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Meeting Minutes September 10, 2014

1. Welcome and Introductions

Chair, Dora Jacildo called the meeting to order at approximately 10:10 a.m. Ms. Jacildo welcomed members and guests, and launched a round of self-introductions.

Following her introduction, Ms. Diekmann was asked about funding action by the Los Angeles Unified School Board. She responded that, based on a motion by School Board Member Bennett Kayser, which had been adopted in August, 2014, Los Angeles Unified School district will be using the five percent increase in the reimbursement rate for California State Preschool to support efforts to align preschool to third grade. In addition, \$14 million dollars from the Local Control Funding Formula has been targeted for early education during FY 15-16 and \$20 million in FY 16-17. The group applauded these actions.

Ms. Jacildo shared that in reviewing comments from the July 9, 2014 retreat, efforts are being made to:

- Present agendas that allow time for dialogue;
- Track “hot topics” by inviting members to add their suggestions to the “parking lot,” which will be posted at every meeting; and
- Encourage members with possible agenda items to use the “parking lot” or if preferred, to explore their ideas with Dora, Sharoni, or Kathy.

In order to maximize the effectiveness of the Roundtable we will be focusing on the implementation of the Child Care Policy Framework, and aligning our efforts with the County Strategic Plan.

2. Clarifying the Basics

Vice Chair, Sharoni Little opened the conversation on clarifying key information on the Roundtable, its members and mission. She noted that the conversations at the retreat were rich and exciting. It is our diversity in backgrounds, training, and professions combined with our shared commitment to improving the well-being of children and families in Los Angeles County that give value to the Roundtable.

The question of who the Roundtable is can be answered by the following:

The Policy Roundtable for Child Care and Development (Roundtable) is composed of 25 members appointed by the Board of Supervisors (Board) representing a range of disciplines, County departments, and professional and community organizations.

The collective expertise of the Roundtable members provides a unique lens to:

- Examine issues impacting child care and development ; Approved: October 8, 2014 children and their families in Los Angeles County; and
- Develop recommendations related to access, affordability and quality of child care and development services.

Dr. Little then directed members to the Roundtable mission statement:

The Los Angeles County Policy Roundtable for Child Care and Development builds and strengthens early care and education by providing recommendations to the Board of Supervisors on policy, systems, and infrastructure improvement.

She stated that the Roundtable must hold itself accountable to its mission and show the impact of its decisions and recommendations. In addition, the Roundtable needs to address issues that are relevant to the Board of Supervisors. The following points were raised in the discussion:

- The Board has a strong interest in the children under the jurisdiction of the Department of Children and Family Services (DCFS), over 32 percent of whom are under five years of age.
- A child development program could be a stabilizing factor for young children who are removed from their homes, provided that they are able to continue attending after they are placed in a foster or relative care situation.
- Such placements require skilled staff to help the child and adults cope with the trauma of abuse or neglect and removal from home.
- Child development programs can also support families and prevent children from being removed.
- There are policy implications related to the quality of child development services, the need for trauma informed care, and continuity of care.
- There are populations such as, children at risk of abuse/neglect, children with special needs, and children experiencing homelessness, whose circumstances make them particularly vulnerable to developmental, social, and/or emotional problems. These children should be screened, as early as possible and provided appropriate services to mitigate the impact of problems.
- It appears that our conversations about continuity of care, service integration, and child care and development have evolved to a more pro-active and broader view of the world. We may be (hopefully) moving to focus on wellness. If we are moving in that direction, the roles of civic engagement and economic development will become increasingly important.

- The Blue Ribbon Commission referenced the continued existence of service silos. We have not built the bridges needed to get to wellness. The conversation on integration may get stalled because it maintains a focus on the service providers. If the emphasis is shifted to children and wellness – it could be a different experience.
- It appears that First 5 LA will be dedicating additional resources to public policy. We should recognize that even with the considerable revenue at its disposal, First 5 LA could not solve many of the problems that challenge families in this county. This could be an opportunity for the Roundtable to raise the bar. How does the Roundtable improve practices and impact policy?
- The First 5 LA strategic planning process and the Blue Ribbon Commission offer structures for relationship building and integration.
- Child care is an issue for DCFS because foster parents are unwilling to take children birth to five years of age unless child care is provided and this age group accounts for one third of the total caseload. The Roundtable could offer assistance in a systematic way which would also directly impact our core issues.
- When policies are recommended, we must include how they can be paid for. Without funding, good ideas do not go far.
- How nimble can the Roundtable be? Can it get to the Board of Supervisors when funding issues are on the table? As an example – we are still waiting to learn if the Governor will sign the Federal Preschool Expansion grant. The letter of intent is due very soon. Could the Roundtable ask the Board to encourage the Governor’s signature – with short notice? (Note: The Governor has authorized California to submit an application for these funds.)
- How do we facilitate a unified voice from LA that ensures this county receives its “fair share” of resources and does so in a timely manner? What is the process when action is needed between meetings?

