“Strengthening Families and Communities in LA County”

First 5 LA Strategic Plan
FY 2009 – 2015
(Approved 6-11-09)
LETTER FROM THE COMMISSION

We, the Commissioners and staff of First 5 LA, are pleased to present our strategic plan for FY 2009–2015. Development of this plan has been a collaborative effort between Commissioners, staff and the public, with strategic guidance from consultants representing the firms of the Sandoval Group and the TCC Group.

First 5 LA was created as the Los Angeles County Children and Families First Proposition 10 Commission in 1998. Careful reflection on ten years of grantmaking has resulted in the plan currently before you. This strategic plan represents a reaffirmation of First 5 LA’s vision, mission, and values, alongside a new commitment to improving the communities where children and families live, work and play.

We believe, and research confirms, that children are strong when they live in safe and thriving families and neighborhoods. Therefore, First 5 LA will focus on strengthening families, while also building the capacity of the communities wherein those families reside. Finally, First 5 LA will use its unique position in LA County to advocate and to educate on behalf of young children and to improve the systems with which they interact.

We are fully committed to enacting this plan, but know that we can never be successful at improving the well-being of all children in LA County without the help of others. Therefore, we urge those with a dedication to our vision to join us in making it a reality.

COMMISSIONERS

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INTRODUCTION

This Strategic Plan has been developed with input from stakeholders and experts and is based on what current research reveals about the cognitive, emotional, social, and physical development of children, prenatally through age five. It will seek to improve the multiple environments that come into contact with young children, including their family, medical and social services, and the places where they live. To a greater extent than prior plans, this plan seeks to build upon and bolster existing services and infrastructures in LA County that have resulted from First 5 LA funding. While First 5 LA’s vision remains the same, this plan narrows the focus of the Commission’s outcomes and strategies in order to strengthen its ability to more deeply impact children in specific communities in LA County.

This year marked First 5 LA’s ten-year anniversary. From its days as a start-up organization with big dreams and little infrastructure, First 5 LA has evolved into a more mature grantmaking organization with formalized structures and processes. The strategic planning process allowed the opportunity for staff, Commissioners, and partners to reflect on First 5 LA’s 10 years of lessons learned, assess its current state of development and strategize on how best to move forward with a focused set of priorities for improving the lives of children in LA County.

The strategic planning process took place in two phases beginning in January 2008. Phase I was a six-month process of “taking stock”, consisting of an internal assessment which included interviews with Commissioners and staff highlighting three themes to guide the Strategic Plan’s development:

- The need for increased integration of the Commission’s current investments,
- The desire for focused impact upon families in LA County, and
- The need to be able to “tell First 5 LA’s story” in a concise and compelling way.

Phase II expanded on this information gathering to include public strategic planning meetings with additional external and internal stakeholders, and focus groups with current grantees and partners. The information gathered, along with an environmental scan, resulted in a Commission decision to focus the strategic plan through the selection of four goal statements designed to prioritize the Commission’s work. These goals and associated measures will be addressed through the achievement of child and family level outcomes. As such, the Commission’s decision to move to a “place-based” funding approach, as opposed to initiative-based funding, is an effort to more intentionally focus on impacting the well-being of families and children by improving communities. These decisions and the plan’s development as a whole were presented at public meetings at least once per month, allowing for public input as each additional component was developed.

The next six years hold both promise and challenges for young children and their families in LA County. As this plan nears completion, it appears that public will and policymaker attention to the issues facing children and families are greater than ever before and extend to the highest levels of government. At the same time, external pressures and limited resources threaten to curtail these gains before they are fully realized. Within this environment, the role of First 5 LA as partner, funder and leader of early childhood development is more crucial than ever. The Commissioners and staff at First 5 LA have crafted this plan to facilitate opportunities for partnership while strategically using its own resources to maximally impact children and families in LA County.
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THE FY 2009-2015 STRATEGIC PLAN

SECTION I: WHAT DO WE WANT TO ACHIEVE?

A. Vision and Mission

**Vision:** First 5 LA is committed to creating a future throughout Los Angeles’ diverse communities where all young children are born healthy and raised in a loving and nurturing environment so that they grow up healthy, are eager to learn and reach their full potential.

**Mission:** First 5 LA will work to make significant and measurable progress towards this vision by increasing the number of children from prenatal through age five who are physically and emotionally healthy, safe and ready to learn.

B. Values

We intend to fulfill our vision and mission by shaping our efforts around five core values:

1. **Families:** We acknowledge and amplify the voice of families so that they have the information, resources and opportunities to raise their children successfully.

2. **Communities:** We strengthen communities by enhancing their ability to support families.

3. **Results Focus:** We are accountable for defining results for young children and for our success in achieving them.

4. **Learning:** We are open to new ideas and modify our approaches based on what we learn.

5. **Advocacy:** We use our unique role to build public support for policies and programs that benefit children prenatal through age five and their families.

C. Role of the Commission

First 5 LA will continue to serve the following roles:

1. **Community Partner:** We operate as a community partner to complement, build, and strengthen the efforts and activities of others to have a greater impact on the lives of children and families.

2. **Trendsetter and Leader:** We serve as a trendsetter and leader that identifies, funds and replicates innovation, as well as proven solutions to long-standing problems that affect children and families.

3. **Change Agent:** We serve as a change agent to help mobilize the broader community to advocate for expectant parents, young children, and their families.

4. **Convener and Facilitator:** We serve as a convener and facilitator to bring together individuals, agencies and organizations with common goals.
5. **Catalyst:** We serve as a catalyst to promote the sustainability of effective programs for young children and their families.

D. **Goal Statements and Priority Measures**
First 5 LA believes that by narrowing the parameters of its investments, it will have more focused impact across the established Goal Areas of Health, Safety and Early Learning. Therefore, the Commission has selected four goal statements with related measures that allow for the creation of benchmarks in order to define the success of First 5 LA’s investments (see Appendix 1 for Priority Measure Selection Criteria).

**Goal #1:** Babies are born healthy.
- **Measure:** Percent of Babies Born at a Low Birth Weight

**Goal #2:** Children maintain a healthy weight.
- **Measure:** Percent of Overweight Children

**Goal #3:** Children are safe from abuse and neglect.
- **Measure:** Number of Substantiated Cases of Child Abuse and Neglect;
  - Note: Additional measures are being developed for this statement.

**Goal #4:** Children are ready for kindergarten.
- **Measure:** Percent of Children Reading at Grade Level at Third Grade

These measures will be evaluated countywide and were used throughout the planning process as a tool to assist the Commission in defining the targets it will impact across the next six years. They provide the opportunity for the Commission and others to track how they are doing collectively in improving the lives of young children over time. Information on the importance of achieving these goals to the overall development of a child is presented below.

