen parents, AB-12 parents with young children who are at some of the highest risks in our system and also would benefit most significantly from programs like this, along with project ABC, a Sampsa-funded program serving areas (inaudible) four and now eight with four partners per mental health providers who are all PCIT providers building a larger system of care that's more comprehensive right into our gateway providers of early care education, health providers who serve as referral sources, but also try to wrap around the support for these families.

Within that context though, we also have a number of firsts; that is the very first strategic partnership between Davis and DMH, first time either of us have received First 5 funding. And it's the first effort to actually take to scale an evidenced-based program for young children in the county.

We know a lot of about and learning about implementation science. There's a paradox of nonevidence-based implementation of evidenced-based practices when you take them to scale. This is one effort to engage in that.

And then in terms of what we're really looking at as far as core baseline and now over time the differences in our programs, we started out with 13 PCIT providers in
LA county before this project began. Of those though who received advance training last year, there are now close to a hundred providers who went through that training on into this year where we now have 21 new providers and additional -- 80 clinicians, I'm sorry, in the first round -- or I'm sorry -- hundred in the first round and now 80 new providers in the second round who will be trained and certificated in PCIT.

We also, at the same time, are looking at these critical goals that also align with First 5's strategic goals. Really need to expand the number of agencies that provide services, developing a self-sustaining network through a training of trainer model, increase the number of certified clinicians, and also establishing referral strengths.

It's really, as Anthony said, about building capacity, its clinics, clinical services, direct services, but it's especially about building the workforce capacity in a highly-effective, kind of very disciplined approach for our clinicians in the infant/early childhood mental health field.

And so with that in mind, we have an evaluation plan that also will look at some of the critical elements of both parent-child outcomes, infrastructure, and then on into the system-level impacts where will be -- First 5
will engage in an RFP to hire an outside evaluation entity
to really look at particularly children going through the
program from DCFS. We've seen as a high a percentage of
30 percent in the first year on into 40 percent of our
total PCIT population we've served through this grant as
being children in the DCFS system.

So that's pretty much it in terms of where the
program has come in its first year. We have another four
to go. And we will be looking at continued opportunities
to present to the commission. I really thank you for
hearing us today.

COMMISSIONER KAUFMAN: Thank you very much. Any
questions or comments? Jonathan?

COMMISSIONER FIELDING: Just one quick one. With
the Parity Act, does it make it more likely that this can
be reimbursed?

MR. CHAN: I'm sorry?

COMMISSIONER FIELDING: With the Parity Act
regulations, does it make it more likely that this can be
reimbursed?

MR. CHAN: Yeah, I think over time our PEI
providers, who've been using existing mental health
service funding, support the program. We'll look to
expand with Medi-Cal reimbursement as well, larger numbers
of children who can be eligible for this type of service.
Particularly what we appreciate this go around is the additional funding for indigent populations that First 5 is able to support as well.

COMMISSIONER FIELDING: Thank you. Sam, maybe stay up there.

COMMISSIONER DENNIS: To what degree is there some convergence between PCIT and PFF, if any?

MR. CHAN: Right. I think that's why I mentioned our partners because so many of our providers are part of larger networks of PFF, other kinds of programs that I think lend some resources to support these families. That's why a more comprehensive children's system of care is a critical piece of this. Families that get referred for PCIT come through a certain gateway but have certain specialized needs. But those families often have much greater needs for other support. And that's where the direct integration comes with some of those other networks we were talking about. The providers, in other words, are not doing PCIT; it's just in isolation of those programs. So it's very intention to link them.

COMMISSIONER BROWNING: Sam, I'm unclear. Can you now bill UPSDT or Medi-Cal for the services that are provided?

MR. CHAN: Yes. For this particular evidence-based practice, we can. What it would seem
though for the augmentation of the funding was to focus on training and stipends for the staff who are being trained as clinicians and also, as I said, to extend funds for building the infrastructure, the capital funds to build up the facility to support this program.

COMMISSIONER BROWNING: So if you collect something from Medi-Cal, you would offset part of the 20 million?

MR. CHAN: Yeah. Well, we have -- that's the opportunity to leverage the funding on this because the funds that do go more for direct service -- so it's kind of been not focused primarily to certain indigent population for this current go-around for the funding.

COMMISSIONER KAUFMAN: Follow up on that question. So currently, does our money go to pay for any of the fees that the clinician doing PCIT would want to receive or is it only training, infrastructure, evaluation?

