

EXECUTIVE SUMMARY

'The ABC's of First 5 LA's Baby Zones,' document expands upon the approved Implementation Plan for First 5 LA's Prenatal through Three Focus Area Components of Direct Services, Data, Policy and Community Capacity Strengthening. It outlines the purpose and history of the Prenatal through Three Focus Area and its hallmark two-pronged *Baby Zone* and *Policy Agenda* approach, as well as the Core Elements.

The purpose of the Baby Zones Concept is to optimize the social, emotional, cognitive, language, physical and motor development of our youngest children by promoting their health and well-being within the context of their primary relationships and within their respective communities. All communities have the potential to be vibrant, dynamic, and integrated systems that support healthy and loved babies, toddlers, and families. Communities, and the families that comprise them, are therefore a natural point of engagement, support, assessment, and other efforts that aim to support the primary relationship as it relates to improving the development of babies and toddlers.

As a means to accomplish this purpose, the following approach proposes to engage the County, local entities, and families around three key messages:

1. Prenatal through three is the most critical developmental period of life;
2. Primary relationships are the foundation of social, emotional, and health development and school readiness of children; and
3. The health and well-being of parents, primary caregivers and other family members is important to the growth and development of young children.

Engagement around these three key messages will affect a countywide paradigm shift in the way services are delivered and received. This paradigm shift will be made operational by developing the capacity of communities throughout Los Angeles County to support an infrastructure called Baby Zones comprised of three entities, or levels of support, that are briefly defined as follows:

Hubs

Hubs will be singular physical locations at the heart of the Zones that present welcoming, safe and comfortable environments and function as model sites. They will be the flash-points for community level change and offer activities and supports to engage individuals and entities in Zone activities, both as recipients and contributors of goods and resources.

Zones

Zones will be regions of linked communities, First 5 LA grantees, community-based organizations, local businesses, schools, churches, libraries, parks, day care facilities, hospitals, clinics, and other entities, who will dynamically work to support parent child interactions through active promotion of Prenatal through Three objectives and desired outcomes. The perimeter around each Zone represents the scope of its support and service efforts.

Network

The Network infrastructure supports and responds to the Zones with resources, source

materials, connections and linkages to maximize the capacity of each zone. The Network will also actively promote the guiding principles, accountability, sustainability, and consistency of values among Hubs.

While the Hubs, Zones and Network will all have distinct, important functions; the Hubs will serve as bases for ongoing engagement activities directed outward toward members and potential members within the community of the Zones. Much of the engagement activity of Hubs will be targeted to families, and Hubs will provide infrastructure for activities and Hub outreach contacts occurring throughout the Zone (i.e. birthing hospitals, individual homes).

We envision that stakeholders countywide will be engaged in the development and implementation of a baby-, toddler- and family-focused policy agenda and that families will be engaged in a seamless and holistic way at five catalytic key points in the developmental trajectory of their child. These engagement points are designed to connect parents and caregivers with Baby Zones on a voluntary basis. Each of these points represents a Core Element of the Baby Zone concept.

Twelve Core Elements

There are a total of twelve Core Elements proposed within the Baby Zone concept. Core Elements are essential Zone functions that will be carried out on a county or zone-wide level. Of the twelve Core Elements, seven (7) will occur continuously through Baby Zone Hubs, and one will occur in each of the five (5) points of family engagement. While the Hub of each Zone may house and deploy community engagement teams made up of a Community Health Worker paired with a Nurse practitioner or other appropriate medical professional, the screen and home visitation Core Elements will be administered independently from the Hub at the Network level. A brief description of these five family engagement point Core Elements follows:

- Prenatal Engagement: Third trimester of pregnancy
 - An introduction to and friendly registration with the Baby Zone to be conducted no later than the last trimester of pregnancy
- Birth Engagement: Soon after time of birth
 - A Family Risk screening and invitation to receive a home visit soon after the time of birth
- Postnatal Engagement I: 48-72 hours post-discharge
 - A Home Visit in the first few days after delivery with an emphasis on health and safety
- Postnatal Engagement II: 4-8 Weeks post-birth
 - A Home Visit between 4 and 8 weeks after birth with an emphasis on social support and infant development
- Postnatal Engagement III: 12-16 Weeks post-birth
 - A Home Visit between 12 and 16 weeks after birth with an emphasis on ensuring strong connections to any needed formal services and to the Baby Zone
- Ongoing Prenatal through Three engagement will occur at the Hub and throughout the Baby Zone through:
 - Play Environments for Children

- Family Education and Supportive Services
- On-site Child Care available during Hub activities
- Resource Center and an “interactive” Baby Registry
- Information and Guidance on Developmental Screenings
- Community Resource Connections and Linkages
- Volunteer, Leadership and Organizational Development

This family engagement approach will provide an opportunity to build on the strengths within communities through innovative strategies that affect the various environments that impact children.

In order to successfully implement this comprehensive, multi-layered approach, the Commission seeks to build upon and leverage community strengths and assets, fill gaps as appropriate, and build a policy agenda with countywide and community-based aspects that will allow the Commission to take a strong leadership role in creating universal change in the ways that families with pregnant women, babies and toddlers are supported.

First 5 La's Baby Zones

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The ABC's of First 5 LA's Baby Zones

The science of human development has identified early childhood as a time of intense intellectual, social and emotional development. Remarkably, 85% of physical brain growth occurs in the first three years of life. It is during this period that the opportunity exists to most greatly impact a child's optimal development. Further research reveals: 1) that healthy bonding with a primary caregiver significantly improves a child's developmental trajectory; 2) that babies and toddlers living in high-risk environments need additional supports to promote their healthy growth and development; and 3) that disparities in children's cognitive and social abilities can begin to develop in this very early period, are clearly identifiable by the time they enter preschool, and are susceptible to targeted, early intervention strategies, which, if implemented, can greatly influence children's development later in life.

History

Research also indicates that in the current economic and social environment, adequate supports for parents and young children do not exist or are not accessible to those who can most benefit from them. In an effort to confront this reality, the Commission approved \$105 million dollars for the development of the Prenatal through Three Focus Area in November 2003. In February 2005, the Commission approved the Implementation Plan outlining four components: 1) Data, 2) Direct Services, 3) Capacity Strengthening, and 4) Policy. These four components have been integrated into a cross-cutting approach to optimize the development of pregnant women, babies and toddlers. In November 2005 the Commission approved an additional allocation of \$20 million dollars raising the total focus area funding to \$125 million. At the same time, the Commission approved its Revised Programmatic and Fiscal Policies of the *Next Five* Strategic Plan. These revised policies have increased the emphasis on the Prenatal through Three population Commission-wide, influencing the Capacity Strengthening, Systems Improvement, Data and Policy investments, as well as other initiatives (i.e. Healthy Births). Further, these new policies direct the Commission toward a Place-Based evaluation strategy, for which the Baby Zone concept is well designed.

Purpose and Vision

The vision of the Prenatal through Three Focus Area is to optimize the early development of children in Los Angeles County from the prenatal stage through age three. The purpose of the Prenatal through Three Focus Area is to increase the number of children who achieve appropriate social, emotional, cognitive, language, physical and motor developmental milestones to the best of their potential. Further, the Commission recognizes that a focus on the developmental potential of young children must be addressed in the context of the families and communities to which they belong. The following describes the Commission's approach and contribution to achieving this vision for young children in Los Angeles County.

Approach

A two-pronged approach is proposed to realize this vision. This approach includes a dynamic community-focused strategy called *Baby Zones* coupled with a broad *Policy Agenda*. The Baby Zone strategy and policy agenda support and promote the following three key messages:

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- Prenatal Through Three is the most critical developmental period of life;
- Primary relationships are the foundation of social, emotional, and healthy development and school readiness of children; and
- The health and well-being of parents, primary caregivers and other family members is important to the growth and development of young children.

These key messages serve as a common thread throughout all Focus Area strategies, including strategies implemented in partnership with parents, providers, public and private sector stakeholders and the larger community.

This two-pronged approach ensures that children prenatal through three and their families will experience a dramatic improvement in the support provided across the environments in which they live, work and play. Families who choose to participate will experience this impact when the Baby Zones and the Policy Agenda converge at the Zones and Hubs within the zones. Families who do not choose to participate will also experience results from the policy agenda and other community and countywide-level strategies. Through the Zones and Hubs, families will be engaged and impacted throughout the life and development of their children prenatal through three. Additionally, they will be impacted through five contact points: 1) during the seventh – ninth (7-9) month of pregnancy; 2) at birth; 3) 24-72 hours post discharge; 4) four – eight (4-8) weeks postnatal; and 5) 12 –16 weeks postnatal. Each engagement point creates space for families to become more aware of the current and increasing supports within their various environments and to consider their opportunities for personal involvement and growth. Further, families will have opportunities for ongoing engagement with the Baby Zone.

This approach seeks to transform the environments and systems with which families and their babies and toddlers interact. First 5 LA will both catalyze and partner with Baby Zones to galvanize a process of change in how community members, businesses, providers, policymakers and others view their role in supporting the development of very young children. Baby Zones will belong to communities and the social and fiscal capital within communities will sustain the Baby Zones.

