FIRST 5 LA
Annual Accountability & Learning Report
FY 2010-2011
APRIL 2012
First 5 LA would like to thank and acknowledge the First 5 LA Board of Commissioners for its leadership, guidance and dedication to the vision that all children in Los Angeles County be given a great start. This is the first comprehensive evaluation report of all existing First 5 LA grantees and contractors and the commissioners’ direction and strategic planning have provided First 5 LA the opportunity to evaluate and document our accomplishments and areas that need improvement. By looking back, we are able to look forward to a bright future for our children.

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Since 1998, First 5 LA has invested more than $1 billion in grants and programs to champion health, education and safety causes concerning young children and their families. Our vision is to create a future throughout our communities where all young children are born healthy and raised in a loving and nurturing environment so that they grow up healthy, are eager to learn and reach their full potential. The purpose of this report is to provide a summary of the services provided and outcomes achieved by our grantees, contractors and partners. This is the first report of this kind and it focuses on FY 2010-2011.

In FY 2010-2011, First 5 LA invested $127 million in programs to help children, their families and the communities and systems that support them. These investments were guided by the four goals in the First 5 LA FY 2009-2015 Strategic Plan. These goals are:

1. Babies are born healthy.
2. Children maintain a healthy weight.
3. Children are safe from abuse and neglect.
4. Children are ready for kindergarten.

In the Strategic Plan, First 5 LA outlines its decision to begin investing in a place-based strategy to more intentionally focus on impacting the well-being of families and children by improving communities. The 14 Best Start communities will include services that address all of these goals. Many of these services are existing First 5 LA investments that fall into one of our thematic clusters (see Figure 1 for the clusters with their respective investments). In Figure 1, one can see a large variety of First 5 LA investments focused on improving the lives of young children and their families.

In this report, we describe the programmatic, infrastructure and systems-level investments First 5 LA made in Los Angeles County in FY 2010-2011. The following chapters are organized by topical clusters that group investments by their intended outcomes. They are:

- Perinatal Support
- Parenting Support and Child Safety
- Physical and Mental Health
- School Readiness
- Best Start
- Workforce Development
- Countywide Systems Improvement

The Perinatal Support Investments Cluster is anchored by an infrastructure that brings together timely, critical services and supports to improve the health and well-being of pregnant women and infants. These services and supports address social, psychological, behavioral, environmental and biological factors that shape pregnancy outcomes based on best practices and a consideration for differences between communities. This cluster of programs supports mothers and their children from the prenatal stage through two years post-partum. Within L.A. County, First 5 LA has targeted some of the most vulnerable populations with the Perinatal Support Cluster investments to help strengthen the existing skills
and resources of families, and build upon that foundation in a way that helps families who most need assistance achieve better birth outcomes. In FY 2010-2011, the perinatal investments made by First 5 LA included both direct service models as well as system change efforts, all with the goal of helping families have healthy babies.

The Parenting Support and Child Safety Investments Cluster includes investments that seek to strengthen families and reduce risk factors associated with unsafe conditions for young children. These programs promote family strengthening, an approach that is a research-based, cost-effective strategy to increase family strengths, enhance child development and reduce child abuse and neglect. The approach focuses on instilling in parents and caregivers five protective factors that also promote healthy outcomes: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need and social and emotional competence of children. Through these investments, First 5 LA funds services that help decrease social isolation and promote social connectedness, screen for postpartum depression and offer information and referrals for substance abuse, child abuse and neglect, children’s behavioral problems and other related issues. The Parenting Support and Child Safety investments also provide training and workforce development opportunities designed to increase the capacity of the 0-5 workforce to ensure that families and children are effectively assessed to identify their needs and receive appropriate services.

The Physical and Mental Health Investments Cluster encompasses a number of investments that seek to improve the physical and mental well-being of young children and their families through a variety of services and supports. These investments will provide access to health insurance and dental services, promote screening for the early identification of developmental delays, create physical play spaces, provide nutrition education and promote access to nutritious foods.

The School Readiness Investments Cluster includes investments that help support communities, schools, administrators, teachers, families and children to provide the best environments and opportunities for children to be ready for school. In December 2001, First 5 California launched the School Readiness Program in partnership with First 5 county commissions to improve the abilities of families, schools and communities to prepare children to enter school ready to succeed. In 2004, First 5 LA initiated the local First 5 LA School Readiness Initiative (SRI) as a grassroots effort involving community-based organizations, schools, service providers, parents and their children throughout L.A. County. SRI represents a complex network of services, recipients and outcomes. Since 2004, First 5 LA continued to build upon this framework for increasing the school readiness of children in L.A. County. These school readiness investments provide supports and skills to families and their children who are most in need of assistance to be ready for school. Some of these supports and skills come in the form of preschool, adult education, early literacy skills and family-focused literacy support.

The Best Start Investments Cluster is focused on providing resources to communities so that the local community leaders and organizations can best support families and children. At the heart of a Best Start community is a committed partnership where parents, business owners, child and health care providers, community service agencies, faith-based leaders, government officials and other community leaders work together to transform their community into a place where young children can thrive. This could include working together to ensure that children have clean and safe parks to play in, that the community has markets selling healthy, affordable foods, or that families have access to quality doctors and nurses they can depend on. Best Start Metro LA is the pilot community for Best Start. Services and supports currently being offered within the Metro LA community include the Welcome Baby home visitation program, community mini-grants and other community capacity building efforts.
The **Workforce Development Investments Cluster** includes First 5 LA’s portfolio of workforce investments that are designed to improve outcomes for children by making improvements to the workforce that serves children in Early Care and Education (ECE) settings. Those workforce improvements are in the following areas: diversity, qualifications, quality of practice, retention and compensation. The workforce portfolio is made up of discrete programs serving ECE professionals as well as students in high schools, community colleges and four-year universities. Strategies range in intensity from outreach to recruit new workers, to supports for current and future ECE professionals to help them achieve academic goals, to training, coaching and mentoring. Several of these workforce investments also are intended to lead to policy change or systems improvement.

Through the **Countywide Systems Improvement Investments Cluster**, First 5 LA is working to improve countywide systems via investments that support and enhance the direct services funded through other investments. These include efforts to build the organizational capacity of nonprofits and community-based organizations serving children through age 5 and their families, to leverage additional funds beyond First 5 LA’s direct investments, to educate the public about important issues related to young children and to improve the broader policy environment.

The investments in FY 2010-2011 represented a wide array of strategies for improving the lives of young children and their families. The services provided through these investments focused on children from before conception through preschool and into kindergarten. Mothers, fathers, other family members and caregivers, teachers, administrators, organizations and systems benefitted from the investments made by First 5 LA in FY 2010-2011. In addition to directly supporting families during this year, First 5 LA supported communities, preschools, daycare providers, elementary schools, libraries, medical and dental providers, community-based organizations and a parent helpline.

