



Prenatal through Three Focus Area

Approval Item

November 9, 2006

EXECUTIVE SUMMARY

Background

The purpose of the Prenatal through Three (P-3) Focus Area is to optimize the social, emotional, cognitive, language, physical and motor development of our youngest children within the context of the multiple environments that affect their development: (1) Pregnancy; (2) Nurturing Relationships; (3) Family; (4) Early Care and Education; (5) Early Intervention and (6) Neighborhoods and Communities.

Key milestones in the development of the P-3 Focus Area are the foundation for this document and include the:

November 2003 Allocation Approval

In conjunction with development of the current strategic plan the Commission approved a \$105 million dollar allocation for the Prenatal through Three Focus Area.

November 2004 Concept Paper Approval

This document introduced key concepts of the Focus Area and demonstrated integration with the current strategic plan. Further, this document introduced the role of the focus area in coordinating current Commission investments and networking of First 5 LA partners.

February 2005 Implementation Plan Approval

This document outlined an implementation model and investments across 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 health and development of pregnant women, babies and toddlers.

November 2005 Revised Programmatic and Fiscal Policies Approval

At the same time that the Commission approved its Revised Programmatic and Fiscal Policies of the *Next Five* Strategic Plan, it approved an additional allocation of \$20 million dollars, raising the total Focus Area funding to \$125 million. These revised policies have increased the Commission's emphasis on the prenatal through three population, influencing First 5 LA's Sustainability, Capacity Strengthening, Systems Improvement, Data and Policy investments, as well as other initiatives (i.e. Healthy Births).

May 2006 "ABC's of Baby Zones" Approval

This document outlined the Prenatal through Three two-pronged Baby Zone and Policy Agenda approach. This approach integrates the four components, while outlining both universal and place-based strategies for investment in efforts to achieve the desired results and outcomes for this population.

July 2006 Completion of the Expected Results and Economic Benefits Report

This report is a preliminary economic analysis of the Baby Zone strategy that compares expected results from selected Baby Zone engagement points (prenatal, birthing hospital, universal voluntary postpartum home visitation and the Baby Zone) to similar programs across the state, nation and globe.

Four Components

Four approved components are the foundation of the focus area. Each component represents a key aspect in achieving its desired outcomes and results. In addition, adoption of the four components was inclusive of a directive to integrate the components into a comprehensive conceptual and operational approach. Each component was further defined during this process of integration.

Capacity Strengthening

Capacity Strengthening is the foundation for all aspects of the Focus Area. The elements of capacity strengthening, referred to throughout the document as the “Building Blocks,” are elements that must be addressed in order to implement strategies and achieve outcomes related to the remaining three components. Capacity strengthening will play a significant role in the ability of First 5 LA and its Baby Zone partner communities to meet desired outcomes and results.

Data

The collection and analysis of high quality data, is needed to ensure that the Policy and Direct Services components are fully realized. Planning data informs the design of policies and policy-related strategies. This data also supports direct services by informing the design and implementation of family- and community-level programs, indicators and strategies, including strategies related to the “Building Blocks.” Further, administrative data collected through direct service activities will directly benefit individual children and families by organizing and making available their own pertinent information, a resource that will maximize utilization of services and supports.

Policy

The policy component is intended to make large-scale shifts in the awareness and direction of Prenatal through Three issues. This component is anchored by a broad policy agenda. The agenda addresses policy strategies directly affecting the Prenatal through Three Approach, as well as those that affect the larger system of care for this population (i.e. increased services, workforce development). Further, the policy component is inclusive of local strategies directly affecting individual Baby Zones (i.e. local ordinances and business practices).

Direct Services

The Direct Services component has been designed to reflect a paradigm shift from targeting families for service to engaging families in their role as the most critical developmental environment for young children from the in-utero stage through the toddler years. Engaging with families will not only build this awareness among families, it will facilitate the linking of families with formal and/or informal supports and contribute to the collection of data significant to the planning of resources for families. This component encompasses not only engagement with families at the prenatal stage and at specified points during and after birth, but also the environments in which they live, learn, work and play. In addition to their role as the most significant environment for young children, families are key catalysts in molding and transforming the broader environments experienced by their children. This component is an element of the place-based Baby Zone approach, in that families, along with all other stakeholders, will prioritize and develop solutions for transforming their communities into pregnancy-, baby- and toddler-friendly environments.

Two-Pronged Approach

The four components of the Prenatal through Three Focus Area have been integrated into a two-pronged approach consisting of a dynamic place-based strategy called *Baby Zones* coupled with a broad *Policy Agenda*. *Baby Zones* will catalyze transformation in families and the other places where children and their families live, learn, work and play by building upon and leveraging current and potential social and fiscal capital investments in this population at local and county-wide levels. The *Policy Agenda* will support the Prenatal through Three vision embodied by the *Baby Zones* through strategies designed to promote positive sustainable changes in the environments surrounding pregnant women, very young children and their families, as they directly relate to the desired results and outcomes of the Focus Area.

Policy Agenda

The *Policy Agenda* for the Focus Area will both support the implementation and sustainability of the strategies of the *Baby Zones*, as well as address broader issues affecting the health, safety and well-being of infants, toddlers and pregnant women countywide. Further, the actions outlined in the *policy agenda* are projected to have positive affects on the prenatal through five population and beyond.

Baby Zones

Within *Baby Zones* the strategies encompassed within the universal Family Engagement points, the place-based strategies within individual communities and the priorities and outcomes of the *policy agenda* converge. *Baby Zones* integrate the Commission's work with the families of very young children, with the communities in which they live, work and play and with policymakers whose decisions affect these key environments to children's growth and development.

Engagement with families and communities is at the core of *Baby Zone* activities. While family engagement points will be conducted in a standardized manner,

community engagement will be conducted utilizing a menu of standard methods to carry out a process. This community engagement process builds on the strengths of communities, with the intent to enhance the environments surrounding this population by creating social connectedness between families, private sector and community leaders and those providing community resources. A brief description of the five family engagement points 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

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.

Ongoing Prenatal through Three engagement will occur throughout the Baby Zone's place-based strategies. Many of the place-based strategies will be unique to each community and will reflect their cultural and linguistic diversity. Place-based strategies will be directed towards achieving those outcomes focused on the capacity of physical and social environments to nurture the healthy and safe development of very young children. Further, the following place-based strategies have been identified to facilitate a common approach to achieving outcomes and to link activities across zones:

- Play Environments for Children
 - Safe and welcoming play spaces for parents and caregivers to learn about their child's development through observing and interacting with them in play
- Family Education and Supportive Services
 - Individual and group activities that will include information, classes or support groups
- Resource Center
 - Culturally and linguistically appropriate health information, educational toys and materials to stimulate infant and toddler development, parenting books, information on child safety and other relevant topics

- “Interactive” Baby Registry
 - Links to current resource lists and access to coupons and benefits with membership card, discounts with participating vendors and easy sign-in at Baby Zone activities
- Information and Guidance on Developmental Screenings
 - 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
- Building Social Connectedness
 - Opportunities for parents to develop relationships with other adults may foster shared values and a sense of camaraderie with other parents and family members

In order to successfully implement this comprehensive, multi-strategy 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. The First 5 LA funding approach will consider a range of methods that support and/or catalyze the strategies within the direct services, policy, data and capacity building components across the five demonstration zones and will be supported by the focus area cost projections.

Role of First 5 LA

First 5 LA has designed an ambitious vision for pregnant women, babies and toddlers in Los Angeles County. In order to achieve the long-term results for children, families and communities, First 5 LA will need to partner with other individuals and entities working to achieve similar results. First 5 LA’s unique contribution will be to catalyze and support emerging movement around the Baby Zone and Policy Agenda strategies and outcomes. First 5 LA will invest in strategies to identify and realize sustainable solutions to the challenges that families and communities face in achieving healthy and safe pregnancies and the optimal development of very young children. This role will require the commitment of not only First 5 LA’s fiscal capital, but also its social and intellectual capital. In addition, similar types of investments from key partners are required to ensure achievement of outcomes within the model. Potential partners will be targeted not only for fiscal contribution, but for ability to influence key policymakers and the target population and coordinate resources and supports for families. Further, it will require the utilization of innovative and flexible funding approaches, including the Commission’s participation in a rigorous development phase to be executed in partnership with five demonstration zones and which will have a significant impact on the design of future funding approaches for this Focus Area.

Next Steps

The Prenatal through Three team is seeking approval of next steps for the Prenatal through Three Focus Area related to:

1. Engaging with five demonstration zones that will represent the initial implementation of the Baby Zones, as well as the accompanying infrastructure

2. Researching flexible funding mechanisms to promote Baby Zone strategies and outcome achievement beyond the demonstration zones, through participatory activities (i.e. Baby Zone Summits)
3. Leveraging new partnerships and those currently in development to increase resources and supports directed toward the elements of the Focus Area and the prenatal through three population
4. Implementing policy strategies as outlined in the policy agenda

The following document elaborates on these next steps and presents an *Action Plan*, inclusive of broad allocation recommendations and benchmarks for implementation. Further the document reviews the *Vision* for the Prenatal through Three Focus Area which provides needed context for understanding its strategies, targets and evaluation, as well as the Los Angeles County Prenatal through Three logic model found in Attachment A. The document also reviews the key strategic elements of the *Baby Zones*, including its direct service elements, the Family Engagement Points and its place-based and community strengthening strategies. This document also includes a summary of the current *Policy Agenda*, which functions as the second prong of the focus area approach. Further, the document briefly discusses the *Building Blocks*, or community strengthening strategies, which are those strategies that will need to be implemented in order to successfully implement the Baby Zone Family Engagement and Place-Based strategies. Finally, this document outlines the proposed *Infrastructure* to support all aspects of implementation.

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ACTION PLAN

Initial strategies and activities of the Prenatal through Three Focus Area will be implemented over a five-year time frame. Phasing in P-3 components along a developmental trajectory will allow First 5 LA and its partners the requisite time to strengthen relationships, and identify and build upon resources that will sustain activities for both countywide and place-based components of the Focus Area.

This approach will allow the Commission to balance the universal components of P-3 with the place-based efforts of five demonstration zones, and will also provide opportunities for engagement with communities that may not be selected as demonstration zones, but will have opportunities to participate in the planning and early launch process.

There are three sections within the P-3 Action Plan, which are set up to facilitate integration of all components (i.e. home visitation and family risk screening at birth with community engagement and place-based activities) and the overall Focus Area implementation. Each section is guided by benchmarks to assess progress and contributions to the following achievements:

- Building public will and awareness of the Prenatal through Three Focus Area, and its desired outcomes and results at multiple levels, including and beyond the demonstration zones
- Building a solid foundation on which to strengthen community capacity in preparation for implementing the components of the Focus Area
- Contributing to a learning community for partners participating in the P-3 Association to establish effective policies, programs and practices for achieving the desired outcomes in the diverse communities that comprise Los Angeles County
- Demonstrating application of capacity strengthening Building Blocks in key P-3 environments
- Implementing the strategies outlined in the approach

Recommended Allocations

The Action Plan outlines steps to implement the P-3 strategies. The purpose of the plan is to present the major activities, funding needed, and estimated dates for completion of the activities or benchmarks. The Action Plan will provide guidance to the Commission, staff and consultants in steering the P-3 strategies from demonstration to full implementation. The timeline begins December 1, 2006. It is important to note that allocations and activities are presented for Commission investments in aspects of the strategy that will contribute to learning about implementation of such an innovative and ambitious strategy (e.g. via the focus groups, demonstration zones, evaluation, data system, etc.), as well aspects of the strategy that more directly support parents, children, and the professional who serve them (e.g. via prenatal and home visits, risk screenings, workforce

development and community capacity strengthening). Some of the actions begin early and continue on throughout the timeline such as the policy work and leveraging partnerships and funding. Other actions are time (and resource) limited such as development of the marketing strategy and the initial demonstration zones.

The first section of the Action Plan is inclusive of cost estimates. These estimates set the groundwork for the next stage of developing more accurate cost projections. The broad tasks identified in the second and third sections will be followed by more detailed line item projections as implementation activities unfold. The Commission will be kept informed as more detailed projections evolve. Recommended allocations include assessment of staff requirements at various levels, i.e., required leveraging staff resources; as well as pricing of pre-launch activities that involve external investments in First 5 LA work.

Additional First 5 LA Funds Supporting the Focus Area

In November 2005 the Commission approved the Revised Programmatic and Fiscal Policies of the *Next Five* Strategic Plan. These revised policies included the prioritization of the prenatal through three population in all investments and a set of allocations for Policy & Advocacy (\$8M), Data (\$7M) and the Cross-Cutting Strategies of Sustainability, Capacity Building and Systems Improvement (\$33M). The purpose and goal of these investment areas support the Prenatal through Three vision and represent a clear opportunity for leveraging within the Commission's own investments. Staff will continue to integrate activities and strategies to ensure that these investments contribute to the outcomes of the Prenatal through Three Focus Area.

THE VISION

The vision of the Prenatal through Three (P-3) Focus Area is to optimize the early development of children in Los Angeles County from the prenatal stage through age three. First 5 LA's highest hope is that all of Los Angeles County's youngest residents, its babies and toddlers, and pregnant mothers, will be supported in ways that recognize, honor and optimize their unique developmental stage of life. Further, the realization of this vision will have a significant impact on children through age five and beyond.

Inherent within the diverse communities found in Los Angeles County are many of the resources and skills to create social and physical environments that are able to optimally support the earliest years of human development. First 5 LA's role will be that of a catalyst for (1) broad-based policy changes supporting this population, (2) key relationship-building and leveraging of resources and (3) supporting community members in designing and carrying out strategies to transform neighborhoods and communities into pregnancy-, baby- and toddler-friendly environments.

In keeping with this vision, the goal of the P-3 Focus Area is to increase the number of young children who achieve appropriate social, emotional, cognitive, language, physical and motor developmental milestones to the best of their potential. Development among children occurs within the social and physical context of interconnected environments. When these environments are healthy, the development and well being of young children within them are most ideal.

The vision and goal of the P-3 Focus Area will be achieved through transforming the developmental environments of Los Angeles County's young children and their families via a two-pronged approach. Prong one is a place-based community mobilization strategy called Baby Zones. The Baby Zones Concept aims to optimize development among the county's youngest children by addressing and promoting their health, safety and well-being within the context of six developmental environments which shape their early lives.