Nine Guiding Principles

Nine Guiding Principles, incorporating elements of mutuality and reciprocity (see Appendix A for a more detailed description of the Mutuality/Reciprocity Approach), have been developed and are being considered to frame the various engagement efforts around the development of the proposed approach. These principles identify the values and practices needed to sustain an ongoing and meaningful engagement processes. By employing these principles, First 5 LA anticipates the development of a strong and enduring relationship with its community partners to ensure continuous service improvement and the development of programs, policies and partnerships that are prevention-focused, and directed to benefit families with children prenatal through three (see Appendix B for a full description of the nine Guiding Principles).

Baby Zones Concept

Baby Zones is a concept developed by First 5 LA that describes regions made up of linked communities that are being transformed by local residents into community environments which actively promote Prenatal through Three Focus Area objectives and which model desired Prenatal through Three Focus Area outcomes. These regions will contain three

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levels of supports: The Hubs, The Zones, and the Network. Brief introductory definitions of these follow.

Hubs

First 5 LA Baby Zone Hubs or “Hubs” will be physical locations that serve as organizing entities for the existing assets within each Zone. Each Zone will have at least one Hub. Hubs will aim to serve as model sites and offer activities and supports to demonstrate how to reinforce the three key messages:

1. Prenatal through three is the most critical developmental period of life
2. Primary relationships are the foundation of social, emotional, and health development and school readiness of children; and
3. The health and well-being of parents, primary caregivers and other family members is important to the growth and development of young children.

Hubs will occur in a place within their Zone where people normally gather to meet, share, talk, and listen. Hub facilities will present a welcoming, safe, and comfortable environment with a home-like feel and utility. They will be accessible after hours and have an open-door policy.

Hubs will oversee and support the adoption, sustainability and consistency of strategies that will support the Prenatal through Three Focus Area objectives. Hubs will bring life to their Zones through fulfilling many essential functions including administration and/or linkage to the twelve Core Elements. Hub essential functions include, among other things, addressing self-identified needs among Zone members through targeted capacity strengthening activities such as health and developmental education, professional and leadership development, network/community/entity level organizational development, and development of nurturing and safe public spaces.

Zones

First 5 LA Baby Zones or “Zones” will be regions made up of linked individuals, neighborhoods and entities catalyzed around transforming their communities into environments which actively promote Prenatal through Three (P-3) Focus Area objectives and model desired Prenatal through Three Focus Area outcomes. The perimeter around each Zone represents the outer limit of its support and service efforts. Given the sheer size of Los Angeles County, Zones will function to divide the county into manageable regions for service, messaging, outreach and engagement efforts, among other things.

Eventually all populated areas of Los Angeles County will be sorted into adjacent Zones. Each of these Zones will work independently of other Zones to promote the P-3 Focus Area. They will also work and learn cooperatively from each other aided by the actual and virtual support infrastructure of the Network. There will be at least one Zone per each of the 88 cities within Los Angeles County, and one Zone for each of the 35 planning areas within the city of Los Angeles. Zones will be drawn along city lines in order to be easily identifiable by community residents and to maximize the impact of advocacy and policy efforts of community members.

Entities existing within Zones may partner with the local Hubs and participate as members of the Zones they are located within. Potential Zone partner/member entities will include

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community based organizations, First 5 LA grantees, local businesses, schools, churches, libraries, parks, day care facilities, hospitals, clinics, among others.

Each entity within a Zone that chooses to become a Zone member will actively work to promote the goals of the P-3 Focus Area and key messages by supporting Hub activities, messaging and outreach efforts, policy initiatives, and adopting approaches and practices that support parent child interactions, among other things. Each Zone member entity will continue to provide its normal services, while receiving ongoing supports, training, and capacity strengthening support directed from their Zone's Hub. This support from the Hub is calculated to improve each Zone member's ability to effectively collaborate with other partner entities and with community based groups and initiatives affiliated with the Hub.

The Network

The First 5 LA Baby Zone Network or "the Network" describes the virtual and actual infrastructure that will support and connect all Zones through their respective Hubs. This Network will provide resources, source materials, and connections or linkages calculated to maximize the capacity of each Zone to actively promote the P-3 focus area and support the activities and initiatives of its Hub and other Zone members.

The Network's capacity strengthening function will be directed toward creating and supporting Network level partnerships among Hub entities and other Zone members. Capacity strengthening activities may include training and technical assistance to maximize outcomes around collaboration and linkages, the Baby Zone policy agenda, and measuring community level transformation, among other things.

The Network will be the keeper of the Baby Zone vision and promote the development of approaches and practices to achieve the goals of the Prenatal through Three Focus Area. The Network will actively promote the nine guiding principles, accountability, sustainability and consistency of values among Hubs.

Baby Zone Hubs

First 5 LA Baby Zone Hubs or "Hubs" will be welcoming physical locations at the heart of each Zone. Each Zone will have one or more centrally located Hubs where families know they can go to talk, learn, or share and where children can go to play in safe, developmentally appropriate, and stimulating spaces. They will practice an open-door policy and have a home-like feel and utility. Additionally, they will provide the necessary infrastructure to support Baby Zone activities and programs and actively implement the twelve Core Element functions.

The main function of Hubs is to actively and continuously engage parent, community members and entities to bring life to the Baby Zones. These engagement efforts will provide opportunities for personal involvement and growth, to create social interdependence, to lay the foundation for networks and knowledge sharing pathways, to mobilize and connect existing resources and to effect sustainable community level change through promoting cross-cutting relationships to support pregnant women, children through age three and their families. Hubs will engage individuals and entities within the Zone such as local businesses, schools, libraries, parks, community gardens, day care

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facilities, hospitals or clinics, among others. Engaged individuals will be invited to participate in Hub or Zone activities as recipients and contributors of goods and services

Expectant and parenting families will come to the Hub to receive support and information on how to raise a happy and healthy new baby or young child. Through their interaction with the Baby Zones, parents, caregivers, and the communities to which they belong, will achieve:

- Greater knowledge of the significant role that parents have in their child's development;
- Greater capacity to maximize this significant role;
- Greater engagement with their community through their Baby Zone, including an increased focus on the relationship between parents and their children by the family, providers, public leaders, businesses and members of the community;
- Increased opportunities to develop their own leadership and unique role in the community; and
- Optimized infant and toddler development through promotion of activities at Hubs to enrich their relationships with their parents, or other primary caregivers.

This support and information from Hubs will be provided by Hub staff. For Example; shared learning will occur through the interactive kiosk located within each Hub, including resource fairs or other linking partnerships, linkages to Network level knowledge sharing resources, among other things as appropriate.

On a broader level, the Hubs will be places where self-directed community change efforts are also championed and where resources for education and training will be accessed and developed within a shared and reciprocal environment. Hubs will actively support self-guided community derived change and be the catalysts for galvanizing community-level transformative efforts. A large part of these efforts will focus on strengthening existing partnerships, and establishing new partnerships among public and private entities. One of the possible strategies to build off of the effectiveness of the Hub is to co-locate public, private, and non-profit services. This service nexus will promote mutual learning and sharing among service providers and recipients about the many aspects of raising healthy, happy babies and toddlers.

In addition to engaging families with pregnant women, babies and toddlers, Hubs will engage other sectors of the greater communities in which they are located. This community engagement is necessary to create social-interdependence, mobilize and connect existing resources, and ensure that all individuals and entities that touch families possess the requisite capacity and necessary tools needed in order to support the development of baby- and toddler-friendly communities. This engagement approach has the effect of actively building and strengthening communities, a process that is dependent on achieving genuine buy-in by all community stakeholders and requires the investment of time and diligence in maintaining responsive partnerships. The Baby Zone Hub community engagement process will lay the foundation for successful networks and knowledge sharing pathways throughout the Zone. Activities that directly impact families and communities will be implemented to effect cross-cutting relationships and outcomes that can help sustain community level changes. Sustained changes at the community-level will include increased utilization of best practices in serving families with very young children, improved responsiveness by systems to family need and demand, increased understanding of the

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effect that policies have on babies and toddlers, and increased corporate investments benefiting the development of babies and toddlers, among others.

Hub volunteers and staff will use the Hub as their base to engage parents and families. Hubs will employ some staff members from the community of the Zone. Additionally, each Hub may house and function as a deployment base for Community Health Worker/Nurse Practitioner “Family Engagement Teams” and provide direct support for the five Engagement Points (Core Elements 8, 9, 10, 11, 12) described below. The work of the Family Engagement Teams around the five Engagement Points will be independently administered on the Network level to allow implementation of Core Elements 8-12 within Zones before their Hubs are operational, thereby facilitating implementation of any successful policy solution.

Additionally, the new and/or existing staff and volunteers of each Hub will work with Zone member entities to leverage fiscal and social capital, so that parents, residents, community leaders, local governments, urban planners, service providers, birthing hospitals and clinics, school districts, community and faith-based organizations local businesses, and other relevant social and civic entities, can work cooperatively to build on community knowledge and will to transform their communities into baby- and toddler-nurturing environments.

