FIRST 5 LA
Community-Developed Initiatives

LARGE GRANTS Evaluation

First Year Report
January, 2005

Submitted by:
Semics, LLC
3121 W. Temple St. Los Angeles, CA 90026
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Executive Summary
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EXECUTIVE SUMMARY

In its FY 2001-2004 Strategic Plan, First 5 LA stated that its mission with respect to the funds generated from the enactment of California’s Proposition 10 was to “enhance the lives of expectant parents, children from the prenatal stage up to age five and their families.” A specific focus of this mission was identified as “School Readiness,” a desire to ensure that all children, regardless of their background or socioeconomic status, would have an equal opportunity to enter school prepared to optimize the educational experience.

First 5 LA’s intent was expressed in terms of playing the role of a “partner” to agencies providing services to children 0—5 and their families: Promoting new services, improving existing ones and generally enhancing their capacity to serve their constituents.

Community-Developed Initiatives, or CDI, was one funding approach to accomplish the Commission’s goals. CDI was designed to “provide opportunities for stakeholders” to propose their own projects or programs, consistent with the Commission’s goals and objectives. The premise behind the CDI was that “members of individual communities are best suited to understanding the needs of their neighborhoods, and are likewise the best suited to devise ways to address those needs.” By providing agencies that are on the front line of addressing the needs of the target population an opportunity to propose their own projects, First 5 LA would be able to obtain a grass-roots picture of the needs, as perceived by the agencies themselves, as well as to support and monitor the extent to which proposed efforts address those needs.

Over three cycles of funding, this approach resulted in 54 “large grants” being awarded to a variety of organizations to address an array of needs and problems associated with improving the well-being, in general, and school readiness, in particular, of First 5 LA’s target population of Los Angeles County – under-five-year-old children. Additionally, several hundred “small grants” were awarded to smaller agencies to increase their capacity to serve that population.

In September, 2003, Semics, LLC, (“Semics”) was contracted to conduct an “initiative-wide” evaluation of CDI, to be completed over a three-year period. This report on the first year of that evaluation aims to provide CDI stakeholders with information, based on the results of First 5 LA’s funding efforts, which can shed light on and be used to improve the system of support and the resources available for LA County’s children 0—5 and their families.
For a variety of reasons, evaluating CDI differs from an evaluation of an initiative targeted at a specific problem or focused on a specific goal. Given the nature of CDI, the initiative-wide evaluation is not intended to monitor progress towards achieving a single specific objective, to identify causal relationships between project activities and outcomes or to determine whether one approach to addressing a particular need is more effective than another. Further, it is not possible to present aggregated final data for all projects since some grant periods extend beyond this evaluation. Rather, the evaluation of CDI employs qualitative data collection and analysis techniques with regard to CDI-funded projects as a group. The objective of this evaluation is to determine how the experience of CDI grantees, in all their diversity, can contribute to a deeper understanding of the effects of project activities funded by First 5 LA in general on three critical types of outcomes: changes in the members of the age cohort focus of activities funded by First 5 LA (the target population), changes in the organizations that service that population, and changes in the mechanisms and methodologies designed to deliver those services. Using this approach, the CDI evaluation is intended to elicit and facilitate various types of learning that can be derived from this open-ended solicitation approach to funding (contrasted with a Commission-driven initiative with a singular goal or focus).

Key Emerging Findings

- **Grantees’ Profile**
  
  As of July 2003, 54 agencies had been selected for three cycles of funding: 17 in Cycle 1, 20 in Cycle 2 and 17 in Cycle 3, for a total allocation of approximately $70 million. Grant awards ranged from $50,000 for a one-year project to a high of $5 million distributed over five years. The average grant amount was approximately $1.6 million, and the average grant period was approximately four years. The average total yearly allocation is approximately $22 million. The majority of the projects (53.7%) are five-year efforts. Each project in the latter category received an average total allocation of slightly more than $2.1 million. These 29 projects account for 72.2% of the total CDI allocation. Average annual funding per project ranged from approximately $350,000 for two year projects to more than $420,000 for five year efforts.

  Grants were more or less evenly distributed to grantees across Service Planning Areas (SPAs), and many grantees provide services across SPA boundaries. Nearly all applicants addressed more than one outcome area and circle of influence, and grantees tended to fall into broad intervention categories that encompass Provider/Training Education; Child Care Quality; Safety/Health/Mental Health; Literacy; and Special Needs (see chart on next page). The majority of CDI grantees are addressing needs related to one or more of the three goal areas in the Next Five Strategic Plan (early child learning, health and safety).
• **Level of Participation**
The following information applies to Cycle 1 grantees in CDI, the only cohort to have completed one full year of project operations by the ending point in which data on the CDI evaluation’s first year could be compiled (August 2004). As of August 2004, Cycle 1 grantees had reached 76,113 people. Fifty-seven percent (or 43,174) of the population reached were children, 42% (or 32,167) were families and 1% (or 772) were providers/other. (The providers/other category mostly includes child care providers and early childhood educators.) Based on a study of available reports, the majority of Cycle 1 grantees (80%) that had progress reports ending in August 2004 and served children either reached or exceeded their proposed targeted number of children for the year. Similarly, a majority of Cycle 1 grantees through August 2004 that were serving families had nearly reached, reached, or exceeded their proposed targeted number of families for the year.

• **The Learning Exchange**
Semics convened the Learning Exchange three times during 2004 to help provide grantee support and to further the data-gathering aims of the CDI evaluation. The Learning Exchange fulfilled several interrelated functions: linking providers, encouraging peer assistance, reflecting on (and learning from) other grantees’ experiences, and collecting data for the CDI evaluation regarding ways in which the early children’s services infrastructure is changing as a result of CDI funding, among other factors. A number of grantees saw the Learning Exchanges as an opportunity to harness the diversity of projects and people involved in the CDI in order to
develop new ways to work together and learn from one another in serving communities in Los Angeles County. One grantee’s staff representative at the Learning Exchange commented that he was interested in seeing “stories of transformation in communities, and not just data about activities.”

Others highlighted a desire to address areas of broad interest: effective project implementation and management practices among grantees, planning and conducting program evaluations (particularly in light of First 5 LA’s expectations), and other CDI programs’ experience with implementation (e.g., success stories, implementation strategies, progress, problem-solving, and opportunities for collaboration). Other topics cited: the role of the initiative-wide evaluation, leadership issues (e.g., visioning and decision-making), and addressing sustainability issues (including ways to obtain more funding). Grantees were particularly interested in finding new ways to share resources, share technical expertise and tools like reports, evaluations, grant-writing, and in reducing duplication of services within SPAs and in exploring the expansion of services to groups not being served.

• **Community Engagement**

Semics collected data from grantees and project participants on the topic of program participant outreach during Year One of the CDI evaluation. In addressing this topic, Semics sought to identify and explore the factors frequently associated with the grantees’ ability to achieve a desired level of project participation, as gleaned from direct observation and reflection on the experiences of CDI grantees during the year.

Following is an inventory of factors that emerged from Semics’ inquiry with CDI grantees as important contributors to the achievement of desired participation levels in CDI funded projects (such as parenting, health care, literacy and special needs classes). Broadly speaking, grantees’ concerns largely clustered around the ways in which one or more of the items listed above were being tackled in their projects:

- Incentives for participants to join, and stay, with the project.
- Cross-cultural awareness/communication (“speaking participants’ language”).
- Adaptability to participants’ needs and expectations (dialogic modes of interaction).
- Awareness of broader life situation and community context of participants, and that needs/problems addressed by CDI grantee are only one part.
Investment in long term relationships with participants.
Ability to understand correctly, participants’ needs.
Commitment to staying on course with participants through to the end of a (sometimes tumultuous) process of change in behavior, skills, or health status.
Networking with peer providers who are working with the same target population.
Dealing with the impacts of demographic or political shifts in their service territories.

During the year, Semics also interviewed or directly observed a range of participants in a number of projects to gain an initial understanding of reasons why they chose to access CDI-funded services. This exercise revealed a broad finding that participants are generally interested in grantees’ services with a view to gaining new options, opportunities and alternatives in addressing a specific need or problem (whether participants are provider organizations, parents or children) not previously accessible. Those options can enable them to reach forward and move to a new, desired position or standing relative to the time pre-CDI — as they define it. This latter objective, and that of enabling people to exercise new choices in ways that bring them to a new and preferred position as a result of meeting a critical need, is what many CDI grantees say “adds value” as they provide services to participants.

**Capacity Building**

Semics looked at three broad “system building effects” of CDI that appeared to advance the CDI objective of supporting innovations and improvements in service delivery. The three forms of change were located in the grantees’ organizations, system delivery mechanisms, and patterns of collaboration.

First, changes reported by grantees with respect to their own organizations included both brick-and-mortar changes (expanding operational capabilities, implementation of new administrative systems, service integration, re-tooling of program evaluation) and intangible, quiet transformations (broadening of vision for the organization as a result of CDI program performance, higher staff morale, and attaining a new “status” or level of recognition in the provider community). While some grantees found that their experience was positive, others encountered difficulties along the way and sought to use these challenges to help them improve their projects.
Changes reported by CDI grantees as favorable and helpful to their growth and improvement as organizations:

- More flexibility in managing operations as the CDI project grew;
- More savvy in negotiating bureaucratic requirements and securing approvals;
- Adoption of more systematic and formal administrative and communication procedures in order to meet compliance requirements;
- More formal evaluation methods – enhancing communication and reporting and boosting staff morale;
- Attaining recognition, or a higher status;
- Seeing one’s vision of what children are capable of doing expanded greatly, thus motivating development of a new plan to take services “to the next level.”

Changes reported by CDI grantees as “reality checks” that were hampering their desired progress or raised questions about how best to follow through:

- One project manager was dismayed at the need to navigate political pressure from community stakeholder groups demanding “early” results when the real impacts on participants could not be ascertained for a few more years and it was not yet clear what the most appropriate performance measures were;
- At least two grantees reported delays in project implementation related to bureaucratic barriers – in these cases, collaborating project partners’ strict policies on paying key personnel or contractors;
- In one project, new tensions were created when management staff in other departments of the grantee organization felt threatened by the introduction of the CDI-funded intervention based on “turf” issues.
- A few CDI-funded projects lay outside of their organizations’ core mission or intervention and, as such, left open the risk that, in the event they do not “take hold” before the end of their CDI funding, they could become marginal to the grantees’ long term goals.

One grantee observed that running a CDI project that is part of a large institution has a “double-edge.” On the positive side, institutional anchoring can contribute to the stature and credibility of a project, enabling it to attract media attention, participants and possibly additional funding. But to do well in this context, project managers need to know how to navigate bureaucracy, identify and secure necessary approvals and clearances, and proactively use institution resources to the project’s advantage.
Semics observed that projects lodged in community-based organizations (large or small) can generate a “capacity surge” in which a large and rapid increase of resources, and associated program commitments, are taken on board all at once. How this rapid growth is managed can often “make or break” project success and can either help, or hamper, the host organization.

The second form of systems change, pertaining to service delivery mechanisms, typically is focused on instituting new practices, procedures or policies consistent with a program’s design in order to optimize its resources, leverage better results (as defined by the grantee), reach a new population, or some combination of these. Semics’ observation of specific cases where service delivery changes were apparent (including PHFE-WIC, UCLA, Shields and The Help Group) suggested that these changes find expression particularly in processes of revamping services to achieve a dramatically new quality standard (or outcome), or of altering design of services for populations with special needs.

Third, Semics began an examination of both informal and formal mechanisms of collaboration among CDI grantees in an effort to better understand what difference “collaboration” per se makes in terms of capacity, sustainability and quality of services provided. A close look at one such case, Pasadena Collaborative Literacy Project, reveals the potential of collaboration in CDI to coordinate delivery of a multi-faceted intervention involving several providers focusing on meeting a specific need. It also reveals the need for clear definition early in the process of each party’s roles and responsibilities as well as clear “rules of the road” to maintain a strong level of voluntary participation from each member, and access to clients, over time.

In general, it is too early to tell precisely what the connection is between building a better service delivery system and achieving stronger child/family outcomes in CDI. However, one hint in the evaluation’s first year was that evaluation focused on learning from project experiences can, in certain instances, set off a cascading chain of events that may, in turn, lead to better outcomes. South Central LAMP indicated that First 5 LA’s willingness to allow a flexible approach to evaluation and reporting on its project outcomes was very beneficial to the organization. Specifically, LAMP used an anecdotal rather than purely quantitative approach to evaluation which gave the grantee staff freedom to go beyond “hitting targets” and focus on transformative experiences of participants. This approach gave staff a greater capacity to find value in the implementation process, in turn allowing them to convey positive feelings about the project to parents and children. One of LAMP’s parenting classes saw a 70% retention rate during the year – a strong showing in light of the life circumstances which many participants are facing.
Project Implementation Issues

Semics’ analysis of data collected from CDI grantees in Year One revealed a constellation of issues tied to the design and implementation of grantees’ projects. These issues had to do either with the specific processes involved in executing the projects, or the content of grantees’ interventions on behalf of children 0–5 and their families. Semics’ objective was to mine these issues as potential foundations for learning. They include preschool capacity development, mobile service vehicles and outreach, facility construction, cultural fluency, and the role of “free play.” The grantees’ experiences with regard to these issues shed light on some factors in project design and implementation that need to be considered carefully not only in implementing projects, but also in creating or managing a funding process involving projects of the same kind, whether CDI or others.

Implications of Emerging Findings

As a whole, CDI offers an unique opportunity for First 5 LA to probe the experiences of grantees within their areas of expertise for the key factors that need to be taken into account in assessing the quality and viability of their interventions. In addition, the inter-woven character of services provided by the CDI grantees individually and collectively creates and reinforces a delivery system cutting across communities, goal areas and discrete dimensions of multi-faceted problems. The hallmarks of CDI’s core contribution to First 5 LA’s mission lies in the following characteristics:

• Enabling communities to identify and address needs which they define, using interventions which they design;
• Supporting the emergence of new and exciting ideas;
• Creating an environment conducive to trial-and-error learning; and
• Leveraging community resources in ways that lead to multiplier effects, is perhaps its core contribution among First 5 LA’s funding initiatives.

Along with contributions come challenges associated with CDI. First, as noted earlier, CDI’s site-specific outcomes cannot be aggregated, so it is difficult to know, and measure the precise impacts of the grantees at the level of children 0–5 and their families. Second, the absence of a specific funding commitment from First 5 LA to grantees beyond the current CDI grant makes it difficult for some grantees to know how they will continue the same level or quality of services or tracking of participant impacts. First 5 LA is now encouraging CDI grantees to think ahead about funding in the hope that these projects will continue operating and outcomes will be sustained. Because the sustainability of these investments is not assured, it remains to be seen whether and how First 5 LA will know the long-range results it has sought to achieve through CDI after the CDI funding has expired.
Yet, there may be opportunities to build on the record of CDI within the bounds of First 5 LA’s current funding initiatives. Semics has identified connections between the CDI initial evaluation findings and the Next Five Strategic Plan. Those connecting points are the Next Five goal areas, strategies, and funding approaches. With regard to the Next Five goal areas of health, early learning, and safety, CDI contains a collection of grantees with interventions that may reveal those factors that are conducive to achieving First 5 LA’s desired program outcomes. On strategies, First 5 LA aims to support the achievement of outcomes in three primary goal areas for children 0—5 (health, early learning, safety of children and families) through the use of four strategies: capacity building, sustainability, system improvement, and accountability. Semics believes that the experiences of CDI grantees in implementing their projects can inform ways in which these strategies are conceptualized and operationalized by First 5 LA. For example, in the case of capacity building, the CDI evaluation initial findings provide both support and possible guidance to First 5 LA in the development of resource networks for families and neighborhoods.

For sustainability, examining the experience of CDI-funded projects where collaboration is a critical component may shed light on factors that contribute to effectiveness in service integration, leveraging results by combining agency resources in pursuit of a shared goal, or securing agencies’ access to clients. CDI grantees’ community outreach practices and challenges may also be a source of relevant information in leveraging social capital. Lastly, changes in grantees’ organizations and service delivery mechanisms are anticipated to suggest specific ways in which “systems change” is linked to sustainability of organizations and projects.

With regard to systems improvement, the CDI Learning Exchange provides one type of support system for a process of learning, focused on grantees. First 5 LA’s experience with the CDI Learning Exchange can be referenced as a kind of test case for setting up family-centered resource networks (some translation is necessary since the CDI Learning Exchange focuses on grantees). Despite different audiences, the needs of members and the objectives in these two contexts hold much in common such as optimizing resources, transferring skills, and enabling participating agencies to meet their commitments to achieving desired results.

On the issue of funding approaches, Semics believes that emerging findings of the CDI evaluation are relevant to both the targeted and universal funding approaches being considered or implemented by First 5 LA in the context of the Next Five Plan. For targeted approaches, First 5 LA may want to draw on emerging data about service collaboratives funded in CDI such as Child Care Information Service (CCIS) (in Pasadena) and Child Health Works, a project involving Children’s Hospital and
USC. While these collaboratives are in important ways different from targeted funding structures, they nevertheless may constitute embryonic examples of the potential, and problems, associated with targeted funding in non-CDI funding initiatives.

In the case of universal funding approaches, the CDI evaluation findings are relevant in two ways. First, data regarding community engagement and culturally sensitive outreach practices of CDI grantees may inform the need, and requirements, for significant adaptability in the application of universal programs to a single problem that is spread across vastly different communities in LA County. Second, universal funding will unavoidably intersect in countless ways with the complex and interconnected ecology of services that already exists for 0—5 children and their families in LA County. To the degree that universal approaches will be working within this ecology, it will be instructive to consider the role and value of support for new system building and community building activities that resonate with the experiences of grantees in CDI — particularly given that such experiences may contribute in significant ways to long term system performance.

**CDI Evaluation: Year Two**

Semics has designed an action program for data collection and analysis in Year Two that focuses on building on the findings and implications of Year One while adhering to the main thrust of the original scope of work for the CDI evaluation.

Six principal work streams have been put into effect for Year Two, each with its own objectives. They are:

1. Systematically examining CDI target population effects;
2. Going deeper in tracking, describing, and analyzing CDI capacity/system building effects;
3. Probing first year findings on programmatic interventions through a newly inaugurated series of “special topic” focus groups;
4. Convening three new Learning Exchange meetings with new topics (e.g. project evaluation, engaging target populations, and showcasing grantee successes);
5. Conducting an analysis of grantees whose contracts have ended or are set to end during 2005; and
6. Meeting periodically with First 5 LA to link emerging findings of the CDI evaluation to current operations and to First 5 LA’s new policy and program directions, with reference particularly to implementing the Next Five Strategic Plan.
Introduction & Historical Background
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INTRODUCTION

Community-Developed Initiatives (‘CDI’) is one of the core funding approaches adopted by First 5 LA in its 2001-2004 Strategic Plan. In September, 2003, Semics, LLC, (“Semics”) was contracted to conduct an “initiative-wide” evaluation of CDI, to be completed over a three-year period. This report describes the results of the first year’s efforts with respect to the evaluation of Large Grants CDI. (A final report of the evaluation of Cycle 1 of the Small Grants CDI has been submitted separately, and Semics is in process of evaluating subsequent Small Grants CDI cycles.) The aim of this evaluation is to provide CDI stakeholders with information, based on the results of First 5 LA’s funding efforts for Large Grantees, which can shed light on and be used to improve the system of support and the resources available for LA County’s children 0–5 and their families.

As noted by the Commission:

The CDI, as an initiative, is very difficult to evaluate considering this particular initiative does not move the Commission toward a specific objective. There are various projects trying to change the community, families and children along different outcome areas in different regions. This is definitely an evaluation challenge although it is also believed that this is an opportunity to understand more about the interactions between the projects, the communities these projects are in, and also the relationship between the agencies and the mechanisms they use to get those outcomes.¹

As noted further by one staff director at First 5 LA:

The CDI is an unique part of First 5 LA’s funding portfolio. Compared to other initiatives, it is very broad….But this means that [what we learn from CDI] can also be broadly applied.²

¹ Source: First 5 LA Meeting Minutes, April 10, 2003, p. 3. (emphasis added).
² Quoted from discussion between Semics staff and First 5 LA staff on July 1, 2004.
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HISTORICAL BACKGROUND

Roots of First 5 LA

First 5 LA was established following the passage by California voters of Proposition 10: The California Children and Families First Act of 1998, which levied a tax on tobacco products sold in the State of California. Proceeds were to be used for investing in the health and development of children from the prenatal stage up to age five. Funds are distributed from the State to participating counties on the basis of the relative number of live births in each county. County First 5 agencies, or Commissions, provide funds to organizations addressing a variety of needs associated with prenatal and early childhood development pursuant to guidelines laid down in their strategic plans and based on programming parameters consistent with the overall intent of First 5 California.

The Roles of First 5 LA in Los Angeles County

First 5 LA envisioned itself working with the greater Los Angeles County community in a number of different roles in pursuing those outcomes:

- Community partner;
- Trendsetter and leader;
- Change agent;
- Convener and facilitator; and
- Catalyst.  

In each of these roles, First 5 LA would act as not merely a funding source but also as a stimulator and supporter of the kinds of improvements needed to ensure the well-being and school readiness of LA County’s children. Central to these improvements is the idea of increasing the “capacity” of the service infrastructure and communities to identify and address the needs of the target population. These improvements could potentially provide important benefits at all levels of the service system, from families and neighborhoods to the service programs of LA County.

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Funding Approaches

Community-Developed Initiatives was one of two funding approaches, or “program development processes,” adopted in First 5 LA’s Strategic Plan for FY 2001 – 2004. Along with Commission-Developed Initiatives, they were “intended to maximize flexibility in the use of Proposition 10 funds and empower the community to support children and families.” The underlying premise of the CDI approach is that “First 5 LA maintains a strong belief that members of individual communities are best suited to understanding the needs of their neighborhoods, and are likewise the best suited to devise ways to address those needs.” The approach was described in the plan as follows:

The Community-Developed Initiatives funding process will provide opportunities for individuals, organizations, and neighborhood and community groups to develop and propose programs, projects, services and activities that cut across the Circles of Influence Framework to help prepare young children for school.

Community-Developed Initiatives give current providers and others the opportunity to be creative and broaden the scope of who can get involved in planning and implementing programs and strategies by motivating individuals, families and neighborhood leaders to work with public and private organizations to strengthen existing efforts or develop [new] programs and projects that can directly impact children and families and their communities.

The two basic funding approaches which First 5 LA adopted reflect different yet complementary intentions with respect to effecting change. In one case, funding initiatives are focused on specifically identified priority areas of First 5 LA, (the Commission-Developed approach) and, in the other, communities and agencies within those communities are afforded the opportunity by First 5 LA to identify areas in need of improvement and ways to address them (the Community-Developed approach). In the Strategic Plan itself (2000-2004) and in Commission discussions reflected in the Minutes of Commission meetings, “flexibility” in both identifying needs and in developing approaches to meet them was noted as an important consideration in determining how First 5 LA would function.

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3 Proposition 10 Commission 2001-2004 Strategic Plan
As County Supervisor Gloria Molina, who chaired the Commission in 2000, noted about the process of developing the Strategic Plan:

“It was an exciting process . . . that led us to the kind of flexibility that this plan has. The plan is focused. It’s clear, and yet there’s a lot of flexibility and for many of the nonprofits and many of the people who are experts in these areas, it’s going to give them an opportunity to hopefully come to us and share with us ways, new solutions, models and programs that are really going to change or better affect the lives of children and create a better environment overall.”^7

**Conceptual Framework**

In the 2001-2004 Strategic Plan for Los Angeles County’s commission (then known as the Los Angeles County Children and Families First – Proposition 10 Commission), the agency’s mission was: “To optimize the development and well-being of all children, from the prenatal stage to their fifth birthday, by increasing resources, ensuring access to services and improving the ability of families, communities and providers of services.” This mission was focused in five long-term outcome areas:

- Good Health;
- Safety and Survival;
- Economic Well-Being;
- Social and Emotional Well-Being; and
- School Readiness.

The capacity of the service system and of a range of provider communities to address those needs is reflected in what the plan referred to as the child’s “Circles of Influence,” based on Bronfenbrenner’s concept of an “ecological” model of child development. This model recognizes that there are a variety of factors, conceptualized in concentric circles or spheres with the child at the center, that interactively contribute to the well-being of the child. The Circles of Influence, as presented in the plan (see Figure 1), include the family; the neighborhood/community; agencies and organizations; and society.

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^7 LA County Children & Family First – Proposition 10 Commission, *Commission Meeting Minutes*, November 16, 2000, Page 2

Constituent components of each of these elements, or environments, acting alone and in concert, contribute to the development of the child. In its various roles, First 5 LA’s Strategic Plan reflects a desire to play a part in reinforcing and strengthening these elements (discretely and in connection with each of the others) as well as helping to address gaps or deficiencies in these elements or environments.
Exhibit A:

CDI Logic Model
Children’s well-being and school readiness are a function of numerous factors that comprise the child’s “ecology.” Entities that make up that ecology are aware of specific needs or gaps within specific communities and positioned to devise and implement possible solutions. Supporting such efforts can help to strengthen the service “infrastructure” and enhance the capacity of communities and providers.

**Assumptions**
- Children’s well-being and school readiness are a function of numerous factors that comprise the child’s “ecology.”
- Entities that make up that ecology are aware of specific needs or gaps within specific communities and positioned to devise and implement possible solutions.
- Supporting such efforts can help to strengthen the service “infrastructure” and enhance the capacity of communities and providers.

**Inputs**
- Solicit concepts and proposals from communities and agencies.
- Identify promising concepts and assist submitters to develop potentially effective programs.
- Provide financial support and technical assistance.
- Monitor project progress performance and evaluation results.
- Facilitate grantee information sharing.

**Activities**
- Solicit concepts and proposals from communities and agencies.
- Identify promising concepts and assist submitters to develop potentially effective programs.
- Provide financial support and technical assistance.
- Monitor project progress performance and evaluation results.
- Facilitate grantee information sharing.

**Outputs**
- Quantity of services available.
- Units of service delivered.
- New interventions developed.
- Collaborations established among agencies.

**Outcomes**
- Innovative approaches to meeting needs.
- Established providers targeting services at target population.
- Improved quality of available services.
- Increased availability and access to services.

**Impact**
- Improved capacity of communities and agencies to provide for well-being of children and help ensure school readiness, resulting in enhanced infrastructure and more children prepared for success in school.
CDI Logic Model

The “Theory-Based Logic Model” (on page 10) graphically depicts the assumptions and other factors associated with achieving the intended impact of this particular funding approach, as derived from a review of relevant First 5 LA documents.

The model indicates that, in contrast with an initiative aimed at improving one particular factor or set of factors associated with well-being and school readiness, the desired impact of CDI-type funding is to enhance the capacity of communities and agencies, thereby strengthening the community-based infrastructure of services available to address various relevant needs of children and other persons in the ecology of early child development.

The CDI reflects and represents a theory of change that is organic as well as responsive to community needs and that recognizes the value of mobilizing resources internal and external to communities. It also reflects First 5 LA’s stated intent to be involved in the process not merely as a source of funds but as a funding partner (in the broadest sense) with other actors in the service delivery system responsible for effecting positive change in the lives of children 0–5. As an initiative focused on strengthening the service delivery system in response to broadly defined community needs with respect to child well-being and school readiness, CDI holds out the potential not primarily to contribute to measurable advances associated with one or another of First 5 LA’s goal areas per se, but to add to our collective understanding about the various factors that contribute to the achievement of First 5 LA’s desired outcomes across all goal areas. By setting the process of achieving school readiness outcomes within the real-world context of various interventions unfolding within diverse communities all across LA County, CDI may be seen as providing (1) a reality check, enabling First 5 LA and grantees to see what strategies appear to work best in discrete local conditions, and (to some extent) why; and (2) a space where good ideas are allowed to be tested and worked out before “going to scale” so that similar funding activities in the future can build on concrete program experience.
The Funding Process

Exactly how the Commission envisioned a process of facilitating the solicitation of new solutions from the various communities that comprise Los Angeles County in the context of implementing a flexible funding framework is not so clear. In practice, it entailed a multi-stage process that began with First 5 LA soliciting a Letter of Interest (LoI) on the part of a potential grantee and culminating in an agreement between First 5 LA and the grantee regarding the aims and scope of work of the project. For the Large Grants CDI, the tasks of developing application and scoring protocols, as well as performing much of the review of funding proposals, were carried out by agency staff supplemented by external reviewers in the final application phase. Recommendations for funding were presented to the Commission for approval.

Guidelines as to the types of projects and organizations that could be funded, including limits on award size and project duration, were developed and modified over the course of the process. Additionally, First 5 LA staff provided assistance to applicants in developing and refining proposals to address First 5 LA concerns with respect to outcome areas. Over the course of the first three cycles of funding, more than 700 Letters of Intent were received, with 54 projects ultimately funded, for a total multi-year commitment of approximately $70 million. In 2003, funding of projects under this approach was suspended by First 5 LA pending development of a new strategic plan.

Note: Information regarding the funding process was obtained from a review of Commission Meeting Minutes and from a focus group discussion conducted with First 5 Staff on September 20, 2004.
Interim Findings
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INTERIM FINDINGS

Descriptive Profile of CDI Grantees

Among the chief priorities for Semics in the first year of the CDI evaluation was to “survey the landscape” of CDI. This included getting to know the CDI grantees as a group; gleaning an initial understanding of grantees’ experiences in engaging with project participants; and collecting initial evidence of change taking place among the grantees as organizations, service delivery mechanisms and collaboratives. Taken as a whole, CDI may be likened to a vital component of a complex ecosystem like a rainforest, where the ecosystem is represented as the totality of the service delivery sector for children and their families in LA County.

These findings, taken together, are intended to inform an analysis of CDI’s short term service-delivery and system-building outcomes, and ultimately will underpin an overall assessment of the contribution of CDI to First 5 LA’s desired outcomes for children 0—5 and their families in LA County. In addressing these aims, the initial findings of the CDI evaluation look beyond individual grantee experiences and shed light on the larger CDI picture as it is emerging.

The “Ecology” of CDI-funded Agencies

The CDI grantees, for all their diversity, reveal a complex but coherent ecology of service delivery. Grantees serve as discrete “hubs” in a network of organizations located inside discrete “niches” and yet linked together in ways that produce both tension and synergy, durability and vulnerability, obstacles and breakthroughs. Extending the metaphor, CDI functions within the wider ecosystem of child and family services of LA County as a rich fertilizer added to the soil, with concomitant benefits to the forest in all its aspects. What happens when you add resources to strategically located family literacy programs? When you expand support for child care provider accreditation? When you expand community outreach and home visitation services tied to traditional health clinics? When families in crisis receive new guidance on how to parent their children beyond “custodial” duties? How do these new activities lead to creative changes (observable, even if difficult to measure) at the level of service providers? communities? forms of collaboration?
Outcomes of CDI thus need to be understood as a complex interplay of related factors which, given time and focused effort can strengthen the outworking of a basic infrastructure of child-oriented service delivery in real-world settings. In addition, CDI ultimately can shed light on ways in which the world of child services works in actual practice within discrete community contextual conditions, and how and why CDI induced changes in the delivery system are related to changes in the children’s well-being and school readiness.

**Grantee Profile Summary**

As of July 2003, 54 agencies had been selected for three cycles of funding; 17 in Cycle 1, 20 in Cycle 2 and 17 in Cycle 3, for a total allocation of approximately $70 million. Grant awards ranged from a low of approximately $50,000 for a one-year project to a high of $5 million distributed over five years. The average grant amount was approximately $1.6 million, and the average grant period was approximately four years. The average total yearly allocation is approximately $22 million. Chart 1 presents the total allocation of CDI funds, by funding cycle.
Chart 2 shows that the majority of the projects (53.7%) are five-year efforts with an average total allocation of slightly more than $2.1 million. These 29 projects account for 72.2% of the total CDI allocation.