This Annual Accountability and Learning Report provides a comprehensive description of the investments made by First 5 LA in FY 2010-2011. Our hope is that it not only communicates the scope of our work and the impact we are having, but that it will also be a catalyst for discussing how these and future investments can best serve children and families in L.A. County. The report is one piece of our larger dissemination strategy for sharing First 5 LA’s accomplishments with all stakeholders. Another piece of this strategy is our change dashboard that is on the First 5 LA website at: www.first5la.org/About-Us/Dashboard. This dashboard provides a high-level picture of the impact of First 5 LA investments. Many of the research documents that informed this annual accountability and learning report can be found on the First 5 LA website at: www.First5LA.org/Community-Change.
Introduction

Since 1998, First 5 LA has invested more than $1 billion in grants and programs to champion health, education and safety causes concerning young children and families. Our vision is to create a future throughout our communities where all young children are born healthy and raised in a loving and nurturing environment so that they grow up healthy, are eager to learn and reach their full potential. The purpose of this report is to provide a summary of the services provided and outcomes achieved by our grantees, contractors and other partners. This is the first report of this kind and it focuses on FY 2010-2011.

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1. Babies are born healthy.
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3. Children are safe from abuse and neglect.
4. Children are ready for kindergarten.

In the Strategic Plan, First 5 LA outlines its decision to begin investing in a place-based strategy to more intentionally focus on impacting the well-being of families and children by improving communities. The 14 Best Start communities will include services that address all of these goals. Many of these services are existing First 5 LA investments that fall into one of our thematic clusters (see Figure 1 for the clusters with their respective investments). Figure 1 shows a large variety of First 5 LA investments focused on improving the lives of young children and their families.

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- Physical and Mental Health
- School Readiness
- Best Start
- Workforce Development
- Countywide Systems Improvement

Figure 1. First 5 LA FY 2010-2011 Evaluation Clusters and Investments

Programs:

- Perinatal Support
  - Healthy Births
  - Black Infant Health
  - Baby-Friendly Hospitals

- Parenting Support and Child Safety
  - 211 Parent Helpline
  - Partnerships for Families

- Physical and Mental Health
  - Healthy Kids
  - Oral Health and Nutrition Expansion and Enhancement Project
  - Oral Health Community Development

- School Readiness
  - Los Angeles Universal Preschool (LAUP)
  - Family Literacy
  - School Readiness
  - Family Place Libraries

- Best Start
  - Metro LA
  - Best Start Communities

- Workforce Development
  - High School Recruitment
  - Family, Friends and Neighbors
  - Steps to Excellence Project
  - Workforce Initiative

- Countywide Systems Improvement
  - Community Opportunities Fund
  - ARRA Matching Grants
  - TA Institute
Each cluster chapter begins with a Snapshot showing how much money was expended, the number of people or entities who benefited, some key outcomes and outputs for each investment and the goals they support in the Strategic Plan. The Cluster Snapshot is followed by a brief explanation of the investments in the cluster, the importance of the services funded and a detailed summary of each investment. In FY 2010-2011, as in every year since First 5 LA began investing in L.A. County children and families, there are investments in varying stages of implementation and with a broad range of dollars being invested. The data and information reported in each chapter varies depending on whether the investment was at an early or later stage of implementation in FY2010-2011.
In June 2009, the First 5 LA Board of Commissioners adopted its FY 2009-2015 Strategic Plan: Strengthening Families and Communities in Los Angeles County. The Plan builds on lessons learned from the first 10 years of First 5 LA’s grantmaking and research. These lessons reveal not only the importance of supportive and informed parents and caregivers to a young child’s quality of life, but also the role of safe and supportive neighborhoods, or places, to that child’s development.

The plan represents a major shift in First 5 LA’s grantmaking from an initiative-based to a place-based approach. This new approach allows First 5 LA to focus on strengthening families while fostering communities’ abilities to create and sustain safe and nurturing places for children to grow and thrive. In addition to place-based efforts, there is a concurrent countywide approach that focuses on integrating and strengthening child and family service delivery systems, policy change, public education, workforce development and direct service strategies that improve the health, safety and early education of all children in the county.

Goal Statements and Priority Measures
First 5 LA believes that, by narrowing the parameters of its investments, it will have more focused impact across the established goal areas of health, safety and early learning. Therefore, the Commission selected the following four goal statements with related measures to guide our work.

1. **Babies are born healthy.**  
   **Measure:** Percent of babies born at a low birth weight

2. **Children maintain a healthy weight.**  
   **Measure:** Percent of overweight children

3. **Children are safe from abuse and neglect.**  
   **Measure:** Number of substantiated cases of child abuse and neglect;  
   **Note:** Additional measures are being developed for this statement.

4. **Children are ready for kindergarten.**  
   **Measure:** Percent of children reading at grade level at third grade.

First 5 LA Theory of Change
First 5 LA developed an overall theory of change to represent the essential components and pathways to achieve the four goals (Appendix A). The overall theory of change represents First 5 LA’s investments from the prior strategic plan, as well as a set of prioritized pathways (Appendix A) to guide investments under the current plan.
SNAPSHOT: Perinatal Support

Healthy Births
- The rate of infant mortality among the Healthy Births Best Babies Collaboratives (BBC) clients was slightly lower (0.3 percent) than that of a matched sample of women from the 2008-2009 Los Angeles County Vital Statistics (V.S.) birth records (0.6 percent) and a matched sample of women from the 2010 Los Angeles Mommy and Baby (LAMB) Survey (1.0 percent). The V.S. sample was matched based on mother’s age, education level, race and zip code; and the LAMB sample was matched based on mother’s age, race, education, zip code, and birthweight.
- The rate of preterm births for women in the BBCs was significantly higher (14.9 percent) than a matched sample of Women, Infants and Children program participants who completed the 2008 WIC Survey (10.1 percent) and higher than the matched sample of women who answered the LAMB survey (9.2 percent). However, the BBC rate is comparable to the V.S. sample (13.1 percent). The V.S. and WIC samples were matched based on mother’s age, education level, race and zip code.
- Women in the BBC sample had significantly higher rates of breastfeeding initiation (71.9 percent) compared to the WIC Survey sample (40.2 percent). The women in the BBC sample had a lower breastfeeding initiation rate than the women who answered the LAMB survey (84.0 percent). The women in the BBC sample who gave birth in 2010 had the same breastfeeding initiation rate (84.0 percent) as the women in the LAMB survey.
- Women in the BBC sample had a higher proportion of low birthweight babies (10.4 percent) compared to the WIC survey sample (8.3 percent), the V.S. sample (8.1 percent) and the LAMB survey (7.2 percent).

Healthy Births $4,032,986
1,037 mothers served

Black Infant Health
- Infant mortality rates for children born to Black Infant Health (BIH) clients were lower (0.6 percent) than rates for children born to black women overall (1.9 percent), according to the V.S. dataset. The V.S. sample was matched based on mother’s age, educational level, race and zip code.
- For BIH clients, there was a higher rate of babies born without birth defects compared to black women in the V.S. dataset (96.4 percent vs. 91.1 percent).
- The rate of preterm births for the BIH sample (13.2 percent) was lower than for black women in the V.S. dataset (16.3 percent).

Black Infant Health $1,116,462
1,619 mothers served

Baby-Friendly Hospitals
- California Hospital, the first hospital First 5 LA funded to pursue Baby Friendly Hospital (BFH) status, increased its exclusive breastfeeding rate from 26.2 percent in 2009 to 36.7 percent in 2010.
- After California Hospital, eight additional hospitals were funded, and they increased their breastfeeding rates from 2009 to 2010.