MR. CHAN: Training, infrastructure, capital expenditure, and to the limited funding for the indigent population that can't come through Medi-Cal.

COMMISSIONER KAUFMAN: That doesn't have insurance.

So that means that, with proper diagnosis, that a child is eligible for 20 sessions and -- his or her
parent; correct?

MR. CHAN: Yes.

COMMISSIONER KAUFMAN: Trish.

COMMISSIONER CURRY: I just want to say that this really is a great program and really an important program to help families at risk, and, again, keep families from coming into the child welfare system, hopefully giving them the services and the tools they need to, you know, operate on their own. And I -- I want to thank supervisor's staff for pushing this and for the supervisor for bringing this forward when he did because it really is an important project. The First 5 staff has done a great job in trying to pull together mental health and DCFS to work with families that are in the child welfare system, but we need also to extend that work outside of the child welfare system.

And I think it's really important -- Commissioner Au always talks about sustainability. And, yes, while EPSDT can act in some ways for that, there will be families that are not eligible for EPSDT. So I think it's important that, while we're looking at a three-year planning process for MHSA funds, we look at PEI funds to pick up after, you know, we've done the training and help.

COMMISSIONER KAUFMAN: Nancy.

COMMISSIONER AU: Hi, Sam. It's been a while.
Mr. Chan: Yeah, it's been a while.

Commissioner Au: My understanding is that First 5 LA money is to support the -- the training is one component. I guess being that I was from your system at one point in time, is there a plan to -- to maintain the training component because you know that we have sort of a revolving door of therapists and clinicians that come into the system and are going to require training as well. So is there a plan in place to be able to maintain that infrastructure?

Mr. Chan: Right. Well, as you astutely said, training is forever. So that money is often seen as secondary, but it's actually critical. That's why one of the built-in components of this is a training of trainer element to help reinforce the growth within the existing agencies who've been trained. For the advance providers, it's kind of a staggered process. For every new provider that gets trained, we'll move them to advanced, use training the trainer programs so they can bring on new staff as they grow and have turnover within their actual agencies.

And the training funds come and go, but, hopefully, we look for more support over time for that as well to augment that.

Commissioner Au: Thank you.
COMMISSIONER KAUFMAN: Other questions or comments? Sylvia, if you can come up, I'll call you in a moment.

Dr. Urquiza, I had a question I guess for both of you, Sam, so don't leave away yet.

This is very exciting. Lessons learned and then the publications thereof, letting people know what we're doing, spreading the good word. Is that part of what's expected of you or is that sort of a different activity?

MR. URQUIZA: No, I think all of those things. I think also part of this is the evaluation, which is important. But we're also building new ground here. This is a project in which we have PCIT training center for the last 12, 15 years, have been training agencies and sometimes multiple agencies. But LA county is something all of its own.

COMMISSIONER KAUFMAN: I'm very interested in sort of that part of it, too; not only showing that its impact on individual children and families, but how did it work as a systems improvement, how did it work by going to scale, what were some of the challenges, what are the lessons learned for other programs that other people where we might want to do. So I think both parts of that evaluation would be very helpful.

At this point, I know you don't have the exact
number of people, but I think if you could periodically, maybe every six months or something, give us updates which could be either formal or informal, just number children served, number who have -- what kind of outcomes you have. I think the more you keep it in front of us, the more likely we are to stay remembering of it.

Are children's foster --

MR. URQUIZA: I think that's a really good suggestion. And also, as a pediatrician, I'm sure that you're quite invested in this issue. Reach out to you. I'll send you an e-mail next week and invite to you come and watch a treatment session.

COMMISSIONER KAUFMAN: I'll try.

Are children in foster care eligible because they're not with their parent?

MR. CHAN: Yes, absolutely.

MR. URQUIZA: We have data -- UC Davis, my colleague and I, have research supporting the effectiveness of PCIT with foster parents.

COMMISSIONER KAUFMAN: So do you then do biologic parent and foster parent and child? We'll talk about it later.

Sylvia, do either of you want to make a comment?

MS. IVY: I just wanted to urge all of you to go and see one of these sessions because you don't get to see
the efficacy of your work here. And when you see a
four-year old child who's been screaming and yelling and
not connecting with his mother suddenly have love in his
eyes and love in her eyes and a sense of importance of
that family, not that we're doing to them, but that we're
helping them do for themselves, we are empowering that
family. It gives you a very great feeling of satisfaction
of really empowering family, empowering community. And I
wish that all of our families could have this kind of
investment in our belief in them, our belief in their
capacity to take care of their families with a little bit
of support.