Average annual funding per project ranged from approximately $350,000 for two year projects to more than $420,000 for five year efforts as seen in Chart 3.
One factor taken into account in awarding grants was geographical distribution throughout the County’s eight Service Planning Areas (SPAs). Many of the grantees’ projects serve populations in other SPAs in addition to that in which the funded agency is located. Chart 4 depicts the number of projects serving each SPA, based on a duplicated count of grantees’ reported service areas.

Applicants for funding were required to identify the First 5 LA Outcome Area(s) that their projects addressed, as well as which Circles of Influence were involved. In the latter cycles of funding, applicants were encouraged to address the “outer” circles of Organizations/Agencies and Society, particularly those policies that affect or aspects of the development model. Nearly all applicants addressed more than one outcome area and circle of influence. Charts 5 and 6 present the number of projects that addressed a particular outcome area or involved a particular circle of influence.
In addition to First 5 LA Outcome Areas and Circles of Influence, the projects can be categorized by the type of issues they address. There are numerous ways that these issues can be identified. One approach, reported in the Phase I report of the evaluation of First 5 LA’s Child Care Initiative, categorized the 53 projects funded under that initiative according to five service types: Provider/Training Education; Child Care Quality; Safety, Health, Mental Health; Literacy; and Special Needs.
The charts above present the distribution of CDI projects using these categories. It should be noted that the definitions of these types are fairly broad, and that many projects address more than one issue. These categorizations focus on the primary purpose for which the grant was awarded.

The categorizations on Charts 7 and 8 are examples of the ways in which the 54 projects funded under the CDI can be aggregated for purposes of analysis. They are the result of the way in which the Community-Developed Initiatives were framed and implemented and provide a partial lens for evaluating the initiative from a collective and individual project standpoint.
For example, the ways in which outcomes are achieved by particular CDI grantees can be better understood in light of the specific niche(s) taken by those grantees, and by the ways in which they link with others and fulfill specific roles in the wider system of communities and providers for children.

An additional, related dimension of the CDI evaluation is to take a look at ways in which different CDI grantees implement new or existing programs which seek to address the needs of project participants who come from new or existing target populations. This line of inquiry can help us answer one of our starting questions: What factors are relevant to an informed consideration of how grantees can achieve greater effectiveness in engaging with their intended participants (using a case narrative approach)?

One helpful model for categorizing these issues is the matrix developed by the Boston Consulting Group for assessing marketing challenges in business growth. The four categories, each with its own set of challenges, are:

- Old Product / Old Market
- New Product / Old Market
- Old Product / New Market
- New Product / New Market

With regard to the projects funded under the CDI program, the terms “Service” and “Target Population” can be substituted for “Product” and “Market.” The operational issues faced by an agency attempting to expand an “old,” or existing, service to a larger population with essentially the same characteristics as it is currently serving will face a different set of issues from one which is attempting to introduce a new service to its existing population or take its existing service to a population with different characteristics. Charts 9 and 10 on the following page present a categorization of projects based on an assessment of the type of growth effort being undertaken, by number of projects and as a percentage of the total.
Same Serv./New Pop. 20 Grantees (37%)

New Serv./Same Pop. 5 Grantees (9%)

Same Serv./Same Pop. 23 Grantees (43%)

% = Percentage of CDI Grantees

Chart 9: Service/Population Matrix
The Learning Exchange

Semics inaugurated the Learning Exchange as a mechanism to strengthen CDI grantees, facilitate cooperation and network formation, and elicit group reflection among the grantees through the regular exchange of participants’ perspectives, experiences, ideas and connections in a congenial environment. The Learning Exchange helps to achieve both grantee support and data-gathering aims of the CDI evaluation: linking providers, encouraging peer assistance, reflecting on (and learning from) other grantees’ experiences, and collecting data for the evaluation regarding ways in which the children’s services infrastructure is changing within discrete community conditions as a result of CDI funding. In this section of the report, Semics summarizes key elements of the Learning Exchange during Year One. We also highlight specific grantee feedback and interactions that can shed light on CDI’s effects in the arenas of capacity building, system improvement and connecting with communities.

Highlights of the Learning Exchange proceedings

The table below encapsulates details of the Learning Exchange gatherings during Year One of the CDI evaluation.

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Venue</th>
<th>Attendance (People)</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Exchange (LX) 1</td>
<td>March 19, 2004</td>
<td>St Anne’s</td>
<td>105</td>
<td>Finding Common Ground</td>
</tr>
<tr>
<td>LX 2</td>
<td>June 10, 2004</td>
<td>Crystal Stairs</td>
<td>69</td>
<td>Building Common Ground</td>
</tr>
<tr>
<td>LX 3</td>
<td>October 1, 2004</td>
<td>St Anne’s</td>
<td>76</td>
<td>Navigating Common Ground</td>
</tr>
</tbody>
</table>

As the table above indicates, during Year One Semics convened a series of three meetings (out of an anticipated total of nine meetings over the three years of the CDI Evaluation) linked together by a theme “Creating Common Ground.”

• **March 19, 2004 (Learning Exchange 1)** – At the first meeting, organized under the banner theme “Finding Common Ground,” Semics performed a dramatic re-enactment of an old story called “Stone Soup.” The story was about a woman who came to a village for the very first time and, using only a single stone as the first “ingredient,” invited villagers to contribute a range of food items in order to make an edible soup. In the end, the individual contributions added up to a savory potage plentiful enough for all to eat their fill. This and other inaugural exercises were performed to help grantees capture a vision of the Learning
Exchange as a venue for sharing individual stories regarding the projects implemented under CDI. The sharing of perspectives, experiences and lessons learned from these stories coming from different projects would, in time, create a new, larger story made from the integration of grantees’ stories. The larger story would (among other things) reveal the rich ways in which organizations, their programs, and communities had changed in the context of delivering CDI-funded services for their constituents.

In addition, a number of CDI grantees saw the point of the story as highlighting the diversity of projects and people involved in the CDI that might contribute to rich and creative ways to work together and learn from one another in serving communities in Los Angeles County. One grantee’s staff representative realized that the Learning Exchange was interested in seeing “stories of transformation in communities, and not just data about activities.”

Other grantees indicated specific areas of interest that they would like to address together, such as issues relating to teen pregnancy, connecting the topic of obesity among kids to the work being done in the playground project of the LA Conservation Corps, exploring causes for and ways of curbing domestic violence, or addressing ways children under 18 might access medical or mental services.

Others highlighted a desire to address areas of broad interest: effective practices among grantees, planning and conducting program evaluations (particularly in light of First 5 LA’s expectations), and information on other CDI programs’ experience with implementation (e.g., success stories, implementation strategies,
progress, problem-solving, and opportunities for collaboration). Other topics cited: the role of the initiative-wide evaluation, leadership issues (e.g., visioning and decision-making), and addressing sustainability issues (including ways to obtain more funding).

Grantees were particularly interested in ways to share resources—one even suggested a “show and tell” activity that would allow grantees to share their resources in a hands-on way. Several wanted to find out more about the kinds of technical assistance they could access from other grantees (such as with reports, evaluations, grant-writing). Finally, some were interested in working to avoid duplication of services within SPAs and in exploring the expansion of services to groups not being served.

Grantees expressed eagerness to roll up their sleeves and dive into focused interaction with peers, whether in circles of learning/sharing or plenary workshops. They wanted time to network and hear more directly from other grantees in shared areas of service in order to explore opportunities for collaboration and referrals and sharing of resources.

In short, March 19 served well to create a sense of enthusiasm and a high level of interest in the Learning Exchange events as an aspect of the initiative-wide evaluation of Semics LLC on behalf of First 5 LA.
June 10, 2004 (Learning Exchange 2) – This follow-up session, on the theme “Building Common Ground,” asked CDI grantees to delve into areas of specific concern with respect to their interventions, and broader topics pertinent to all. To start the morning, Semics asked three grantees to make short presentations regarding their recent experiences – including both challenges and successes – with CDI project implementation. Overcoming barriers to client outreach, and staying on top of capital projects (such as facility construction) stood out as two key challenges (among others) for the presenters. Grantees then met in networking sessions based on core interventions: health care access and services, child care services/accreditation, and “others” (multi-service projects) to identify common concerns and get to know each other better. In a final exercise, three self-selected groups of grantees met in discussion groups to address areas of common interest organizations and operations, connecting with communities, and project strategies and service delivery. Input generated by the grantees in these discussion and networking groups was varied and informative; specific content is included in later parts of this section (“Capacity building” and “Community engagement”).
• October, 1, 2004 (Learning Exchange 3) – Building on the theme “Navigating Common Ground,” the third meeting of the Learning Exchange asked grantees to share in detail with each other about their specific implementation challenges and successes. Three CDI grantees – Harbor-UCLA (South LA Health Projects – Breastfeeding Peer Counseling Program), St. Mary Medical Center Foundation (Long Beach Child Care Empowerment Project), and Friends of the Family (Project Good Start) – came forward in a “talk show” simulation to describe implementation issues encountered and how they adapt and innovate to address their challenges and solve presenting problems. This exercise was followed by table discussions in which grantees shared, in succession, specific operational challenges they have faced/are facing, how they have addressed them, and, in certain cases, what came out of this process.

Among the key operational challenges cited by CDI grantees were: overcoming language and cultural barriers in client outreach; retention of volunteers, qualified staff, and clients; recurring logistical problems such as transportation to program sites for clients without private cars; navigating institutional or bureaucratic requirements so that program activities can freely proceed (especially in hospitals and government offices); effective collaboration with implementing partners; and locating continuation funding for projects that are up and running. Table discussants provided a range of creative options for each of the challenges. These options are documented in “The Events” link of the website for the Learning Exchange, www.cdilearningexchange.com.
Modes of Interaction Among Learning Exchange Participants

Many grantees used networking times at the Learning Exchange to begin forming a basis for inter-agency resource sharing and cooperation. Semics documented examples of such communication, exchange and potential cooperation during the first year of the CDI evaluation. Some of these examples are indicated below.

- **Network connections** – A CDI project director serving child care providers plans to investigate the consulting services offered through another CDI project (regarding outdoor education), in hopes of connecting some of their centers with this professional development opportunity. *(Santa Monica College wants to visit CEC.)*

- **Sharing of experiences** – After talking with a Semics staff member, **1736 Family Crisis Center** decided to get in contact with Friends of the Family to explore the way they are using literacy classes successfully to address child mental health, emotional bonding, and child development issues with parents.

- **Peer assistance** – Several CDI project representatives either serving child care providers or who themselves provided child care connected with representatives from **Crystal Stairs**, **Watts Labor**, and **SCAEYC** to get help with application processes and other issues related to accreditation.

- **Collaboration decisions**
  - Three grantees discussed alternatives to combine parenting and literacy classes (**Monrovia Bookmobile**, **Harbor Interfaith Shelter**, and **WIC**) to maximize use of speakers, information distribution, and socializing/networking among parents/caregivers.
  - **California Council of Churches** and **L.A. Conservation Corps** met to discuss a new agreement to work together on securing funding for new playground equipment for faith-based child care providers in L.A. County.

- **Resource and information exchange**
  - Websites (NAEYC.org and NAFCC.org) providing information on technical assistance for child care providers were offered in one networking session.
— A shelter that anticipated soon to have 25 new openings invited a shelter running out of space to send over some of their families. (Union Station invited Harbor Interfaith.)

— Asian Pacific Healthcare Venture indicated that they will go to other CDI sites to enroll children for health-care coverage and TB testing.

— Eisner offered to provide literacy programs for Shields. Both representatives began collaborating with Excel to take advantage of their offsite parenting programs.

• Learning and application of new input from other grantees for program improvement
  – Several CDI grantees began exploring ways to integrate specific activities to create new and better options for their respective clients. Lanterman shared that it is grouping parents according to their children’s different disabilities in their “special needs” parenting groups. WIC noted that they are running programs for parents of cleft-palate children. WIC offered its facility for evening parenting classes if someone from the outside would facilitate the classes. WIC also offered to help refer grantees’ clients to other specialized agencies for children with special needs. APHCV offered to refer its clientele to WIC for additional services. King Drew shared that it provides in-home forms of training on developmental and family issues. Shields shared that it can train for Denver II which is an early child developmental screening tool.
Quotes from Grantees About the Learning Exchange

- On elements that were useful

  “At the first Learning Exchange, we met with [another grantee for the first time]… We have the funds to build preschool gardens and they have the knowledge… [W]e sat down and had one-on-one conversation. That’s what we need more [of].”

  “The most useful part of the day was being able to express and explain the institutional barriers we are facing, both with our collaborating [partner agencies] and First 5 LA…”

  “It was useful to have the simulated talk show [in Learning Exchange 3] to introduce the theme, then the breakout session built on it. [With the agenda], people had an idea what to share and where things were headed.”

  “Hearing others’ challenges and solutions helps – [these] relate to our own.”

  “New ideas to do things differently.”

- Elements missing or needing improvement:

  “…I would have liked to be able to discuss the problems [facing our agencies] as a [large] group instead of simply writing them down [at our tables].”

  “This type of meeting is useful in having program staff think about barriers but all the brainstorming dies off after the meeting; [Semics] staff should record and follow up with grantee so that the time spent here is well used and effective for improving programs.”

  “Don’t make it just another meeting; assess the needs of [grantees]; make connections and [indicate] the relevance of LE 1, 2 and 3 [to these needs]; provide activities that will promote grantees to work in LE4 with other grantees outside of the workshops. For example, arrange grantees by demographics and have them discuss ideas of working together- then follow up in LES.”
“... [B]ottom line for any program is how do we know we are effective in improving lives and what do we do to stay alive in such a scarce funding world; as funders and evaluators, it becomes your responsibility to help grantees anticipate the future, not just the day-to-day program barriers-how can you help the program staff understand that their program should only be funded if they are effective; if it is effective in changing and improving lives? How can you help grantees deliver comprehensive and state-of-the-art services?"

Findings from the Learning Exchange

During the first year of the CDI evaluation, Semics created a new website, cdilearningexchange.com, to enable CDI grantees to carry on inter-site communications on issues and concerns raised at the Learning Exchange meetings. The website is also a repository of detailed event proceedings, including summaries of table discussions and plenary activities. As of the end of Year One, grantees were becoming familiar with the website and had just started making use of it.

Instead of producing a conventional report, Semics created an event-related newspaper for circulation among participants at each Learning Exchange, called “The Exchange.” The first two issues were released during Year One. Each issue of The Exchange includes (among other things) a brief summary of the most recent Learning Exchange meeting, stories from grantees about their site-specific CDI funded activities, and general thematic articles covering areas of broad-based interest such as family literacy, child development, shelter services, and project operations. The Exchange was well received by grantees.

The website and newspaper are part of Semics’ effort to relay back to grantees samples of real-time emerging findings and issues pertaining to the CDI evaluation. Semics expects that grantees will become more active in providing new content for future issues of the newspaper, networking online through the website, and identifying critical themes for new meetings of the Learning Exchange during Year Two. New mid-course findings about the nature and types of CDI projects, discussion topics of interest to grantees, and documentation of grantee-specific experiences and perspectives with respect to project implementation – will continue to be mined through the Learning Exchange moving forward.
The event-based real-time findings from the Learning Exchange fuel a stream of broader findings from Year One that are significant for the CDI evaluation as a whole. These broad-based findings are discussed in the next section of this report. They are based on a triangulation of information coming from documents submitted by the grantees to First 5 LA, Semics’ interactions with grantees at their project sites, and the Learning Exchange.
INTERIM FINDINGS

Summary of Key Emerging Findings

Estimated Early Participation Levels Per Funding Cycle

As of August 2004, Cycle 1 grantees had reached 76,113 people. Fifty-seven percent (or 43,174) of the population reached were children, 42% (or 32,167) were families and 1% (or 772) were providers/other. (The providers/other category mostly includes child care providers and early childhood educators.) As of June 2004, Cycle 2 grantees had reached 12,039 people. Sixty-four percent (or 7,736) of the population reached were families, while 32% (or 3,874) of the population were children and 4% (or 429) were other. Cycle 3 grantees had just completed ramp-up and were beginning to tally the number of families and children reached. If the distribution pattern continues in the same way, all three funding cycles will be serving primarily families, followed by children, in 2005. The number of people served should also be increasing at an accelerated rate over time.

Mapping the Ecology of Service Delivery Across CDI

The CDI encompasses multiple demographics and geographies as well as many different types of grantees and interventions for children 0—5 and their families. One can find a representative type of project inside CDI for every non-CDI funding initiative at First 5 LA, including those initiatives being implemented under the Next Five funding Plan.

For example, CDI includes a representative sample of grantees addressing problems related to health (El Proyecto del Barrio, Citrus Valley, Asian Pacific Health Care Venture, Wilmington Community Clinic, Harbor UCLA, Our Saviour Center, Pasadena Health Association); early learning (SCAEYC, Toddlin Time, St Mary Medical Center, Santa Monica College, Watts Labor Community Action Committee, Crystal Stairs), and safe children/families (Center for Pacific Asian Families, 1736, Harbor Interfaith Shelter).

The mapping of CDI projects also reveals both intended and unintended positive effects in terms of school readiness. For example, projects focusing on family literacy (such as Friends of the Family) are primarily interested in promoting increases in the frequency with which parents read to their 0—5 children. However, in the process these projects indirectly support greater parent-child bonding – a factor that contributes vitally to the socio-emotional health of children and strengthens family cohesion.
Similarly, grantees focused on play, recreation and physical activity are contributing to school readiness even though they are not providing cognitively-oriented learning activities due to the relevance of motor skill development to cognitive learning in young children. CDI health providers are also indirectly contributing to learning skills in children (especially at the peri-natal stage), since child development along one dimension of well being is not isolated from the other dimensions of a child’s well being. Grantees focusing on safety for children and families are themselves building in screening services related to health. To the degree they are part of a referral system, they are also bringing to bear the resources of a provider network offering a wide range of support services to families.

**How the Emerging Findings on System-Building Are Organized**

*Mapping the landscape* is the guiding motif of Semics’ presentation of first-year findings. The process of mapping in CDI incorporates two layers: **morphology** (profiling, or giving summary descriptive characteristics) of grantees in order to portray who the CDI grantees are, and what they are doing with CDI funding, as a group; and **movement** (identifying broad-based effects of CDI, namely, some apparent ways in which the grantees as a group are evolving with respect to the three outcome areas specified in the design of the CDI evaluation). In the following pages, Semics organizes the presentation of the emerging findings from the CDI Large Grants evaluation by:

(1) Clustering grantees with same-class interventions (and similar types of needs being addressed in their target communities using CDI funding), and then mapping these grantee clusters on the results-based accountability framework embedded in the Next Five Strategic Plan – with reference particularly to early learning, health and safety; and

(2) Specifying broad-based “systemic” effects, that is, observed initial tendencies across CDI with regard to community outreach and awareness, on the one hand, and the structure of organizations, project delivery mechanisms and collaborative arrangements, on the other.
Mapping Module I: MORPHOLOGY

Grantees that are implementing projects related to the achievement of Next Five’s three goal areas (early child learning, health and safety) are shown in the following tables.

Table 1: Interventions Related to EARLY CHILD LEARNING

<table>
<thead>
<tr>
<th>Core Strategy</th>
<th>Grantee Name</th>
<th>Specific Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving Child Care and Child Development</td>
<td>Toddlin Time Preschool</td>
<td>Physical renovations &amp; programmatic improvements</td>
</tr>
<tr>
<td></td>
<td>Happy Bear School</td>
<td>Increase and enhance quality of children care services</td>
</tr>
<tr>
<td></td>
<td>Watts Labor Community Action Committee</td>
<td>Provide safe, affordable, accessible, and quality child care service</td>
</tr>
<tr>
<td></td>
<td>Korean Youth &amp; Community Center</td>
<td>Increase the availability of quality childcare in Koreatown</td>
</tr>
<tr>
<td></td>
<td>SHIELDs for Families Project</td>
<td>Implement therapeutic child development centers</td>
</tr>
<tr>
<td>Supporting Provider Training and Accreditation</td>
<td>Crystal Stairs</td>
<td>Increase quality childcare among providers</td>
</tr>
<tr>
<td></td>
<td>Connections for Children</td>
<td>Comprehensive network of support services and training opportunities for family childcare providers</td>
</tr>
<tr>
<td></td>
<td>Child Education Center, Caltech/JPL Community</td>
<td>Train providers on “Outdoor Classroom” model\</td>
</tr>
<tr>
<td></td>
<td>St. Mary Medical Center Foundation</td>
<td>Licensing and knowledge of Hmong child care providers</td>
</tr>
<tr>
<td>Professional Development</td>
<td>Santa Monica College</td>
<td>Professional development needs of childcare professionals</td>
</tr>
<tr>
<td>Increasing Family Literacy</td>
<td>Friends of the Family</td>
<td>Engaging parent in children’s literature</td>
</tr>
<tr>
<td></td>
<td>Child Family Guidance</td>
<td>In-home instruction</td>
</tr>
<tr>
<td></td>
<td>Eisner Pediatric &amp; Family Medical Center</td>
<td>Home-based literacy</td>
</tr>
<tr>
<td></td>
<td>Monrovia Unified School District</td>
<td>Provide literacy to hard to reach families</td>
</tr>
<tr>
<td></td>
<td>Kaiser Permanente Baldwin Park</td>
<td>Implement literacy program through well child visits</td>
</tr>
<tr>
<td>Increasing Parenting Skills</td>
<td>Wilmington Community Clinic</td>
<td>Expand prenatal services and initiate breastfeeding services &amp; preventive education</td>
</tr>
<tr>
<td></td>
<td>New Economics for Women</td>
<td>Mother and child bonding and parent awareness of child health issues</td>
</tr>
<tr>
<td>Encouraging Free Play / Recreation / Exercise</td>
<td>YMCA of Greater Long Beach</td>
<td>Aquatic safety</td>
</tr>
<tr>
<td></td>
<td>L. A. Conservation Corps</td>
<td>Install/replace recreation equipment in city parks</td>
</tr>
</tbody>
</table>
Grantees in the Table 1 represent a range of CDI providers seeking to achieve program outcomes related in various ways to early learning. Intervention “types” include day care, preschool, accreditation, play/recreation/physical activity, staff development, family literacy, and services to children with special needs. Grantees may also fall under a category of providing services to organizations (professional training, accreditation, capital and equipment), or of providing services directly to families and children (day care, parenting classes, in-home literacy training).

Table 2: Interventions Related to CHILD and FAMILY HEALTH

<table>
<thead>
<tr>
<th>Core Strategy</th>
<th>Grantee Name</th>
<th>Specific Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expanding Clinical Services</td>
<td>Huntington Memorial (Pasadena Hospital Association)</td>
<td>NICU and home visitation</td>
</tr>
<tr>
<td>Conducting Health Outreach and Screening</td>
<td>Citrus Valley Health Partners</td>
<td>Access &amp; utilization of maternal &amp; child health services</td>
</tr>
<tr>
<td></td>
<td>Asian Pacific Health Care Venture</td>
<td>Access to culturally and linguistically appropriate pediatric care</td>
</tr>
<tr>
<td>Providing Mental Health Services, Professional</td>
<td>LA Child Guidance</td>
<td>Access to mental health services</td>
</tr>
<tr>
<td>Support Services for MH Providers</td>
<td>Frank D. Lanterman Regional Center</td>
<td>Child development with special needs</td>
</tr>
<tr>
<td>Delivering Health / Health Services Education</td>
<td>Pasadena Public Health</td>
<td>Immunization tracking &amp; awareness</td>
</tr>
<tr>
<td></td>
<td>Children’s Hospital L. A.</td>
<td>Integrate service delivery to children with special needs</td>
</tr>
<tr>
<td>Promoting Nutrition and Breastfeeding</td>
<td>Bundle of Joy</td>
<td>Nutrition for children and families</td>
</tr>
<tr>
<td></td>
<td>Harbor UCLA Research and Education Institute</td>
<td>Exclusive breastfeeding education</td>
</tr>
<tr>
<td></td>
<td>Long Beach Memorial</td>
<td>Promote breastfeeding</td>
</tr>
<tr>
<td>Supporting and Educating Parents</td>
<td>Children’s Hospital L. A.</td>
<td>Promote child development in children with spina bifida</td>
</tr>
<tr>
<td>Other (Home Visitation, Massage Therapy)</td>
<td>King/Drew Medical Foundation</td>
<td>Home visitation</td>
</tr>
<tr>
<td></td>
<td>The Heart Touch Project</td>
<td>Massage hospitalized newborns</td>
</tr>
</tbody>
</table>

In the Table 2 above, CDI grantee intervention “types” include pediatric clinical services (Eisner, Wilmington), breastfeeding/nutrition education and counseling (Long Beach Memorial, Harbor UCLA, Bundle of Joy), peri-natal health screening and services (Asian Pacific Health Care Venture, Huntington Memorial, Black Women for Wellness, Heart Touch), and services to parents of children born prematurely or with developmental disabilities (Frank Lanterman, King/Drew, Children’s Hospital L.A. – Learning and Growing Together) among others.
Table 3: Interventions Related to FAMILY SAFETY, SHELTER and CRISIS INTERVENTION

<table>
<thead>
<tr>
<th>Core Strategy</th>
<th>Grantee Name</th>
<th>Specific Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocating for Changes in Service / Public Policy</td>
<td>Community Coalition for Substance Abuse Prevention and Treatment</td>
<td>Organizing for a comprehensive safety net of social services for relative caregivers</td>
</tr>
<tr>
<td>Providing Shelter and Crisis Intervention Services</td>
<td>Harbor Interfaith Shelter Services</td>
<td>“One-stop” program for homeless and working poor families</td>
</tr>
<tr>
<td></td>
<td>Union Station Foundation</td>
<td>Establish a family center</td>
</tr>
<tr>
<td>Delivering Protective Services for At-Risk Families</td>
<td>Center for Pacific Asian Families</td>
<td>Plan and implement a child care and development program</td>
</tr>
<tr>
<td>Other (Service Delivery Innovation)</td>
<td>University of Southern California (LAC-USC Medical Center)</td>
<td>Comprehensive health and social services for children at risk of abuse or neglect</td>
</tr>
</tbody>
</table>

In the Table 3, above, grantee intervention “types” include shelters for abused women and children (1736 Family Crisis Intervention Center, Center for Pacific Asian Families) and services to homeless children and their families (Union Station Foundation, Harbor Interfaith Shelter Services), among others.

As a group, CDI grantees are concerned about increasing the quality and/or scale of interventions across a wide range of issues related to the specific needs of the communities they serve in LA County. From an evaluation perspective, these interventions and needs can be studied both together and separately. Separately, in that each intervention can offer insight into how a particular need can best be addressed in a particular place. Together, because of the interrelated nature of the needs being addressed and the increasingly integrated and comprehensive way in which many grantees are approaching service delivery.
Mapping Module II: MOVEMENT

A. Community Engagement

The CDI evaluation is focused in part on the interaction between grantees and their intended project participants. Ultimately, the study of community engagement in CDI will be particularly sensitive to ways in which project activities and services brought about changes in participants’ behaviors, skills, attitudes, perceptions, plans and/or status. However, given the importance of participant involvement to the ability of any CDI project to address defined needs in its community, Semics collected data from grantees and project participants regarding participant outreach during Year One of the CDI evaluation. In addressing this topic, Semics sought to identify and explore key factors associated with a grantee’s ability to achieve a desired level of project participation, as these became apparent from broad-based apprehension and reflection on the varied experiences of CDI grantees during the first year. Three questions were at the forefront of this aspect of Semics’ data collection work:

• What are the salient experiences and perspectives of CDI project staff thus far with respect to the grantees’ ability to attract, recruit and retain participants in their projects?

• How do CDI project participants define “value” with regard to the CDI projects in their own terms in light of their experiences with the specific projects which they have turned to for help?

• What factors appear relevant to an informed consideration of how grantees can achieve greater effectiveness in engaging with their intended project participants?

In this section, Semics addresses these questions in three ways, based on different data sources:

1. Statements from, and observed activities among, CDI grantees regarding successes and challenges in this area;

2. The framing of “value” as articulated by a small sample of project participants; and

3. A detailed study of one CDI family literacy project to see what issue(s) surrounding outreach have surfaced, and how the grantee’s efforts to address these issues are either constrained, or helped, by the grantee’s sensitivity to the discrete contextual conditions in which this project is being implemented.
Broadly speaking, CDI grantees indicated that they had seen a mixture of success and struggle in recruiting program participants. The specific types, and reasons, for success and struggle were as varied as the grantees’ projects. Some grantees saw a combination of both. Among the many reported instances and types of success, here are just a few:

- Detection of four cases of autism by one grantee engaged in in-home assessment for disabilities among children;
- A very successful conference for child care providers;
- Strong rate of progress in seeing providers through the accreditation process;
- One health-services grantee “hit the jackpot” and doubled the expected number of families reached during the year with the judicious use of incentives for participation.

Struggles generally occurred when grantees fell short of their own expectations in (1) attracting an expected number of participants to start a new activity (such as a class or support group), or (2) retaining an expected number of participants to the end-point of an activity. The latter problem, in turn, tended to manifest either in difficulty with tracking participants in home-visit projects who (for example) were part of a transient population, or with holding down the rate of attrition from an ongoing class or group activity. It also tended to reflect attrition among some participants as they worked through a difficult transition or change process associated with the activity, or became preoccupied with other demands of life outside the project itself.

Whether characterized by success, struggle, or a combination of both, grantees’ experiences with participant engagement appeared to stand or fall in the course of addressing one or more “trump” factors. Following is an inventory of emerging factors that appeared to be important to the achievement of desired participation levels in CDI funded projects (including parenting, health care, literacy and special needs classes):

- Incentives for participants to join, and stay, with the project.
- Cross-cultural awareness/communication (“speaking participants’ language”).
- Adaptability to participants’ needs and expectations (dialogic modes of interaction).
- Awareness of broader life situation and community context of participants, and that needs/problems addressed by CDI grantee are only one part.
- Investment in ongoing and “deep” relationships with participants.
• Ability to understand correctly the nature and extent of participants’ needs.
• Staying connected on a personal level with participants through the end of the (sometimes difficult) struggle in a process of personal behavior change.
• Networking with peer providers who are working with the same target population.
• Dealing with the effects of demographic and political shifts in project areas.

Grantees highlighted the issue of how to attract and retain project participants in part because some were struggling to hit their anticipated participant numbers, while others were experiencing attrition in one or more of their ongoing activities. Other grantees had made their numbers, yet not without difficulty, and shared what steps they had followed and lessons learned in the process.

Grantees who reported having trouble achieving desired project participation levels tended to struggle implementing, or in some cases might have overlooked, outreach practices included in the list above in some way. Similarly, grantees who met or exceeded their targets appeared to have generally attended to items in this list in ways that were appropriate and necessary for their target participant group(s). Grantees’ experiences in participant engagement, and the specific conditions where a particular strategy seems most effective, are addressed below.

• Incentives for participants to join, and stay, with the project.

Small giveaways such as refreshments, 99-cent store gifts, pictures, or meals can be effective as a “hook” in either (1) increasing the number of parents who will come to an educational class for the first time (or return on an ongoing basis) who otherwise might not, or (2) motivating parents to come to a class on time who otherwise may have a tendency to be late – frequently because they are members of cultural groups with a different relationship to time.

