

**Prenatal through Three Focus Area
Program Development and Implementation Plan
February 10, 2005**

INTRODUCTION

First 5 LA seeks to optimize the early development of children from the prenatal stage through age three. The purpose and goal of the Prenatal through Three Focus Area is to increase the number of children who achieve appropriate social, emotional, cognitive, language, physical and motor developmental milestones to the best of their potential. Further, the Commission recognizes that addressing the developmental potential of young children must be done in the context of the families and communities that surround them. The following plan describes the commission's approach and contribution to achieving this vision for young children in Los Angeles County.

The proposed Prenatal through Three Focus Area Program Development and Implementation plan recognizes that most programs and policies affecting the prenatal through three population and their parents, will have benefits in multiple areas identified as high priority by First 5 LA, specifically, safety, health and early learning. It is designed to both strengthen the integration of existing First 5 LA investments and to address the need to make additional investments using the best available evidence of what works as a key criterion.

The Commission has identified four components in its Prenatal through Three plan: (1) Direct Services: Screening, Assessment, linkage and follow-up; (2) Data and Evaluation; (3) Policy, and (4) Community Capacity Building. Based upon the Board's direction, the individual Focus Area components will be implemented in a timely progression across multiple program development tracks to begin impacting the prenatal through three population and their families, and also allow for adequate planning and thoughtful development of the major components and related approaches at various levels, i.e., the individual, family, community and systems levels. Attention to investments that increase the likelihood of sustainability for effective programs and policies is a significant consideration in the development of specific activities across the components (i.e. program activities) and related approaches.

Further, the comprehensive nature of the plan components demonstrates the Commission's commitment to effectively addressing the myriad of factors that influence child-level outcomes. Not only does it address the need for services, but also the need for community and societal support for this population and the need for existing resources to increase the quality and responsiveness of services provided to children and families. The Prenatal through Three Focus Area program plan assumes that there is a shared interest by the Commission and its partners in the improvement of systems of care and support, as well as evaluation of these systems.

BACKGROUND

As the Commission's third strategic plan was being developed, it was determined that more resources were needed to address the specific needs of the prenatal through three child population in Los Angeles County in order to impact the quality nurturing and care of infants and toddlers. In Los Angeles County there are 581,688 children 0-3 years of age. This target population is constantly in flux with approximately 150,000 births each year (2000 Census).

Therefore, in November 2003, the Commission approved a \$105 million dollar allocation for activities focused on children prenatal through three years of age across the goal areas of the strategic plan. The aim is to achieve up to \$300 million based upon available resources for this new purpose. The Commission discussed plans for the Focus Area at various meetings throughout 2004. In December 2004 the Commission assigned an ad-hoc workgroup to expedite and facilitate discussions around the development of this Focus Area. On January 10, 2005 the Prenatal through Three Focus Area ad-hoc workgroup finalized the four major components which address the goals and objectives of the *Next Five* strategic plan. In addition to the four components, the final program plan will consist of three separate but inter-related approaches: (1) coordinating with and/or enhancing existing initiatives; (2) improving linkages between First 5 LA initiatives; (3) identifying new and strategic approaches and partnerships.

The following program development/implementation plan outlines a vision for the Prenatal through Three Focus Area activities, taking into account that the ad-hoc workgroup recognizes the current five-year commitment will achieve many of the objectives within this plan, but that further commitment will be required to achieve it in its entirety. Ability to achieve this vision will be based on First 5 LA revenues and future commitments, as well as leveraging opportunities. Each component is multiphasal and complete ramp-up will be dependent on assuring additional funds.

FIRST 5 LA BALANCED FUNDING APPROACH

During the September 9, 2004 board meeting, the Commission approved an approach to balance universal and targeted Commission activities under the *Next Five* Strategic Plan that includes: 1) a universal component with strategies intended to have widespread impact; and, 2) a targeted component with focused efforts in a priority group of geographic communities.

Based on this decision, the Prenatal through Three Focus Area conceptual framework applies both universal and targeted aspects. This balanced approach will allow First 5 LA to employ strategies across the County to integrate previous and future Commission efforts at the local level, produce significant outcomes for Los Angeles County children and families and also increase our ability to track

changes within communities. The balanced funding approach also helps us target resources and create clear focus within the Commission's group of desired outcomes for young children and gives us the opportunity to have a measurable impact.

THE COMPONENTS

The recommended programmatic activities that will enable First 5 LA to have the greatest impact are based on the four complementary cross cutting components approved at the January 10, 2005 Prenatal through Three ad-hoc workgroup meeting: 1) Direct services; 2) Data and Evaluation; 3) Policy, and 4) Community Capacity Building.