Dr. Little recommended the creation of the Strategy and Planning Committee to assist the Roundtable on topical issues and action strategies. The following members – some volunteers and some draftees - were identified:

Duane Dennis
 Jacquelyn McCroskey
 Sam Chan
 Nurhan Pirim

Dawn Kurtz
 Maria Calix
 Dora Jacildo
 Sharoni Little

Ms. Jacildo noted that as the Roundtable strives to become more strategic, we will be relying on members and partners to share information, research, and “on the ground” experience. Another change that the Roundtable must prepare for is Kathleen Malaske-Samu’s upcoming retirement. Ms. Malaske-Samu currently serves both as a member and staff to the Roundtable and will be retiring in March 2015.

The following concerns were expressed:

- The work of the Roundtable would be undermined if staff support is not available.

- The Roundtable is playing a unique role as the only trans-disciplinary body focused on children and families in the county.
- The members would appreciate learning how the Chief Executive Office (CEO) is preparing for this transition.

Cheri Thomas, Senior Manager with the CEO's Service Integration Branch, commented that the current Chief Executive Officer will be retiring in November along with two newly elected Board members starting in December. The department will need time to adjust to the changes before it can respond to the Roundtable's concerns.

Dr. Sam Chan shared a brief PowerPoint describing the Department of Mental Health's (DMH) launch of Health Neighborhoods. The Health Neighborhoods figure prominently in the County's strategic plan and offers a host of opportunities to connect child care and development to related services.

There are five pilot health neighborhoods:

- Lancaster
- Pacoima
- Boyle Heights
- Martin Luther King/Watts/Willowbrook
- Central Long Beach

Dr. Chan noted that previously, DMH organized its services by age. Under the Health Neighborhoods there is a new focus on the full life span. This model is designed to improve access through the integration of mental health, health, substance abuse, and public health services. It is anticipated that the quality of services will improve as a result of coordination and effective communication among provider is expected to reduce costs.

DMH noted its responsibility to build on existing relationships to improve access to and coordination of care among treatment providers, including:

- The California Endowment
- Best Start/First 5
- Other collaborations

Moving forward, Health Neighborhoods will be working to strengthen partnerships to ensure that each neighborhood is able to address all age groups, are culturally competent, and meet the unique needs of their community. Dr. Chan also saw the Health Neighborhoods as a possible catalyst to establish a model of early care and education mental health consultation services. Kathleen Malaske-Samu noted significant overlap between the pilot Health Neighborhoods and communities involved the Office of Child Care quality rating and improvement programs.

Nurhan Pirim suggested that these collaborative efforts could be strengthened by bringing law enforcement and other “first responders” to the table. He also suggested that the Roundtable connect with other County commissions to engage in a broader dialogue on the issues of service integration and collaboration. The Service Integration Branch, which has been tasked with fostering integration across county departments, could be tapped to share their experience.

Dr. Little thanked everyone for their comments and their ongoing help to mobilize support for the Roundtable’s charge.

3. Approval of July 9, 2014 Minutes

Minute of the July 9, 2014, annual retreat were approved on a motion by Maria Calix and a second by Esther Torrez. The motion passed unanimously.

4. Legislative Committee Report

Maureen Diekmann presented the Public Policy Platform for the Roundtable’s consideration. Only minor changes were surfaced by the Joint Legislative Committee, including:

- A formatting change to item 1, the last two bullets;
- Item 6 the “Child Development Division” was replaced with “Early Education and Support Division” reflecting the name change; and
- The fifth bullet under item 6 was modified to reflect the elimination of parent fees for State Preschool.

Following a brief discussion, Ms. Diekmann moved adoption of the Public Policy Platform. Ms. Jacildo offered a second and the motion passed unanimously.

5. What Should We Be Thinking About? Doing?

Dr. Little directed the members attention to the yellow form with two headings:

- What should we be thinking about?
- What should we be doing?