Baby Zones and the P-3 Policy Agenda
Will Transform these Developmental
Environments:

1. *Pregnancy*
2. *Nurturing Relationships
(Parent/Child Bond)*
3. *Family*
4. *Early Care and Education*
5. *Early Intervention*
6. *Neighborhoods &
Communities*

Prong two is a broad Policy Agenda that aims to optimize conditions that enhance the lives of young children and their families, and assure the longevity of policies and resource streams necessary to effect positive change for this population across these environments.

The broad Policy Agenda and the community mobilization strategies of the Baby Zones will converge to transform the environments

within which families and their young children exist and the systems with which they interact. Connecting these environments through the Policy Agenda and Baby Zones will shape dialogue and promote the paradigm shift in people and organizations toward the P-3 Focus Area vision for change. First 5 LA will champion the Policy Agenda and both catalyze and partner with Baby Zones to

galvanize a process of change in how parents, businesses, providers, policymakers and other stakeholders support the development of very young children. Research from multiple disciplines will inform this process.

Rationale

The science of human development has identified early childhood as a time of intense intellectual, social and emotional development. Remarkably, eighty-five percent of physical brain growth occurs during the first three years of life. It is during this period that the opportunity exists to most greatly impact a child's optimal development. 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 through age five and later in life.

The Baby Zones Concept builds upon the National Research Council's environmental frame discussed in *From Neurons to Neighborhoods*¹, which describes how outcomes for children can be maximized through positively impacting the various environmental contexts within which their development occurs. This frame embraces emerging themes from the P-3 team's research and analysis. Whereas *From Neurons to Neighborhoods* identifies five environments, the P-3 Focus Area has added a sixth environment; pregnancy. Following is a brief, descriptive list of these six developmental environments.

Pregnancy

Pregnancy is an environment in which the physical development of the unborn child can be maximized through supporting the physical, mental and emotional health of the pregnant mother.

Nurturing Relationships – Parent/Child Bond

Nurturing relationships are environments created between young children and their parents, or other primary caregivers; in which social, emotional, cognitive, and language development can be optimized.

Family – relationships, supports, basic needs and resources

Families can make the most of social, physical and emotional developmental outcomes in their young children through increased levels of environmental support, promotion of protective factors such as family cohesion, and augmented ability to meet basic needs.

Early care and education

Developmentally appropriate and relationship-focused early care and education that meets the needs of children and their families can increase the incidence of positive social and emotional developmental outcomes.

¹ National Research Council Institute of Medicine. (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press.

Early Identification, Intervention and High Quality Care

Early-intervention presents an environment that can positively impact outcomes around the health and safety of pregnant women and young children through monitoring the health of mother and child, identifying and addressing mental health issues when needed, and identifying early risk factors and problems for targeted interventions.

Neighborhoods and Communities

Healthy neighborhoods and communities have the potential to support positive developmental outcomes for children through optimal use of resources and human capital to become vibrant, dynamic, and integrated systems that support healthy and loved babies, toddlers, and families.

Further, families in Los Angeles County have expressed desire for supports that would bolster the efficacy of these environments to support children's growth and development. Key findings from the 2005 Los Angeles County Community Forums commissioned by the county's Children's Planning Council, Chief Administrative Office and Inter-Agency Operations Group included parent's expressed need for²:

- "pregnancy-related resources such as better OB/GYN support, workshops on breast-feeding, care for newborns and the development of parenting;"
- parenting classes, as a proxy for a variety of issues including "how to provide support for children and families;"
- "increased support for community groups/gatherings;" and
- solutions to address "the disconnection that residents reported was not only at the level of interaction with governments or educational organizations, but also with their neighbors"

Guiding Principles

Ensuring the long-term continuation of First 5 LA's vision for young children and pregnant women requires the practice of community building and mobilizing behaviors in all aspects of Prenatal through Three Focus Area work. Simply, First 5 LA is expected to become the example of the change it expects of other individuals and organizations in the community. As detailed in the 2002 First 5 LA Capacity Strengthening Framework³, First 5 LA will set the standard of the requisite steadfast commitment to being a healthy learning community. It will act based on principles of reciprocity and mutuality⁴. It will help build the local will necessary to ensure adequate community ownership of outcomes and a county-wide culture capable of sustaining ownership of the process, outcomes, programs, policies and tools that are asset-based, prevention-focused, and designed to benefit families with children prenatal through three.

² Los Angeles County Community Forum Findings. Summer 2005. Commissioned by Los Angeles County Children's Planning Council, Los Angeles County Chief Administrative Office and Inter-Agency Operations Group.

³ Coachman-Moore & Associates, (2002). *Capacity Strengthening Framework for Los Angeles Proposition 10 Commission*. Los Angeles: First 5 LA Commission.

⁴ Trevino, Y. and Trevino, R., (2004). "Galvanizing the Spirit of Reciprocity in Communities." Sacramento, CA: Foundation Consortium for California's Children & Youth.

First 5 LA intends an inclusive and participatory process for Prenatal through Three Focus Area implementation. Parents and community residents will participate fully in all aspects of P-3 activities working equitably with other stakeholder partners from across all sectors. With input from the community, First 5 LA will define and communicate the mission and vision for the Baby Zones. While the Policy Agenda and the Baby Zones will support this journey, the true change agents will be the parents, residents, religious leaders, business leaders, and other stakeholders from the neighborhoods and communities themselves. Inclusion of family members and residents in decision-making, governance, and service implementation positions them to eventually become the chief advocates for sustaining the vision over time.

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 tools that are asset-based, prevention-focused, and directed to benefit families with children prenatal through three.

Ongoing capacity strengthening with community partners and providers will support consistency of values and methods throughout Baby Zones county-wide. Based on strengthened relationships and enhanced capacity of family members and local residents to work collaboratively with a variety of community-based partners, P-3 will foster sustainability strategies that can become deeply rooted in local neighborhoods and communities across the county. Further, this approach will respect the natural growth of sustainability strategies that take place and become embedded within communities.

An association model infrastructure that networks efforts benefiting this population throughout the local community and at institutional policy tables is proposed. This multifunctional body will communicate seamlessly with its members and relevant institutions and will set policies and recommend practices to transform communities into supportive environments that can meet the needs of young 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. With input from the community, parents and community members will be engaged as partners in every aspect of program development and delivery, although responsibility for major operations and policy decisions will rest with First 5 LA.

Achieving the Vision

The Prenatal through Three Focus Area is anchored by a set of expected results and outcomes for children, their families and their communities. As the well-being of children is inextricably linked to their primary caregivers and the social and physical contexts surrounding the family, outcomes and results must be expected across these domains. First 5 LA is and will continue to be one of many contributors in achieving these results, along with

Long-Term Results

Results for Children
Children develop to the best of their social, emotional, cognitive, and physical potential.

Results for Families
Family resiliency and ability to act on behalf of their children.

Results for Communities
Communities transformed into safe, secure and nurturing places for families to live, play, and work.

community members and other stakeholders from all sectors that impact this population.

The Long-Term Results expected for children represent the optimal conditions that the focus area seeks for children, families and communities. These long-term results represent what the focus area ultimately intends to sustain.

Based on current and ongoing research, it is presently expected that identified intermediate outcomes will lead to these long-term results over time. Continued commitment to these long-term results will drive ongoing refinement of intermediate outcomes, strategies and indicators.

In addition to identifying community-, family- and child-level outcomes, First 5 LA has also identified a set of strategies, found in the Baby Zone and Policy Agenda sections of this document, as well as Attachment A, that represent best and promising practices in achieving them. First 5 LA intends to partner with community stakeholders to build on, catalyze and support current and emerging efforts to engage in these strategies at the community and county-wide level.

In order for these strategies to be effective the Commission will work to strengthen the capacity of communities and their stakeholders to implement them. Capacity strengthening “Building Blocks” will be the foundation for transforming the environments that impact early childhood development. Capacity strengthening activities will increase community stakeholders’ ability to create and sustain pregnancy-, baby- and toddler-friendly environments. The Building Blocks are:

Data Infrastructure

Data will inform ongoing development of the Baby Zone model, the identification, prioritization and advocacy of policy solutions and evaluation of all aspects of the Focus Area.

Volunteer, Leadership and Organizational Development

Volunteer, Leadership and Organization Development will be the primary mechanism for preparing parents, business leaders, Baby Zone staff and all other stakeholders to be the designers and advocates of their own Baby Zones.

Leveraging and Partnerships

Building partnerships and leveraging of social and fiscal capital will be the Focus Areas’ primary mechanisms for achieving implementation of all building blocks and strategies.

Building Public and Political Will

Strategies designed to ensure increased desire and will in both the general public and in the policy-making sphere will increase investments in and attention on the earliest years of life.

Workforce Development

The establishment and/or enhancement of career pathways for the professions associated with Baby Zone implementation, as well as the increased partnership with and training of those professions that work with the P-3 population will be needed to address the full scope of the vision.

Training and Technical Assistance

Training and Technical Assistance will ensure that the strategies and activities of the approach and the Prenatal through Three vision are universally understood and reflected in all aspects of implementation.

The P-3 Focus Area infrastructure is designed to capitalize on the diverse and abundant strengths of communities and demonstrates a commitment to engaging with stakeholders at all levels to increase and enhance social and fiscal capital investments in the well-being of Los Angeles County's youngest children. The infrastructure is a joint leadership model that reflects the various roles needed to support the ongoing transformation of communities into Baby Zones countywide. First 5 LA will play a key role in connecting various partners with opportunities to contribute to the social and fiscal investments that will bring about the desired outcomes and results. Investment in capacity strengthening and community building will facilitate realization of a shared vision for the P-3 Focus Area.

P-3 Evaluation and Research Approach

The evaluation of P-3 will employ a multi-layered approach that provides an infrastructure for the collection and dissemination of quality data, draws upon the input and experiences of various stakeholders, encourages the application of multi-disciplinary approaches appropriate to open study environments, promotes ongoing learning, and follows the developmental trajectory of the Baby Zones. This approach unfolds in three components that are aligned with the sections in the P-3 action plan. Each of these components is associated with specific evaluation purposes.

1. Development and Partner Engagement

The purpose of evaluation in this component is to assist stakeholders in developing a program rationale and related measurement plan. Thus far, P-3 evaluation efforts have focused on the development of a logic model that depicts the connections between the Building Blocks, strategies and intermediate and long-term outcomes of the focus area. During implementation of the Development and Engagement activities and associated benchmarks, evaluation efforts will focus on:

- Further explicating the operational pathways that show how P-3 strategies are expected to produce the desired intermediate and long term outcomes
- Identifying and developing appropriate performance measures at the Commission and community levels
- Drafting key evaluation questions related to future activities in the action plan
- Identifying the core data elements needed to answer the key evaluation questions
- Developing the phases, components, and methods of the evaluation based on the needs/interests of key stakeholders

- Developing a data system for the collection of pertinent data

2. Early Launch and Demonstration Zones

Beginning in December 2007, the Baby Zone plan will be put into action for the very first time and is therefore subject to unforeseen delays and potential setbacks stemming from the newness of the endeavor. This component of the evaluation will serve the purpose of providing timely feedback to modify and enhance the program during its initial implementation. Much of the data gathered for this component will be related to the implementation and early outcomes related to the Building Blocks and strategies such as family engagement points (i.e. family risk screenings, home visits and prenatal engagement strategies), place-based strategies (i.e. interactive baby registry, building social connectedness, etc.), community engagement strategies, marketing activities, and policy actions.

The evaluation questions that will be addressed include, but are not limited to, the following:

- How have other stakeholders (beyond First 5 LA) taken ownership of the Baby Zone vision?
- How has the P-3 investment been used to leverage social and financial capital within the demonstration zones?
- What family and community engagement strategies are most effective for increasing awareness, obtaining key status information about families, and increasing connections to formal and informal systems of care?
- How has the P-3 approach improved the system of early identification of developmental concerns?
- What changes in knowledge, attitude, and behaviors have resulted from exposure to and participation in Baby Zone activities?
- How has the P-3 investment changed the landscape of service provision and collaboration within the demonstration zones?
- What programmatic and contextual elements are the most critical to the long-term success of Baby Zones? How can they be replicated in other geographic areas?

3. Countywide Ramp-Up

Countywide ramp-up of the Baby Zones is expected to begin within the fourth year of the demonstration zones. After three years of implementation, the demonstration zones should be well established and have reached a level of maturity that warrants a specific focus on whether the investment is making a difference. This component of the evaluation should be focused and intentional about answering high priority questions that have significance for the “scaling up” and sustainability of Baby Zones county-wide.

Evaluation questions that may be of particular interest include, but are not limited to, the following:

- What is the effect of Baby Zone interventions on the health, safety and well-being of young children and their families?
- What is the effect of Prenatal through Three policy interventions on the health, safety and well-being of young children and their families?
- How have Baby Zones transformed the physical and social environments where children and their families interact?
- How are various factors at the community level associated with outcomes at the family and child levels?

Next Steps

1. Convene various stakeholders to determine the most appropriate approach and resources necessary to implement a comprehensive evaluation of the Prenatal through Three focus area.
2. Leverage current and future research and evaluation projects, particularly those related to Commission-level evaluation, that have the potential to contribute to our understanding of the implementation and outcomes of the Prenatal through Three focus area.
3. Develop a process of due diligence for selecting the appropriate contractors for the various components of the evaluation.

BABY ZONES

The Baby Zone prong of the Prenatal through Three approach encompasses those strategies that target families and the communities in which they live directly. It builds on the strengths and assets of communities and its individual members. It proposes the creation of places for all stakeholders to converge and the enhancement and creation of pregnancy-, baby- and toddler-friendly environments that promote the optimal development of young children, with the first place being the child's nurturing relationship(s). Baby Zones present family-focused and place-based solutions to transforming families and their entire neighborhoods and communities into dynamic, connected, vibrant zones for positive change and growth. Baby Zones will embrace working cooperatively with parents and caretakers of very young children and community-directed transformative work that promotes community cohesion, shared vision-setting, and mobilization of community resources, supports, and services. This work will also increase the ability of communities and countywide systems to offer discreet activities addressing individual family concerns and needs.