The following outlines the recommended activities within each component and begins to identify plans for the appropriate roll out of these activities, including those that will allow the Commission to make an immediate impact, as well as those that will allow the Commission to take appropriate programmatic and evaluative steps towards a long-term effect.

Direct Services

All new parents have questions and concerns about their young child's health, development, and well-being. Children's primary caregivers are central, as we understand them to be children's first teachers, protectors, doctors, etc. They prepare children for learning and social adaptation so it is important to enhance parents' support for their child's development. Comprehensive family assessments and follow-up services are critical at this stage. Parents have different levels of accessibility to information about parenting and child development, as well as about the resources available to them in their communities. In addition, family circumstances, such as poverty, low literacy levels, or single-parent households, hinder parent's ability to make education a priority over these imminent concerns.

All First 5 LA initiatives link or propose to link families to timely resources (Healthy Births, Partnerships for Families, Healthy Kids, UPK, and First 5 LA Connect). However, there is currently no nexus for the linking of gaps in information and services across initiatives. In addition, there is no comprehensive assessment point to determine the needs and support for families in Los Angeles County. The Focus Area has the potential to build these assessments into current First 5 LA initiatives, and to the extent identified, with new partners, at prenatal care, birth, and at developmental milestones. These assessments could be done through family resource centers, medical provider offices, hospitals, WIC centers and other community based settings or through the warm line.

First 5 LA is currently funding programs and/or systems of care to increase access to needed services and resources. The recommended activities within the Prenatal through Three Focus Area would lead to comprehensive assessments of families with new babies and toddlers, linking them with First 5 LA-funded and other resources. This ability to help families take care of their urgent family needs as well as to assess young children early for possible behavioral or developmental concerns will lead to children that are more ready to learn by the time they reach preschool.

The goal of the Direct Services component will be to assess pregnant women, children from birth through three and their families in Los Angeles County. Extensive Commission and public feedback brought to light the importance of screening and assessing children within the context of their families. The objective of differing model elements ranges from assessing parental functioning to assessing the achievement of developmental milestones or some portion of the two. Program models also vary in screening and assessment content, their mechanisms for reaching families, standardizing the assessment process and the data that is collected. They also differ in their intensity and duration of follow-up services. As it is understood that parental functioning has an impact on the development of the child, both the family and the child are potential targets for this component and will be based on the specific program model that is adopted by the Board.

Due to the high number of births in Los Angeles County and available Commission resources, First 5 LA could prioritize these efforts in 2-4 high risk communities initially and incrementally implement this component in all areas of the county. Staff, with consultant assistance, will develop and propose options to the Board for potential high-risk criterion. High risk indicators could include but are not limited to maternal education and neighborhood poverty. This approach along with partnering and working strategically with other invested stakeholders, will allow the Focus Area investment to have the greatest impact, by developing the mechanisms, systems and funding streams to replicate these services universally throughout the county.

Screenings

The key function of a comprehensive screening is to identify the need for a full assessment, based on the presence of identified child and family risk factors. Comprehensive screenings look for basic demographic information about families and their current resources, as well as physical and social/emotional well-being of the child and family. By screening the child in the context of the family screenings act as a preventive measure, drawing attention to factors that put the child at a future risk of decreased wellness and/or developing delays. Screenings can be performed at various points: at the prenatal stage, at birth and at developmental milestones. Pregnant women and families with newborns can be identified at a variety of settings that demonstrate identified qualifications and/or characteristics and may include the following venues:

Birth Hospitals
First 5 LA Initiatives (e.g. Best Babies Collaboratives, PFF resource networks)
Family Resource Centers
Community based prenatal programs
Physician offices
WIC Centers
County Departments and programs
Warm line

Assessment

Assessment at birth (for those families identified at the time of screening) has the potential to serve as a baseline service point for ongoing attention to children, as all children are registered at birth. This would allow First 5 LA to have a universal impact on a specified Los Angeles County population. To the extent First 5 LA potential grantees have systematic access to populations of pregnant women whose children are at high risk for adverse health and developmental outcomes, assessment could begin with the parent(s) in the prenatal period.

Cost models will be developed in order to recommend the appropriate and feasible setting for administering assessments, including community- and home-based options. Cost models will also guide recommendations regarding the appropriate professional and/or experiential criteria expected of individuals administering assessments. Assessments may be conducted by professionals in a variety of fields, including child development, medical or social work or from a pool of paraprofessionals that work directly with pregnant women and/or parents of young children.

Based on completed comprehensive assessments, children and families will be categorized as high, moderate or low-risk. Linkage to appropriate follow-up services would be based on the assigned categorization. An appropriate tool, providing a predictive score that links the level of risk to the level of services, will be developed in partnership with families and providers. Existing tools such as the Bridges for Newborns implemented by the First 5 Commission in Orange County will be considered and may be tailored for specific use in Los Angeles County.