The Roundtable will be seeking input on these two questions as we move forward.

Dr. McCroskey stressed the importance and timeliness of providing First 5 LA with feedback on their Strategic Plan. It was also noted that the Los Angeles Preschool Advocacy Initiative is also engaged in strategic planning.

6. Announcements and Public Comment

Joseph Matthews announced that Proposition P will be on the upcoming ballot. This proposition would continue funding of \$54 million a year through an annual \$23 per parcel special tax for 30 years. All funds would be required to remain local within Los Angeles County and could only be used for parks, recreation, and open space projects.

7. Call to Adjourn

The meeting was adjourned shortly after noon.

Members/Alternates Attending

Maria Calix, Second Supervisorial District
Sam Chan, Los Angeles County Department of Mental Health
Fran Chasen, So. CA Association for the Education of Young Children
Duane Dennis, Child Care Alliance of Los Angeles
Maureen Diekmann, Los Angeles Unified School District
Janet Scully for Robert Gilchick, Los Angeles County Department of Public Health
Dora Jacildo, Fourth Supervisorial District
Sharoni Little, Second Supervisorial District
Dawn Kurtz, Los Angeles Universal Preschool
Kathleen Malaske-Samu, Los Angeles County Chief Executive Office
Jacquelyn McCroskey, Third Supervisorial District
Terri Nishimura, Fourth Supervisorial District
Joseph Matthews for Faith Parducho, Los Angeles County Department of Parks and Recreation
Nurhan Pirim, Los Angeles County Department of Public Social Services
Nina Sorkin, Los Angeles County Commission for Children and Families
Esther Torrez, First Supervisorial District

64% of members/alternates were in attendance

Guests Attending

Sara Johnson, First 5 LA
Tessa Charnofsky, First 5 LA
Kate Sachnoff, AdvoKate Consulting
Cheri Thomas, Los Angeles County Chief Executive Office
Araceli Sandoval, Early Edge California
Danette McBride, Second Supervisorial District
Nancy Lee Sayre, UCLA
Steve Sturm, Los Angeles County Department of Children and Family Services
Nora Garcia-Rosales, Los Angeles County Department of Public Social Services

Staff

Michele Sartell

**Opportunities for Alignment:
Child Care Policy Framework and First 5 LA Strategic Plan Focus Areas**

<p style="text-align: center;">Policy Framework for Child Care & Development</p>	<p style="text-align: center;">Alignment with First 5 LA Strategic Plan Focus Areas</p>
<p>Goal 1. Restore and Expand Funding</p> <p><i>Objective</i> :Pursue the restoration and expansion of funding for subsidized child care and development and related services.</p>	<p>Advocate for:</p> <ul style="list-style-type: none"> • Increase public and private investments in proven programs that demonstrate successful parent engagement in ECE settings and health, mental health, and substance abuse systems. (Focus Area: Families). • Partner with other funders to increase investment in the services, supports, and environments that impact families. (Focus Area: Communities). • Greater public funding for child care subsidies, a higher reimbursement rate that covers the actual cost of infant and toddler care as well as preschool, and greater school district investment in ECE (Focus Area: ECE).
<p>Goal 2. Strengthen Policies on Eligibility & Access</p> <p><i>Objective</i>: Engage State and local partners to change eligibility policies and administrative guidelines that deter vulnerable families from accessing subsidized child care and development services.</p>	<p>Outcome: Health, Mental Health, Substance Abuse Services Systems:</p> <p><i>Emerging Programmatic Strategy</i>: Convene a learning community among key partners to identify best practices around trauma-informed care that improve the service delivery system for children 0-5 and their families.</p>
<p>Goal 3. Maximize Access to Available Services</p> <p><i>Objective</i>: Facilitate access to subsidized child care and development and supportive family services by providing County departments working directly with families, access to information on vacancies in Early Head Start, Head Start, and CDE-contracted subsidized child care and development programs by developing an electronic vacancy tracking system.</p>	