Baby Zone Activities

Activities that will be provided within the Baby Zone are intended to build social connectedness and create opportunities for families and community members to participate in activities of shared interest. The growing body of research on the importance of informal social interaction and connectedness within communities identifies several effects that often result. On an interpersonal level, augmented social connectedness can expand relationship networks, reduce isolation, positively impact health and resilience factors, and promote relationships with institutional providers. On a community and policy level, it can create opportunities for residents

to become active agents in planning for their community's future and that of their families and children. Building social connectedness can elicit authentic civic, organizational, and coalition participation while increasing levels of community activism, the sense of civic pride, social connections and supports, rates of volunteerism, and organizational participation. Finally, it can shift the perception of communities from being poor in resources to rich in assets.

All of the activities that will take place in Baby Zones are designed to increase the social connectedness of parents and community members. These Baby Zone activities will be organized around three major components:

1. Family Engagement Activities
2. Place-Based Activities
3. Community Engagement Activities

1. Family Engagement Activities

In May 2006, the Commission approved five core elements designed to establish contact between parents and the Baby Zone at specific engagement points along the child's developmental trajectory (see Figure 1): 1) Prenatal Contact; 2) Birthing Hospital Contact; 3) Home Visitation Contact I; 4) Home Visitation Contact II; 5) Home Visitation Contact III. This family outreach and engagement strategy will be used as a means of contacting families who are expecting or have recently given birth.

Family engagement activities will serve as an outreach to families at strategic points during pregnancy, birth and postnatally. With a backdrop of Baby Zone messaging throughout the county, the aim of the initial contact is to increase awareness of the importance of the first three years of life and to improve access to community resources that support early development. Additionally, universal screening at hospitals will provide an opportunity to capture the status of infants and their families throughout LA County as an indicator of need and overall well being. Finally, follow-up home visits and access to Baby Zone resources will provide opportunities for on-going developmental and family risk screening with referral for intervention when it is most beneficial.

Contact around these engagement points will be carried out by staff housed and deployed through each Zone. Participation at each of these engagement points is voluntary and each 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, but it will be initiated through these engagement points. A key component of these engagement points will be ensuring that parents have connections with a strong informal and, if necessary, formal support system.

Existing entities will act as strategic locations for implementation of Baby Zone engagement points within the communities where families live, learn, work and play. At each of the engagement points, a Baby Zone representative or partner will meet with families to welcome them to their community Baby Zone, provide supportive information regarding their pregnancy or newborn, and to invite families

to participate in activities available throughout their Baby Zone. The family engagement activities will be supported by, and will in turn support, the place-based and community mobilization activities occurring throughout the Zone and will contribute to the collection of data indicating the status of families that is key to the planning of resources and supports.

Figure 1: Baby Zone Family Engagement Points

Prenatal Engagement

- Welcome expectant families into their Baby Zone at obstetrical clinics
- Attend birthing classes at hospitals and community clinics
- Offer information about community resources during pregnancy
- Offer specific information for vulnerable populations
- Encourage Breast Feeding
- Encourage families to visit sites of BZ and other activities for on-going support
- Supply information and training opportunities to community health workers, medical professionals, and other community members who have opportunities to engage with families

Hospital Engagement

- Welcome families into their Baby Zone at birthing hospital
- Follow – up with hospital Family Risk Assessment Screening

Home Visits

- Conduct home visit (48 – 72 hrs) post discharge
- Conduct home visit (4 – 8 weeks) post discharge
- Conduct home visit (12 – 16 weeks) post discharge
- Communicate importance of special time with baby for bonding
- Support breast feeding
- Offer information about home safety
- Supply information and training opportunities to community health workers, medical professionals, other community members who have opportunities to engage with expecting families

2. Place-Based Activities

Baby Zone activities are meant to mobilize and enrich the environments that support early childhood development in the context of parents, families, neighborhoods and community. A strategically identified entity will serve as a base of operation for outreach and engagement, as well as community-initiated activities. This entity may be a family resource center, a school, an indoor play space, a library or other familiar and welcoming space. Family education and support services that promote healthy relationships between child and caregiver will be central to all Baby Zone place-based activities. It will also support and enhance outreach, coordination and accessibility of services that support parents' needs as well as those of the developing child.

Place-based work will begin within communities and draw upon local resources, knowledge and human capital. It will actively incorporate the community voice of parents and other stakeholders at all levels and will promote accountability for results. Physically locating the Baby Zone activities within communities will facilitate meeting parents where they are, and tailoring efforts to address the specific needs of each Baby Zone community. A local focus is important to effectively

tap into the regional wisdom and knowledge of residents, community organizations, and statistical organizations. True place-based work is not imposed upon people; rather it requires the building of trust among residents for buy-in and participation. Finally, place-based strategies are a means to carry out the Policy Agenda on two levels; the county/state level and the neighborhood and community local level.

At the May 2006 Commission meeting, the Board approved the core elements that will be the basis for place-based activities within the Baby Zone: 1) Play Environments for Children; 2) Family Education and Supportive Services; 3) Resource Center; 4) Interactive “Baby Registry”; 5) Information and guidance on developmental screenings; 6) Early Childcare and Education; 7) Building Social Connectedness.

Places for Playing, Learning and Coming Together

Safe and welcoming play spaces give parents and caregivers opportunities to learn about their child’s development through observing and interacting with them in play.

Relationships are strengthened when parents and caregivers engage their children in the back and forth dialogue of play in which parent and child read each other’s cues and elaborate emotional communication. Playful interaction helps children to develop sensory and emotional regulation, learn about shared emotional states and develop problem-solving skills.

Key Partnerships and Collaborations

First5LA Staff and the Baby Zone Administration will engage community health clinics, obstetric practices, and birthing hospitals to partner with or collaborate in identifying and reaching families.

Baby Zone staff will engage community providers, community members and parents to coordinate, support and provide an invitation to Baby Zone activities and information and services to families with young children within the neighborhood.

Additional opportunities for support and information will be available through structured activities, encouraging parent participation and mutual teaching and learning. Information regarding specific topics will be provided based on parent readiness and interest. Special attention will be given to reaching out to fathers, grandparents and other family members.

Family Education and Supportive Services

Promotion of healthy development includes support for caregivers’ needs as well as those of the developing child.

Family education and support services that promote healthy relationships between child and caregiver will be central to all Baby Zone activities. Such services offered within the Baby Zone will provide individual and group activities that will include information, classes or support groups. These supports and services may be available through public agencies and community-based organizations. Baby Zone staff will support and enhance outreach, coordination and accessibility of these services.

Parent-to-parent support regarding special needs of their children is often seen as a valuable resource. Support groups and exchange of information through books and other resources that parents recommend may be offered in multiple locations. Parents could also find it helpful to volunteer as mentors or share experiences and lessons learned in a “parent’s exchange notebook.”

Resource Center

Baby Zone Resource Centers will house health information, educational toys and materials to stimulate infant and toddler development, parenting books, information on child safety and other relevant topics, among other things. Resources will be culturally and linguistically appropriate, and will be provided in written, electronic and video formats. The Baby Zone Resource Center will also collaborate with Family Resource Centers and other family support efforts throughout LA County.

Examples of materials that may be helpful to expectant families include:

- Access to resources that promote healthy prenatal care and environments
- Information regarding resources to create a safe home environment
- Guides for families to access services on behalf of their child and family (Roadmap to community services)
- Guides to financial support for receiving services and supports for child and family
- Information and guides to support physical, cognitive, social and emotional development, including developmental screening for children
- Information regarding parent’s roles and legal rights in making choices for their child and family
- Access to programs and activities that address families’ basic needs (transportation, housing, finances, child care, among others)
- On-going outreach and communication with parents regarding their child’s and families’ needs
- On-going outreach and support for family participation in Baby Zone activities

Interactive “Baby Registry”

Comprehensive Resources through the “Baby Registry” are developed over time with the multiple inputs and efforts of all Baby Zone communities. Information about and access to these resources may be made available through the provision of invitations to register at the Baby Zone site, which will be distributed as flyers throughout the community at physicians’ offices, clinics, birthing hospitals, schools, child care centers, WIC offices, grocery stores, retailers, etc. Links to current resource lists will be easy to access and technical support for computer use will be available. Additionally, signing-up at the Baby Zone Registry will offer access to coupons and benefits with membership card, discounts with participating vendors and easy sign-in at Baby Zone activities.

The “Baby Registry”

A colorful interactive, user friendly computer terminal that holds up to date information regarding child development, community resources, professional support and community events. It may also house personal and/or medical information with privileged access.

Information and Guidance on Developmental Screening

At the sites of Baby Zone activities, parents and primary caregivers 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.

Building Social Connectedness

Families bring their own rich cadre of resources to the community. Feeling valued and valuing others lay the foundation for healthy family relationships. Encouraging family participation includes letting members decide what, when and how resources are accessed. Baby Zone staff will invite parents and families to share their ideas and participate in efforts to organize and share their resources.

Child Care

In accordance with community interest, classes, workshops and opportunities to develop family day care programs or co-ops could be developed to meet some of the need for childcare. The provision of on-site childcare is often a critical factor in families' ability to take advantage of educational and support programs.

In addition to learning about their child, opportunities for parents to develop relationships with other adults may foster shared values and a sense of camaraderie with other parents and family members. Parents may find that other parents often share parenting experiences, have helpful information and can lend emotional assistance when needed. This may reduce social isolation and enhance parent stability and well-being. Facilitating a sense of community may encourage families to talk about what they need in their neighborhood or community to provide safe and nurturing environments for their young children.

3. Community Engagement

For the purposes of the Baby Zone, community engagement and mobilization is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of pregnant women, young children, and their families. Through engaging in community mobilization and community building, the Prenatal through Three Focus Area seeks to transform the environments and systems with which families and their young children interact.

No specific road map exists for creating the positive environments, strong community action and supportive public policies that are the vision of the Baby Zone concept. However, Baby Zones will be able to utilize established community mobilization processes that can be individualized for each Zone to serve as an implementation guide for engagement and mobilization of community resources and supports.

Community engagement and community building are vehicles for bringing about environmental and behavioral changes intended to improve the health of pregnant women, young children and their families. It will also involve partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners, and serve as catalysts for changing policies, programs, and practices. The First 5 LA Board and staff will also work to catalyze key partners to galvanize a process of change in how community members, businesses, providers, policymakers and others participate in supporting the development of very young children.

Community engagement can serve many purposes. Community participation in planning, maintaining and monitoring the use of community spaces and services can empower local residents to advocate for improved facilities and accessibility to valued resources. Training and technical assistance will be provided within the Baby Zone to generate and support community organizing projects such as advocating for the development of play spaces, park clean-up, neighborhood watch, and neighborhood gardens, or potentially assisting community residents to organize co-ops for food, clothing, books, toys, babysitting, and other activities. In places where few education and support services are available communities will receive training and technical assistance in leveraging and partnerships, as well as advocacy to solicit additional resources, sites or other types of additional help from local institutions such as hospitals, libraries and schools, community organizations and other community entities.

Next Steps

Due to the holistic nature of the Prenatal through Three Focus Area design, First 5 LA's mechanisms for investing in this vision will be innovative and flexible. First 5 LA will take a significant role in catalyzing resources beyond those related to fiscal investments. Further, funds distributed by the Commission will be utilized to leverage social and fiscal capital with the capacity to sustain outcomes and results.

Recommendations for flexible approaches to financial support of this process will be developed and may include:

1. Seed monies for "Building Block" and policy agenda activities
2. Short-term funding of strategies outlined in the Baby Zone approach, as a direct strategy for achieving sustainability, (i.e. ramp-up of Family Engagement Points beyond the Demonstration Zones).
3. Pilot Project funds as a strategy for identifying sustainable practices
4. Efforts to obtain partners aiming resources towards capital improvements that directly contribute to the implementation of Prenatal through Three "Building Blocks" and/or strategies and that are accompanied by sustainable maintenance plans
5. Mini-endowments for ongoing investment in the outcomes and results sought by the focus area
6. Conducting of summits to support countywide movement towards building Baby Zones outside of the demonstrations

Initial funds will be targeted towards partnering with organizations and individuals representing timely opportunities that contribute to the strategies, outcomes and results of the Prenatal through Three Logic Model.

POLICY AGENDA

Community resources, supports and services are dynamic representations of community strengths and unique responses to community needs. Many of the issues addressed by these supports provide opportunities for local policy solutions, i.e. business practices, local ordinances and service protocols and procedures. These types of activities promote sustainable change in places where children and families live, learn, work and play. The Baby Zone approach will promote and support these activities. This approach will also contribute to bringing to the forefront issues that can be addressed at a county-wide or broader level and/or are raised by a number of Baby Zone communities.

The theory of change for the P-3 focus provides context for the changes sought through implementation of the Baby Zone. In addition, First 5 LA will adopt an innovative policy agenda that will create opportunities for the P-3 investment to produce far-reaching improvements in:

- neighborhoods;
- individuals leading community change;
- policy and opinion leaders;
- the quality of the workforce who serve the P-3 population;
- the partnerships that will sustain the effort; and
- data and evaluation results that will help to build support and resources for this population.

First 5 LA's long-term commitment to P-3 and its optimization of new policy opportunities that emerge will result in significant change. Some of the expected results will emerge years from now – improved high school graduation rates, increases in home ownership, crime reduction, and lower rates of abuse and neglect. First 5 LA will analyze and adopt elements of a policy agenda and act on them, and will remain focused on sustainable change.

First 5 LA's long-term commitment to P-3 and its optimization of new policy opportunities that emerge will result in significant change. For example, with improved prenatal and inter-conception care, women will enter pregnancy healthier and better prepared for parenthood. With improved early identification, infants with disabilities will receive timely, individualized developmental care. Involving parents in the everyday learning opportunities of very young children will create a new generation of children more ready for learning in school. In communities, families will rely on each other for support and information, and advocate for healthy housing, safe parks, high quality early education and walk-able neighborhoods. Other improvements such as creating a well-trained workforce, networking providers to improve referrals, and leveraging public and private funds will take more time. Some of the expected results will emerge years from now – improved high school graduation rates, increases in home ownership, crime reduction, and lower rates of abuse and neglect. First 5 LA will analyze and adopt

elements of a policy agenda and act on them, and will remain focused on sustainable change.