Follow-up

Community-based follow-up services for families will be based on available resources in identified geographic areas, as well as demonstrated best practice models, both of which will be impacted by the Capacity Building component of this model. For high-risk families, these resources may include intensive case management services to be conducted in community- or home-based settings by a variety of professional, including:

- Family resource navigators
- Public Health Nurse interventions
- Mental Health Outreach workers

Low-to-moderate-risk families may be served in community-based settings, including clinics, FRC, WIC centers, physician’s offices. These families may receive less intensive services from a range of professionals, including Promotoras, Community Health professionals or First 5 LA Connect.

Content of services may include, depending on assessment and the identified service model:

- Parent education (child development, parenting strategies)
- Prenatal care
- Family Literacy
- Mental Health services
- Referrals to needed services and supports
- Assistance with obtaining needed services
- Early developmental screening and assessment

Models

A variety of successful assessment models exist and can serve as guides for building an appropriate model for young children in Los Angeles County. These models differ in their target population, mechanisms for administering assessments, and the intensity and duration of follow-up. Each model provides options for how First 5 LA might apply its screening, assessment and follow-up services.

In addition, all models assume a strong link between the Direct Services component and the Focus Area’s three accompanying components. Direct Services are dependent upon Capacity Building, Policy and Data efforts in order to achieve the full desired impact.

Model A: Comprehensive Assessment –Universal approach

In this Model, all newborns would receive a comprehensive screening. Upon completion of assessments, only high-risk families would receive extensive case management.

Hawaii’s Healthy Start Program, administered by the Department of Health’s Division of Family Health Services, is a responsive and flexible child-centered program with a primary goal to promote positive parent-child relationships by assisting families in providing a stimulating, nurturing, abuse-free environment that allows every child to develop to his or her potential. Services provided include assisting families in establishing a medical home and referring families to appropriate community resources.

The program screens and performs interview assessments of all births in the state's birthing hospitals and offers paraprofessional home visiting services focused on parent-child interaction and bonding, case management and interagency coordination, parent support groups and community education, child development screening and promotion, and continuous identification of risk factors and treatment readiness.

Hawaii's program is universal as all births statewide are required to be screened. In 2002, Hawaii had 17,444 live births and of those, 49% were referred for an assessment. Approximately 46% of assessments result in referrals for service and 78% of those families accept Healthy Start services (approximately 3300 families in total).

Cost analysis:

The average per-family cost of Hawaii's Healthy Start program is \$3200-4000. Eighty percent of the costs are directed to home visitation services, 15% to early identification, screening and assessment, 3% to monitoring and evaluation and 2% to training.

Ohio's Help Me Grow Program targets all the state's expectant parents, newborns, infants, and toddlers under the age of 3. The program provides health and developmental services so that children start school healthy and ready to learn. Help Me Grow is administered in each of the state's 88 counties under the supervision and monitoring of the Ohio Department of Health. The Help Me Grow program encompasses five major initiatives:

- A 1-800 central information and referral number
- Parenting information kits and info packets including the Wellness Guide for Families
- A high-risk identification program (to include home visiting) for families with infants and toddlers
- A home visiting program for all teen mothers and first-time parents and
- The Part C early intervention program for infants and toddlers with disabilities-a component of the Federal Individuals with Disabilities Education Act (IDEA)

All teen parents and all first-time parents are offered a home visit by a registered nurse. The visits are conducted by local health departments, home health agency staff, or county Help Me Grow site staff. No screening is administered prior to the visit. County Help Me Grow coordinators receive referrals via paper referral forms, phone calls, or via staff that are outstationed at birth hospitals. The referrals are triaged at the county level and home visits are completed within 21 days of the birth, on average. Approximately 23% of all births receive

a home visit. On the home visit, the nurse assessed the need for further visits or referrals. Two follow-up programs are available: 1) the “at risk” program component, where eligibility requires four or more risk factors in the baby or family; and 2) the early intervention program component, requiring a developmental delay or disability in the baby. Referrals can be made to either of these programs at any time during pregnancy or up to the child’s third birthday.

The state of Ohio has a birth rate, and therefore target population, correlating closely with that of Los Angeles County. Of the state’s approximate 150,000 annual births, 34,106 newborns receive home visits. Of those assessed at this time, 16,258 infants and toddlers are found to experience delays and/or disabilities and 36,084 are found to be exposed to four or more risk factors.

Cost analysis:

The overall Help Me Grow program is funded through a combination of federal, state and private county funds equaling more than \$70 million per year. In addition, Medicaid and private insurance are billed at the local level where possible. Home visits by registered nurses are paid for at a rate of \$100 per visit.