**Goal #1: Babies are born healthy.**
- **Measure:** Percent of Babies Born at a Low Birth Weight

Short gestation and low birth weight (LBW) account for 20 percent of neonatal deaths. Babies who are very low in birth weight have a 25 percent chance of dying before age one. Despite the low proportion of pregnancies resulting in LBW babies, expenditures for the care of LBW infants total more than half of the costs incurred for all newborns. In 1988, the cost of a normal, healthy delivery averaged $1,900, whereas hospital costs for LBW infants averaged $6,200.

Infants born at a low birth weight are at increased risk of impaired development and long-term disabilities, such as cerebral palsy, autism, mental retardation, vision and hearing impairments, and other developmental disabilities. Infants born under 2,500 grams are more likely than heavier infants to experience delayed motor and social development. Children ages 4 to 17 who were born at a low birth weight are more likely to be enrolled in special education classes, to repeat a grade, or to fail school than children who were born at a normal birth weight.
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Goal #2: Children maintain a healthy weight.
Measure: Percent of Overweight Children

Children who are overweight are at an increased risk of developing type 2 diabetes, cardiovascular problems, orthopedic abnormalities, gout, arthritis, and skin problems. Childhood obesity has been linked to the premature onset of puberty. In addition, being overweight can negatively affect children's social and psychological development.

The health threats posed by being an overweight child can be long lasting. Children and adolescents who are overweight are at risk for becoming overweight adults. Overweight adults face many problems due to their weight, such as decreased productivity, social stigmatization, high health care costs, and premature death. In addition, overweight adults are at increased risk for type 2 diabetes, coronary heart disease, elevated blood pressure, stroke, respiratory problems, gallbladder disease, osteoarthritis, sleep apnea, and some types of cancer.

Goal #3: Children are safe from abuse and neglect.
Measure: Number of Substantiated Cases of Child Abuse and Neglect;
Note: Additional measures are being developed for this statement.

The causes of child maltreatment are not well understood, although abuse and, especially, neglect, are more common in poor and extremely poor families than in families with higher incomes. Child abuse or neglect is often associated with physical injuries, delayed physical growth, and even neurological damage. Child maltreatment is also associated with psychological and emotional problems such as aggression, depression, and post-traumatic stress disorder. In extreme cases, child abuse and neglect can lead to death.

Across the lifespan, child abuse and neglect is linked to an increased risk of substance abuse, eating disorders, obesity, depression, suicide, and sexual promiscuity later in life. Women who were victims of physical assault as children are twice as likely to be victims of physical assault as adults. Also, some evidence suggests that victims of child maltreatment are more likely than others to engage in deviant or criminal behavior as juveniles and adults.

Goal #4: Children are ready for kindergarten.
Measure: Percent of Children Reading at Grade Level at Third Grade

According to experts, if a child has not acquired the skills to read by third grade, the odds are that he/she will never catch up. Poor reading skills are a cause of poor school performance, which in turn leads to a negative outcomes for children including, lower high school graduation rates and lower wage earning potential. In a working paper on childhood development and their environments developed by the National Scientific Council on the Developing Child, it was noted that investments in high-quality interventions in early childhood will generate future returns through increased taxes paid by more productive adults and significant reductions in public expenditures for special education, grade retention, welfare assistance, and incarceration. In addition, higher high school graduation rates, significantly fewer criminal arrests, and increased home ownership have also been linked to high quality early education.
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E. Pathways to Change
First 5 LA has developed an overall theory of change for the next strategic plan outlining the pathways it will invest in to impact the goals (see Appendix 2 for the complete Theory of Change). These pathways were developed in consideration of both evidence-based practices of how to improve the measures, and also First 5 LA’s experience in implementing large-scale early learning, safety and health initiatives and projects. Drawn from this overall theory of change is a prioritized set of intermediate and long-term outcomes that together represent pathways toward impacting First 5 LA’s goals for the next strategic plan. Specifically, new funding in the next strategic plan will be directed to addressing the outcomes on this prioritized pathway.

First 5 LA’s Prioritized Pathway for New Funding

SECTION II: HOW WILL WE ACHIEVE OUR VISION?

First 5 LA has developed and implemented new programs and initiatives that have impacted thousands of children and families in LA County. The opportunity exists to better integrate and sustain the Commission’s current investments within specific geographic communities in order to more holistically, and deeply, impact the health and well-being of

Informal community supports are in place.
Collaboratives between and among traditional and non-traditional partners are present in communities.
County services systems are better integrated to serve at-risk families.
Children have access to health insurance.

*Additional measures are being considered for this goal statement.
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families and children living there. Therefore during the next six years, First 5 LA will prioritize select geographic communities in LA County for funding, while continuing to fund countywide improvements that support and sustain the optimal development of children in these communities and across the county.

A. New Grantmaking Approach: Strengthening Families and Communities

In prior strategic plans, First 5 LA has directed its funding through comprehensive, but discreet, initiatives designed to accomplish specific objectives within the broad goal areas of Health, Safety and Early Learning. The grantmaking approach in this strategic plan represents a departure from this practice. To achieve the desired impact on children and families in LA County, First 5 LA will prioritize its resources, both human and financial, to specific geographic communities in order to better integrate its current investments and to leverage and sustain their impact. In this way, we hope to break down the silos between initiatives and better leverage our investments internally and across communities, as well as with other funders.

There are three underlying assumptions for selecting a place-based approach: 1) Children and families are only as healthy as the communities in which they live, yet some communities have greater infrastructure and resources for supporting families than others; 2) The interaction of children and their families with the systems that support their health, safety and early learning do not happen in isolation of one another; and 3) First 5 LA has created significant infrastructure and relationships in certain communities that can be leveraged to achieve the desired impacts expressed in the four goals. Countywide investments will be made to support and strengthen the impact made in communities through this approach.

Place-Based Approach

The benefits of targeting funding and staff resources to specific places are many, including the ability to focus its resources on families most in need, to create a seamless pipeline for children through which to more effectively serve families along the continuum of a child’s development, to fund creative partnerships with families, community residents, and other funders, and to better measure First 5 LA’s impact across funding areas.

First 5 LA anticipates that it will fund two types of communities, Tier I and Tier II. Tier I communities are those that have poor outcomes related to the four priority measures, are characterized by a significant percentage of socially isolated, high-risk families and that currently receive a high level of First 5 LA investments. Tier II communities are those that have better (but below average) outcomes related to the priority measures, where families may have some social networks but weak links to their community, and where First 5 LA has a mid-level of investment. Selection of communities will take place following approval of the plan (see Section V for Community Selection Criteria).