Baby-Friendly Hospitals $1,188,378
28,050 mothers served
The Perinatal Support Cluster is anchored by an infrastructure that brings together timely, critical services and supports to improve the health and well-being of pregnant women and infants. These services and supports address social, psychological, behavioral, environmental and biological factors that shape pregnancy outcomes based on best practices and a consideration for differences between communities. This cluster of programs supports mothers and their children from the prenatal stage through two years post-partum. Within Los Angeles County, First 5 LA has targeted some of the most vulnerable populations with the Perinatal Support Cluster investments to help strengthen the existing skills and resources of families, and build upon that foundation in a way that helps families who most need assistance achieve better birth outcomes. In FY 2010-2011, the perinatal investments by First 5 LA included both direct service models as well as system change efforts, all with the goal of helping families have healthy babies.

The Perinatal Support Investments

- **Healthy Births Initiative (HBI)** — HBI is comprised of a network of community-based providers and advocates dedicated to improving pregnancy and birth outcomes among at-risk women by linking existing resources (e.g. organizations providing perinatal services in the community). The network has an integrated structure and strategy, and strengthens the capacity of the individual organizations within the collaborative through training and technical assistance, leadership development and shared learning about local best practices and evidence-based practices.

- **Black Infant Health Program (BIH)** — BIH delivers services and supports to pregnant and postpartum Black women in a culturally competent manner and builds on client strengths to empower women to make productive health decisions for themselves and their children. The program works to reduce health disparities and improve pregnancy and birth outcomes in the Black community.

- **Baby Friendly Hospital (BFH)** — This national program, guided by the World Health Organization, assists hospitals in giving mothers the information, confidence and skills needed to successfully initiate and continue breastfeeding their babies or feeding formula safely, and gives special recognition to hospitals that have done so.

**Why are these investments important?**

Women who do not get adequate prenatal care run the risk of a complication becoming a serious issue during their pregnancy. Prenatal visits allow a doctor to monitor the mother’s and baby’s health, and give the mother the opportunity to ask questions about her pregnancy.

The American Academy of Pediatrics recommends that babies be fed nothing but breastmilk for the first six months and continue breastfeeding for at least one year. Babies who are fed formula and stop breastfeeding early are at higher risk of obesity, diabetes, respiratory and ear infections, and sudden infant death syndrome (SIDS). They tend to require more doctor visits, hospitalizations and prescriptions. Mothers who breastfeed have a lower risk of breast and ovarian cancers.

Through the combined approach of the Perinatal Support Cluster investments, First 5 LA is working to improve pregnancy and birth outcomes, especially among at-risk women in L.A. County, by providing support and education, linking existing resources and strengthening the capacity of organizations providing perinatal services. Through these investments, First 5 LA is working to reduce birth defects, infant mortality, preterm births, cesarean births, repeat teen births, low birthweight and overweight births and to increase prenatal care and breastfeeding rates for L.A. County mothers.

**What Perinatal Support investments were funded in FY 2010-2011?**

**Healthy Births Initiative**

HBI was designed to improve outcomes for pregnant women and their families, reduce subsequent poor birth outcomes in vulnerable populations and build sustainable networks to address the needs of pregnant women, infants and new families through community driven interventions. HBI aims to decrease infant mortality rates, decrease low birthweight rates and decrease preterm births for women who are at risk of poor birth outcomes, including women who had previous poor birth outcomes. The main component of HBI are the Best Babies Collaboratives (BBCs), which implement comprehensive, integrated and continuous care using a case management approach to serve high-need areas of L.A. County. Another component of the initiative is the Los Angeles Best Babies Network (Network), which provides the support necessary
for growth, integration and sustainability of the initiative. The Network facilitates HBI goals through technical assistance and coordination of policy and advocacy activities across BBCs.

**What services/activities were provided?**
The BBCs provided clients with case management services, assessing their needs and providing and tracking referrals to community services. The BBCs also provided health education and social support, including breastfeeding education.

In FY 2010-2011, 1,037 women were served by the BBCs (see Table 1 for participant demographics).

**What were the major evaluation findings?**
Using data from 2005-2010, an evaluation compared a sample of 2,601 women served by the BBCs to three comparative samples:

1. 1,150 Women, Infants and Children (WIC) participants who completed the 2008 WIC Survey
2. 61,890 mothers in L.A. County included in the 2008-2009 Birth Statistical Master File from the State of California Vital Statistics
3. 26,233 mothers in L.A. County who responded to the 2010 Los Angeles Mommy and Baby (LAMB) Survey

The first two comparison samples represent the general population in L.A. County and, overall, we expect that the mothers in these comparison samples may have fewer risk factors than HBI clients. Additional data from the Centers for Disease Control and Prevention was used to provide contextual information for comparisons to state and national rates.

The following is a summary of the evaluation findings:

- The rate of infant mortality among the Healthy Births Best Babies Collaboratives (BBC) clients was slightly lower (0.3 percent) than that of a matched sample of women from the 2008-2009 Los Angeles County Vital Statistics (V.S.) birth records (0.6 percent) and a matched sample of women who answered the LAMB sample (1.0 percent). The V.S. sample was matched based on mother’s age, education level, race and zip code; and the LAMB sample was matched based on mother’s age, race, education, zip code, and birthweight.
- The rate of preterm births for women in the BBCs was significantly higher (14.9 percent) than a matched sample of Women, Infants and Children program participants who completed the 2008 WIC Survey (10.1 percent) and higher than the matched sample of women who answered the LAMB sample (9.2 percent). However, the BBC rate is comparable to the V.S. sample (13.1 percent). The V.S. and WIC samples were matched based on mother’s age, education level, race and zip code.
- Women in the BBC sample had significantly higher rates of breastfeeding initiation (71.9 percent) compared to the WIC Survey sample (40.2 percent). The women in the 2005-2010 BBC sample had a lower breastfeeding initiation rate than the women who answered the LAMB sample (84.0 percent). The women in the BBC sample who gave birth in 2010

### Table 1: Demographics of BBC Participants

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<th>Ethnicity</th>
<th>Percentage</th>
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<tr>
<td>Hispanic</td>
<td>72%</td>
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<tr>
<td>Black</td>
<td>20%</td>
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<tr>
<td>White</td>
<td>3%</td>
</tr>
<tr>
<td>Asian</td>
<td>&lt;.1%</td>
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<tr>
<td>Other ethnicities</td>
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<table>
<thead>
<tr>
<th>Primary Language</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>English</td>
<td>60%</td>
</tr>
<tr>
<td>Spanish</td>
<td>37%</td>
</tr>
<tr>
<td>Other languages</td>
<td>3%</td>
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had the same breastfeeding initiation rate (84.0 percent) as the women in the LAMB sample.

- Women in the BBC sample had a higher proportion of low birthweight babies (10.4 percent) compared to the WIC Survey sample (8.3 percent), the V.S. sample (8.1 percent) and the LAMB sample (7.2 percent).
- The BBC rates of infant mortality (0.3 percent) were slightly lower than those of the V.S. data (0.6 percent) and LAMB sample (1.0 percent).
- Rates of cesarean births are lower among the BBC clients (32.6 percent) compared to women in the V.S. sample (36 percent) and LAMB sample (41.8 percent).

**Black Infant Health**

The BIH Program was created in 1989 in California to address the high infant mortality rate among the black population.