Model B: Comprehensive assessment and follow-up for all births within targeted geographic areas

In this model, comprehensive screening and assessment would be targeted to communities or populations deemed high risk (as determined by First 5 LA criteria). All births in these high risk areas would be screened, assessed as appropriate and provided with referrals such that all families would be categorized as low-, moderate- and high-risk families.

Orange County’s Bridges to Newborns program is administered in 11 participating hospitals and screens all mothers of newborns utilizing a standardized screening tool to identify factors that may pose barriers to healthy growth and development and/or establishment of a healthcare home, including a lack of health insurance and/or chronic medical conditions. All families receive First 5’s *Kit for New Parents*, with First 5 Orange County’s additions of a how-to guide for child illness “What to Do When Your Child Gets Sick,” a bathtub safety thermometer and an emergency numbers magnet. Families with identified risk factors will also be referred to community- or hospital-based service providers for ongoing follow-up, including home visitation. The expanded Bridges services are designed to help families develop practices that support normal growth and development and promote establishment of a healthcare home. Families receive these services from pre-selected hospital or

community-based service providers with a proven track record in improving outcomes for children and families. These service providers receive Commission funding to expand their capacity to serve additional families from the Bridges program.

Newborns who receive proper health care as a result of the program's efforts, such as timely and complete immunizations and preventive care, benefit most directly from the program. Mothers in need of parenting education and support, psychosocial services, financial assistance referrals, and health care for themselves and their babies also gain benefits. Up to 2,500 of the families served receive in-depth Bridges assessment, case management, and family support services for up to two years. Bridges also assists hospitals in augmenting the community services they provide to patients post-partum.

Cost analysis

First 5 Orange County has made a ten-year commitment to the Bridges to Newborns program. Total available funding is \$4.5 million per year. Previously, hospitals were reimbursed \$25 per screening on a fee-for-service basis, but now receive grants from First 5 Orange County.

First 5 Alameda County's Every Child Counts Universal Home Visitation program offers voluntary family support services to women giving birth in Alameda County. They currently offer these services to City of Berkeley and City of Alameda residents in four area hospitals. Initially, the program began with two hospitals serving a smaller volume of families and ultimately ramped up to include two larger hospitals, including the County's public hospital. This program is part of meeting the following identified goals of First 5 Alameda's larger programmatic agenda "Every Child Counts":

- 1) Support optimal parenting, social and emotional health and economic self sufficiency of families
- 2) Improve the development, behavioral health and school readiness of young children from birth to age 5
- 3) Improve the overall health of children birth to five
- 4) Create an integrated, coordinated system of care that maximizes existing resources and minimizes duplication of services.

Alameda County post partum women are offered one to three home visits by a Hospital Outreach Coordinator, despite language, insurance and immigration status. Upon agreeing to receive services, Consent to Participate and Consent to Share Information are obtained-although, Consents to Share Information are not required for services. The Hospital Outreach Coordinator extracts pertinent medical information from the mother and infant medical chart to inform the nursing home visit. The Public Health Nurse (PHN) contacts the patient to arrange a

home visit within 72 hours of discharge. The PHN visits the family up to three times to provide a physical assessment of the mother and baby, assist with breastfeeding, and answer questions about child development, health, safety, early literacy, and family planning. This brief home visiting component is supplemented with a longer-term component that includes ten visits for families identified as in need and/or the level intensity of psychosocial stressors within the family. This long term case management includes a special needs program for babies born to teen mothers and those who required neonatal intensive care services.

The Universal Home Visitation program screens approximately 3,200 families per year with an 18% drop off rate once home visitation is slated to begin. On average, families receive two home visits. Three-percent of the 3,200 screened families receive long-term home visitation case management.

Cost Analysis:

First 5 Alameda has allocated \$20 million dollars annually to Every Child Counts. Of the allocation \$1.3 million is apportioned to the Universal Home Visitation program.

Model C: Comprehensive assessment and follow-up for targeted population (e.g. Medi-cal eligible families only)

In this option, only targeted populations are assessed and offered follow-up services, based on identification of children and families by common characteristics, irrespective of geographic location.

San Mateo's Prenatal to Three Program is a comprehensive system for information, support and care for prenatal to age three Medi-Cal families in San Mateo County. It connects agencies and health care providers to families in a culturally appropriate manner in order to foster healthier behaviors and practices regarding nutrition, parenting approaches, reduced environmental risks, and improved psychosocial interactions. The goals of the program are to:

- 1) build parental confidence and capacity
- 2) facilitate early identification of medical and developmental problems
- 3) stimulate brain development and
- 4) provide a seamless system of care from the prenatal period to age three.