Organizing small social events such as potlucks, birthday parties for parents’ children, or a special speaker for parents often seems to reinforce a sense of connection, or belonging, between parents who are going through a class as a group.

Parents generally are not looking for “free goods” per se, but they may need a reason to prioritize a project activity or event given that they already have so many demands on
their time and energy. The significance of giveaways and events, no matter how small, is to let participants know that their presence is valued. CDI grantees such as Asian Pacific Health Care Venture have used incentives with great effect in their parent education classes.

**• Investment in relationships with participants.**

A deeper motivation for participants of all kinds (children, parents, other caregivers, and provider organizations) to get involved and particularly to continue their involvement in a CDI project was when a grantee communicated that “we are making an investment in you.” This translated to staff taking time out to get to know participants on a personal level, take an interest in their situation and being available over time and in ways that show “we are with you.” Participants in CDI-funded projects were quick to notice, and respond positively, when project managers took personal interest in them. For example, some child care grantees organizing and educating parents noted that parents report experiencing change as much as, or even more than, their children as a result of their intensive interaction with them. Their experience confirmed the broader observation that people “don’t care how much you know till they know how much you care.”

**• Staying with participants through the end of a sometimes difficult process of change.**

In an issue related to investing in relationships, some grantees reported success in building confidence with their participants through a display of patience, or grit – going the distance with people until a personal crisis, difficult transition or needed improvement was finished. A prime example is the Neo-Intensive Unit (NICU) Development Intervention Program at Huntington Memorial Hospital.

The objective of the project is to assist premature and critically ill infants and their families as they transition from the NICU facility to their homes, through a follow-up case management plan centered on home visitation. Some 12 home visits are conducted per day all over LA County (including Valencia, Oxnard, Santa Clarita, San Gabriel Valley) by two full-time staff (Debbie and Maggie) one of which is a Registered Nurse.
The reasons for infants being transferred to the NICU department and the length of stay vary per infant. Hence, the nature and duration of home visits by the staff also vary.

During home visits, Maggie/Debbie conducts an assessment to make sure that the infants are progressing during the transition, work with parents on how to care for their infants, and refer parents to other services, if needed. Depending on the nature of the situation, infants/parents receive home visitation every month to every six months in addition to periodic phone calls. Once Maggie/Debbie determines that the family has demonstrated self-sufficiency, home visitation is ended. However, they are open to having families contact them again if needed. Presently some 600 infants are being visited at their homes.

There are several reasons why the project has a successful retention rate: Maggie/Debbie have established rapport and trust with parents during their stay at NICU, immediate phone call follow-up is done with parents after leaving NICU, similar services are not readily available (in other words, it’s a unique project), and the staff provide support services and referrals if necessary. The project also calls on bilingual staff to assist in home visitations if parents are limited English speakers and caters to the families’ household situations, needs, and schedules. But what stands out perhaps most of all is that in addition to the factors above, the staff continue to visit each family for up to two years upon discharge from the hospital.

• Cross-cultural awareness/communication (“speaking participants’ language”).

Where applicable, participant interest in CDI projects tended to increase with grantees’ multi-lingual capability. This occurred, as a rule, because (1) Such capacity tended to sensitize grantees to the unique needs, perspectives and challenges of specific cultural/ethnic groups in their target populations, and (2) Services were adapted and implemented accordingly. This capacity is particularly important for grantees working with non-English-dominant communities whose members have been in the US for less than three years. But it also was important in working with immigrant populations of longer tenure as well since speaking a participant’s language tends to be a key element in building community trust in any project.
Friends of the Family BABY project trainers, for the most part, spoke two or three languages. Their language facility was helpful in engaging and maintaining the interest of parents of 0–5 children who were speakers of those languages. Beyond language, however, parents responded positively because these facilitators showed an in-depth understanding of their culture(s). This is not too surprising since language is often a window onto other cultures. But the trainers had taken special efforts to adapt their facilitation styles, delivery of curriculum and rapport-building behavior to the nuanced cultural cues of Armenian- and Spanish-speaking parents, respectively. The same was true for bilingual staff at El Proyecto del Barrio and Asian Pacific Health Care Ventures in offering health classes and services, and for child care providers targeting immigrant neighborhoods.

In other cases, cultural proximity and understanding was intended by grantees as a bridge to participants in and of itself, even if services were delivered in English. Although still in the early stages of implementation, KYCC saw a need in Koreatown for a special training program for Korean child care providers because there was no culturally-attuned provider set up specifically to address their needs. Elsewhere, other grantees observed that “You have to build on the community culture” and “You have to learn to respect [others’ cultural] differences.”

- **Adaptability to participants’ needs and expectations (dialogic modes of interaction).**

Many CDI grantees, in different ways, placed a premium on practices that promote dialogue between service providers and community members. They saw these practices as a vital condition for understanding and addressing participants’ needs.

Monrovia Bookmobile encountered the need for dialogue when children visiting their “library on wheels” wanted to stay with their parents. This made it more difficult for the project leaders to hold classes for the parents – a key portion of the project’s family literacy strategy. The project leaders at one point were considering ways to ask the parents let their children go over to a dedicated space with children’s books during the parents’ classes – effectively separating the children from their parents. But separation would likely be objectionable from the families’ perspective, creating a risk that families
would cease to participate in the project. The project leaders faced a situation where it became necessary to listen more deeply to participants’ views and look for a mutually workable solution.

The dialogic approach in some cases called for grantees to go beyond sensitivity and consultation with communities about their needs. For example, one grantee said, “You need to talk and ask what they [the participants] need ... [But] sometimes you need to establish a new norm.” “Don’t start a program without asking the community” but “the community needs to care about itself” [enough to make changes that they decide are important even if new or difficult to them.]

Examples of the need for dialogue were the dangers of second-hand smoke, or the importance of keeping up with child immunizations. Other needs which “appeared on grantees’ radar” were not directly addressed by the grantees’ projects but affected participation – immigration status issues, economic and family health problems, dealing with generation gaps, immigrants’ assimilation in American society, and relating to schools.

The posture of grantees seeking dialogue tended to focus on the target populations’ resources rather than needs alone – and a willingness on the part of the staff to keep a personal connection with participants. “Make yourself accessible...Share your story.” “Don’t talk down to clients.” “Engage the community in identifying [its] assets.”

While it tended to keep participants engaged, dialogue also demanded of grantees a measure of flexibility in service planning and delivery. One grantee noted that “programs need to evolve as the needs of the community change” and that to be relevant, grantees need to “[not] be reactionary, but plan for change.”

Semics observed that grantees were navigating an inevitable tension, or trade-off, between the time demands of building rapport with participants to address their needs effectively, on one hand, and the need to reach enough participants to meet the prescribed numbers for their CDI-funded projects. Balancing depth of engagement with participants, and breadth of reach in a target community, was a management challenge addressed in
different ways and with different results by almost every CDI grantee. No general rule of thumb became apparent in dealing with this tension. The variability of grantee trajectories in this regard suggests that further research can be done to understand the factors that lead different types of grantees to find their own best “middle ground.”

- **Awareness of the broader life situation and community context of participants, that needs/problems addressed by a grantee are only one part.**

  Grantees who possessed an in-depth “insider” view of participants’ situations – whether the participants were children, parents, or provider organizations – tended to prefer a flexible, participant-oriented approach to delivering services. These grantees contrasted this approach with a more “institutional” stance in which an agency expects participants to be provider-oriented and do “whatever it takes” to access services without regard to personal cost.

  The broader life situation of participants affected CDI grantees in different ways. **Excel Family Services** is unusual among CDI grantees in that participants attend its parents/caregivers classes as a result of a court order. Although “recruitment” is technically not a problem, participants had difficulty getting reliable transportation to the classes. This predicament put Excel project leaders on a course of deciding how to address participants’ needs (unrelated to parenting) and thereby overcome barriers to access.

  Familiarity with the complexity of participants’ needs and challenges led some grantees to intensify their networking and referral services with other providers (see “Networking with Other Providers” below). Other grantees chose to actually launch new (non-CDI) projects to address “collateral” needs of participants. For example, **North Valley Caring Services** works in a community that was traumatized during 2004 when one of its children was murdered. North Valley helped promote a Mothers’ March as part of a community grieving process, then supported the formation of a new teen council initiated by community members organizing to address violence in the area.

  Not every attempt to stretch into an associated activity was problem-free. **Lanterman** found that the absence of child care posed a barrier to participation in support groups for parents of children with special needs. Although this grantee started a companion child
care service at its Glendale venue, they still did not have “mass enrollment.” Lanterman’s difficulty with participant recruitment resonated with that of Children’s Hospital’s project offering support groups for parents of Spina Bifida children. An implication may be that the support needs of some parents with special-needs children are complex and (perhaps) not fully understood – and that the appropriate mix of services to address these needs (thus far) is a moving target.

- **Ability to understand correctly, participants’ needs.**

For other CDI grantees, success in project enrollment reflected the degree to which they had “got it” – that is, they had been able to apprehend the situation of their target communities and, after a planning process, designed services in a way that genuinely caught the attention and interest of the people they were trying to serve. This was not always an automatic process.

Our Saviour Center went through a bit of a metamorphosis after an unwelcome surprise. They had built a state-of-the-art clinic and announced health services via a distribution of fliers (and other media) in the community. But Spanish-dominant expectant mothers in the surrounding area, whom they ostensibly were there to serve, did not immediately flock to their facility for peri-natal services. In a moment of insight, the staff recognized that they needed to go beyond providing information about the availability of their services if they were going to effectively attract, and help, these expectant mothers. This, in turn, required a concerted outreach effort – getting out and meeting with people in the community, building their trust and confidence in the outreach staff, and working with families so they would see the relevance and value of the services in regard to their specific situation. While an unfinished story, the good news is that in the wake of such an outreach campaign, Our Saviour Center did see increased sign-ups for peri-natal consultation and screening.

- **Networking with peer providers who are working with the same target population.**

Some CDI grantees indicated that they can strengthen their ties with communities by joining forces with peer agencies serving similar or the same populations. The types of useful contact range from visiting other agencies to become familiar with their service,
to networking and referral services, to informal cooperation, to formal collaboration on a project. Grantees recognized they are “stronger together” by reducing unnecessary duplication of services and coordinating efforts in ways that create synergistic solutions to multi-faceted problems facing children and their families.

Community members themselves are more likely to “buy in” to a grantee’s project if they can see that the agency is working with other providers to “stay on top of the overall issues” families are facing. (For more information on CDI findings regarding inter-grantee contact building, see “Modes of Interaction” in the section on the Learning Exchange.)

- **Dealing with the effects of demographic “churning” and shifting political landscapes.**

Some grantees indicated that an ongoing challenge for them in retaining and effectively responding to the needs of children and families is not only to anticipate evolving needs of a target population and adapt services accordingly, but to stay on top of the evolving demographic composition of the communities in their service territories in order to (1) Identify the needs of newly-arriving families, and (2) Maintain contact with families that have left. South Central LAMP originally decided to develop a bilingual curriculum to accommodate an influx of Spanish-speaking parents. King Drew’s “Mom and Me” project is at pains to track teen mothers of premature babies after they go home from the hospital in what is evidently a very transient community. Union Station at one point indicated that they are getting “overwhelmed” with the growing number of families in Pasadena that are homeless.

CDI grantees that serve child care providers (Crystal Stairs, SCAEYC, St Mary’s among others) are challenged to stay one step ahead of the training requirements of the State of California for their participating agencies. They find that shifting accreditation and licensing requirements, inconsistent application of criteria for child care quality, and availability of funding from the State are hard enough to follow for providers already familiar with the system. As grantees, they are trying to prepare providers for accreditation who are immigrants dealing with English literacy and assimilation challenges themselves, and/or work primarily in cross-cultural environments where the translation of State requirements into a workable, effective service package is an elusive goal.
The significance of these challenges is that it is a constant battle to control attrition by participating providers whose capacity to bridge culture/language barriers and whose location in hard-to-reach neighborhoods give them an unusual edge in communities that are arguably most at risk of being underserved.

**Program Participants’ Situations and Perspectives**

In addition to gathering perspectives from grantees on factors accounting for increasing outreach to project participants, Semics interviewed or directly observed a range of participants to gain an initial understanding of reasons why they choose to access CDI-funded services. Semics believes participants’ perspectives can provide a type of triangulation of grantees’ perceptions from hands-on experience. While the quotes and observations of project participants below are mostly positive, they are nonetheless representative of one portion of participants (other portions will be documented in the CDI evaluation’s second year report.) From a learning perspective these perspectives do suggest points to be considered by CDI project staff and First 5 LA in finding a “fit” between services offered by a grantee, and needs expressed by the target community.

“Before I took the [CDI grantee’s] training classes, I was into odd jobs like cleaning houses and being a waitress. I had only finished 4th grade in Mexico. When I took the equivalency tests [at the end of the grantee training], I found out that I was at [the equivalent] of the 12th grade. Now, I work [as a teacher’s aide] at a school. My English has improved. I’m getting more [confidence] in myself….All I want for my children is for them to have a good education…Going through [this training] program makes me a good example to my children… [and] helped me qualify for my [current] job which, in turn, has improved the financial picture for myself and my family…”

— Parent who had recently graduated with her GED at one grantee’s training/day care program.
The following quote was culled from a transcribed record of an interview by a CDI site’s own external evaluator – not from Semics. Used with permission from the evaluator.

“…How to be patient with your children, how to take care of them. How to listen to them. Cuz a long time ago your parents would never listen to you. They would never sit with you and watch the T.V., they would never sit with you and play, they would never sit with you and make you try to learn numbers or colors or nothing…They were just too busy doing their things and without looking at you that you were growing up, that you needed attention, so that’s what I’ve been learning from here…To listen to him, to pay attention [is] I think the only way you could prevent them to be on drugs …That’s what I’m trying to do …. Play with them.”

— Parent describing what she has learned and started doing differently with her children after going to parenting and child development classes funded by CDI.

“Although my son is only two-and-a-half years old, I notice him talking more. He is becoming [more] outgoing. He is [getting comfortable] with [medical] appointments because he is not treated differently [from other children]…In February, he starts preschool and having been in the program, school will no longer be intimidating. The toys that were given to him helped [him] develop [motor skills]. The program introduced him to colors, numbers and the alphabet so that later [in school] these concepts …. would be less challenging for him…Challenges arising [from] my son’s condition are seriously considered in the design of the program [so that the activities] allowed him to grow.”

— Participant in a CDI-funded project for parents of special-needs children.

The latter parent’s account is one testimony of the way in which the parent has come to appreciate improvements in the status of her child as a result of the grantee’s intervention, combined with the outreach efforts of the CDI-funded program to the parents themselves.
Observations of Semics regarding project participants in CDI Year One.

• One participant in ESL/parenting classes is a single mother with a nine-month-old child. As a result of two years in these classes, she reports that she has learned to speak to her child in a more “mature” way instead of assuming all she has to do is feed him and put him to sleep – which is what her parents had done to her as a toddler. In addition to helping her child develop through more cognitively-oriented, adult-like interactions, the mother feels that she, herself, will also have a better chance of supporting her children financially after finishing the ESL classes.

• A four-year old girl lives in a home with two working parents, Spanish-speaking, with only one car. The girl’s family does not have health insurance, cannot afford to take her to the doctor, and cannot afford to take time off work to drive her to a clinic. On starting pre-school, she did not have all of her required immunizations. [The grantee] was able to take care of this need on site at the school, solving the family’s problem of a lack of access to health care services needed to enroll and keep their child in pre-school.

• A fourteen year old girl was in her ninth month of pregnancy. Uninformed and unprepared, the day she went into labor she was in her room at home. Her parents did not call 911 for 30 minutes, and the baby was born in the ambulance. The baby didn’t get enough oxygen and was in serious condition when they got to the hospital. In the end, the baby was placed in the NICU for six weeks. The baby appears to have come out of the hospital without permanent health effects from the birth, and is under the close watch of her grandparents.

Since the baby was born, the mother has returned to school and, needing a lot of support, receives home visits from one of the LVN/caseworkers. The latter encouraged the mother to go back to school and has helped the grandmother (who has limited English) to navigate through the health care system. Because the baby was born at home, and there was no attending physician, no one had signed the birth certificate – a requirement for becoming eligible to receive state services.

The LVN/caseworker helped the grandmother fill out forms, gave her numbers and contacts and sometimes translated for her. She also taught the mother and grandmother how to give the baby medication and how to be aware of different changes in the baby that might be of concern. She also suggested that the baby might not need one of the prescribed medicines for [presenting post-hospital symptoms], and the grandmother brought it up to the Physician’s assistant at her next visit to the doctor. The grandmother now is more comfortable calling the
LVN/caseworker; the LVN/caseworker visits regularly and helps them in ways that keep them calm and enable them to address issues at home rather than running to the clinic for every little incident.

The observations and quotes in this section point to what defines “value” for a small group of participants in CDI projects. Although more research on participants’ experiences and preferences is in store for Year Two of the CDI evaluation, the information from Year One suggests that participants are generally interested in grantees’ services because of the new options, opportunities and alternatives that can become available to them as a result of utilizing these services. Those options can enable them to reach forward and move to a new, preferred position or standing relative to the time pre-CDI – as they define it. The experience of bringing into people’s reach a range of new choices, or options, that have not been realistically available until now, is what many participants saw in CDI projects with strong participation results in Year One.
Navigating Community Complexities: 
Case Study of a Family Literacy Program

The factors that contribute to a CDI grantee’s successes, and struggles, in engaging with participants can not be fully appreciated without “situating” the issues in a community context and seeking a textured view of how a grantee addresses them. The case narrative presented below pertains to a Cycle 1 CDI grantee, Friends of the Family, in regard to the implementation of Project GoodStart. This project is an example of an established agency adapting a proven program already being used effectively by an array of other providers with a broader population of parents and children across the U.S. The CDI is targeting “new” set of participants – local (mainly immigrant) parents of children 0–5 in the San Fernando Valley. The project provides an opportunity to assess the impact of an established intervention on this population as well as the types of issues that might surface in this adaptation process.

Project GoodStart addresses the needs of expectant mothers and fathers to enhance parenting and bonding skills and the needs of parents of young children to (1) deal with family and child development issues, (2) access needed services and resources, and (3) create a home environment where literacy is valued. The extent of needs among the agency’s target population of primarily low-income, English-as-a-second-language families is reflected in numerous well-being and school readiness indicators.

Project GoodStart expands the capacity of Friends of the Family by funding the hiring and training of additional staff as well as the acquisition of necessary material resources (such as books and computers) in order to expand an existing program and target a proven strategy specifically to a population of parents with children under the age of five. It also facilitates the formation of collaborative arrangements between the agency and other community organizations in order to recruit participants and conduct classes. Project-specific monitoring and evaluation procedures include participant head counts as well as pre- and post-testing to assess program effectiveness in achieving family literacy outcomes.
Project Background

In Cycle 1 of the CDI, Friends of the Family (FOF) was awarded a grant in the amount of $1,258,182 over a period of three years for “Project GoodStart” (PGS). This project, an expansion of Friends of the Family’s successful FamilyRead and B.A.B.Y. programs, was designed to enhance FOF’s capacity to provide parenting and family literacy education to expectant parents and families with children 0-5 in the San Fernando Valley, with the long-term goal of increasing the school readiness of these children.

In order to enhance the family literacy capacities of children with parents who speak English as a second language in particular, this project was designed to increase literacy skills while building self-esteem and confidence. Specific strategies include conducting a ten-week series of learner-centered literacy and parent education classes facilitated through modeling, storytelling,
CDI has enhanced FoF’s capacity to provide parenting and family literacy.

The program is designed to increase literacy skills through learner-centered literacy and parent education classes.

Supplementary information on health and child development is worked into the program.

Friends of the Family: Project GoodStart

and other confidence building activities. Class participants are allowed to take home each week high quality children’s books that have been translated by PGS staff from English into Spanish and Armenian to encourage story sharing at home. In addition, class facilitators provide information about health and child development issues, as well as referrals to other community agencies and organizations that provide recreational and cultural resources and promote stronger community networks. Finally, annual Community Literacy Forums for up to 800 participants provide further opportunities for wider dissemination of information on literacy and community resources.

Project GoodStart was proposed to First 5 LA as an expansion of FOF’s successful FamilyRead and B.A.B.Y. (“Birth and Beginning Years”) parent education and family literacy programs. FOF’s prime objective is to deploy existing training resources through its own staff facilitators via modeling for participants the reading and “story sharing” practices conducive to family literacy, while at the same time encouraging parents in practical ways to spend quality time with their children. Facilitators also gain skills and resources to address families’ needs for social support arising from isolation, greater confidence with regard to their own literacy and communication skills, and access to information that will help them meet their children’s health and developmental needs and utilize community resources. By extension, the B.A.B.Y. program, which began in 1999, is designed to enable new and expectant parents, through the use of multicultural children’s books, to engage participants in discussion of prenatal and child development themes, while teaching literacy skills. Facilitators seek to address immediate concerns of new parents, to impart an
understanding of the relationship between reading and early brain
development, and to introduce reading techniques that benefit
infants.

CDI funding has allowed PGS to expand the existing programs’ physical
space, material resources, and staff training opportunities, enrich its
partnerships with other CBOs and enhance its procedures for data
collection and program evaluation, all with respect to participating
families with children 0–5. The long-term outcomes intended for this
project involve improving family literacy and, concomitantly, increase
the ability of parents/caregivers to provide educationally stimulating
and emotionally encouraging environments for their children. It
also aims to strengthen neighborhood networks and connections to
community resources. These targeted outcome areas address First
Five’s School Readiness goals and several progress indicators.

According to the Children’s Planning Council & First 5 LA’s
Framework for Tracking and Measurement of the Core Set of School
Readiness Indicators, of all groups in L.A., Hispanic families have

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Facilitators mentor
parents in techniques
of reading to children
and ways of talking
to them about
sensitive issues.

Intended program
outcomes address
First 5’s goals and
progress indicators.
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the lowest percentages when asked to report on whether they have supportive networks and are able to find information and assistance easily. Likewise this ethnic group rates lowest in terms of families with children ages 0-5 who are read to daily by a parent or family member (thus promoting cognitive, linguistic, social, emotional, and physical development). PGS’s target group is primarily Latino. As recent immigrants, in most cases they need assistance in meeting goals which aim for schools, families, and caregivers to work together effectively to ensure children a positive transition to K-6 education.

Community Engagement Strategies

PGS relies on both “word of mouth” and the distribution of flyers to attract participants, but gains most participants through referrals from community partners who provide meeting spaces for PGS classes, including local schools and Head Start agencies. Incentives such as certificates of completion, annotated booklists, and free children’s books are also provided to participants who attend regularly.

In an effort to achieve strong participation (both in terms of numbers and quality of engagement), FOF has sought not only to build stronger community partnerships, but also focused on the staff’s need for support and training. This is because staff development apparently has a motivational, confidence-building impact which the facilitators then transmit to participants. Families in this context need to feel that a program is “really working for them” in order to stay with it. According
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to interviews at FOF, the agency has sought to inculcate a strong team spirit or “passion” among PGS staff by regularly inviting the staff to reflect on the project’s design and goals, training them to incorporate an emphasis on school readiness into their teaching, providing mentoring, enlisting their active participation in weekly staff meetings, and enlisted their active participation in project evaluation design. The combined effect of these steps has apparently been to increase the self-confidence of staff in facilitating family literacy classes, and greater skills of reflection on various “intangibles” such as a child’s self-esteem, that may be as important as the skills of literacy per se in working with children 0–5.

Implementation Challenges

Project GoodStart has found challenging the requirement of the CDI grant to limit the target group for its expanded operations only to parents of children 0-5. Though this latter group was no stranger to FamilyRead and BABY in the past, the age limit has forced FOF to pay special attention regarding how to specifically reach the expected
number of this cohort of participants, particularly given the scaled-up capacity of the CDI-funded program combined with the often difficult circumstances facing mothers of very young children in the surrounding community.

As the project got underway, it soon became clear that the target group would be harder to attract than had been anticipated. Mothers of children 0-5 had difficulty regularly attending classes, even when they were conveniently located at the schools where their older children were attending. Though childcare was being provided at many sites, mothers often preferred to bring their children to class, especially those in the B.A.B.Y. program who had already given birth. In order to attract and retain these parents, project leaders incorporated a new strategy: Allow PGS facilitators to use the presence of infants and toddlers in class to model ways to use books to engage children in early stages of development.

Another aspect of the problem of attracting participants has been the project’s dependence on partners for recruiting participants, which at times has not occurred as expected. While this dependence might be seen as a weakness in the proposed plan, project leaders sought to improve and expand (not replace) their network as a potential remedy,

PGS gains most of their participants through referrals from community partners
focusing on building new ties with a larger number of local organizations with access to families as well as deeper ties with groups already in the loop. Along the way, FOF became more involved in the SPA 2 council and the Healthy Start collaborative, and opened new arrangements with local faith-based groups. FOF has also inaugurated a community event dubbed “A Festival of Readers” as part of the recruitment drive for GoodStart participants. Early turnout results were “spectacular.” Expecting 200 at the first festival, instead 800 people showed up. That number climbed to 900 one year later.

Short-Term Results and Emerging Lessons in Community Engagement

FOF staff reported that the community networking process has affirmed their belief that “partnering with new and long-term partners is crucial” for filling classes; that it is important to “be smart” about who else is already recruiting 0-5 families; that it takes much patience to develop relationships with new institutional partners; and that educating groups in churches and other community gatherings can pay off in terms of gaining access to parents with young children.

Having seen the need for both a new class format and a campaign to expand external partnerships, PGS staff became more aware of
the importance of evaluation. In working with project leaders, they developed an evaluation tool that asks questions about indicators in several different ways so that they can better understand where progress is truly being made. This came about partly by reflecting on early project results with respect to desired school readiness outcomes. For example, though it was assumed that classes would help to develop the leadership capacities and confidence of parents, particularly in dealing with the school system, the post-test results did not indicate as much change in this area as was anticipated. This realization prompted further discussion among staff at weekly meetings about ways that teaching could be adjusted so that a greater emphasis was placed on parents’ needs in this area.

As staff members have developed relationships with parents, they have gained a deeper familiarity with the interwoven complex of factors that pertain to school readiness challenges, beyond family literacy. For example, there has been a deepening awareness, not only among program staff, but clinical staff as well, of the relationship between poverty, economic status, and social and emotional well-being, with respect to preparing families for children’s transition to school.
One Family’s Story

Maria is a mother of four children, ranging from ages three to sixteen. Her experience and perspective on her involvement with Project GoodStart lends additional insight into the reasons she, and others like her, join GoodStart and choose to stay with it.

When asked to describe the program, she answered, “We communicate some topics like drugs, nutrition and anger.” She enjoys “discussing books and topics with other parents.” But the best aspect of the class for Maria is something she calls “counseling.” She described in her limited English the way that class participants offer advice to each other as they discuss their issues and concerns about their families.

Maria’s facilitator-teacher at GoodStart, Edna Ramirez, remarked: “There has been a noticeable difference in Maria from three years ago. The most noticeable difference has been seen in her confidence. Her daughters also see her as a stronger woman because she’s courageous. She’s learning and speaking English and fights for her rights and the rights of her children. She has a better understanding of what’s going on and an understanding of her rights and the law.” Edna continued by emphasizing that “Maria is very, very involved and her involvement has increased because her English ability and confidence have increased.
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Now she actively looks for and finds resources for her family.” Explaining what Maria likely meant about “counseling,” Edna remarked, “prior to the program no one knows about their personal issues or problems. But through the program she has met her neighbors and has come to realize that they share similar situations and confront similar problems in their families.” In the program “they counsel each other and help each other by making suggestions.”

Maria’s ten-year-old son also gave feedback on her progress. He said his mother reads to her children at least once a week, noting that her English and reading abilities had improved since she began the program. Edna made further comments on the way the program improves English and reading capacities of their families. “They (the participants) realize that they have something to offer to their families. They feel that if they can learn to read then their children can learn too.” Edna added, “We always tell our participants that we are just giving them the tools and the rest is up to them. They have to do it for themselves. The parents can be more supportive because they have the skills and increased confidence.”

Regarding feedback she had received from the children’s teachers, Edna said, “they love the program because program participants are more likely to be involved in their children’s education. Sometimes
parents recommend the same books that they read in the program to their child’s teacher. Mothers even bring books home to read to their children and the kids are so excited that they share them with other kids or with the entire class.”

Maria’s experience highlights one important point about community engagement as conducted by Friends of the Family. The project has apparently created a groundswell of popularity with some young mothers in the area because it addresses participants “where they are.” The project “hook” with parents is not family literacy per se, even though this is what the project is all about. The hook is establishing meaningful connections and building supportive relationships among peers based on a mutual recognition that the members of these classes share many life challenges in common outside the project itself. This is one of the contributions of CDI: creating a supportive mechanism for the achievement of school readiness outcomes, through partnership with (sometimes) seasoned agencies with nuanced outreach practices calibrated sensitively to the interrelated needs of a target population.
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Mapping Module II: MOVEMENT (continued)

B. Capacity Building

In this section of the report, Semics continues mapping movements as part of the characterization of broad-based system-building effects of CDI. Specifically, in the following pages Semics addresses the following questions with respect to systems change in grantee organizations, service delivery mechanisms and collaboration among service providers:

- What observable systems changes are taking place across CDI grantees? (Changes of a “systems” type refer to shifts taking place within and between organizations, in the way services are provided, and in patterns of interaction among service providers.)

- How are these changes carried out within discrete types of operating environments (such as grantees working primarily within institutions, neighborhoods, cultural groups or special needs populations)?

Grantee Organizations

What are some observable changes among CDI grantees as organizations?

Semics found that CDI grantees experienced organizational change in a wide variety of ways in 2004 in the process of implementing CDI-funded projects. The changes reported by grantees included “hardware” changes (expanding operational capabilities, implementation of new administrative systems, re-tooling of program evaluation policies and procedures) and intangible, quiet transformations (broadening of vision for the organization as a result of CDI program performance, higher staff morale, and attaining a new “status” or level of recognition in the provider community). While some grantees found that their experience was positive, others struggled with the changes; were still unresolved in their efforts to bring the change process to a “happy” outcome; and in some cases, were still not sure whether the changes would be beneficial. Examples of both types of experiences are indicated below.

Changes reported by CDI grantees as favorable and helpful (overall) to their growth and improvement as organizations:

- More flexibility in managing operations as the CDI project grew (Santa Monica College);
- More savvy in negotiating bureaucratic requirements and securing approvals (Harbor UCLA);
• Adoption of more systematic and formal administrative and communication procedures in order to meet compliance requirements (Friends of the Family);

• More formal evaluation methods – enhancing communication and reporting and boosting staff morale. One grantee went from a grass-roots, informal set-up to a program with systematic evaluation methods and a concomitant 70% participant retention rate;

• Attaining recognition, or a higher status. New Horizons is now seen as “specialist;”

• Vision of what children are capable of doing expanded greatly in one project – motivating development of a new plan to take services “to the next level” and work more closely with Head Start (The Help Group).

Changes reported by CDI grantees as “reality checks” that were giving them headaches and were perceived by grantees as blocking desired progress:

• One project manager was dismayed at the need to navigate political pressure from community stakeholder groups demanding “early” results when the real impacts on the project’s participants could not be ascertained for a few more years and it was not yet clear what the most appropriate performance measures were;

• At least two grantees reported delays in project implementation related to bureaucratic barriers – in these cases, collaborating project partners’ strict policies on paying key personnel or contractors;

• In one project, new tensions were created when management staff in other departments of the grantee organization felt threatened by the introduction of the CDI-funded intervention based on “turf” issues.