Hubs, and other Zone member entities, will employ an inclusive engagement approach designed to optimize the ability of Baby Zone stakeholders to create partnerships of support for pregnant women and families with children prenatal through three, by working to promote the primary relationship, provide safe spaces to live, work and play, coordinate comprehensive resources, and create avenues for social connectedness. Hubs will actively support the development and adoption of approaches and practices that support the guiding principles and values of the Baby Zone concept. Through interaction with the Zones and their Hubs, stakeholders will both contribute to and model positive results. This success will catalyze Los Angeles County residents and leaders to enact policies and practices supporting pregnant women and families with children prenatal through three, and their various environments. Early implementation of some of the Prenatal through Three Focus Area Policy Agenda objectives will be facilitated through Network-level strategies to ensure countywide implementation of the five Engagement Point Core Elements (described below) carried out by Family Engagement Teams.

Hubs will also function to effect linkages connecting participants with provider or partner entities or other resources as needed. On a community level, mentoring linkages will also be promoted through the Hubs.

Hubs will actively coordinate local resources and work toward strengthening the capacity of the Zone member entities it serves to create and support sustainable Zone level networks, partnerships and linkages. Capacity strengthening activities may include training and technical assistance to maximize outcomes around collaboration and linkages, the Baby Zone policy agenda, and measuring community level transformation, among other things.

Hubs will play a key role in bringing local and system-wide issues to the forefront of a countywide policy and messaging agenda. Baby Zone Hubs will accomplish this through working directly with Zone member families, community residents, civic and business

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leaders, providers, community-based organizations, birthing hospitals and clinics, among others. The Baby Zone Network will support Hubs in this role by serving a convening and catalytic role in coordinating and facilitating policy activities. Additionally, the Network will function as a vehicle for identifying policy issues and as a change agent.

Twelve Core Elements

Given the community-focused perspective to this approach, and the inclusion of community members as staff, communities will develop Baby Zone Hubs that reflect local values and culture. However, Baby Zones will have consistent Core Elements to establish minimum standards and continuity across the County. These Core Elements include: (1) Play Environments for Children (2) Family Education and Supportive Services, (3) Childcare offered during Hub activities, (4) Information and guidance on developmental screenings, (5) Resource Center and an interactive “Baby Registry”, (6) Community resource connections and linkages, and (7) Volunteer, Leadership, and Organizational development.

In addition to the above seven Core Elements, five additional Core Elements aim to establish contact between parents and Zone Hubs at specific Engagement Points along the child’s developmental trajectory. These five additional Core Elements are: (8) Prenatal Contact, (9) Birthing Hospital Contact, (10) Home Visitation Contact I, (11) Home Visitation Contact II, and (12) Home Visitation Contact III. Each of these additional Engagement Points will be the vehicle for the Core Elements in the Baby Zone design and constitute additional Core Elements of the Baby Zone concept.

Contact around these Engagement Points will be carried out by the Community Health Worker/Nurse Practitioner Family Engagement Teams housed and deployed through each Hub.

The administration of these five screening and outreach Engagement Points (Core Elements 8, 9, 10, 11, 12) will be occur on a Network level to facilitate the Prenatal through Three Focus Area policy agenda.

Participation at each of these Engagement Points is voluntary and represents an ‘ideal’ time to initiate contact. Ongoing and continuous contact that fosters a strong connection between families with children prenatal through three may happen at any time in the development of the child or support of the family. The Baby Zone Hubs will provide further opportunities for sustained contact with families within the Baby Zones.

The Engagement Points (i.e. Core Elements 8, 9, 10, 11, 12) will be implemented by a Family Engagement Team consisting of a Community Health Worker (i.e. Promotora) and a Registered Nurse or other appropriate medical professional. Inclusion of a Community Health Worker (CHW) as an essential part of this team is necessary to provide legitimacy, and knowledge about the geography, resources, cultural and linguistic nuances, untapped leaders and partners, etc., of the area comprising the Zone. Further, Community Health Workers will bring expertise in responding to key areas of interest to parents of babies and toddlers with information, support and/or resource referrals. Inclusion of a registered nurse as an essential part of this Family Engagement Team is necessary to conduct the clinical aspects of the model and gain buy-in from birthing hospitals. Additionally, registered nurses have the necessary training to identify serious concerns such as physical and mental illness, domestic violence, and addictive behaviors, and can help facilitate referrals and

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linkages to existing social work protocols or intensive home visiting strategies, as necessary. In order to achieve optimal levels of engagement, it is necessary to focus on providing training and technical assistance to Nurse/CHW teams. Learned skills will enable them to model the helpful, reciprocal, respectful, and welcoming manner required for full community buy-in. CHWs will also be trained in infant development.

Baby Zone Elements

The twelve Core Elements are further described below. Regarding Core Elements 8, 9, 10, 11, 12 (the five Engagement Points), please note that while the Family Engagement Teams may be housed at and deployed from Hubs, these five Core Elements will be administered independently on a Network Level. Please refer to the heading of this paper titled The Network for a more detailed description of the Network level administration of the Engagement Points (Core Elements 8-12).

Baby Zone Hub Level Elements

Core Element 1

Play Environments for children:

Children learn through play. Parents and family members learn about their child's development through observing them at play. In addition to cognitive development through play environments, relationships will develop and flourish to reduce social isolation in adult parents and caregivers. Play environments within Zones will incorporate Child Play Areas and Structured Play.

Child Play Area: Space would be available for children to play under the supervision of their parents. The space would be open for parents to gather and meet other parents for play dates and the evolution of playgroups. Play environment will be adapted for full inclusion of children with different developmental needs.

Structured Play: This program will provide direct support for parents by encouraging parent participation and mutual teaching and learning. Information would be provided based on parent readiness and interest.

Core Element 2

Family Education and Supportive Services:

Individual and group services will be offered depending on community need. Classes could include perinatal health education, breastfeeding, birthing preparation, anticipatory growth and development, parenting and behavioral skills, nutrition and cooking, and others. Each Zone will offer keystone or highlighted programs through its members such as Mom's Basic Training, Participatory Play and Workshops for Dads (support group and education), among others identified by the community.

Family Education and Support Services can be expanded to include classes that support a family's basic needs such as English as a Second Language, job preparation, money management, childcare provision and transportation, among others.

Core Element 3

On-Site Child Care during Baby Zone Activities:

In order to ensure parent and caregiver participation in family education and support activities, and allow parents unfettered access to the resource library and baby registry,

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care for their children will be available during the time they attend Hub programs and activities.

Core Element 4

Resource Center and an interactive "Baby Registry":

Upon arriving at the Baby Zone Hub, parents will see a colorful interactive media terminal where they can select the type of information or services they want. Through the terminal, parents can "ask a professional" about child development and child rearing concerns in a non-threatening setting. At the same time, parents will be encouraged to register their baby (registration will be voluntary and not required to access the registry or other Baby Zone services). In exchange, they will be sent invitations events throughout the Baby Zone and classes, receive information on age appropriate developmental issues, among other things. To encourage parents to register, a voucher for a complimentary "Read to your Child" book will be attached to the flyer describing the Baby Zone. The flier will also contain information about Baby Zone maternity and infant-toddler clothing banks/exchanges. These flyers will be distributed throughout the community at physicians' offices, clinics, birthing hospitals, schools, child care centers, WIC offices, grocery stores, retailers, etc.

The Resource Center will house health information, educational toys and materials to stimulate infant and toddler development, parenting books, preventative information on child safety and other relevant topics, among other things. Safety posters will hang on the walls and there will be an area for parents to sign-up for water thermometers, electrical outlet covers, infant car seat inspections, gun safety locks, environmental safety resources (i.e. vermin prevention, information on lead paint and toxic mold) among other things.

Core Element 5

Information and guidance on developmental screenings:

Parents will be given information regarding developmental milestones and the importance of asking questions when they have concerns or just want to know more about their child's development. Opportunities to share concerns with staff through the PEDS (Parents Evaluation of Developmental Status) or Ages and Stages Questionnaires will be presented at regular intervals. Parents may also choose to use the "media terminal" to access developmental screening tools on-line with results that can be printed and taken to their pediatrician or discussed with staff.

Core Element 6

Community Resource Connections and Linkages:

Parents will be linked to other community-based services. The staff will maintain a "Provider Registry" of appropriate resources. Staff would also develop relationships with the key Maternal Child Health Providers in the community to keep referral information current and share information regarding unmet needs in the community. Support for breastfeeding and proper nutrition and preventive health through the Women Infants and Children Supplemental Foods Program (WIC), or another such provider of health education, is one example of resource sharing. The Baby Zone Network will play a role in supporting this Core Element.

Core Element 7

Volunteer, Leadership and Organizational Development:

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The parent and community volunteer leadership development approach will build on and support the evolving talent of local leaders from communities. The intent will be to create a strong group in each Hub that will have the capacity to champion and guide the strategic direction of each Hub. Leaders will collaborate with leaders of other Baby Zone members within their Baby Zone and through the Baby Zone Network. Eventually, the collective group of leaders will become advocates for Baby Zones countywide and participate in the development of policies to sustain them over time.

The leadership development curriculum will be founded on best practices in the field, such as accountability, training and professional development activities, and establishing a capacity strengthening agenda based on adult education principles of equality, respect, persistence. The development and implementation of such an agenda is a long-term strategy that requires sustained effort and involvement in order to achieve results. Efforts will be made to continuously reaffirm and seek the inherent wisdom and knowledge found within the individual and collective stories of people and groups within culturally-rich Los Angeles County.