Countywide Approach

Countywide investments are those that can have a widespread impact on children across LA County and that support the sustainability of the place-based approach and outcomes. These investments allow the Commission to utilize its unique position in the County to advocate for young children by building public will for investing in this population. In addition, these strategies are designed to sustain First 5 LA’s impact in communities by
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promoting policy change, systems integration, and other strategies that improve the places where children live.

B. Strategies to Strengthen Families and Communities
The shift in First 5 LA’s grantmaking approach from initiative-based to place-based has implications for the strategies in which it will invest. First 5 LA has selected place-based strategies that are designed to strengthen families and build community capacity. Countywide strategies are designed to improve systems that touch children prenatally through age 5 and their families and sustain First 5 LA’s impact. Strategies implemented in isolation of each other have not been shown to be as effective as a comprehensive set of activities designed to address the various needs of families. Therefore, strategies implemented in each of these areas are designed to work in an integrated way to collectively impact the various environments that interact with children and families (see Appendix 4 for Strategies’ Definitions). The strategies are described below.

Strategy #1: Family Strengthening
Families are the most fundamental factor influencing the lives and outcomes of children. Stable, safe and reliable relationships with adults and caregivers are a critical factor in children’s optimal development and well-being. While all families have strengths, some also struggle with risk factors that, without intervention, can diminish a child’s well-being. Therefore, First 5 LA will continue to fund strategies that provide intensive support to at-risk families. These strategies are evidence-based and build upon those currently being implemented through various First 5 LA initiatives.

Strategy #2: Community Capacity Building
Families are strong when they are supported by safe and thriving communities. Strong communities can help to mitigate family risk factors and create conditions that promote child well-being. They can do this when an interwoven support system of both direct services and community-building resources are present to assist parents who are under stress. Specifically, the strategies First 5 LA will implement in communities are designed to connect parents with social supports and assist them in finding and utilizing resources in their neighborhood that are collaborative and high-quality.

Strategy #3: Systems Improvement
Children and communities do not exist within a vacuum, but rather function within a larger countywide system. This countywide system refers to the actual structures through which health and human services are provided in LA County as well as to less formalized systems, such as the economic system, the policy environment, and overall public will for early childhood issues. The strategies First 5 LA will implement reflect this broad definition and include a range of activities designed to impact the larger structures affecting communities and child well-being in LA County. Finally, these strategies influence the sustainability of First 5 LA’s impact across the county and in the targeted communities.
C. Sustaining the Impact of Our Strategies
The expectation that grantees can fully replace the funds received by First 5 LA at the end of a grant period has proven to be unrealistic, and highlights the challenge of sustaining initiatives beyond the initial allocation. This is particularly true in the current context of diminishing resources for children and family services. In addition, shifts in policymaker priorities based on these economic and political realities means that First 5 LA funds themselves have often been threatened. It is also true that First 5 LA cannot fund grantees indefinitely. Mindful of these realities, the Commission has examined current trends in philanthropy, best practices in the field, and First 5 LA’s own experiences and lessons learned to determine how to best achieve its desired outcomes over time. First 5 LA defines sustainability as the continuation, strengthening, and/or furthering of impact on the well-being of children and families over an extended period of time. Within this definition, the Commission’s vision for sustainability is that outcomes be maintained or improved beyond First 5 LA’s initial investment through the strategies of organizational capacity building, community capacity building, policy change and resource mobilization. Commissioners, staff and grantees will each have a role in implementing these activities and carrying out this vision of sustainability. These sustainability activities are described below.

The Commission recognizes that scalability, while distinct from sustainability, is a part of a long-term vision for sustainability in which proven program models in impacting children and families’ well-being are replicated in additional places or expanded to the county level. The Commission is committed to maintaining or improving outcomes either through
sustaining a strategy or, when appropriate, through scaling up successful program models and strategies. It also believes that critical to the success of this long-term effort will be collaboration with other funders and partners who can fill gaps in First 5 LA’s funding and help to sustain this effort in the future. Therefore, the Commission will consider leveraging opportunities and scalability as criteria in identifying its Tier I and Tier II communities and selecting program models, respectively. Please see Section V for more information.

Sustainability Activities
Sustaining the well-being of children and their families beyond First 5 LA’s initial investment will require institutional change at community, philanthropic and governmental levels. Key activities included in the Commission’s strategies framework to accomplish this effort are organizational capacity building, community capacity building, and policy change. In addition, resource mobilization, the leveraging of both fiscal and non-fiscal resources to sustain the well-being of children and their families in Los Angeles County, will be used to garner additional resources for sustainability.21

Organizational Capacity Building: Organizational capacity building means strengthening and increasing an organization’s performance and/or effectiveness.22 First 5 LA’s role in capacity building will be to support organizations in becoming more effective through technical assistance provision, organizational and leadership development trainings, and sustainability planning. All efforts in organizational capacity building will build upon First 5 LA’s work in this area over the past few years.

Community Capacity Building: Community capacity building refers to building and strengthening the ability of communities and community residents to support desired changes in the well-being of its children and families. As one of First 5 LA’s core strategy areas in its place-based grantmaking approach, community capacity building encompasses strategies designed to develop community residents’ ability to advocate for local policy changes and build collaboration between community residents and organizations. In addition, community capacity building refers to enhancing organizational collaboration in order to streamline and maximize resources for service provision on a local level.

Policy Change: First 5 LA recognizes the strategic role that policy change plays in helping to sustain the Commission’s impact. Policy change refers to improving the “rules, standards, guidelines and laws that a) set priorities and b) allocate resources.”23 Systems change that may take place at the county and local community level is also a component of policy change. Therefore, the Commission will serve as a policy champion that proactively seeks to change policies that impact children and families within the four goal statements.24 The Commission will influence the public policy process by acting as a convener of stakeholders, analyzing impact, tracking policy progress and taking positions, sharing information with grantees, and serving as a resource and expert on issues impacting babies, young children and their families.25 In communities, First 5 LA will focus on providing opportunities and skills for community members and organizations to advocate for policies and generate policy change on a local level.

Resource Mobilization: Resource mobilization is defined as leveraging fiscal and non-fiscal resources to secure the financial viability of a strategy. Fiscal resources include grants, donations, and matching funds from various levels of government, private foundations, individuals and the community. Non-fiscal resources include equipment, space, materials,
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supplies, information, data analysis, staff, and volunteers. Mobilization of fiscal and non-fiscal resources requires ongoing relationship-building contributing to the development of social capital between organizations, government entities, and First 5 LA. The Commission’s role will be to establish ongoing relationships, collaborations, and partnerships with other funders and investors in LA County. This will be of significant importance as First 5 LA engages in place-based grantmaking and determines the selection of communities, which includes consideration of not only need, but community readiness (e.g., available fiscal, political and social resources). In addition, First 5 LA will facilitate the ability of grantees to leverage fiscal and non-fiscal resources through increasing their social capital and improving their ability to mobilize resources, as outlined above.