**What services/activities were provided?**

In the FY 2010-2011, 1,561 black women were served by the seven BIH agencies in L.A. County. The Program offers health education, health promotion, empowerment, social support, referrals and tracking among pregnant and parenting black women. It raises awareness among clients about birth outcomes, such as infant mortality, low birthweight and preterm birth. It also promotes understanding and management of stress, and the importance of taking care of one's health. All agencies were required to implement the prenatal care outreach and care coordination module. In 2010, however, the BIH Program was revised to be more standardized and to allow for tracking of child outcomes. This model includes two features: 1) group intervention emphasizing empowerment and social support, and 2) enhanced social service case management to follow through with clients who are referred for additional services.

**What were the major evaluation findings?**

An evaluation was completed by a contractor using data from 2008-2011. They compared a sample of 2,348 women served by the BIH Program to two comparative samples: 1,509 WIC participants who completed the WIC Survey in 2008 and the V.S. survey from 2008-2009, which included 173,533 birth records.
in L.A. County. These comparative samples were matched to the BIH sample using ethnicity, zip code, mother’s age and education level.

The following bullets and Figure 3 summarize key evaluation findings:

- Infant mortality rates for BIH clients were lower (0.6 percent) than for the matched sample of black women in the V.S. dataset (1.9 percent).
- Rates of cesarean births for BIH women were slightly higher (42.1 percent) compared to black women in the V.S. dataset (40.0 percent).
- For BIH clients, there is a higher rate of babies born without birth defects (96.4 percent) compared to black women in the V.S. dataset (91.1 percent).
- The BIH sample had higher rates of breastfeeding initiation compared to the WIC Survey sample representing Hispanic, Black, Asian and Caucasian populations (69.1 percent vs. 49.6 percent).

Baby-Friendly Hospitals
The Baby-Friendly Hospital Initiative is an international program guided by the World Health Organization (WHO) that encourages and recognizes hospitals and birthing centers that offer an optimal level of care for infant feeding.

Starting in 2009, First 5 LA committed $10.5 million to fund up to 20 hospitals in L.A. County to become Baby-Friendly Hospitals. In 2010-2011, eight hospitals received grants: California Medical Center, San Gabriel Medical Center, St. Mary Medical Center, East Los Angeles Doctors Hospital, Pomona Valley Hospital, Hollywood Presbyterian Medical Center, Monterey Park Hospital and White Memorial Medical Center.

**What services/activities were provided?**
The WHO outlines 10 steps for hospitals to implement to support breastfeeding and receive the BFH designation:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practice “rooming in”- allowing mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and referring mothers to them on discharge from the hospital or clinic.
During 2010-2011, 28,050 women delivered babies at the eight funded hospitals. With First 5 LA funding, the hospitals were able to train staff, employ project personnel and purchase equipment to support breastfeeding to earn the BFH designation.

**What were the major evaluation findings?**

The eight hospitals in FY2010-2011 were chosen for their below county average exclusive breastfeeding rates. One hospital, California Hospital, began its work in 2009-2010, and the others in 2010-2011. At the start of 2010, California Hospital had been pursuing Baby-Friendly Hospital designation for about six months; the other seven hospitals began participating in the second half of the calendar year.

In 2009, the year California Hospital began working with First 5 LA toward becoming a Baby-Friendly Hospital, it had a 26.2 percent exclusive breastfeeding rate, which was significantly below the 32.7 percent average in L.A. County and the 51.9 percent California average. A year later, California Hospital’s exclusive breastfeeding rate increased to 36.7 percent, coming very close to the county’s average that year of 39.3 percent. The other hospitals did not begin their contracts until mid-2010. However, they all saw an increase in exclusive breastfeeding, as shown in Figure 4.14

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**Fig 4. In-Hospital Breastfeeding Rates for BFH, California and LA County**

<table>
<thead>
<tr>
<th>Hospital</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>California Medical Center</td>
<td>26.2</td>
<td>36.7</td>
</tr>
<tr>
<td>Los Angeles County</td>
<td>32.7</td>
<td>39.3</td>
</tr>
<tr>
<td>White Memorial Medical Center</td>
<td>19.2</td>
<td>30.3</td>
</tr>
<tr>
<td>St. Mary Medical Center</td>
<td>10.2</td>
<td>27.0</td>
</tr>
<tr>
<td>San Gabriel Valley Medical Center</td>
<td>11.0</td>
<td>18.0</td>
</tr>
<tr>
<td>Pomona Valley Hospital Medical Center</td>
<td>19.3</td>
<td>29.9</td>
</tr>
<tr>
<td>Monterey Park Hospital</td>
<td>2.7</td>
<td>2.2</td>
</tr>
<tr>
<td>Hollywood Presbyterian Medical Center</td>
<td>12.6</td>
<td>23.8</td>
</tr>
<tr>
<td>East Los Angeles Doctor’s Hospital</td>
<td>0.0</td>
<td>24.7</td>
</tr>
<tr>
<td>California Hospital Medical Center</td>
<td></td>
<td>36.7</td>
</tr>
</tbody>
</table>

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*Fig 4. In-Hospital Breastfeeding Rates for BFH, California and LA County*
First 5 LA Parent Helpline (211)

- 211 provides information and referrals to callers from across Los Angeles County. The most requested service areas include early childhood education, hospitals and clinics, income maintenance and parenting services.
- More than half the callers identify themselves as Latino (57 percent), a quarter as Black (26 percent), less than a tenth as White (8 percent), followed by Asian/Pacific Islander (2 percent) and other (7 percent).
- 211 also enrolls families into health insurance programs such as Healthy Kids, Healthy Families and Medi-Cal.

Partnerships for Families (PFF)

- The PFF program seeks to improve the quality of case management services and increase the capacity of community partners to coordinate, collaborate and mobilize, as well as identify, engage and serve at-risk families.
- The length of services received depends on the individual family’s needs and can range from less than a month (9 percent) to more than 12 months (5 percent). Most families received PFF services for three to six months (30 percent).
- Families enrolled in the PFF were re-referred to the Department of Children and Family Services (DCFS) and had children put in foster care at lower rates (44 percent) than families that had participated in a family maintenance program (52 percent) or received no services (62 percent).

SNAPSHOT: Parenting Support and Child Safety

First 5 LA Parent Helpline (211)

- $1,485,504
- 37,636 parents/caregivers served

Partnerships for Families (PFF)

- $10,620,104
- 2,176 families served
Parenting Support and Child Safety Investments

The Parenting Support and Child Safety Cluster encompasses investments that seek to strengthen families and reduce risk factors associated with unsafe conditions for young children. These programs promote family strengthening, an approach that is a research-based, cost-effective strategy to increase family strengths, enhance child development and reduce child abuse and neglect. The approach focuses on instilling in parents and caregivers five protective factors that also promote healthy outcomes: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need and social and emotional competence of children. Through these investments, First 5 LA funds services that help decrease social isolation and promote social connectedness, screen for postpartum depression and offer information and referrals for substance abuse, child abuse and neglect, children’s behavioral problems and other related issues. The Parenting Support and Child Safety investments also provide training and workforce development opportunities designed to increase the capacity of the 0-5 workforce to ensure that families and children are effectively assessed to identify their needs and receive appropriate services.

- **The First 5 LA Parent Helpline (211)**—The helpline and website provide information, support and assistance to expectant parents and parents/caregivers of children 0-5 in Los Angeles County. Specialists respond to a range of questions from callers relating to such issues as prenatal care, children’s health and education, childcare and community resources, and put them in touch with services to address the caller’s needs.