Baby Zone Network Level Elements

Core Element 8

Prenatal Engagement Point

Baby Zone Hubs will engage expectant mothers and families between the seventh and ninth month of pregnancy. This contact will be made by the Community Health Worker (CHW) representative of the Family Engagement Team. This CHW will attempt to reach every expectant mother and family living in the Zone by contacting new families at obstetrical offices, prenatal classes, at birthing hospital registration, or in their community. Additionally, health providers within a Zone may promote the Zone through their network of prenatal doctors, health center directors, hospital administrators, prenatal support staff, prenatal educators, birthing class educators, and others.

Although this will be an initial engagement for some mothers and families, many will have already heard of the Zones from other community partners (especially through prenatal outreach activities at high schools, obstetrical practices and health clinics), or participated in the activities and programs offered within their local Baby Zone. For those who have not previously registered, this initial contact presents an opportunity to introduce Baby Zones and their messages to those who have not yet heard about them, and ensure that those who have heard about the Baby Zones have a clear understanding of the supports and opportunities available to them through them. This contact will mark the beginning of a relationship of mutual support between Baby Zone members and expectant mothers and families. During this initial contact, new families will receive the Baby Zone's key messages and will be invited to register with their respective Baby Zone and participate in its activities. Upon registering, they will receive a gift package including educational videos, certificates for redemption at the Hub, and information about Hub infant-toddler clothing banks and exchanges, among other things. The registration process will provide Baby Zones with data, contact information, and an executed release granting permission to connect new families with Baby Zone services and opportunities.

This focused prenatal contact point is important because it will occur during the time of greatest prevention potential when parents are at a high motivation point. It will occur during a time when most expectant mothers begin to actively prepare for childbirth through birthing classes, more regular OB visits, hospital tours, etc. Moreover, expectant mothers

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and families are most receptive to new ideas, supports, and home visits as routine to their pregnancy and postpartum care. Prenatal introduction to the idea of home visitation has been found to produce a higher acceptance rate than introduction at birthing hospitals.

In order to achieve and maintain optimal levels of prenatal engagement, it is necessary to partner and nurture ongoing, mutual relationships with birthing hospitals, prenatal care delivery systems, obstetrical offices, and others who support families with babies and toddlers.

Core Element 9

Birthing Hospital Engagement Point

As a follow-up from prenatal contacts and to reach an even wider group of mothers and families, every mother who has just given birth living in the Baby Zone, will receive a bedside visit from both the registered nurse and the Community Health Worker members of the Family Engagement Team. Although most hospital stays for birthing are short with little time for visiting, hospital staff, in concert with the Family Engagement Team, will coordinate this birthing hospital contact. This birth engagement will nurture the continuing relationship of mutual support between the Baby Zone and every mother who has just given birth and her family. During the Birthing Hospital Contact, new families will be welcomed by the CHW member of the Family Engagement Team, informed about key Baby Zone messages, and the services and opportunities that they offer, given the opportunity to register with the Zone (if not yet registered¹), invited to participate in activities at the Hub, provided messaging on “what should I expect now?,” and administered a face-to-face family risk screen by the registered nurse team member. This family risk screen will be adapted from risk screens currently being utilized in other counties throughout the state, and administered in a manner that is inviting, welcoming, non-invasive, and natural to families. Additionally, all new families will be invited and encouraged to receive a voluntary home visit(s) from the Family Engagement Team. The first visit will occur at one to two (1-2) weeks, the second visit will occur at four to eight (4-8) weeks and the third home visit will occur at twelve to sixteen (12-16) weeks. .

This bedside contact is key because most babies are born in hospitals. The birthing hospital is the optimal location for this engagement as, in addition to providing an opportunity to reconnect with mothers contacted prenatally, it will allow mothers who did not receive prenatal care to be engaged for the first time, while they are still at their birthing hospital.

It is necessary to create and promote partnerships among willing birthing hospitals, medical staff, hospital- and community-based social work networks, and existing home visiting programs for maternal and child health, among others. Networks will need to negotiate and establish protocols (such as care pathways and referral guidelines). Further, a quality assurance program for screening and referral activities of engagement will be established, maintained, and shared. Moreover, the many models using hospital-based screening tools with home visiting strategies will have to be synthesized and adapted to suit the vision of the community-directed Baby Zones.

Each of the Family Engagement Teams, under the guidance and with the technical assistance of the Baby Zone networks, will forge a partnership with the birthing hospital

¹ New families who have not previously registered with the Baby Zone will receive a gift package.

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serving their community. They will meet in a respectful, open fashion with hospital administrators, medical staff including obstetricians and pediatricians and the staff of the delivery service, including nursing staff, social workers, birth clerks, discharge planners, etc. After reviewing the hospital's policies, privacy concerns, workforce capacities, and pre-existing screening protocols and care pathways for women at the birthing hospital, an engagement protocol will be developed that is unique to the circumstances of the delivery service that adds value and meshes well with the existing culture and realities of the institution. In this same way, the engagement team will meet with prenatal care providers and their staff to initiate a personal relationship and co-create an engagement plan that adds value to and respects of the existing culture, delivery system, workforce demands, and economic realities of each provider. Such a partnership is not only vital to engage and recruit families into the Baby Zone, but also to help inculcate the spirit and principles of the Baby Zone into the service provider community.

Core Element 10

Home Visitation I Engagement Point (48-72 hours post discharge):

As a follow-up from previous contact (prenatal or birthing hospital contact), families with a newborn will receive a home visit from the Nurse/CHW team between 48 to 72 hours after the mother has been discharged from her birthing hospital or clinic. This home visit will nurture the continuing relationship of mutual support between the Baby Zone and every mother and her family. Moreover, this home visit is necessary to ensure that the mother and family receive all the nurturing and instructional support that they need during this often busy and confusing time within the two weeks after birth.

This visit by the Nurse/CHW team will resemble a routine health clinic visit. Additionally, the Nurse/CHW team will work with families to ensure the safety and security of the new mother, ensure the health of the new baby (breastfeeding concerns, screening for dehydration and jaundice, among other conditions), refer to required medical care and recommend care providers (if needed), refer to intensive home visiting services (if needed), and generally re-assess with the family its need for support and transportation to and from medical appointments. Moreover, this Nurse/CHW team will provide a "baby kit," and other support information, as a gift to new mothers and families. Finally, they will discuss with new mothers and families the potential benefits of participation in a Baby Zone. This home visitation contact is significant because it will provide an opportunity to continue building a partnership between parents and the Baby Zone, as well as provide information and support to new families as they begin their journey together.

Core Element 11

Home Visitation II Engagement Contact (4-8 weeks post birth):

As a follow-up from the initial visit, families with a newborn will receive a home visit from a Community Health Worker (CHW) between four to eight (4-8) weeks after the mother has been discharged from her birthing hospital or clinic. This home visit will nurture the continuing relationship of mutual support between the Baby Zone and every family, provide referral services for further home visitation (if necessary), provide referrals to other programs, and share with new parents and families the potential benefits of participation in a Baby Zone. Additionally, during this second home visitation engagement, parents will learn about the importance of the prenatal through three period and receive information on nutrition, mother-child attachment, breastfeeding, well-baby visits, immunizations, developmental issues, and early literacy, among other things.

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The Community Health Worker (CHW) will give parents a brief introduction on how to access health, developmental and behavioral resources, navigate through 'the system,' and act as their child's advocate. If appropriate, the CHW will also introduce the parent's role in monitoring developmental milestones and administering developmental screening tools (e.g. Parents Evaluation of Developmental Status (PEDS) or Ages and Stages Questionnaire (ASQ)). This home visitation contact is important because it will provide information and support to new families as they continue their journey together.

Core Element 12

Home Visitation III Engagement Contact (12-16 weeks post birth):

Families with a newborn will receive a third home visit from a Community Health Worker (CHW) between four to eight (12-16) weeks after the mother has been discharged from her birthing hospital or clinic. This home visit will work to solidify the engagement between the families and the supports and activities present in the zone. This visit will also focus on ensuring that families have been successfully linked to any services or supports that they have expressed a desire to receive. This home visit will also follow-up on referral services for further home visitation (if necessary). Additionally, during this third home visitation engagement, parents will continue to learn about the importance of the prenatal through three period and receive information about areas of child development pertinent to the families interests.

The Community Health Worker (CHW) will follow up with parents on any issues related to accessing health, developmental and behavioral resources, navigating through 'the system,' and acting as their child's advocate. If appropriate, the CHW will also address any follow-up questions related to the parent's role in monitoring developmental milestones and administering developmental screening tools (e.g. Parents Evaluation of Developmental Status (PEDS) or Ages and Stages Questionnaire (ASQ)). This home visitation contact is important because it will ensure that families have been successfully linked to the services and information that will support and strengthen their primary role in their child's life. Families will continue to be engaged by their Baby Zone beyond the time of this third home visit. Once they have registered with their local Baby Zone, families will continue to receive information, invitations and opportunities from the Hub of their respective Zone, and other community participants. The on-going outreach efforts of the Hub will support parents in getting information and services when needed at any time.

Baby Zones

First 5 LA Baby Zones or "Zones" will be regions made up of linked individuals, neighborhoods and entities catalyzed around transforming their communities into environments which actively promote Prenatal through Three Focus Area objectives and model desired Prenatal through Three Focus Area outcomes.

