Best Start LA
Pilot Community Evaluation
Case Study Report 4

Implementing Best Start LA:
Important Transitions as the
Investment is Brought to Scale

Prepared for: First 5 LA

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For more information about First 5 LA and its initiatives, go to http://www.first5la.org. For more information about Best Start LA, go to http://www.beststartla.org. For copies of all the reports prepared under this evaluation, go to http://www.urban.org.
I. Introduction

Best Start LA (BSLA) is a multi-faceted community investment that aims to improve the health, wellbeing, and development of children, ages 5 and under, while supporting the needs of their parents. BSLA is funded by First 5 LA (F5LA)—a child advocacy organization launched after the 1998 passage of Proposition 10 (the California Children and Families Act). BSLA works to affect change in three ways—Family Strengthening, Community Capacity Building, and Systems Changes—and thus includes multiple, interwoven strategies designed to strengthen both the capacity of families to raise children and the capacity of communities and broader systems to support families with young children.

To effect these changes, F5LA initially launched BSLA in a downtown Los Angeles “pilot” community it refers to as Metro LA. In this neighborhood, it has contracted with a variety of community-based organizations and service providers to implement the following core strategies:

- **Home visiting:** This family-level activity brings nurses, college-educated Parent Coaches, and paraprofessionals to visit families in the home prenatally, at birth, and postpartum to provide breastfeeding support, guidance on infant health and development, and referrals to needed resources and services.

- **Community Mobilization and Place-Based Strategies:** This community-level activity empowers a community-based “lead entity,” supported by Community Based Action Research methods, to mobilize community members and facilitate identification of needs in their neighborhoods, and then to initiate strategies and services to address those needs.

- **Systems Change Activities:** Investments at the system level promote the development of family-friendly services, policies, and systems at the community and county levels.

During 2012, F5LA’s Commissioners questioned whether and how BSLA’s expenditure of funds were optimally supporting the investment’s goals. In response, F5LA staff revisited the initiative’s logic model and developed recommendations that would narrow the focus of BSLA. However, at the time of our visit, no changes had been made to the logic model, and the BSLA investment still aims to achieve the following four outcomes for children:

- Born healthy;
- Maintain a healthy weight;
- Protected from abuse and neglect; and
Ready to learn upon enrollment in kindergarten\(^1\).

Despite questions surrounding its logic model, BSLA experienced renewed and robust support during the past year, particularly from the new F5LA Commission Chair—Mark Ridley Thomas—and the organization’s new Executive Director—Kim Belshé. The investment is now fully in expansion mode and is in the process of being rolled out in an additional 13 communities across Los Angeles County. F5LA’s intent is to use lessons from implementation of BSLA in Metro LA to inform and improve implementation of BSLA in the 13 additional communities.

The pilot Metro LA community—the focus of this evaluation—encompasses parts of four different downtown Los Angeles neighborhoods—Pico Union, Koreatown, the Byzantine Latino Quarter, and South L.A (Figure 1). Over the past four years, this area has remained mostly unchanged; however, during 2012, Koreatown and areas around the University of Southern California (USC) experienced some gentrification and development, according to key informants interviewed for this case study.

Figure 1: Map of Metro LA Pilot Community

This report was developed as part of the BSLA Pilot Community Evaluation under a six-year contract between F5LA and the Urban Institute. The evaluation was launched in

\(^1\) On June 26, 2013 the Commissioners Body at First 5 LA approved a new logic model, “Building Stronger Families”. More information can be found at: http://www.first5la.org/files/1pad/6-26-13/Item-4.pdf
2009 to document and assess the implementation and impacts of the program. The Institute and its partner—the University of California, Los Angeles—are conducting a broad range of evaluation activities over the life of the contract, including a longitudinal household survey of parents, focus groups with families, community members, and partners in Metro LA, and analysis of community indicators from the WIC data mining project. In addition, the evaluation includes annual case studies of implementation of BSLA in Metro LA. This report summarizes the findings from our fourth site visit to Los Angeles and builds on the lessons presented in the first three case studies (Hill et al., 2011; Hill et al., 2011; Benatar et al., 2012).

II. Methods

To gather information for this fourth case study of BSLA implementation in Metro LA, researchers from the Urban Institute conducted a three-day site visit to Los Angeles in April 2013. While on site, researchers held one- to two-hour interviews with approximately 15 key informants and attended a meeting of the Executive Committee of Metro’s Community Guidance Body (CGB) to observe the proceedings and provide a brief presentation on the evaluation’s findings from the last three years. As was the case with previous site visits, our key informants included F5LA staff and leadership, as well as staff and managers from each of the BSLA partner contractors, including Maternal and Child Health Access, Para Los Niños, and Special Service Groups.

All interviews with key informants were conducted by Urban Institute evaluation staff using structured protocols tailored to each key informant category. (A list of informants by category is included in Appendix A). Before starting all interviews, key informants were told that their participation was voluntary, that they did not have to answer any questions they were not comfortable answering, and that they would not be quoted without their permission; all informants consented to these ground rules before interviews began. We employed a careful and rigorous process of informant selection to ensure that all opinions of key stakeholders were considered.

Case studies represent a qualitative research method that can provide valuable and nuanced insights, based on expert input, into the implementation of a particular product, process, or program. By their nature, however, case studies are limited by their reliance on information gathered from a relatively small number of individuals. Findings thus cannot be presumed to be representative of, or generalizable to, the entire set of stakeholders and individuals involved with a program like BSLA in Metro LA.

Based on information and insights gathered from our interviews, this report describes BSLA ongoing implementation efforts in the Metro LA community, beginning with activities targeting children and families, followed by efforts aimed at improving outcomes at the community and systems level. Much of the discussion is organized around the agencies and service providers that have been working with F5LA in

2 http://www.first5la.org/Community-Change/Research-Partnerships/PHFE-WIC-Data-Mining-Project
implementing BSLA in *Metro LA*. For each of these contractors, we provide a recap of their scopes of work and responsibilities, and initial implementation activities in 2010, 2011, and early 2012. This is followed by more detailed descriptions of activities they have engaged in over the past year. We then assess the contractors’ continued progress in achieving BSLA objectives, as well as any challenges they have faced during the implementation process. This report concludes with a discussion of the cross-cutting lessons that continue to emerge from *Metro LA*, lessons that should inform F5LA as well as stakeholders in the additional 13 communities where BSLA initiatives are being implemented.

### III. Findings: Implementation of BSLA - Year 4

Once again, the BSLA model encompasses a broad range of strategies targeted at Family Strengthening, Community Capacity Building, and Systems Changes. Strategies are being carried out by several organizations with which F5LA has contracted, which have been previously described as a “constellation” of services to engage with families and community organizations, and to facilitate systems improvements (Hill et al., 2011). The remainder of this section summarizes our findings related to ongoing implementation of BSLA in *Metro LA*, addressing, in turn, Family Strengthening, Community Capacity Building and Systems Change.

