



Los Angeles County Child Care Planning Committee

Minutes: January 5, 2008

12:00 p.m. to 2:00 p.m.

Location: LACOE
12830 Clark Avenue
Downey, CA 90241

Members in Attendance: (28) Bobbie Edwards, Randi Wolfe for Carolina Alvarez, Pat Koesler for Lorraine Schrag, Karen Kaye, Kathleen Pompey, Pamela Schmidt, Patti Oblath, Rocio Bach, Jan Isenberg, Sylvia Parra, Julie Taren, Rosa Arevalo, Alan Guttman, Pamela Kwok, Chantal Lamourelle Sims, Mary Helen Vasquez, Susan Baxter, Norayma Cabot, Grace Castro, Noreen Clarke, Holly Daasnes, Wilma Kiel, Craig Lancaster, Sally Andersen for Rafael Lopez, Marcella McKnight, Ancelma Sanchez, Corinne Sanchez, and Atalya Sergi.

Guests and Alternates: Cecelia Gutierrez, Roseanne Ghiazza, Lucy Fitzpatrick, JoAnn Shalhoub Mejia, Elizabeth Villanueva, Emy Santa Martie, Diana Careaga, Kay Johnson, Kathy Schreiner, Eric Schwimmer, Dora Waters, Lisa Wicker, Dr. William Arroyo, Norma Barragan, and Jazmin Chavarria.

Staff: Laura Escobedo

I. Welcome and Introductions

Craig Lancaster, Chair, opened the meeting at 10:15 a.m. He introduced himself and asked those in attendance to introduce themselves.

II. Update from Office of Child Care

Laura Escobedo, staff to the Child Care Planning Committee (Planning Committee), explained that the Mental Health Services Act/Prevention and Early Intervention (MHSA/PEI) planning survey that she had requested all to complete at the last meeting could not be used because it was not administered by the Department of Mental Health (DMH). DMH staff were invited today to fully present the PEI planning process and to administer the survey again.

She called attention to the revised Work Group schedule and asked that any chairs who knew of the dates for their Work Group meetings in March, April and May contact her with the information.

III. Approval of Minutes for December 5, 2007

The Chair asked that the minutes from December 5, 2007 be reviewed. He called for changes or corrections to the minutes. There being no changes, he called for a motion. Bobbie Edwards moved to approve the minutes of December 5, 2007; a second was made by Rosa Arevalo. The Chair called for the vote. The motion passed with no abstentions.

IV. Presentation of the Economic Impact Report

The Economic Impact Report was undertaken through a collaborative of the Planning Committee, Los Angeles Universal Preschool (LAUP), and the City of Los Angeles Workforce Investment Board. It includes data on all types of child care and development including centers, preschool, and family child care. It was important not to box the "industry" by dividing it between child care for working parents and early education for preschool age children; that is a false dichotomy. The early care and education system must serve both purposes.

Early care and education benefits all industries in the county by enabling parents to work and obtain education to upgrade their skills. Early care and education supports healthy and appropriate development so that children are ready to succeed in school. This lays the groundwork for future economic success by preparing the next generation for effective participation in the economy and by attracting business to Los Angeles County.

The economic impacts of early care and education in Los Angeles County are as follows:

- Generates \$1.9 billion in gross receipts
- Directly supports 65,139 full-time equivalent jobs
- Draws over \$918 million annually in government investments
- Supports 15 percent of the workforce who are parents of young children and earn over \$22 billion annually

The gross receipts from early care and education compare with the gross receipts of other industries, such as soft drink manufacturing and automotive repair and maintenance; and it greatly exceeds receipts from spectator sports and fitness and recreation. The direct employment numbers are higher than all except in fast food restaurants and colleges and universities. Los Angeles County's ability to foster entrepreneurial growth through development of the workforce is critical to future economic growth; however County businesses are challenged by factors such as a very under-skilled workforce which can limit growth.

Of women with children, 56 percent are in the labor force in Los Angeles County and 51 percent of children live in households where all parents work. A strong early care and education industry gives working parents the flexibility to broaden their skills and encourage their participation in the workforce. From 1990-2005, the County experienced about 75 percent growth in the labor force. Fast growing industries with more than 10 percent growth rate are education services, health/social welfare services, and construction. Women make up most of the workforce in two of the three areas.

Between now and 2016, the early care and education workforce is due to expand at a faster rate of growth: 30-37 percent for basic teaching positions in centers; 30-37 percent for family child care providers and their assistants; and 32-49 percent in managerial, planning, policy and higher education positions. Early care and education is the sixth fastest growing labor sector.

Despite its contribution as an industry and a workforce support, early care and education is seldom looked at in respect to economic development unlike transportation or workforce development. To reap the maximum benefits from an effective early care and education system, certain barriers need to be overcome: cost of care, lack of subsidies to pay for care, lack of sufficient facilities, uneven levels of quality, and shortage of trained and educated early care and education personnel.