The concept of the Baby Zones is intended to take a community with discreet and disconnected services and supports and allow for enhanced coordination and collaboration across the entire community. Individual Zones, throughout the County, and the Zone member entities they contain, will have one Hub through which they will be linked to the Baby Zone Network. Through the agency of their Zone member entities and Hubs, the Baby Zones will:

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1. Engage every pregnant woman and all new parents in the community and be their bridge to other services and supports;
2. Support social connections (reduce isolation), parent-child relationships, early childhood enrichment, and play among families in the community; and
3. Provide an alternative positive opportunity in every community for parents to engage their talents and creativity in such efforts as economic self-sufficiency, completing/furthering their own educational attainment; and self-advocacy

First 5 LA recognizes that in many communities, existing assets and infrastructure exist to support this approach. Toward the end of maximizing assets and infrastructure through partnerships around Zones, the Commission will assess possible leverage points of existing Commission investments (see Appendix C). In addition to looking internally for leveraging opportunities, the commission's recently Revised Programmatic and Fiscal Policies emphasizes the tremendous opportunity partnerships provide to measurably increase social and fiscal investments (see Appendix D).

Baby Zone Network

The First 5 LA Baby Zone Network or "the Network" describes the virtual and actual infrastructure which will support and connect all Zones through their respective Hubs. The Network will function as a unifying entity for Baby Zones countywide in order to facilitate knowledge and data sharing among Zones and their member entities. The Network will provide resources, source materials, and connections or linkages calculated to maximize the capacity of each Zone to actively promote the P-3 focus area and support the activities and initiatives of its Hub and other Zone members.

Another function of the Network is its targeted capacity strengthening function. This will target the creation and support of Network level partnerships among Hub entities and other Zone members. Capacity strengthening activities may include training and technical assistance to maximize outcomes around collaboration and linkages, the Baby Zone policy agenda, and measuring community level transformation, among other things. Capacity strengthening activities aim to assure that all entities which touch the lives of young children possess the necessary capacity to positively impact their lives and to assure that families, residents, and organizations can support pregnant women and families with children prenatal through three. The Baby Zone Network will facilitate dialogue and partnership among parents, community residents, and local civic and business leaders, and other stakeholders to:

1. Design and implement a community-based Hub that is accessible, family and community-focused, needs driven, and strengths-based, with a focus on providing avenues for social connectedness, information for parents on how to support their child's development and linkages to supports and services for families with children Prenatal through Three;
2. Develop and implement a First 5 LA/Community partnership to govern the Hubs;
3. Strengthen the abilities of individuals, groups, and public and private systems to provide safe, secure and nurturing public places for young children and their families;
4. Link community-based services with County services to ensure the availability and provision of comprehensive resources for children Prenatal through Three and their families.

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In addition to benefiting Baby Zones, the partnerships promoted through the Baby Zone Network will strengthen the capacity of community partners and providers over time through provision of:

- tools for enhancing and increasing provider capacity to promote the primary relationships of babies and toddlers and their primary caregivers (i.e. professional development);
- leadership development or facilitation training for local community, business and civic leaders, and other individual capacity strengthening activities;
- workforce development (especially regarding training and licensing of nurses);
- organizational development, and other entity capacity strengthening activities;
- public events and celebrations, and other activities of social support;
- incentives for community participation and buy-in;
- incentives to providers for participation and buy-in;
- peer-to-peer activities, and mentoring;
- economic development activities;
- community driven policy, advocacy, and resource development;
- opportunities to access pre-existing community pathways or arteries, such as interpersonal relationships, social networks, information and resource streams, etc.;
- capacity strengthening technical assistance to increase the quality of services to pregnant women, babies and toddlers.

An essential function of the Network is to administer and support the five family Engagement Points (Core Elements 8-12). Although the Family Engagement Teams will be housed and deployed from within Hubs, administrative functions will be carried out on the Zone level to ensure that the screen and visitation elements are administered independently from the Hub while retaining a connection to the Hub. This independent administration of the Engagement points by the Network will allow implementation of Core Elements 8-12 within Zones before their Hubs are operational, thereby facilitating implementation of a successful policy solution.

Baby Zone Network is intended to be a vehicle for identifying policy issues and a catalyst for change. The Network will serve in a convening and catalytic role in coordinating and facilitating policy activities, while individual Zones will play an equally key role in working directly with families, community residents, civic and business leaders, providers, community-based organizations, birthing hospitals and clinics to bring key local and system-wide issues to the forefront of a countywide policy and messaging agenda.

The Network will also function as the keeper of the Baby Zone vision. In this capacity, the Zone will promote the development of approaches and practices to achieve the goals of the Prenatal through Three Focus Area. The Network will actively promote the nine guiding principles, accountability, sustainability and consistency of values among Hubs. Additionally, Network will provide legal counsel, marketing and technical support, among other things, for Network level issues.

The Policy Agenda

First 5 LA's Strategic Plan for the Next Five Years (2004-2009) outlines a vision, values, a mission statement and goals to guide every funded initiative. The three priority goals –

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Early Learning, Health, and Safe Children and Families –direct both the funded initiatives and the strategic partnerships formed through First 5 LA. Systems improvement, sustainability, advocacy and results are the driving forces behind the goals. Part of the process for developing a Prenatal through Three Focus Area policy agenda is to identify the policy intersections, opportunities, duplications and barriers among major First 5 LA initiatives including the Healthy Births Initiative, Los Angeles Universal Preschool (LAUP), and Partnerships for Families and to recognize the affect that the various agendas have on one another and the entire First 5 LA target population of children prenatal through five. These have been woven into the policy goals and strategies.

The Prenatal through Three Focus Area will contribute to the overall policy goals of First 5 LA by addressing four (4) main issues:

1. Screening: Identifying pregnant women, infants and toddlers who are in need of intensive intervention (including behavioral/mental health and developmental services) at the earliest possible opportunity.
2. Workforce: Assuring a qualified and well-compensated prenatal through three workforce who conduct outreach, parent engagement, screening, and referrals.
3. Capacity: Increase funding/resources for programs outside the Baby Zone that will be the recipients of referrals from the early identification efforts.
4. Public Education and Advocacy: Expand the policy role of First 5 LA to identify messaging, public education, advocacy and policy solutions that increase the overall effectiveness of its Prenatal through Three investments.

For meaningful and enduring change to occur, the First 5 LA Commission must consider a policy framework that includes both internal administrative policies and public policies that advance the Prenatal through Three agenda including the Baby Zone strategy. It will be critical to form long-term partnerships among the business community, elected officials, community and civic leaders, school districts, service providers, and private foundations that have a vested interest in the well-being of individuals and communities in LA County. These partnerships will build capacity within the County for achieving healthier pregnancies, healthier births, school success, secure financing, and an increased awareness of the importance of the early years of life. Convening the players from critical parts of a system creates sustained linkages of working relationships that streamline the provision of care and workable relationships (adaptable and growing together) that can become strategic alliances that can advocate for and continuously improve a system of care. It is important in an endeavor as comprehensive as the First 5 LA Prenatal through Three Focus Area to honor the work that is already being done with pregnant women, and families of young children. Partnering with these various stakeholders will help nurture and strengthen the effective alliances necessary for enduring systemic change.

It is critical to form these partnerships early in development and implementation of this approach given the time necessary to form new coalitions, strategic planning and authentic relationships. Funding must be long-term and allow for meaningful relationships to develop before implementing new ways of doing business. There is synergy in collaborative relationships – the result of multi-agency coordination and collaborative efforts yield far greater benefits than several single-agency projects.

First 5 LA can form new alliances with the business and philanthropic communities by taking advantage of partnership opportunities such as making a presentation on the

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Prenatal through Three Focus Area to the Southern California Grantmakers for Children, Youth and Families organization. This is exemplified by First 5 LA's current participation in the Early Childhood Economic Summit being planned for Los Angeles in November 2006. These partnerships can reduce competition between provider groups and diversify the funding base for Prenatal through Three. Reaching out to hospitals and insurance companies can help to align policy and financing goals, and strengthen messages about promoting health and well-being. Working with provider groups such as the Perinatal Advisory Council/Leadership, Advocacy, Consultation (PAC-LAC) and the American Academy of Pediatrics (AAP) can lead to consistent, high-quality standards of caring. Reaching out to colleges and universities as well as municipal groups such as the LA Workforce Investment Board can greatly improve workforce development strategies.

The Prenatal through Three policy agenda must allow for some flexibility. The federal, state, and county policy environment may change; policy opportunities (and threats) will come and go. The policy agenda will also be shaped over time by community input – the Baby Zone Network is intended to be a vehicle for identifying policy issues and a catalyst for change. The Baby Zone concept provides an excellent opportunity to engage elected officials, law enforcement, religious and civic leaders, county and municipal leaders, business and industry, and private foundations that invest in Prenatal through Three.