#### A. Family Strengthening

Family Strengthening goals are being pursued through the home visiting component of BSLA, called *Welcome Baby!* There are two organizations involved with *Welcome Baby!* in *Metro LA*—Maternal and Child Health Access (MCH Access) and the California Hospital Medical Center (CHMC). CHMC is the designated birthing hospital for the *Metro LA* community, and MCH Access is a community-based organization located in downtown Los Angeles that, under a subcontract with CHMC, is managing and providing home visitation services.

*Welcome Baby!* is a free, voluntary home visitation program offered to all women who give birth at CHMC and live within a five-mile radius of the hospital. The home visiting program focuses on education and support for pregnant women and mothers of newborns. Women can be recruited into the program prenatally (by Outreach Specialists from MCH Access) or just after giving birth but before discharge from the hospital (by hospital liaisons at CHMC). The *Welcome Baby!* home visiting protocol includes the following nine “engagement points” (also presented in Figure 2)—all or some of which may occur, depending on when women enroll and whether or not they complete the entire program:
Figure 2: Welcome Baby! Client Flow Chart
A prenatal home visit at any point up to 27 weeks gestation
A phone call between 20 and 32 weeks gestation
A prenatal home visit between 28 and 38 weeks gestation
A hospital visit, following delivery (conducted by hospital liaison staff)
A nurse home visit within 72 hours of discharge from the hospital
A home visit at two weeks postpartum
A phone call at one to two months postpartum
A home visit at three to four months postpartum
A final home visit at nine months postpartum

The actual content of each Welcome Baby! engagement point varies. Previous case studies and focus group reports produced under this evaluation outline the content of these visits (Hill & Adams, 2011; Hill et al., 2011).

1. Recap: The First Three Years of Implementation

Since its launch in November of 2009, Welcome Baby! has grown steadily during its first three years of operation, expanding its reach in Metro LA, and serving its 2,000th family by April 2012. While MCH Access initially encountered some delays after launch, including slower-than-planned hiring of home visiting staff, slower recruitment of mothers into the program, and challenges with the information system designed to support and report on Welcome Baby! activities, the intervention has truly hit its stride, proving to be a well-managed and well-implemented program, led by skilled and professional staff (Hill et al., 2011; Benatar et al., 2012).

Most importantly, information gathered during the first three case studies confirmed that Welcome Baby! is a program that is highly valued by the parents it services. Focus groups with mothers receiving home visiting revealed that parents were satisfied with the service, reporting that it played a valuable role in providing critical information and education about their children’s health and development, while also connecting families to important resources in their community. Mothers also described having developed very close and trusting relationships with their nurses and Parent Coaches, who offered them tremendous emotional support and assistance, which often extended to other family members, husbands, and siblings. The only shortcoming identified by mothers was the lack of a home visit between the infant’s 4th and 9th month (Hill and Adams, 2011; Adams et al., 2012).

The Welcome Baby! home visiting intervention has evolved over time to be more responsive to the needs of its target population of pregnant and parenting mothers and their infants. For instance, despite being designed as a low- to medium-intensity intervention—with a limited number of contacts made by staff composed of a blend of clinical, nonclinical and paraprofessional personnel—MCH Access officials recognized that women giving birth in Metro LA are often at very high risk. To accommodate the needs of higher risk mothers, MCH Access extended extra care when home visiting schedules permitted during the first two years of operation. Additionally with the support of F5LA, the agency began recommending changes to the Welcome Baby! protocol.
These changes included allowing Parent Coaches to visit pregnant women as early as 16 weeks gestation (instead of 20 weeks) and changing the two-week engagement point to an in-person visit rather than a phone call. However, requests to add a 6-month and 12-month visit were denied by F5LA due to cost considerations (Hill et al., 2011; Benatar et al., 2012).

Over the last several years, MCH Access managers have worked to increase the effectiveness of their outreach and retention efforts. In particular, they redoubled their efforts to recruit women prenatally, so that they can help pregnant women prepare for childbirth, develop stronger relationships earlier in the process, improve retention, and ultimately improve overall outcomes. During the first two years of the program, outreach and recruitment for Welcome Baby! was the responsibility of Level I Parent Coach (PC I) staff. However, given rising caseloads and over-stretched Parent Coaches, two Outreach Specialists were hired last year to take on this role. To increase prenatal recruitment, the Outreach Specialists visit provider clinics, designated “baby shower” events for expecting mothers at large community health clinics, and work with the CHMC outreach department to reach expectant mothers during hospital tours (Benatar et al., 2012).

2. Year 4 Activities—Refining Welcome Baby in Metro LA while Helping with County-wide Rollout

By the time of our fourth site visit in April 2013, Welcome Baby! had served more than 3,800 clients and was expected to reach 4,000 in the coming months. To meet the growing demand, an additional full-time nurse, an Outreach Specialist, and a Parent Coach 2 (PC 2) were hired by MCH Access in the last year. Managers at MCH Access believed that, after three years of operation, they had found a good balance between staffing and workload and were operating at full capacity across their 3.5 full time nurses and 15 Parent Coaches. Specifically, nurses see up to 10 clients per week, while Parent Coaches are responsible for 8-10 visits a week. In addition to making caseloads more manageable, the addition of the new staff has also reduced the number of visits per week by PC 2s, allowing them to take on more of a leadership position within the organization.

After making numerous changes to the Welcome Baby! protocol during its early years, MCH Access staff by Year 4 were satisfied with the current design and thus did not recommend any further changes. That is not to say, however, that further improvements to Welcome Baby! did not occur this past year. First, MCH Access worked closely with Fenton Communications during 2012 to develop and release the first My Welcome Baby Book as a resource for nurses, Parent Coaches, and most importantly parents. The book contains educational materials for parents focused on pregnancy; childbirth; what to expect postpartum; breastfeeding; growth and development; and health and safety. Parents are encouraged to add pictures of their baby and track important developmental milestones, such as first smile and first steps. Finally, each section of the book gives mothers the opportunity to journal about their experiences and

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3 As described in the first year case study report, and as illustrated in Figure 2, nurses conduct the first postpartum home visit 72 hours after discharge from the hospital, while Parent Coaches work mostly in the field and visit mothers several times both prenatally and postpartum (Hill et al., 2011).
write down notes or questions for their Parent Coach. Second, Fenton also assisted MCH Access with its outreach efforts targeting providers by helping it develop a newsletter to be sent out to providers and staff. The first newsletter—titled, *Welcome Baby Summer 2012 Update*—briefly described the intervention and its goals, provided a mini-case study of the experiences of a client mother, and presented summary data on sources of *Welcome Baby!* referrals, and the program’s impact on breastfeeding rates and postpartum care. Unfortunately, only two newsletters were completed, as Fenton’s contract to create collateral materials for *Welcome Baby!* ended in 2012 (discussed more below).