• A few grantees were funded by First 5 LA to implement projects that were tangential to those grantees’ historical organizational missions (WIC, Bundle of Joy). Although the grantees made significant changes to their services, it remained unclear whether their projects would be fully embraced as part of an expanded organizational mission, or kept marginal with the grantees’ mission largely unchanged.
How are these changes unfolding in different operating environments?

- One grantee observed that running a CDI project that is part of a large institution has a “double-edge.” On the positive side, institutional anchoring can contribute to the stature and credibility of a project, enabling it to attract positive media attention, participants and possibly additional funding. But to do well in this context, project managers need to know how to navigate bureaucracy, identify and secure necessary approvals and clearances, and proactively use institutional resources to the project’s advantage. Inability to navigate bureaucratic hurdles can lead a project to “get off track” or impeded by rigid rules or unsupportive actors. One positive example: Blocked from reaching new mothers due to a hospital staff’s interpretation of HIPPA, Harbor UCLA’s CDI project director found a way to negotiate successfully with several departments to gain access to patients. This change paved the way for the project to generate higher awareness among hospital staff of the importance of breast-feeding education.

- Semics observed that projects lodged in community-based organizations (large or small) can generate a “capacity surge” in which a large increase of resources, and associated program commitments, are taken on board all at once. The positive side of this situation for many grantees is that the new project can add critical amenities and resources such as physical space, equipment, upgraded administrative and evaluation tools and skilled personnel— all of which can bring a needed boost to the organization as a whole. The challenge in this situation is for a grantee to anticipate and stay on top of the inevitable management headaches and pressures associated with any rapidly growing organizational endeavor. How the growth process is managed can often “make or break” project success and can either help, or hamper, the host organization.

Child and Family Guidance, funded to conduct an expanded in-home visitation project focused on increasing family literacy in the San Fernando Valley, is one of several grantees for whom project “success” posed unseen management challenges in 2004. Rapid growth of its CDI project led to a shortage of physical space for project operations. The project managers sought to relieve this shortage by making presentations about their project activities to a number of other organizations with additional space. Child and Family Guidance is an example of a “creative problem solver,” in this case because they parlayed a problem into an opportunity for a new form of outreach.
The experience of this, and other, grantees thus far suggests that as part of any rapid growth experience, new problems are not likely avoidable. The challenge is for grantees to rise to an unseen problem with an equal dose of creative adaptability. In the end, project results may not conform exactly to original expectations, but the project might still be defined as a success when intervening circumstances are taken into account. Not only this, but organizations forced by circumstances to adapt and implement creative solutions may, in the adaptation process, see a “surprise” increase in their capacity and sustainability while keeping momentum toward project outcomes.

**Service Delivery Mechanisms**

Changes in service delivery mechanisms (or strategies) are defined as shifts in the way a program operates, or implements, its core activities. These changes are put into effect for the most part because grantees perceive them to be more effective in helping them reach their objectives, or a necessary part of launching a new or innovative project. Changes typically are focused on putting into effect new practices, procedures or policies consistent with a program’s design for delivering services. This type of change may help a project to optimize its resources, leverage better results (as defined by the grantee), reach a new population, or some combination of these. It may be enabled by the insertion in the project of specific amenities such as new technology, other equipment, or larger/better operating space. But the use of “hardware” in this context is typically a handmaiden to the core change process, which lies in the way(s) the project itself is designed and implemented. Service delivery mechanism changes are included in Semics’ notion of “systems change” because they are intended to result in a longer-term stream of benefits to project participants and may provide a key to achieving better participant outcomes. As such, they tend to function like capital investments.

**What are some observable changes in grantees’ mechanisms, or strategies, for delivering services in the course of implementing CDI-funded projects?**

Following are examples of CDI grantees who implemented changes in the delivery mechanism (or core process) associated with their “brand” service – either by incorporating a new, strategically significant type of intervention into their pre-existing delivery system, deploying a new type of curriculum made possible by better communication technologies, or re-focusing a rehabilitation model using process innovations piloted by a CDI-funded project.
USC’s Community Based Treatment Center (CBTC) aims to provide comprehensive health services to children who are under LA County Department of Child and Family Services (DCFS) supervision, and who may be at risk of “falling through the cracks” of the foster care system. When a child is under DCFS supervision, s/he often is referred to places all over LA County to obtain medical services. The fragmentation of services has resulted in some children having a substantiated child abuse case, especially dealing with molestation, not receiving treatment.

USC’s proposed solution is to integrate under one roof the County’s medical, psychological, and dental services for children in the foster care system, focusing especially on serving SPA 4 (Boyle Heights/East LA). Service integration will occur through a partnership between County-USC Hospital and LA County’s DCFS. USC provides medical doctors, DCFS provides space. DCFS will directly transfer children to an integrated medical intervention program and place two DCFS Social Workers at the center to facilitate access to a restricted DCFS database. First 5 LA CDI funding covers brick-and-mortar renovation costs, medical supplies, and equipment necessary to make the project run. The project is being closely watched as a potential model for integration of services for foster children.

Although delayed during implementation by a number of factors, the CBTC is one example of a project in which CDI has helped set the stage for service integration based on inter-organizational cooperation. Semics is interested in following the start-up operational phase of this project as part of its sub-study of factors associated with service delivery enhancements.

Prior to CDI, Public Health Foundation Enterprise - Women, Infants & Children (PHFE-WIC) had provided almost exclusively nutrition-oriented services to low-income communities, using resources such as food vouchers and breastfeeding education. With respect to CDI, PHFE-WIC received a $5 million grant from First 5 LA to provide literacy services to their existing target population for 5 years. Prior to this grant, the grantee had never formally embarked on providing such services. The project’s strategies in addressing literacy are:

1. Provide mothers with materials to help them understand their child’s development;
(2) Provide age-appropriate literary materials (for example, they hand out board books to infants, coloring books in Spanish/English to toddlers, and backpacks to school-age children); and

(3) Inform, refer, and educate parents on the library services available to them through their local library branch.

Prior to CDI, the extent of most of their interactions with clients had been mostly to offer food vouchers. Participant visits lasted about 5-10 minutes. With the CDI project, however, clients spend more time with their case worker. Their case worker assesses any literary needs the clients may have, provides clients with appropriate materials, and takes the time to educate parents regarding their child’s developmental stage and what they can do to support this stage at home. An emerging result of this project is that WIC has not simply started providing a new service, but seems to be moving in the direction of changing the way its services are delivered, and the way its participants perceive the organization.

• The center for autistic children and their caregivers at the Neuropsychiatric Institute at UCLA received support from First 5 LA to purchase, install, and integrate computers and multimedia learning software into its instructional and family resource services. CDI did not directly fund the ongoing operations of the Early Childhood Partial Hospital Program (ECPHP), but enabled the center to acquire and install computers. The grantee’s use of custom technology made possible new innovations in the scope, and process, for services. These included new methods and tools for delivery of enhanced literacy instruction and computer skills training for autistic children, and new information materials and resources (including a new resource website) for parents of autistic children.

• Prior to CDI, Shields for Families had already been providing child care services to infants and children, primarily on a custodial model. CDI funding enabled Shields to hire a Child Developmental Specialist. This Specialist identified many gaps in services needed to meet the developmental needs of the children in the child care program. As a result, a range of therapeutic services was made available to children, including Denver screening
on all children enrolled in the program; complete developmental, psychological, and medical assessment for children with significant problems; formulation of Individualized Developmental Plans; referrals to specialized support services for children with special needs; development of a comprehensive parent-child curriculum; weekly parent-child interaction classes; and in-home visits to integrate child development activities into families’ home routines.

CDI funding thus appears to be helping Shields to move services for children from a primarily informal babysitting service to a formal child development center that is clinically-structured and therapeutically-driven. While the program is still running, it has already had the effect of integrating child development interventions into the grantee’s overall adult drug rehabilitation and treatment process for parents. This evolution has begun because the project is raising the level of the grantee’s overall understanding about the relationship between child care, child development, and adult rehabilitation.

- The Help Group received a CDI grant to create the Young Learners Preschool and Early Intervention Center for children with developmental disabilities, especially autism. Services associated with these facilities include a diagnostic center, a therapeutic preschool (intensive full-day “therapeutic milieu” for 2.9-5 year old children with special needs related to social/communicative and emotional/behavioral disabilities); and individual, family, and group counseling on site or in-home.

The Help Group had provided these same services to children K-12 and their families prior to CDI. The CDI funds enable them to “extend these critically-needed services to the most vulnerable population”—children under five years old. While the population and services are not new to the grantee, the significance of CDI is that it allows the grantee for the first time to situate behavioral rehabilitation and mental health components within a pre-school environment by targeting special-needs services to pre-school age children. From the grantee’s point of view, this is a genuine change in service delivery, since the mode of delivery of a familiar package of services is re-calibrated for a different age group.
• **Bundle of Joy**’s (BOJ’s) CDI-funded project is mid-way into implementing a non-conventional strategy to address early child development. Observation of participants, and findings from a community needs assessment, brought BOJ to the conclusion that it should incorporate into its child care services program a project that leads to better nutrition for children and families. Families on low incomes can have healthy meals delivered at no cost. While the results are still being assessed in regard to this project, early numbers for community participation were positive. If nutrition improvements are found to be associated with improvements in early child learning, this project will have paved the way for a substantial new component in the bank of services provided to children and families in its service territory.

**How are these changes associated with the operating environment?**

Thus far, service delivery system changes in CDI appear most salient and applicable to two situations: “tweaking” of grantee service packages for early child development (PHFE-WIC, Bundle of Joy), and establishing service innovations or expanded options within existing rehabilitation/recovery programs – particularly among populations involving children with special needs (**USC**, **The Help Group**, **UCLA**, **Shields for Families**).

For example, the introduction of family literacy services in **PHFE-WIC** appears to simply leverage an existing service delivery system. But as noted earlier, the nature and scope of services required for family literacy may lead to changes in the nature of WIC services delivery itself compared to the “nutrition only” days.

In the case of recovery/rehabilitation/special needs projects, the application of services oriented to child development has produced varied service delivery changes: enhanced skills development capacity (**UCLA**), integration of early-learning programming into rehabilitation services for pre-school children with autism (**The Help Group**), and child development skill-building for parents who are recovering from addictions (**Shields**).
Inter-Agency Collaboration

Semics’ assessment of “systems change” in CDI with respect to inter-agency collaboration begins with a broad evaluation question: What is the difference that collaboration makes in regard to productivity and effectiveness in the service system? In the context of CDI, collaboration involves the coming together of multiple service providers in order to address a common need from multiple angles, presumably in order to leverage services and optimize potential impacts on preferred outcomes.

In the long run, the benefits of collaboration generally are perceived to take the form of efficiency gains (decreasing cost of services per participant), effectiveness (better participant outcomes), or a combination of these. In the short run, collaborative arrangements generally require additional costs so that the right ingredients of new system capacity – in this case, the mechanisms and protocols for service coordination – can be designed and implemented in ways that are appropriate to the specialized types of interventions that are to be included. From this perspective, an assessment of collaboration arrangements belongs in the “systems change” category because they function like an infrastructure investment. An up-front outlay of resources makes the collaboration possible; the “pay-back” comes over several years as the new level of service capacity and coordination takes hold and is sustained. For collaborating agencies, there may be an additional short-term incentive: more assured access to a client base.

Semics has identified varied shades of collaboration among CDI grantees, from deep, formal coordinating of services to informal agreements to share staff or space. Accordingly, there are also different types of collaboration-oriented projects in CDI. First are grantees that were formally contracted to function as a collaborative. Grantees in this category include Child Care Information Service (CCIS) and Child Health Works of Children’s Hospital Los Angeles. Second are grantees that were not funded by CDI as a collaborative but have projects that depend fundamentally on creating and maintaining a process of collaboration with other agencies for the proper completion of their work. Semics calls this “non-formal” collaboration because the projects are implemented on the basis of good-faith, non-binding agreements among providers, of which only one has CDI funding. But these agreements are of interest to the CDI initiative evaluation because their inclusion in the design and delivery of services is critical to the achievement of project-specific outcomes. Examples are LA Conservation Corps, California Council of Churches, and Friends of the Family.
Third, a few grantees are networking with other organizations to raise awareness of key public policy issues related to their CDI-funded services and discuss possible avenues for policy advocacy. Our Saviour Center, North Valley Caring Services, and California Council of Churches are examples of this type of collaboration.

While virtually every CDI grantee has to work closely with other agencies as a normal part of project implementation, the focus in this report is placed on those grantees for whom collaboration is, or appears to be, part of the core purpose or essential to the completion of the CDI project even if collaboration is not specifically funded via CDI.

Following are examples of the second type of collaboration defined above – non-formal collaboration taking place between individual CDI grantees and other, non-CDI agencies in Los Angeles.

- **LA Conservation Corps** is a CDI grantee whose objective is to install playground equipment in over one dozen communities around Los Angeles County. Despite a tight timetable, the project has remained on schedule at the majority of sites during the project period. There are a number of benefits to the grantee’s target communities stemming from the installation of this equipment in community parks, benefits that appear to be calibrated to effectively meet the needs defined in the grantee’s original proposal to First 5 LA.

But what is important to note here is that the project’s timely execution has depended critically on the grantee obtaining prior agreements, clearances, permits, equipment, and design renderings. Each project planning item was required from a different member of the development team associated with each park: city governments, architects, suppliers, inspectors, and community members, among others. The project exemplifies not only the kind of activity where collaboration has to be built in by design, but (based on Semics data) the fact that there can be a visible pay-off when collaboration is managed well. The interim results of LACC’s project corroborate a comment from another grantee involved in a collaborative project during 2004: In order for collaboration to work well, each party’s role(s) and responsibilities should be spelled out clearly before implementation begins.
With respect to the factors associated with effective execution of first-order (formal) collaboration, Semics looks at each applicable case in CDI, build a sense of the larger issues based on data from multiple sites over time. In keeping with this approach, Semics has written the following case narrative in reference to a family literacy collaborative, Child Care Information Service (CCIS), in Pasadena. The purpose of the case narrative is to examine in an initial way the parties’ roles and responsibilities, agreements, protocols, mechanisms and emerging results from the standpoint of participants’ reported experiences. The objective in this exercise is to begin to clarify the issues and factors associated with the contribution of “collaboration” per se to one type of intervention that prepares children to be active learners in school – family literacy.
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Project Abstract: The Pasadena Collaborative Literacy Project

The Pasadena Collaborative Literacy Project (“PCLP”) is a collaborative effort among five organizations in the San Gabriel Valley that addresses the need to improve the quality of early childhood education and care and enhance family and child literacy from a variety of interrelated standpoints. The project is the result of several years of planning and discussion on the part of the participating agencies and draws together diverse resources that span multiple circles of influence to address what the collaboration views as a multi-faceted issue. CCIS, the grantee agency, is responsible for financial administration and reporting on the project, facilitating interaction among the collaborators and providing some direct services.

At the core of the project is a series of college-level courses and support services offered at no charge to child care providers at Pacific Oaks College in Pasadena. The providers’ participation facilitates access to children at the schools and centers at which the providers work and their parents for recruitment into the other services offered by the collaborative, including ESL classes and an introduction to public library services. The project has contracted with the UCLA Graduate School of Education and Information Services, Center for Improving Child Care Quality, to conduct its project-specific evaluation.

The PCLP is an example of First 5 LA funding facilitating the execution of a concept for addressing multiple issues associated with a particular need and the formal interaction of diverse community resources in doing so. The project offers the opportunity to assess the impact of such a collaborative on the literacy of the target population as well as to monitor the formal collaboration process among diverse agencies focused on a common goal.
The Agencies

**Child Care Information Service** (CCIS) manages child care referral and financing services in the San Gabriel Valley and is the “lead” agency in the project. It provides administrative services for the project and facilitates interaction among the participating agencies.

**Pacific Oaks College**, located in Pasadena, specializes in human development, counseling and issues associated with teaching credentials. Literacy classes for providers are conducted at the college.

**Center for Community and Family Services** (CCFS) provides a range of services from early childhood development and nutrition to housing and job training. CCFS operates 11 Head Start children’s centers in the San Gabriel Valley and provides the family literacy component for the project with special attention to provider lending libraries. CCFS also oversees the delivery of mentoring services and ESL classes.

**The Frostig Center** has provided services related to children with learning disabilities for more than 50 years. Its role in the project is to provide instruction through the college to assist providers in identifying and addressing the needs of children with learning disabilities.

**Pasadena Public Library**, which operates 10 facilities throughout Pasadena, offers “reading time” and introductions to library resources through visits to provider sites and tours of the libraries.

The following diagram depicts the relationship of the collaborative agencies to each other and to the recipients of the services: educators/providers, parents and children.
In this diagram, the arrows identify the direction of interaction across agency partners and project participants in regard to specific services. For example, Reading Time at the Pasadena Public Library is an ongoing service that directly targets children 0—5, educators, and participants at the Frostig Center and Pacific Oaks College. The arrows that start at Pasadena Public Library and point toward the other parties indicate these linkages. By the same token, children 0—5 and parents regularly participate in Reading Time, and the library is tracking their participation to help understand the effects of Reading Time on family literacy levels among participants. The arrows pointing from children and parents to the Pasadena Public Library indicate this relationship. The dotted lines only indicate which groups are related on the basis of the fact that they are individuals, and which groups are related based on their being organizations.
The Need

One of the goals related to enhancing school readiness is that “families and caregivers interact with children in ways that promote cognitive, linguistic, social-emotional and physical development.”\(^1\) A tracking indicator for this goal is “the number of children ages 0 to 5 who are read to daily by a parent or family member.”\(^2\) For Los Angeles County as a whole, 44% of all children report being read to daily, while only 37% of Latino children, fall into this category.\(^3\) Increasing family literacy is the primary need that this project seeks to address. PLCP wants to reach children and parents of all ethnicities. Its service area does include large Latino and Armenian communities, and thus PLCP has attempted to address the particular needs of these communities by including culturally and linguistically appropriate materials in its curriculum and lending libraries.

Family literacy or lack thereof, is the result of numerous factors. The PCLP addresses needs associated with parents and providers of daycare/preschool services and their ability to create and maintain an environment that values and fosters literacy. Assessing the project from a theory of change framework, these needs include:

Parents

- Adequate language skills
- Awareness of the value of literacy
- Appropriate tools and training
- Support
- Access to reading resources

Center for Community and Family Services (CCFS) follows a Family Literacy Model that consists of four elements: Early Childhood Education, Parent Education, Parent and Child Together (PACT) Time and Adult Education. The Literacy Resource Library falls under Early Childhood Education as well as the Teacher/Provider Literacy Kits.

The Literacy Resource Library provides materials that daycare centers would otherwise not have the funds for.
The Literacy Resource Library is extremely important because many providers, especially those from family daycare centers don’t have the funds to buy books and materials.

“Families are impacted by our services both directly and indirectly. The Parent Support Group Network and Family Literacy Plan, Raising A Reader Program are all first introduced to the teachers and providers during trainings done both during the Pacific Oaks class time and outside the class. They are encouraged to conduct workshops with parents to pass on the information learned in the trainings. We provide teachers and providers support through the whole process. They are encouraged to contact me (FLC) so that I can assist them in putting the workshops together so they can specifically address their parents and families needs. I also let them know that I can facilitate the actual parent workshops if they are not comfortable doing it themselves.”

— Tanya Diaz
Family Literacy Coordinator
Head Start Center for
Community and Family Services

Service Providers

- Improved literacy training skills
- Access to resources
- Support

Tanya Diaz oversees CCFS’s Lending Libraries which provide educational material exclusively for the teachers/providers. The material (books, games, puzzles, puppets, and audio) was in English and Spanish, with consideration as well to provide other ethnic-sensitive material for African American, Asian and Russian groups. Presently, some 50 participants are involved in the Pacific Oaks Saturday class from 8:30 am to 4:00 pm, every other week. There is
In the first year, PCLP had to add one class for the participants in the Pacific Oaks courses.

The Collaborative Literacy Project incorporates into their literacy services three lending libraries – located in Glendale, Altadena and Pasadena. The purpose of the lending libraries is to assist Pacific Oaks participants (family literacy and daycare providers) and to encourage and facilitate literacy by offering books, literacy material including puzzles, puppets, alphabet and numeric manipulative games, taped music stories for infants, toddlers and pre-school age children.

**Children**

- A literacy-fostering environment
- Awareness of resources

Assisting in implementing literacy awareness with children (rather than working through providers only) is the Pasadena Public Library. Since the PCL Project began, the Pasadena Public Library has catered directly to children and their parents – promoting and encouraging the use of the library and its resources in support of literacy.

Over 152 children have attended library events (reading times, creative presentations, tours, etc related to the collaborative). All the
children come from the centers/homes of providers enrolled in the Pacific Oaks College CDI program. Also, the library offers assistance to participant CDI providers and their children by providing two “library liaisons”, Theresa Amy and Lorrie Oshatz, who under the supervision of Librarian Pam Groves-Gaggioli reach out to the children through creative story-telling hours. Pam described how the kids have been very enthusiastic about attending events, tours, and reading times while parents observe and take part right alongside them.

**The Project**

The project itself encompasses a number of interventions with which the participating agencies are familiar, and services that they provide. CDI funding is enabling the agencies to coordinate outreach and service provision in order to (1) increase the number of participants and (2) potentially enhance the impact of the interventions.

The primary outreach is to the daycare/preschool providers. CCIS, as a referral agency in the San Gabriel Valley, facilitates access to potential project participants. Providers are offered year-long college-level literacy training courses at Pacific Oaks College at no cost in return for agreeing to participate in other project activities. The literacy training is supplemented by input from representatives of the Frostig Center with regard to identifying and addressing the needs of children with learning disabilities. Providers also receive mentoring support and access to project-funded resource libraries.

Through the providers, parents are recruited to participate in a variety of parenting and literacy-related activities. These include ESL classes, family literacy training, support groups and opportunities for structured parent/child interaction. Access to family literacy services is facilitated by CCFS. The project also provides direct services to children through the Pasadena Public Library. Participating providers are visited once a month by library outreach liaisons to provide and model reading time...
for the children. Additionally, providers are encouraged to bring their classes on field trips to the library in order to generate awareness of available resources.

The project-specific evaluation is being conducted by external evaluators from the UCLA Graduate School of Education and Information Studies, Center for Improving Child Care Quality. Evaluation activities focus on behavior changes on the part of participating families, using pre/post testing and standard instruments such as the ECERS-R, as well as self reporting on changes in attitudes towards and practice of family literacy.

CCIS operates as the lead agency in the collaborative, employing the Project Manager and being responsible for financial accounting and project reporting. Participating agencies operate independently, with principals attending monthly meetings to review progress, discuss project-related issues and collectively decide on matters that affect overall project performance. At a recent meeting, the issue of compliance of the participating providers with the terms of the agreement was addressed. Specifically, the question was raised as to whether providers who failed to schedule time for mentors and librarian visits should be allowed to continue with the class work offered at the college. The committee decided to attempt to work with the providers to encourage full participation.

In the second year of the five-year project, the PCLP appears to be on track with regard to recruitment and retention of participants. As might be expected, given the complexity of the project, initial project assumptions are under continuous review with adaptations being made to reflect practical realities.
CCIS: Pasadena Collaborative Literacy Project

**Observations**

How to deal with participating providers’ difficulties in complying with the terms of the agreement highlights key factors about this systems-oriented approach to improving family literacy.

Based on the apparent premise that a multi-faceted approach can be effective in improving literacy, the collaborative partners require access to parents and children, and the daycare/preschool providers are key to obtaining such access. The availability of free courses at the college is the apparent motivation for securing participation in the program, and the agencies recognize that it also serves as leverage for ensuring cooperation. In short, information collected to date suggests that CCIS is “hitting the numbers” by conducting training with the intended number of child care personnel in the area of family literacy. But consistency of follow-up participation among child care providers outside of classroom training – such as maintaining interactions with assigned mentors and librarians – can be difficult. Over the course of the project, PCLP will need to continue to test, and adapt, the underlying assumption that appropriate incentives, such as tuition-free courses, are sufficient by themselves to garner the necessary involvement of participants.

A similar point can be made with respect to providing these services as a collaborative. Given the differences in the types of agencies conducting these efforts and in the types of interventions being employed, the manner in which the PCLP is addressing family literacy (targeting multiple factors through the coordinated resources of several providers) merits special attention. Clearly, each participating agency is capable of addressing individual components of the issue independently. Collaboration requires additional effort and adds a layer of administration to the agencies’ operations.
Numerous factors can affect the decision of any agency as to whether, and how, to continue to participate. So it will be important to look beyond the measurement of behavior change in individual participants and continue monitoring the workings of the collaborative itself. In this process, it will be helpful also to understand how collaboration helps the participating agencies to “leverage” desired outcomes at a system level — including efficiency, capacity and sustainability — as well as to maintain access to a wide pool of potential program participants.
Process & Implementation Issues
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PROCESS and IMPLEMENTATION ISSUES

Semics’ analysis of data collected from CDI grantees in Year One revealed a constellation of issues tied to the design and implementation of grantees’ projects. These issues had to do either with the specific processes involved in executing the projects, or the type of grantees’ interventions on behalf of children 0—5 and their families.

Semics’ objective in this section of the report is to highlight implementation issues as potential foundations for learning. They include preschool capacity development, mobile service vehicles, facility construction, cultural fluency, child care quality, and collaboration. Examining these issues can shed light on some factors that need to be taken into account in creating or managing a funding process involving projects of this kind both inside CDI and out.

Although Semics noticed these issues in the context of identifying operational challenges facing CDI grantees, none of the issues reflects negatively on the work performed by the grantees themselves. On the contrary, these issues are typical of what will come up for any project that is implementing an innovative service program in the real-world conditions of communities in L.A. County.

Preschool and Day Care Operations: School Readiness in a Tight Market

Odlin Time, Korean Youth Community Center (KYCC), Watts Labor Action Community Committee and Happy Bear School (Casey Dalton) are CDI grantees whose funding contracts with First 5 LA were focused either on development of preschool or child care projects. All of them spent CDI funds on similar items such as facility renovations, books, teaching materials, and (to some extent) development and retention of staff.

These projects operate in a “marketplace” in which a large number of providers are competing for children to fill preschool slots. Although these providers do not serve families in the same community in LA, all are affected by a competitive race among LA providers particularly for low-income children who are eligible for State childcare vouchers. Enrolling children with vouchers allows providers to (1) Stay focused on their mission of serving low-income communities; and (2) Earn enough money to justify their investment in operating the preschool year-on-year.
Preschool directors (and child care operators) thus place a premium on filling a niche that enables them to survive in a competitive marketplace. “Survival” translates not necessarily to obtaining new grants (although grants are no doubt on any provider’s radar). Rather, a measure commonly used by preschool and child care directors for sustainability is a provider’s ability to keep an optimum number of slots filled on a consistent basis. This is a basic viability indicator for day care and preschool managers in CDI. Some operators have too many slots and struggle to fill them – or struggle to fill them with kids whose families can pay with State vouchers. Others may have too few slots, are impacted by a waiting list, and still struggle because they do not have the capacity to accommodate local demand. The paradox is that they cannot make ends meet even with a line of people outside the door.

To the degree that First 5 LA is concerned about sustainability for child care/preschool providers, the business imperatives facing providers could be taken into account alongside school readiness indicators. Currently, First 5 LA typically is asking CDI grantees, “How will an investment in (a particular grantee) pay off in terms of achieving desired outcomes for children with respect to school readiness?” Concern about quality standards in early care and education clearly is a matter of critical importance for services in this area. But grantee program operators are also wondering, “How can I invest grant dollars so that I will optimize my number of slots and create a stable enrollment for the next ten years?”

Happily, these agendas appear to overlap significantly. If First 5 LA investments enable grantees to achieve a quality standard that can succeed on the basis of school readiness indicators, the grantees’ management capability enables their programs to expand and stabilize so that school readiness outcomes can be realized over the long term. From a funding perspective, it may therefore be useful to ask questions such as the following (in addition to questions about school readiness and/or service quality):

- What is the business reasoning behind the investments proposed by a preschool/child care grantee with respect to program improvements?
- How will the proposed investments add value to a provider’s services from the standpoint of giving children the foundations that the parents want for them?
- What difference will this investment make from a discounted cash flow perspective over ten years?
By raising these (and perhaps other, similar) questions, First 5 LA can: (1) Validate a reality-tested concern among grantees about sustainability of operations in a competitive marketplace; and (2) Reflect with a grantee about the merits or risk characteristics of specific investment decisions using grant money, based upon a provider’s ability to not only achieve a higher quality standard, but continue to achieve its desired outcomes beyond the grant period.

**Service Mobility and Service Access:**
**Strategies for Effective Outreach**

CDFI grantees such as Monrovia Bookmobile, Citrus Valley Health Partners, and El Proyecto del Barrio are implementing projects that depend (at least in part) on a “service-loaded” mobile vehicle for service delivery. A major reason for providing mobility is to take services to the people in places where the services are most needed. This will be more effective in reaching the community than asking people to get to the service venue on their own (participants tend to not have a private car). Mobile-vehicle service platforms are seen by some grantees as an important factor in overcoming barriers to service access. However, these grantees have found that in some cases, the saying “if we bring it, they will come” is not necessarily valid.

For example, Monrovia Bookmobile has sought out venues that seemed “quick wins” for finding and attracting participants in family literacy activities on a regular basis. These venues include schools (right after school-age kids are dropped off by parents in the morning) and local parks on some afternoons. Yet the expected numbers did not automatically appear — leading the project directors to try other sites and activities designed to attract participants.

In a different setting, El Proyecto del Barrio found that replicating mobile services is hard to do in East LA, compared to their “home base” in the San Fernando Valley. For one thing, East LA has narrower streets and there are more restrictions on where one can park. To overcome these obstacles, El Proyecto del Barrio switched the mobile unit for smaller vans which could deliver supplies to its stationary clinic in East LA rather than being used as a mobile clinic. Mobility was thus “tweaked” to accommodate local constraints without sacrificing services.

It became evident to these grantees in that mobility of services is a contingent condition of effectively overcoming barriers to service access. Mobility per se had to be matched with other means of face-to-face outreach so that participants are made to feel that their needs are understood, that the project staff members are making a real investment in them, and that the mobile services unit is only one part of a strategy that can “work” for them.
Armed with these complementary outreach components through the deployment of promotoras in the East San Gabriel Valley, Citrus Valley has shown consistent positive results in attracting participants to the use of its mobile services unit. The point is that in order to maximize mobile services in their role of addressing service access barriers, additional outreach efforts are needed to earn the trust and build interpersonal connections with intended beneficiaries. In the case of El Proyecto, overcoming access barriers translated in practice to re-thinking the nature and role of mobile services in order to meet the actual need of East LA residents for health services. This adaptation reflects a degree of resilience and creative problem solving to the degree that “learning the ropes” in a new context required the grantee to revisit original assumptions about the area. It also reflects the flexibility built into CDI to the extent that (significantly) re-calibrating services was permitted by First 5 LA in light of new information.

**Facility Construction:**

**Funding Challenges and Service Delivery Impacts**

Semics observed more than one case of a CDI-funded project in which delivery of services by a grantee depended on first completing the construction or renovation of service facilities. An assumption was that new or better physical space would lead to better services, and ultimately to better participant outcomes. In some cases, CDI funds covered both facility construction and service delivery; in others, the funds covered facility construction only, but with the understanding that services would begin and would be tracked as one part of project outcomes.

In all cases, delivery of services fell behind schedule to one extent or another due to unseen delays in construction. Such delays are generally hard to avoid, and organizations that do not specialize already in construction may be particularly prone to experiencing them. For example, one grantee renovating a preschool site hired a contractor who subsequently ran over budget and had to make change orders late in the project. This situation led the grantee to seek new authorization from First 5 LA to reallocate budgeted funds to complete construction, and to revise the timetable.