So it's really a marvelous program, and I can't
urge you enough to go and see it for yourselves because
you'll never forget it.

COMMISSIONER KAUFMAN: Thank you. I think we
need to move on. We have a couple of more items. The
next one Lee, I think, is going to be telling us about an
update on autism.

MS. BELSHE: Correct. Lee Werbel, come on down.

MS. WERBEL: Hi, everybody. Let me just unload
everything. Good afternoon. Can you hear me? Thank you
all.

In September 2011, First 5 LA approved $900,000
to focus on early identification of autism and other
developmental delays. In May, the board approved an additional $1.6 million, bringing the total allocation to 25 million.

Okay. We're going to do this piece by piece.

With the overall goal of increasing developmental screening and referrals to early services for children identified as being developmentally delayed or autistic in underserved communities, the objectives are: One, raising the competencies of local, community-based providers' capacities;

Two, improving access to developmental screenings and early intervention services;

Three, increasing parents' knowledge about healthy development and developmental delays;

And four, to strengthen support for parents with special needs children.

On July -- sorry. I hate the mike. You all know that.

On July 31 this year, staff released two funding vehicles: One, an RFP to identify six community-based organizations to provide developmental screening and referrals to early intervention services with awards up to $345,000 each -- to each organization over a three-year period, and then request for qualifications to selective training and technical assistance provider to support
raising the competencies of those six selected community-based organization. The amount of this single award for the training and technical assistance provider is up to $400,000, again, over that three-year period.

So the application process. Pretty comprehensive and transparent review process for the applications for both the RFQ and RFP as outline and published in the two funding vehicles involved four levels of review.

Level one, the initial review for eligibility was conducted by First 5 LA staff and that is, first of all, making sure the applicants submitted all the materials as required, but then also, if the applicant is a current or prior grantee or contractor, to make sure they are in good standing.

Level two is an external review conducted by three individuals who are selected from our external review or consulting pool.

Level three is for the highest ranking applicants for any of the vehicles of financial review, which is conducted by our finance manager. And this is to determine the fiscal health of the organization and their capacity to implement the project.

And then level four, if warranted, in-person interviews which are conducted by First 5 LA three-member interdepartmental staff team.
So for the training and technical assistance provider, there were five applicants. And the Children's Hospital Los Angeles with an award amount of $399,999 was selected after completing all four levels of review and earning the highest level four scores.

Then the 28 applications were submitted to serve as the six pilot project. The highest ranking applicants for the RFP following the completion four levels of review are as listed on the slide: Alta Med Health Services Corporation at $344,668; Eisner Pediatric and Family Medical Center at $345,000; Foothill Family Service at $345,000; Northeast Valley Health Corporation at $344,988; South Central Los Angeles Regional Center, $345,000; and then lastly Westside Children's Center at $344,973.

So can you see on the table and it's labeled table one in the memo in your packet somewhere on pages 187 to 189, the communities of the six pilot projects have proposed to serve. Of which those communities, many of them are within or near Best Start communities.

So the next steps is, staff prepared recommendation -- the recommended seven contracts for the board's approval on today's consent calendar and the anticipated starts based on those contracts for the Children's Hospital Los Angeles and the six community-based agencies on December 1 and January 1
respectively.

So that's it. Any questions?

COMMISSIONER RIDLEY-THOMAS: Great. Thank you for your presentation on that item in consultation with the executive director and general counsel. We see no difficulty in a one- to two-month delay to come back with this item so that further examination can be done augmenting the good work that's already been done in this regard.

So members, we will have another crack at that at this time if there's no objection.

Thank you very much. We'll move to the next item. All right. We're down to the stretch with Item Number 15; are we not?

MS. BELSHE: One final item and then we'll finish strong with the Q4 report.

COMMISSIONER RIDLEY-THOMAS: All right. Hi.

MS. DuBRANSKY: Hello. Glad to be closing the meeting up.

MS. BELSHE: No, no. Mario is.

Ms. DuBRANSKY: All right. I'll go quickly because you want to hear from Mario.

As you may recall in September, the board approved an expansion of the Welcome Baby Program, which also triggers an expansion of the Select Home Visitation.
Those contracts are before you today and you approved them.

At the same time, you discussed -- you approved pending the letter of intent which would allow more hospitals in. And at time you wanted to hear more about what our next steps would be around expanding this program. So we wanted to give you a sense of what's going to happen next.