As in past years, MCH Access managers continued to put an emphasis on outreach and retention of mothers in *Welcome Baby!* Outreach Specialists maintained their focus on reaching women prenatally during CHMC’s hospital tours for expectant mothers, baby shower events, and at prenatal provider clinics. The addition of a third Outreach Specialist allowed others to devote more time to developing new partnerships with private providers. Although these relationships haven’t had a huge impact on prenatal enrollment, they remain an important outreach tool. Overall, the acceptance rate for *Welcome Baby!* this year rose from 40 percent to almost 50 percent, reflecting increases in both prenatal and post-partum hospital recruitment. Prenatal recruitment now accounts for 41 percent of all enrollment, about one third of which comes from hospital presentations. This increase is particularly important for retention, as 56 percent of women recruited prenatally complete *Welcome Baby!*, while only 32 percent of those recruited after giving birth stay in the program through the final nine month visit. While some of this increase may be attributable to increased prenatal enrollment, staff at MCH Access also noted that CHMC’s hospital liaisons are now emphasizing at recruitment the program’s length and the importance and benefits of completing the entire *Welcome Baby!* curriculum.

At the request of F5LA, MCH Access continued to explore the extent to which its services might qualify for Medi-Cal Administrative Activities (MAA) matching funds.4 (F5LA is hoping to identify alternative sources of funding to help sustain *Welcome Baby!* in future years, based on projections that the growing cost of home visiting efforts under BSLA could surpass the entire F5LA budget by 2020.) MCH Access completed its time study and “mock” match exercise late in 2012, which resulted in disappointing findings. Specifically, they found that although nurses and Parent Coaches do talk to families about health coverage, sources of pediatric care, and necessary referrals for health services, the majority of their time spent with mothers does not focus on health issues. Thus, despite the fact that a large majority of *Welcome Baby!* mothers and infants are covered by Medi-Cal, only about 4 percent of *Welcome Baby!* services appear to qualify for Medi-Cal administrative matching funds. Despite this relatively small expected return, F5LA will likely require MCH Access (and all *Welcome Baby!* providers in the 13 other BSLA communities) to file for MAA matching funds in future years due to the critical need for additional sustainable sources of funding.

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4 The Title XIX statute allows Medicaid programs to pay administrative matching funds to providers and other entities for conducting activities “necessary…for the proper and efficient administration of the state (Medicaid) plan” per 42 Code of Federal Regulations (CFR) 433.15(b)(7).
Also during Year 4, MCH Access continued its effort to refine and improve the Data Collection and Reporting (DCAR) system by adding a prenatal outreach log that helps report, track and monitor improvements in prenatal outreach, as well as overall management reports, which staff had been manually pulling for years. Despite these improvements, F5LA ultimately decided in 2012 to replace DCAR with a new data system for use in future years across all BSLA communities. After testing various alternatives, F5LA chose one produced by a firm called Net Chemistry. Staff at MCH Access, who helped beta test Net Chemistry’s product, were excited by the flexibility and utility of the new database, as it will produce outcomes, as well as case management, data, neither of which were possible with DCAR. In addition, nurses and Parent Coaches will be provided tablet computers to use in the field for real time data entry into the database.

During the latter half of 2012 and first half of 2013, F5LA began in earnest its implementation of home visitation services in the other 13 BSLA communities. Not surprisingly, it has and will continue to enlist the assistance of MCH Access throughout this effort. A summary of how the Family Strengthening (home visitation) component of BSLA will be implemented across the 14 BSLA communities in Los Angeles County is presented below.

- Beginning in 2014, each community will implement a combination of home visiting interventions for new mothers—Welcome Baby! for the majority of women with low-to-medium risks, and Select Home Visiting (SHV) services for women with higher risk factors. (Women outside of the BSLA communities are also eligible to receive an initial Welcome Baby! visit, as well as three more engagement points.)

- In the past year, each BSLA community was charged with selecting at least one of four SHV models: Health Families America, Parents as Teachers, Safe Care, and Positive Parenting Practices. Several communities, including Metro LA, selected Healthy Families America—the model most similar Welcome Baby!—while the remaining communities selected either Parents as Teachers or Positive Parenting Practices. (None selected Safe Care.)

- To triage mothers into the home visiting program that best fits their level of need, all mothers will be screened by hospital liaisons using the Bridges for Newborns risk assessment tool. Mothers with higher risks will be placed in the chosen SHV model, while those with low- to moderate-risks will receive Welcome Baby!. F5LA chose to use the Bridges instrument because it had been successfully employed in Orange County for 10 years and seemed a quality tool.

- Up to 30 percent of the Best Start LA births will be eligible to be referred to SHV programs by the birthing hospital. Last year, F5LA identified 59 birthing hospitals in Los Angeles County, 24 that deliver at least eight percent of babies in any given Best Start community and are thus qualified to manage home visiting
services. Ten of those hospitals were approved by F5LA to begin operations in the coming year, with three more expected to apply in the near future. A majority of these hospitals—six of the ten—have chosen to run Welcome Baby! themselves, three will subcontract with community-based organizations to manage home visitation, and the remaining hospital has chosen a community-based organization to be the main contractor and fiscal agent.

- A separate Request for Qualifications was released to compile a list of agencies that are preapproved by F5LA to provide Welcome Baby! assistance to providers. In all, 15 organizations were found to be qualified. At the time of our visit, a Request for Proposals for organizations interested in operating one of the SHV models had not been released.\(^5\)

As mentioned, MCH Access has been closely involved in many aspects of this rollout of home visitation across BSLA communities. First, it is one of three primary contractors that F5LA will use to oversee implementation and ongoing operations: LA Best Babies Network will serve as the prime contractor managing home visitation across all hospitals; the Perinatal Advisory Council/Leadership Advocacy and Consultation (PAC-LAC) will serve as a subcontractor responsible for training and overseeing hospital liaisons that will implement the Bridges risk screen; and MCH Access will be the subcontractor responsible for training all new providers on the Welcome Baby! protocol, and then conducting quality assurance to ensure the fidelity of Welcome Baby! practices on an ongoing basis. The training work will represent a huge effort on the part of MCH Access, as it will require providers to complete between 170 and 180 hours of training, plus completion of certified lactations education training, and receive peer support from MCH Access coaches. Once implemented, MCH Access’ ongoing quality assurance activities will entail reviewing staff qualifications, sampling and reviewing case records, and shadowing home visits.