Policy Roundtables

A first step in developing an innovative Prenatal through Three policy agenda for First 5 LA is to gather information about current policy initiatives and issues. In March and April of 2006, a series of three Policy Roundtables were convened with key policy shapers to identify, discuss and actively pursue a public policy agenda for issues related to the interests of pregnant women, infants, and toddlers in LA County. Meeting participants:

- Identified current policy work and pressing policy issues (including administrative/regulatory issues, new initiatives, court decisions, legislation, budget/financing issues).
- Identified areas of common interest and considered policy prioritization criteria and process. Areas of common interest that were identified were:
 - Access to services and health insurance;
 - Health and Nutrition (including oral health, asthma and obesity prevention, perinatal care, etc.);
 - Infant, Early Childhood and Family Mental Health;
 - Family Development (including economic success, reducing isolation, strengthening relationships, promoting parent involvement, etc.);
 - Early Identification and Intervention;
 - Workforce Development;
 - Child Care;
 - Child Welfare;
 - Funding; and
 - Data and Technology
- Identified action strategies and consider ongoing convening to pursue action steps such as:
 - Policy (i.e. producing sign-on letters for proposed legislation, drafting white papers and policy briefs on topics of mutual interest, tracking proposed federal and state legislation, and local/county policies and

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regulations of relevance to the Prenatal through Three Focus Area and meeting on a regular basis to share information)

- Providing training
- Capacity building
- Public education/awareness
- Leveraging
- Improving data collection

The Prenatal through Three Policy Roundtables impacted four important results: 1) First 5 LA will embrace an innovative prenatal through three policy agenda that reflects input from the roundtable participants; 2) the interests of pregnant women, infants, and toddlers will be addressed in relevant public policy issues (health insurance, early care and education, early identification and intervention, mental health services, etc.) at the county and state level; 3) key policy-shapers will collaborate, share information (including presentations at conferences, producing and disseminating policy briefs, etc.), maximize resources, and create a forum for ongoing prenatal through three policy discussions; and 4) the unique needs of women, infants, and toddlers will be highlighted across organizations, among opinion leaders, and among foundations in the LA area. The final policy report will contain a detailed summary of the Policy Roundtables.

The First 5 LA Prenatal through Three Focus Area will develop an overarching policy agenda and messaging campaign. The community-based Baby Zones and the convening Baby Zone Network will each contribute to the policy and messaging work.

The Baby Zone Network will serve in a convening and catalytic role in coordinating and facilitating these activities, while individual Zones will play an equally key role in working directly with families, community residents, civic and business leaders, providers, community-based organizations, birthing hospitals and clinics to bring key local and system-wide issues to the forefront of a countywide policy and messaging agenda.

Marketing and Education Campaign

Any marketing/education programs in support of First 5 LA Baby Zones will conform to the goals and objectives laid out in the Public Affairs Plan approved by the Commission in September of 2005. All relevant outreach efforts in support of the Baby Zones should be executed in concert with future and ongoing First 5 LA marketing/education campaigns.

In addition to supporting the Baby Zone goals and objectives, these efforts can also assist communities in building a greater understanding that developmental care and support for pregnant women and parents is essential. Marketing/education efforts can also create an expectation that a Prenatal through Three Network will grow and thrive. All marketing/education efforts will incorporate the three key Baby Zone messages: (a) prenatal through three is the most critical developmental period of life, (b) primary relationships are the foundation of social, emotional, and healthy development and school readiness of children, and (c) the health and well-being of parents, primary caregivers and other family members is important to the growth and development of young children.

Development of a marketing/education plan will begin immediately upon approval of the Baby Zone proposal. This plan will factor in the unique cultural and linguistic perspectives of target communities. In addition to focusing on the key messages, this

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marketing/education plan will also be designed to create a demand for Baby Zone services and help ensure the success of the Baby Zone concept. To that end, it is essential that the marketing/education plan incorporate input from all key constituencies and stakeholders through grassroots efforts. Elements of the Metamorphosis Project, currently examining the communication infrastructure of urban communities in Los Angeles County, may inform this process.

The Baby Zone Marketing/Education Plan will utilize a unique brand development and launch strategy targeting key demographic audiences. This campaign will be designed to elicit support and buy-in from parents, providers, community leaders, elected officials and other policymakers and businesses, among others. Implementing this plan successfully will require extensive resources, but a specific budget cannot be determined until the Zone concept has been fully fleshed out.

The First 5 LA Public Affairs Department has determined that this campaign will require contracting a marketing/communications firm to conceptualize and implement. First 5 LA currently contracts with Hershey Associates/Cause Communications, a firm specializing in social or cause marketing. Because the development of the Zones should be compatible with all other First 5 LA marketing efforts, it is essential that this agency be involved at some level with the development of the Zone Marketing/Education Plan. Any agency contracted to develop this campaign must utilize strong research and measurement strategies in order to ensure the project's success.

Although it is too early to begin committing to specific strategies for the marketing/education plan, it is clear that the approach for this campaign must include Paid as well as Earned Media strategies, public relations efforts, events, direct mail, co-branding strategies, so-called "stealth marketing" and all other strategies that have been proven to be effective in communicating with the Zones' target audiences.

While the marketing/education efforts of this initiative will be managed and overseen by First 5 LA, Baby Zone and Hub "grantees" must play a critical role in implementing their own outreach within their respective communities. Thus, the campaign must be designed with flexibility to allow Zones and Hubs the opportunity for limited customization of campaign content to fit the needs of the communities they serve. First 5 LA reserves the right to review these "customized campaigns" to ensure the Baby Zone's brand integrity.

Focus Group Process

Development of the public education strategy for the Baby Zone will involve message development and testing which could include public attitude surveys and focus groups of target audiences including pregnant women and parents/caregivers of young children. This research will provide input directly from target audiences the most significant of which are those intended to use the Baby Zone services. All message development and testing will be done in coordination with any marketing/communications agencies currently contracted by First 5 LA to ensure consistent message development, testing and campaign measurement.

This process will also include trademark/copyright research in the development of the Baby Zone name. This task should be completed by legal staff or outside legal counsel of First 5 LA. Prototype communities, representative of the diversity of Los Angeles County, will be identified, in order to ensure that any message development research will include

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appropriate community input. Prototype communities are being utilized because this work will commence before the final identification of demonstration sites. At this time, First 5 LA owns www.babyzonela.com, www.babyzonela.org and www.babyzonela.net. Additional available domain sites will be researched if needed, based on feedback from the Focus Groups.

Once the mechanism for hiring a research firm and funding for the research is determined, a research firm(s) will be identified to begin discussions about focus groups and a preliminary budget. It is anticipated that by mid-May, a brainstorming session would be convened, in order to conceptualize the focus groups. This would include determining the specific objectives of the focus groups, what questions are to be addressed, concepts to be explored and messages to be tested, etc. The research firm would be responsible for development of the facilitators guide; this process of developing the guide will be led by the research firm but will include review and involvement of First 5 LA staff and P-3 consultants.

Based on the criteria for selection of demonstration sites, and the prototype community demographics, the research firm will recruit appropriate participants for the focus groups. The number and diversity of focus groups is dependent upon how many groups are needed to adequately represent (and get input from) the many cultural, linguistic and socio-economic groups present in LA County. It will be critical to be as thorough as possible in this process, including pregnant women and their partners; mothers and fathers of newborns, parents of various ages with young children and perhaps extended family members such as grandparents or family child care providers who might be using the services of the Baby Zone. The more thorough the focus group process, the more likely it will be to launch a successful public education campaign. Following completion of the focus group research, the focus group report will be reviewed/finalized and final recommendations on marketing/public education, including role of Baby Zone demonstration sites in the public education strategy, will be developed.

The Economic Case for Prenatal through Three Investments and Partnerships

An economic case for Prenatal through Three investments will be established by reviewing existing research on the costs and benefits of the core Baby Zone services, identifying best practices for cost effectiveness, and examining other potential policy solutions that would enhance the cost effectiveness of the Prenatal through Three investments. A more detailed economic analysis will focus on three core components of the Baby Zone: 1) home visiting (including universal home visiting and intensive home visitation programs); 2) screening (family risk, birth, and developmental); and 3) a cluster of items including referral, co-location and coordination of community support systems.

Cost Projections

An evolving model of projected costs has been developed in preparation for implementing the Baby Zones Approach. This cost model consists of three parts:

1. The Core Elements (including newborn screening and three home visits);
2. Baby Zone hub activities and infrastructure (including support of zone-specific policy activities);
3. Marketing activities and network support

The cost projections do not include costs for the development of a data system to support individual-level data or the overarching Prenatal through Three Policy Agenda

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implementation activities. Current cost estimates also do not reflect current or potential fiscal and social capital investments by outside partners in Baby Zone facilities, programming or staffing that can significantly reduce potential costs for First 5 LA. At this time the total “price tag” for implementation of the Baby Zone model in a given community is approximately \$900,000/year. This dollar amount is not inclusive of significant start-up costs expected to be incurred by each site. Further, the demonstration sites will have additional start-up costs related to rollout of the overall model, including initial investments in marketing that will benefit all zones, as well as an integrated data system.

Two critical elements of information for the budget process are county and sub-county population projections and estimated program component. Cost estimates are determined by combining four factors:

- The number of families with births each year
- The amount of services to be provided to each family
- The percent of families that will utilize each service (referred to as the “take-up” rate)
- The per unit cost for each service, including Baby Zone “hub” facilities and staffing, visits with pregnant mothers, screenings at birth, and home visits.

Other line items in the budget, such as advertising and promotion, are flat costs that are pegged to the number of Baby Zones that are established. Much of the budget for the Baby Zone Network, the Baby Zones and the Hub facilities, infrastructure and staffing will be separate line items as well, or stated as costs per Zone or per Hub. Creating a budget that has per unit, per Zone and/or per Hub cost estimates is key since the initial rollout of the First 5 LA Baby Zones will include demonstration sites.