SECTION III: HOW WILL WE KNOW IF WE ARE SUCCESSFUL?

A. Accountability as Evaluation and Learning

First 5 LA is committed to a comprehensive and reflective approach to monitoring its progress in reaching the goals detailed within the FY 2009-2015 Strategic Plan. The accountability plan builds upon the current Evaluation and Accountability Framework and addresses critical opportunities identified during the strategic planning process. In particular, the Commission is committed to developing a framework that both addresses the evaluative aspects of our work such as transparency, grantee performance and regular reporting; as well as measuring the learning aspects that are necessary to be an effective organization: the impact of First 5 LA, areas of success and challenges, grantee and strategic partner relationships, and First 5 LA’s contributions to the field of early childhood development.

Central to the FY 2009-15 accountability plan is the development of a “dashboard” to both monitor progress in reaching intermediate and long-term outcomes outlined within the pathways to change described above and measures of organizational effectiveness in a manner that is transparent, flexible, and easily communicated to stakeholders. The dashboard will provide a tool for integrating key findings from a broad set of evaluation and research activities, organizational and grantee performance measures, and learning from the broader early childhood landscape.

The First 5 LA Dashboard

While First 5 LA has made great strides in articulating its approach to evaluation and accountability, the FY 2009-2015 Strategic Plan will provide an opportunity to address necessary improvements. Specifically, the dashboard aims to:

- Foster the ability to “tell the First 5 LA’s story” more coherently;
- Promote the creation of a common set of indicators and outcomes based upon the pathways to change and priority measures;
- Include a systematic self-assessment of First 5 LA’s organizational performance;
- Promote regular dialogue between First 5 LA and its stakeholders and timely feedback between us and our grantees and external audiences about our progress in reaching our desired outcomes;
- Better define success by consistently selecting realistic, yet meaningful, performance targets; and
- Incorporate learning from the broader field of early childhood development (e.g., following research and policy trends, investments from other grantmaking...
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organizations and public institutions), particularly in our investments areas and in the growing body of evidence related to place-based grantmaking and child and family level outcomes.

The First 5 LA dashboard will provide information across three broad elements: 1) changes within place-based investments (i.e., Tier I & II communities) and countywide trends, 2) First 5 LA's organizational and grantee performance, and 3) findings and trends within the field of early childhood development (see Appendix 5 for the Accountability Dashboard).

First 5 LA's Contribution to Success
The dashboard will allow First 5 LA to tell a more coherent story regarding its progress in promoting the well-being of children and their families, and provide a tool for greater integration of information within the organization and with stakeholders across the county (i.e., grantmaking organizations, public agencies). As there are many ongoing efforts by multiple public and private funders who also focus on impacting early childhood development, changes detailed on the dashboard cannot be solely attributed or causally linked to First 5 LA's investments. In addition, it will be important to limit the amount of information contained on the dashboard to ensure its accessibility. Dashboards, by their very nature, are a snapshot in time. Additional learning will be garnered by incorporating trend data into the dashboard so we can monitor our progress over time. Therefore, each of the dashboard elements will be based on information garnered from: a) First 5 LA's evaluation and research activities; b) resources created in direct partnership with First 5 LA, such as Invest in Kids LA/Healthy City; c) large-scale surveys including the Los Angeles County Health Survey, and the Los Angeles County Women Infants & Children (WIC) Survey; d) data from public and private entities with which First 5 collaborates, such as DCFS and the Office of Child Care Planning, as well as; e) the field of social science research.

Gaps, however, do exist. For example, indicators related to family and community protective factors (e.g., parental resilience, knowledge of parenting and child development, social connections) have not yet been clearly defined by the field. These gaps will be identified and strategies made to fill them during the FY 2009-2015 strategic planning period. This presents an opportunity for the Commission to continue to work with key research partners that innovate in this area of measurement and advance knowledge in the broader field of early childhood development. Specifically, First 5 LA's research agenda will support efforts around the development of reliable and valid measures such as kindergarten readiness and child safety measures. The Commission will be involved in cost-related and longitudinal evaluations, particularly of those strategies implemented in the Tier I & II communities. This work will help inform First5 LA's and other future planning and policy efforts.

Implementation of Dashboard
As with other components of the plan, key tasks will be completed during implementation planning in order to fully develop and implement the dashboard. These include the following:
- Developing a “vision” for the dashboard, i.e. what information it will include and how information will be presented
- Conducting an inventory of existing data resources and identify gaps.
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- Prioritizing indicators to be included within the dashboard.
- Outlining a regular feedback loop to share dashboard information and reflect upon findings across departments, with Commissioners and other key stakeholders.

It is important to note that although staff will work to refine the details of the accountability framework during the implementation year, there are significant activities that have already started that will inform the dashboard development process. These activities, working in collaboration with several agencies, relate to the selection and development of child safety measures, selection and development of a parent engagement measure and substantial work on utilizing school district data for the school readiness measures.

SECTION IV: WHAT DO WE NEED TO BE SUCCESSFUL?

A. Organizational Effectiveness

During the strategic planning process, First 5 LA has looked both internally and externally in order to build on its lessons learned in grantmaking, research and evaluation, grantee and strategic partner relations, and Commission governance in an effort to identify areas of organizational strengths and challenges. As described in the Introduction, the Commission engaged in internal assessments of its capacity through staff and Commissioner surveys and interviews, as well as focus groups to evaluate its performance as a partner and funder. This assessment has informed the strategic planning effort and will continue to do so as the Commission continually strives to become a trusted community partner in strengthening families, building the capacity of communities and improving systems. The critical areas identified during the assessment include organizational change and governance structures.

Organizational Change

The prioritization of targeted communities, including funding for both direct service and community building, will require a high engagement of residents, stakeholders, institutions, and funders. The Commission’s new grantmaking approach will require an assessment of its current organizational structures and the relevance of these for implementing place-based investments. In the assessments described above, both staff and grantees identified the importance of strengthening external and internal feedback loops to ensure transparency and streamlined communication between staff and grantees. Furthermore, it was also acknowledge that First 5 LA’s current organizational structure should be reconsidered to allow for more coordinated planning and implementation of projects and activities across departments.

Governance Structure

The Commission will also consider its governance in order to assess the significance of the Board of Commissioners’ current committee structure as the best model for its advisory and policy setting roles. In particular, it will address whether the initiative liaison structure is the most effective means for incorporating Commissioners’ input into programs and policies. During this strategic planning phase, staff and Commissioners acknowledged that early in the organization’s life cycle, initiative liaisons were initially the structure that allowed for the flow of information between Commissioners given the structural constraints presented by the Brown Act. Given the organization’s current stage of development, better defined roles between staff and commissioners allows for more effective and efficient
product development as the Commission continues to make large multi-year funding and policy decisions.