MCH Access was also asked to pilot test the Bridges risk assessment instrument for F5LA. In so doing, they learned that the tool would require some alterations to accurately assess the needs of mothers in Los Angeles. In particular, they found that the tool was biased toward detecting medical, rather than psycho-social, risks. Primarily this was due to “double barreled” questions that lumped together multiple psychosocial risks—such as child abuse and history of domestic violence, and multiple behavioral issues—so that they would receive fewer points on the risk score, relative to medical risks. Similarly, homelessness was not well accounted for in the instrument, and so would not accurately detect the risk it presents to mothers and their children in Los Angeles. At the time of our visit, MCH Access staff were piloting a modified Bridges for Newborns tool in advance to its implementation across the 14 communities.

In preparation for the implementation of SHVs in Metro LA, staff at MCH Access began assessing the risks of their current Welcome Baby! enrollees. Because the Bridges tool was not yet available, staff instead reviewed case files and notes from home visits to

\(^5\) Subsequent to the visit, an RFP was released, bids were submitted, and awards for organizations approved to operate SHV models were announced in July 2013.
identify a broad range of risk factors, including Medicaid enrollment status, medical and psychosocial risks, whether the child spent time in the NICU, maternal depression, and violence in the home (among others). After gathering a full year of data, the analysis yielded surprising results, namely, that the majority of clients living in Metro LA are among the lower risk clients enrolled in Welcome Baby! Specifically, only 12 percent of MCH Access’ current clients appeared to have risks that would qualify them for intensive SHV, and only about 30 percent of those lived within the boundaries of Metro LA. Thus, only about 4 percent of MCH Access’ current caseload would be able to access SHV services under the new model. The remaining 8 percent of high-risk mothers, mostly living in South LA, would not have access to SHV since they do not reside in a BSLA community. This was hugely concerning for MCH Access staff, who had hoped that a significant number of their current clients would be able to transfer to a more intensive SHV model in the upcoming year.

At this time, in addition to its current roles, MCH Access was considering bidding on additional Welcome Baby! contracts with hospitals in other BSLA communities. It was also considering competing to provide SHV services in Metro LA and, possibly, other BSLA communities.

B. Community Capacity Building

The two primary organizations working at the community level in Metro LA have been Para Los Niños (PLN), the “lead entity” working to support community strategies and facilitate change in the pilot community; and Special Service for Groups (SSG), hired to assist PLN with Community Based Action Research (CBAR) efforts in Metro LA.

PLN, a nonprofit family service organization, is responsible for mobilizing community members and stakeholders within Metro LA through the formation of the BSLA partnership among community agencies, providers and residents, and facilitating their process for developing community-level change. SSG—a multiservice organization that provides research and evaluation, technical assistance, and capacity building services to community-based organizations—was retained in 2010 to provide support to the Community Guidance Body’s mobilization effort by directing a Community Based Action Research (CBAR) project in the neighborhood. CBAR is a research method which entails engaging residents and others involved with the community in identifying and conducting research projects.

1. Recap: The First Three Years of Implementation

In the first year of BSLA implementation in Metro LA, PLN was off to a slow start and distracted by conflicts with other organizations in the community, leadership and staff turnover, and challenges engaging community members to get involved. However, PLN picked up steam over the next two years and began making substantial progress when it learned that active engagement of parents is the most critical and effective component of successful community mobilization. Soon thereafter, PLN was able to establish a
Community Guidance Body (CGB)—comprised of parents, residents, and community leaders in Metro LA—which is ultimately charged with leading the development of strategies for community action.

Over the past two years, the CGB has taken on more responsibility in developing and implementing community strategies, as PLN increasingly assumed the role of “neutral convener.” For instance, in 2011 and 2012 the CGB created four task forces including the: 1) Parent Task Force; 2) CBAR Task Force; 3) Communications Task Force; and 4) Training and Technical Assistance Task Force. Additionally, the CGB oversaw the funding of two rounds of “collaborative partner” grants with community organizations for short term education and neighborhood improvement projects in Metro LA.

Meanwhile, SSG worked closely with the CBAR Task Force to plan and implement a CBAR project. As noted in previous reports, El Institute de Educacion Popular del Sur de California (IDEPSCA)—a volunteer run nonprofit organization—was tasked to lead the CBAR project. Together with IDEPSCA, the CBAR Task Force and SSG evaluated the adequacy of child care centers in Metro LA by conducting focus groups with parents, interviews with childcare providers, and utilizing photovoice—a research method that allowed residents to share their point of view through pictures (Hill et al., 2011; Hill et al., 2011b).

Despite this progress, the third implementation year was not without challenges for PLN and the CGB, and their relationships with F5LA. Specifically, F5LA increased its involvement with the CGB by attending and participating in more meetings, leading to frustration and skepticism from both the CGB and PLN who questioned why F5LA needed to “look over their shoulders.” In addition, Metro LA was asked to adjust its scope of work and conform to new standards being imposed on the other 13 BSLA communities. Of particular concern was the requirement that Metro LA participate in a community needs assessment conducted by an outside contractor. This request was met with reluctance and frustration from parents and other CGB members who felt they had already done extensive research to determine the needs of their community. Furthermore, building off the findings of the needs assessment, Metro LA (along with the other 13 BSLA communities) was asked to develop a detailed Community Plan which would serve as a roadmap for all future community activities. That plan development, and the aftermath of its submission to F5LA, form the crux of Year 4 activities for the Metro LA community effort (Benatar et al, 2012).

2. Year 4 Activities—Metro LA Community Grows More Independent

During the late-summer of 2012, F5LA staff presented a summary preview of findings drawn from the BSLA communities’ Community Plans to a subset of the organization’s Commissioners. The presentation described examples of some of the activities and projects that BSLA communities wanted to undertake during the 2012/2013 fiscal year, with F5LA funding support. The presentation received a notably muted response from the Commissioners who felt that the proposed activities were not the kinds of things they envisioned for the place-based investment. The Commissioners’ then tasked F5LA staff with revisiting the BSLA logic model to determine if it was still appropriate for the
investment. And following this, staff decided to not share the full Community Plans with Commissioners.

Not surprisingly, CGB and other community members from Metro LA (not to mention those in the other 13 BSLA communities) were frustrated by this turn of events, as considerable time and effort had gone into Community Plan development. Furthermore, as months passed and little feedback was provided by F5LA staff to PLN or the CGB, this frustration grew. Indeed, community members described feeling that their efforts were in limbo, as no funding for the year had been extended and no permission to pursue planned activities had been granted.