- **Partnerships for Families (PFF)**—PFF is a child abuse prevention program designed to address the needs of pregnant women and families with children 5 and younger who are at risk for child maltreatment in L.A. County. PFF services include case management, intensive services for special needs, family supports including access to early care and education and referrals/linkages to auxiliary community supports.

**Why are these investments important?**

The Parenting Support and Child Safety Investments are important because they can benefit all families, build on family strengths, buffer families against risks and promote better outcomes. In addition, the strengthening families approach can be integrated into existing programs, strategies and investments within communities. By providing services that target known stressors that can increase the risk of child abuse and neglect, social isolation, depression or related issues such as substance abuse and poor parent-child bonding, First 5 LA helps to ensure that we are taking an active role in ameliorating the difficulties experienced by many families with young children. The overarching goal of strengthening families is to provide them with concrete services and assistance when they can be most effective, and it is important to recognize that families are rarely dealing with just one challenge. Through these investments, First 5 LA hopes to help reduce rates of child maltreatment by increasing the number of families who receive case management services through our PFF program or by increasing knowledge about available services through our 211 information and referral system.

In turn, making an investment in the workforce that serves these families ensures that we are increasing the capacity of service providers in their ability to identify when families are experiencing difficulties and make the most appropriate referral, provide the most useful information or step in and offer a preventive strategy to help avoid an undesirable outcome, such as child abuse and neglect.
What Parenting Support and Child Safety investments were funded?

The First 5 LA Parent Helpline (211)

211 is a comprehensive information and referral center that provides services to more than 600,000 clients each year. 211 assumed operations in July 2005 of the First LA 1-888 Parent Helpline (Parent Helpline), which was established to complement 211 by adding an additional phone service to address information and referral needs of First 5 LA’s target population. The Parent Helpline furthers First 5 LA’s mission of promoting safe and supportive environments for children birth through 5 by connecting L.A. County residents to information and services sponsored by First 5 LA or already existing in the community. Information and referrals are primarily given via the telephone call center, although families can also access information via the 211 website. The information available and referrals given cover a broad range of issues pertinent to the 0-5 population, such as health insurance, child care, early education providers, health care providers, parenting advice and other basic needs. 211 also provides extended on-line consultation and service in specific areas when callers have an acute need. Such callers are routed to internal specialists who are able to provide a supportive environment in which to link callers to relevant community resources. Through 211, traditionally hard to reach populations are able to receive referrals to services and consultations. 211 also maintains an exhaustive database of organizations that provide services sought by L.A. County residents to ensure they have the most comprehensive and accurate referral resource to serve callers.

During FY 2010-2011, callers to the Parent Helpline and to the general 211 line were screened via an automated system to identify their preferred language, those callers who are pregnant and/or parents/caregivers with young children ages 0-5. Callers within the target population of the 211 line were then routed to a Community Resource Advisor (CRA) assigned to the Parent Helpline to handle their call. In early 2011, 211 integrated the Parent Helpline CRA team and regular 211 CRA team so that all CRAs are now trained to the same informational standards and on the same protocols regarding handling calls from First 5 LA’s target population. Callers are now only asked about their language preference before being connected to a 211 CRA. The CRAs document the stated service need from the caller and provides the caller with a community resource selected to match the identified service need.

For those callers who are identified as having a chronic issue, the CRA conducts a ‘warm’ transfer of the caller to an in-house specialist equipped to offer an enhanced level of information or provide a more supportive environment by which to connect the caller to needed services and resources. In addition, CRAs are trained to enroll children into health insurance programs such as Healthy Kids, Healthy Families and Medi-Cal over the telephone.

In addition to providing information and referrals, 211 also engaged in its own performance monitoring efforts to support continuous quality improvement. The tracked metrics included call abandonment rates, average speed to answer calls, length of calls and CRAs’ compliance to 211 call protocols.
**What services/activities were provided?**

- In FY 2010-2011, 37,636 calls from parents/caregivers of children 0-5 requesting information about services were received. The most requested service areas included early childhood education, hospitals and clinics, income maintenance and parenting services. Some of the most common referrals are shown in Figure 5.

More than 5,000 pregnant women and the parents and caregivers of more than 24,000 children received assistance and referrals to services. See Table 2 for caller ethnicities.\(^1\)

**What were the major evaluation findings?**

In FY 2010-2011, more than 37,000 parents/caregivers of children 0-5 were able to access information and/or were provided with a referral for a needed service via the 211 call service. Families were enrolled into health insurance programs such as Healthy Kids, Healthy Families and Medi-Cal.

Through continuous quality monitoring efforts, 211 was able to:

- Shorten the wait time to be connected to a CRA.
- Reduce the number of abandoned calls.
- Improve the efficiency of 211 by reducing the average call length while maintaining quality standards.
- Maintain high rates of CRA compliance to 211 call protocols.

211 also updated its database of organizations and services and maintained a partnership with HealthyCity.org to expand the availability of service information.

**Partnerships for Families**

In 2005, First 5 LA established PFF, a community-based child maltreatment prevention initiative. PFF is intended to:

- Improve quality of case management services and supports for at-risk families.
- Increase capacity of community partners to coordinate, collaborate and mobilize, as well as identify, engage and serve at-risk families.
- Increase information about prevention of child abuse and neglect.

Research demonstrates that there is a link between risk for child maltreatment and a lack of parental resiliency, particularly for those families who may be struggling with domestic violence, substance abuse and/or lack of basic needs. Building on this research, the PFF initiative aims to promote child safety by intervening with at-risk children and families (“intensive participants”). At the same time, PFF supports capacity-building activities that are offered to all families within participating communities (“community capacity-building participants”). Engagement in the PFF program can vary between program recipients and across provider sites.

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**Table 2: Ethnicities of 211 Callers**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>57%</td>
</tr>
<tr>
<td>Black</td>
<td>26%</td>
</tr>
<tr>
<td>White</td>
<td>8%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>2%</td>
</tr>
<tr>
<td>Other ethnicities</td>
<td>7%</td>
</tr>
</tbody>
</table>

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\(^1\) See Figure 5 and Table 2 for more detailed information.
What services/activities were provided?
In FY 2010-2011, PFF grantees served 2,176 parents and their 1,570 children under age 6. See Table 3 for the parents’ ethnicities.

Although the case management and family support activities that were offered by PFF grantees differed depending on the agency, a typical PFF experience included the following services and activities:

- The family referred to a PFF agency is contacted within two days after the referral.
- The family receives at least two in-home visits per month over a six-month period.
- The family participates for up to six months or until case is closed (goal fulfillment or open case with DCFS).
- The family is assigned a case manager who assesses family strengths and needs and provides in-home support and education.
- The family participates in family team decision-making conferences with its case manager to come up with a list of goals.
- Agencies may also provide concrete support to families, such as food, financial assistance or housing assistance.
- Agencies also collaborate with specialized providers to address intensive family needs and access to acute services (substance abuse, mental health, domestic violence, child therapy).
- Agencies provide access to a number of informal supports such as Parent Café.

Table 3: Ethnicities of Parents in PFF Program

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>57%</td>
</tr>
<tr>
<td>Black</td>
<td>14%</td>
</tr>
<tr>
<td>White</td>
<td>8%</td>
</tr>
<tr>
<td>Asian</td>
<td>0.5%</td>
</tr>
<tr>
<td>Other/Unknown ethnicities</td>
<td>19%</td>
</tr>
</tbody>
</table>

The PFF initiative provides voluntary services to the following two groups:

- Pregnant women at high risk for committing child abuse or neglect.
- Families with young children who DCFS found to be at moderate or high risk of child abuse or neglect, though their cases were classified as inconclusive or unsubstantiated by DCFS.