The program offers services to Medi-cal eligible families only. They are referred to the program's central registration and referral program by health providers that work with the Medi-Cal eligible population. Here a Public Health Nurse triages referrals and sends them to one of the following programs: Adolescent Family Health Program, the Black

Infant Health Program and Public Health Nursing Program-General Field (for non-MediCal families) or First 5-funded Prenatal to Three team (Public Health nurses –low to moderate risk families, Mental Health workers –high risk families, and Perinatal addiction outreach team –high risk families) for follow-up. Home visiting and associated case management and treatment services are offered during the late prenatal period and extend up to the third year of the infant's life, based on family request for continuance and need. Approximately one third of families receive home visits for more than one year.

In 2001, Prenatal to Three staff registered approximately 1900 families and 500 of those families were serviced by the Adolescent Family Life program, Black Infant Health, and field nursing. The remainder stayed with one of the Prenatal to three teams.

Cost analysis:

Families in this program have received an average of 5.9 visits per year at a cost of \$111 per Public Health Nurse visit and \$69 per Mental Health Worker visit. Annual cost per individual has been \$677 (based on the number of visits received).

Next Steps

First 5 LA staff, utilizing consultant resources as needed and under the direction of First 5 LA senior management, will further develop and operationalize the Direct Service component which includes:

- Generating the Theory of Change
- Identifying recommended geographic service areas
- Identifying and defining the administrative and programmatic infrastructure for this component, including appropriate assessment locations and oversight across sites.
- Developing appropriate comprehensive screening and assessment tools, which provide predictive scores that links the level of risk to the level of services
- Identifying the expertise expected from assessors
- Defining a suggested funding plan
- Defining the Commission's role within a universal vision
- Identifying appropriate activities to integrate with existing initiatives- Healthy Births, Health Kids, Early Developmental Screening and Intervention, Partnerships For Families and Universal Preschool
- Developing evidence-based recommendations to determine specific service enhancement to existing initiatives with respect to screening, assessment and follow-up services
- Defining the Commission's role in ensuring ongoing screening for early developmental delays

Data

Assuring adequate information on the evolving needs of the population of children prenatal through three and their families, as well as information on resources at the local level and utilization rates of key services is essential to the success of the Focus Area. A Data collection system is fundamentally linked to the direct services component such that screenings and assessments of families cannot begin without the development of a uniform screening tool and process by which families' information is collected and tracked. A uniform tool and data collection will have a strong impact on the ability of First 5 LA and other invested bodies to serve families in a seamless fashion and the reliable data that it yields can be used to compel further investment in needed services for families by public and private funders.

Though disparate data on families exist throughout the county there is no central source for comprehensive data on the complete developmental health of young children in Los Angeles County. First 5 LA has an opportunity to play a key systems improvement role in the county for young children. By developing a "registry" for young children's developmental data the Commission would be building the infrastructure for long-term improvements in policy, service delivery, sustainability and evaluation.

This data system will also play a key programmatic role as the nexus for ramping up of the Focus Area activities across components. The integration of providers into the data gathering and data sharing process will facilitate bringing service provision to scale and will inform Capacity Building and Policy objectives and activities.

Next Steps:

First 5 LA staff, utilizing consultant resources as needed and under the direction of First 5 LA senior management, will further develop and operationalize the Data component which includes:

- Identifying and partnering with existing research collaboratives or projects that focus on the prenatal through three population and their families
- Developing an assessment tool and computerized data collection system with a strong evidence of predictive value to determine risk for families
- Reviewing Health Insurance Portability and Accountability Act (HIPAA) issues and ensure compatibility with all rules and regulations governing client privacy and sharing of data
- Developing an information collection system that is robust enough to inform community capacity and policy development work, and yet does not threaten protection of client privacy.
- Developing a mechanism to link assessors with the administrative data infrastructure
- Identifying a "home" for all data collected on families

Policy

In order to support our efforts toward achieving universal comprehensive assessments for young children in Los Angeles County, the commission will develop a policy agenda that includes key issues related to this desired outcome. In addition, the commission will collaborate with its current partners and enlist community feedback to outline a broader policy agenda within the parameters of the outcomes identified in the *Next Five* Strategic Plan and that is pertinent to the target population.

First 5 LA resources are not adequate to address all direct and supporting services and related infrastructure identified in the resource gap analysis. However, the Commission will work with communities to prioritize and recommend new policies or policy changes that would result in increased funding for the services families need. For example, changes in public transportation systems, to Medi-Cal coverage benefits, or to policies affecting food stamp enrollment may be prioritized as means to improving access to needed services.