Early care and education needs to be viewed as an investment, not an expense. The report has developed many recommendations which can be summarized under three over-arching themes: 1) enhance the affordability and accessibility of quality child care; 2) develop an industry-wide workforce development agenda; and 3) increase the supply of early care and education facilities. The report recommends that the public sector increase public investment to expand and improve early care and education options for low and moderate income families. Business sector recommendations include advocating for increased public investment in a comprehensive system that provides for high quality care and education for children from birth through age 12 in accessible settings that families can afford regardless of income. The early care and education community should work to revise wage scales and personnel policies in alignment with the development of a career and wage lattice. Finally, there should be broad based action at the County level to convene a county-wide workforce development task force to pursue issues of standardized job titles and qualifications, articulation at the two and four year college level and the establishment of a career and wage lattice that will facilitate a larger and more competent workforce.

V. Prevention and Early Intervention (PEI) Planning

Dr. William Arroyo, Regional Medical Director with the Children's Systems of Care for the Department of Mental Health (DMH), provided a thorough overview of the PEI planning process and

encouraged all in attendance to participate in it, which will be initiated within the next 60 days. PEI is a component of the Mental Health Services Act (MHSA), approved by ballot initiative in 2004. Twenty percent of the total pool of funds through MHSA will be directed toward PEI activities. The Oversight and Accountability Commission at the state level has provided a framework that all counties must use in creating their local plans. It describes priority populations including: underserved cultural/ethnic populations; individuals with early signs of severe mental illness; children and youth in stressed families; trauma exposed children; and children at risk of school failure or entry into the juvenile justice system.

The PEI plan can include services to individuals who do not have a mental illness and services that prevent the development of mental illness and promote emotional well-being. PEI services should be delivered in community/natural settings such as schools, child care programs, and community centers, etc. and link with more intensive mental health services. PEI services can be directed at all ages groups, but a minimum of 51 percent must be used for those under the age of 25.

The planning process is required to include several specific groups such as education, social services, and law enforcement. In considering activities for inclusion in the plan, consideration must be given to whether the services are evidenced-based or are promising approaches. Services that are offered in particular communities that have been successful despite no formal evaluations may be considered.

DMH is conducting its planning through various means including: informational meetings, key informant interviews, focus groups, and community forums including the service area stakeholders groups and countywide 'sector' groups such as education or law enforcement. Currently they are conducting the informational meetings. Dr. Arroyo encouraged those in attendance to actively participate in the community forums when they are scheduled. There will be at least two half-day forums with six to eight break-out sessions in each Service Planning Area.

Resource materials related to PEI can be obtained through DMH. Contact MHSAPEI@dmh.lacounty.gov

VI. Vision of Early Mental Health Services

Laura Escobedo presented the concept developed by a group of stakeholders including Planning Committee members. This concept bridges the child development service area with the mental health sector and could be promoted as a viable strategy for use of PEI funding in Los Angeles County.

The primary outcome is the healthy social and emotional development of children. The strategy is to build capacity within the early care and education environment to respond to children with atypical social/emotional needs. This requires building capacity in three ways: within the child development setting, with parents, and within the mental health system. Capacity building within the child development setting results in: staff have core competencies; use of reflective practice and supervision; a supportive environment for children, staff, and families; training and support for early identification of special needs; services available on site, including mental health consultation; and stable funding for services.

Capacity building for parents includes: facilitating parent's resilience in handling difficulties, facilitating an array of social connections and reducing isolation; fostering knowledge of child development; and concrete and accessible support in times of need. These are all "protective factors" described in "Strengthening Families through Early Care and Education".

Building capacity within the mental health system requires: appropriate training to work with very young children; reflective supervision and support for consultants; mentoring for field consultants; training to be able to conduct parenting skills training; ability to work with all populations within a child development setting (children, teachers, parents, administration); stable funding to support services; and workforce development to build a cadre of early mental health consultants.

The basic concept is centered on a cadre of well trained early mental health/child development consultants who work on a consistent basis, over time, within centers/programs/homes in a variety of ways. The scope of work for the consultants includes: helping to create a supportive environment; advising on group/classroom management issues; conducting child screenings, assessments, and when necessary referrals; intervention activities with individual children; parenting skills training; parent consultations; and supporting teaching staff as they work with particular children and their families. The early mental health consultants operate under the supervision of a community agency that has working relationships with the child care community within its area. These agencies are connected to hubs or centers of expertise. The hubs/centers help train, support and provide reflective supervision of the consultants. A hub/center may also be the agency that directly connects the consultants with the child care programs. In addition, the hub/center will have a relationship with local training institutions and universities in order to place and supervise interns who will work in the field of early mental health.

This model addresses a number of the guidelines from the State on the use of PEI funds: it helps to reduce risk factors, helps build protective factors and skills, addresses conditions early, provides support that is of relatively low intensity and of short duration, and avoids the need for more intensive services. In targeting very young children and the adults who care for them, the concept is addressing a few of the stated priority populations such as children and youth in stressed families and at risk for school failure.

Laura Escobedo encouraged all Planning Committee members to participate in the community forums and to complete their surveys so that Dr. Arroyo and Lisa Wicker could take them back to DMH.

VII. Adjournment

The Chair thanked all who had attended the meeting. The meeting was adjourned at 12:10 p.m.