This policy agenda provides a framework for considering policy issues and making decisions about policy strategies, and identifies some immediate next steps for P-3 policy

The policy recommendations address what is needed to move forward on implementing the Baby Zone strategy at the community level, and also what is needed to support broader P-3 issues. The policy framework supports the overall P-3 focus by suggesting strategies that will improve the environments of early development (pregnancy, nurturing relationships, family, early care and education, neighborhood/community and early intervention) and also acknowledges the aspects of Capacity Strengthening, referred to as the “Building Blocks,” that stabilize the P-3 framework (evaluation and data capacity, leveraging/partnerships, relationship and place-based frameworks, leadership development, building public and political will, and workforce development).

The policy agenda is supported by the “Building Blocks” – components not directly tied to the delivery of Baby Zone components but tied to the success of the overall P–3 implementation effort. Each of these components must ultimately be in place to adequately support the policy agenda; it is less important which one is chosen as the starting point.

The purpose of the P-3 policy agenda investments will be to support, with both formal and informal services, each child’s developmental progress, promote positive parent-child interactions, and enhance all parents’ knowledge of their children’s development within healthy, safe environments. This purpose will guide all aspects of the Policy Agenda.

Policy Recommendations

Recommendations for an innovative policy agenda were derived from several sources including interviews conducted with key stakeholders, a selected literature review, results from the economic analysis of the Baby Zone strategy⁵, and a series of three P-3 Policy Roundtables. The economic analysis provided concrete links (from an economic and results perspective) between the strategies proposed for the Baby Zone and policy required to make those strategies happen. The economic case also provided examples of policy recommendations that have proven to contribute to the success of similar initiatives in other states and communities.

Policy Recommendations by Environment

The P-3 policy recommendations are organized by environments that have the most impact on child development. The recommendations are supported by the aspects of capacity strengthening or “Building Blocks”: Evaluation/Data Capacity, Leveraging

⁵ National Economic Development and Law Center and ZERO TO THREE (2006). *Expected results and economic benefits from First 5 LA’s Baby Zone strategy: A preliminary analysis of four engagement points: prenatal, birthing hospital, universal voluntary postpartum home visitation and the Baby Zone hub.*

and Partnerships, Relationship- and Place-Based Approaches, Leadership Development, Building Public and Political Will and Workforce Development.

For purposes of this section, “Internal” recommendations are those that First 5 LA can implement on its own, primarily for First 5 LA grantees and initiatives. “External” recommendations are those in which First 5 LA might be a supporting partner, a convener, the lead advocate, or simply follow the issue as it develops over time. First 5 LA will devote staff time and financial resources to each of these aspects.

The list of possible policy recommendations represents a range of possible actions to be taken by First 5 LA and other organizations. The range and sheer number of possibilities reinforces the need for a process by which priorities are determined, decisions are made and a long-range plan for implementing the priorities is carried out at the community, county and state level.

Overarching recommendation:

The overarching recommendation is that First 5 LA should move forward to implement the Baby Zone strategy and work with other partners to leverage resources to take it to scale. This will require reaching out to non-traditional partners, collaborating across agencies and braiding or blending funding across sectors to achieve adequate investment for a successful strategy.

The policy agenda will be carried out at two levels: (1) the county/state level and (2) the neighborhood/community level. The community-level work supports the place-based approach adopted by First 5 LA and relies on family engagement to bring real issues to the attention of the Baby Zone Network and ultimately, to First 5 LA (for changes in Commission-level Policy) and to the P-3 Consortium (to address systemic issues). The county/state level work assures consistency and sustainability throughout the P-3 system by creating standards, regulations, and financing strategies. An active planning and self-assessment process will be mirrored at both the local (neighborhood/community) and county levels. Policy Recommendations are detailed in Attachment B.

Next Steps

First 5 LA Commission will begin to implement the following action items immediately. These items will be completed within the next 12 months.

1. Continue to refine and prioritize the overall P-3 Policy Agenda.

- a. Reconvene the P-3 Policy Roundtable for review and refinement of the policy agenda and results of the policy grid process; strengthen community representation and community development aspects of the process.
- b. Determine those policy priorities on which First 5 LA should take the lead, those priorities First 5 LA should collaborate with one or more partners to address, and those issues that should be monitored but do not necessitate an active role for First 5 LA.

- c. Establish a staff team within First 5 LA that will work with the P-3 Policy Roundtable to implement and evaluate the policy agenda.
- d. Upon selection of the Baby Zone demonstration zones, recruit community representatives to take an active role in the implementation and refinement of the policy agenda in support of Baby Zone implementation.
- e. Use a tool such as the “P-3 Policy Checklist” to review current policy conditions in LA County.

2. Take action on policy issues that relate directly to the Baby Zone implementation.

- a. Meet with third party payers, including members of the Healthy Kids Coalition, to look at existing financing mechanisms for newborn and early childhood home visiting and developmental care services (including child developmental screening, prenatal depression screening, family psychosocial risk screening and developmental assessment).
- b. Convene a workgroup to discuss workforce development, including impact of the Nurse Family Partnership bill (SB 1596) and the potential for promotora training through the Community Clinic Association.
- c. Conduct a careful economic analysis of current and potential funding sources for all elements of the Baby Zone Approach (family engagement, home visiting, developmental screening/developmental care, parent education, etc.) at the county level for general public sources of funding, and at the community level for public and private funding sources.
- d. Meet with the ICARE Steering Committee to craft a course of action to improve access to infant/family/early childhood mental health services throughout the First 5 LA-funded projects, initially, and throughout LA County in the long-term. Continue to meet with the Department of Children and Family Services Title IV E Waiver Planning group to increase coordination with the Prenatal through Three policy agenda. Develop a plan to get higher-level decision makers involved, e.g., representatives from county, colleges, universities and community colleges; California Department of Mental Health, Medi-Cal and other state agencies; Substance Abuse and Mental Health Service Administration (SAMHSA) Systems of Care grant (Service Planning Area 4), etc.

3. Begin a campaign to build public will around investments in P-3

- a. Conduct focus groups to test Baby Zone concepts.
- b. Use Economic Summit on Early Child Development scheduled for spring, 2007, as an opportunity to reach out to the private sector and philanthropists about the importance of investments in the earliest years of life.
- c. Refine Baby Zone concepts and create a marketing plan for messages regarding the importance of the early years of life.
- d. Implement the leveraging/partnership plan.
- e. Convene a P-3 conference or series of meetings in LA County in 2007 to inform partners/potential partners of the Baby Zone Approach to enlist their help in building public and political will, and in implementing Baby Zones throughout LA County.

BUILDING BLOCKS

The Building Blocks represent the foundation for the strategies proposed in both the Baby Zone and Policy Agenda prongs of the Prenatal through Three Focus Area. These Building Blocks are needed to ensure the success of strategies in achieving the desired outcomes and results of the focus area. Further, the need for the Building Block strategies to be successfully implemented before attempting to implement family and community engagement strategies is most significant in the demonstration zones, where the Commission intends to exhibit the full spectrum of strategies. Universal implementation of the strategies, including risk-screenings and home visits will also not be feasible without first addressing the areas of capacity outlined in the Building Blocks.

In addition, implementation of the Building Blocks will ensure that communities have an increased ability to affect and sustain changes in their community to promote healthy and safe pregnancies and optimal early childhood development. Each Building Block represents a discreet area for development within and across Baby Zones. These areas will need to begin to be addressed in the earliest stages of implementation. The Building Blocks will be assigned short- and long-term measures to evaluate their ongoing contribution to the outcomes and results sought through the P-3 Focus Area.

Successful implementation of all Building Block strategies will also significantly contribute to the sustainability of the Prenatal through Three Focus Area vision. It

The sustainability of Prenatal through Three is holistically defined as lasting improvements in the health and well-being of children, communities and families over time achieved by fostering positive shifts in funding streams, program models, policies and investment strategies.

is important that the Commission consider the most effective approaches to sustain and leverage assets in order to leave a legacy to ensure lasting improvements in the health, safety and well-being of young children, their families and

the communities in which they live. Indicators of sustainability include:

- Shared ownership of outcomes at all stakeholder levels.
- Increased agency, community, parent and caregiver capacity to build and coordinate resources on their own behalf.
- Availability and accessibility of adequate resources.
- Cost-effective deployment of resources.
- Improved coordination of resources.
- Increased use of evidence-based and best practices.

The two pronged approach has been designed to support strategies that will ensure that the values, ideas and processes of this investment become broadly shared and deeply felt amongst diverse stakeholders, that the policy agenda and baby zone practices become institutionalized, that key relationships are nurtured and remain strong and that necessary financial and social resources are secured in the long term.

Data Infrastructure

Data plays a foundation role in all aspects of the focus area. Data will inform the design of Baby Zones, as well as assist in the evaluation of the effectiveness of its strategies in achieving the desired outcomes and results. Further, data is essential to the ongoing development of the Policy Agenda for the Focus Area. Data points to issues to be addressed through policy strategies, assists in prioritizing agenda items and is among the strongest tools to advocate for policy proposals. The Focus Area will utilize existing data, as well as generate its own data relevant to child, family and community (1) needs & concerns; (2) levels & types of engagement within zones and (3) measurable changes in attitudes, behaviors and various indicators of well-being.

A neighborhood-level data library has been created to support the Baby Zone initiative and inform decisions about the selection of start-up sites that meet specific criteria. An important part of the P-3 planning process is identifying sites that meet different target criteria. Criteria being established for consideration of site selection include community strengths, needs, and capacities; requirements for policy planning; partnership and leveraging opportunities; and projected costs for Focus Area implementation are also critical factors.

Information in the data library has been integrated into indexes of community well being. The current list of indexes includes:

- Economic Resources
- Employment Security
- Housing Security
- Linguistic and Social Isolation
- Educational Attainment
- Mobility Resources
- Family Intactness
- Child Health Outcomes
- Infant Survival
- Maternal Health Outcomes
- Health Care Financing
- Access to Healthy Food
- Access to Green Open Space
- Neighborhood Stability
- School Readiness
- Community Safety

In addition to supporting the selection of demonstration zones and follow-up on planning for communities throughout the county, this planning data is a tool for community self-awareness. The parents, volunteers, community stakeholders and staff in each Baby Zone will have access to the data library, giving them greater insight into the demographic landscape, opportunities, strengths, and needs of their community. The asset maps will guide them in doing outreach and building relationships with other organizations that are also engaged in helping LA's youngest children.

The Baby Zone data library includes cost, revenue and community asset information that will support cost projections for the demonstration zones as well as county-wide cost projection for universal implementation of the P-3 Focus Area strategies.

Components of the cost projection include:

1. Community Mobilization and Transformation Support Costs
2. Baby Zone Screening and Home Visitations
3. Staffing Model and Estimated Staffing Costs
4. Operating Supplies and Equipment
5. Workforce Training Activity Costs
6. Estimated Annual Facility Cost
7. Marketing, media, branding
8. Administration and indirect costs, and network support

Lastly, data compiled and analyzed during the planning process will provide a baseline of information for ongoing evaluation of the P-3 project. First 5 LA's own evaluation staff will track administrative data about the number of babies brought home into each Baby Zone from area hospitals (via a dynamic, on-line baby registry), the number of screenings and home visits, participation levels in Baby Zone activities (parenting classes, support groups, advocacy), and child outcomes. This P-3 performance data, along with new information about the Baby Zone communities, will be compared to the community conditions captured during the planning process. Questions that can be addressed using this information include:

- What is the impact of First 5 LA investments on key indicators of child and community well being over time?
- What are the comparative outcomes in different communities and from different program components?
- Where are program strengths evident and where are program refinements needed?
- Have the investments made by First 5 LA leveraged new or expanded investments by other groups?
- What changes, if any, are evident in the health, safety and well-being of children?

Availability and Accessibility of Data

Using the model of electronic medical record systems, the Baby Zone data

Using the model of electronic medical record systems, the Baby Zone data infrastructure will link up varying systems to exchange stored data according to public standards. Additionally, through the Baby Zone registry data systems, parents and family members will have control over permission to view their information as well as create, annotate and use their own information, which has been found to be key to ensuring usefulness to users while protecting their privacy.

infrastructure will link up varying systems to exchange stored data according to public standards. Additionally, through the Baby Zone registry data systems, parents and family members will have control over permission to view their information as well as create, annotate and use their own information, which has been found to be key to ensuring usefulness to users while protecting their privacy.

As the demonstration zones are the testing ground to learn how the Baby Zones work in practice, likewise

there is a learning component to the evaluation and data collection process. Continued evaluation and data collection will take a community strengthening approach by utilizing methods of Participatory Action Research to include and embed the community's needs and interests. Participatory Action Research (PAR) is research which involves all relevant parties in actively examining together current action in order to change and improve it. PAR is not just research which is hoped to be followed by action. It is action which is researched, changed and re-researched, by participants within the investigative process. This process aims to be a collaboration between all parties involved in fostering Baby Zones: community leaders, staff and leadership of community based organizations, parents, public and private funders, local business owners, county departments, elected officials, and early childhood experts Together with the place-based focus of evaluation that was outlined in the Prenatal Through Three Focus Area Concept Paper (2004), the evaluation and data collection aims to improve capacity of all groups along the continuum of environments for children.

There are various data that is intended to be shared and collected throughout the Baby Zones that will inform not only the academic field, but will be made useable for parents, providers and policymakers. Ideally, data will be shared between parents, families and providers through various points of collection such as the screen administered at the time of birth as well as through parent and/or professionally administered tools. Additionally there are other data such as participation in Baby Zone activities and utilization of formal and informal resources and referrals; qualitative information from the interaction of the home visit; and Baby Zone resident satisfaction, improvement, engagement and participation information.

Data issues that will have the opportunity to be tested include:

- (1) *Data sharing across a zone and between different zones;*
- (2) *Compatibility between existing data collection efforts and new data structures;*
- (3) *Portability of personal health records either by the individual or through the service provider community; and*
- (4) *Community use of data for planning and data sharing.*

As data is ideally shared between various users within the Baby Zone, assessments of personnel and technology abilities, personnel training, technical assistance, and ongoing maintenance and updating of the data systems will take place to ensure that needed information is available for continued community development of the Baby Zone.

Together with community partners, each of these elements will be addressed according to the community's capacity, expressed needs, and assessment of achievable goals for the information that is found to be necessary to address their needs.