First 5 LA funded a community-based PFF collaborative in each of the eight Service Planning Areas (SPAs) that span L.A. County. Within each SPA, PFF targets a geographic region defined by zip codes. A ninth collaborative was established in 2008 to serve Native American families throughout L.A. County. The initiative operates in partnership with the DCFS. There are many referral sources for pregnant women and teens, including law enforcement agencies, hospitals, shelters and self-referrals. Once participants were enrolled in PFF, the
duration and intensity of their participation varied widely and was determined by that individual family’s needs ranging from less than one month (9 percent) to more than 12 months (5 percent). Most families received PFF services for three to six months (30 percent).

What were the major evaluation findings?
In FY 2010-2011, the University of Southern California completed its six-year study of the PFF program. This report looked at how well the PFF grantees engaged clients, how grantees administered the PFF model to families and the number of re-referrals to DCFS. Some of the most salient findings include the following:

- Seventy-seven percent of DCFS-referred families were successfully enrolled in the program.
- Once in the program, 81 percent of the families received two home visits within 30 days of initial contact.
- Fifty-four percent of the families remained in the program for at least five months, and 61 percent completed their goals before their cases were closed.
- The majority of families said they experienced meaningful improvement in several areas (see Figure 6 for the most common areas).

Perhaps the best measure of PFF’s effectiveness is the re-referral rate to DCFS for suspected maltreatment. To assess this, PFF families were compared to families who also had unsubstantiated cases with DCFS and were considered moderately high risk. Some of those families accepted a different model of assistance, Family Maintenance, while others accepted no services. PFF families were re-referred and had children put in foster care at lower rates than those in Family Maintenance or no services groups, see Table 4.

To better understand the impact of PFF, the PFF families were divided into two groups based on their relative level of grouped engagement in the program. Parents who were fully engaged received intensive contact throughout the program and successfully closed their cases—about 19 percent of the DCFS-referred families. Parents who were not engaged did not receive intensive contact and their cases were not closed successfully—about 28 percent of the DCFS-referred families. The outcomes of families who enrolled in PFF but did not engage in its services were similar to the outcomes of families that had received no services. The fully engaged PFF families had markedly better outcomes, see Table 5.

This finding speaks to the importance of ensuring that families who enroll into the PFF program are engaged in the services in a meaningful manner and experience the typical cadre of supports and services from their PFF agency, as outlined above. Without this level of participation and engagement, families within the PFF program are not easily distinguishable from those families who received no services.
Healthy Kids

- The Healthy Kids Program provides access to low- or no-cost health insurance for children 5 and younger in Los Angeles County who are not eligible for Medi-Cal or Healthy Families, and also provides outreach, enrollment and retention efforts to ensure that all children ages 5 and younger have health insurance.
- In FY 2010-2011, 10,831 applications were submitted for children’s health insurance.
  - 65 percent were for children 6 to 18 years old
  - 35 percent were for children 5 years old and younger (220 children were newly enrolled into Healthy Kids)
- Focus group results tell us that families enrolled in the Healthy Kids program are grateful for the healthcare, satisfied with the program in terms of the quality of care and being able to choose their own doctor and its affordability, and had no other options for enrolling their children in health insurance.

The Oral Health and Nutrition Expansion Project (OHN)

- The OHN program seeks to increase the percentage of children who have access to oral care, preventive dental services and who receive therapeutic dental services.
- In FY 2010-2011, OHN contractors provided education on oral health to 13,514 parents and caregivers and preventive dental services to 21,161 children 0-5.
- Therapeutic dental services were received by 5.6 percent of all children seen (1,184).
The Physical and Mental Health Cluster encompasses a number of investments that seek to improve the physical and mental well-being of young children and their families through a variety of services and supports. These investments will provide access to health insurance and dental services, promote screening for the early identification of developmental delays, create physical play spaces, provide nutrition education and promote access to nutritious foods.

- **Healthy Kids**—Healthy Kids provides access to low- or no-cost health insurance for children ages 0-5 in Los Angeles County who are not eligible for Medi-Cal or Healthy Families. It also funds a network of community-based organizations to locate and assist eligible families in applying for any programs for which they may be eligible.

- **The Oral Health and Nutrition Expansion Project (OHN)**—OHN provides access to direct oral health services, public education and outreach and policy development and advocacy.

- **The Oral Health and Community Development (OHCD) Project**—The OHCD Project provides funding for capital projects, such as fluoridation infrastructure, that allows eligible water agencies to bring water to optimal levels of fluoride for increased dental health.

**Why are the services important?**
Childhood obesity is a significant public health threat. According to the Centers for Disease Control and Prevention (CDC), if the current trends in obesity are not addressed, one in three children will develop diabetes in their lifetime, with one out of two children facing this prospect in black and Latino communities. The reasons for obesity are complex and can range from lack of exercise, poor nutrition or lack of access to healthy foods. First 5 LA’s physical and mental health investments reflect an awareness of these multiple issues and seek a multifaceted approach to help solve the problem.

Providing families with quality low- or no-cost health insurance that covers doctor visits, immunizations, prescription drugs, dental and vision care and mental health coverage means that families get the comprehensive care they need while protecting the family budget. A family does not have to decide between taking a sick child to the doctor or paying for basic needs. In addition, the increased utilization of preventive and other needed services, such as prenatal and dental care, helps address known chronic health disparities (i.e., 72 percent of children under age 5 in underserved communities have untreated cavities) and prevent high levels of school absenteeism due to illness caused by dental caries.21

**What Physical and Mental Health investments were funded?**

**Healthy Kids**
The Healthy Kids Program objectives include:

- Improve access to, and the quality of, health resources for pregnant women, young children and their families.
- Increase the percentage of eligible children who are enrolled and retained in low- or no-cost health insurance programs.
- Increase utilization of preventive and other needed services among children from birth through age 5 enrolled in low- or no-cost health insurance programs.

**What services/activities were provided?**
First 5 LA funding covered the cost of insuring children ages 0-5, while funding from the Children's Health Initiative of Greater Los Angeles (CHI) Coalition (convened by L.A. Care, the Los Angeles County Department of Health Services and The California Endowment), covers children ages 6-18. First 5 LA supported Healthy Kids by paying L.A. Care for the cost of the medical care (a per member/per month fee) and by offering assistance to cover the monthly premium cost for families that demonstrated economic hardship and are unable to pay for their portion of the premium.

In July 2003, the First 5 LA Commission approved a strategic partnership with the Los Angeles County Department of Public Health (DPH) to administer outreach, enrollment, retention and utilization efforts countywide to ensure universal health coverage for the 0-5 population. DPH enrolled children in not only Healthy Kids, but also Medi-Cal, Healthy Families and other plans for which they were eligible. Once enrolled, DPH worked closely with the families to make
certain that insurance coverage was maintained and utilized to ensure optimal health and development. First 5 LA was the sole funder of outreach, enrollment, retention and utilization activities in L.A. County. In the 2010-2011 fiscal year, 3,669 children ages 0-5 were enrolled in Healthy Kids. (See Table 6 for Healthy Kids participants’ demographics.)