However, delays occurred also with providers that had had previous experience in housing construction. For example, problems with toxic pollution at the site selected by one experienced grantee for construction of a new child care facility forced the grantee to find a short-term alternate location to begin offering child care services under CDI contract while seeking to resolve what turned into an unexpected, long, and tough problem.
First 5 LA managed these situations commendably, according to the grantees. Allowances were made for these delays as they occurred, and First 5 LA’s flexibility especially on project implementation timetables allowed these projects to be completed even if not as planned. Post construction, the services provided by some grantees are now benefiting from the use of better physical space.

There is no doubt that delays, change orders, and problems are a normal part of any construction project – even for experienced housing providers. Nevertheless, the fact that unanticipated problems came up in the majority of CDI-funded projects involving construction is instructive. Going forward, the question is not how to eliminate or avoid problems in the construction process, but rather how best to manage them.

**Crossing the Divide:**
**Culture/Language Fluency and Participant Outreach**

Several CDI grantees including Friends of the Family, Child and Family Guidance, Proyecto del Barrio, Citrus Valley Health Partners, Asian Pacific Health Care Venture (APHCV) and KYCC augment their outreach activities and interactions with their target populations by hiring staff who either come from the same culture groups, or speak the language of participants fluently. From the perspectives of grantees, strengths of this approach include an ability to see participants’ needs “through their own eyes,” signaling to target communities that “we are investing in you,” going deeper in communication with participants about sensitive issues in parenting, and child development and family interactions.

In some projects, the cultural and language fluency of the staff has helped participants achieve a level of connection to each other and to the project that may contribute to the project’s durability and impact. For example, some participants have taken on greater leadership roles over time in facilitating delivery of services to their peers. At Friends of the Family, some of the mothers who began early on in the family literacy project are now helping convene reading groups with other mothers. In other cases, the engagement of volunteer promotoras (Citrus Valley) has helped create a sense of belonging or connection based on cultural familiarity – leading to stronger participant recruitment and retention.

At APHCV, the deployment of “cultural brokers” provides a means of referring and connecting immigrant families to health services that they otherwise might go without even when such services are needed.
Semics intends to conduct further observation of CDI sites to understand the nuances of grantee communication and connection with cultural communities. In addition, Semics is trying to understand the conditions in which cultural fluency is effective in participant recruitment and retention in different community contexts.

**Free Play: Developmental Significance for Discrete Interventions**

The topic of “free play” for children emerged out of an exploration at Semics of programmatic issues that are both project-specific and thematic across CDI. Several CDI grantees are directly concerned with the role of play (including outdoor play) in the development of children. They include Child Education Center, 1736, Santa Monica College, and New Horizons among others.

A central idea behind this focus is that play is a primary way in which young children develop cognitive, emotional and motor skills. Among the critical programming implications are that play environments are potentially as much learning environments as the classroom; adults can leverage play for its part in promoting child development, rather than using it only as a baby-sitting tool; and that play can help to the degree that development becomes child-led, since the child naturally builds skills in the process of play and can “lead” adults in determining what the child needs provided the focus is placed on the child and not on the adult.

Play also has potential therapeutic significance. It is often sacrificed when a family falls into economic or personal crisis and therefore can be an important part of a grantee’s program in addressing family needs such as homelessness, recovery from family abuse, or rehabilitation from substance abuse.

These are some of the points that surfaced during Semics’ site visits in Year One. Play is a common program component of multiple, diverse grantees found to be working on all three goal areas of First 5 LA (health, education and safety). Play appears to serve different aims and has different effects on children depending on the type of need(s) and the applicable interventions utilized by the grantees. Issues within this topic include associated changes in the patterns of interaction between parents and children, effects on the overall development of children, healing dimensions, interactions between children at play, engagement of grantee staff with children in the context of play, and changes observable in children involved in self-directed play with respect to anticipated child outcomes associated with particular types of CDI interventions. Semics believes this subject should receive additional focus for research and analysis in Year Two.
Implications of Findings
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IMPLICATIONS OF FINDINGS

Macro-view: Distinct Contributions and Challenges of CDI

First 5 LA launched the CDI in order to enable organizations serving children 0–5 and their families to identify critical needs in their target communities, and design and implement projects focused on addressing those needs. In this “responsive” funding mechanism, First 5 LA did not envision itself as achieving a specific program objective directly through CDI. Rather, First 5 LA chose to give grantees discretion to design and implement a variety of self-directed interventions on the premise that “communities and community-oriented organizations are experts” when it comes to knowing what is needed most in their communities and finding innovative solutions. Grantees were expected to implement projects that focus on achieving changes prescribed by one or more of the five broad outcome areas for children/families in First 5 LA’s strategic plan for 2001–2004.

In order to maximize the effectiveness of CDI grantees in addressing the needs of children and families, First 5 LA made investments that would help to build the capacity of the funded organizations, support a specified expansion or innovation in existing or new interventions, and strengthen connections between the grantees and their target communities. The cumulative impact of these changes would be to enhance the service delivery system for young children and their families in LA County, with potentially significant ramifications for the existing landscape of County children’s services programs as well as new funding initiatives of First 5 LA.

This system building function of CDI held open two opportunities for First 5 LA: (1) To learn from grantees’ experiences about broad factors that contribute to the effectiveness of particular interventions in achieving desired outcomes among participants in specific community contexts, thereby helping with the improvement of programs and informing future funding decisions; and (2) To prepare the way for desired 0–5 children and family outcomes to be achieved beyond CDI, as the longer-term “pay off” from First 5 LA’s investment in a strengthened delivery system are realized.

The remainder of this section provides information relevant to the two “system building” opportunities noted above. From an evaluation perspective, these opportunities can be located in CDI in at least two ways: (1) Examining the supportive mechanisms for project implementation which are part of CDI’s “distinct contribution” to First 5 LA’s mission; and (2) Seeing the connections between CDI and the Next Five Strategic Plan.
Distinct Contribution(s) of CDI

Semics’ study of CDI in Year One of the CDI evaluation suggested several elements that make up CDI’s “distinct contribution” to First 5 LA’s mission. Among these elements are the following:

- The emphasis on grantees’ assessment of the needs of their target populations demands paying closer attention to target communities and amplifying voices of members outside the organization in understanding what projects should be about.

- The idea of a “threshold” – that is, CDI supports projects that were latent (yet important) to come into being. Examples: (a) Seed money for start-up projects or “good ideas” and innovations in services acquire new potential because they now have “capital”, that is, a one-time infusion of funds, and can generate big impacts downstream. USC’s CATC project is one case in point. (b) Funding plays the role of a social catalyst, that is, it facilitates the emergence of programs that bring about desired or necessary improvements in organizations and their communities via targeted changes in behavior or status of children 0–5 and their families. Examples: Friends of the Family, Wilmington Community Clinic.

- A “multiplier effect” – CDI brings about a number of positive “unintended” consequences. (Examples: UCLA, El Proyecto del Barrio)

- New ideas – CDI creates a sensitive “social radar” that brings to the surface ideas/ approaches/ services that could not have been observed before with reference to particular populations, geographic areas, and institutions. (Examples: Shields for Families, The Help Group, Harbor Interfaith Shelter)

- CDI supports effective/efficient trial-and-error learning (promotes “organic” learning) by reinforcing practices of a learning organization. Freedom to move in a way that you think is optimal based on community knowledge, rather than what is dictated by funding criteria.)
What effects do CDI’s distinct contributions have on:

(a) Intra-organization level?

- Support for organizations to implement new or expanded projects creates a stronger provider by tying individual provider services into coordinated networks addressing multiple facets of a problem.

- Organizations themselves can be strengthened as grantees navigate necessary changes in their organizations and service systems that have the effect of increasing their capacity to deliver, durability, mission focus, and adaptability to changing community conditions.

(b) Community level?

- Tighter, more attentive communication between provider agencies and their project participants can lead to a better fit between program objectives/design, and needs or problems being addressed “out there.” This is particularly important to project-specific outcomes to the degree that program services are responsive to, and respectful of, the complex and shifting cultural, language, economic, demographic and other significant influences on participants’ perspectives and experiences beyond the projects themselves.

- Formalized channels of communication, consultation and representation between communities and grantees can lead to the formation and/or better functioning of community-based networks that increase mutual trust, cooperation and understanding. (Historically in Los Angeles, this type of consultative mechanism was notably absent from the RLA initiative in 1992 following the Rodney King uprising, and ultimately limited RLA’s effectiveness in engaging with communities.)

(c) Inter-organization level?

- Expanded sharing of ideas and solutions among grantees regarding all aspects of projects increases potential for service coordination, avoidance of unnecessary duplication, and cross-fertilization of innovations, successes, problem solving and capacity development for project implementors.

- Existing CDI funding of collaboratives increases the opportunity for learning about the community and organizational conditions under which agreements can lead to greater productivity, information sharing, cooperation, and sustainability of provider networks, as well as the relevant costs of infrastructure building.
(d) Systemic level?

- System-wide improvements are plausible to the degree that a broad diversity of grantees can provide new or improved “niche” services across LA County rather than being supplanted by “one size fits all” approaches; grantee services become more tightly calibrated to community needs; service providers become more adaptable as conditions and demands shift with the needs and challenges of the people to be served; and services are able to link across geographic areas and intervention types in order to address problems more creatively and in a versatile manner.

- Through a mapping of services provided by grantees, CDI reveals a multi-faceted taxonomy of organizations that can be clustered in various ways based on naturally occurring clusters. Affinity or common characteristics that define and identify such clusters may include geography, populations served, needs addressed, and intervention types, among others. Of particular significance for evaluation is how these various ways of classifying, or grouping, grantees affect “how the money is spent.” In other words, how grantees of specific types allocate funds may be associated with the types of grantees with which they are naturally clustered.

(e) Target populations?

CDI may result in changes within specific populations that are located in specific areas such as skills, behavior, practices or attitudes (for parents and children) or in status (for children with respect to health, for example or for service providers with respect to accreditation). However, these specific changes, as such, do not necessarily distinguish CDI from other funding initiatives. To the degree that population changes are confirmed from further study, they are likely to be tied to a tight calibration of service interventions to a defined need in the served population, or to durability of outcomes based on CDI investments in increased capacity and sustainability of the service system itself.
Challenges posed by CDI

Along with distinct contributions, CDI brings to First 5 LA some distinct challenges. We have noted elsewhere that with the diversity and range of needs addressed by CDI projects comes a diversity of outcomes for children and families. These outcomes are being measured in various ways by each of the grantees, but they cannot be aggregated. What we can observe across CDI are outcomes at the level of “system building” which has its own advantages and limitations from an evaluation perspective.

A second key challenge for First 5 LA is the expectation that grantees continue providing services funded by CDI beyond the period of the CDI grant. This is important because impacts in specific outcome areas for children and families may not be observable for a few more years. Yet the absence of a specific funding commitment from First 5 LA beyond the CDI grant makes it difficult for some grantees to know how they will continue the same level or quality of services or tracking of participant impacts. First 5 LA is now encouraging CDI grantees to think ahead about funding in the hope that these projects will continue operating or that outcomes can be sustained. It remains to be seen whether and how First 5 LA will be able to see the long-range results it has sought through CDI after the CDI funding has expired.

Possible Linkages of CDI Evaluation Findings to Next Five Plan

First 5 LA’s attention in 2004-2005 is directed largely to the initial stages of implementing the Next Five Plan (2004 – 2009). In addition to a connection to Next Five Goal Areas noted in the Emerging Findings section of this report (see pages 35 - 37), Semics has identified at least two other ways in which the initial CDI evaluation findings may be relevant to the Next Five Strategic Plan.

Strategies. The Next Five Strategic Plan indicates that First 5 LA aims to support the achievement of outcomes in three primary goal areas for children 0—5 (health, early learning, safety of children and families) through the use of four strategies: capacity building, sustainability, system improvement and advocacy. Semics believes that the experiences of CDI grantees in implementing their projects can inform the way in which these strategies are put into effect by First 5 LA.
The Next Five Strategic Plan defines these strategies as follows:

- **Capacity Building**: Strengthening existing or establishing new resource networks within communities that succeed in supporting the healthy growth and development of all children prenatal to age five and their families.

- **Systems Improvement**: Creating a new family-centered system of support in each community by involving all of the elements of the system in a process of learning.

- **Sustainability**: Mobilizing both social and financial capital to produce measurable, positive change for families at the community level.

- **Advocacy**: Building public support for policies and programs that benefit children 0—5 and their families.

In the case of **capacity building**, the CDI evaluation initial findings provide both support and possible guidance to First 5 LA in the development of resource networks for families and communities. (Next Five Strategic Plan, p. 15) For example, Semics’ observations from CDI project site visits and the results of the Learning Exchange convened by Semics suggest that providers have specific needs for regular TA, peer-to-peer coaching, sharing of information and ideas, trouble-shooting, joint planning and evaluation, and building durable and productive connections for referral and service coordination. Areas of interest among grantees where capacity-generating processes and activities might readily apply include the following: community outreach, participant recruitment and retention, managing projects that are innovative or growing and are focused on specific (technical) interventions for children 0—5 and their families, designing and carrying out project evaluation plans, developing effective collaboration agreements and strategies, and planning for project sustainability.

These capacity issues pertain primarily to organizations and projects which are anticipated in the Next Five Strategic Plan to be an ongoing vital part of the delivery system, with connections to resource networks. Based on their daily interactions with community members, these service providers can provide feedback on what is needed in order to best support families and children 0—5.
With regard to **systems improvement**, the CDI Learning Exchange provides a support system for a process of learning focused on grantees. Such a system is described as a core element in the plan for systems improvement contained in the Next Five Strategic Plan (pp. 16—17). Experiences associated with the CDI Learning Exchange can be studied as a kind of test case for setting up family-centered resource networks (some translation is necessary since the CDI Learning Exchange focuses on grantees). Regardless of audience, the needs of participants served by system enhancements have common themes such as optimizing resources, transferring skills, and enabling participants to meet their commitments to achieving desired results.

For **sustainability**, examining the experience of CDI-funded collaboratives may shed light on factors that contribute to system efficiency and effectiveness through service integration or leveraging results by combining agency resources toward a common goal. As noted earlier, Semics is probing specific grantees to try to understand “the difference collaboration makes” in achieving project objectives and school readiness outcomes. Part of that difference may lie in projects’ additional leverage on financial capital (through fundraising and delivery cost streamlining made possible only by joining forces) and on social capital (through cultivation of constituencies of several member agencies as multiple facets of a widely-felt problem are addressed).

Semics’ documentation of CDI grantees’ community outreach practices and challenges (see “Community Engagement”) may also be a source of relevant information leveraging social capital. Lastly, Semics’ study of organizational and service delivery mechanism changes among CDI grantees is anticipated to suggest ways in which “systems change” is linked to changes in sustainability of both organizations and projects.

In reference to **advocacy**, Semics is taking note of the effects of CDI as an unique, responsive funding mechanism at First 5 LA. It is plausible that the open-ended solicitation approach that is a hallmark of CDI is having as one effect the cultivation of support among stakeholders (grantees and their constituents) for discrete policies and programs that benefit children 0—5 and their families.

**Funding Approaches.** During 2004, First 5 LA discussed the potential for allocating different levels of funding to universal initiatives such as Universal Pre-School, and to targeted initiatives in which multiple agencies concentrate on delivering services to a particular population of 0—5 children and their families with some measure of coordination and focus within a bounded service territory.
Semics believes that emerging findings of the CDI evaluation are relevant to both the targeted and universal funding approaches being considered or implemented by First 5 LA in the context of the Next Five Plan – but for different reasons in each case.

Discussions at First 5 LA about targeted approaches may want to draw on emerging data about service collaboratives funded in CDI such as the Pasadena Collaborative Literacy Project and Child Health Works, a project involving Children’s Hospital and USC. While a targeted approach would be based on multiple grants being given to a particular program of action in one area, CDI collaboratives are funded by just one grant. Nevertheless, collaboratives are comprised of multiple agencies coordinating services in one area to address a particular need in an integrated and comprehensive manner with a particular population. As such, they may constitute embryonic examples of the potential, and pitfalls, of targeted funding now contemplated at First 5 LA for non-CDI funding initiatives.

In the case of universal funding approaches, the CDI evaluation findings are relevant in two ways. First, data regarding community engagement and culturally sensitive outreach practices of CDI grantees may inform the application of universal programs to a single problem that is spread across vastly different communities in LA County. Second, universal funding will unavoidably intersect with the complex and interconnected ecology of services to 0–5 children and their families in LA County. To the degree that universal approaches will be working within this ecology, it may be instructive to consider the role of system building and community building approaches to funding services – particularly given that such experiences may contribute in significant ways to long term system performance. This issue recalls an original premise of CDI – that system performance is associated with achieving outcomes among children 0–5 and their families both during and after the period of First 5 LA funding.
Directions for Year Two of CDI Evaluation
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DIRECTIONS FOR YEAR TWO OF CDI EVALUATION

Semics has developed an action program for data collection and analysis in Year Two of the CDI evaluation that builds on the findings and implications of Year One while adhering to the main thrust of the original scope of work.

Five principal work streams have been put into effect for Year Two, each with its own objectives. They are as follows:

Examining CDI Target Population Impacts
- Ask CDI grantees to further flesh out how their perception of the need(s) they are addressing are defined, how their concept and design for an intervention “makes sense” as a strategic response to the need(s) and related underlying problems, and how the implementation process so far has evolved in regard to its effectiveness in “hitting the bulls eye” vis-à-vis the need(s) indicated in the project scope of work. In addition, how have these items (grantee’s definition of critical need or problem, intervention design, implementation process) changed (if at all) with new experience and information since the project began? How do these changes “improve” the project?

- Interview participants in CDI projects directly regarding their experience in becoming acquainted with the projects, accessing services, the results (“value” for them), and how they perceive the projects’ “helping them” as time goes by.

- Investigate further the practices of cultural/language fluency in outreach and other means of “deep listening” to constituents undertaken by grantees. What is the impact of these practices in terms of participant recruitment and retention? What specific practices have been most significant from the standpoint of participants, and how will the projects capitalize on them?

Tracking, Describing, Analyzing CDI Capacity/System Building Effects
- Identify, document and characterize new changes taking place in the CDI grantees as organizations, in their service delivery mechanisms and/or in their structure of collaboration with other providers — all in connection with the implementation of their CDI projects. Seek to deepen our collective understanding of how these changes contribute, or perhaps do not contribute, to the “system building” aspect of CDI.
• Develop an inventory of processes that empirically connect the “systems changes” in CDI (such as those described above) to the desired aim of increasing capacity and sustainability of grantee organizations and projects. What is it about the system-strengthening approach that contributes to a higher level of functioning among providers? How are these processes affected by their community contexts?

• Conduct a sub-study on collaboration in CDI focusing on both “formal” and “informal” expressions, structures and emerging results, in an effort to address the question of what difference collaboration itself makes in regard to the achievement of project outcomes. How might the additional cost of setting up collaborative agreements and mechanisms “pay off” over time?

Probing First Year Findings on Interventions

• Inaugurate a series of “special topic” focus groups. Topics will lie in the areas of health, early learning, safety for children and families, and 0—3 priorities – but will emanate from Semics’ discussions with clusters of CDI grantees about technical, design, and programmatic delivery concerns. The objective is to reach a deeper understanding of factors that are conducive to grantees’ becoming more effective in – or perhaps struggling with the real-life condition of target communities with respect to – implementing effective interventions. Discussions will be documented and analyzed by Semics staff in relation to the larger objectives of the CDI evaluation.

New Convenings of the Learning Exchange

• Organize mini-conferences of the Learning Exchange based on an agenda that is grounded in the preferences and needs of CDI grantees but draws attention to the wider learning process and content at the core of the CDI initiative-wide evaluation. The objective will be to continue and build on the grantee support and data collection functions of the Learning Exchange that were implemented in Year One.

• Topics proposed for the Learning Exchange in 2005 include site-specific evaluation tools, findings and program learning; building community connections/hearing participant perspectives; and planning for the sustainability of program operations and impacts among families and children 0—5.
Closing-Contract Sites

• Conduct a special-focus, detailed analysis of sites with First 5 LA funding contracts that have ended or are set to end during 2005.

• Discern whether a pattern appears to exist, and what kind, between changes in the grantees’ organizations, delivery systems, and outreach strategies, on one hand, and the grantees’ ability to attract and retain participants, and achieve desired outcomes for children and families, on the other.

First 5 LA as a Site

• Meet periodically with First 5 LA staff to discuss emerging findings of the CDI evaluation and discuss implications of the findings for operations including research and evaluation methods, dissemination among stakeholders, planning and development, and grants management.

• Continue to connect the implications of CDI evaluation findings to First 5 LA’s current direction, with reference particularly to the Next Five Strategic Plan. Special attention will go to linking CDI results to the design and implementation of Next Five-based funding approaches, strategies, and interventions. Continue to examine the current and potential role(s) of responsive grant-making at First 5 LA in light of emerging CDI findings, and in the context of First 5 LA’s new funding initiatives.
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Appendix A: Methodology
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APPENDIX A: EVALUATION METHODOLOGY

Evaluation Objectives

As noted in the Background section of this report, the CDI Initiative-Wide Evaluation (“CDI evaluation”) is an assessment of the role and contribution of a community-developed funding approach to First 5 LA’s aims of (1) More effectively partnering with organizations and, in the context of such partnering, (2) Achieving desired changes for children 0—5, their families and communities. The CDI is a funding approach adopted as part of First 5 LA’s initial Strategic Plan (2001—2004). The idea behind CDI is that there are issues, needs and problems related to the well-being of children that may not be subsumed under a specific Commission-Driven Initiative, and that First 5 LA desired to be flexible and responsive in addressing those needs. It was reasoned that an “open” application process, conducted within certain broad parameters, would permit community-based and community-focused organizations to identify specific areas of need, design interventions to address those needs, and implement programs to meet those needs. The experience of CDI grantees in the course of addressing these defined needs, in turn, could have “system-building” and “capacity building” effects that would yield valuable insights for First 5 LA vis-à-vis what it takes to partner effectively with grantee organizations, and intervene effectively on behalf of children in discrete community contexts.

From an evaluation perspective, the question is: Is a community-developed approach to utilizing the funds of First 5 LA effective in meeting these broader objectives? The prime objective of the CDI Evaluation is to enable First 5 LA to answer this question based on a broad examination of changes taking place as a result of CDI funding. Specifically, the CDI Evaluation aims to accomplish three goals that contribute to this prime objective:

1. Understand CDI grantees’ and project participants’ experiences of change with respect to three broad program outcome areas, as reflected in the original intent of CDI: grantee organizations, their service design and delivery mechanisms, and the status of program participants;

2. Create opportunities for grantees and First 5 LA to learn from each others’ experiences, link with each other, exchange lessons learned, and gain opportunities for peer-based mutual assistance through regular venues for collective reflection; and
3. Document whether, and how, CDI grantees have addressed defined needs within their target populations, noting the impacts of the grantees’ particular interventions and the influence of the grantees’ interactions with First 5 LA as a stakeholder throughout the period of project implementation.

Avoiding “Eval Talk”

For purposes of greater clarity and precision, Semics prefers to define the terms being used in regard to the layers of change taking place in CDI as follows.

Organizations are defined here as those entities that have received a CDI grant to implement a proposed project. The service delivery mechanisms of these organizations are the processes, or pipelines set up, for delivery of benefits which move from the organization directly or indirectly to the intended beneficiaries, or program participants who belong to a defined target population. As a result of receiving such services, it is the intention of the grantees that beneficiaries will, in turn, experience a perceptible improvement captured in the notion of “client outcomes.” The target populations are those members of a community defined by the CDI grantees who are the intended recipients of services in the context of a CDI-funded project.

Capacity building refers to activities that have a direct or indirect effect of strengthening an organized entity. That entity could be a CDI grantee, system, network or agency, and the capacity that is built is broadly defined to mean the ability of an organization to follow through and deliver on a proposed set of commitments (such as executing a new or large project).

Sustainability is defined here as the ability of an entity to continue doing what it is currently doing without the same (or any) outside support in the future. In CDI, this may mean that a grantee maintains its current services or programs without renewed funding from First 5 LA. In a community, it may mean that a group of people are increasingly able to carry on a program activity on their own, without agency support. In this sense, the people involved have become self-reliant. Having moved from recipients to providers (in this sense), they can keep on providing the services they once received from the outside, only now they do not need the same help any longer.

System improvement refers to an activity which results in the ability of a group of actors to work together more effectively, efficiently, and/or strategically toward shared objectives. In the context of CDI, it may mean, for example, that child care centers are improving as a group because accreditation providers are better coordinated and are better able to leads to better results on a broader scale.
**Evaluation Approach**

Semics assumes that understanding how grantees changed their operations, acquired or revamped the tools needed to better serve their constituents, and/or addressed the needs of their target communities will reveal much of what First 5 LA wants to know about CDI’s performance from a system-building perspective. These dimensions of the evaluation are linked to CDI’s original intent of contributing to grantee capacity, enabling projects to become more sustainable, and improving the underlying service infrastructure.

This evaluation approach is also anticipated to reveal important information about the implementation process and characteristics of grantees’ specific interventions — for example, how the design and delivery of specific types of innovations can be effective within discrete and diverse operating environments, and (to a certain extent) why. Lastly, Semics expects that this approach will yield insights about CDI program outcomes — particularly “systemic” outcomes, or outcomes that can be identified across a multiplicity of grantees despite their variability in other respects. For example, Semics anticipates looking at “clustered” program outcomes (short and longer term) to see what provisional conclusions might be drawn in regard to system building and community building. Semics aims for the findings vis-à-vis CDI outcomes to contribute primarily to an understanding of what the “macro” outcomes in CDI are, and their implications for operationalizing strategies embedded in the Next Five Strategic Plan (2004 – 2009) — capacity building, sustainability, and system improvement. In addition, Semics aims to understand (to the extent possible using primarily qualitative methods on an initiative-wide scale) why site-specific child/family outcomes in CDI turned out the way they did given the grantees’ experiences working in discrete project and community contextual conditions. Semics will explore possible implications of these findings for First 5 LA’s focus on children age 0–3, as well as funding initiatives in the goal areas of child health, early education and safety.

Semics’ approach to evaluation recognizes that there are a number of unusual “givens” in the CDI compared to other First 5 LA funding initiatives in the first five years: a breathtaking diversity of CDI grantees, a delayed start date for the CDI evaluation vis-à-vis CDI implementation, and a multiplicity of expectations from various stakeholders regarding the CDI evaluation. Taken together, these conditions have led Semics to the conclusion that what is needed is a hands-on, community-dialogic, narrative-oriented inquiry, focused on learning first-hand from grantees’ experiences (in specific and in general) about the “what” and “why” of broad-based outcomes, with heightened sensitivity to the nuances of different community contexts. This approach requires a process of “site immersion” in which evaluators invest time observing and interacting with grantees about their
respective activities, raising questions on multiple levels about project operations, and seeking to grasp over time a holistic picture of each grantee’s intentions, interventions, capacities, emerging results, desired outcomes and operating contexts.

Semics is also concerned about performance and cost effectiveness, and will be addressing these matters discretely within our overall study of the CDI grantees’ experience. However, the origins and nature of CDI demands that priority be given to understanding CDI as a responsive grant-making mechanism and its overall contribution to building capacity, improving delivery systems, and enhancing community viability in addressing the needs of young children both now and later.

**Limitations**

Two caveats must be noted in regard to this approach. First, the CDI Evaluation does not directly measure project outcomes for children 0—5. However, the CDI evaluation affirms, and builds upon, First 5 LA’s target outcomes for children 0-5. Bearing in mind project-specific CDI outcomes data available from grantees’ reports to First 5 LA’s Grants Management Department, Semics addresses outcomes pertaining to a broad range of CDI grantees in order to identify critical learning insights from the totality of the CDI experience and connect these points to First 5 LA’s current and new funding activities.

Assessment of child outcomes as an aggregation is not part of the CDI Evaluation because the diversity of CDI grantee objectives and child/family outcomes is not conducive to such aggregation for all sites (in contrast to some other First 5 LA funding initiatives). Nevertheless, as noted earlier in this section, Semics is interested in discerning important tendencies across a multiplicity of sites with like interventions (to the extent that such similarities are present), and in drawing out implications of broad-based outcome tendencies for child outcomes in health, education and safety.

Second, the nature of the CDI study situation renders direct attribution of results questionable, if not untenable. We cannot say with certainty the extent to which observed program outcomes are directly attributable to CDI funding. However, we can comment on the extent, nature, and basis of changes that are taking place in the programs as a group, and the needs they are addressing in their target populations. In addition, limited use of scoring instruments will enable us to determine, at certain points, whether or not a given finding could be based on mere chance rather than reflecting a central tendency. Noting information in project-specific outcome documents provided by the grantees to First 5 LA over time, Semics aims to discern the kind and extent of impact that the CDI grantees are having in regard to meeting targeted needs.
In addition, Semics’ own data collection activities will look into the “why” of these outcomes in order to learn from the experience of CDI grantees what practices appear to be effective, or problematic, in different contexts. Such information will clarify the extent and kind of results to which First 5 LA is contributing through its CDI grant making activities. This is consistent with the accountability framework adopted in the Next Five Strategic Plan (2004 – 2009).

**Evaluation Activities in a Diverse Assessment Environment**

The 54 grantees represented in CDI Large Grants Cycles 1 to 3 are varied. Diversity can be observed across multiple dimensions:

- **Organization Types** - Hospitals/universities, community-based organizations, family day care.
- **Designs and Aims of Projects** – From family literacy to breastfeeding support to services for autistic children or to families with children struggling with spina bifida.
- **Target Populations** – From monolingual Spanish-speaking moms to Korean kids to Anglo parents.
- **Geography** – Grantees are represented from every SPA in LA County.
- **Project Timetables and Budgets** – Spanning three cycles, of which the first cycle started over one year before the CDI Evaluation began and a few grantees’ projects have already expired. The third cycle began at approximately the same time as the CDI Evaluation. CDI project budgets range from $50,000 for one year to $5 million for five years.

Given such diversity, the major activities undertaken by Semics for the CDI evaluation in Year One focused on establishing a working relationship with 54 grantees, understanding broadly who the grantees are, characteristics of their projects and target populations, and defining issues relative to process, content and outcome areas in CDI, starting with the projects’ scopes of work. Among our data collection activities were the following:

- Conducting multiple site visits with CDI Large Grantees (Cycles 1 – 3);
- A systematic review of grantee project proposals and reports;
- Convening a meeting of the Learning Exchange three times during the year;
- Participating in ongoing discussions at First 5 LA regarding the implications of emerging findings for First 5 LA’s current and future funding activities.
Evaluation Process

The CDI evaluation process will take three years to complete; the emerging findings from Year One are presented in this report as interim results. The iterative methods of the CDI evaluation can be described and understood in different ways. For example, the evaluation process can be defined, in part, as:

1. **Ethnography**: Periodic participant-observation of grantee project activities including events, classes, meetings, grantee-community interactions, on-site interviews with staff, etc. Provides basis for detailed documentation of grantee experiences, perspectives and processes of implementation.

2. **Narrative**: Construction of the unfolding experience in narrative form of each grantee in the course of implementing its CDI-funded project. Requires “reading” each project based on a growing series of snapshots gathered from repeated site observations, and from a growing stream of proceedings from learning exchange gatherings. Multi-site project narratives are then constructed from individual site narratives to generate “thick descriptions” of CDI initiative experience while remaining attentive to details of site-specific conditions and influences.