In addition, the policy analysis would recommend appropriate tactics to sustain components of the Focus Area beyond its funded period. For example, if physician practices or other types of providers were reimbursed by third party payers for conducting developmental screening using approved tools, such tools would be more routinely utilized. Further, policy activities will address issues that change laws, ordinances or regulations to the benefit of young children. As an example, policies that help better protect young children from violence or that improve the quality of child care providers would be potential foci for activities within this component.

Under the Policy component, First 5 would enhance its convening and facilitating functions to support existing coalitions and establish new ones, as necessary, to increase investment in these areas by other funders in both the public and private sector. Key priorities of this component would include obtaining greater involvement in and support of First 5 LA priority goals and objectives by cities and private businesses.

It is expected that results would be sought and obtained at the level of cities, county, state and federal governments. More private sector investment, both to benefit their employees and their broader communities, would also be among the expected outcomes. To achieve these goals, First 5 LA would increase its involvement in educating policy makers at various levels and in both the public and private sectors, as well as invest in more sustained advocacy for key policy goals and help assure appropriate implementation of policies that are enacted.

Next Steps

First 5 LA staff, utilizing consultant resources as needed and under the direction of First 5 LA senior management, will further develop and operationalize the Policy component which includes:

- Determining critical policy areas related to this population including:
 - Working with Community Capacity Building partners to identify pertinent topics for policy roundtables, which may include
 - Inter- conception care coverage through Medi-Cal
 - Medi-Cal of efforts to improve performance standards for early care providers
 - Promotion of efforts around Infant Mental Health funding (Prop. 63)
 - Coordination of efforts to improve performance standards for early care providers
 - Promotion/advocacy for greater emphasis on parent education
 - Convening groups and representatives from existing First 5 LA initiatives, with an interest in advocacy and policy discussions
 - Developing partnerships with likeminded organizations
- Staff, in partnership with organizations and individuals closely involved in policy making at the local, state and national levels, will engage in the following activities:
 - Convening Policy Roundtables in order to solidify a comprehensive policy agenda targeting issues pertinent to this population
 - Engaging business sector issues related to employment of parents, i.e. parental leave
 - Developing cost benefit analyses as a foundation for increasing funding streams and sustainability of the Focus Area
 - Creating public informational and educational campaigns
- Investment in First 5 LA's existing community-based infrastructure to engage caregivers around prenatal through three issues

Community Capacity Building: Analyzing and filling gaps

Strong and healthy communities and neighborhoods are powerful agents to improve outcomes for children and will be part of the Focus Area. These communities need support to help organize the residents to take a vital role in planning, implementing and evaluating a variety of approaches. The most successful approaches balance the creation of effective services with the creation of vibrant and supportive neighborhoods. Within these relationships, appropriate support services help build the capacity of parents (and children by implication), of community (through its providers and caregivers) and subsequently create the foundation for sustainability. Furthermore, by creating strong relationships among a wide range of providers larger systems of care and support are improved.

Within this component area “community” is understood as equating to all contexts for early learning: families, neighborhoods, and early learning programs. Due to the high potential for place-based comprehensive strategies in vulnerable communities, funding allocations may vary across initiatives or collaboratives,

just as community is defined and involved in each initiative differently. Likewise, in some communities supporting services might predominate, while in other communities, non-service approaches (such as family resource centers, leadership training, creation of safer neighborhoods/parks, etc.), might be essential for success. An important point in the development of the Prenatal through Three Focus Area is that all types of communities (families, ethnic, providers and geographic/physical locations, etc) can be meaningfully involved in planning, implementing and evaluating this focus area.

The following three tiered approach outlines a recommended series of activities that, if adopted, allows the Commission to begin offering Community Capacity Building resources in the first year, as well as engage in building thoughtful plans for offering resources with long-term implications. By focusing initial Community Capacity Building activities on supporting the defined Direct Service component and ramping up to broader, non-service based activities the Commission will have an opportunity to affect measurable changes in identified communities.

Tier 1: Capacity Building to Achieve Comprehensive Assessments

The long-term goal of achieving universal comprehensive assessments will launch in targeted-communities based on selected risk-factors, with a goal to ramp up to a universal scope. Communities will continue to be targeted based on risk factors until all interested communities have an opportunity to participate. The purpose of Tier 1 will be to enhance community's ability to perform comprehensive assessments and link appropriately with a centralized data system.