Despite this difficult circumstance, however, parents and the CGB continued to meet and pursue their agenda to mobilize and improve their community. As described by one key informant, “tremendous activity and energy…in spite of F5LA…occurred over the course of the year.” For example, Metro LA’s CBAR project was finally completed; results were analyzed and written up by IDEPSCA volunteers and others involved in the project, and presentations were made to the community and to F5LA. SSG staff expressed significant admiration of this, describing how “…parents were fundamentally changed…” by this process; they were “very empowered, very confident, and thirsty to learn…”

As the year proceeded, Metro LA community members showed increasing independence from F5LA, “doing their own thing” (as one PLN member put it) as it became clear that funding and guidance from F5LA was not forthcoming, at least for the time being. In a new development, parents on the CGB and Parents Task Force got more actively and formally involved with six Neighborhood Leadership Groups (NLGs) that existed within Metro LA, taking part in their meetings, and planning and executing community projects on their own. For example, at Christmas time, one NLG raised donations to hold a toy drive for children. Later that winter, another NLG organized a food drive for disadvantaged families in their community. At the time of our visit, it was not entirely clear what the relationship was between the NLGs and the CGB (and PLN), nor how it would play out in the future. CGB members and PLN staff weren’t sure whether NLGs would be subsumed within the Metro LA community structure fostered by BSLA, or whether they would continue to operate separately. Regardless, as one F5LA staff person put it, “we can observe that we’ve accomplished our goal: community members are empowered and are mobilizing on their own!”

By spring 2013, it appeared that F5LA, PLN, and the CGB were making new progress on planning future activities. Yet another leadership change at PLN meant that the organization’s Chief Operations Officer was assuming responsibility for the F5LA contract and he expressed openness to moving things in a productive direction. F5LA staff, as well, were anxious to help PLN and the CGB in identifying ways that the community could use unspent monies from 2012 to support new activities. CGB members had developed a detailed list of proposed projects—including parent capacity building workshops focused on leadership, workforce development, policy and advocacy,
and family health—and F5LA was in the process of reviewing them at the time of our site visit.

C. Systems Change

One of the original goals of the BSLA investment was to achieve improvements at the systems-level, specifically by informing policies, practices, and infrastructure related to children ages zero to five and to support sustainable capacity building. During the first years of BSLA in Metro LA, the systems-level efforts that were launched included the:

- Design of a workforce development curriculum, led by ZERO TO THREE (ZTT);
- Technology assessment and design of an integrated data system to meet the needs of community residents and stakeholders, led by Parents Anonymous, Inc.;
- Promotion of Baby Friendly USA—hospital policies that encourage breastfeeding—facilitated by the Perinatal Advisory Council/Leadership Advocacy and Consultation (PAC-LAC); and
- Comprehensive branding and messaging of BSLA, led by Fenton Communications.

1. Recap: The First Three Years of Implementation

During the first year of implementation, the contractors leading these efforts had been independently making steady progress, but had reached a point where collaboration with the lead entity and/or other partners was required, but neither the CGB nor PLN were ready to participate (Hill et al., 2011). During the second year, the evaluation team identified a mix of continued progress, yet delays coordinating with other entities continued (Benatar et al., 2011; Hill et al., 2011).

By the third year of implementation, improving systems-level infrastructure became less of a priority focus of F5LA and several of the systems-level contracts in Metro LA had ended. For example, Parents Anonymous’ work concluded in 2011 after F5LA hired an outside consultant (Confluence) to assess its own and its contractors’ technology capabilities. Similarly, PAC-LAC’s work reached a reasonable conclusion in June 2011 after it developed a needs assessment tool to determine hospital readiness and helped F5LA select 16 hospitals to receive grants to support achievement of Baby Friendly certification. Meanwhile, ZTT made significant headway toward workforce development capacity building with an eye toward implementation in Metro LA and countywide but, by 2012, this work remained largely “on hold” and ZTT stood ready to assist F5LA in future years as BSLA prepared to roll out in the 13 new communities. Finally, Fenton Communications continued to be involved with producing collateral material for PLN and Welcome Baby! and worked closely with the CGB Communications Task Force and F5LA to develop a work plan for Metro LA that emphasized the need for capacity building around communications (Hill et al., 2011; Hill et al., 2011b; Benatar et al., 2012).
2. **Year 4 Activities—Continued De-Emphasis of Systems-Level Change, but Perhaps Not in the Future**

The effort to promote systems-level capacity and change continued to receive relatively less emphasis in *Metro LA* during Year 4, compared to BSLA’s other components. By spring 2012, Fenton Communications was the only remaining organization working on systems-level changes in *Metro LA*. Before its contract was set to expire in June 2012, Fenton had played an integral role in assisting MCH Access in the development of the *My Welcome Baby Book* and a newsletter (described above). F5LA extended Fenton’s contract past June, but changed the focus of its work from marketing BSLA broadly, to building communities’ communications capacity at the local level. With help from F5LA’s public affairs office, Fenton now provides support and training to parents so that they can describe and promote the Best Start LA “brand” and disseminating key messages about the initiative.

Still, this year’s site visit revealed that, in future years, systems-level investments may re-assume a more prominent role as BSLA continues to be rolled out county wide. F5LA officials remain committed to making sustainable, long-lasting changes at the system-, and not just the family- and community-, levels.

**IV. Lessons Learned**

Best Start LA’s fourth year of implementation in the *Metro LA* pilot community reveals that the investment has matured, that its family strengthening component can and will serve as the foundational component in the 13 new communities coming on line, that its community capacity building component has at least partially achieved its goals of parental empowerment and mobilization even in the face of numerous challenges and obstacles, and that its systems change component may yet play an important role as the investment is brought to scale. Specific lessons learned during the evaluation’s fourth site visit include:

- **Welcome Baby! home visiting remains the strongest, most tangible and reliable component of the Best Start LA investment.** It is hugely validating—to both F5LA and MCH Access—that this family strengthening effort has been so successful that it is now forming the foundation upon which home visitation services will be built in all 14 BSLA communities. Over the years, MCH Access has refined and perfected the model in *Metro LA* such that the organization will now lead the training of hospital and community-based organizations in how to implement the model in all the new BSLA communities, and also serve as the quality assurance contractor to ensure fidelity of the model over time.

Looking forward, F5LA’s new combined *Welcome Baby!/Select Home Visitation* model will no doubt require adjustment and fine tuning, as MCH Access’ analysis suggests that there may not be perfect overlap between BSLA-designated...
communities and significant presence of high-risk mothers. Still, the effort is building on a solid foundation as demonstrated in Metro LA.