As a result of these assessments and strategic planning policy decisions, the Commission will address internal and external organizational restructuring and governance considerations implied by the new place-based grantmaking approach during implementation planning. These questions will include:

- How will the Commission restructure organizationally to most effectively implement the new place-based grantmaking approach?
- How will the Board reconsider its current governance structures to better ensure transparency and information sharing internally and externally?
- How will the strategic plan objectives and subsequent implementation benchmarks inform organizational performance?

Please refer to Section V.C for the implementation timeline.

### B. Resource Allocations

Current estimates identify the Commission’s projected revenue plus interest earnings between FY 2009-2015 at $680,843,683. The Commission also has $137,705,499 in unallocated roll-over funds from the current strategic plan (FY 2004-2009). Therefore, the total amount available for this plan is $818,549,182.

Traditionally, First 5 LA has made allocations toward broadly defined initiatives or goal areas prior to developing plans to inform those allocations. For the purposes of this strategic plan, the Commission will make allocations built on a zero-based budgeting platform. This platform is reflected in the categories in the diagram below. Due to the additional planning that is needed, final funding allocations will be determined during the implementation planning phase and brought to the Commission for approval at that time.

<table>
<thead>
<tr>
<th>Place-Based Investments</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier I Communities</td>
<td></td>
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<tr>
<td>Tier II Communities</td>
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<table>
<thead>
<tr>
<th>Countywide Investments</th>
<th>% of total</th>
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<tbody>
<tr>
<td>Systems Integration</td>
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<tr>
<td>Data Sharing</td>
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<td>Public Education</td>
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<td>Workforce Development</td>
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<td>Information Resource and Referral</td>
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<td>Policy</td>
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<td>Health Access</td>
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<tr>
<th>Research and Evaluation</th>
<th>% of total</th>
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<tr>
<th>Operations</th>
<th>% of total</th>
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| TOTAL      | 100%       |
A. Community Selection Criteria
First 5 LA’s place-based approach will target communities where it has already created capacity through its investments yet where children and families continue to have poor outcomes on child development indicators. Successful achievement of impact through the place-based approach is dependent upon partnership with communities with adequate infrastructure and community leadership. Sustainability of impact necessitates the existence of potential partners and/or invested government entities. Determining what that level of readiness and need is requires looking at how communities are faring across multiple economic, social and political dimensions. Therefore, the proposed criteria for community selection include:

1. Indicators of Need
   These indicators could include performance against the priority measures, poverty level, community education levels, etc.

2. Community Leadership Capacity
   This includes the presence of real representative community leadership and the potential for involvement of community groups.

3. Engagement of Multiple Sectors in the Community
   Sufficient capacity can include the presence of and working relationships between multiple sectors in the community including nonprofit organizations, civic associations, businesses, faith-based groups, etc.

4. Diversity of Communities and Populations across LA County
   Communities targeted by First 5 LA should represent a diversity of populations and communities from across LA County.

5. Existing First 5 LA Initiatives
   Understanding what capacity and partners currently exist in the communities currently receiving First 5 LA funding will be considered.

6. Current Philanthropic Partners
   Potential leveraging partnerships based on other philanthropies and public funders with active partnerships in the communities will be assessed.

7. Community Stability
   Family mobility as it relates to providers’ ability to engage and service families deeply and over the long-term will be considered. The presence of community organizational infrastructure and governmental entities is also included in these criteria.

B. Program Model Selection Criteria
First 5 LA has selected broadly defined strategies that it will invest in during the next six years. However, for many of these strategies, a variety of program models exist, representing varying levels of evidence-based practice and cost implications. Therefore, specific program models will be selected during the implementation planning phase through the application of criteria. Additionally, some program models may be determined in partnership with community stakeholders during implementation based on the needs and priorities of individual communities. The criteria for selecting program models include:
1. **Alignment with First 5 LA’s Vision and Role as a Funder**
   All program models must align with First 5 LA’s vision and role as outlined above.

2. **Demonstrates Potential to Impact First 5 LA’s Prioritized Pathway**
   This potential may be demonstrated through the strength of evidence indicating that the program model has impact on the outcomes in the prioritized pathway.

3. **Builds on Current Investments**
   Whenever possible, the program model should build upon First 5 LA’s current investments or strategies in communities and show the potential to link with the other strategies in the framework.

4. **Sustainability**
   The program model should demonstrate potential adherence to First 5 LA’s approaches to sustainability, including the potential for policy change, resource mobilization, and capacity building.

5. **Scalability**
   The program model should demonstrate the potential to be scaled up on a countywide level or to be replicated in other communities in Los Angeles County.

Please note that community and program model selection are iterative processes that will inform one another and should not be considered as exclusive processes in the timeline.

**C. Timeline for Implementation**

**Quarter 1: July - September 2009**
- Finalize the process and selection criteria, and select targeted communities
- Begin selection of program models for specific strategies, including the development and application of funding criteria, as well as cost-analysis.
- Begin development of accountability framework, policy agenda, research agenda, public education plan, and organizational capacity building plan
- Identify areas of organizational restructuring and governance

**Quarter 2: October – December 2009**
- Finalize program model selection
- Establish plan for integration of select strategies and transition, as appropriate for current initiatives
- Finalize Board governance structure

**Quarter 3: January – March 2010**
- Continue organizational development plan
- Continue development of accountability framework, policy agenda, research agenda, public education plan, and organizational capacity building plan

**Quarter 4: April – June 2010**
- Finalize transition plan for current initiatives and grantees
- Develop final implementation plan for place-based approaches
- Determine final dollar allocations
- Final plans for countywide strategies approved
- Organizational development plan finalized
First 5 LA
FY 2009-2015 Strategic Plan

- Development of Countywide Strategy Plans
- Place-Based Approach Roll-Out Plan Finalized
- Transition Planning with Partners
- Program Model Selection
- Community Selection
- Allocations Finalized
- Organizational Development Plan

Jul 2009 to Jun 2010
APPENDICES

Appendix 1: Priority Measure Selection Criteria

Trends across Time:
1. What do trends in data tell us about the measure?
2. When considering data on the measure over time, do trends in LA County show it to be improving or declining?
3. Are children in LA County significantly below state or national averages for the measures?
4. How many children would be impacted by a positive change in the measure?

Value to the Child:
1. What does research say about the value of the measure to the overall development of the child?
2. How critical is improvement on this measure to the child’s developmental function and ability to learn?

Ability to Impact: First 5 LA achieve meaningful change in the measure during the next five years?
1. Is there existing evidence that this measure is sensitive to intervention?
2. Can First 5 LA define the amount of change it would need to achieve in order to have impact?