Capacity of communities and involvement of families will play a key role in identifying geographic areas to partner with in an effort to offer universal comprehensive assessments. The commission will partner with communities at various levels of readiness or "capacity":

- **Ready Communities:** In partnering with high-capacity areas assessment services will be expected to be offered within the first year of implementation and the Commission will work with these communities to develop best practices and a replicable model. The resume of a ready community would include strong formal and informal leaders, flexible, sustaining resources for families, mechanisms for coordination between health providers and resources for families.
- **Growing Communities:** The commission will strengthen the capacity of communities with mid-level resources and infrastructure in order to ensure that assessment services will be offered to families within the first three years. In addition, the Commission will apply lessons learned from these partnerships to communities participating in later ramp up phases. The resume of a growing community would include some but not all of those items found in Ready Communities.

- **Resource-Poor Communities:** Once lessons learned and processes have been documented this information can be used to begin the difficult work of assisting communities with little to no infrastructure. The resume of a resource-poor community would include one to two items found in Ready Communities.

Once identified, these Focus Area communities would work towards achieving universal comprehensive developmental assessments and related data collection and policy advocacy within its defined population. Each community would utilize community-appropriate strategies, based on input from families, to achieve these results and therefore would receive community-appropriate capacity strengthening services.

Tier 2: Capacity Building to Develop Appropriate Follow-up Services in Targeted Communities

As the number of assessments completed grows resource gaps will be identified. Staff conducting assessments will be able to demonstrate the difficulty of linking families to needed resources, due to an inadequate level of services or waiting lists in the target community.

The purpose of tier 2 will be to strengthen and/or develop appropriate follow-up services in the context of the participating families and communities. In addition, the function of tier 2 will be to ensure the linking of these services and the strengthening and/or building of the appropriate infrastructure to sustain such linkages and ultimately the services offered.

Within each target area, a community-based coalition, inclusive of families, would work with the organizations who are conducting the Focus Area family assessments in order to identify and prioritize resource gaps. To this end, the Commission will partner with existing coalitions, as appropriate and build/support new coalitions as needed. Examples of coalitions that could be partnered with or augmented include the SPA Planning Councils, Partnerships for Families networks, or Healthy Births Best Babies Collaboratives. In this way, the Focus Area activities may coordinate with these efforts by identifying prenatal through three issues for assessment and appropriate services.

Tier 3: Capacity Building to Achieve Additional Commission-Related Goals in Targeted Communities

The purpose of tier 3 will be to grow the inherent capacity and address the specific needs of individual communities. Communities will also have an opportunity to strengthen their capacity by working directly with families to choose from a menu of activities that strengthen their abilities to achieve *Next Five* Strategic Plan outcomes that are meaningful in their respective areas. This tier expands communities' capabilities to provide assessment and follow-up

services to address broader issues related to fostering community leadership and organization around the prenatal through three population.

Given the different types of social and physical environmental interventions to improve communities, dollars could be allocated allowing their unique perspective on needs to help prioritize local investments, consistent with a menu of options provided by First 5 LA. For example, one community might have as its highest priority the development of a family resource center, while another might want to expand prevention and early detection of child abuse and neglect. Another might want to enhance available parenting skills training and efforts to improve birth outcomes.

Communities may choose to provide additional funding to existing First 5 LA grantees or identify other local resources that could be augmented to fill a specific resource gap. This would have the added advantage of incentivizing First 5 LA grantees to market their services and be accountable to the local communities based on their specific priorities, needs and goals and encourage communities to network closely with other First 5 LA funded initiatives in the defined area. This also indicates a number of leveraging opportunities for communities particularly with local governments and businesses.

The Commission will develop a defined menu of options. This will allow for flexibility in enhancing capacity building for each separate community but also focuses the effort on those activities that are evidence-based as it relates to improving clearly defined outcomes for pregnant women and children 0-3 and their families. This review should include but not be limited to those that have been funded in the past by First 5 LA, and make recommendations for investment in several of these areas. Programmatic interventions, as identified through communication and coordination between First 5 LA staff, families and community organizations and resource providers, may include:

- Child care
- Co-location of services (WIC centers, Family Resource Centers)
- Home visitation
- Leadership training
- Provider training: issue of early care worker standards
- Partnering with Boys and Girls Clubs for program activities
- Collaboration with community coalitions that are already in place
- Transportation
- Development of various neighborhood revitalization projects

Next Steps

First 5 LA staff, utilizing consultant resources as needed and under the direction of First 5 LA senior management, will further develop and operationalize the Community Capacity Building component which includes:

- Review and synthesis of existing needs assessments conducted for UPK, Healthy Births, Partnerships for Families, the Coachman-Moore Capacity Building report and the *Next Five* Strategic Plan
- Development of a menu of evidence-based services to be offered as part of Community Capacity Building
- Coordination with current efforts to convene multiple community forums increasing focus on the prenatal through three population
- Developing and utilizing a uniform process for prioritizing the needs specific to each community
- Linking the data gathered through assessment and linkage to inform the analysis of community capacity
- Coordinating and collaborating with various entities interested in enhancing and streamlining the prenatal through three system of care
- Delineating a clear function of the Community Capacity Building strategy in the context of the Prenatal through Three Focus Area, utilizing the *Next Five* Strategic plan's white paper as a guide, including the improvement, enhancement and increased accessibility of existing services and delivery systems within communities and the building of new community infrastructure to oversee service delivery
- Defining the expected impact of the Community Capacity Building component on the Direct Services component

TIMELINE

Pending a Commission decision regarding priorities for the rolling out of components, the implementation timeline has not been determined. The attached timeline presents an example of what a timely implementation may look like if portions of each Focus Area component are the first to be rolled-out (see Appendix A).