- **Community capacity building, meanwhile, continues to represent a challenge for First 5 LA.** Year 4 witnessed what many stakeholders called a “betrayal of trust” by F5LA when it required communities to develop detailed Community Plans as a way of organizing their proposed work and budgets, and then decided to not submit these plans to F5LA Commissioners for review. In Metro LA, this led to frustration and a certain amount of “treading water” as the CGB and its task forces waited for funds and guidance that never came. In spite of this, parents and community members took the initiative to get involved with existing Neighborhood Leadership Groups and undertook activities such as toy and food drives to help their neighbors.

Despite uneven leadership from PLN and the setback surrounding the Community Plans, the Metro LA community can be viewed as more mobilized and empowered as a result of BSLA’s investment in such things as CBAR, and through its facilitation of the formation of the CGB and numerous action-oriented task forces. At this time, however, with the expiration of PLN’s contract as lead entity scheduled for 2014, community members expressed some concern over how F5LA would work with Metro LA in the future and whether it would continue to support efforts to build on the gains they had made.

- **Integration across components remains a challenge.** As has been reported in each year’s case study reports, BSLA’s individual components continue to work independently and have yet to achieve anything resembling integration. Each component, perhaps, represents such a significant level of effort in its own right, that it may be unreasonable to expect that they could blend and work with one another in a synergistic fashion, at least at this early stage.

One small indicator that things are moving in the right direction was seen in the fact that the senior manager at MCH Access who is responsible for administering Welcome Baby! was invited to join the CGB in Metro LA. Beyond attending its meetings and sharing information about its home visiting effort, however, this manager was not able to report any significant joint planning or work.

- **First 5 LA has learned a tremendous amount from its work in Metro LA and has incorporated that knowledge into plans and preparation for BSLA’s rollout in 13 new communities.** As mentioned, BSLA across Los Angeles County will build and expand upon the successful home visiting approach to family strengthening that was implemented in Metro LA. Further, F5LA has learned that community capacity building need not involve contracting with a “lead entity” (such as PLN in Metro LA)—which was described, in retrospect, as an unnecessary layer between F5LA and the community—and instead might be more effectively and efficiently carried out through the use of community “facilitators.” Systems-level investments, made early on in the pilot effort, may yet contribute to
BSLA’s overarching goals as the investment is extended across Los Angeles County.

What is less clear is whether F5LA is taking full advantage of lessons learned in Metro LA by sharing them with stakeholders in the other 13 BSLA communities. For example, one SSG official suggested that F5LA should consider having Metro LA’s CBAR Task Force members present their findings to members of other communities, so that they can learn from the pilot community’s effort. More broadly, members of F5LA’s Public Affairs department suggested that a conducting a workshop with representatives of all 14 BSLA communities to share lessons learned would be helpful and productive, but noted that such a workshop had not yet taken place.

- **Consistent and committed leadership at First 5 LA will be necessary as Best Start LA is brought to scale.** The annual rotation of the chairmanship of the F5LA Commission was identified as a challenge for BSLA’s long-term viability, as ever-changing priorities of chairs meant that the place-based investment fell in, and out of, favor at various points over the past four years. Stakeholders both within and outside of the organization were excited and optimistic, however, that F5LA’s new executive director would lend a steadier and stronger hand to the investment and keep it moving in a more consistent and positive direction in the years to come, even with changes in Commission leadership.

It is hoped that this detailed analysis of ongoing implementation of Best Start LA is helpful to First 5 LA officials and community members in both Metro LA and the 13 new BSLA communities as they implement their projects countywide.
References


# Appendix A: Key Informants Interviewed in Year 4

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<thead>
<tr>
<th>Informant Type</th>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>F5LA Administrator/Project Officer</td>
<td>Hayley Roper</td>
<td>F5LA</td>
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<td></td>
<td>Barbara Dubransky</td>
<td>F5LA</td>
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<td>Diana Careaga</td>
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<td></td>
<td>Melissa Franklin</td>
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<td>Alfredo Lee</td>
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<td></td>
<td>Leanne Negron</td>
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<td></td>
<td>Adam Freer</td>
<td>F5LA</td>
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<tr>
<td>BSLA Contractor/Provider</td>
<td>Aja Howell</td>
<td>Para Los Niños</td>
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<td></td>
<td>Brenda Aguilera</td>
<td>Para Los Niños</td>
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<td>Maria Aguilar</td>
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<td></td>
<td>Lynn Kersey</td>
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<td>Lilli McGuinness</td>
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<td></td>
<td>Sandra Hoffman</td>
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<tr>
<td></td>
<td>Raquel Trinidad</td>
<td>Special Service for Groups (SSG)</td>
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Appendix B:

BSLA Contractor/Provider Interview Protocol
BSLA Contractor/Provider Interview Protocol
Evaluation of Best Start LA Pilot Community

Key Informant Name: 
Title: 
Agency: 
Phone: 
Fax: 
email: 

Thanks very much for agreeing to meet with us. We are from the Urban Institute and we have been funded by First 5 LA to conduct an evaluation of the Best Start LA initiative in the Metro LA pilot community.

The evaluation design comprises both quantitative and qualitative activities; we are here as part of the case study component of the project. This is the fourth year of the evaluation and we are visiting Los Angeles to gather information about the ongoing implementation of BSLA. We are conducting interviews with a broad range of “key informants”—including program administrators and BSLA contractors and community partners—and will be conducting site visits annually to explore how well BSLA is meeting the needs of children and families in the Pilot Community. Based on the findings from this site visit, we will write and publish a case study report.

We have a series of questions that we would like to ask you over the next hour or so. You are not required to answer any question you do not feel comfortable answering. You will not be personally identified in any reports that we produce, nor will any comments you make be attributed to you without permission.

We may wish to include your name in a list of individuals who were interviewed for the report as thanks and acknowledgement for your participation. However, we will only include your name with prior consent from you.

Do you have any other questions about our project before we proceed?

Thanks again.
A. Background

We would like to begin with a few background questions.

1. Please describe your position, roles and responsibilities in this organization?
   - How long have you been in this position/with this organization?
   - Has your position or your role with regard to Best Start LA activities changed since last we spoke?

B. Pilot Community Characteristics

Now we would like to ask you some questions about the Pilot Community. We learned a lot about the Metro LA pilot community over the last three years, including:

- Substantial racial diversity, though largely Latino
- Four distinct neighborhoods (Pico Union, Koreatown, South LA and the Byzantine Latino Quarter)
- Densely populated
- Significant unmet need regarding mental health resources
- High rates of poverty, crime, domestic violence, asthma, obesity
- Insufficient affordable housing, green space, or access to fresh foods

1. Can you tell us whether any of these characteristics have changed over the last year? To your knowledge:
   - Have there been any shifts in demographics?
   - Have any new resources or providers entered the community?
   - Have any new challenges presented themselves to residents?
   - Has the community undergone any physical/built environment changes?
   - Anything else we should know about?