<p align="center">Policy Framework for Child Care & Development</p>	<p align="center">Alignment with First 5 LA Strategic Plan Focus Areas</p>
<p>Goal 4. Prioritize Quality Services</p> <p><i>Objective:</i> Support efforts to establish and sustain a single, validated child care quality rating and improvement system serving all of Los Angeles County.</p> <p><i>Objective:</i> Monitor and support the Office of Child Care’s expedited merging of the Steps to Excellence Program (STEP) into the Race to the Top – Early Learning Challenge (RTT-ELC) QRIS.</p> <p><i>Objective:</i> Promote parent awareness and use of current quality rating and improvement systems (QRIS). This includes promotion among County employees, clients and residents.</p>	<p>Outcome: Early Care and Education: Increased access to quality early care and education</p> <p><i>Emerging Programmatic Strategy:</i> Support implementation of a uniform Quality Rating and Improvement System (QRIS) within LA County in order to build the evidence base to support advocacy and policy change.</p> <p><i>Research & Development Priority Activity:</i> Partner with other funders to support implementation of a QRIS that is accessible and easily understood by parents, providers, and the public within one or more Best Start Communities to drive broader systems and policy change.</p> <p><i>Communications Priority Activity:</i> Collaborate with stakeholders to pilot efforts, including technology-based platforms that increase the accessibility and availability of QRIS information for use by parents in one or more Best Start Community, so parents are aware of what the ratings mean and use QRIS to inform their early care and education decisions.</p> <p>Advocate for:</p> <ul style="list-style-type: none"> • A statewide uniform QRIS.
<p>Goal 5. Expand Family and Community Engagement:</p> <p><i>Objective:</i> Engage a wide range of County departments, Commissions and community stakeholders as advocates for integrating child care and development services into efforts aimed at fostering the optimal development of children, strengthening families and promoting community well-being.</p>	<p>Outcome: Families: Increased Family Protective Factors</p> <p><i>Emerging Programmatic Strategy:</i> Pilot and promote the scaling of evidence-based parent/caregiver-engagement models that increase family protective factors in ECE and health-related settings</p> <p><i>Research and Development Priority Activities:</i> Fund efforts to collect data to better measure family protective factors within ECE settings and health, mental health, and substance abuse service systems</p>

<p align="center">Policy Framework for Child Care & Development</p>	<p align="center">Alignment with First 5 LA Strategic Plan Focus Areas</p>
	<p>Partner with others to expand the body of evidence around what works for parent engagement, education and empowerment programs within ECE settings and health-related systems.</p> <p>Limited pilot testing of evidence-based parent engagement programs in ECE settings and health, mental health, and substance abuse service systems within Best Start Communities.</p> <p><i>Communications Priority Area:</i> Utilize communication strategies to increase county-wide awareness and knowledge about the importance of family protective factors, as well as what works to promote them within the ECE and Health Sectors (drawing on Best Start Community experience).</p> <p>Partner with County agencies to adopt policies and practices that are proven effective in building family protective factors (e.g., integration into County systems, contracts, and services).</p> <p>Support the incorporation of the family protective factors into the practice of ECE- and health-related Providers.</p>

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IV. Framework for Impact

First 5 LA has clarified its focus on a particular type of change it seeks to contribute to achieving as well as *how* the organization will use its fiscal and non-fiscal resources to influence that desired change. These critical decisions are captured in a *Framework for Impact* (similar in concept to a Theory of Change) and were informed by the Investment Guidelines and the Strategic Imperative. The individual components of First 5 LA's Framework for Impact are described below.

Target Population

Clarity on target population is important in setting the stage for decisions about First 5 LA's future strategy and associated resource allocations.

First 5 LA will work on behalf of all children 0-5 and their families in Los Angeles County, but will focus on those who face significant risks and challenges to achieving their maximum physical and socio-emotional health and learning potential.

Ultimate Impact

The ultimate impact is a high-level statement encapsulating the ultimate impact of an organization's work; a single 'north star' goal that knits together the goals beneath it. Recognizing the need for this explicit expression of change, Commissioners adopted the following ultimate impact statement:

Children enter kindergarten ready to succeed in school and life.

Goals

- ☞ *Children 0-5 achieve their maximum physical health potential;*
- ☞ *Children 0-5 achieve their maximum socio-emotional health potential; and*
- ☞ *Children 0-5 reach their maximum cognitive development potential.*

The goals listed above were generated and adopted based on the following rationales:

- Prop 10 mandates that revenues benefit children 0-5.
- Findings from the Data Synthesis, a review of other county First 5s, and the child development literature suggest an overarching goal focused on the most significant milestone in the life of a five-year-old as the farthest end point on the age continuum for First 5 LA: Entering school.
- All nationally accepted definitions of school readiness include some version of the following three domains of what affects a child's ability to learn and achieve optimum potential: physical health; socio-emotional health and development; cognitive development.