The model of cost estimates lists a set of underlying assumptions, such as the total universe of L.A. County families with newborns each year that the budget is expected to cover and the number and percent of families projected to utilize each program component (including population breakdowns by risk categories and drop-off rates). As more detailed information about Baby Zone families, program offerings, and collaborative partners is determined, these assumptions will be updated and the expected program costs will be more accurately reflected in the model.

Lastly, the model of cost estimates includes multiple scenarios that cover a range of possible project implementation choices. For example, while First 5 LA will have data on the total number of births in each Baby Zone, how many families will be reachable and accept First 5 LA's invitation for a prenatal engagement in the third trimester? Data drawn from similar programs in other California counties suggests that a range of participation rates is likely to be encountered. The model of cost estimates thus can show multiple scenarios of 20%, 40% and 60% or even 80% family participation, and the costs that result from each scenario. These scenarios are useful for planning the Baby Zone program since it is likely that the percent of families who decide to participate will vary across different parts of the County.

The cost projection model will inform the planning process as First 5 LA determines how best to roll-out the new, precedent-setting, Baby Zone Approach. This information will be balanced with empirical data that will reflect the fiscal and social assets of the different

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Baby Zone communities, as well as dollars and resources that will be leveraged in these communities. First 5 LA will obtain this key data as it builds partnerships with specific communities and those entities representing leveraged resources. This dynamic work will contribute to an ongoing refinement of cost and asset data and a greater understanding of the Commission's best opportunities for investment.

Data and Accountability

The data component of the Zones will emphasize information sharing and quality improvement as well as accountability. The objective is to develop or enhance (as appropriate) a data infrastructure consisting of primary and secondary community-level data that can be used by multiple stakeholders for ongoing planning and evaluation. First 5 LA will work in concert with community partners (e.g. Healthy City and First 5 LA Neighborhood Data Use Collaboratives, among others) as well as County entities (e.g. Urban Research among others) to pool existing data sources in an effort to make data more accessible to community stakeholders and evaluators. In addition, First 5 LA will work with external entities to collect primary data on community-level indicators not captured through existing data sources. This data infrastructure will provide First 5 LA with community-level information that will allow us to more systematically examine the processes and desired outcomes within the "places" (i.e. the Zones) where organizations, institutions and individuals interact to improve the well-being of children and families.

The Baby Zone concept is well positioned as a "test case" for First 5 LA's proposed place-based evaluation approach. The purpose of this approach is to understand/measure First 5 LA's contribution to the systems of care and overall well-being of children and families within specific communities. The kinds of questions that could be answered as part of a Baby Zone place-based evaluation include, "What distinguishes Baby Zones from other geographic areas in Los Angeles County?" and "How are the circumstances of children and families in the Baby Zones changing (as compared to other communities)?" The evaluation of the Baby Zones presents a unique opportunity for First 5 LA to understand the transformative trajectory of parents, communities, and Los Angeles County, through their interaction with First 5 Baby Zones.

First 5 LA will work collaboratively with community leaders and other stakeholders to identify the community characteristics and mediating factors that impact the most salient short- and long-term outcomes for children prenatal through age three and their families. Appropriate evaluation measures and indicators will be selected and will reflect an understanding that true, sustainable change within communities and their families requires the time, creativity, and effort of all stakeholders.

Baby Zone Geographic and Hub Location

Establishment of Baby Zones will be open to each of the eighty-eight (88) cities and unincorporated areas throughout Los Angeles County. With respect to the City of Los Angeles, the City of Los Angeles' Community Planning Areas² will serve to divide the city

² The 35 Community Planning Districts in Los Angeles City are: Arleta, Bel Air, Boyle Heights, Brentwood, Canoga Park, Central City, Central City North, Chatsworth, Encino, Granada Hills, Harbor Gateway, Hollywood, Mission Hills, North Hollywood, Northeast LA, Northridge, Palms, Reseda, San Pedro, Sherman Oaks, Silverlake, South Central LA, Southeast LA, Sun Valley, Sunland, Sylmar, Van Nuys, Venice, West Adams, West LA, Westchester, Westlake, Westwood, Wilmington, and Wilshire.

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into thirty-five (35) Baby Zones throughout the city. For each of these designated geographic service areas, local members of the community, elected officials, business leaders, redevelopment agencies, and other stakeholders will work together with First 5 LA to identify the location of a Hub or number of Hubs, as well as more localized geographic boundaries that are recognizable to families, and for which Hubs can act as anchors.

Selection of Hub sites will focus on existing points of strength within communities, use and strengthen pre-existing pathways or arteries (interpersonal relationships, social networks, information and resource streams, etc.), and build upon naturally occurring gatherings and meeting places, to gage the community pulse and inform decisions and processes along the way. These Hubs will be located at strategic, "family friendly," locations within Baby Zone regions, including neighborhood community centers, family resource centers, community clinics and health centers, schools, birthing hospitals, recreation centers/playgrounds, shopping centers, or other similar sites.

The initial launch of First 5 LA Baby Zones will begin with at least five to eight demonstration areas. Each demonstration area will be chosen based on criteria yet to be established. Broadly the criteria will allow for variations among the areas including geography, capacity of lead agency or entity, available community resources, and ability to leverage other funds and resources. First 5 LA will use these demonstration areas to inform the developmental process and establish models for creating successful Baby Zones throughout the County.

Funding Approach

First 5 LA will develop criteria allowing for the identification of five to eight demonstration sites. These criteria will reflect the commission's desire to learn from the geographic, social and cultural diversity present throughout LA county, to take advantage of existing and emerging opportunities and practices (i.e. the Mental Health Services Act implementation and the work of the Services Integration Branch to create sites that co-locate county services, as well as the presence or lack of presence of First 5 LA investments). Further, the priority zip codes laid out in the First 5 LA Revised Programmatic and Fiscal policies will inform this process.

Demonstration sites will be offered grants to engage in a one-year planning process in partnership with First 5 LA. Participants in this planning process will range from parent groups, provider networks, city representatives and business leaders. This planning phase will allow interested communities to engage in partnership building, asset and need analysis, and capacity, governance and infrastructure building. Through this dynamic mobilization process, First 5 LA will be able to inform itself of the strengths and assets present within a given community, identify Hub locations and to clearly identify the gaps that the Commission, in partnership with communities and their stakeholders, can fill.

1. This approach will provide an excellent opportunity to add value and build on the strengths within communities through innovative engagement strategies positively affecting all environments in which children prenatal through three and their families live, work and play. Inclusion of families and communities in this process will promote: A commitment to addressing child-level outcomes;
2. A commitment to increasing the capacity of communities to support families; and

First 5 La's Baby Zones

3. A commitment to increasing the quality of the resources and/or systems with which families engage.

Through work with the Demonstration Sites First 5 LA will develop a plan for countywide rollout. The rollout strategy will reflect the lessons learned by the demonstration sites particular to all areas of implementation.

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Conclusion

Baby Zones will optimize the development of children prenatal through three, in the context of their family and community. They will actively engage parents, families, and communities around the achievement of appropriate social, emotional, language, physical and motor developmental milestones. County residents will be mobilized around the shared experience of improving conditions for children prenatal through three. Baby Zones will employ a cross-cutting approach across the four components of the Implementation Plan, and lead us to a new paradigm of engagement.

Appendix A: Mutuality/Reciprocity Approach

This approach is based on two premises. First, communities / parents possess innate wisdom, skills, abilities, knowledge, and resources that can greatly benefit / influence the overall success of contemplated projects, data gathering and evaluation efforts, and community members and parents themselves. Second, the act of giving people something with the expectation of mutuality (or reciprocity of exchange) implies an understanding of the value that program participants bring to the process. Conversely, giving without the expectation of mutuality implies that recipients have nothing of value to contribute, underscores their need, disempowers them, and perpetuates the often held misconception that professionals, providers, and other “experts” possess the only solution to their problems. Valuing parents and community residents through recognizing that their contributions are necessary for the success and sustainability of projects aiming to engage communities and their residents, is a fundamental step in this process. Secondary steps include embedding mechanisms to harness these contributions through both inter-sector and trans-sector exchanges (clothing banks, volunteerism, peer-to-peer education, mentoring, skills-banks, time-dollars, data feedback loops, etc.).

WHY DO IT?

Very few programs have attained necessary levels of community and parent buy-in and continued participation in order to support the sustainability of effort and funding over time. It is only through recognizing and promoting the importance of parent and community resident contributions that the entrenched helper / helped mentality can be broken down to allow true reciprocal partnerships to flourish. Implementing mutuality or reciprocity principles in this project will promote buy-in, leverage resources, encourage messaging, ensure sustainability, among other things.

WHO IS DOING IT?

This approach, although called by many different names throughout history, has been prevalent in successful growth and development of indigenous cultures the world over. It can be said that mutuality or reciprocity in some way or another characterizes all monetary, social, and service exchanges of value for value. Many successful programs across the nation utilize ideas inherent in this paradigm in different ways. Examples of these include Dudley Street, Allegheny County, and Vaughn Family Center. Its direct applicability in programmatic design is increasingly gaining recognition through the work of Charles Bruner and the family support evaluation field, Bonnie Benard and the resiliency field, and Peter Benson and the Search Institute, and the work on risk and protective factors started by Catalano and Hawkins, among others.