3. **Capacity building**: Through the Learning Exchange, ongoing dialogue with grantees in the course of site observations, and selected technical assistance services for site-specific evaluations, this initiative-wide evaluation seeks to enable grantees to reflect on their experiences in ways that generate new insights, new learning, and ultimately, new actions conducive to their becoming stronger, more effective, more durable and more responsive.

Evaluation Process Components

The major activities that make up the CDI evaluation are described below:

1. **Site Immersion** – Sending out small site teams on a periodic basis to observe project activities first-hand (like “embedded journalists”), document relevant grantee experiences and generate a base of raw data for the subsequent construction of site-specific project profiles and narratives. As a result, Semics seeks to apprehend the particular ways in which each individual grantee goes about the process of defining and meeting a community need, pursuing opportunities, tackling challenges, and creating a desired impact within the parameters of its project scope, resources and unique working environment. Semics also seeks to understand the ways in
which each organization adapts to evolving site conditions in order to achieve desired ends, including the real-world need of occasionally coming to terms with unseen changes in the work environment that defy original project assumptions and expectations. As noted earlier, the relevance of this mode of inquiry to the CDI evaluation is that it helps to generate a composite view of the varied project trajectories within fluid site conditions, which in turn can yield important information about how desired outcomes are achieved in a grantee-defined target population under particular circumstances and across a range of interventions.

2. Learning Exchange – Hosting a series of meetings (three times per year for the duration of the CDI evaluation) involving all CDI grantees with currently-active funding contracts to discuss and compare experiences and perspectives and generate insight and information that will enable each organization to learn, continue to improve its project(s), and maintain or increase the impact of CDI in the grantees’ target groups. The series also creates an informal venue for peer assistance and trouble shooting for CDI grantees. Meetings are designed around specific topics such as network building, identifying common challenges and helpful practices working in diverse community environments, and site-specific evaluation methods. Proceedings are maintained and circulated to facilitate ongoing discussion among grantees between meetings, and to inform future Learning Exchanges.

3. Data Analysis – Analysis of Semics site visit logs, reports submitted by grantees to First 5 LA, and Learning Exchange proceedings leads to the generation of a “macro-narrative” based on comparing and seeing tendencies across sites. The purpose of the macro-narrative is to provide a deeper understanding regarding how CDI grantees (as a group) are able (or not able) to address the problem or need they identified in the context of the CDI, and why this happened as it did. Given the premise of CDI ~ that organizations rooted within communities are best equipped to identify specific needs related to First 5 LA goals, devise approaches to addressing those needs and implement programs and projects accordingly ~ the 54 projects in CDI comprise a “demonstration plot” to test that premise and learn from the experiences of the grantees. The first indicator of a project’s effectiveness is the impact of the proposed intervention on the identified problem. The elements of the project that contribute to those results, from the way in which the problem was identified and framed to the design and implementation of the project or program, indicate factors that should be considered in regard to a program’s potential expansion, replication or adaptation to different contexts.
4. **First 5 as a Site** – Periodic interactions with First 5 LA staff and Commissioners (as appropriate) on findings, implications, and lessons emerging from the CDI evaluation. Simulations, exercises, brainstorming discussions, and exploration of “what if” scenarios designed to expand institutional imagination in a relaxed meeting environment.

The table below indicates the data sources utilized for the inspection of evidence for analysis in the CDI Evaluation. Progress reports submitted by CDI grantees to First 5 LA directly were reviewed for needs addressed in target populations, and as part of the initial analysis of closing sites. The Learning Exchange revealed important information about process items (real-time changes taking place in grantee organizations and program delivery), as well as lessons learned. The data collected from site immersion activities conducted by Semics staff uncovered information relevant to all of the key questions in the evaluation and can shed light on the role of responsive grant-making for community-oriented programs in the larger landscape of children’s services in LA County.

<table>
<thead>
<tr>
<th>CDI Evaluation Data Sources Used to Answer Major Questions in Year One</th>
<th>Grantee Progress Reports to F5 LA</th>
<th>Learning Exchange Proceedings</th>
<th>Site Immersion Reports (Semics)</th>
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</thead>
<tbody>
<tr>
<td><strong>CDI Evaluation Questions:</strong></td>
<td></td>
<td></td>
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<tr>
<td>What changes took place in organizations and service delivery mechanisms?</td>
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<tr>
<td>What needs are being addressed in grantees’ defined target populations?</td>
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<tr>
<td>How are closing CDI programs doing, and what factors help explain results?</td>
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<tr>
<td>What intervention experiences common to multiple CDI grantees reveal important lessons for future funding?</td>
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As the table indicates, Semics is utilizing more than one data source to provide triangulation for findings with respect to the major questions of the evaluation. This is one way in which reliability and validity of findings are expected to be strengthened in an exercise that relies heavily on qualitative data. Focus group discussions will be implemented in Years 2 and 3 to further strengthen the validity and reliability of qualitative findings, as well as to deepen Semics’ overall understanding of grantees’ experiences and insights relevant to the evaluation.
Framework of Analysis

Semics approaches the CDI evaluation from an ecological systems perspective, based on an analytic theory for understanding child development proposed by Bronfenbrenner (1989). This perspective places child development and grantees’ experience with project implementation conceptually inside a niche that is embedded in a web of interconnected actors and supportive relationships. (Marshall, 2004)

Using an ecological systems approach, Semics is examining the roles, relationships and activities of different actors and mechanisms relevant to understanding participant-level outcomes. This focus on systems dynamics within CDI aims to shed light on participant and program outcomes by looking at cross-cutting processes and issues relevant to a multiplicity of grantees. It also considers the influence of each grantee’s discrete, and diverse, operating environment on the evolution of project implementation and the relationship of project activities to desired outcomes.

Semics is paying attention particularly to “system-building effects” of CDI. In the field of community development, there is an old saying that the quality of a service provided to a target population is only as good as the support system for delivering that service. Similarly, within CDI, an underlying assumption is that initiatives should be supported which build “capacity” or help to strengthen the service infrastructure for children 0—5 and their families in L.A. County. As noted in the CDI Logic Model in the Background Section (see page 10) to this report, CDI seeks to build the capacity of organizations to address community needs on the premise that “better” services result from a stronger, more stable, higher-quality service infrastructure. Presumably also, better outcomes for children and their families will result from the provision of higher-quality services. The linkage of system improvement to project participant outcomes is an underpinning for current discussions at First 5 LA regarding effective means of building capacity within and among grantees, promoting sustainability in program implementation, and pursuing creative collaborations that optimize delivery costs and leverage new benefits for clients.

First 5 LA articulated two broad “system-building” goals for the CDI: (1) To strengthen the capacity of existing programs and (2) To stimulate innovation with respect to addressing needs associated with well-being and school readiness. In this regard, Semics approached the evaluation of “system-building” analytically in two ways. First, Semics found that it is helpful to move one step beyond distinguishing grantees based on whether they are implementing new or existing projects (as articulated in the two system-building goals of the CDI above). In addition, it is useful to distinguish grantees based on whether they are working primarily with a new or existing target population.
This point formed the basis of Semics’ formulation (described in the Background section) of the service-population matrix. In this matrix, CDI projects may be described generally as falling into one of four different possible categories: existing program/existing population; existing program/new population; new program/existing population; or new program/new population.

What differentiates the four categories above is not only that each one represents a distinct pairing of project activities and target participants, but that each one is frequently associated with a distinct direction of systems change. For example, projects described as “existing program/existing population” are doing familiar work with familiar groups, but often on a larger scale with the introduction of CDI funding than in the period prior to CDI. Although not all cases follow the pattern, a frequent pathway of change for “existing/existing” projects is a rapid or substantial expansion of their existing operations. Thus, challenges and successes associated with the “system change” experienced by these grantees surface while they implement scale-up projects.

In the case of “new service/new population” grantees, the direction of change may or may not be large-scale, but it often has the character of a start-up venture in which several new variables are brought together at one time. Challenges and successes in implementation may surface in the process of piloting innovative interventions in unfamiliar contexts. Project results may not be large-scale, but could provide evidence for the viability of a service innovation in addressing needs of an underserved group.

The table below highlights directions of change associated with the different categories in the service-population matrix, with examples.

<table>
<thead>
<tr>
<th>Category</th>
<th>Characteristic Path of Systems Change</th>
<th>Example from CDI</th>
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</thead>
<tbody>
<tr>
<td>Existing Service/Existing Population</td>
<td>Scaling up existing program operations.</td>
<td>Wilmington Clinic</td>
</tr>
<tr>
<td>Existing Service/New Population</td>
<td>Outreach and service delivery re-calibrated to address new context.</td>
<td>Heart Touch</td>
</tr>
<tr>
<td>New Service/Existing Population</td>
<td>Seed or pilot project comprising new department inside an ongoing operation.</td>
<td>Child Education Center (JPL)</td>
</tr>
<tr>
<td>New Service/New Population</td>
<td>Start-up venture, building from scratch.</td>
<td>Children’s Hospital (Cycle 2)</td>
</tr>
</tbody>
</table>
The service-population matrix is anticipated to provide a means of clarifying (1) how different types of projects account for changes in their capacity, sustainability and infrastructure-building activities; and (2) how “system changes” may be associated with changes observed in target populations, including participant-level outcomes.

Second, Semics identified three broad types of systems change resulting from CDI funding – that is, changes that represent new outcomes not at the level of project participants per se, but of service delivery infrastructure. These types, or classifications, of initiative-wide changes were defined as CDI effects on (1) grantees as organizations; (2) mechanisms for providing services; and (3) set-up and operation of collaborative networks (clusters of providers coming together and coordinating services to achieve stronger client outcomes). Mapping these three types of systems change is anticipated to reveal important information about the layered impacts of CDI, and how systems change is linked to interventions and outcomes at the level of project participants.

A primary benefit of this analytical process is anticipated to be a nuanced understanding of the factors that contribute to grantees’ progress in achieving desired results with their target populations in diverse and fluid operating environments, and why they may/may not do so. Semics hopes that these findings will then inform First 5 LA regarding the many interrelated factors that come to bear in making new funding decisions, and in managing grants focused on enhancing child well-being and school readiness.
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Appendix B: Logic Model Sample
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First 5 LA – CDI
Logic Model 1C

(Please specify the version on the logic model, e.g., 1b, 1c, etc.)

Date Constructed: July 30, 2004
Organization: Our Saviour Center / Cleaver Family Wellness Center
Project: Healthy Beginnings
Cycle: 1

Grant Amount: $397,728 (2 years)

Name of Semics Staff: Ana Maria Ruiz & Leo Castillo
Source of Information: Original Scope of Work for year 1, Proposal and meeting with grantee on 7/13/04
Grant Period: Sept. 1, 2002 to Aug. 31, 04 (Start Date) to (End Date)

Project Summary
Description: The Healthy Beginnings program offers expanded prenatal and pediatric primary care services. The pediatric clinic is in partnership with CHLA. The program components are designed to strengthen provision of interconnected services by offering extensive nutrition, psychosocial, health, wellness education and supportive social services to largely of low-income, Latino children (0-5), their parents, guardians and at risk pregnant mothers.

Population Needs: Need to prevent low birth weight, premature births, and ensure critical development for vulnerable pregnant women, children and their primary caregivers in the cities of El Monte and South El Monte, who lack insurance or are underinsured.

<table>
<thead>
<tr>
<th>RESOURCES</th>
<th>GOALS/OBJECTIVES/INTENT</th>
<th>STRATEGIES</th>
<th>ACTIVITIES</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Things needed</td>
<td>What the grantee wants to accomplish</td>
<td>How to…</td>
<td>The to do list or steps</td>
<td>Short-Term Tangible results</td>
</tr>
<tr>
<td>Clinic Operations Manager</td>
<td>Increase the number of pregnant women accessing prenatal care, and reduce the health risk for children age 0-5.</td>
<td>Provide Clinical Care for Pregnant Women</td>
<td>• Finalize clinical protocols for expanded prenatal care.</td>
<td></td>
</tr>
<tr>
<td>Executive Director</td>
<td></td>
<td></td>
<td>• Formalize process for referral for delivery and high-risk pregnancies</td>
<td></td>
</tr>
<tr>
<td>USC staff</td>
<td></td>
<td></td>
<td>• Develop annual marketing and outreach plan *</td>
<td></td>
</tr>
<tr>
<td>Receptionist</td>
<td></td>
<td></td>
<td>• Implement marketing and outreach plan to reach local residents *</td>
<td></td>
</tr>
<tr>
<td>Resources</td>
<td>Goals/Objectives/Intent</td>
<td>Strategies</td>
<td>Activities</td>
<td>Outcome</td>
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</tr>
<tr>
<td>Clinic Registration form &amp; Prenatal Care Visit Record Clinic Facility</td>
<td>Things needed</td>
<td>How to…</td>
<td>The to do list or steps</td>
<td>Short-Term Intangible or more abstract results</td>
</tr>
<tr>
<td>• Execute expanded clinical prenatal care to pregnant women (Yr 2 – provide clinical prenatal care) - CHLA pediatric physician will see all program pregnant women to establish connection and initiate care for child * • USC Family Medicine/Family Practice* • Physician will deliver at an affiliated hospital(s) or when medically determined, to an affiliated area obstetrician. • Year 2 – upgrade prenatal clinical protocols as needed.</td>
<td></td>
<td></td>
<td>90% of pregnant women in care at the Cleaver clinic will access prenatal care visits on a monthly basis or as medically indicated</td>
<td>Improve health outcomes for children 0-5 (main umbrella for all short term goals).</td>
</tr>
<tr>
<td>Facility/clinic area Human Resources USC staff Clinic Operations Manager Community Health Coordinator Registration form Daily vaccinations logs</td>
<td>Reduce the health risk for children 0-5 in El Monte/South El Monte area.</td>
<td>Provide Clinical Care for Children 0-5</td>
<td>CHLA to recruit bilingual pediatrician for Cleaver Clinic. • Develop expanded pediatric clinical protocols • Develop annual marketing and outreach plan for the Healthy Beginnings program* • Implement marketing and outreach plan to reach local * • Provide clinical care for pediatric patients 0 to 5 * • Establish additional community collaborative partnerships to influence healthy behaviors • Year 2 / Update pediatric clinical protocols as needed, and those marked with the *</td>
<td>90% of children 0-5 at the clinic will access regular health assessment; 85% of same group will obtain age-indicated vaccinations; 100% of preschool children in care will obtain required kindergarten physicals. Provide 1300 clinical visits for 400 pediatric patients age 0-5 / Year 2 – 1000 clinical visits for 440 children</td>
</tr>
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<td>Activities</td>
<td>Outcome</td>
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<td><strong>The to do list or steps</strong></td>
<td><strong>Short-Term</strong> Tangible results</td>
</tr>
<tr>
<td>Nutritionist, Social Worker, &amp; Health Ed. Specialist Community Health Coord. Personal Serv. Case Manager.</td>
<td>Improve the well being of children 0-5 in the Greater El Monte through the provision of needed supportive social services</td>
<td>Provide Assessment and Referral</td>
<td>• Identify and contract with consultant nutritionist, health educator and social worker. • Provide nutritional, health education, and psychosocial assessments, and treatment plans for program participants* • Establish procedures to reassess and monitor targeted patients. • Provide referral and follow-up to needed health, psychosocial and social services, on site or partner agencies' sites, involving clients and their families in a comprehensive plan to ensure their receipt of needed care. * • Connect program participants with information and enrollment in free or low cost health programs (i.e. Healthy Families). *</td>
<td>Provide 435 visits and care plan for 435 program participants (80% of pregnant women and parents will complete nutritional, psychosocial, and health education risk behavior assessment. Year Two: 479 visits for nutritional...for 39 pregnant women and 440 children and their families. 1500 encounters for referral and follow-up will be made for needed services to 35 pregnant women and 400 children (100% of clients in care will receive indicated referral and associated follow-up). Yr. Two -850 encounters for 39 pregnant women and 440 children and their families.</td>
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* Indicates activities that have been completed.
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<tr>
<th>RESOURCES</th>
<th>GOALS/OBJECTIVES/INTENT</th>
<th>STRATEGIES</th>
<th>ACTIVITIES</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinic staff / sessions instructors</strong>&lt;br&gt;<strong>Youth Services Mgr.</strong>&lt;br&gt;<strong>KIDSTIME Instructor</strong>&lt;br&gt;<strong>Sign-in sheets</strong>&lt;br&gt;<strong>Health Ed. Evaluations</strong>&lt;br&gt;<strong>Health Ed. Material</strong></td>
<td><strong>Improve participants’ knowledge of health and wellness topics related to pregnant and early childhood.</strong>&lt;br&gt;<strong>Improve parenting skills of “soon to be” parents and parents/caregivers of children 0-5.</strong>&lt;br&gt;<strong>Improve KIDSTIME preschool participants’ cognitive abilities</strong></td>
<td><strong>Provide Health and Wellness Education Services</strong>&lt;br&gt;<strong>Parenting classes</strong></td>
<td><strong>Develop and implement annual health education wellness calendar, service schedule community outreach, and timely focusing on prenatal care, age appropriate care for children 0-5, and parenting classes.</strong>&lt;br&gt;<strong>Create and/or obtain bilingual educational materials that are culturally appropriate for targeted population; distribute educational materials through coordinated community outreach.</strong>&lt;br&gt;<strong>Execute health and wellness educational classes for pregnant women and parents/caregivers children 0-5.</strong>&lt;br&gt;<strong>Added, Healthy Moms Class, Healthy Baby class and Exercise class.</strong>&lt;br&gt;<strong>Facilitate referrals and enrollment to parenting classes and KIDSTIME early learning preschool program from clinic patient base and community partners.</strong>&lt;br&gt;<strong>Conduct parenting classes and KIDSTIME program.</strong>&lt;br&gt;<strong>Participate in and host education events and health fairs for program participants.</strong>&lt;br&gt;<strong>Launch and continue the Women’s Guild “Mentoring Mothers” program to provide support and nurture to pregnant women.</strong>&lt;br&gt;<strong>Year 2 / Host the above program</strong></td>
<td><strong>Provide 2000 health and wellness education encounters for 35 pregnant women and parents and caregivers of 400 children 0-5 (85% of participants obtaining health ed. Will identify new knowledge gained)</strong>&lt;br&gt;<strong>Year Two: 2600 Health &amp; wellness...for 39 pregnant women of 440 children.</strong>&lt;br&gt;<strong>Conduct 1200 parenting classes for 150 program parents (85% of participants will identify new knowledge gained about parenting).</strong>&lt;br&gt;<strong>Yr. Two - 1320 parenting classes for 165 program participants.</strong>&lt;br&gt;<strong>84 KIDSTIME classes will be conducted for 35 children ages 3-5 and their parents (85% of children participants</strong></td>
</tr>
<tr>
<td>RESOURCES</td>
<td>GOALS/OBJECTIVES/INTENT</td>
<td>STRATEGIES</td>
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</tr>
<tr>
<td>Women's Guild “Mentoring Mothers” program</td>
<td>and school readiness skills.</td>
<td></td>
<td></td>
<td>will demonstrate increased cognitive abilities by knowledge of numbers, letters, sizes, colors, and shapes). Yr. Two – 64 KIDSTIME classes for 28 children</td>
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Appendix C: CDI Site Abstract Samples
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### CDI Site Abstract

<table>
<thead>
<tr>
<th><strong>Grantee:</strong></th>
<th>Shields For Families Project Inc.</th>
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<tbody>
<tr>
<td><strong>Project:</strong></td>
<td>Shields For Families Child Development Centers</td>
</tr>
<tr>
<td><strong>Type of Project:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Cycle:</strong></td>
<td>Grant Amount: $2,451,524.00</td>
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<tr>
<td><strong>Years Funded</strong></td>
<td>Start Date: 9.1.02</td>
</tr>
<tr>
<td><strong>SRA:</strong></td>
<td>End Date: 8.31.07</td>
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<td><strong>RA:</strong></td>
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### ORGANIZATIONAL BACKGROUND

Organizational history, structure, and functioning (e.g., staff size, budget, decision-making framework, community engagement, community linkages, visibility, and core services)

Shields For Families Inc. is a comprehensive, non-profit, community-based organization that is committed to developing, delivering and evaluating culturally sensitive comprehensive service models that empower and advocate for families affected by substance abuse and child abuse. It was formed in 1987 in response to the high incidence of infants born at Martin Luther King Hospital in South Central Los Angeles who were prenatally exposed to drugs. Shields immediately implemented 3 programs to target the special needs of these infants. In 1991, it incorporated as a non-profit organization with a focus on family-based services addressing issues inherent to this community.

Throughout the period of its existence, Shields has been providing services to families who reside in South Central Los Angeles inclusive of the Watts/Willowbrook/ Compton areas. Population estimates would place these areas as those having the largest percentage of minorities in the county. Composed of 16.5% Caucasians, 65% Latino and 33% African-American, these areas have also the highest rate of unemployment and overcrowded housing units in Los Angeles.

In terms of organizational size, the agency currently employs over 200 full-time employees and 30 consultants, with an annual budget of $12 million to operate 16 programs, including 3 collaborative networks with Shields as the lead agency. It also serves as a CALWORKS and certified Medi-Cal provider for mental health and substance abuse treatment and a United Way agency. Over 20 agencies, to include the Department of Mental Health and the Los Angeles Unified School District provide on-site services to Shields’ clients. In offering a comprehensive range of services, the agency is oriented towards utilizing the center-based, one-stop shopping models in conjunction with home visitations. All of these services are offered in English and Spanish.

The programs of the agency include: a) six substance abuse treatment programs with a total capacity of 375 families to include outpatient, day treatment and residential services; b) intensive case management services to substance abusing pregnant and parenting women and their families who are enrolled in Shields’ substance abuse treatment centers to include
assistance with accessing housing, food, employment, income and other related services; c) two youth programs that provide prevention and early intervention services for children ages 6-14 whose parents are enrolled in a drug treatment program; d) mental health services (diagnostic assessments); e) family preservation which is a collaborative community-based program working with high risk families referred by the Department of Children and Family Services; f) vocational services to include a continuum of training and job placement services; and, g) housing which is provided to all eligible program participants enrolled in Shields perinatal substance abuse treatment programs (currently, Shields has 126 units of housing in 3 sites). These programs are implemented within the framework of preserving the family as the primary unit of intervention.

It is to be noted that the agency’s substance abuse treatment program has been used as a national model for the Center for Substance Abuse Treatment, maintaining completion rates of 65% with 90% of graduates remaining clean and sober and 80% are either employed or enrolled in school or training one year after discharge. Shields has been a recipient of numerous awards for its work with families and has been featured both on television (48 Hours, CNN) and in print (LA Times).

**CDI PROJECT BRIEF DESCRIPTION**

*Core services of the project, other sites serviced, service area, current CDI resources (staff, facilities, other programs, etc), and current linkages.*

The main intent of the project is to operationalize Child Development Centers to ensure the provision of appropriate services to children 0-5 who have been exposed to substance abuse prenatally or environmentally. Project areas are in the Watts/Willowbrook and Compton communities located in Service Planning Area 6 which is in the southeast portion of the area known as South Central Los Angeles. Core services undertaken are: a) on-site child care services b) complete developmental screenings and assessments to all children participating in the program c) implementation of Individualized Developmental Plans for all children enrolled d) specialized services for all children enrolled with identified developmental needs e) child development and parenting education f) in-home and one-on-one parenting education to parents of children with special needs g) training and staff development activities to Child Development Center staff.

The Child Development Centers are open Monday through Friday 8:30 am-5:00 pm and provide therapeutic child care to children 0-5 while their mothers attend substance abuse treatment, mental health and vocational services in one of the Shields Perinatal Substance Abuse Treatment Programs. Program staff consists of a Child Development Director, seven full-time Child Development Workers and three full-time Child Development Specialists, two consultants who are an Occupational Therapist and a Speech Therapist. Funding from First 5 is in the amount of $2,451,524 for a period of 5 years. For recruitment and retention purposes, Shields conducts 80 intakes per month for enrollment into one of six treatment programs or referral to other
community treatment services. Eleven outreach workers who have relationships with local hospitals, DCFS and DPSS are maintained. A full time assessment specialist is assigned at the Juvenile Dependency Court in order to recruit substance abusing women into treatment services.

**CDI PROJECT HISTORY**

*Why the project, How was the project formulated (who designed it, how designed, what elements were considered, etc), Fit with core services of organization, Fit with the “normal” target population of organization, Linearity (is the CDI project an extension of prior projects, or an altogether brand new project?), How much of the current CDI project is a carryover of prior organizational service history?*

Studies would show that the abuse of drugs during pregnancy has been documented to have adverse consequences on the fetus and the newborn as well as the mother. Infants prenatally exposed to drugs are at risk for numerous medical, developmental and behavioral problems, both short and long term. Without intervention, substance exposure can interrupt the process of growth through developmental life tasks. This can result in children with low self-esteem, behavioral and educational problems, limited ability to develop social relationships and being at risk for substance abuse as they grow older.

The multiple problems associated with drug exposure make these infants extremely difficult to care for, particularly if they are returned to their drug using mothers, placing them at risk for child abuse and neglect if adequate support and services are not provided. In much the same way, if they are placed in foster care they are subject to multiple foster home placements due to the intensity of their needs. Shields is involved in operating 3 perinatal substance abuse treatment programs that offer cooperative child care centers on-site for children 0-5 who have been exposed to substance abuse prenatally or environmentally. Although child care services have always been a component of perinatal substance abuse treatment, funding in this area has never been sufficient. Furthermore, the state budgetary cutbacks impose pressure on Shields to curtail services for this vulnerable population. Thus, the need for a funding request from First 5 arose mainly to continue delivery of appropriate services to the target population with emphasis on providing a therapeutic, developmentally focused setting that can work with special needs, provide developmental interventions and assist parents with ensuring that their children have a healthy start in all aspects of their lives.
CDI PROJECT DESIGN AND APPROACHES TO SERVICE DELIVERY

Goals, strategies, target population, rationales; Unique features of project design; Description of approach (components, process of delivery); How does the configuration of strategies translate into real-life operations and service delivery?; What appears to be the “theory” or thinking about the usefulness of the project and how this helps children and families?; Presence/absence (or weakness/strengths) of features that address sustainability or project delivery (e.g., outreach methods not calibrated to extremely-hard-to-reach-target population); Describe nature and quality of the grantees’ engagement, and relationship with its target population/community; Contextual elements of environment or target population that appear to be considered and which elements appear NOT to be considered.; As a project, what can be said about employing new, innovative, or exploratory approaches to service delivery?; Are project services themselves new?; What changes (if at all any) have taken place in their strategies? What accounts for these changes?; What kind of “triggers” materialized, and how did the agency respond?

The overall goal of the project is to operationalize therapeutic Child Development Centers to ensure the provision of appropriate services to children 0-5 who have been exposed to substance abuse prenatally or environmentally. Basic strategies revolve around providing on-site child care services, undertaking complete developmental screenings and assessments for program participants, implementing Individualized Developmental Plans for enrolled children, providing specialized services to those with identified developmental needs, undertaking parenting education and implementing training and staff development for Child Development Center staff.

The range of activities with respect to providing therapeutic child care involve the following:

a) administering Denver screenings on all children 0-5 enrolled in the program which are to be reviewed by a Child Development Specialist

b) complete developmental, psychological and medical assessment for children with significant identified problems

c) Individualized Developmental Plans which are reflective of each child’s needs will be implemented

d) for children with special needs or potential developmental delays, referrals will be made either to one of the partners like King/Drew Medical Center for continuing developmental and medical services or to Shields Therapeutic Nursery for children 3-5 with significant behavioral concerns
e) parent/child interaction curriculum which is culturally sensitive and ethnically specific will be developed

f) weekly parent-child interaction classes will be conducted to increase parental capabilities for providing their children with nurturing and supportive environments

g) in-home visits to be conducted by the Child Development Specialists to work with parents/caregivers in their natural environment with regards to integrating the child's intervention to their regular routine.

h) continuing staff development activities to train staff in assessments, interventions and in the acquisition of new skills like infant stimulation techniques

In this project, the traditional concept and application of childcare is broadened and transformed into “child development” considering that target population consists of “at risk” group referring to children who are exposed to substance abuse prenatally or environmentally and interventions are both diagnostic and therapeutic.

Shields has been providing comprehensive perinatal substance abuse treatment with on-site child development centers for children 0-5, since 1990. In fact, it is one of the first programs in the country to provide child development services to substance exposed infants and their mothers through the Genesis Day Treatment Program and still is the only agency in the country to provide a residential program for mothers and all of their children, regardless of age and number.

In further ensuring service delivery, Shields has a strong established network and working relationships with local perinatal systems. It has a history of collaborating with local Maternal and Child Health Programs on several projects. Being a certified Medi-Cal provider of substance abuse treatment and mental health services, Shields regularly meets with 2 managed care umbrella organizations in LA County to ensure access to services for the target population. The 14-year relationship with Martin Luther King Jr. Hospital has intrinsically linked the agency to the hospital's perinatal system. Further, its affiliation with Drew University can enhance services provided to children and families through the provision of interns from areas as pediatrics and psychiatry into Shields' programs.

Sustainability of the project beyond First 5 funding is approached by generating additional revenue and in-kind support. Relationships with local colleges and universities will be established to arrange for internship positions for individuals training in child development and other related areas of education so that services can be availed of at no or low cost to the agency. Local businesses will be tapped for donations in-kind like toys, diapers and educational equipment. Existing collaborative relationships
such as that with King/Drew Hospital will be maintained so that clients can continue to access services even beyond the grant period. Shields will explore the possibility of accessing Medi-Cal billing in order to generate revenue for services. Childcare funds through CALWORKS will also be tapped as well as other government sources.

**PROJECT OUTCOME/EFFECTS**

*What indicators of “success” does the project use? What factors are responsible for meeting or not meeting project goals and outcomes?*

Project capacity to reach the target enrollment of children in these child development centers which is 75 annually hinges on the recruitment and retention of substance-abusing mothers in the agency’s perinatal treatment centers. Shields has built a reputation of maintaining 65% completion rates with 90% of graduates remaining clean and sober and 80% either employed or in school/training one year after discharge. “Lifetime “ services are almost offered by the agency in the sense that “ drop-outs” from the program can always go back to its centers.

**EFFECTS OF CDI**

*How, if at all, has CDI affected the agency? How, if at all, has CDI affected the organization’s forms of service delivery and strategies? How, if at all, has CDI affected the target population?*

In the face of budgetary cutbacks that almost jeopardized Shields’ programs for this vulnerable population, the CDI contributed to ensuring the continuous implementation of therapeutic Child Development Centers. In fact, as key project personnel would claim, the CDI enabled the agency to open a 4th perinatal substance abuse treatment center which is not part of the original plan.

Data Sources: Proposal Narrative, Scope of Work, Progress Reports, Logic Models, Interviews with key personnel during site visits
CDI Site Abstract

Grantee: Children’s Hospital Los Angeles (CHLA)
Project: Interagency Special Needs Health Resource Collaborative (Child Health Works)
Type of Project: Health Services

| Cycle: 1 | Grant Amount: $5,048,366.00 |
| Years Funded: 5 | Start Date: 9.1.02 |
| | End Date: 8.31.2007 |
| SRA: Don | RA: Carol |

BACKGROUND:
The lead agency in this collaborative, Children’s Hospital Los Angeles (CHLA) was founded in 1901 as a pediatric teaching, research and treatment facility located in a high density, low-income, culturally diverse neighborhood. As an indicator, population of children enrolled in LA Unified School District (LAUSD) programs are 70% latino, 14% African-American, 10% Caucasian, 4% Asian and 2% of other ethnicity. Further, 45% of children in LAUSD are English language learners; 71% are low-income.