**What were the major evaluation findings?**
In FY 2010-2011, 10,831 applications were submitted for children's health insurance. The majority of children were eligible to enroll in Medi-Cal (81 percent), while the remaining children received assistance to enroll in the Healthy Families (17 percent) and Healthy Kids (2 percent) programs. Of the 10,831 applications:

- 65 percent were for children 6 to 18 years old
- 35 percent were for children 5 years old and younger

As part of the services provided by the L.A. Care Health Plan, the staff contacts parents to check-in whether they need any additional assistance with getting enrolled in health insurance. At the follow-up call, more than four-fifths of children were confirmed as enrolled (83 percent).

Results from four focus groups conducted in March 2010 with Healthy Kids families indicated the following:

- Members were grateful for having access to affordable healthcare for their children.
- Members were strongly satisfied with all components of the Healthy Kids program. The components that keep them committed to the program include: the quality care, ability to choose their own doctors, good communication and affordability.
- Members had no other resources for enrolling in health insurance.
- Most members learned about Healthy Kids through social workers and Healthy Families. Some also learned about the program through friends and family.

**Oral Health and Nutrition Expansion and Enhancement Project**

**What services/activities were provided?**
First 5 LA’s OHN Project coordinates and leverages oral health and nutrition efforts for underserved children 0-5 in L.A. County. First 5 LA-funded clinics provide preventive and therapeutic dental services to the children and their parents/caregivers receive oral health education/instruction. To date, First 5 LA has launched a number of oral health partnerships with other funders, including The California Endowment, the Kaiser Permanente Community Benefits Program and the California Wellness Foundation, as well as federal funding through the U.S. Health Research and Services Administration. Objectives of the project include:

- Increase from baseline the percent of children 0-5 who have access to oral health care resources, receive preventive dental services, and receive therapeutic dental services;
- Increase the percentage of providers who are trained to conduct preventive screening, assessment and therapeutic dental services to children 0-5, and
- Increase the percentage of parents/caregivers knowledgeable of early childhood oral health needs and milestones.
- OHN’s five programmatic contractors provided the following services:
  - Education on oral health care to 13,314 parents/caregivers

| Table 6: Demographics of Children Enrolled in Healthy Kids |
|-----------------|----------------|
| **Ethnicity**   | **%**        |
| Hispanic        | 69%          |
| Black           | <1%          |
| White           | <1%          |
| Asian/Pacific Islander | 11% |
| Other ethnicities | 3%     |
| Unknown ethnicities | 16%    |
| **Primary Language** |      |
| English         | 26%          |
| Spanish         | 63%          |
| Korean          | 8%           |
| Other languages | 3%           |
| **Age**         |             |
| Under 3 years old | 22%     |
| 3 through 5 years old | 78%  |
Preventive dental services to 21,161 children ages 0-5. Data on participants’ ethnicities were collected for 3,906 of the children who received preventive dental services and are shown in Table 7.

Therapeutic dental services required by the course of care (e.g. extractions, filling and crowns), were received by 5.6 percent of all children seen (1,184).

What were the major evaluation findings?

- Seven thousand and eight preventive dental services were provided at Women, Infants and Children (WIC) sites.
- Seven community clinics provided services to children ages 0-5 onsite in an effort to reduce the time and transportation burden of visiting dental sites on parents.
- The majority of the services received were fluoride varnish applications and dental screenings, both of which can reduce the onset of dental caries, particularly in children under age 6.

### Table 7: Ethnicities of a Sample of OHN Participants

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>85%</td>
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<tr>
<td>Black</td>
<td>6%</td>
</tr>
<tr>
<td>White</td>
<td>4%</td>
</tr>
<tr>
<td>Other ethnicities</td>
<td>5%</td>
</tr>
</tbody>
</table>

Oral Health Community Development

The OHCD project aims to prevent tooth decay in children through community water fluoridation and related public education and advocacy activities. OHCD-funded infrastructure projects in the cities of Santa Monica and Torrance, as well as other communities served by Park Water Company and Golden State Water Company, continue to make progress toward water fluoridation.

Objectives of the project include:

- Fund water fluoridation infrastructure equipment construction and related public education activities to improve the oral health of children in L.A. County from the prenatal stage through age 5.
- Increase the percentage of children from the prenatal stage through age 5 who have access to community water sources that are optimally fluoridated.
- Increase the percentage of children who consume optimally fluoridated water in L.A. County.

All residents living within the following nine water districts will receive optimally fluoridated tap water once the project is complete in June 2013:

- Golden State Water Company (six water districts in L.A. County: Artesia, Bell-Bell Gardens, Florence-Graham, Hollydale, Norwalk, Southwest and Willowbrook water systems)
- Park Water Company (Compton East and Bellflower/Norwalk water systems)
- City of Santa Monica
- City of Torrance Municipal Water

There are approximately 78,700 children ages 5 and younger living within the areas covered by these nine water districts.

What were the major evaluation findings?

In an effort to determine L.A. County residents’ frequency of tap water use, a question was added to the 2010 L.A. County Health Survey that asked parents: “Which of the following sources of water do you drink at home?” Data will be available in the fall of 2012.
**SNAPSHOT: School Readiness Investments**

**Los Angeles Universal Preschool (LAUP)**
- On average, children made statistically significant progress in their letter naming abilities and the change was comparable to progress reported on other preschool studies using a similar measure.
- By the end of the preschool year, LAUP children scored at or above the national average in social-emotional and approaches to learning domains (attention, activity level and sociability).
- Between the fall and spring, children in LAUP programs made statistically significant progress in most areas when based on absolute progress, and in most areas when measured relative to a national sample of same-age peers. However, there were differences depending on whether children knew enough English to take the English versions of the tests or if they took the Spanish or Spanish bilingual versions of the tests.

**Family Literacy**
- Results of an alumni survey indicate that 57 percent of adult participants reported not knowing any English or just a few phrases at program entry, compared with 13 percent at the time the alumni survey was administered.²²
- Parents were asked about their literacy practices at the beginning and end of their participation in the Family Literacy Program, overall the results were very positive:
  - The percent of parents who reported visiting the library at least once per month increased from 55 to 82 percent.
  - The percent of parents who reported reading to their child at least three times per week increased from 70 to 91 percent.

**School Readiness Initiative (SRI)**
- SRI children had higher scores in English proficiency and could name more letters, numbers and colors than a demographically similar sample of children in state Pre-K programs. Spanish-speaking SRI children also had slightly higher scores on early math skill assessments than demographically similar children in state Pre-K programs.
- A 2009 survey of parents served by 8 out of 42 grantees who participated more intensively²³ found small but significant improvements in their knowledge of their child's development and social-emotional needs, as well as concrete support for basic needs, such as employment or housing, compared to parents whose participation in SRI was less intense.
- A follow-up survey in 2010²⁴ found modest improvements over time in parenting knowledge, support for their child's language and literacy development and parent involvement in school readiness.

**Family Place Libraries (FPL)**
- An additional three libraries were funded to become Family Place Libraries.
- All seven Family Place Libraries created a unique “Family Place” space within the library to meet the needs of families with young children.
- Forty parent/child workshops were held to connect parents with local health, nutrition, parenting and child care resources.