Outcomes and Priority Focus Areas

While the goals listed above represent the change First 5 LA wants to see in children 0-5, the outcomes listed below represent measurable changes in knowledge, attitudes, behaviors, practices,

and/or neighborhood conditions that First 5 LA will hold itself accountable for affecting. The following questions were used to help guide the process to identify outcomes:

- What are the most pressing needs in Los Angeles County in relation to this goal (according to the environmental scan and other relevant data sources)?
- What does the research tell us about the most effective ways to advance progress on this goal?
- What do we know from our professional experience about what works to address this goal?
- What do the home positions on First 5 LA's levers for impact suggest about the outcomes we should prioritize in this goal area?

First 5 LA Outcomes:

- **Families:** Increased family protective factors
- **Communities:** Increased community capacity to support and promote the safety, healthy development, and well-being of children 0-5 and their families
- **Early Childhood and Education (ECE) Systems:** Increased access to high quality early care and education
- **Health, Mental Health, and Substance Abuse Services Systems:** Improved capacity of health, mental health, and substance abuse services systems to meet the needs of children 0-5 and their families

In order to provide more details as to what kinds of specific change in each of these outcome areas First 5 LA will play a role in affecting – and therefore to set the stage for strategy development - the Commission adopted 'priority focus areas' within each of the outcomes. They are:

Families: Increased family protective factors

- **Focus Area 1:** Increased parent/caregiver resiliency; social connections; knowledge of parenting and child development; capacity to provide enriching, structured, and nurturing environments for their children; and access to concrete supports in times of need.
- **Focus Area 2:** Improved capacity of ECE- and health-related providers to engage parents/caregivers in supporting their child's development.

Community Systems: Increased community capacity to support and promote the safety, healthy development, and well-being of children 0-5 and their families.

- **Focus Area 1:** Community members have a shared vision and act collectively to improve the policies, services and environments that impact families.
- **Focus Area 2:** Communities have ECE- and health-related supports that meet family needs.
- **Focus Area 3:** Communities have physical places and spaces that promote healthy living and encourage interaction.

ECE Systems: Increased access to quality early care and education

- **Focus Area 1:** Improved access to affordable, quality, sustainable early care and education, particularly among high risk populations.
- **Focus Area 2:** Improved quality of ECE services

Health, Mental Health and Substance Abuse Systems: Improved capacity of Health, mental health, and substance abuse services systems to meet the needs of children 0-5 and their families

- **Focus Area 1:** Increased effectiveness and responsiveness of screening and early intervention programs across health, mental health and substance abuse services systems.
- **Focus Area 2:** Improved capacity of health, mental health and substance abuse services providers to deliver trauma-informed care to children 0-5 and their families.

Investment Areas

First 5 LA will focus its resources on six investment areas which represent specific streams of work (and associated organizational capacities) to advance the outcomes and priority focus areas. All six areas can be thought of as sub-components of systems and policy change; breaking 'systems and policy change' work into these categories is intended to provide greater coherence and clearer guidance regarding the role that First 5 will play in advancing that change. The investment areas include:



A focus of the Research and Development function will be on identifying and supporting the scaling of evidence-based practices that have been proven to make a real difference in the lives of children 0-5 and their families. During implementation planning, First 5 LA will develop a clear definition for evidence-based practice as well as guidance about how this definition should be operationalized in the execution of programmatic strategies that involve evidence-based practices.

V. Programmatic Strategies

The programmatic strategies enumerated below describe First 5 LA's approach to affecting change within each outcome and priority focus area described above. The programmatic strategies are an articulation of how the investment areas described above will specifically be leveraged in service of the outcomes. These ten programmatic strategies have been shaped in response to opportunities where the organization has significant potential to contribute to critical outcomes for children and their families. The strategies are organized by outcome and priority focus area, and include descriptive activities anticipated to be implemented under each strategy. Please refer to Appendix C for additional detail on the development of programmatic strategies.

(To be further developed after October 22nd)

Strategies

Families: Increased family protective factors

- **Focus Area 1:** Increased parent/caregiver resiliency; social connections; knowledge of parenting and child development; and capacity to provide enriching, structured, and nurturing environments for their children.
- Access to concrete supports in times of need.
 - Program Strategy: Lead the testing, modification, and scaling up of evidence-based practices and programs that work directly with parents/caregivers to increase family protective factors, with a primary focus on Welcome Baby and targeted home visiting models.
- **Focus Area 2:** Improved capacity of ECE- and health-related providers to engage parents/caregivers in supporting their child's development.
 - Program Strategy: Pilot and promote the scaling of evidence-based parent/caregiver-engagement models that increase family protective factors in ECE and health-related settings.