So in terms of our initial implementation priorities, this is what's happening now. We are working to insure that the programs are being implemented at a high level of quality and to fidelity, and that is not some simple statement; it's very hard work and takes a lot of communication and coordination across the programs.

Establishing data and learning. We have a number of studies that we will be conducting over the coming years so that we can learn about the effectiveness of the program as well as its ability to be reimbursed in various settings and what populations it's effective with.

We will also be garnering additional resources as you've heard many times from our policy department. This is a priority for our policy and advocacy agenda. So we will be raising the profile and understanding among policy makers around home visitation and we will be further refining the cost.
You've seen long-term projections, but as we roll out the program with additional providers, we'll learn more about the cost of the program and various efficiencies that can be made.

In terms of expanding, which is defined at this point as reopening the letter of intent, we would reopen that letter of intent in fiscal year 16-17 based on conversations at the board level about what we've learned in all of these priority areas and we would act to reduce the financial contribution to existing programs. This is a topic that's come up in program and planning. So by that time, knowing what we know about the impact of the program and how it potentially saves cost to other systems, we would be able to talk to the providers about what their contribution can be. And these are conversations that are actually starting now. And between the data and the ongoing conversations we'll be having, we'll be able to just make some decisions on a board level on what our contribution would be after that point in time.

And then there are also specific elements of the policy and advocacy agenda which is already in full force that would be launched based on those studies, the results of those studies. And those are some of our most powerful opportunities to bring in other resources.
Another piece of the topic -- of this topic that has come up in all of our conversations is the important link between the Baby Friendly Hospital Initiative and Welcome Baby. As you all recall, if they are completely complementary, they support one another, and are not duplicative in anyway. So they enhance the strength of each other.

So there's been an interest, as we've discussed these topics, in making sure that there is synergy in our participating hospitals and that both of these programs are in place.

So right now, our baby friendly hospital criteria has been around just the threshold of exclusive breast feeding. Basically, the hospitals are below the county average. And we've put out three cycles already. So we've had an opportunity to see who was interested just based on that criteria.

We would rerelease with the funds that we still have left in the current allocation to realign -- to realign that criteria to synergy with Welcome Baby. So that gives an opportunity for a few hospitals that were just slightly above the county average, which is not high, an opportunity to also include this in their hospital.

We would also open the Welcome Baby letter of intent to Martin Luther King Jr. Community Hospital only
earlier because, as we've discussed, this will be a new hospital opening. It's a hospital that's in one of our Best Start communities. And we feel strongly that we want the hospital to have a strong start, have both these programs running from the moment they open their doors.

So with that, I would like to take any questions about what our next steps are around the family strengthening portfolio.

COMMISSIONER RIDLEY-THOMAS: Questions on this item? Commissioner.

COMMISSIONER TILTON. Obviously, this is really important, this project, and it gives us a chance to reach these babies right away and also provide the parents with information and resources right away and prevent harm and promote health. So I love this -- this project a lot.

I would -- I think I asked this question before, but I would like to know if we can get a description or list of the requirements in order to qualify as a Welcome Baby hospital. I'm sure that you have it. And I want to try to support this project. I work with a lot of hospitals. We have a project with 200 hospitals here actually. And there are problems like car seats are given out, but the parents aren't taught how to fasten them. The safe sleep material isn't always given out. Connections that could be made that we can help establish,
we would like to be able to help with.

So I don't have a criteria for qualification yet so that we can kind of synchronize our efforts to assure the quality assure the service, Welcome Baby.

MS. DuBRANSKY: Because it's a brief answer, I'll go ahead and answer it. When we -- the way that we created the eligible hospitals that are on the list, which was 24 in addition to the pilot, was that we ranked hospitals according to the number of Best Start births they deliver. And then we created one more criteria that said they had to have at least eight percent in any one given community because we wanted there to be a sense of ownership in that community.

So it's -- we prioritized Best Start babies. But at the same time these are some of the largest birthing hospitals in the county, so they have a quite a deep reach even outside of the Best Start communities.

COMMISSIONER TILTON: Well, I guess my question is, then what are they required to provide in order to be as designated Welcome Baby?

MS. DuBRANSKY: So when we open the letter of intent, it was open to strategic partnership, which means they didn't have to compete with each other and all they had to do was demonstrate interest and be willing to implement Welcome Baby as we had designed it and
implemented in the pilot for four years, which includes --
just to mention some of the things that you talked about:
Education on safe sleeping and other topics of interest to
you.

COMMISSIONER TILTON: That's what I'm interested
in, protocols for the visits. Thank you.