Since Baby Zones will encompass various existing data infrastructures within the demonstration communities, there is much planning and coordination that needs to exist in order to ensure privacy and compliance with existing regulations. For these data components to be used and shared across different groups, a common sharing infrastructure or platform will be utilized. With the enormity of data that currently exists, it would not be possible for a single institution to encompass all relevant information for individual families. Ideally, it should be possible to create/assemble

an individual's information so that it is accessible at all points of care and across various institutions.

There are some existing barriers that are currently being examined in other data demonstration projects such as the study to be conducted with the support of the California Regional Health Information Organization (CalRHIO). This study will include testing potential resolutions to the fragmentation of existing data records which has occurred due to organizations' adopting incompatible procedures for collecting, processing, storing and communicating information. Another significant barrier is that of existing individual electronic health or medical records that are not effectively accessible by patients for their own use. Furthermore, many existing data collection institutions are not yet able or willing to share data with other institutions that may be viewed as competition. Additionally, a critical perceived barrier is in the prevalence of identity-theft through electronic means, whereby many individuals are increasingly wary about the use and privacy of individual health records.

To address some of these barriers, staff is examining the development of some emerging potential solutions. For example, some experts advocate for a minimum of open standards to be used in the exchange of information among different systems. Open standards can foster interoperability and dramatically improve the ability to communicate data and information among and between companies, and throughout communities.⁶ Programs that exchange data according to open standards may also store and use those data internally in proprietary ways. For different systems to share data effectively, they must all use at least a common set of communication protocols and message formats and allow the import and export of all their data. Common data structures and open source programming can foster the possibility of effective data exchange among systems.

Volunteer, Leadership and Organizational Development

Within the P-3 Focus Area, Leadership Development is an investment in individuals to acknowledge and amplify the voices of families so that they have the information, resources and opportunities to raise their children successfully. Trained leaders will have the knowledge and tools to spearhead efforts that promote the P-3 Focus Area, and equip them to become local level policy advocates, agree on community norms and where necessary address basic economic needs and other environmental factors as they relate to healthy environments for children.

Leadership Development efforts will be promoted by Baby Zone staff and volunteers. Staff and volunteers will model behaviors and values to catalyze improvement of community health and aid parents to become vital resources for each other and the community. Additionally, Baby Zone staff and volunteers will lead in revitalizing and nurturing networks that promote relationship building. Moreover, Baby Zones

⁶ IBM 10/24/2005 IBM Statement of Support of Open Standards-Based Healthcare Industry and Education Industry Standards with a Patent Nonassert
[http://domino.research.ibm.com/comm/bios.nsf/images/harvestmoon/\\$FILE/IBM_HealthEdPledge_20051024.pdf](http://domino.research.ibm.com/comm/bios.nsf/images/harvestmoon/$FILE/IBM_HealthEdPledge_20051024.pdf)
Accessed on 9/26/2006.

may enter into leveraging partnerships with colleges, universities or other existing programs, or establish an endowment for a high-visibility fellowship around leadership development.

Utilizing a formal Leadership Development program will augment the ability of parents, residents, professionals and other community leaders, to be catalysts for transformation and mutually fulfill a role as change agents. Staff and volunteers of Zones will receive targeted leadership development training to enable them to:

- 1) *Identify natural leaders and thought leaders from within their respective Zone,*
- 2) *Become skilled advocates (and teachers of advocacy),*
- 3) *Become skilled family /community capacity builders, and*
- 4) *Become resources for linking families, community networks, and services.*

The place-based nature of Baby Zones will facilitate the recruitment and training of parents, residents or other individuals who have been identified as natural leaders or thought leaders within their communities Baby Zone staff and volunteers. Leadership Development efforts will focus on parents, and other community residents, and leadership development curricula will be founded on best practices in the field such as accountability, training and professional development activities.

Leadership Development will promote maximized outcomes around the P-3 Focus Area goal in four important ways:

1. First, it will develop the leadership skills of individuals from the community so that they will be better able to guide the

transformation of Zone communities.

2. Second, formal Leadership Development efforts will create a cadre of trained local leaders from the community that can be drawn upon for service within community-inclusive decision-making bodies i.e., a Community Advisory Board.
3. Third, a formal Leadership Development program will afford individuals with a passion to improve their communities an opportunity for growth, and the opportunity to mentor others in developing advocacy skills for themselves, their children, and their neighborhoods.
4. Fourth, formal Leadership Development efforts will afford community partners an opportunity to contribute their knowledge of local resources and human capital, to customize content, and to play meaningful roles in determining the objectives, outcomes and activities essential to achieve results that create economic benefit within Zones.

Leveraging and Partnerships

As approved in the Next Five Strategic Plan, both social and financial capital can be leveraged by tying the relationships and activities of multiple individuals, organizations and projects to defined systems-level outcomes. Therefore, through the P-3 focus Area's work, the Commission's efforts will link stakeholders, strategic

Leveraging strategies, processes and outcomes will be implemented to ensure that communities have an increased ability to successfully leverage fiscal and social resources on their own behalf.

A key element of success in achieving sustainability of the focus area vision will be the Commission's ability to nurture a shared ownership of healthier outcomes for children and families.

It is important in an endeavor as comprehensive as the Prenatal through Three Focus Area to acknowledge and 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.

partners, and in particular, engage parents in creating community-based approaches to enhancing systems of care and support.

First 5 LA will convene philanthropic foundations, cities/counties/state/federal agencies, private capital sources and businesses, and corporate sector entities to address the Prenatal through Three Focus Area and overall Commission goals across initiatives.

Beginning within local neighborhoods, families and residents in the various Baby Zones will engage each other and providers of local resources to carry out local plans. These engagement activities are examples of leveraging and partnership development at a grassroots level. Grassroot leveraging efforts will be aligned and integrated with systemic and institutional leveraging efforts.

First 5 LA has already begun 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 support P-3 efforts to strengthen 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 essential parts of a system creates sustained linkages of working relationships that streamline the provision of care and workable relationships that can become strategic alliances to advocate for and continuously improve a system of care. 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 will form new alliances with diverse business and philanthropic communities by taking advantage of partnership opportunities such as making a

presentation on the 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 spring, 2007. 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, safety 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 care. Reaching out to colleges and universities as well as municipal groups such as the LA Workforce Investment Board can greatly improve workforce development strategies.

Leveraging and Partnerships Goal and Strategies

Leveraging strategies have been developed to support both prongs of the Prenatal through Three approach. These strategies are intentionally broad based and serve to maximize the activities outlined in each of the building blocks.

The overarching goal of the leveraging effort is to build community stability and wealth through fostering diverse partnerships that will measurably leverage social and financial resources and strengthen community capacity to successfully leverage on their own behalf to:

1. Increase, improve and diversify stakeholder participation
2. Build public-private collaborations
3. Link community resources to Baby Zones
4. Increase in kind donations that support priority area goals and strategies
5. Increase aligned distribution of funds in priority areas
6. Maximize federal and state revenue
7. Reduce restrictions on funding streams
8. Create new dedicated revenue streams
9. Improve feedback loop mechanisms that will incorporate lessons learned into future activities.

While far from exhaustive, a preliminary list of possible partners gives examples of potential opportunities to leverage and integrate the Prenatal through Three investment (Attachment F). The list is intended to provide a visualization of the breadth of opportunities to be considered and will grow exponentially as the Prenatal through Three Focus Area implementation efforts continue and First 5 LA builds a system for managing relationships.

Building Public and Political Will

In order to mobilize the P-3 Baby Zone and Policy Agenda approach, there will be strategies to create desire and will in both the general public and in the policy-making sphere to increase investments in and attention on the earliest years of life. The strategy for building the will of the general public will be a marketing and public education campaign, while the political outreach strategy involves creating

local and county-level advocates and “champions” who can clearly articulate the P-3 vision and its scientific and economic rationale.

Building Public Will: Marketing and Public Education Campaign⁷

All marketing/education efforts will incorporate the three key Baby Zone 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 for children.*

(3) *The health and well-being of parents, primary caregivers and other family members is important to the growth and development of young children.*

A foundational strategy for building public and political will is to increase marketing and public education efforts around the three key messages about the importance of the early years of life so that the general public is more aware of the issues. Targeted outreach and education will be directed to key policymakers (including elected city and county officials, state and federal elected officials, and pertinent advocacy organizations) so that policymakers increase their knowledge and interest in P-3 issues. Through this outreach and education, local engagement will increase policy changes will occur and greater social and fiscal investments will be made.

These marketing and public education efforts will also inform a county-wide/statewide policy framework that supports early development and all children becoming healthy and successful in school and in later life.

It will be important to tailor the public messaging to both mothers and fathers. Mothers and fathers each have unique contributions to make in promoting healthy pregnancies, births, and early development. Outreach and engagement strategies will be tailored to each of these audiences, and adapted for cultural, racial, ethnic, linguistic, geographic diversity.

Development of a marketing/education plan will begin immediately upon approval of the Prenatal through Three Action Plan. This plan will factor in the unique cultural and linguistic perspectives of target communities. In addition to focusing on the key messages, this marketing/education plan will also be designed to create a demand for Baby Zone activities 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

The Baby Zone Marketing/Education Plan will utilize a unique brand development and launch strategy targeting key demographic audiences. The marketing plan will utilize strong research and measurement strategies in order to ensure the project’s success. Implementing this plan successfully will require extensive resources.

⁷ Note: 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 will be executed in concert with future and ongoing First 5 LA marketing/education campaigns.

In addition to public education, First 5 LA will take advantage of existing opportunities to get information out to the general public and parents of young children. For example, Baby Zone information could be added to materials that are distributed by other organizations. The campaign must be designed with flexibility to allow Zones the opportunity for appropriate customization of campaign content to fit the needs of the communities they serve. First 5 LA will reserve the right to review these “customized campaigns” to ensure the Baby Zone’s brand integrity.

Message and Concept Testing

Development of the public education strategy for the Baby Zone will involve message development and testing which will include public opinion research 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 participate in Baby Zone activities. Prototype communities, representative of the diversity of Los Angeles County, will be identified, in order to ensure that any message development research will include appropriate community input. 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. Following completion of the focus group research, the focus group report will be reviewed & finalized and final recommendations on marketing/public education, including the role of the demonstration zones in the public education strategy, will be developed.

Workforce Development

Workforce Development in the context of the Prenatal through Three Focus Area will establish and/or enhance career pathways for the professions associated with Baby Zone implementation, as well as increase utilization of other workforces that affect the population. They each have unique opportunities to promote the environments that support optimal development and healthy and safe pregnancies.

Workforce Development will ensure that there is an adequate supply of well-trained providers, paraprofessionals and peer supporters to provide services to very young children and their families. Additionally, increased special training and confidence building among providers will maximize the number of facilities with specialized care for children with special needs. In all cases, Workforce Development activities will be structured to provide ongoing supports, training and capacity strengthening to each member entity such that their ongoing provision of normal services will not be interrupted or otherwise unduly burdened.

Recruitment and staffing are primary components of Workforce Development. Community members will be recruited to staff Baby Zones so as to reflect local values and culture. Additionally, nurses and Community Health Workers (CHWs) will be recruited and trained to confront the current nurse shortage and draw upon community knowledge. One aspect of recruiting will explore the implementation of a CHW certification program in maternal child health through the Community Clinic Association, LA Valley College, San Diego County, or other strategic partners. As parents’ concerns are identified, additional strain on specialized service systems is

anticipated, especially the developmental care system (to evaluate and diagnose developmental delays and disabilities) and the mental health system (for adult mental health as well as parent-child interventions). Key maternal child health providers will be able to access targeted technical assistance in order to ensure that their referral database is current. Provider-targeted training focused on promoting primary relationships and other environmental supports can enhance the quality of their relationships with young children and their families.

The Policy Agenda will play a key role in supporting and/or catalyzing Workforce Development activities. Workforce shortages county-wide affect the ability to implement Baby Zone strategies, as well as connect families to needed services. Solutions that will yield the broadest impact are needed to support full implementation of the long-term vision for the Focus Area.

Training and Technical Assistance

Research on early education programs demonstrates the importance of high-quality

Training is important in order to maximize outcomes around child development. It will help to:

- (1) Ensure objectives are met and activities are appropriately implemented;*
- (2) Maximize effectiveness of early intervention programs;*
- (3) Allow stakeholders to work cooperatively to build on community knowledge and will; and*
- (4) Facilitate transformation of communities into baby/toddler nurturing environments*

staff in achieving outcomes for children and families. It is clear that how staff interact with families and children is as important as what they do. The Baby Zone approach is intended to reflect research-based practices. Staff and supervisors need help translating the research into what is done on a day-to-day basis for expectant parents, families and young children. It will be essential to make significant

investments in developing the skills and resources of individuals who engage with expectant parents, families, and young children both at the front-line and at the supervisory level. The Baby Zone approach will only be as successful as the individuals who are engaging the families, making the hospital contacts and home visits, and interacting with families in the Baby Zone.

Having an adequate supply of qualified P-3 providers involves ongoing training, mentoring, coaching, and reflective supervision of Baby Zone staff and other individuals who are providing prenatal care, family engagement, interconnection care, home visiting, parent education and outreach, play, primary health care and prenatal care, mental health, early intervention, etc.). Training will focus on several areas including advocacy, and family/community capacity building skills. Additionally, staff/volunteers and nurse/CHW teams must be skilled in cultural responsiveness, mutuality and reciprocity principles, and other interpersonal skills in order to ensure the efficacy in a wide spectrum of supports and formal services. Parent groups will require technical assistance, training, meeting space, facilitation, resources, among other things, to effectively carry out the P-3 Focus Area goals and objectives they have dedicated themselves and their joint efforts to pursuing.

Additional Building Blocks

The Prenatal through Three team will explore the addition of two Building Blocks to the overall Theory of Change and model: (1) *Built Environments Improvement* and (2) *Community Development*. These concepts will be investigated to ascertain whether there are aspects inherent in these concepts that are unique to those currently included in the model and are essential to the success of the focus area.

Next Steps

The Building Blocks were identified as areas that are necessary to address to ensure that the strategies outlined in the model are successfully implemented. These strategies are, in turn, expected to contribute directly to the desired outcomes and results. Further, all aspects of the Focus Area and its approach are dependent on building partnerships and capitalizing on timely opportunities. Therefore, the next steps for implementing the building blocks will focus on identifying these leveraging opportunities and seeking out those activities, individuals and entities that share the Focus Area outcomes.