Community Systems: Increased community capacity to support and promote the safety, healthy development, and well-being of children 0-5 and their families.

- **Focus Area 1:** Community members have a shared vision and act collectively to improve the policies, services and environments that impact families.
 - Program Strategy: Convene and create opportunities for collaboration among parents/caregivers, residents, organizations, and institutions across multiple sectors within the Best Start Communities to work together to achieve the core results of the Building Stronger Families Framework.
- **Focus Area 2:** Communities have ECE- and health-related supports that meet family needs.
 - Program Strategy: Convene and strengthen the capacity of ECE- and health-related organizations and institutions to improve services and supports within the Best Start Communities.
- **Focus Area 3:** Communities have physical places and spaces that promote healthy living and encourage interaction.

- Program Strategy: Convene and strengthen the capacity of existing advocacy groups to work with communities to create new or improved physical spaces and places for families and children 0-5 with a priority focus on Best Start Communities.

ECE Systems: Increased access to quality early care and education

- **Focus Area 1:** Improved access to affordable, quality, sustainable early care and education, particularly among high risk populations.
 - Program Strategy: Advocate for greater public investment in quality early care and education, with a focus on both infant/toddler care and preschool.
- **Focus Area 2:** Improved quality of ECE services
 - Program Strategy: Support implementation of a uniform Quality Rating and Improvement System (QRIS) within LA County in order to build the evidence base to support advocacy and policy change.
 - Program Strategy: Strengthen the professional development systems for early care and education providers

Health, Mental Health and Substance Abuse Systems: Improved capacity of Health, mental health, and substance abuse services systems to meet the needs of children 0-5 and their families

- **Focus Area 1:** Increased effectiveness and responsiveness of screening and early intervention programs across health, mental health and substance abuse services systems.
 - Program Strategy: Advocate for policy and practice changes to support efforts to improve coordination and functioning of developmental screening, assessment and early intervention programs.
- **Focus Area 2:** Improved capacity of health, mental health and substance abuse services providers to deliver trauma-informed care to children 0-5 and their families.
 - Program Strategy: Convene a learning community among key partners to identify best practices around trauma-informed care that improve the service delivery system for children 0-5 and their families.

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Attachment A
Outcomes, Priority Focus Areas, and
Emerging Programmatic Strategies

Outcome	Priority Focus Area	Emerging Programmatic Strategies
Families Increased family protective factors	<ul style="list-style-type: none"> Increased parent/caregiver resiliency; social connections; knowledge of parenting and child development; and capacity to provide enriching, structured, and nurturing environments for their children Access to concrete supports in times of need 	<ul style="list-style-type: none"> Lead the testing, modification, and scaling up of evidence-based practices and programs that work directly with parents/caregivers to increase family protective factors, with a primary focus on Welcome Baby and targeted home visiting models
	<ul style="list-style-type: none"> Improved capacity of ECE- and health-related providers to engage parents/caregivers in supporting their child’s development 	<ul style="list-style-type: none"> Pilot and/or promote the scaling of evidence-based parent/caregiver-engagement models that increase family protective factors in ECE and health-related settings
Communities Increased community capacity to support and promote the safety, healthy development, and well-being of families with young children	<ul style="list-style-type: none"> Community members have a shared vision and act collectively to improve the policies, services and environments that impact families 	<ul style="list-style-type: none"> Convene and create opportunities for collaboration among parents/caregivers, residents, organizations, and institutions across multiple sectors within the Best Start Communities to work together to achieve the core results of the Building Stronger Families Framework
	<ul style="list-style-type: none"> Communities have ECE- and health-related supports that meet family needs 	<ul style="list-style-type: none"> Convene and strengthen the capacity of ECE- and health-related organizations and institutions to improve services and supports within the Best Start Communities
	<ul style="list-style-type: none"> Communities have physical places and spaces that promote healthy living and encourage interaction 	<ul style="list-style-type: none"> Convene and strengthen the capacity of existing advocacy groups to work with communities to create new or improved physical spaces and places for families and children 0-5 with a priority focus on Best Start Communities
Early Childhood Education (ECE) Systems Increased access to quality early care and education	<ul style="list-style-type: none"> Improved access to affordable, quality, sustainable early care and education, particularly among high risk populations 	<ul style="list-style-type: none"> Advocate for greater public investment in quality early care and education, with a focus on both infant/toddler care and preschool
	<ul style="list-style-type: none"> Improved quality of ECE services 	<ul style="list-style-type: none"> Support implementation of a uniform Quality Rating and Improvement System (QRIS) within LA County in order to build the evidence base to support advocacy and policy change Strengthen the professional development system for early care and education providers