COMMISSIONER RIDLEY-THOMAS: All right. Any
other questions? Commissioner Kaufman.

COMMISSIONER KAUFMAN: Very quick update. If I'm
not mistaken, don't we have an event with --

MS. BELSHE: Yeah.

COMMISSIONER KAUFMAN: Can you just inform the
commissioners? I'm going to it, but it is --

MS. DuBRANSKY: Yes. On Monday we are inviting
hospital leadership here, the leadership in the hospitals
that we are working with particularly, to meet with some
of our commissioners. And what they're going to talk
about is, what are some of the really strengths that
Welcome Baby has brought to their hospital. And they're
in the early stages. So it's about what's it been like to
ramp this up, how do we envision it's going to be
meaningful to our hospital, as well as what are the
challenges. And we're going to talk about what, as a
hospital, do they need to see over the next three years
for them to be able to prioritize this in their own
budgeting process. Monday.

MS. DuBRANSKY: Yeah.

COMMISSIONER RIDLEY-THOMAS: All right. To the extent that board members would like to know more of the details, we'll be glad to have staff share that with you.

Thank you for your presentation. All right.

That concludes what needs to be done with respect to Item Number 14.

Number 15 is now before us.

MS. BELSHE: And we have a very quick wrapping up appropriately the year with the Q4 progress report that shows some good at learning and progress over the course of the past year. So Mario Snow from research and evaluation.

MR. SNOW: Thank you for sticking around. We have some good news to tell you about. So you'll be happy you stuck around.

COMMISSIONER RIDLEY-THOMAS: Is it that party that I mentioned earlier?

MR. SNOW: We can work on that.

COMMISSIONER RIDLEY-THOMAS: Thank you so much.

MR. SNOW: So in fiscal year 12-13, First 5 LA had a programmatic budget of a little over $215 million.

The expenditures for this period were just under a $186 million, resulting in just about 86 percent of the budget
This year's spending was the highest of the four years been within -- the percentive spending was the highest of the four years within the strategic plan period.

As you can see in your board packet, we use a red-yellow-green color coding system for identifying the percentage of budget spent within each budget category. As you can see, out of the initiatives and programs listed there, 27 of them were on target with their spending, be at 85 percent or above; 12 of them were slightly underspending, between 70 to 84 percent; and 22 of them had significantly underspent, with less than 70 percent of their budget spent.

So the most common reasons for the underspending include grantees and contractors experienced delays in the contracting process, grantees and contractors had startup delays like slow hiring, First 5 LA board of commissioners required some additional time to improve projects, and contracts ending after June 30th with remaining budget expected to be spent during the last few months after June.

There were six initiatives and programs that actually spent more than the estimated fiscal year 12-13 budget. It's important that note that all of the spending
on these six initiatives and programs were within approved allocation limits and within approved contract amounts. The reasons for the spending more than the budgeted amount varied a little bit. For three of these initiatives and programs, there were unspent funds from the prior fiscal year that were rolled into fiscal year 12-13. For two of the initiatives and programs, there were contractor amendments that occurred early in the fiscal year and staff anticipated at that time that there would be unspent funds by the end of the fiscal year that would accommodate these increases, but those unspent funds didn't materialize by the end of the fiscal year. And then lastly, there was one program that that showed to be overbudget due to a pass-through of funds to that program from First 5 California for the child signature program.

So I'm going to show you our dashboards. So our team at First 5 LA has been working hard to deliver a new way to collect and display grantee, contractor data. And these dashboards I'm showing you right now are the result of a lot of hard work, primarily from Holly Campbell in our R and E department, as well as many staff across the organizations who worked tirelessly making sure that the data that are accurate and complete.

So this first dashboard that I'm showing you shows you the type of organizations and their an annual
budgets for the 202 grantees and contractors who provided some direct services, organizational support and system change activities within fiscal year 12-13.

Across all these grantees and contractors, the majority are community-based organizations. We do see a large proportion of grantees and contractors who have more than a hundred million dollars organization-wide budgets. Some of these organizations include school districts, hospitals, LA county, and universities.

What's unique about these dashboards is that with most of them, you can actually customize them depending on what you want to see within here. So, for example, if you want to see just the organizations that were funded for the oral health projects that we fund, you would just go down and click on those and the chart would update with just those organizations. You can customize it however you'd like. These are going to be available on our web site soon.