1. Explore the feasibility and potential structure of a large-scale (\$125 million) community wide Baby Zone campaign to match First 5 LA's investment and raise funds that would ensure the full-scale implementation of the project.
2. Identify partners and develop a First 5 LA placed-based "leveraging fund" that will match local investments in Baby Zone activities and build incentives for fiscal resource participation at the neighborhood level.
3. Develop a centralized leveraging data and information sharing system to collect relationship data (contact information, areas of interest, meeting summaries, engagement plans, etc.) and asset maps (anchor institutions, city resources, parent groups, natural community leaders, policy makers, business, hospitals, etc.) obtained at each stage of the leveraging cycle at multiple levels of implementation of the Baby Zones and Policy Agenda.
4. Develop strategies to deepen collaboration with key public and private investors in LA County to encourage greater alignment and pooling of resources, building upon the collective vision of the LA County Public and Private Funder's group.
5. In partnership with Southern California Grantmakers, establish small group session "learning exchanges" to promote Baby Zones and to explore linkages to county wide public and private investments.
6. Recruit and convene ongoing "leveraging teams" responsible for identifying and researching potential partners, collecting expertise on neighborhood based leveraging assets, cultivation and stewardship of relationships and development of proposals to solicit participation.
7. Recruit and convene a group of highly connected, diverse champions to serve on a leveraging advisory committee of the P-3 Consortium. This group will

- identify opportunities and linkages, build leveraging strategies, facilitate meetings and connections, open doors and provide guidance to the overall leveraging program.
8. Gain expertise in federal and state funding sources and establish an internal workgroup to develop strategies that will identify leverage points to maximize funding streams, develop systems to draw-down increased funds, and where strategically viable, recommend changes in policy to reduce usage restrictions.
 9. Implement a First 5 LA-sponsored stakeholder recognition program to highlight outstanding contributions made by grantees, partners and community leaders in the field of early childhood development.
 10. Develop personalized and targeted stakeholder communication strategies to engage and update business executives, city, county, state and national policy makers, private foundation staff and boards, county department staff and leadership, agency executives and staff by service area and program, hospital administrative staff, nurses and doctors, university faculty and research staff and individual philanthropists areas of interest.
 11. Build from existing and establish new demonstration research partnerships with community organizations throughout Los Angeles to involve local residents in the development of community level data and indicators to measure the health, safety and well-being, and school readiness of children ages 0-5 and their families.

INFRASTRUCTURE

Introduction

First 5 LA will convene a public-private group of key partner champions that will come together to support the development, implementation and sustainability of the Prenatal through Three Focus Area's two-pronged Baby Zone, and Policy Agenda approach. Along with First 5 LA, the P-3 Partnership will provide the leadership to carry out a shared vision for the 0-3 population to identify strategies and opportunities to catalyze the integration of local and county-wide best practices. The P-3 partners will ultimately establish a long-term infrastructure for the Prenatal through Three Focus Area. With a strong presence and representation from local community interests⁸, the P-3 Partnership will create the vehicle for broad civic participation, planning, decision-making, coordination, and implementation of activities.

The initial concept of the P-3 Infrastructure was approved by the Commission in November 2004. The "ABC's of Baby Zones" (May 2006) describes the virtual and actual infrastructure that would support and connect the Baby Zones as the "First 5 LA Baby Zone Network (BZ Network)." Merging the concepts and functions previously approved by the Commission, the P-3 Infrastructure (Partnership) presented herein will serve as the primary keeper of the P-3 vision, actively promoting the guiding principles, accountability, sustainability, and consistency of values.

To support the P-3 Focus Area's desired results of creating a supportive and nurturing environment for families with young children; three key elements will guide the ongoing development of the P-3 Partnership in connecting neighborhood or place leaders with other leaders throughout countywide systems⁹:

1. *Tapping local knowledge* of and about communities to identify effective problem solving strategies to change communities;
2. *Decision-making through collaboration* by forging and revitalizing relationships, both horizontally and vertically and across different public and private sectors to create a seamless continuum of support responsive to the unique conditions on the ground;
3. *Recognizing local governments* as key actors in accessing and convening local input on community needs and priorities.¹⁰

⁸ Chaskin, R., & Peters, C. (2000), *Decision Making and Action at the Neighborhood Level: An Exploration of Mechanisms and Processes*. Chicago, IL: University of Chicago, Chapin Hall Center for Children.

⁹ Bradford, N. (2006). *Place-Based Public Policy: Towards a New Urban and Community Agenda for Canada*. Ottawa, ONT: Canadian Policy Research Networks, Inc.

¹⁰ Bradford, N. (2005). *Place-based public policy: towards a new urban and community agenda for Canada*. Ottawa, ONT: Canadian Policy Research Networks, Inc.

Overview

The Prenatal through Three Focus Area Partnership is critical to support the development and implementation of the Focus Area's two-pronged approach of the Baby Zone and the Policy Agenda:

The P-3 Partnership will be a formally structured, multi-organizational group linking leaders of First 5 LA-funded networks with leaders from larger countywide systems, as well as the business and philanthropic sectors and organizations representing the interests of expectant parents and parents of young children. In partnership with First 5 LA, they will provide oversight, guidance, and direction for implementing the Prenatal through Three Focus Area's *Baby Zone* and *Policy Agenda*.

The P-3 Partnership will be supported by First 5 LA staff, a Focus Area Facilitator Team, and a Focus Area evaluator. To ensure that the Commission maintains the spirit and integrity of its goals, there will be a heavy engagement by First 5 LA staff during the Baby Zone demonstration phase, working closely with the P-3 Partners to structure mechanisms for centralized coordination, administrative support, and technical assistance to carry out the key functions. First 5 LA will contract with an intermediary facilitating team to temporarily serve as the "*P-3 Facilitator to the Partnership*," responsible for the day-to-day management of implementing, developing, and monitoring the approved strategies of P-3. A Focus Area *Evaluator*" will also be selected to develop and implement a comprehensive evaluation plan to determine the effectiveness of the strategies and model.

P-3 Partnership Administrative Structure

The following purposes have been developed for the P-3 Partnership based on feedback from First 5 LA staff, grantees and strategic partners, community service providers, experts, parents and Commission meeting participants:

- Enhance existing networks and integrate efforts across shared goals, programs, and initiatives to create a seamless delivery system to effectively improve the care and support for children and families.
- Strengthen and expand communication and coordination across collaboratives, programs, and initiatives to maximize the efforts of the Commission and its partners.
- Through work at the systemic level, help facilitate families' connections with informal and formal supports.
- Extend opportunities for parent involvement and community capacity building to enhance individual and organizational knowledge, public engagement and a sense of community belonging.

- Create a countywide-level learning community to promote the broad implementation of policy, practice, and funding changes to enhance the P-3 service delivery system.
- Engage and mobilize champions across sectors to organize a countywide policy agenda and to leverage investments.
- Identify and promote evidence-based approaches to bring successful efforts to scale.

Once the P-3 Partnership is formed, these purpose statements would be refined by the members. In addition, they will jointly develop interagency agreements and business rules to define roles and expectations of the P-3 Partnership members, focusing on shared accountability and equitable decision-making authority. The P-3 Partnership will have decision-making authority on policy related and program implementation issues and will consist of convening partners, sector representatives and parent representatives. Their decisions will be informed by feedback from working committees supported by staff to develop specific components and strategies of the P-3 Focus Area.

First 5 LA will initially engage a small group of convening partners to lead the early formation and launch of the P-3 Partnership. Partners who have already made significant commitment to the P-3 population will be invited to represent the philanthropic, public/government, and business sectors. These sector representatives will be institutional leaders with decision-making authority to engage in substantive discussions of policy, financing, and service delivery for the target population.

Eventually the original group of convening members will increase to include a larger cross section of sector representatives that will occupy designated seats as voting members of the P-3 Partnership Council. Potential members include organizational leaders from entities charged with promoting the optimal birth outcomes and the early development of infants, toddlers and families, such as: First 5 LA-funded and county-wide networks focusing on the P-3 population; inter-faith or faith-based organizations, county departments, community organizations, and interest groups who are supportive of changes on behalf of the P-3 population; foundations who fund P-3 programs or services; representatives from the Baby Zones; and representatives of elected officials. In addition special attention will be given to leaders and parent-members of community or parent advocacy groups who will play a critical role in the P-3 Partnership Council's decision-making and will be voting members. It is expected that a significant proportion of the total membership in the P-3 Partnership members will constitute parent representatives.

First 5 LA will provide initial funding for staff resources and administrative support to carry out the charge of the P-3 Partnership.

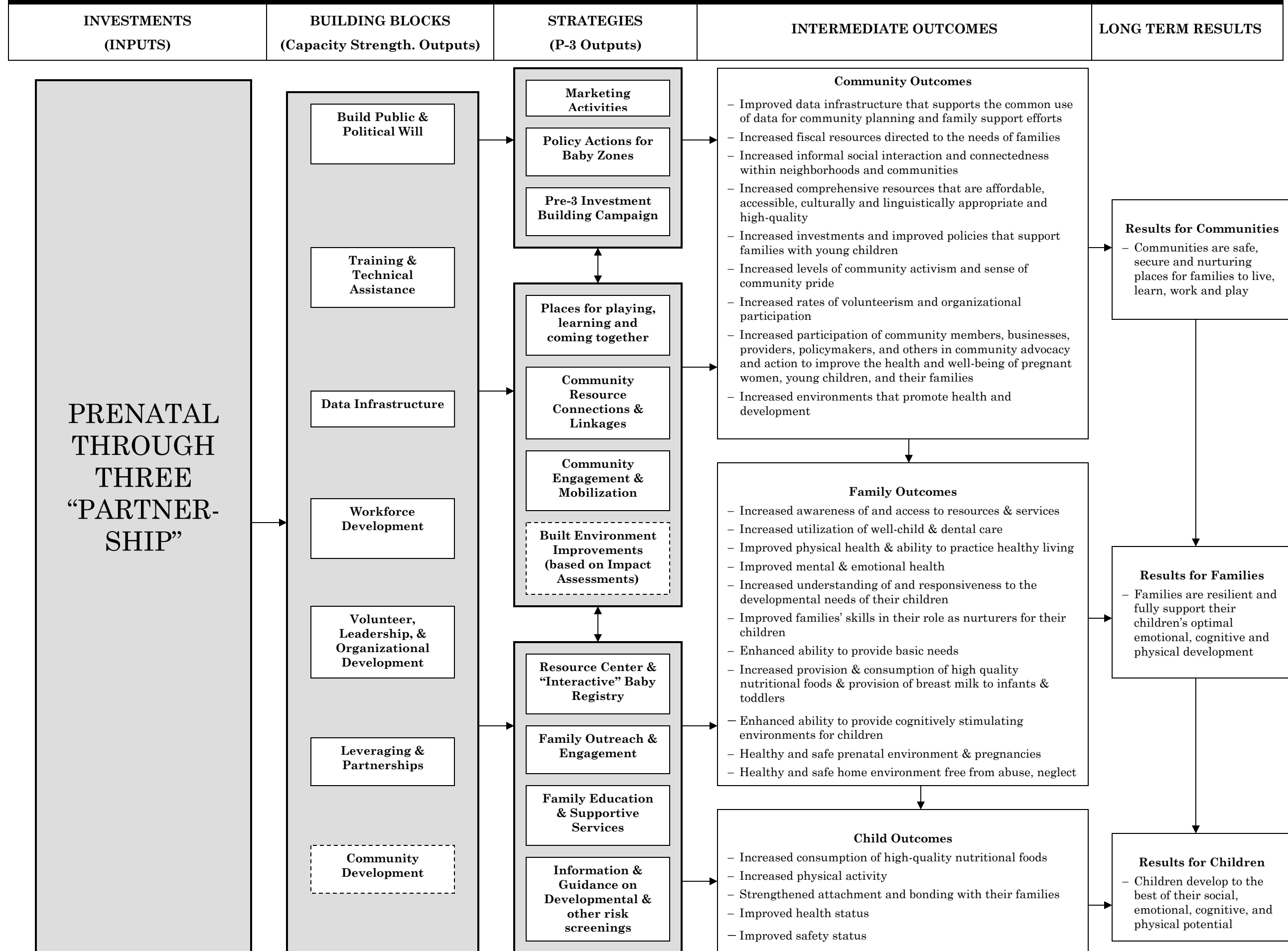
Next Steps

1. Finalize the design of the infrastructure model, including long term organizational development elements.
2. Identify a P-3 Facilitator Team to assist in convening the initial P-3 Partners. Followed by the convening of the larger P-3 Partnership Council.
3. Convene the P-3 Partnership and secure interagency agreements; facilitate development of a shared understanding of roles and contribution to be made to the P-3 Vision for Change.
4. Identify and contract with an evaluator who will be responsible for working with the P-3 Partnership and First 5 LA staff to develop and implement a comprehensive evaluation plan to determine the effectiveness of the overall P-3 components and strategies.

CONCLUSION

The Prenatal through Three Focus Area seeks to transform the environments surrounding pregnant women, infants and toddlers. Transformed environments will have a greater capacity to support and nurture Los Angeles County's youngest children and their families and to reach the Focus Area outcomes and results. First 5 LA has a unique opportunity to catalyze sustainable partnerships, social and fiscal investment in these results. Upon approval of this expanded framework and action plan implementation of the Focus Area approach will commence.

Attachment A: First 5 LA Prenatal Through Three Logic Model



Attachment B: Policy Recommendations

Internal

“Internal” recommendations are those that First 5 LA can implement on its own, primarily for First 5 LA grantees and initiatives

External

“External” recommendations are those in which First 5 LA might be a supporting partner, a convener, the lead advocate, or just follow the issue as it develops over time.