2. Can you point to any changes in the community that you believe have resulted from the launch of Best Start LA in Metro LA? Please describe.
   - What would you like to see in the Pilot Community in terms of programs and services?
C. BSLA Contractor/Provider: Implementation

Next we would like to spend some time discussing implementation of the BSLA activities you have been involved with.

1. When we last met with you, we learned that your organization’s role in Best Start LA involves:
   - Welcome Baby Home Visiting
   - Community Mobilization/Lead Entity
   - Community Based Action Research

We also spoke at length with you about your Year 3 activities and the progress that you had made. In short, you told us:

- **MCHA:**
  - Served the 2000\textsuperscript{th} client, expecting to reach 3000 this year
  - Continued to employ 2.5 full time nurses and 15 parent coaches, but were hoping to hire additional staff
  - Increased outreach efforts by hiring a second outreach specialist to put more focus on prenatal recruitment
  - Requested additional home visits at 6-and 12-months that were not approved by First 5 LA
  - Explored new funding sources (Medi-Cal Administrative Activities)
  - Worked on adjusting DCAR system

- **PLN:**
  - Experienced more turnover in PLN leadership
  - Developed a community needs assessment for Metro LA
  - Discussed PLN’s role as fiscal agent changing to bring Metro LA in line with 13 other communities
  - Created four task forces through the CGB, including Parent, CBAR, Communications, and Training and Technical Assistance
  - Gave more control to CGB to implement community plan
  - Funded second round of collaborative partner grants

- **SSG:**
  - Chose IDEPSCA to take lead on CBAR project that would evaluate adequacy of child care centers in the community

Does that summary sound about right, or is there anything you would add?
2. Let’s now turn to your activities during this past year. Since we last spoke with you:

- Can you describe in detail what activities you’ve been involved with over the last year?

- In particular,

  o **MCHA**:
    - Were you able to increase and improve your prenatal outreach efforts?
    - Have you hired any new nursing staff to increase capacity?
    - What steps have you taken to improve the drop-off rates at 72 hours?
    - Were you able to find any new sources of funding?
    - What progress has been made on the Data Collection and Reporting (DCAR) system?

  o **PLN**:
    - What progress was made by the CGB on developing and implementing the community plan?
    - Have you taken any steps to make the CGB taskforces sustainable?
    - Tell us about how the second round of Collaborative Partner Grants went. Are there any plans to offer a third round of grants in the future?

- Did you find yourself needing to change plans along the way, or needing to make “mid-course corrections”? If so, can you provide a few examples?

3. How receptive have community members in the Pilot Community been to the services or activities you offer?

- Do they understand what BSLA is trying to accomplish?
- Do they seem open and accepting of help?
- Have you observed any reluctance to use the services or activities you are offering? Why do you think this might be the case?

4. Over the past year, have you had any experiences with other BSLA partners (Para Los Niños, Hope Street Maternal Child Health Access, etc.)? Please describe those experiences and relationships.
Previously, many contractors felt like the various components of BSLA were “siloed” or operating apart from one another. Do you think that is still the case?

If yes, why do you think that lack of integration persists?

If no, how are the efforts of the various partners more integrated than before?

Do you have any thoughts on how integration among the partners and their work can be improved?

5. Let’s consider and discuss your progress over the past year.

What would you say have been your major achievements this past year?

What’s gone particularly well, in terms of your implementation efforts this past year? What factors played into or facilitated this “success”?

What have been the most challenging aspects of your work this past year? What, if anything, has gotten in the way of your progress?

How have you tried to overcome these challenges? Have you been successful?

Have your work and interactions with First 5 LA changed over the last year? If so, how? What impact has that had on your work?

6. Do you have any reports and/or data that you can share with us on the number of families and/or children you have assisted or been involved with?

D. Lessons Learned

We would like to conclude by asking you a series of questions regarding “lessons learned” related to the broader BSLA investment.

1. Overall, how would you describe the ongoing implementation of Best Start LA in Metro LA as a whole?

   - Has it been going well, or have there been some problems?
   - Have you seen a change in the pace or success or implementation over the past year?
   - What factors have facilitated implementation?
   - What factors are inhibiting implementation?

2. What would you say have been the greatest successes of BSLA in Metro LA, thus far?

3. What would you say have been the key shortcomings of BSLA in Metro LA, thus far?
4. What is your impression of the impact the program is having on children and families, at this early stage of implementation? Is any particular component of the program making this impact?

5. What is your impression of the impact the project is having on the community? Which components of BSLA are having this impact?

6. What is your impression of the impact it is having on broader policies and systems for children and families, generally? Is any particular component having significant impact in this area?

7. Do you think the goals of the First 5 LA Commission are being met through the Best Start LA investment? How so?

8. Do you feel like the services or activities you are developing/implementing are the “right” ones for families and the community?
   - If not, why not?
   - What is missing?

9. Looking back, would you do anything differently? What?

10. Looking forward, what would you like to see happen to improve Best Start LA services and outcomes for children/families in Metro LA?

11. What lessons have been learned in Metro LA that you think could be helpful in the 13 new Best Start LA communities?
   - What do you think should be replicated in subsequent BSLA communities?
   - What do you think could be done differently?

Thanks so much for your time!
Appendix C:

First 5 LA Administrator/Project Officer Interview Protocol
Key Informant Name:  
Title:  
Agency:  

Phone:  
Fax:  
email:  

Thank you very much for agreeing to meet with us. We are from the Urban Institute and we have been funded by First 5 LA to conduct an evaluation of the Best Start LA initiative in the Metro LA pilot community.

The evaluation design comprises both quantitative and qualitative activities; we are here as part of the case study component of the project. This is the fourth year of the evaluation and we are visiting Los Angeles to gather information about the ongoing implementation of BSLA. We will conduct interviews with a broad range of “key informants”—including program administrators and BSLA contractors and community partners. We are conducting site visits annually to explore how well BSLA is meeting the needs of children and families in the Pilot Community. Based on the findings from this site visit, we will write and publish a case study report.

We have a series of questions that we would like to ask you over the next hour or so. You are not required to answer any question you do not feel comfortable answering. You will not be personally identified in any reports that we produce, nor will any comments you make be attributed to you without permission.

We may wish to include your name in a list of individuals who were interviewed for the report as thanks and acknowledgement for your participation. However, we will only include your name with prior consent from you.

Do you have any other questions about our project before we proceed?

Thanks again.
A. Background

We would like to begin with a few background questions.

1. Please describe your position at F5LA? What component of Best Start LA do you oversee? Has your role changed since last year (or since initial implementation of Best Start LA in Metro LA)?