PROPOSED ALLOCATIONS

The Prenatal through Three Focus Area ad hoc work group was in agreement that no more than 40% would be allocated to direct services, with the understanding that this figure may be adjusted upon further analysis by staff. The other component allocations will be proposed at a later time once all cost-information has been gathered.

CONCLUSION

The Commission has a unique opportunity to have a profound affect on the prenatal through three population in Los Angeles County. By clearly linking and ramping up the activities within each Focus Area component, as well as those of all of the Commission's initiatives and projects the Commission will capitalize on its past and current investments and make a powerful impact on the Commission's three goal areas as they relate to the healthy development of the County's youngest children. The Prenatal through Three Focus Area offers the

potential to enhance the Commission's own ability to act as a resource to families in Los Angeles County.

APPENDIX H: Tentative Prenatal through Three Focus Area Implementation Timeline

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Direct Service	Develop LOI for consultant	Consultant begins assisting staff		Develop RFP concurrently with RFP selection criteria and begin identifying pool of reviewers for RFP	Solicit applications for RFP	Review applications Select grantees	Make awards and begin planning evaluation				
	<u>Milestones:</u> <ul style="list-style-type: none"> • Conduct comparative cost-analysis and identify assessment model 	<ul style="list-style-type: none"> • Define assessment parameters – criteria for assessment, locations of assessment, types of practitioner conducting assessment • Develop criteria for targeting communities • Conduct survey and ID available tools • Identify and leverage existing services 	<ul style="list-style-type: none"> • ID/develop/refine screening tools • Begin pilot testing screening tools 	<ul style="list-style-type: none"> • Completed RFP issued for public response • Continue pilot testing and analyzing pilot test data 	<ul style="list-style-type: none"> • Conduct informational sessions for applicants 	<ul style="list-style-type: none"> • Begin assessment and TA needs of technology capacity for data collection infrastructure of applicants 	<ul style="list-style-type: none"> • Begin assessment tool training to awardees • Coordinate existing services 				

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Data & Evaluation	Develop LOI for consultant	Consultant begins assisting staff									
	<u>Milestones:</u>	<ul style="list-style-type: none"> • Begin identification of Research & Evaluation partners • Identify existing or develop database infrastructure to collect population data from the Direct Service 	<ul style="list-style-type: none"> • Development of database infrastructure – ID appropriate interface, algorithms, and data privacy/sharing parameters. 	<ul style="list-style-type: none"> • Continue development of database infrastructure • Pilot test the database infrastructure 	<ul style="list-style-type: none"> • Analyze pilot test data and make adjustments to the database infrastructure • Conduct another test of tools if necessary 	<ul style="list-style-type: none"> • Adjust the database infrastructure based upon assessment and TA needs of applicants 	<ul style="list-style-type: none"> • Begin implementation of data infrastructure • Begin technology database TA • Begin troubleshooting and QA measures 				
Policy	Develop LOI for consultant	Consultant begins assisting staff									

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
	<u>Milestones:</u> <ul style="list-style-type: none"> Identify issues to address at the local (community, city, county), state, and federal levels 	<ul style="list-style-type: none"> Drafts of policy briefs for: IDed issues and options for next steps 	<ul style="list-style-type: none"> Begin meeting and coordinating with community, civic, and business leaders to leverage policy efforts 	<ul style="list-style-type: none"> Once all consultants IDed - identify priority policy issues related to the other three components 							
Community Capacity Building			Develop LOI for consultant	Consultant begins assisting staff			Develop RFP concurrently with RFP selection criteria	Solicit applications for RFP	Review applications	Select grantees	Make awards and begin planning and evaluation
	<u>Milestones:</u>		<ul style="list-style-type: none"> ID outcomes to be achieved through community capacity building 	<ul style="list-style-type: none"> Convene community organizing forums to identify indigenous opinion leaders and priority community needs 	<ul style="list-style-type: none"> Develop criteria for selecting Tier 1,2 and 3 Communities 	<ul style="list-style-type: none"> Assess communities according to tiered criteria 					