Environment #1 Prenatal/Pregnancy	
Internal	External
<ul style="list-style-type: none"> • Encourage collaboration among First 5 LA grantees to provide comprehensive health and mental health services to families during the prenatal and interconception period, including dental/oral health, mental health, nutrition and obesity education and access to supports for healthy nutrition. • Continue to work through the Healthy Births Initiative to improve access and care for expectant mothers and fathers and women of childbearing age; support an expanded focus in such areas as incorporating dental/oral health, mental health in prenatal care, prenatal health and nutrition classes, reducing food insecurity during pregnancy and increasing overall investments in prenatal and interconception care. 	<ul style="list-style-type: none"> • Support efforts to improve perinatal care for highly vulnerable populations including substance abuse treatment for pregnant women, risk-appropriate perinatal care, care for teen parents emancipating from the foster care system, care for pregnant women in jail or on probation (including perinatal nursing to address substance abuse, exposure to violence, sexually transmitted disease tracking, etc.), and pregnant victims of violence (including domestic violence)
Environment #2 Nurturing Relationships	
<ul style="list-style-type: none"> • Invest in home visitation programs that adopt a research-based model for home-based service delivery • Adopt and support, through training, technical assistance and consultation, relationship-based and reflective practice approaches as the standard for First 5 LA funded projects. 	<ul style="list-style-type: none"> • Convene a cross-agency, multi-disciplinary P-3 Consortium, including community representation, to consider overarching P-3 issues in LA County • Convene a workgroup in partnership with LA County Departments of Children and Family Services, Mental Health, Children’s Law Center and others to create strategies to reduce

¹¹ Center for the Study of Social Policy (2004). *Strengthening families through early care and education*. Washington, DC: Center for the Study of Social Policy.

Attachment B: Policy Recommendations

Internal

“Internal” recommendations are those that First 5 LA can implement on its own, primarily for First 5 LA grantees and initiatives

External

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<ul style="list-style-type: none"> • Invest in promotion and prevention strategies that promote early, consistent, nurturing relationships through strategies such as: <ol style="list-style-type: none"> 1. Increasing awareness among First 5 LA staff on relationship-based approaches to P-3 developmental care 2. Adopting the “Strengthening Families” approach¹¹ to improve the focus on prevention in First 5 LA funded projects, especially those serving low-income families; 3. Screening all pregnant women and postpartum mothers for depression especially those in public health and community health clinics) beginning with First 5 LA funded projects 4. Train all community providers – beginning with those in First 5 LA funded projects, including the Baby Zone – in helping parents understand and articulate their own expectations, and their child’s signals (“cues”) and temperament. 5. Create and adopt a standard for developmental and behavioral screening and anticipatory guidance that will be implemented throughout First 5LA funded projects and beyond. • Assure strong fatherhood efforts across all First 5 LA initiatives and focus areas, especially in the Healthy Births Initiative, Partnerships for Families, Family Literacy, School Readiness and the P-3 focus, via targeted outreach and public awareness campaigns, increased programming for fathers in prenatal education, and including fathers in all approaches 	<p>multiple placements, provide continuity of placements and caseworkers for infants/toddlers in foster care to reduce the effects of repeated traumatic separation on infant attachment, health and development.</p> <ul style="list-style-type: none"> • Support the ability of alternate caregivers (child care providers, foster parents, kinship caregivers) to provide nurturing relationships, with increasingly intensive attention based on the degree of risk encountered by the child and family.
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Environment #3 Family

Attachment B: Policy Recommendations

Internal

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External

“External” recommendations are those in which First 5 LA might be a supporting partner, a convener, the lead advocate, or just follow the issue as it develops over time.

<ul style="list-style-type: none"> • Engage, encourage and support families in playing a role in developing services and delivery systems. Require that First 5 LA and grantee advisory boards include parents as full participants. • Require First 5 LA grantees to include plans to support families through significant transitions – NICU to home, Early Start to preschool, etc. For instance, require all LAUP and School Readiness grantees to have a plan to smooth the transition for children and families from early intervention (at age 3) into preschool, and from preschool into school. • Assist families in building financial assets by such strategies as supporting the use of the Earned Income Tax Credit and adopting the Self Sufficiency Standard for First 5 LA initiatives; train First 5 LA grantees on how to use the Self Sufficiency Calculator to measure and track economic self sufficiency¹². • Incorporate promotion of dental/oral health, mental health and healthy choices (nutrition/feeding, activity and play, etc.) into First 5 LA funded projects through strategies such as including positive messages about nutrition and feeding for pregnancy and birth – 3 years, supporting mental health consultation for adults and children in community settings, and partnering with farmers’ markets to offer healthy food choices close to home. 	<ul style="list-style-type: none"> • Support paid family leave through family savings accounts. • Support efforts to increase the availability of respite services and other supports for families and other caregivers of children with developmental delays or disabilities. • Assure continuous and comprehensive insurance coverage by working with coalitions such as Healthy Kids to achieve 100% enrollment of children in health coverage from the day they are born, align eligibility criteria in insurance programs to reduce breaks in coverage, and ensure insurance coverage to both parents and children so that parents will obtain health care for themselves and their children and make sure that insurance is sustainable so that there are not gaps in coverage
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¹² For more details on the Self Sufficiency Standard and Self Sufficiency Calculator see: <http://www.nedlc.org/cfess/index.htm>. The Self Sufficiency Calculator is a tool which supports the critical elements of a successful placed-based strategy, i.e. autonomy, skill-building and healthy norms to achieve economic self-sufficiency.

Attachment B: Policy Recommendations

Internal

“Internal” recommendations are those that First 5 LA can implement on its own, primarily for First 5 LA grantees and initiatives

External

“External” recommendations are those in which First 5 LA might be a supporting partner, a convener, the lead advocate, or just follow the issue as it develops over time.

Environment #4 Child Care: Early Care and Education

- | | |
|--|--|
| <ul style="list-style-type: none"> • Consider adopting the Early Head Start performance standards for First 5 funded P-3 services. • Include programs in the early care and education system as partners and resources in the effort to implement the Baby Zone strategy. • Work with the ICARE group through the LA County Dept. of Mental Health to create financing strategies to support mental health consultation in child care/early care and education. • Work with the County Child Care Planning Council to provide high-quality child care choices for families by: <ol style="list-style-type: none"> 1. Developing and implementing a voluntary child care quality rating system that includes quality criteria for infants and toddlers; and 2. Increasing the availability of infant-toddler specialists in child care resource and referral agencies. • Assure/require that each LAUP site and school readiness grantee has a plan for outreach and providing information to both parents of children not yet of preschool age and to other early care and education programs in their neighborhood. | <ul style="list-style-type: none"> • Work with the early care and education industry to improve child abuse/neglect prevention/identification as part of a Quality Rating System. • Support increases in federal funding for Early Head Start so that all eligible pregnant women, parents and children are served. • Work with the County Child Care Planning Council to increase availability of childcare to underserved populations, such as infants and toddlers who are medically fragile or who have developmental disabilities; continue to participate with and help support the Special Needs Advisory Project. • Advocate to improve the quality of child care provided to children in the foster care system, especially for children of teen parents. |
|--|--|

Environment # 5 Neighborhood/Community

- | | |
|---|--|
| <ul style="list-style-type: none"> • In implementing the Baby Zones, devote additional funding and staff time for technical assistance to support communities that | <ul style="list-style-type: none"> • Advocate for funding for prevention, not just medical necessity. |
|---|--|

Attachment B: Policy Recommendations

Internal

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External

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<p>have little prior collaborative experience.</p> <ul style="list-style-type: none"> • Support Baby Zone community efforts to create healthy environments through safe parks, improvements in housing conditions, walk-able neighborhoods and families helping families through collective efficacy. • Support grantees’ efforts to increase availability of facilities, staff, approaches and services that are culturally, educationally and linguistically appropriate to the population served. • Improve geographic distribution of services supported by First 5 LA and avoid geographic saturation. • Require that any initiative funded as a place-based strategy use the Place-Based Checklist with special attention to facilities used by expectant parents and parents of young children (e.g. playgrounds, libraries, schools, hospitals, doctor’s offices, WIC, etc.). 	<ul style="list-style-type: none"> • Support the development of an adequate supply of well-trained providers/paraprofessionals/peer supporters to provide services to very young children and their families. Develop a state and LA County plan to recruit, retain, and adequately compensate qualified professionals in health, mental health, child welfare, early care and education to work with target populations
<p>Environment #6 Early Intervention</p>	
<ul style="list-style-type: none"> • Assure that all grantees have a process for addressing developmental concerns with expectant parents and families of young children and that they use high-quality developmental and behavioral screening tools and referral procedures selected from a list generated by First 5 LA. • Consider multiple sources and types of high-quality developmental screening and ensure that children who do not have health insurance are included in screening. 	<ul style="list-style-type: none"> • Advocate for better coordination of services, including improving guidelines of authority, broadening and aligning eligibility guidelines, improving client outreach and education, creating plans for transitions, providing service coordination/case management, and supporting improved professional/paraprofessional education. Support these activities in First 5 LA-funded initiatives. • Support changes in program and financing policies to increase the availability of research-based targeted, intensive intervention

Attachment B: Policy Recommendations

Internal

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External

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	<p>for at-risk families.</p> <ul style="list-style-type: none"> • Work to create a system of developmental care in Los Angeles County, including a mechanism for every child in Los Angeles County to receive periodic developmental screening with a high quality screening tool, and a mechanism for referral to appropriate assessment and intervention services provided by skilled developmental care specialists. Include nontraditional partners, such as child care programs and pediatric practitioners, in the development of screening programs. • Support Department of Child and Family Services efforts to refer all children detained by DFCS to a medical hub for evaluation and ensure that comprehensive follow-up services are available, including attention to social-emotional development and the impact of early trauma. Link this evaluation to Early Start screening services to ensure that CAPTA requirements are met. • Work with third-party payers/administrators to improve developmental care (screening, assessment, diagnosis, and intervention/support services for physical and social-emotional development) and advocate for reimbursements (including CHDP, Social Security Administration, Medi-Cal (EPSDT), Medi-Cal Managed Care and others) that approximate reimbursement for the full cost of services • Advocate for screening for maternal depression to be included as a standard in prenatal and postpartum care. • Advocate for a broadened definition of medical necessity for Medi-Cal mental health services and take advantage of existing eligibility and “medical necessity” definitions (e.g. all foster care children and children with special health care services meet the
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Attachment B: Policy Recommendations

Internal

“Internal” recommendations are those that First 5 LA can implement on its own, primarily for First 5 LA grantees and initiatives

External

“External” recommendations are those in which First 5 LA might be a supporting partner, a convener, the lead advocate, or just follow the issue as it develops over time.

	“medical necessity”) to improve access to mental health services for children in foster care and those with special needs. Use crosswalks as necessary to incorporate appropriate mental health diagnostic processes and mental health codes (DC: 0-3R ¹³) and to obtain payment for infant/early childhood/family mental health interventions.
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¹³ ZERO TO THREE (2005). *Diagnostic classification of mental health and developmental disorders of infancy and early childhood, revised (DC:0-3R)*. Washington, DC: ZERO TO THREE Press.

Attachment C: LA County P-3 Landscape

One-quarter of Los Angeles County’s population lives in a household that includes a child three years of age or younger, or an expectant mother. Young children through the age of three and expectant mothers make up 7 percent of Los Angeles County's population. A breakout of these 717,000 residents by their age is shown in Table 1.¹⁴

Table 1 Los Angeles County Prenatal through Three Population, 2006

Under 1 Year	1 Year	2 Years	3 Years	Total 0-3	Pregnant Women	Total
150,000	150,000	151,000	153,000	604,000	113,000	717,000

Source: State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000–2050*. Sacramento, CA, May 2004.

Another 1,951,000 county residents (19 percent) live in households that include a young child up through three years of age.¹⁵ These young children together with older residents in the same households make up 25 percent of Los Angeles County’s 10,208,000 residents.

Young children are most densely concentrated in Los Angeles’ urban core, which is home to many of the regions’ energized and hopeful immigrant households. These child-rich neighborhoods surround downtown Los Angeles and extend south between the 110 and 710 freeways. Other communities that are also home to many of Los Angeles’ youngest residents include the El Monte / Baldwin Park area, western Long Beach, and the Van Nuys / North Hollywood / Panorama City area.

First 5 LA seeks to build on what is currently known about the Prenatal through Three Landscape to identify initial partners, build local strategies and identify gaps in data.

¹⁴ State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000–2050*. Sacramento, CA, May 2004. Figure based on state projection for 2006.

¹⁵ Census 2000, 5% Public Use Microdata Sample (PUMS), United States, prepared by the U.S. Census Bureau, 2003; 2006 population figures derived from the California Department of Finance projection of 6.79% county increase between 2000 and 2006.

Attachment D: Policy Opportunities for Early Developmental Environments

	Pregnancy	Nurturing Relationships	Family	ECE	Neighborhood/Community	Early Intervention
Current Policy Opportunities	<u>First 5 LA Grantees, Partners and Community</u> <ul style="list-style-type: none"> ▪ Baby Zone ▪ Healthy Births ▪ Learning Collaboratives 	<u>First 5 LA Grantees, Partners and Community</u> <ul style="list-style-type: none"> ▪ Baby Zone ▪ PFF ▪ Recommendations from Foster Youth Summit 	<u>First 5 LA Grantees, Partners and Community</u> <ul style="list-style-type: none"> ▪ Baby Zone 	<u>First 5 LA Grantees, Partners and Community</u> <ul style="list-style-type: none"> ▪ School Readiness Initiative ▪ Baby Zone ▪ LA-UP 	<u>First 5 LA Grantees, Partners and Community</u> <ul style="list-style-type: none"> ▪ Baby Zones Countywide ▪ Metamorphosis Project 	<u>First 5 LA Grantees, Partners and Community</u> <ul style="list-style-type: none"> ▪ Baby Zone ▪ EDSI Project ▪ PODS ▪ WIN (Westside Infant Family Network)
	<u>County/State Policies</u> <ul style="list-style-type: none"> ▪ Home Visiting Legislation (SB 1596) ▪ Proposition # 86 – Tobacco Tax Act of 2006 (100% Child Health Insurance) 	<u>County/State Level</u> <ul style="list-style-type: none"> ▪ Home Visiting Legislation (SB 1596) ▪ Title IV-E Waiver ▪ Implementation of SB 500 – Pregnant and Parenting Foster Youth ▪ Encourage use of Paid Family Leave 	<u>County/State Level</u> <ul style="list-style-type: none"> ▪ Health insurance for low-income and undocumented children ▪ Expansion of family and medical leave ▪ Promote use of Earned Income Tax Credit 	<u>County/State Level</u> <ul style="list-style-type: none"> ▪ Quality Preschool ▪ Child Care Reimbursement legislation 	<u>County/State Level</u> <ul style="list-style-type: none"> ▪ Playground Safety Standards (AB 1144) 	<u>County/State Level</u> <ul style="list-style-type: none"> ▪ CAPTA/IDEA policies ▪ Katie A. lawsuit implementation ▪ SNAP ▪ Mental Health Services Act ▪ Special Needs Demo ▪ Home Visiting Legislation
	<u>Federal Policies</u> <ul style="list-style-type: none"> ▪ Head Start/EHS Reauthorization 	<u>Federal Policies</u> <ul style="list-style-type: none"> ▪ Head Start/EHS Reauthorization 	<u>Federal Policies</u> <ul style="list-style-type: none"> ▪ T.A.N.F 	<u>Federal Policies</u> <ul style="list-style-type: none"> ▪ Early Head Start reauthorization 	<u>Federal Policies</u> <ul style="list-style-type: none"> ▪ _____ ▪ _____ 	<u>Federal Policies</u> <ul style="list-style-type: none"> ▪ IDEA Part C regulations ▪ Home Visiting