B. BSLA History

1. During the first year of our evaluation, we learned about how the BSLA initiative took shape and the impetus for First 5 LA’s movement toward place-based investments. Last year, we learned that BSLA’s “system-level” activities had been de-emphasized and contractors (like ZTT, Parents Anonymous, and PAC-LAC) did not have their contracts renewed. More recently, we’ve heard that “community level” activities have also come under scrutiny, as focus on the more tangible home visiting component of BSLA gained prominence.

Against that backdrop, can you provide us with a general overview of how things have been going since we last spoke?

- What have been the investment’s most notable advances?
- Have there been any particular challenges or setbacks?

2. What is the latest news with regard to First 5 LA’s plan to roll out Best Start LA in 13 other communities?

- What is the current status of this plan?
- What communities have made progress?
- In what ways are these communities similar to, or different from, Metro LA?
- How do their strategies differ from those of Metro LA?

C. Pilot Community Characteristics

Now we would like to ask you some questions about the Pilot Community. During our first three years of case studies, we learned a lot about the characteristics of the Metro LA pilot community, including:

- Substantial racial diversity, though largely Latino
- Four distinct neighborhoods (Pico Union, Koreatown, South LA and the Byzantine Latino Quarter)
- Densely populated
- Significant unmet need regarding mental health resources
- High rates of poverty, crime, domestic violence, asthma, obesity
• Insufficient affordable housing, green space, or access to fresh foods

3. Can you tell us whether any of these characteristics have changed over the last year? To your knowledge:

• Have there been any shifts in demographics?
• Have any new resources or providers entered the community?
• Have any new challenges presented themselves to residents?
• Has the community undergone any physical/built environment changes?
• Anything else we should know about?

4. Have there been any changes in the community that you believe have resulted from the launch of Best Start LA in Metro LA? Please describe.

• What would you like to see in the Pilot Community in terms of programs and services?

D. F5LA Administration/Project Officer: Implementation

Next we’d like to talk about the ongoing implementation of BSLA activities.

1. A moment ago, you told us that you were involved with the BSLA component called:

• Welcome Baby Home Visiting
• Community Mobilization/Lead Entity
• Community Based Action Research
• Marketing/Branding of the BSLA Message

a. Can you briefly recap for us the goal of this BSLA component?

b. Has the goal of this component changed or evolved since the inception of BSLA? Over the past year?

Interviewer notes: We know that the organization(s) that received the contract for this BSLA component is/are:

- California Hospital Medical Center and MCHA (Welcome Baby Home Visiting)
- PLN (Community Mobilization)
- SSG (CBAR)
- Fenton Communications
We also learned that their primary responsibilities involve:

- **California Hospital Medical Center and MCHA**: Managing the home visiting program, including the recruitment and implementation of Welcome Baby!

- **Para Los Niños**: Facilitating community mobilization and change in Metro LA, and providing support for community strategies planning and implementation.

- **SSG**: Assisting Para Los Niños with the Community Based Action Research (CBAR) efforts

- **Fenton Communications**: Marketing and public relations support and materials for Best Start LA in Metro LA and county wide, and managing the overall communications strategy

And that during Years 1, 2, and 3 of BSLA in Metro LA, they had made the following progress:

- **MCHA**:
  - Provided nurse and parent coach visits to over 2000 clients
  - Recommended and implemented changes to the Welcome Baby! protocol
  - Improved outreach efforts by hiring two outreach specialists to help increase their prenatal recruitment efforts
  - Explored new funding options
  - Worked on the Data Collection and Reporting (DCAR) system

- **Para Los Niños**
  - Established the Community Guidance Body comprised of parents, residents and community leaders in Metro LA
  - Developed a community needs assessment in Metro LA
  - Discussed PLN’s role as fiscal agent changing to be more in line with 13 Best Start communities
  - Supported CGB in development of four task forces
  - Oversaw the grant process for two years of mini-grants supporting community improvement strategies

- **SSG**
  - Assisted CGB in planning and implementing CBAR project
  - IDEPSCA took the lead on the CBAR project to evaluate adequacy of child care centers in the community

- **Fenton Communications**
• Developed a communications work plan with CGB communications taskforce and First 5 LA emphasizing the need for capacity building around communications
• Produced collateral material for First 5 LA and Welcome Baby!

• Does all that sound right to you? Have we left any contractor, or any activity, out of that summary?

2. Okay, let’s now turn to this past year (since our last site visit in April 2012). Tell us about what this contractor has been up to during the last year?

• Can you describe their Year 4 responsibilities/scope of work, and what goals were set for the organization?
• Can you describe the activities they’ve been engaged in, and the progress they’ve made during this past year?
• Have any particular challenges been encountered that held up their progress?
• In what ways have they been successful in meeting their goals? What do you believe influenced that success?
• Have there been any changes to plans? Have you made any mid-course corrections? If so, what were they?

3. Are activities of this contractor coordinated with some of the other BSLA contractors and partner organizations? With which contractors?

• How successful have these coordination activities been?
• Has their work been delayed at all, because of delays experienced by other contractors?
• Or have their own delays affected the progress of other contractors?

4. Are the activities of this contractor influencing how BSLA is being planned or implemented in any of the other 13 BSLA communities?

• Is the contractor working directly with any other communities?
• Is the contractor consulting with other contractors in those communities?
• What kind of influence is the contractor having on how BSLA is taking shape elsewhere in Los Angeles County?

5. Overall, how has Year 4 implementation gone for the BSLA component that you oversee?

• Is implementation on schedule? Have there been any delays?
• What were some factors facilitating or inhibiting advancement of this activity?
E. Lessons Learned

We would like to conclude by asking you a series of questions regarding “lessons learned” related to the broader BSLA investment.

1. Overall, how would you describe the ongoing implementation of Best Start in Metro LA as a whole?
   a. Has it been going well, or have there been some problems?
   b. What factors have facilitated implementation?
   c. What factors are inhibiting implementation?

2. What would you say have been the greatest successes of Best Start in Metro LA, thus far?

3. What would you say have been the key shortcomings or “failures” of Best Start in Metro LA, to date?

4. Overall, what is your impression of the impact the project is having on children and families in the community?

5. What is your impression of the impact it is having on the community itself?

6. What is your impression of the impact it is having on broader policies and systems for children and families, generally?

7. Do you think the goals of the First 5 LA Commission are being met through the Best Start LA investment? Why? Why not?

8. Do you feel like the strategies or activities the project partners are developing/implementing are the “right” ones for families and the community?

9. If not, why not? What is missing?

10. Looking back, would you do anything differently? What?

11. Looking forward, what would you like to see happen to improve Best Start LA strategies or activities and outcomes for children/families in the Pilot Community?

12. What specific lessons have been learned in Metro LA that you think could be most helpful in the 13 new Best Start LA communities?