Momentum:
1. Is there public will in LA County to address the measure?
2. Are other funders available to partner with in addressing the priority measure?
3. Have the media, political figures, etc. focused attention and money on changing this measure?
4. Are systems currently working to address this measure?

Communication Power:
1. Does the measure have communication power?
2. Does the measure have meaning and value to a broad range of audiences?

Measurement:
1. Is this measure well-established within the domains of child well-being, including health, education and safety?
2. Do data elements exist to evaluate this measure or will First 5 LA need to develop data elements?
3. Can clear benchmarks be developed so that First 5 LA can track its progress in achieving the desired change in the measure?
Appendix 2: Theory of Change Pathway

Children are born healthy. Decrease the percent of babies born at a low birth weight

Parents/caregivers are resilient

Children bond with parents/caregiver

Parents/caregivers support their child’s learning

Children are ready for Kindergarten. Increase the percent of children reading at grade level at 3rd grade

Children have access to quality ECE

Children have good dental health.

Children have access to flouridated water.

Children maintain a healthy weight. Decrease the percent of overweight children

Children have adequate physical activity.

Infants and children have good nutrition.

Parents/caregivers model healthy behaviors.

Mothers breastfeed exclusively for six months.

Pregnant women/parents/caregivers have concrete support in times of need.

Pregnant women/parents/caregivers rely on social supports

Informal caregivers provide high quality care.

Preschool workforce is high quality.

Existing preschool spaces are high quality.

Pediatric providers (dental and medical) are high quality.

Families have access to recreation and affordable fresh fruits and vegetables.

Mothers initiate breastfeeding.

Informal community supports are in place.

Collaboratives between and among traditional and non-traditional partners are present in communities

County services systems are better integrated to serve at-risk families

Children have access to health insurance

High quality workforce in all domains of early childhood development.

Priority Measures

Intermediate Outcome
## Appendix 3: Theory of Change Outcomes and Potential Indicators

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Potential Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Priority Measure #1:</strong> Children are born healthy.</td>
<td>Decrease the percent of babies born at a low birth weight</td>
</tr>
<tr>
<td>Parents/caregivers are resilient</td>
<td>1. Decreased incidence of maternal depression  2. TBD</td>
</tr>
<tr>
<td>Women have quality preconception and interconception care</td>
<td>1. Reduce incidence of unplanned pregnancy  2. % of women who receive 6-week post-partum check-up</td>
</tr>
<tr>
<td><strong>Priority Measure #2:</strong> Children are safe from abuse and neglect</td>
<td>1. Measure of child safety TBD,  2. Number of substantiated cases of child abuse and neglect</td>
</tr>
<tr>
<td>Children bond with parent/caregiver.</td>
<td>1. % of parents who report use of more positive parenting techniques and less use of punitive parenting techniques  2. % of parents who report increased knowledge of the stages of physical, cognitive, and social development of children</td>
</tr>
<tr>
<td>Pregnant women/parents/ caregivers have protective capacities (substance abuse, mental health, domestic violence)</td>
<td>1. % of mothers screened for depression  2. % of parents identified as substance abusers  3. % of women screened and referred for services</td>
</tr>
<tr>
<td>Pregnant women/parents/ caregivers rely on social supports</td>
<td>1. % of parents who have someone to talk to</td>
</tr>
<tr>
<td>Parents/caregivers have knowledge of child development and parenting</td>
<td>1. % of parents at or above threshold</td>
</tr>
<tr>
<td>Pregnant women/parents/ caregivers have concrete support (emergency food, housing, transportation, clothing) in times of need.</td>
<td>1. # of families who receive services  2. % of families who perceive they were helped</td>
</tr>
<tr>
<td><strong>Priority Measure #3:</strong> Children are ready for Kindergarten</td>
<td>Percent of children reading at grade level at third grade</td>
</tr>
<tr>
<td>Parents/caregivers support their child’s learning.</td>
<td>1. % of parents who are active partners in their child’s education.</td>
</tr>
<tr>
<td>Children have access to quality ECE.</td>
<td>1. % of unmet need  2. % of programs that pass quality threshold</td>
</tr>
<tr>
<td>Informal childcare is high quality.</td>
<td>1. % of care that passes threshold on Quality Rating Scale</td>
</tr>
<tr>
<td>Informal caregivers provide high quality care</td>
<td>TBD</td>
</tr>
<tr>
<td>Preschools are high quality.</td>
<td>1. % of classrooms that pass quality threshold</td>
</tr>
<tr>
<td>Children have access to preschool.</td>
<td>1. % of communities with unmet need below 20%</td>
</tr>
<tr>
<td>Preschool workforce is high quality</td>
<td>1. % of ECE teachers who meet or exceed education/training threshold</td>
</tr>
<tr>
<td>Existing preschool spaces are high quality.</td>
<td>1. % of classrooms that pass threshold on Quality Rating Scale</td>
</tr>
<tr>
<td><strong>Priority Measure #4:</strong> Children maintain a healthy weight</td>
<td>Percent of overweight children</td>
</tr>
<tr>
<td>Children have adequate physical activity.</td>
<td>1. # of hours to screen time that children have per day</td>
</tr>
<tr>
<td>Infants and children have good nutrition.</td>
<td>1. % of overweight children</td>
</tr>
<tr>
<td>Outcome</td>
<td>Potential Indicators</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
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</table>
| Parents/caregivers model healthy behaviors.                            | 1. % of children who ate fast food in the past week as reported by parents  
2. Physical activity levels among parents of young children |
| Families have access to recreation and affordable fresh fruits and vegetables. | 1. Parent report safe place for their children to play  
2. Proximity of parks to families  
3. # of parks in community  
4. # of farmers markets |
| Mothers breastfeed exclusively for six months.                        | 1. % breastfeed at 6 months                                                                                                                                     |
| Mothers initiate breastfeeding.                                        | 1. % of mothers initiating breastfeeding  
2. # of Baby Friendly Hospitals in LA County |
| Informal community supports are in place.                             | 1. Community belonging index                                                                                                                                 |
| Collaboratives between and among traditional and non-traditional partners are present in communities | 1. # of clients with at least one interagency referral  
2. Self-assessment conducted by % of collaborative members |
| County service systems are better integrated to serve at-risk families. | 1. # of MOUs between providers                                                                                                                                   |
| High quality workforce in all domains of early childhood development.  | 1. Agreement on core competencies across sectors  
2. Development of training modules around core competencies  
3. Increased number of training modules delivered around core competencies  
4. Enhanced WB and collaborative staff performance via training activities by lead entities  
5. Increased number of high quality professional staff in the three sectors |
| Children have good dental health                                       | 1. % of children with dental carries                                                                                                                             |
| Children have access to quality dental prevention, care, and treatment. | 1. # of children being screened for oral health  
2. # of children receiving fluoride varnish  
3. # of children being referred to dental providers |
| Children have access to fluoridated water.                            | 1. # of children living in communities with fluoridated water                                                                                               |
| Pediatric providers (dental and medical) are high quality.            | 1. # of General Dentist’s with training in pediatric dentistry                                                                                             |
| Children have access to health insurance.                             | 1. % of eligible children who are enrolled and retained in low or no-cost health insurance programs                                                             |