Outcome	Priority Focus Area	Emerging Programmatic Strategies
Health and Mental Health Systems Improved capacity of health and mental health systems to meet the needs of children 0-5	<ul style="list-style-type: none"> Increased effectiveness and responsiveness of screening and early intervention programs across health, mental health, and substance abuse services systems 	<ul style="list-style-type: none"> Advocate for policy and practice changes to support efforts to improve coordination and functioning of developmental screening, assessment and early intervention programs
	<ul style="list-style-type: none"> Improved capacity of health, mental health, and substance abuse services providers to deliver trauma-informed care to children 0-5 and their families 	<ul style="list-style-type: none"> Identify and promote best practices around trauma-informed care that improve the service delivery system for children 0-5 and their families

Child Care and Development Block Grant Act of 2014: Summary

September 19, 2014

In September, the House and Senate reached a bipartisan agreement on a bill reauthorizing the Child Care and Development Block Grant and the House voted to approve it. The Senate is scheduled to vote on the measure on November 13 when they return from the recess. The bill, which would reauthorize the primary federal child care program for the first time since 1996, is aimed at ensuring the health and safety of children in child care, facilitating families' access to child care assistance, and improving the quality of child care for children, and for infants and toddlers in particular.

The legislation is largely similar to the bill that the Senate passed in March 2014, but differs in a few key respects. The bill to be voted on this week reserves a lower percentage of funding for quality improvement activities than the Senate bill in the fifth and subsequent years (although the percentage is still higher than the current set-aside); expands permissible methodologies for setting provider payment rates; adds inspection requirements for license-exempt child care providers; adds provisions encouraging states to reimburse providers when children are absent from child care and take steps to reduce the expulsion of children from child care programs; requires training for providers on business practices; and sets fixed funding levels for fiscal years FY 2015 to FY 2020 (in contrast to the authorization of "such sums as are necessary" to carry out the Senate bill). The authorization levels are: \$2.36 billion for FY 2015, \$2.48 billion for FY 2016, \$2.54 billion for FY 2017, \$2.60 billion for FY 2018, \$2.67 billion for FY 2019, and \$2.75 billion for FY 2020.

As modified by the House, the legislation:

- Improves the health and safety of children in child care settings by:
 - Requiring a pre-licensure inspection and an unannounced annual inspection for all regulated and licensed providers receiving CCDBG funds, and one annual inspection for license-exempt providers (except providers related to all children in their care) receiving CCDBG funds.
 - Requiring a sufficient number of licensing inspectors to enable states to conduct timely inspections.
 - Requiring states to make public the results of monitoring reports.
 - Requiring states to provide comprehensive consumer education on parents' child care options and the quality of child care as well as the availability of child care assistance and other early learning programs.
 - Requiring states to provide information about how families can obtain a developmental screening for their children.

- Requiring states to mandate training on health and safety for child care providers serving children receiving CCDBG assistance.
- Requiring child care providers serving children receiving CCDBG assistance to have pre-service and ongoing training in a number of areas, including safe sleep practices and preparation for emergencies and disasters.
- Requiring all employees of child care providers receiving CCDBG assistance to undergo comprehensive background checks prior to employment and to maintain employment. Providers who are related to all children in their care are not required to undergo these checks.
- Improves families' access to child care and to child care assistance and increases stability for children in child care by:
 - Establishing a minimum initial eligibility period of 12 months.
 - Requiring states to make efforts to ensure that the redetermination process does not unduly disrupt parents' work, education, or job training efforts.
 - Requiring states to demonstrate how processes for eligibility determination and redetermination take into account irregular fluctuations in earnings.
 - Requiring states to describe how they will increase the supply and improve the quality of care for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours.
 - Encouraging states to maintain child care assistance for at least three months when a family experiences a job loss to facilitate the parent's return to work.
 - Requiring states to use at least 70 percent of CCDBG funding for direct services.
 - Requiring states to certify that payment practices for child care providers serving children who receive CCDBG assistance reflect generally accepted payment practices for providers serving children who do not receive such assistance, and assure that, to the extent practicable, they will implement enrollment and eligibility policies that delink CCDBG provider reimbursement rates from an eligible child's occasional absences (due to, e.g., holidays or illness). The bill allows states to set maximum reimbursement rates using a market rate survey or an alternative methodology developed by the state's lead agency, such as a cost estimation model.
 - Requiring the Comptroller General to conduct a study of families on states' waiting lists for child care assistance every two years.