So the next chart I want to show you -- dashboard so. This dashboard shows you the number of contracts and grants provided -- that provided direct services, organizational support, and systems change across all the eight geographical spots within LA county. It's very important to know that many grantees do provide services and activities in multiple spas, so they will be
represented in more than one spa. And grantees provide
more than just one of the activities types that you see
highlighted here.

So for sake of example, 57 percent of our
grantees provide direct service, 34 percent of them
provide organizational support, and 43 percent of them
provide some sort of systems change type of activities.

It's also important to note that one contract for
direct services in spa 4, for example, is not equal to an
impact to another contract for direct services in spa 5.

I think the important take away point from this
chart is that First 5 LA is funding services and
activities for direct services, organizational support,
and systems change efforts across all these areas.

So this chart is going to show us the total
number of people who received direct services from First 5
LA in fiscal year 12-13. You see that the bulk of our
direct services were going to parents, followed by
children. One of the primary reasons are just about half
of those numbers for parents are coming out of the 211
project that we have. And, again, this is another one of
those where you can customize it to see just those clients
that were served by particular programs on the right-hand
side.

So our next chart -- I wish I could size this a
little better, but we'll scroll around a little better.

Sorry. This is our last one.

Okay. So this chart shows us the demographics of the children within -- that got served -- direct services from First 5 LA in comparison to the number of children zero to five in LA county based on the 2010 census. So in this dashboard, we see that First 5 LA serves a higher proportion of Latino children comparison to children across the county. The proportion of primary English and Spanish-speaking children is actually pretty reflective of children across the county. And a higher proportion of children birth to one and four-years old were served by First 5 LA and then proportions of those children across the county showing our investments in those areas such as Welcome Baby, Little by Little, LA UP, and others.

So next steps. Findings from this report are going to be used to provide additional information to consider in determining contract funding needs as well as in the development of program budgets at initiative level and agency-wide. It's going to be used to help identify and inform future grant making and partnership strategies. It will help provide First 5 LA staff, commissioners, and stakeholders detailed information about services and activities funded by First 5 LA through our web site dashboards. Lastly, it will help to inform that strategic
planning processes beginning next year.

    And then there's my gorgeous little baby within
our population.

Are there any questions?

    COMMISSIONER RIDLEY-THOMAS: Questions? Kaufman
said he was waiting on the good news in the presentation.
He had to wait until the last slide.

    MR. SNOW: I hope it was worth the wait.

    COMMISSIONER RIDLEY-THOMAS: Yes, it was well
worth the wait. Nothing like a proud papa. Give him a
round of applause.

    COMMISSIONER KAUFMAN: Very nice interactive way
of looking -- specific initiatives. On the far right, is
there like 52 of them? Is that the way to think of it?

    MR. SNOW: Right. So it's all dependent on what
you're looking at. So if you're looking at direct
services, it's only those grantees that provide direct
services. So it's not all -- but we're also going to be
-- this is a new interactive method. The software is
called Tableau. We're also going to be utilizing that
with our net chemistry contract that we have with the
Welcome Baby, Select Home Visitation program where we can
-- we'll have incredibly rich data and we can do some
really great things with it.

    COMMISSIONER KAUFMAN: Good.
COMMISSIONER RIDLEY-THOMAS: All right. Thank you. Any further questions or comments at this point?

Thank you for your presentation. We'll note and file it as is our procedure. I indicate that, prior to adjourning, the county counsel ask that I make it clear that the board met in closed session prior to the meeting and open session and took no reportable action that should be noted.

MS. BELSHE: You mean the commission counsel?

You said county counsel.

COMMISSIONER RIDLEY-THOMAS: I meant general counsel, aka Craig Steel.

MR. STEELE: Thank you.

COMMISSIONER RIDLEY-THOMAS: Making sure I get this correct.

Now, Craig, did I do this correctly? I want you to opine beyond my fumbling and bumbling.

MR. STEELE: You were perfect as always.

COMMISSIONER RIDLEY-THOMAS: Thank you very much.

Ladies and gentlemen, thank you very much. That effectively constitute the benediction. We thank you for your presence today.

(At 5:00 p.m. the meeting was adjourned.)
CERTIFICATE

I, Heatherlynn Gonzalez, a Certified Shorthand Reporter for the State of California, License Number 13646, do hereby attest that:

The preceding is a true and accurate transcription of the meeting of the organization named herein;

The meeting was taken down in shorthand and transcribed into English under my supervision and authority;

I have no interest, financial or otherwise, in any of the parties, issues, or individuals who are involved in this organization.

Attested to on this _______ day of ______, 2013.

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