<table>
<thead>
<tr>
<th>Intermediate Outcomes</th>
<th>Priority Outcome (Additional funding needed)</th>
<th>Outcome (No new funding needed)</th>
<th>Outcome (Not prioritized for new funding)</th>
</tr>
</thead>
</table>

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## Appendix 4: Strategies' Definitions

<table>
<thead>
<tr>
<th>STRATEGIES</th>
<th>EVIDENCE ON DEGREE OF IMPACT</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INTENSIVE FAMILY STRENGTHENING</strong></td>
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</tr>
<tr>
<td>Home Visitation</td>
<td>Nationally proven intervention for properly designed home visitation programs to have strong positive impact on many child, health, safety and family functioning outcomes.</td>
<td>Provide services in the homes of families; services can be tailored for specific outcomes but often include case management, health screening, parent education and support, child development screening, home safety and environment assessments, and linkage to other services. Contact with families can either prenataally or initiated in hospitals at the time of birth.</td>
</tr>
<tr>
<td>Case Management (alone)</td>
<td>Case management alone does not have a significant evidence base; however, as a component of larger program models such as home visitation or Early Head Start, stronger evidence of impact on child, health, safety and family functioning outcomes.</td>
<td>Assist families in the coordination of participation in community-based and family-related services.</td>
</tr>
<tr>
<td>Parent Education</td>
<td>Parent education programs alone have mixed evidence in demonstrating impact on child-outcomes. Parent education components that are part of home visitation programs have stronger impact on outcomes.</td>
<td>Parent education classes, parent educators working one-on-one with families in community settings, parent to-parent mentoring and support, distribution of educational materials to increase parent knowledge of child development and other matters. This strategy focuses on out-of-home delivery of parent education (as opposed to the Home Visiting strategy listed earlier).</td>
</tr>
<tr>
<td>Integrated ECE with Family Support</td>
<td>Research exists to show positive outcomes for children and parents.</td>
<td>ECE centers with parent advocates, co-located provider staff such as social workers, mental health consultation and other services to assist families with a broad range of issues to promote child and family wellness, beyond the provision of child care/preschool.</td>
</tr>
<tr>
<td><strong>FAMILY STRENGTHENING</strong></td>
<td></td>
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</tr>
<tr>
<td>Preschool for 4-year olds</td>
<td>Solid research shows evidence of long-term impacts of preschool.</td>
<td>Provide support for the operations or development of preschool spaces.</td>
</tr>
<tr>
<td>Preschool Quality Support and Requirements</td>
<td>Able to show significant measurable improvements to quality for those providers reached.</td>
<td>Develop a coordinated, comprehensive system to assess, support and incentivize preschool quality. Support services to improve or maintain quality include coaching, technical assistance, developmental screenings, business and management support, facilities improvements, kindergarten articulation/transition etc.</td>
</tr>
<tr>
<td>STRATEGIES</td>
<td>EVIDENCE ON DEGREE OF IMPACT</td>
<td>DESCRIPTION</td>
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<tr>
<td><strong>Family Engagement</strong></td>
<td>Research from other cities shows positive impacts as a long-term strategy (2-3+years); need sustained effort to have an effect.</td>
<td>Family-centered neighborhood associations, leadership training for parents, recruitment and training of parents as community advocates, and other such means to promote greater social networking among parents and involvement of parents in their community</td>
</tr>
<tr>
<td><strong>Community Resource and Referral</strong></td>
<td>Effective in delivering basic information; impact limited by barriers faced by families trying to access services when referred.</td>
<td>Programs that provide referrals, or service information, about various community resources, such as medical facilities, counseling programs, family resource centers, and other supports for families, for instance community resource reporting.</td>
</tr>
<tr>
<td><strong>Provider Training and Technical Assistance</strong></td>
<td>Impact appears strongest when focused on specific practices or when ongoing support can be offered.</td>
<td>Enhance the quality, stability or other aspects of existing services through customized technical assistance and provider peer support networks. Support the infrastructure needed by providers to implement best practices and other such means that focus on enhancing the internal capacity of service providers. This can include cross-training to increase provider availability (for example, training a broad range of providers on maternal depression screening or cultural competence).</td>
</tr>
<tr>
<td><strong>Community Advocacy</strong></td>
<td>Research from other cities shows positive impacts as a long-term strategy (2-3+ yrs); need sustained effort to have an effect.</td>
<td>Support local level advocacy efforts to impact community outcomes such as access to nutritious foods, &amp; green space</td>
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**COMMUNITY CAPACITY BUILDING**

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<th>STRATEGIES</th>
<th>EVIDENCE ON DEGREE OF IMPACT</th>
<th>DESCRIPTION</th>
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<tr>
<td><strong>Co-location of Services</strong></td>
<td>Evidence shows low to moderate positive impact across several outcomes rather than high impact on any one outcome. Evidence is stronger for impacts on more socially isolated families and those dealing with homelessness, substance abuse and/or mental health issues.</td>
<td>Co-location of service providers in order to facilitate a family’s navigation of service systems. This strategy can also include “one stop” neighborhood-based hubs to improve access to information, services and community connections for family. Many offer some core services on site (e.g. health screening, counseling, food assistance, parent education), plus referrals for other services</td>
</tr>
<tr>
<td><strong>Community Collaboration</strong></td>
<td>Research from other cities shows positive impacts as a long-term strategy (2-3+ years); need sustained effort to have an effect.</td>
<td>Support development of community-based and social networks to promote relationship building among and across parents, caregivers, residents and neighborhood stakeholders. This also includes provider-based networks to ensure comprehensive resource and referral network available to serve families.</td>
</tr>
<tr>
<td>STRATEGIES</td>
<td>EVIDENCE ON DEGREE OF IMPACT</td>
<td>DESCRIPTION</td>
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</tr>
<tr>
<td>Organizational Capacity Building</td>
<td>Impact appears strongest when focused on specific practices or when First 5 can offer ongoing support.</td>
<td>Enhance organizational effectiveness through funding and access to professional resources that strengthen nonprofit organizations, improve their performance and strengthen their ability to achieve their mission. The value of capacity building rests on the assumption that healthier organizations are generally better able to serve their constituencies and accomplish their desired outcomes.</td>
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**SYSTEMS IMPROVEMENT**