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- Strengthens the quality of child care by:
 - Increasing the total amount of CCDBG funding that states must spend on quality improvement activities by requiring states to set aside 7 percent of their CCDBG funds for quality improvement activities in the first and second fiscal years after the bill is enacted; 8 percent in the third and fourth fiscal years; and 9 percent in the fifth and subsequent fiscal years.
 - Requiring that at least 3 percent of a state's funding be used for quality improvement activities for infants and toddlers (beginning with funds received in the second full fiscal year after the bill's enactment).
 - Identifying a series of recommended quality improvement activities, from which states must choose at least one to expend set-aside funds. Specified activities include, for example, development of a tiered quality rating system and activities to enhance professional development for child care providers, such as training on behavior management strategies to reduce challenging behaviors (including reducing expulsions of preschool-aged children for such behaviors).
 - Requiring states to set training requirements that enable child care providers to promote the social, emotional, physical, and cognitive development of children.
 - Requiring that states' training requirements are appropriate for different age groups, English learners, children with disabilities, and Native Americans.
 - Requiring states to develop a progression of professional development designed to improve the skills and knowledge of the workforce.
 - Requiring states to develop and implement strategies to strengthen the business practices of child care providers to expand the supply, and improve the quality of, child care services.
 - Reserving up to ½ of 1 percent of CCDBG funding for technical assistance, and up to an additional ½ of 1 percent to support research, demonstration and evaluation activities.

- Improves the coordination of early care and education by:
 - Requiring states to coordinate CCDBG with other early childhood programs to the extent practicable, including preschool programs and early childhood programs serving tribal communities, infants and toddlers with disabilities, homeless children, and children in foster care.

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**Responses Collected at September 10, 2014
Policy Roundtable for Child Care and Development**

What should we be thinking about?	What should we be doing?
Universal access for children to needed services.	
Enhancing opportunities for children 0 to 4	Advocate that waiting until age 4 is too late.
Utilize District appointees to educate the Board of Supervisors of the Roundtable's importance.	Clarify and work with representatives and utilize Roundtable partners.
Timely responses to 1 st 5 Strategic Planning process	QIRS ends at the end of 2015. (Note – projects are being offered a time only extension to 6/30/15.
1 st 5 staff are now debating strategies for what the commission should do in terms of integrating health, mental health, substance abuse & other service strategies	
Bringing info about county efforts to integrate across sectors to 1 st 5 as they refine their strategic plan	Discuss w/ Roundtable reps to 1 st 5 on how to proceed.
License exempt care	
OCC transitions	Evaluation of staff support
Trans-disciplinary leadership development in response to the need for succession planning	Initiate Strategic discussions with key players – e.g. CEO
Upcoming OCC and Roundtable transitions	
ECE Scan	
Integration of services	
How do we better integrate, communicate w/ the diversity of people at the table?	Ensure that the full communication loop occurs.
Health Neighborhoods & other programs which are moving forward. What partnerships are needed to make the programs happen?	
Has the change from DMH (AB 3632) to school districts been effective?	Evaluate whether children are better off w/ this shift from DMH to school districts.
Impact of 8% of children in Santa Monica w/ no immunization	Should State law be the answer?
What are the gaps in services & systems that this body should address?	Once gaps are identified, determine strategic ways to leverage resources to fill those gaps. Bring others who can assist to the table.

What should we be thinking about?	What should we be doing?
Morph the Strengthening Families Learning Community into PRCCD Steering Committee	The new "Strategy and Planning Committee" can consider what is needed relative to hot topics, time sensitive focus areas, political strategies, etc.
Increased focus on federal policy and the ability to respond quickly	
Increase the level of collaboration between agencies/partners to create a productive and synergistic body	Set policy and take a proactive approach on new legislation, update to
Strategic advocacy and policy development, leveraging our relationships w/ the Supervisors when necessary.	Include funding information when have a deep dive discussion on system change.
Who are the stakeholders?	