The largest provider of care for children on Medicaid and those eligible for the Title V-funded Children with Special Health Care Needs Program (CCS) in California. CHLA serves approximately 40% of all children with special health care needs in the Los Angeles county. Children with special health care needs are those who have, or are at increased risk for chronic physical, developmental, behavioral or emotional conditions and who require health/mental health and related services of a type or amount beyond that required by children generally. It has been estimated that 30% of all children have, or are at risk for having special health care, nutrition and mental health needs that may or may not be identified. The percentages are considered to be higher in “high need” areas.

The University of Southern California University Affiliated Program (USC UAP) and the Division of General Pediatrics are administratively located in the Department of Pediatrics of Childrens Hospital Los Angeles. The USC UAP undertakes one of 34 Maternal and Child Health programs which provides interdisciplinary training in the prevention, early detection and ongoing care of children with special health care needs. On the other hand, the Division of General Pediatrics has a large ambulatory clinic serving young children from low-income, high risk vulnerable populations. These two units collaborate closely with the Department of General Pediatrics on many projects.
CDI PROJECT HISTORY:
The USC UAP is involved in a 5-year collaborative with LAUSD Infant and Preschool Programs through Project Relationship which focuses on the inclusion of children with special needs in their child care centers. Inclusion was an outcome of a state initiative in the 1990s with respect to approach to special education. The school system of Los Angeles was among the first to apply this concept in which children with special needs are being integrated into regular classrooms and/or children’s centers; practically “tearing down” walls of special education classes.

The CDI, Child Health Works is deemed to enhance Project Relationship by expanding it to include community health, nutrition, mental health and family supports. Although target population are children with special health care needs, the project operates within the framework of inclusion, thus, proceeding from the basic premise that to improve on the quality of care for children with special needs is to improve on the quality of care for all children.

Given the striking parallelisms between Project Relationship and the CDI Child Health Works with only the starting time making for the difference and that is the former preceding the latter, the CDI is considered to be the expansion of Project Relationship.

With children to comprise the target group and selected by way of means testing in which the primary criterion is income those, selected were mostly low-income and on Medi-Cal. Thus, a fit with the “normal” target population of the organization referring to CHLA takes place. Likewise, given the fact that the project is into the promotion of health, nutrition and mental health of preschool children, a fit with the core services of the organization is realized.

At the project helm are two personalities of stature and credibility; project co-directors, Drs. Jacobs and Poulsen, both of whom have administered grants for 20 years. Dr. Jacobs is an expert on children with special health care needs and a member of the State Council on Developmental Disabilities. Dr. Poulsen is USC UAP Training Director and has served on Governor’s Child Development Policy Advisory Committee. The positions that they hold obviously wield a significant degree of political influence.

CDI PROJECT DESIGN AND APPROACHES TO SERVICE DELIVERY:
The project aims to promote the health, nutrition and mental health of preschool children in 20 LAUSD Early Education Centers in areas that demonstrate the highest need for quality improvement activities based on the number of children participating in free and reduced lunch programs. There are five (5) basic strategies employed, namely; develop collaborative links with LAUSD and other agencies such as Department of Mental Health and Family Resource Center/Network of Los Angeles, enhance/expand integrated services to preschool children with special needs and their families, increase the health, nutrition and mental health care knowledge and skills of Early Education Center personnel, increase parent awareness of health and developmental needs of
preschool children and increase information regarding the availability of child care for LAUSD families of preschool children with special healthcare needs.

Under First 5 funding cycle, the project is included in cycle 1 which has received funding in the amount of $5,048,366 for a period of 5 years. On the whole, it is a project in health and nutrition employing multiple strategies.

The strategies can be considered standalone but are woven and/or linked together by the interagency collaboration that was established. They are translated into concrete activities which range from the formation of the Oversight Committee and the multidisciplinary Special Needs Health Resource Team to bring to life the collaborative links to the conduct of health screenings, providers’ training, information campaign for parents and a survey regarding the availability of childcare for LAUSD families.

A way of looking at the usefulness of the project along the line of helping the target population is when an institution, like the CHLA which has been conventionally oriented to providing services to those who are directly accessing it attempts to make a turnaround to make these services community-based. On top of this is a further attempt to expand its reach/clientele base through forging collaborative links with several state agencies most specifically the school system.

Within the project are features to address sustainability; the strategy to train providers implies a commitment to continuity beyond the project life and the fact that the project is being directed by USC UAP which is a grant-generating unit can assure it of support towards sustainability.

Contextually, the project which addresses the promotion of health and nutrition of children with special health care needs in the Early Education Centers of the LAUSD operates within the framework of inclusion which integrates these children into regular classroom setting so much so that in order to improve on the quality of care of children with special needs is to improve on the quality of care of all children. Likewise, employing a selection process that holds a particular “bias” towards children belonging to low-income families and on Medi-Cal runs consistent with what is defined as the “regular” clientele of the CHLA, the project’s lead agency.

By the nature of the strategies employed, they do not reflect anything new. However, the approach to lock in state agencies in a collaborative link to implement these strategies can be initially viewed as “experimental “ at least from the point of view of CHLA. Funding from First 5, effectively, is “investment” on this collaborative more than anything else. Thus, project funds being predominantly channeled to cover personnel costs i.e. salaries of liaisons, coordinators and consultants are indicative of the intent to sustain the collaborative as the lifeblood of the project.
However, as a result of implementing within a collaborative design, “challenges” emerged and because state agencies are involved these are in the forms of bureaucratic “glitches”. Questions like “how could the money be released?”; “which agency is responsible?”; “who owns the record?” could concretely capture these “glitches”. Consequently, they have caused months of delays in reimbursement of expenses, payment of salaries and release of operational funds as a whole. On the contrary, the difficulties and delays that were encountered somehow, paved the way for a portion of project funds allotted for the first year of operation to re-appear as “savings” in the succeeding year.

The “saved” funds enabled the project staff to embark on roll over initiatives which meant six additional programs to be incorporated into the project.

For the project staff, having people who are more program-oriented could be a contributory factor as to why these “glitches” emerged. By this, they mean being less inclined to attend to the administrative aspects of the project. One important learning, though, that in situations like this, building and working along political alliances can contribute significantly to overcoming these challenges. That was when the political clout of the project’s principal investigator worked positively.

PROJECT OUTCOME/EFFECTS

The project utilizes the school system (Early Education Centers of LAUSD) in reaching out to its target population. By project design, target population is defined as children with special health care needs so, technically, should be categorized as belonging to highly specialized groups. However, the project is implemented within the Los Angeles school system which has adopted inclusion as an approach to special education. Effectively, the project currently operates on the premise that to improve on the quality of care of children with special needs is to improve on the quality of care of all children.

At this point in time, apart from the fact that the multidisciplinary Special Needs Health Resource Team has been constituted, the team has already touched base with 4 Early Education Centers (EEC) conducting health screenings (vision, hearing, height and weight monitoring). In the aspect of providers training, survey of LAUSD nurses involved in EECS had been conducted to identify topics for further education and come September, 2004, a full-day conference of 600 LAUSD nurses will be held to address these learning needs. A binder of Health Tip Sheets for parents has already been compiled which also serves as an orientation material for teachers. Survey questions have already been incorporated in the IEP to determine the availability of child care in the Los Angeles area. Survey results will become bases for future advocacy work.

Data Sources: Proposal narrative, Scope of Work, Interviews with the Principal Investigator and Project Coordinator during site visits
Appendix D:

CDI Closing Site Summary Sample
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CDI Closing Site Narrative

<table>
<thead>
<tr>
<th>Grantee:</th>
<th>Church of Our Saviour/Our Saviour Center</th>
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<tbody>
<tr>
<td>Project:</td>
<td>Healthy Beginnings</td>
</tr>
<tr>
<td>Type of Project:</td>
<td>Health Services</td>
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<tr>
<td>Cycle: 1</td>
<td>Grant Amount: $397,728.00</td>
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<tr>
<td>Years Funded: 2</td>
<td>Start Date: 9.1.02</td>
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<td></td>
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<tr>
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<td>RA: Leo</td>
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ORGANIZATIONAL BACKGROUND

Organizational history, structure, and functioning (e.g., staff size, budget, decision-making framework, community engagement, community linkages, visibility, and core services)

Our Saviour Center is a multi-service nonsectarian, non-profit agency. The Center was established in 1985 as a food pantry, providing food for those who were hungry and often homeless. Our Saviour Center is the community outreach of the Episcopal Church of Our Saviour in San Gabriel, providing social services to poverty level and low-income families and individuals in fulfilling its mission to “share love, hope and resources with our neighbours in need.” From this small beginning, the Center has grown incrementally, and is currently running about 10 programs that provide the following array of comprehensive services: Cleaver Family Wellness Clinic, Youth Programs, Job Development and Employment Training, Temporary Emergency Shelter, Food Distribution, Parenting Instruction, Kid’s Campus Youth Center, Parenting Program, Personal Services, and Cities Tutorial and Recreation Program.

In Dec 1999, the newly built “Cleaver Family Wellness Clinic”, opened to provide primary health care and related health and human services to those persons who have limited or no access to such care. The Cleaver Clinic is an approved provider for several State-sponsored programs. In 2002, the Board of Our Saviour Center approved a Strategic Plan as a response to the needs expressed by Center staff in their annual five year goals. Their goals represented the CDI program design, and as a first step in achieving the Strategic Plan, Dr. Melissa Biel, was hired full time as the Resource Development Manager to assist in supporting and sustaining Center programs.

The Cleaver Clinic is made up of 17 staff members, and only the Community Health Coordinator is assigned 100% to the CDI project. Of the total staff, eight are hired under consultant services (two of the USC staff are allocated 5% based on the CDI budget, but are involved 25% in the CDI project). It appears that all of the administrative support from the project manager, Dr. Biel up to the Executive Director is provided in-kind to the CDI project. In 1985 the Center began operations with a $65,000 budget solely supplied by the Episcopal Church of Our Saviour. In 2000-01 their budget was $1.4, of which 80% was raised from other funding sources.
CDI PROJECT BRIEF DESCRIPTION

Core services of the project

The Healthy Beginnings program has four main components: Provide clinical care for pregnant women and children 0-5, provide assessment and referral, and provide health and wellness education services. The CDI project allowed for expansion of the Cleaver Clinic’s pre-natal clinical care, to establish a new weekly pediatric clinic in partnership with CHLA, and strengthen provision of interconnected services. This is accomplished by offering extensive nutrition, psychosocial, health, wellness education and supportive social services. Services primarily are for the low-income, Latino children (0-5), their parents, guardians and high risk pregnant mothers.

Clinical care services begin with a prenatal assessment that includes pregnancy testing, medical history and appropriate laboratory tests, then followed by an initial visit with medical staff to establish a baseline of care. The pediatric clinic health care services is performed by a bilingual pediatrician who understands the health care needs of the latino patient population and provide a linguistically, culturally and age appropriate clinical care for the children. Specifically services include medical history, developmental and behavioral assessments, height, weight, blood pressure and head circumference measurements. Other services include TB testing, kindergarten physicals, immunizations, injury treatment, and sick child care. Health and wellness are provided through one-on-one encounters, classes, workshops and forum.

Education services topics include a 6-session baby birthing (covering newborn care, breastfeeding, personal care after delivery, etc), nutrition workshops, and proper exercise techniques. Parenting is offered to expectant parents or current parents in topics such as Family Values, Communication, A Child’s Self Esteem, The Appropriate Approach to Discipline, Child Abuse, Child Development, Behavior Patterns, and Domestic Violence. Under the CDI project, Our Saviour will also provide direct early learning services to children 3-5 in conjunction with the parenting classes, the Center offers the KIDSTIME program. This program is the Center’s own computer enriched learning program for preschool children. Using the 28-station computer lab, KIDSTIME is designed to aid children in the discovering of numbers, letters, sizes, colors, and shapes and give them a good start socially, emotionally and cognitively for kindergarten.

Other sites serviced

Our Saviour Center has only one location with two buildings that house the following resources: The Cleaver Family Wellness Clinic; The Jack and Beatrice Bird Learning Center; Youth Programs and Services; and Social Services (Food Distribution, Parenting, Job Development, Homeless Assistance, etc.)

The Center coordinates free after-school programs for children ages 5 to 17 on site, and through El Monte City program at five inner-city church facilities.
Service area/description of locality

Our Saviour Center’s program site is located on the grounds of the Immanuel Episcopal Church in the northeast section of El Monte, in a working class neighborhood that is zoned for both residential housing and light industry. Geographically El Monte is situated north of the 10 freeway, and close by a municipal airport.

In their service area of El Monte and South El Monte (ELM/So ELM), in 2000 there were about 15% women did not receive prenatal care in the first trimester, and an alarmingly high poverty rate and high number of uninsured are faced too. Studies by LA County Dept. of Health Services found that children who are underinsured, and whose families earn less than 200% of the federal poverty levels do not receive needed health care. As a result they lack connection to the health care system in order to treat an acute problem, monitor a chronic illness, or obtain important screening. Also, ELM region is within the top 20 of those medically underserved communities with the greatest health care needs.

Current CDI resources-current CDI staff size, facilities, other programs running, etc

Collaborative partners for the Cleaver Clinic include USC Dept. of Family Medicine, and Children Hospital Los Angeles (CHLA). As part of the USC Keck School of Medicine, the Department of Family Medicine works to provide comprehensive community medical services. High risk pregnancy cases will be referred through a formal partnership with the San Gabriel Valley Medical Center Prenatal Diagnostic Center. Other collaborations include Arcadia Methodist Hospital and Citrus Valley Health Partners to provide uninterrupted continuum of care.

The total staff for the center is about 55, of which 17 are assigned to the CDI project. The Executive Director has provided over 16 years of overall administrative oversight for the center, and along with 3 key administrative managers and other administrative staff these positions are in-kind for the CDI project. All programs are managed under 3 divisions, each headed by a full-time program manager and supported by over 100 volunteers. The staffing structure and resources make possible the variety of programs and support services.

The Center built a two-story 8,400 square foot facility that houses the Cleaver Clinic, and the additional 1,400 square foot emergency food, social services and children’s facility provide for a tremendous opportunity for capacity growth. The level of services affords those most in need with on site access to a variety of program.

Current affiliations/interagency linkages

The collaborative partners include USC Dept. of Family Medicine, and Childrens Hospital Los Angeles, USC Keck School of Medicine Dept. of Family Medicine, for the direct services by the medical team.

There are many agencies that provide in-kind support for the CDI project (Grace Center – domestic violence prevention; American Heart Association – cooking and shopping workshops;...
Foothill Family Services – parenting instructor or family counseling; local nonprofit hospitals – Citrus Valley, SGV Medical Center, and Arcadia Methodist; and transportation services provider). Also, the Center has linked with Citrus Valley CDI project “Healthy Babies/Happy Moms” to be able provide referral for health insurance enrollment for eligible pregnant women, children and families.

The Center maintains a strong relationship with their local municipalities, El Monte City School District, Greater El Monte Collaborative Organizations (GEMCO). This is collaboration with municipal service agencies, county agencies, a local elementary school and a neighborhood Head Start site. This Head Start site is located in the same premises as Our Saviour, henceforth providing the Center an opportunity to gauge the best thinking of Head Start parents, teachers and other agencies providing services to the CDI targeted population.

### CDI Project History

#### Why the project

With its 18 years of history, the Center has gained community trust and recognition. Since the beginning, the Center has served families with small children and ultimately motivated the establishment of children's services, and in 1986 they began “KIDSTIME” program. This program is an early learning program for preschool (ages 3-5) and their parents that prepares children to enter school.

Over the years, Our Saviour Center has experienced seeing families who are low income/poverty level, lack insurance or are under insured; and in response to a perceived need for quality services in the geographic area, the Center created the CDI components. The Center’s multi-disciplinary approach make it possible to address the needs of parents and their children from educational to well being.

#### How formulated (who designed it, how designed, what elements were considered, etc)

It is the philosophy of the Center to connect all program divisions to optimize service delivery. When the Cleaver Clinic was opened in 1999, the youth programming was among the first divisions affected. By linking youth with primary care medical services and education. The availability of health services greatly benefited all children - but none more so than those children 0-5 who had their first health care experiences at our Clinic. In preparation for a five year Strategic Plan, the Center staff expressed the need to further expand the provision of necessary services to expectant parents, children 0-5 and their families. Thus beginning the formation of the present CDI project “Healthy Beginnings”.

#### Fit with core services of organization

When the Center was established to help the most needy community, the homeless, in providing social services that dignify and nourish those most at need. From this small beginning, the Center has grown incrementally, and is currently running about 10 programs that provide the following array of comprehensive programs: Cleaver Family Wellness Clinic, Youth Programs, Job Development and Employment Training, Temporary Emergency Shelter, Food Distribution,
Parenting Instruction, Kid's Campus Youth Center, Parenting Program, Personal Services, and Cities Tutorial and Recreation Program. For those families living on the fringe of poverty, and lack limited access to health care, the Center opened its Cleaver Clinic to provide specialized clinical services from bilingual health professionals for men and women, as well as primary health care services for youngsters.

The Cleaver Clinic is an approved provider for several State-sponsored programs, therefore making the CDI project “Healthy Beginnings” a perfect fit to address the inadequate health care during the prenatal period, as well addressing the varied needs related to poverty and lack of access to necessary services within proximity to their residence.

**Fit with the “normal” target population of organization**

The population is largely Latino low-income families and individuals including infants and high risk pregnant women/mother in the Greater El Monte and South El Monte areas. Since the agency’s beginning, their services were geared up towards assisting children and their families. By maintaining their service structure, the fit with their participants is the course of normal service delivery. Our Saviour Center maintains an increased outreach within the community by offering a full range of services all on one convenient location.

**Linearity (is the CDI project an extension of prior projects, or an altogether brand new project?)**

Our Saviour Center has been operating the new Cleaver Clinic since 1999, and by 2001 the Center had 45,000 visits for clinical health care, wellness education, and emergency social services. The CDI funds allowed for an expansion of their health care core services and alleviate the pursuing development resources and funding in the medical arena. Having a structured clinical care facilitated the process to formalize referral linkages with affiliated hospitals and/or affiliated area obstetrician. Also, a new concept added for the CDI project is the out-stationing of pediatrician resources through rotating pediatric residents from CHLA.

**How much of the current CDI project is a carryover of prior organizational service history?**

Healthy Beginnings is a complex project with many components, but with its earliest Clinic experience from 1999 to Aug. 2002, Our Savior Center is able to increase access to a totality of health care resources. The CDI project allowed for completion of clinical protocols for expanded prenatal care, to formalize process for referral for delivery and of high risk pregnancies, and develop an annual marketing and outreach plan.

**CDI PROJECT DESIGN AND APPROACHES TO SERVICE DELIVERY**

**Goals, strategies, target population, rationales**

The main long term goal outlined in the scope of work is to “Improve health outcomes for children 0-5” under a holistic approach to preventive health care and wellness education coupled with the broad based menu of social services. This will be accomplished by addressing
the following two intents with the outlined activities:

1. Reduce the health risk for children 0-5 in El Monte/South El Monte area
   ♦ Provide clinical care for pregnant women
   ♦ Provide clinical care for children 0-5

2. Improve the well being of children 0-5 in the Greater El Monte area through the provision of needed supportive social services.
   ♦ Provide assessment and referral
   ♦ Provide health and wellness education services

The rationale for the CDI project is to provide expanded prenatal services, pediatric primary care for children 0-5, and funds will be used to cover the expansion and those visit encounters or services that are already funded. Our Saviour Center claims that there is not another agency in the Greater El Monte that provides the comprehensive services facilitated by First 5 in conjunction with funds from a variety of public and private sources including foundations, Medical, Healthy Families, CHDP, FamilyPact, the Cleaver Trust and private donations.

Unique features of project design

The unique features of the project are the out-stationing of the CHLA Pediatric and the use of program volunteer professionals to teach health education and parenting classes. The Women's Guild will provide needed volunteer support for the Mentoring Mothers program. In addition, the in-kind leverage of about seven entities for social services enables sustainable practices for the Healthy Beginnings Project.

The Prenatal Care approach by Our Saviour Center is one in which most of the service delivery relies heavily on other agencies. What worked well is the collaboration and protocols for provision of prenatal and pediatric care. Also, the referral and follow-up in a comprehensive plan to ensure receipt of needed care. The program components are geared up towards reducing the health risk while improving the well being of the program participants.

Description of approach (components, process of delivery)

The Cleaver Clinic is using contract services with CHLA for the Pediatrician and USC Family Medicine for the Family Practice Physician and Physician Assistant. Also, it uses three specialty consultants for the nutrition services, health educator, social worker, classes for Healthy Baby and Healthy Moms, and exercise education & training.

Along with the holistic approach to preventive health care and wellness education, pregnant women and parents of children 0-5 will complete nutritional, psychosocial, and health education risk behavior assessments. Also, 100% of clients will receive indicated referral and associated follow up.

The grantee indicated that the First5 grant has been the most difficult program in terms of data collection and reporting, and that the questions of the semi-annual report tended to be redundant. An invitation to participate in the 3rd Learning Exchange as a presenter was declined. However, they prefer to be featured in the Semics Quarterly Newsletter.
How does the configuration of strategies translate into real-life operations and service delivery?

What appears to be the “theory” or thinking about the usefulness of the project and how this helps children and families?

Our Saviour Center takes pride in maintaining a staff with long tenure, and in having a fully functioning and staffed community Clinic, backed by an appropriate supportive staff. In the medical industry, all staff professionals must have educational/credential appropriate to their roles, and the Center carries this out by utilizing external contracts with recognized professionals in the field.

Because several components of Healthy Beginnings were established before CDI, it provided the Center with direct experience in establishing a continuing timeline, determining quantity of services and identifying attainable performance targets. The CDI project pays for clinic visit encounters or services that are not already funded by other Center programs.

Presence/absence (or weakness/strengths) of features that address sustainability or project delivery (e.g., outreach methods not calibrated to extremely-hard-to-reach-target population). Contextual elements of environment or target population obviously considered or NOT considered.

As of March 2004, the Clinic obtained their goal of certification as a Comprehensive Perinatal Service Provider, which provides for additional funding stream that allows for additional clinic access, and in turn retaining project participants. Another avenue for retaining participants is the innovative process for follow up visit. Attendance follow-up uses the concept of obtaining a pharmacy prescription when the patients complete their visit; each client gets a specially designed Visit RX. The Clinic has already experienced success in that patients began to take prescribed action.

During the first year of the CDI project, the Clinic did not meet their timeliness for attracting patients. There is no indication that this was attributed to the quality of the facility or services. Rather, project staff identified it as a failure to adequately account for certain cultural characteristics of their community in designing and implementing their outreach activities. One major learning for the agency is the increased awareness of cultural factors in attracting patients. All clinical and educational encounters give the Clinic a great opportunity to develop great relationships with their target population. As the Clinic entered their second year in operating the CDI project, now they see newborn babies for well childcare from patients who initially visit the clinic as pregnant patients.

The Cleaver Clinic and the Jack & Beatrice Bird Learning Center are both debt free. Plans for the CDI project continuation include generating revenue from the Cleaver Trust.

What changes (if at all any) have taken place in their strategies? What accounts for these changes? What kind of “triggers” materialized, and how did the agency respond?

In the first year of the CDI project during the start-up phase the Clinic experienced a low number of patients. The Semics team believes that this was due to their traditional outreach methods
using flyers and word of mouth. However, the Clinic staff believes that it was due to underestimating the cultural needs of the selected community area. Because the CDI project was established from a perceived need for localized quality health services, Our Saviour needed to look closely at the cultural changing factors.

Structured process has evolved that includes distribution of bilingual program brochures and flyers, hosting of and participation in health fairs, communicating services to school nurses, social service agencies and other health care providers. For the retention piece phone calls and written reminders were developed for follow-up. Our Saviour Center is ensuring better relationships with their clients.

The start-up delay created rollover monies from year one and the funds were used to expand the health and wellness education. The Wellness Clinic added 3 weekly classes designed to assist the Healthy Beginnings families improve their health and increase their knowledge of healthy behaviors and ultimately improve health outcomes of children 0-5 and their mothers - 1) Healthy Baby Class for new mothers that teaches them how to care for their newborn, what changes to expect in the first year of life, successful breast feeding, and child safety. 2) Healthy Moms Class for pregnant women and new moms that discusses what to expect when pregnant, healthy diet and exercise, stress reduction, etc. 3) Exercise class for the 0-5 kids with their parents and the pregnant women.

**PROJECT OUTCOME/EFFECTS**

| What indicators of “success” does the project use? |
| What factors are responsible for meeting or not meeting project goals and outcomes? |

There are seven (7) qualified performance measures that were established for the CDI project to evaluate if the program goals are serving the number of program participants (pregnant women, children 0-5, and their families) as contracted. The performance targets measure the following service levels:

- Clinical encounters for pregnant women
- Health and wellness education encounters for pregnant women and parents and caregivers
- Parenting class encounters
- Clinical encounters for pediatric patients
- KidsTime classes
- Encounters for nutritional, health education and psychosocial assessments, and care plans for all program participants
- Encounters for referral and follow-up for needed services

It appears that the Cleaver Clinic meets most of their outcome goals. An indication of retention could be attributed to the facility and services, even when they did not meet their timelines for attracting patients during the first year of the CDI project. Some other factor contributing to meeting the goals and outcomes is the three years of experience operating under the new facility for the Cleaver Clinic.
EFFECTS OF CDI

How, if at all, has CDI affected the organization’s forms of service delivery and strategies?

In the second year of the CDI project, the Clinic obtained certification as a Comprehensive Perinatal Service Providers, which provides additional funding stream and allows additional clinical access.

One challenge in running the CDI project was that the Clinic was not able to regularly engage pregnant patients and families in health education classes. The Health Educator established additional strategies that include personal invitations to the new patients when they first visit the clinic, reinforcing the need for referrals by providers, give reminders throughout the appointment process by placing notices in patient charts, by offering child care for selected classes, and provide transportation vouchers.

How, if at all, has CDI affected the target population?

As a First 5 grantee, the Clinic was able to provide needed health and social services, and resulted in increased outreach to local residents to access comprehensive services in one centrally located facility to serve the El Monte / So. El Monte areas.

GUIDE QUESTIONS FOR ANALYSES

Overall, what worked or did not work well in the project? Why?
What lessons did the project generate for the organization?
What are the hard-to-measure impacts of the project (the ones difficult to quantify)? How can these be documented

The Pediatrician has been very well received in the community and added an element of trust between the center and families being served. Another aspect working well is keeping an active linkage with community partners and supportive relationship with hospitals. Maintaining care at no cost on site through professionals from CHLA and the Orthopedic Hospital Los Angeles prevent usage of emergency room.

What will be hard to quantify is how to prevent low birth weights, premature births, and critical development. Also, nourishment of physical, intellectual and emotional development while encouraging growth of stable families.

What are the “should have done” areas of work that easily come to mind? Why these? STATE OF PREPAREDNESS FOR “NEXT-STAGE” PROJECTS - Will they continue CDI projects? What resources are in place to make this possible? What new resources are needed? Will they set up the next project differently? Why?

Healthy Beginnings will continue because as a certified Comprehensive Perinatal Service Provider (CPSP) the Clinic has access to funds that can pay for the increased clinical access.
for the specified population under the CDI project. The CPSP status was accomplished during the CDI reporting period of Sept. 2003 – Feb. 2004. Because of this new funding stream and the experience in obtaining reimbursements where applicable with programs such as Medi-Cal, Healthy Families, Child Health and Disability Prevention, Family Planning Access Care and Treatment, and Vaccines for Children; the Clinic can continue to operate at the same service level and structure to continue with uninterrupted services for the Greater El Monte area.

The system of “tracking” moved from all clinical data being documented by hand to a computerized clinic system (MiSys). Despite that some data still continues to be collected by hand, this system brought an increase in efficiencies with patient appointments, determining eligibility, and billing. Now, the expanded “tracking” system has been implemented to all other programs in the Center, and a new approach for data collection and reporting is part of their work culture and information organization.

The Pediatrician (added to the Center through CDI funding) will remain at the Cleaver Clinic through revenues from the Cleaver Trust and additional support for the additional support of the “out years” of the CDI project from the California Wellness Foundation and the California Endowment.

*Will they open up a new service line? How will they configure this?*

There are no plans to open up a new service line, only the expansion for the youth services in a new location funded by the State for $2.7 million in 2003. The ground breaking is planned for Sept. 04 and completion by 2005.

*Will they work with the same population as their CDI project?*

Our Saviour Center will continue to work with the same community (more than 40% are 15-44 years of age, in the zip codes 91731, 91732 and 91733. In this service area the poverty level ranges from 30% to 35% and uninsured/underinsured.

*Are new engagement methods being contemplated? Why?*

There are no apparent plans for new methods of engagement. However, Our Saviour Center has an excellent resource network to build upon expanded programs. For example a new relationship with the Mountain View school district to provide clinical care for their School Readiness Program.

*Are they better prepared now to work on projects with kids 0-5? Why? What is in place that was not there before?*

As far as the Semics team is aware, the only new engagement is the new partnership with Kaiser Permanente in Baldwin Park that offered Our Saviour Center / Cleaver Family Wellness Clinic new grant money for chronic decease.

Our Saviour Center is better prepared now to service kids 0-5 because of partnerships with Citrus Valley Hospital for referrals to their GEM program for insurance enrollment assistance, and with CHLA for the out-stationed pediatrician.
What is the biggest change in the organization that can be attributed to their CDI project?

Our Saviour Center has learned that it takes concerted and sustained efforts to develop an educational pattern in which the patients will be actively engaged, even when it’s in their best interest. The main issue affecting this program area is the personal competing priorities that the patients face (lack of transportation, lack of childcare, jobs sickness). The center has implemented new strategies to address this setback.

What made possible for the Healthy Beginnings program to provide a full scope of health, wellness and education services to the planned target group / CDI participants is their formal linkage with hospitals and no turnover among CDI project staff.
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Appendix E: Organizational Map Questionnaire
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FIRST 5 LA LARGE GRANTEES

BACKGROUND QUESTIONS

Agency that received the grant: ____________________________________________

Type of services provided by the agency: ____________________________________

Title of funded project: ________________________________________________

Stated purpose of the project: ____________________________________________

________________________________________

Department (or division) of the agency conducting the project (if applicable):

________________________________________

Does the project address the needs of:

   _____ The general or specific needs of a population in the agency’s geographical area? (1)
   _____ A specific need of the target population regardless of location? (2)
   _____ The needs of direct service providers, regardless of location? (3)
   _____ Other (4) (please describe) ____________________________________________

Is the project an expansion of an existing program? _____ Yes (1) _____ No (0)

If “Yes,” what is the purpose of the expansion?

   _____ To provide similar services to a larger target population (1)
   _____ To provide new services to the agency’s (department’s) existing target population (2)
   _____ Other (3) (please describe) ____________________________________________

If “No,” how was the need for the project determined?

   _____ By a formal needs assessment (1)
   _____ Community demand (2)
   _____ Other (3) (please describe) ____________________________________________

What is the agency’s (department’s) annual budget (exclusive of CDI funding)? _________
As you know, Semics, LLC, has been contracted by First 5 LA to conduct an initiative-wide evaluation of its Community-Developed Initiatives (CDI). In order to properly carry out this evaluation project, Semics would like to request your help and cooperation.

Like First 5 LA, we assume that organizations like yours are interested in learning, improvement and growth in a variety of areas, and that pursuing funding under the CDI is a reflection of that desire.

Recognizing that your grant under CDI already asks you to do an evaluation of your own project, Semics focuses this project on broader issues, such as the impact of First 5 LA funding on all 54 CDI grantee organizations and the communities they serve.