<p>| Health Insurance Support and Access | Limited evidence that health insurance leads to higher utilization of preventive and other health care services; ultimate effect on health outcomes is indirect and hard to measure. | Increase access to health insurance for children 0-5 through assisting income-eligible families with obtaining Medi-Cal and Healthy Families coverage, and potentially also by subsidizing insurance coverage for children not eligible for other public insurance plans and not covered by private insurance. |
| Information Resource and Referral  | Effective in delivering basic information; impact limited by barriers faced by families trying to access services when referred. | Provide telephone lines, printed resource directories or websites (online resource directories) that community members can call or access in order to get information about community services/resources that are available to assist them. |
| Workforce Development              | No clear evidence on ability to increase retention of providers. Data to date also mixed as to whether outcomes for children are improved. | Expand pool of qualified service providers by recruiting people into college degree (AA, BA or MA) programs, providing support to assist people with obtaining college degree in fields (ECE, mental health, social work) where provider shortages exist, or providing other types of formal education. |
| Data Systems Integration           | There is no well-established evidence base for the impact of data systems integration on child-well being outcomes. | Support the improvement of the quality and usefulness of data collected about children and families in Los Angeles County and the programs, projects and services that support them. Includes integrating data collection and tracking systems about children and families; standardizing measurement of child outcomes, especially kindergarten readiness; and improving the availability of data about children prenatal to age five and their families. |
| Systems Integration                | Evidence base for the impact of systems integration in child outcomes is emerging. | Support the sharing of information and resources by multiple providers from diverse sectors to address the many needs of young children and their families. |</p>
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<tr>
<th>STRATEGIES</th>
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<th>DESCRIPTION</th>
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<tr>
<td></td>
<td></td>
<td>families. This integrated system planning and implementation; continuous quality improvement; and mechanisms for addressing financing, regulations and policies, program design and certification, inter-program collaboration and consultation, and policies and procedures that facilitate geographically accessible, comprehensive, linked, compatible service delivery systems.</td>
</tr>
<tr>
<td>Public Education</td>
<td>Able to create behavioral change only through well designed and sustained campaigns.</td>
<td>Use mass media and/or more targeted outreach methods (brochures, posters, community presentations, etc.) to create awareness of specific issues affecting children and families or to motivate people to change their behavior.</td>
</tr>
<tr>
<td>Policy and Advocacy</td>
<td>Degree of impact depends on the types of policies and nature of change.</td>
<td>Advocate at local, state and/or federal levels for resources and policies that support the needs of families.</td>
</tr>
</tbody>
</table>
## Appendix 5: Accountability Dashboard

<table>
<thead>
<tr>
<th>Element</th>
<th>Aspects to examine</th>
<th>Information guiding indicator development</th>
<th>Resources (i.e., data sources)</th>
</tr>
</thead>
</table>
| Change                   | **Tier I & II Communities:** The nature and degree of change related to child, family and community outcomes as articulated within the theory of change pathways over time; this will provide an in-depth look at how communities are faring and provide valuable information in future planning.  
**Countywide Trends:** Systems improvements related to the priority areas. Countywide trends will provide important contextual information for understanding changes found within Tier I & II communities. | • Theory of change pathways  
• Research literature  
• Existing First 5 LA evaluation/ research efforts  
• Other “dashboard” and data resources in county | • Los Angeles County Health Survey (LACHS)  
• Women, Infant & Children Survey (WIC)  
• Healthy City/ Invest in Kids LA  
• Census data |
| Performance              | **Organizational performance,** including the substance/content of project planning and processes such as efficiency of timelines, clarity of project goals, and incorporating evaluation findings.  
**Grantees’ performance** including the implementation of particular strategies.  
**Relationships with grantees,** their capacity building efforts and perceptions of First 5 LA | • Organizational development, social sector effectiveness literature  
• Existing First 5 LA efforts | • Internal data systems (e.g., fiscal, contract, and grantee reporting),  
• Periodic grantee surveys. |
| Early childhood landscape| Monitor trends in the larger early childhood research and policy landscape as well as track investments particularly within Tier I & II communities and LA County overall from other grant-making organizations. | • Other dashboard efforts related to early childhood  
• Policy updates  
• Early childhood research centers/ academic journals | • Policy scans, Stakeholder surveys |
Percent of Children Under Five Years Old in Los Angeles County
Low Birth Weight Babies by Best Start LA Boundaries
Overweight 3 and 4 year old WIC participants by Sub-SPA region
Appendix 7: Endnotes

1 Research has established the limitations of the number substantiated cases of child abuse and neglect as an adequate measure of childhood safety from abuse and neglect. Therefore, based on the directive from the Board of Commissioners, additional measures of child abuse and neglect are being developed to better measure the safety of a child’s caregiving environment. The development of these measures will be finalized during implementation phase of strategic planning.


First 5 LA
FY 2009-2015 Strategic Plan


19 These threshold percentages of high-risk families and levels of First 5 LA investment will be determined in implementation.

20 Statement on Sustainability paper, background document for the Next Five Strategic Plan FY2004-2009 First 5 LA 2007-2008 Accomplishment Report 2009 Calendar, 10 Years of Investing in Our Future. Theme 1: Defining the Commission’s Primary Role, Role/Purpose and Effectiveness of Commission, Findings from Phase I Strategic Planning, 2008. Based on interviews with Commissioners and Directors. Cross Cutting Approaches Framework Overview, draft dated Wednesday, December 6, 2006. Document developed by staff following a Commission approval of Cross Cutting Approaches. The definition adopted by the Commission from the last strategic plan states that, “First 5 LA will sustain results that benefit children ages zero to five and their families, by mobilizing both social and financial capital to produce measurable, positive change for these families at the community level. Most recently, we provided the following definition of sustainability in the First 5 LA 2007-2008 Accomplishment Report, “Sustainability, the capacity of an organization to pursue its mission indefinitely, is essential to the long-term success of any business, but especially critical for non profits...First 5 LA wants the impact of our work to outlive our role as a funder.”


22 This definition is based on both the Next Five Strategic Plan FY 2004-2009 and the TCC group.

23 Next Five Strategic Plan FY 2004-2009

24 In the Next Five Strategic Plan FY 2004-2009, the Commission stated, “We will use our unique role to build public support for policies and programs that benefit children prenatal through age five and their families.”
The process includes public policy agenda setting, policy formulation, policy adoption and policy implementation.

Community-Development Initiatives. Sustainability Project application. First 5 LA Definition of Sustainability and Sustainability Plan Questions

To read the current Evaluation and Accountability Framework, please visit: http://www.first5la.org/node/1012

The initiative liaisons refers to those Commissioners formally appointed by the Commission chair to a liaison committee to work with staff. Liaisons can work with a whole department (Public Affairs, Policy, R&E) or support the development/implementation of a specific initiative, project, etc.

The Brown Act (Government Code 54950-54962) governs meeting access for local public bodies.