	Pregnancy	Nurturing Relationships	Family	ECE	Neighborhood/Community	Early Intervention
						legislation (H.R. 3628 and S. 503) <ul style="list-style-type: none"> ▪ Reauthorization of Safe and Stable Families Act
New Policy	<u>First 5 LA Grantees, Partners and Community</u> <ul style="list-style-type: none"> ▪ _____ ▪ _____ ▪ _____ 	<u>First 5 LA Grantees, Partners and Community</u> <ul style="list-style-type: none"> ▪ _____ ▪ _____ ▪ _____ 	<u>First 5 LA Grantees, Partners and Community</u> <ul style="list-style-type: none"> ▪ _____ ▪ _____ ▪ _____ 	<u>First 5 LA Grantees, Partners and Community</u> <ul style="list-style-type: none"> ▪ _____ ▪ _____ ▪ _____ 	<u>First 5 LA Grantees, Partners and Community</u> <ul style="list-style-type: none"> ▪ _____ ▪ _____ ▪ _____ 	<u>First 5 LA Grantees, Partners and Community</u> <ul style="list-style-type: none"> ▪ Support implementation of new AAP Developmental Screening Guidelines

Pregnancy	Nurturing Relationships	Family	ECE	Neighborhood/Community	Early Intervention
<u>County/State Policies</u> <ul style="list-style-type: none"> ■ Review LA County Supervisors' Legislative Agenda for shared interest/advocacy ■ Home visiting legislation (AB 1596) 	<u>County/State Level</u> <ul style="list-style-type: none"> ■ Review LA County Supervisors' Legislative Agenda for shared interest/advocacy ■ Home visiting legislation (AB 1596) ■ State Preschool Programs (AB 172) 	<u>County/State Level</u> <ul style="list-style-type: none"> ■ Review LA County Supervisors' Legislative Agenda for shared interest/advocacy ■ AB 1851 – Healthy Families Application Assistance; SB 437 – Healthy Kids gateway; and other insurance legislation ■ Economic Impact Study – City and County of LA 	<u>County/State Level</u> <ul style="list-style-type: none"> ■ Review LA County Supervisors' Legislative Agenda for shared interest/advocacy ■ State Preschool Programs (AB 172) ■ Quality Rating System – develop criteria for 0-3 programs ■ Track and support county's efforts to improve quality in Family, Friend and Neighbor Care ■ Provide input into State CCDF Plan 	<u>County/State Level</u> <ul style="list-style-type: none"> ■ Review LA County Supervisors' Legislative Agenda for shared interest/advocacy ■ Track and support county's efforts to improve quality in Family, Friend and Neighbor Care 	<u>County/State Level</u> <ul style="list-style-type: none"> ■ Review LA County Supervisors' Legislative Agenda for shared interest/advocacy

Pregnancy	Nurturing Relationships	Family	ECE	Neighborhood/Community	Early Intervention
<u>Federal Policies</u> <ul style="list-style-type: none"> Change in guidelines for food available through WIC and CCFP 	<u>Federal Policies</u> <ul style="list-style-type: none"> Funding for Early Head Start 	<u>Federal Policies</u> <ul style="list-style-type: none"> Funding for TANF 	<u>Federal Policies</u> <ul style="list-style-type: none"> Funding for Head Start/Early Head Start, CCDF 	<u>Federal Policies</u> <ul style="list-style-type: none"> _____ _____ _____ 	<u>Federal Policies</u> <ul style="list-style-type: none"> Track policy recommendations from SAMSHA ABCD grants to make improvements in system of care SAMSHA reauthorization

Attachment E: Policy Checklist

Prenatal – Three Policy Checklist: A Planning Guide¹⁶

This checklist is intended to be utilized to establish a baseline for Baby Zone and P-3 policies in LA County, and periodic progress checks for evaluation purposes. The statements below will be considered as part of the overall decision-making process for improving the Baby Zone network of supports for expectant parents and parents of young children in LA County so that every child can have the very best start in life.

Scale =

3 = Achieved

2 = Under development; partially achieved

1 = Needs effort by _____ (whose role is it to take the lead or move the issue forward?)

0 = Not a priority for LA County

Early Identification Practices (identifying infants and toddlers with developmental delays, significant risk, or developmental disabilities at the earliest possible point in time, and connecting them to appropriate services and supports)

1. All pregnant women are screened for depression, including those receiving prenatal care in private practice, community health centers, and public health clinics.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

2. Early identification policies and practices (including eligibility criteria, enrollment forms, billing codes, etc.) are reciprocal, complementary, and consistent across county and local agencies, systems and programs.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

¹⁶ Adapted by Cindy Oser from three sources: *Child Find Priority Rating Scale/Self Assessment*, New Hampshire Early Connections Project (2000); *The Spending Smarter Checklist* National Center for Children in Poverty, 2005); and *Babies and Toddlers in the Policy Picture: A Self-Assessment Checklist for States*, ZERO TO THREE Policy Center, 2006.

3. Families encounter the same or similar processes for early identification no matter where they live in the county, and no matter where the initial contact is made.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

4. Every expectant parent and family with children under age 4 has easy access to information about prenatal care/development, child development, and the developmental status of their child.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

5. Primary referral sources (parents, physicians, community health workers, nurses, birth hospital staff, child care providers, public health providers, social service agencies, Early Head Start staff, etc.) are aware of and appropriately use developmental screening and referral processes.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

6. Prenatal care providers and agencies working with women of child-bearing age are aware of an appropriately use screening and referral processes for depression, alcohol and other drug use, and domestic violence.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

7. All infants and toddlers in foster care are routinely screened by a knowledgeable person for social, emotional and other development problems.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

Public Education/Public Awareness (Increasing knowledge of early development)

1. All expectant parents and families/extended families/caregivers of children under age 4 in LA County have access to Baby Zone supports in their own community.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

2. Primary referral sources are aware of early child development concepts (including the impact of prenatal development, importance of early relationships, and the impact of various risk factors) and the potential for prevention and early intervention.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

3. Early identification and Baby Zone public awareness materials are available and disseminated by all First 5 LA grantees (including LAUP sites) and all collaborative partners who serve expectant parents, pregnant women, and families with children under age 4.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

4. There is a clear link among the needs of the identified target population and the public education methods employed (materials, tools, messages, cultural and linguistic adaptations, staffing, locations, etc.).

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

5. Appropriate assessment and diagnosis is available for infant/early childhood/family mental health disorders.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

Planning and Capacity-Building Process

1. There is a county-wide cross-agency strategic planning group to build strategic early childhood mental health capacity. Does the group:

a. Include parents? Providers?

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

b. Link to a larger early childhood/school readiness planning process?

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

c. Include a dedicated fiscal planning workgroup?

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

2. A process exists within the P-3 overall planning effort to:

a. Map gaps in existing P-3 services and supports?

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

b. Create incentives for community-based, cross-agency training initiatives?

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

c. Implement targeted collaborations across Early Start (for infants and toddlers with delays or disabilities) and child welfare (to meet the federal Individuals with Disabilities Education Act and Child Abuse Prevention and Treatment Act requirements)?

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

3. The county advocates at the state level for maximizing the impact of the Child Care Development Fund (CCDF) to promote social and emotional health and school readiness by:

a. Defining explicit strategies to promote social and emotional health and school readiness competencies and improve the skills of caregivers in the state CCDF plan.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

a. Using CCDF funds to support training for the early care and education community on social-emotional and school readiness issues.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

4. Foster Care Title IV-E Waiver funds are used to support cross-system, multi-disciplinary professional development/training to increase knowledge of child development, promoting resilience in expectant parents/families of young children, and reducing risk for child abuse and neglect.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

5. Individuals at the community/Baby Zone level, including parents, natural community leaders and professionals, are supported through a formal leadership development program to improve their ability to be catalysts for change.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

6. A process exists to regularly bring evaluative information and data from the Baby Zones/Baby Zone Network to the P-3 Policy Roundtable for consideration and dialogue.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

Improving Early Care and Education

1. Infant-Toddler child care is of the highest quality and available to all who need it.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

2. The most vulnerable children (e.g., those in the child welfare system, children with teen parents, children with parents in the foster care or probation system) are in the highest quality child care settings.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

3. Child Care Development Fund (CCDF) and other funds are used to support infant/early childhood mental health consultation through the quality set-aside.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

4. Infant-Toddler specialists, and inclusion specialists, are funded and available in every Child Care Resource and Referral agency.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

5. Foster Care Title IV-E Waiver funds are used to support cross-system, multi-disciplinary professional development/training to increase knowledge of child development, promoting resilience in expectant parents/families of young children, and reducing risk for child abuse and neglect.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

6. Individuals at the community/Baby Zone level, including parents, natural community leaders and professionals, are supported through a formal leadership development program to improve their ability to be catalysts for change.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

7. A process exists to regularly bring evaluative information and data from the Baby Zones/Baby Zone Network to the P-3 Policy Roundtable for consideration and dialogue.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

8. County-wide policies and practices exist to assure smooth transitions for all children (and their parents) as they enter preschool settings and as they enter kindergarten.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

Financing

1. Policies and practices (including billing codes and reimbursements) support earlier identification of children under the age of 4 with developmental risk or developmental delay.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

2. Dyadic therapy (parent-infant/two generation treatment for mental health disorders) is available throughout the county.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

3. A mechanism exists to provide and pay for adult mental health treatment in the context of home visiting programs and comprehensive early childhood programs (for the parents of children enrolled in these programs).

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

4. LA County maximizes the use of Medi-Cal, etc., etc., by:

a. Requiring/permitting EPSDT age-appropriate screening and diagnostic tools for infants, toddlers and preschool age children that are sensitive to social, emotional, and behavioral issues.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

b. Including separate definitions and billing codes for developmental screening, assessment and diagnostic evaluations.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

c. Support behavioral and mental health consultation in prenatal care, child care, and home visiting programs.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

d. Provide reimbursement for parent-infant/parent-child therapy.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

5. TANF (Temporary Assistance for Needy Families) funds are used for family counseling, service coordination, substance abuse treatment, family support and training activities within the Baby Zones.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

Building Political Will

1. Influential city and county policymakers are supportive of the P-3 systems building work.

3	2	1	0
Achieved	Under development	Needs effort by _____	Not a priority for LA County

Attachment F: Leverageable Opportunities

- The California Department of Health Services' initiative, **California Early Childhood Comprehensive System (CA-CCS) Project (SECCS)** whose purpose is to strengthen the state's early childhood system of services for young children and their families. Their objective is to develop a state-level, comprehensive, integrated approach to the coordination of these services. Long Beach and Pasadena are potential locations to participate in a two-year planning process and needs assessment on early childhood systems.
- **First 5 California** is currently strengthening its focus on children prenatal through three. This provides another level of enhanced activities potentially within the legislative arena and with targeted state departments such as the departments of education, health, social services and finance among others.
- **Title IV E Waiver:** Increased flexibility in use of foster care funds for child abuse prevention including training and intervention to improve parenting skills, mental health and addictions services and other innovative services that are aimed at keeping families unified.
- **One-e-App**, a project of the California Health Care Foundation and the California Endowment, is a web-based universal enrollment system designed to screen and enroll applicants in multiple publicly funded health programs through a single point of entry. One-e-App's technology streamlines the enrollment process by collecting data from a family once, instead of multiple times. One-e-App is now operating in three California counties that include San Mateo, Santa Clara, and Santa Cruz. Los Angeles County is aiming to launch use of One-e-App in February 2007.
- **Kaiser Permanente:** \$18.5 million to promote nutrition and physical activity programs.
- **AB 212/Compensation and Retention Encourage Stability (CARES):** Is aimed at building a skilled and stable workforce to provide high quality early care and education. AB212 provides funds for professional development incentives and training staff working in Title 5 centers that are administered locally.
- **The Public Private Funders Partnership for Infants and Toddlers** is a convening of funders in southern California aligned with the general mission of improving the lives of children zero to three. This group is currently engaged in a planning process to identify ways to combine resources, strengths and assets to better serve the zero to three population.

- ***The Kraft Foundation*** announced a 2 million investment in LA County to support healthy lifestyles and promote the implementation of the Salsa, Sabor y Salud program.
- ***The Kresge Foundation's*** mission is to strengthen nonprofit organizations that advance the well-being of humanity by granting large scale funds (1-5 million) to provide an incentive and a tool for organizations across the nation to build long-term relationships with donors and volunteer leaders in their community.
- ***Proposition 63***, the Mental Health Services Act, provides an on-going source of state funding for preventive mental health services and early intervention.
- Los Angeles County and Statewide policy and established child and family ***advocacy groups*** as well as major grant making organizations and corporations are increasingly reaching out to First 5 LA and seek collaboration in addressing workforce readiness, early care and education, health care, economic wellbeing, and environmental safety issues (Welfare Redesign, Family Support Funders' Group, Governor's Workforce Readiness Committee, Los Angeles Chamber of Commerce, Children Now and others).
- ***The Children's Planning Council Community Building Institute*** will provide both institutions and community members training in effective community organizing and community building principles and techniques.

Neighborhood-Based Development

- ***Developing partnerships with public and private funders who are currently working at the community level.*** For example: Long Beach Salvation Army received an \$80 million dollar gift from Joan Kroc, widow of McDonalds founder Ray Kroc to build a new 19-acre Community Center. This facility is scheduled to break ground in 2007 and open in 2009. This will also include monitoring and maintaining close communication with other funders who are engaged at the community level to ensure we are ready to partner when opportunities arise.