The following questions are of particular interest to Semics in regard to the CDI initiative-wide study:

1. How have you (as a grantee in CDI) gone about the work of identifying and meeting the needs of your communities?
2. In what ways was your program developed or expanded as a result of CDI funding? and
3. How will you continue to operate your CDI-funded program for the long term?

This study aims to identify and understand how you have gone about achieving your goals in CDI, and how your participation in the CDI has contributed to the achievement of those goals. The ultimate goal of this evaluation is to help all parties in CDI learn from this experience and share that learning with each other.

To get started, we have sought to build on your original funding proposal and project reports by creating a series of questions (presented on the following pages). These questions are designed to help us begin to understand how your project and organization function, both internally and in the context of your target communities.

Thank you very much for your time!!
Semics LLC
Large Grnat Questionnaire

Name of your Agency/Organization: ____________________________

Name of your CDI Project: ____________________________

Your position in the Agency/Organization: ____________________________

The purpose of this questionnaire is to provide a “snapshot” that will serve to guide the collection of more in-depth information over time, and an overall “map” that will facilitate communication and learning among CDI grantees and between the grantees and First 5 LA.

Your responses will be used for descriptive purposes only.

As you consider your response to the following questions, it is important to note that it is not the intent of this project to rate or grade your performance.

**GOALS TO IMPROVE ORGANIZATIONAL FUNCTIONING AND COMMUNITY RELATIONS**

Organizations typically express goals in terms of specific project outcomes or intended results in their communities. We sometimes overlook goals regarding the quality of an organization's functioning and its relation to its target community.

Using a five-point scale, please rate each statement below with respect to the importance you assign the area for your own organization. Not all areas may be applicable to your agency.

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<th>Very important</th>
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</table>

A. We would like to diversify the services we provide.................................1 2 3 4 5 N/A

B. We would like to diversify the target populations we serve. ..............1 2 3 4 5 N/A

C. We would like to initiate new long-term programs. .................................1 2 3 4 5 N/A

D. We would like to be more involved with our larger community. ......1 2 3 4 5 N/A

E. We would like more community involvement on our Board of Directors..................................................................................1 2 3 4 5 N/A

F. We would like to improve the capabilities of our management and staff........................................................................1 2 3 4 5 N/A

G. We would like to be more efficient in our use of resources. ..............1 2 3 4 5 N/A

H. We would like more access to technical assistance in such areas as planning, management; community needs assessments, fundraising, etc. ............................................................1 2 3 4 5 N/A

I. We would like to improve our use of computers and other technology. ..............................................................................................1 2 3 4 5 N/A
J. We would like to improve our community outreach programs. .......1 ... 2... 3....4 ....5 .... N/A

K. We would like to improve our access to and use of non-monetary resources, such as volunteers and gifts-in-kind. .......1 ... 2... 3....4 ....5 .... N/A

L. We would like to increase community awareness of our organization and programs. ..........................................................1 ... 2... 3....4 ....5 .... N/A

M. We would like to improve coordination with other service providers. ..........................................................1 ... 2... 3....4 ....5 .... N/A

N. We would like to improve our planning process for new programs. ..........................................................1 ... 2... 3....4 ....5 .... N/A

O. We would like to improve our ties with media, funding sources, political agencies, and advocacy groups. ....................1 ... 2... 3....4 ....5 .... N/A

P. Other (Please specify) _______________________________________________________

For those areas rated “4” or “5”, why are they of particular concern in your organization?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

**INTERNAL OPERATIONS**

The following list presents tasks and functions associated with carrying out the mission of an organization. Semics would like your opinion on how well your organization currently performs with respect to these tasks.

Please rate each one on a five-point scale, with “1” indicating “not well at all” to “5” being “doing outstandingly well.”

<table>
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A. Formulating and communicating organizational goals and strategies. .................................1......2......3 ......4 ......5

B. Organizational decision-making. .................................1......2......3 ......4 ......5

C. Internal communications and reporting. .................................1......2......3 ......4 ......5

D. Organizational problem solving. .................................1......2......3 ......4 ......5

E. Coordination among departments. .................................1......2......3 ......4 ......5
F. Assessing community needs. ................................. 1 ...... 2 ...... 3 ...... 4 ...... 5
G. Planning and developing new programs. ................................. 1 ...... 2 ...... 3 ...... 4 ...... 5
H. Identifying and accessing funding sources for new programs. ................................................................. 1 ...... 2 ...... 3 ...... 4 ...... 5
I. Establishing and communicating program goals and objectives. ................................................................. 1 ...... 2 ...... 3 ...... 4 ...... 5
J. Monitoring program outcomes. ................................................................. 1 ...... 2 ...... 3 ...... 4 ...... 5
K. Managing financial resources. ................................................................. 1 ...... 2 ...... 3 ...... 4 ...... 5
L. Managing non-financial resources. ................................................................. 1 ...... 2 ...... 3 ...... 4 ...... 5
M. Staff training, development, and motivation. ................................................................. 1 ...... 2 ...... 3 ...... 4 ...... 5
N. Promoting team work. ................................................................. 1 ...... 2 ...... 3 ...... 4 ...... 5
O. Recruiting qualified personnel. ................................................................. 1 ...... 2 ...... 3 ...... 4 ...... 5
P. Problem solving and crisis management. ................................................................. 1 ...... 2 ...... 3 ...... 4 ...... 5
Q. Public relations and outreach. ................................................................. 1 ...... 2 ...... 3 ...... 4 ...... 5
R. Other (Please specify)........................................................................................................................................

Which of those tasks and functions that you identified as “1” and “2” do you consider most urgent?

____________________________________________________________________________
____________________________________________________________________________

What, if anything, is your organization doing about them?

____________________________________________________________________________
____________________________________________________________________________

COMMUNITY CONNECTIONS

The effectiveness of an organization is often associated with the linkages it nurtures and maintains with individuals, other groups or organizations within its community. The following list presents some of the kinds of organizations you may be involved with.

Again, using a four-point scale, please indicate your agency’s/organization’s level of involvement “1” being “not involved at all” to “4” being “deeply involved.”
### Large Grant Questionnaire

<table>
<thead>
<tr>
<th>Not involved at all</th>
<th>A little involved</th>
<th>Moderately involved</th>
<th>Deeply involved</th>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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A. State or local government agencies. .......................................................... 1 2 3 4
B. Schools or other educational institutions. ................................................... 1 2 3 4
C. Local businesses. ................................................................................................... 1 2 3 4
D. Local advocacy groups. ........................................................................................ 1 2 3 4
E. Larger corporations. ............................................................................................. 1 2 3 4
F. Community foundations. ......................................................................................... 1 2 3 4
G. Religious or other faith-based institutions. ....................................................... 1 2 3 4
H. Healthcare providers. ............................................................................................ 1 2 3 4
I. Related service provider organizations. .............................................................. 1 2 3 4
J. Local political leaders. .......................................................................................... 1 2 3 4
K. Parks, recreation facilities, and community centers. .......................................... 1 2 3 4
L. Neighborhood associations. ................................................................................... 1 2 3 4
M. Civic organizations, such as Lions, Kiwanis or Rotary Clubs. ......................... 1 2 3 4
N. Other (Please specify _______________________________________________________

Are there any groups that you rated “1” or “2” with which you would particularly like to see more involvement with in the future?

_____ Yes (1) _____ No (0)

If so, how would that improve your ability to carry out your organization’s mission?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Appendix F: CDI Grantees
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## CDI Grantees

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<th>Project</th>
<th>Project Description</th>
<th>Cycle</th>
<th>SPA</th>
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</thead>
</table>
| **1736 Family Crisis Center** | 2116 Arlington Ave., Suite 200, Los Angeles CA 90018 | Manuela Cerruti  
Deputy Director  
Susan Ryono  
MFT Intern | Therapeutic Play Program for Children Affected by Domestic Violence | Prepare children affected by domestic violence to become school ready and developmentally healthy. | 3 | 6 & 8 |
| **Asian Pacific Health Care Venture, Inc.** | 1530 Hillhurst Ave.  
Suite 200  
Los Angeles CA 90027  
www.aphcv.org | Maha See, MA, MS  
Program Director  
Romalyn C. Galagac, MPH  
Program Coordinator II  
Pediatric & Women’s Health Services Unit | Kids 1st Project | Increase access to pediatric care for Asian Pacific Islander children via community awareness and family support. | 2 | 4 |
| **Bethany Lutheran Child Care Center (Trinity Evangelical)** | 2670 La Tierra St.  
Pasadena CA 91107 | Alice Doppelhammer  
Program Administrator | BLCCC’s Infant Toddler Program | Address the need for additional licensed childcare spaces and increase families’ knowledge of their child’s learning and development. | 3 | 3 |
| **Black Women for Wellness** | 3472 Mount Vernon Dr.  
Los Angeles CA 90008  
www.bwwla.com | Janette Robinson-Flint  
Executive Director | Shangazi | Address the problem of infant mortality, low birth weight and infant health in the African American community by pairing at-risk pregnant and/or parenting mothers with a “sister friend.” | 1 | 6 |
| **Bundle of Joy Daycare, Inc.** | 4222 Linsley St.  
Compton, CA 90221 | Yolanda Stowe  
Executive Director | Exp. Meals on Wheels/Healthy Family Taste Kitchen | Deliver nutritional meals to expectant mothers and children and increase their knowledge on nutrition. | 2 | 6 |
| **California Council of Churches** | PO Box 412168  
Los Angeles CA 90041 | Rev. Kathy Cooper-Ledesma  
Associate Director  
Michelle Cassidy  
Administrative Assistant | L.A. County Faith-Based Child Care Providers Network | Improve the sustainability of faith-based child care providers and increase their voice in childcare planning and policymaking. | 3 | 2, 3, 4, 5, 6, 7 & 8 |
### CDI Grantees

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</tr>
</thead>
<tbody>
<tr>
<td><strong>Center for Pacific Asian Family</strong></td>
<td>543 N. Fairfax Ave. Room 108 Los Angeles CA 90036</td>
<td>Debrah Suh Executive Director Milicent Ongaco Child Dev. Specialist</td>
<td>CPAF Child Care and Development Program</td>
<td>Plan and implement a child care and development program aimed at Asian Pacific Islander children that have been exposed to domestic violence and/or have been abused themselves.</td>
<td>1</td>
<td>4 &amp; 8</td>
</tr>
<tr>
<td><strong>Child &amp; Family Guidance Center</strong></td>
<td>Community Family Center 19100 Parthenia St. Suite 4 Northridge, CA 91324</td>
<td>Jelga Ramirez Community Outreach Program Coordinator Tami Granado In-Home Instruction Program Head Teacher</td>
<td>In-Home Instruction Program</td>
<td>Increase parental involvement in education, school readiness, and access to appropriate health care resources through in-home instruction visits, parenting classes, ESL classes and linkages to social/community services.</td>
<td>2</td>
<td>4 &amp; 8</td>
</tr>
<tr>
<td><strong>Child Care Information Service</strong></td>
<td>2698 Mataro St. Pasadena, CA 91107</td>
<td>Matt McAleer Information Systems Director Shawn Kaplan Assistant Director Debbie McBee Project Director</td>
<td>Pasadena Collaborative Literacy</td>
<td>Provide training courses and mentoring for child care providers as well as offer support groups and ESL classes for parents of children 0-5.</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td><strong>Child Educational Center, Caltech/JPL Community</strong></td>
<td>140 Foothill Ave. La Canada, CA 91011</td>
<td>Eric M. Nelson Director of Special Projects Diana Nenadic Director</td>
<td>Outdoor Classroom Project</td>
<td>Increase the outdoor experience for children 0-5 by developing and educating childcare providers, educators and administrators on a countywide “Outdoor Classroom” model.</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Children’s Hospital L.A.</strong></td>
<td>5000 Sunset Blvd. 7th Floor Los Angeles CA 90027 4650 Sunset Blvd. Mail Stop Box 530 Los Angeles CA 90027</td>
<td>Dr. Marie Poulsen Principal Investigator Noreen Clark-Sheehan Project Coordinator</td>
<td>Child Health Works</td>
<td>Increase integrated service delivery to preschool children with special health care needs in the LAUSD Early Education Centers.</td>
<td>2</td>
<td>1, 2, 3, 4, 5, 6, 7 &amp; 8</td>
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# CDI Grantees

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<tbody>
<tr>
<td><strong>Children’s Hospital L.A.</strong></td>
<td>4650 Sunset Blvd. Mail Stop Box 115 Los Angeles CA 90027 4650 Sunset Blvd. Mail Stop Box 107 Los Angeles CA 90027</td>
<td>Dr. Stacey Mizokawa Project Director Ana Quiran Program Coordinator</td>
<td>Learning and Growing Together</td>
<td>Promote appropriate cognitive, social, emotional and physical development in children with special health care needs at the Spina Bifida Center.</td>
<td>1</td>
<td>4, 6 &amp; 7</td>
</tr>
<tr>
<td><strong>Citrus Valley Health Partners</strong></td>
<td>1115 S. Sunset Ave. West Covina CA 91790</td>
<td>Maria Peacock Grant Administrator Tom McGuiness Senior Vice President</td>
<td>Healthy Babies/ Happy Moms</td>
<td>Increase access to and utilization of maternal and child health care services through the use of a medical mobile van and grassroots efforts.</td>
<td>2</td>
<td>2, 4, 6 &amp; 8</td>
</tr>
<tr>
<td><strong>Community Coalition for Substance Abuse Prevention and Treatment</strong></td>
<td>8101 S. Vermont Ave., Los Angeles CA 90044</td>
<td>Simone Rahotep Project Director Lorraine Dillard Community Organizer</td>
<td>Relative Care Organizing Campaign</td>
<td>Establish a collaborative with social service providers and community residents to increase the use and access of community based social services for children 0-5 being raised by relatives.</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td><strong>Connections for Children</strong></td>
<td>2701 Ocean Park Blvd., Suite 253 Santa Monica CA 90405</td>
<td>Aolelani Lutu Program Coordinator Patti Oblath Development Director</td>
<td>Family Childcare Resource Center</td>
<td>Develop a stronger, more comprehensive network of support services and training opportunities for family childcare providers through individualized technical assistance, monthly family child care meetings and professional development seminars.</td>
<td>3</td>
<td>5 &amp; 8</td>
</tr>
<tr>
<td><strong>Crystal Stairs, Inc.</strong></td>
<td>5110 W. Goldleaf Circle, Suite 150 Los Angeles CA 90056</td>
<td>Ramee Brown SPAN Project Coordinator America Rios SPAN Bilingual Project Specialist Fabiola Lopez SPAN Project Assistant</td>
<td>Childcare Provider Accreditation Support</td>
<td>Increase quality childcare among providers through accreditation workshop/group meetings, and creating and implementing an Accreditation Project Support Committee.</td>
<td>2</td>
<td>4, 5, 6, 7, &amp; 8</td>
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<tr>
<td><strong>Eisner Pediatric &amp; Family Medical Center</strong></td>
<td>1530 S. Olive St. Los Angeles CA 90015</td>
<td>Stephanie Dinwiddle, PHD Director, Strong Families, Healthy Children Initiative Gaynelle Winston Program Manager</td>
<td>Parent Child Home Program Expansion</td>
<td>Expand a home-based literacy and parenting program for children 0-5 and their parents.</td>
<td>3</td>
<td>4 &amp; 6</td>
</tr>
<tr>
<td><strong>El Proyecto del Barrio, Inc.</strong></td>
<td>8902 Woodman Ave. Arleta, CA 91331 4732 3rd St. Los Angeles CA 90022</td>
<td>Jennifer Rodriguez Executive Vice President Silvia Sandhu ELA Project Manager Rocio Quiroz ELA Site Coordinator</td>
<td>East L.A. Health Care Project</td>
<td>Provide health care services to children 0-5, families and childcare providers residing in the East Los Angeles area.</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td><strong>Excel Family Intervention Programs</strong></td>
<td>8616 La Tijera Blvd. Suite 412 Los Angeles CA 90045</td>
<td>R. Regina Cox Program Director Lillian Tennell Executive Director Mignon Roos Program Coordinator</td>
<td>Parenting to Preschool Family Learning Center</td>
<td>Provide a parenting program and children’s learning center to increase preschool learning in African American foster children ages 3-5.</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td><strong>Frank D. Lanterman Regional Center</strong></td>
<td>3303 Wilshire Blvd., Suite 700 Los Angeles CA 90010</td>
<td>Patricia Herrera MS Program Director Tina Chinakarn MPH Project Coordinator</td>
<td>Touchpoints Special Needs Project Training Program</td>
<td>Provide an adapted educational skill building program designed to teach medical/allied professionals about child development with special needs. Also, offers support groups for families of special needs children.</td>
<td>2</td>
<td>2, 3, 4 &amp; 5</td>
</tr>
<tr>
<td><strong>Friends of the Family</strong></td>
<td>15350 Sherman Way Suite 140 Van Nuys, CA 91406</td>
<td>Deborah Davies Director of Parent Education Judy Ramos Project Coordinator</td>
<td>Project Goodstart</td>
<td>Teach parents how to engagingly and expansively read children’s literature with their children, serving to enhance parent/child bonding, teach the value of literacy, provide essential parenting education and skills while creating strong peer support groups for parents.</td>
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| Happy Bear School                   | 14701 Burbank Blvd. Van Nuys, CA 91411       | Casey Dalton  
Director/Owner                  | Happy Bear School                             | Increase the capacity of the preschool and implement programs that facilitate enrichment, academic readiness, parent education and health/nutrition. | 1     | 2   |
| Harbor Interfaith Services          | 670 W. 9th St., San Pedro, CA 90731          | Renese Howell  
Director of HIS Tots               | H.I.S. Tots                                   | Establish and maintain a professional child care center for children 0-5 impacted by homelessness. | 3     | 8   |
| Harbor Interfaith Shelter Services  | 670 W. 9th St., San Pedro, CA 90731          | Tahia Hayslet  
Acting Executive Director  
Shari Weaver  
Project Director | Harbor Interfaith Family Resource  
Center | Install a “one-stop” program for homeless and working poor families and their children. | 1     | 6, 7 & 8 |
| Harbor UCLA Research and Education Institute | 2930 W. Imperial Highway, Suite 601, Inglewood, CA 90303 | Deborah Myers  
Project Manager  
Terry Silberman  
Project Evaluator  
Alexandra Sosa  
Project Coordinator | Hospital-Based Breastfeeding Peer Support Program | Improve infant health and development by increasing exclusive breastfeeding among low-income, Spanish-speaking women. | 2     | 6, 7 & 8 |
| Huntington Memorial, (Pasadena Hospital Association) | 100 W. California Blvd., Pasadena, CA 91109 | Maggie Reitmeyer  
Developmental Specialist  
Debbie Compel Larson  
Pediatric Nurse Practitioner | NICU Developmental Intervention Program | Enhance developmental outcomes, reduce potential health problems related to prematurity and life-threatening illness, and improve parents’ ability to nurture their high-risk newborn. | 1     | 3   |
| Kaiser Permanente Baldwin Park      | Kaiser Permanente (Dept. of Pediatrics)  
1011 Baldwin Park Blvd., Baldwin Park, CA 91108 | Brenda Kobernusz, MS, PA-C  
Program Director  
Kristen Tucker  
Program Coordinator | Reach Out and Read | Implement a literacy program to improve success in school by developing language and learning skills, and strengthening the parent-child bond. | 3     | 3 & 7 |
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<tbody>
<tr>
<td><strong>King/Drew Medical Foundation</strong></td>
<td>King/Drew Medical Ctr, Neonatology/Pediatrics</td>
<td>Dr. Bruni, Program Director</td>
<td>Mom and High Risk Me</td>
<td>Improve the growth, health and development of children of teen mothers who have experienced perinatal illness and hospitalization.</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>12021 S. Wilmington Ave., Los Angeles CA 90059</td>
<td>Angelica Rojas, Administrative Assistant</td>
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<tr>
<td><strong>Korean Youth &amp; Community Center</strong></td>
<td>680 S. Wilton Place Los Angeles CA 90005</td>
<td>Susan Lee, JD, Director of Children and Family Services</td>
<td>Services to Enrich Education in Koreatown</td>
<td>Establish a family resource center and child care center to increase the availability of quality childcare in Koreatown.</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td><strong>L.A. Child Guidance Clinic</strong></td>
<td>3031 S. Vermont Ave. Los Angeles CA 90007</td>
<td>Leticia C. Lara, LCSW, Associate Director</td>
<td>Stepping Up to School Readiness</td>
<td>Provide early intervention programming for children ages 3-5 attending 11 HeadStart centers of the Pacific Asian Consortium for Employment in Central Los Angeles. Access to mental health occurs through the placement of clinical therapists and behavioral interventionists directly in to the HeadStart classrooms.</td>
<td>1</td>
<td>4 &amp; 6</td>
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<td>Elena Judd, PhD, Director of Programs</td>
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<tr>
<td><strong>L.A. Conservation Corps</strong></td>
<td>3655 S. Grand Ave. Suite 280 Los Angeles CA 90007</td>
<td>Phil Matero, Deputy Director</td>
<td>Playground for Preschoolers</td>
<td>Aid selected cities in South East Los Angeles with the purchasing and installation of recreation equipment for infants, toddlers and preschool children in city parks.</td>
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<td>4, 6 &amp; 7</td>
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<td>Sarah Miggins, Environmental Services Director</td>
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<tr>
<td><strong>L.A. Gay and Lesbian Center</strong></td>
<td>1125 N. McCaddewn Place Los Angeles CA 90038</td>
<td>Arielle Rosen, Family Services Manager</td>
<td>Family Services Program</td>
<td>Serve expecting and existing lesbian, gay, bisexual and transgender parents and their children throughout L.A. County by providing Parent &amp; Me groups, community events, educational forums, support groups, and a resource and referral database.</td>
<td>3</td>
<td>1, 2, 3, 4, 5, 6, 7 &amp; 8</td>
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<td>Leon Cohen, Program Evaluator</td>
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<tr>
<td><strong>Memorial Women’s at Long Beach Memorial Medical Center</strong></td>
<td>2801 Atlantic Ave. Long Beach CA 90806</td>
<td>Bonnie Henson, Program Director</td>
<td>Lactation Support Program</td>
<td>Establish a supportive lactation environment to optimize infant and child health, growth, and development.</td>
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</table>
| **Monrovia Unified School District**  | 920 S. Mountain Ave. Monrovia, CA 91016 | Esther K. McDonald  
Program Director  
Linda Dempsey  
Chief Business Officer | The Preschool Family Bookmobile                | Provide literacy to hard-to-reach families within the city of Monrovia. | 1     | 3   |
| **New Economics for Women**           | 501 S. Bixel St.  
Los Angeles  
CA 90017 | Maggie Espinoza  
Wellness Dept. Program Manager  
Soraya Merlo  
Program Assistant  
Roxana Alarcon  
Program Assistant | Babycare Program                          | Create a parent education program that focuses on improved interactions between mother and child, as well as improved parent awareness of child health issues and resources. | 2     | 4   |
| **New Horizons Family Center**        | 714 S. Glendale Ave.  
Glendale, CA 91205 | Rocio Bach  
Children’s Services Director  
Dr. Maria Rochart  
Executive Director | South Glendale Child Development Project    | Provide a comprehensive early education and parent education program that focuses on improved interactions between mother and child, improved physical health, socio-emotional well-being and the developmental needs of children. | 2     | 2   |
| **North Valley Caring Services**      | 15435 Rayen St.  
North Hills, CA 91343 | YoAnn Martinez  
Executive Director  
Gloria Gonzalez  
ECE Coordinator  
Filiberto Gonzalez  
Family Services Coordinator | Early Childhood Education Program            | Enhance the healthy development of pre-academic skills among at-risk children and increase parents’ knowledge of general parenting skills. | 2     | 2   |
| **Our Saviour Center, (Cleaver Family Wellness Clinic)** | 4368 Santa Anita Ave.  
El Monte, CA 91731 | Melissa Biel  
Resource Development  
Karen Bohlka  
Clinic Operations Manager | Healthy Beginnings                         | Provide prenatal care to high-risk pregnant women and pediatric services to children 0-5 in low-income Latino families. | 1     | 3   |
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<tr>
<td><strong>Pasadena Public Health</strong></td>
<td>Pasadena Public Health Dept.</td>
<td>Hoa C. Su, MPH</td>
<td>Minority Immunization Initiative</td>
<td>Design, implement &amp; evaluate collaborative interventions that directly impact the immunization rates of children 0-5 in Pasadena.</td>
<td>3</td>
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<td></td>
<td>1845 N. Fair Oaks Ave.</td>
<td></td>
<td>Vyla A. Thu, Project Coordinator</td>
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<td></td>
<td>Room 1101 Pasadena, CA 91103</td>
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<tr>
<td><strong>Santa Monica College, Professional Development Institute</strong></td>
<td>1900 Pico Blvd.</td>
<td>Marilyn McGrath, Program Director</td>
<td>Professional Development Institute for Early Childhood Educators</td>
<td>Provide professional development opportunities for childcare professionals to improve the quality of childcare programs.</td>
<td>1</td>
<td>5</td>
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<td></td>
<td>Santa Monica CA 90405</td>
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<tr>
<td><strong>SCAECY</strong></td>
<td>14545 Victory Blvd.</td>
<td>Glnaz Kooklanfar, Project Coordinator</td>
<td>Accreditation Facilitation Project II</td>
<td>Operate therapeutic Child Development Centers to ensure the provision of appropriate services to children and families exposed to substance abuse.</td>
<td>3</td>
<td>2, 3 &amp; 4</td>
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<td>Suite 505 Van Nuys, CA 91411</td>
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<tr>
<td><strong>SHIELD for Families Project</strong></td>
<td>12714 South Avalon Blvd.</td>
<td>Charlene K. Smith, Child Development Director</td>
<td>Child Development Center</td>
<td>Improve the quality of existing childcare for young children and increase the number of accredited Early Care and Education programs.</td>
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<td>Suite 300 Los Angeles CA 90061</td>
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<td></td>
<td></td>
<td>Aaron Gardner, Program Evaluator</td>
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<td></td>
<td></td>
<td>Kathryn Icenhower, Executive Director</td>
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<tr>
<td><strong>South Central L.A. Ministry Project</strong></td>
<td>104 W. 47th Pl. Los Angeles</td>
<td>Mary Hofmann, MPH, Executive Director</td>
<td>Childcare Enrichment Project</td>
<td>Strengthen and enrich its childcare program to improve school readiness and the social and emotional well-being of children, as well as help parents learn more about early childhood development and communicating with their children.</td>
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<td>6</td>
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<td>(LAMP)</td>
<td>CA 90037</td>
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<td>Sakura Lee</td>
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<td></td>
<td></td>
<td>Aimee Stubblefield</td>
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## CDI Grantees

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Contacts</th>
<th>Project</th>
<th>Project Description</th>
<th>Cycle</th>
<th>SPA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>St. Mary Medical Center Foundation</strong></td>
<td>1050 Atlantic Blvd. Suite 907</td>
<td>Carol Bond Program Coordinator</td>
<td>Long Beach Childcare Empowerment Project</td>
<td>Increase the licensing and knowledge of childcare providers serving the Southeast Asian community of Long Beach.</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td><strong>The Heart Touch Project</strong></td>
<td>3400 Airport Ave. Santa Monica CA 90405</td>
<td>Shay Beider Director</td>
<td>Touch Therapy for Hospitalized Children</td>
<td>Develop a program to deliver compassionate touch therapy to improve the health and well-being of hospitalized children.</td>
<td>2</td>
<td>4 &amp; 5</td>
</tr>
<tr>
<td><strong>The HELP Group/Child and Family Center</strong></td>
<td>13130 Burbank Blvd. Sherman Oaks CA 91401</td>
<td>Lisa Massaro Program Coordinator Amanda Bender Associate Clinical Director</td>
<td>Young Learners Preschool &amp; Early Intervention Center</td>
<td>Create The Young Learners Preschool and Early Intervention Center to offer a wide range of services for children with special needs and their families.</td>
<td>1</td>
<td>2 &amp; 5</td>
</tr>
<tr>
<td><strong>Toddlin’ Time Preschool</strong></td>
<td>PO Box 546 Canoga Park CA 91305</td>
<td>Shari Gonzalez Director</td>
<td>Project Transition</td>
<td>Enhance the overall quality of childcare through physical renovations and programmatic improvement to serve more low-income children.</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>UCLA Neuropsychiatric Institute</strong></td>
<td>760 Westwood Plaza Los Angeles CA 90024</td>
<td>Stephany Freeman Program Director</td>
<td>Multimedia and Technology for Children with Autism</td>
<td>Develop educational programming for children with autism and related disorders using augmentative communication devices, computers, and software to develop math and reading readiness, social skills and language.</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>Union Station Foundation</strong></td>
<td>825 E. Orange Grove Blvd. Pasadena, CA 90033</td>
<td>Larry Johnson Director of Program Services Joyce Miles-Wilson Senior Case Manager Sandra J. Peterson Director of Program Standards &amp; Evaluations</td>
<td>Family Center</td>
<td>Expand the Food, Shelter, and Supportive Services program to serve children 0-5 and their families.</td>
<td>2</td>
<td>3</td>
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# CDI Grantees

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<tr>
<td>University of Southern California, (LAC-USC Medical Center)</td>
<td>1739 Griffin Ave. Building 50 Los Angeles CA 90033</td>
<td>Michael Mills, MHA Assistant Hospital Administrator</td>
<td>Community Based Assessment and Treatment Center</td>
<td>Provide comprehensive medical, developmental, educational and psychosocial services to children that are at risk for abuse or neglect.</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Watts Labor Community Action Committee</td>
<td>1212 E. 108th St. Los Angeles CA 90059</td>
<td>Dr. Messele Negash Director of Technical Services Hazel Smalley Executive Group Manager Lizzie Randal Project Director</td>
<td>Greater Watts Childcare Service</td>
<td>Provide safe, affordable, accessible, and quality child care services by increasing the number of childcare providers and obtaining NAEYC accreditation.</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>WIC Program Public Health Foundation Enterprises</td>
<td>12781 Schabarum Ave. Irwindale, CA 91706</td>
<td>Judy Gomez Program Director Shannon Whaley Program Evaluator Denise Gee Program Coordinator</td>
<td>Platform for the Promotion of School Readiness</td>
<td>Provide families with children 0-5 with resources to promote early learning and school readiness.</td>
<td>1</td>
<td>3, 4, 5, 6, 7 &amp; 8</td>
</tr>
<tr>
<td>Wilmington Community Clinic</td>
<td>1009 N. Avalon Blvd., Wilmington, CA 90744</td>
<td>Dolores Bonilla Clay Program Manager Jeanne Dreyfus Program Evaluator Susie Mendoza Health Educator</td>
<td>Expanded &amp; Enhanced Pediatric &amp; Prenatal Services</td>
<td>Expand prenatal services, initiate breastfeeding services and provide preventive education.</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>YMCA of Greater Long Beach</td>
<td>4949 Atlantic Ave. Long Beach CA 90805</td>
<td>Glen Patrick Youth Development Director</td>
<td>Splash it Up Aquatic Safety Project</td>
<td>Reduce the risk of drowning among children by implementing an aquatic safety program to low-income families in greater Long Beach and Los Angeles County.</td>
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<td>6, 7 &amp; 8</td>
</tr>
</tbody>
</table>
For more information contact:

Grant D. Power
at
Semics LLC
3121 W. Temple St., Historic Filipinotown,
Los Angeles, CA 90026

Tel: (213) 251-4080
Fax: (213) 251-4081
E-mail: info@semics.biz or gdpower@semics.biz

www.semics.biz