HOW IS IT DONE? In order to honor this approach it is necessary to meaningfully include parents / community residents in all phases of any project by embedding inclusion, reciprocity and feedback loops in all processes, decision points, and service plans. It must be one component of the work -- it must pervade all aspects of framing, entry and engagement strategies, selection of measures of progress and success, among other things. This approach recognizes that successful community entry strategies, engagement protocols

This is an abstract of the policy brief *Mutual Assistance: Galvanizing the Spirit of Reciprocity in Communities*, Foundation Consortium for California’s Children & Youth (fall 2004), by Yolanda Trevino and Roland Trevino, Consultants with Transformative Collaborations International. For full article see: <http://www.foundationconsortium.org/how/library/policybriefs.html>

and sustainable parent and community buy-in take time, and require culturally and linguistically appropriate materials and approaches by staff.

This is an abstract of the policy brief *Mutual Assistance: Galvanizing the Spirit of Reciprocity in Communities*, Foundation Consortium for California's Children & Youth (fall 2004), by Yolanda Trevino and Roland Trevino, Consultants with Transformative Collaborations International. For full article see: <http://www.foundationconsortium.org/how/library/policybriefs.html>

Appendix B: Guiding Principles

1. **Participation:** Baby Zones are an inclusive, fluid, and simple design, calculated to achieve full and mutual investment among First 5 LA, and community partners. An important initial step in this process is building a foundation of trust, respect, and collective decision-making among all stakeholders.
2. **Leadership:** First 5 LA proposes a joint leadership model consisting of a First 5 LA/Community advisory body. This body will recommend actions to meet the needs of local children and families. Staff and volunteers will become skilled advocates, family and community capacity builders, and resources for linking families, community networks, and services with each other.
3. **Decision-Making:** With input from the community, First 5 LA will define and communicate the mission and vision for the Baby Zones. Parents and community members will be engaged as partners in every aspect of program development and delivery, although responsibility for major operation and policy decisions will rest with First 5 LA.
4. **Relationships:** The Baby Zone environment will reflect the vision of an upbeat Hub of activity in a healthy micro-community where celebrations mark successes and milestones, and people freely access and share services. Continuous learning and improvement will characterize the work of all involved.
5. **Communication:** Strong formal and informal communication mechanisms will be in place among agencies, community members and First 5 LA. Opportunities for open dialogue on important issues will be created in a manner that is not constrained by politics or institutional agendas.
6. **Maximizing Fiscal and Social Capital:** The human and fiscal resources of First 5 LA, the County, and community, will be continually leveraged to create a better quality of life for local families with children Prenatal through Three. A service exchange concept that incorporates reciprocity and mutuality will be utilized.
7. **Systemic Impact:** Efforts will be made for this approach to be taken to scale so that all of the innovations related to supporting families and children Prenatal through Three, the feedback and input from community leaders, strategies for effective system coordination and best practices are adopted countywide.
8. **Accountability:** First 5 LA will solicit input from all stakeholders/community partners to develop performance outcomes based on the mission and vision of the Baby Zone Concept for improving the well-being of children and families and the accompanying learning community. The overall approach to evaluation and accountability will allow for mid-course corrections based on action and experience.
9. **Sustaining the Effort:** Ongoing capacity strengthening with community partners and providers will support Baby Zone consistency in values and methods. Further, this approach will respect the natural growth of sustainability strategies that take place and become embedded within in communities.

Appendix C: Possible Leverage Points

Initiative	Description	Target Population	Objectives	Geographic Areas
Healthy Births Initiative	Designed to improve birth outcomes, promote the health and well-being of each mother, newborn child, and family in LA County and optimize a baby's potential for early childhood development, intellectual capacity and lifelong good health	<ul style="list-style-type: none"> • Pregnant women or new mothers living on incomes below 300% of the federal poverty level who are at increased risk for having a poor birth outcome; • Pregnant women or new mothers with a chronic medical condition related to pregnancy complications and/or a poor birth outcome • Pregnant teens or teen mothers 	Intensive case management with a variety of services that may include: Medical, social service, mental health, specialty and other community services (e.g. food/clothing/housing, chemical dependency/alcohol/smoking, nutrition counseling, parenting education/support, legal assistance)	Best Babies Collaborative exist in four geographic areas: South Los Angeles, the Harbor Corridor area, Long beach/Wilmington and the Antelope Valley
<u>Partnerships for Families (PFF) Initiative</u>	Community based secondary prevention of child maltreatment by helping to fill gaps in the current child welfare system by developing and providing voluntary prevention services to pregnant women and families (with children younger	<p>Target Population:</p> <ul style="list-style-type: none"> • Pregnant Women: Identified by the PFF collaborative and/or are referred by local law enforcement, birthing hospital, medical or domestic violence personnel who have the following risk factors for child maltreatment: young maternal age, domestic 	<p>Objectives:</p> <p>Family Level:</p> <ul style="list-style-type: none"> • Decreased Family stressors • Decreased social isolation • Increased family functioning • Increased child functioning • Decreased child abuse and neglect re-referrals • Increased utilization by Families of formal and 	<p>Geographic Areas:</p> <p>Eight geographic areas with one PFF collaborative per SPA:</p> <ol style="list-style-type: none"> (1) Lancaster (2) North Hollywood (3) Covina (4) Metro North (5) West Los Angeles (6) Wateridge

Initiative	Description	Target Population	Objectives	Geographic Areas
	<p>than age five) who are at high risk for child maltreatment.</p>	<p>violence, maternal substance abuse, maternal depression</p> <ul style="list-style-type: none"> • High Risk Families with a Child Five Years of Age or Younger: Families referred to the PFF collaborative by the Department of Children and Family Services who meet the following criteria: (1) the referral includes a child that if five years of age or younger; (2) They are classified as high or very high risk on the structured Decision-Making Tool (SDM) 	<p>informal services and supports</p> <p>Agency Level:</p> <ul style="list-style-type: none"> • Improved quality of services and supports • Increased capacity of community partners to coordinate, collaborate and mobilize • Increased availability and accessibility of formal and informal services and supports • Increased capacity of community partners to identify, engage, and serve at-risk families <p>Community Level:</p> <ul style="list-style-type: none"> • Increased access to community-based supports and services for families • Increased participation in community-based prevention partnerships (including engagement of community residents) • Increased information about prevention of child abuse and neglect • Increased reliance on evidence-based practices among service providers 	<p>(7) Belvedere (8) Torrance</p>

Initiative	Description	Target Population	Objectives	Geographic Areas
<u>Early Developmental Screening and Intervention (EDSI) Initiative:</u>	To transform community systems in Los Angeles County that will lead to earlier identification and intervention for young children in Los Angeles County with developmental or behavioral concerns.	Target Population: Providers	Objectives are: <ul style="list-style-type: none"> • Enhanced parent knowledge, activation, and receptivity for services/supports • Defined and improved roles of family support, ECE, and healthcare providers, community organizations and interventionists • Better defined pathways for family supports and services • Improved relationships among providers and agencies • Policies that support the community outcomes 	Geographic Areas: TBD

Appendix D: Leveraging Strategic Relationships

The Next Five Strategic Plan and Revised Programmatic and Fiscal Policies directly convey the importance the Commission has placed upon leveraging strategic partnerships in order to more effectively impact First 5 LA outcomes. As a contributor to this larger vision, the Prenatal through Three Focus Area team acknowledges the tremendous opportunity for leveraging the Commission's \$125 million investment to measurably increase fiscal partners and engage or incent county, community and family participation. This expansive vision requires that we explore partnerships using the focus area as a springboard from which to leverage partnerships with a First 5 LA unified voice so that all discussions with potential partners occur in consideration of all First 5 LA activities.

To help frame the task of leveraging strategic relationships, the Strategic Relationship Diagram (See Appendix F) illustrates seven key phases of the relationship development cycle. This process acknowledges that the activity of leveraging and fostering partnerships exists within the context of building and nurturing relationships *on an ongoing basis over time*. The process begins with "identification" of potential partners, is explored through "qualification" and "cultivation", becomes formalized by "solicitation" and "contract development" and finally concludes with "recognition" and "stewardship".

In the context of the Baby Zones, the "identification," "qualification" and "cultivation" phases will begin by identifying stakeholders who share the broad vision to ensure that young children are healthy, safe and ready to learn. Toward this end, the team will work with the First 5 LA internal Strategic Integration Team to begin dialogues that engage key potential public and private stakeholders that may include, but will not be limited to, the following: Atlas Public/Private Funder Partnership, The California Endowment, California Wellness Foundation, California Community Foundation WM Keck Foundation, Annie E. Casey Foundation, Southern California Council on Foundations, Grantmakers for Children Youth and Families and Southern California Grantmakers. The team will also identify potential partnerships with appropriate corporate foundations and individuals.

As the relationship development process moves forward, an internal First 5 LA system of managing each phase in the cycle will be established to support and further each individual relationship in context to the greater First 5 LA outcomes. This requires the use of First 5 LA data systems to track contact reports and utilize "action reminders" to ensure proactive and ongoing communication with potential partners as well as serving as a home to coordinate a multitude of moving parts.

STRATEGIC RELATIONSHIP CYCLE

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