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**Los Angeles Universal (LAUP)**
- **$43,928,174**
- **10,911 children served**

**Family Literacy**
- **$2,534,068**
- **736 children and 632 parents served**

**School Readiness Initiative (SRI)**
- **$32,451,030**
- **38,670 children, 33,113 parents, 3,911 other adults served**

**Family Place Libraries (FPL)**
- **$115,705**
- **7 libraries served**
School Readiness Investments

The School Readiness Investments Cluster includes investments that help support communities, schools, administrators, teachers, families and children to provide the best environments and opportunities for children to be ready for school. In December 2001, First 5 California launched the School Readiness Program in partnership with First 5 county commissions to improve the ability of families, schools and communities to prepare children to enter school ready to succeed. In 2004, First 5 LA initiated the local First 5 LA School Readiness Initiative (SRI) as a grassroots effort involving community-based organizations, schools, service providers, parents and their children, throughout Los Angeles County. SRI represents a complex network of services, recipients and outcomes. Since 2004, First 5 LA continued to build upon this framework for increasing the school readiness of children in L.A. County. These school readiness investments provide supports and skills to families and their children who are most in need of assistance to be ready for school. Some of these supports and skills come in the form of preschool, adult education, early literacy skills and family-focused literacy support.

- **Los Angeles Universal Preschool (LAUP)** provides a high-quality half-day preschool education program for 4-year-olds living in L.A. County by offering grants and by providing support services and expertise in the field of early care and education to preschool teachers and the children and families with whom they work.
- **First 5 LA Family Literacy Program**, since 2002, promotes family-focused language and literacy development, parenting knowledge and skills and economic self-sufficiency among low-income families in L.A. County.
- **First 5 LA’s School Readiness Initiative (SRI)** engages families, community members and educators in the important work of helping children develop the solid foundation necessary to enter kindergarten prepared to succeed. SRI builds upon existing early childhood development programs by integrating them with parenting/family supports, as well as health and social services.
- **Family Place Libraries**, a national program that transforms libraries into community hubs for healthy child and family development, parent and community involvement and lifelong learning beginning at birth.

**Why are these investments important?**
Children enter school ready to learn when families, schools and communities provide the environments and experiences that support the physical, social, emotional, language, literacy and cognitive development of infants, toddlers and preschool children. The strongest effects of high-quality early childhood programs are found with those children whose homes have the fewest resources and are under social and economic stress. Studies show that at least half of the educational achievement gaps between poor and non-poor children already exist at kindergarten entry. To help L.A. County children be successful in school, investments in the School Readiness Cluster target the period before children enter kindergarten. Investments in the School Readiness Cluster are complimented by those in other clusters that focus on strong and supportive communities (Best Start Cluster), positive birth outcomes (Perinatal Support Cluster), optimal health (Physical and Mental Health Cluster) and an ECE workforce that reflects the diversity of the children and can provide rich learning environments (Workforce Development Cluster).

**What School Readiness investments were funded?**

**LAUP**
LAUP is an independent, nonprofit corporation created in 2004 and funded by First 5 LA. LAUP’s goal is to make voluntary, high-quality preschool available to every 4-year-old in L.A. County, regardless of their family’s income, by 2014.

LAUP supports a diverse delivery system, funding preschools in public, private and charter schools; Head Start centers and Family Child Care (FCC) homes (large and small), which employ a variety of different approaches to preschool, including Montessori, Reggio Emilia, High/Scope, Creative Curriculum and many others. The common characteristic of all LAUP-funded
schools is that they must meet quality criteria to receive funding. Before LAUP grants any preschool a contract, it examines the teachers’ credentials, class sizes and adult/child ratios, the learning environment and licensing status. Preschools are rated using a Five-Star Quality Rating Scale, and only those that receive a three star rating or higher qualify for full funding from LAUP.

### Offering Grants

One of the key strategies LAUP uses to provide high-quality education for preschoolers living in L.A. County is to offer grants to create and fund preschool spaces. This has included construction of new buildings and providing funds to operate previously empty classrooms. LAUP’s funding also enables families who are unable to pay for preschool to enroll their children at low or no cost. Additionally, LAUP provides funding to enable preschools to hire and retain qualified teachers, as well as purchase classroom materials to maximize children’s learning experience.

In FY 2010-2011, LAUP funded 327 preschool providers. Of these, 222 were center-based and 105 were FCC programs. Through these 327 preschool providers, 10,911 children received preschool services (see Table 8 for participants’ demographics).

### Coaching

LAUP also supports preschool providers through quality and fiscal coaching. These expert in-field coaches work directly with program directors, classroom teachers and FCC providers to offer their expertise, support and guidance on best practices. New programs are provided “Starting Points Coaches,” who work with them to ensure that they meet the standards laid out in the LAUP Five-Star Quality Rating Scale. They typically work weekly with new programs to ensure that their administrative structures are in place and to set goals to achieve LAUP’s minimum quality standards. Once a program achieves a three-star rating, it transitions to a Quality Support Coach who works directly with classroom teachers to set, and then work on, achieving goals focused on enhanced classroom quality. In FY 2010-2011, there were 23 Quality Support Coaches, seven Starting Points Coaches and seven Fiscal Coaches.

### Workforce Development

LAUP is also making strengthening the quality and diversity of the current and future early childhood education workforce part of its mission. See the Workforce Development section of this report for more information on LAUP’s workforce development initiative.

### What were the major evaluation findings?

In FY 2010-2011, First 5 LA measured the child progress and parent engagement of the LAUP students and families. Additionally, a pilot study was conducted to learn more about the quality support coaching provided by LAUP.

### Child Progress

During FY 2010-2011, as part of Phase 4 of the Universal Preschool Child Outcomes Study (UPCOS-4), the evaluation contractor conducted a descriptive study of child progress. Table 9 shows the domains of child progress that were assessed.

UPCOS-4 included a stratified random sample of center-based programs and FCCs. The total number of FCCs and centers in the sample was proportional to their overall numbers in LAUP and the sample of children is representative of all LAUP children. In the fall, the final sample included 48 programs and 751 children. The

### Table 8: Demographics of LAUP Participants

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>64%</td>
</tr>
<tr>
<td>Black</td>
<td>9%</td>
</tr>
<tr>
<td>White</td>
<td>7%</td>
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<tr>
<td>Asian</td>
<td>7%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>7%</td>
</tr>
<tr>
<td>Other or unknown ethnicities</td>
<td>6%</td>
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</table>

<table>
<thead>
<tr>
<th>Primary Language</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>54%</td>
</tr>
<tr>
<td>Spanish</td>
<td>38%</td>
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<tr>
<td>Other languages</td>
<td>5%</td>
</tr>
<tr>
<td>Language unknown</td>
<td>3%</td>
</tr>
</tbody>
</table>

### Table 9: Developmental Domains Assessed for LAUP Children

- Language: vocabulary
- Literacy
- Fine motor skills
- Mathematics
- Social emotional and approaches to learning
response rates were 75 and 89 percent for programs and children, respectively. In the spring, 699 children (93 percent of the total assessed in the fall) were assessed in the 48 programs. Looking across the fall and spring, 675 children were assessed at both time points (80 percent of the selected child-level sample).

Since the majority of LAUP children are Latino and come from homes where Spanish is spoken, the study of children’s progress included measures for children who were at different levels of their English acquisition. The child’s English skills were first assessed to determine if the child could be assessed in English. If the child did not meet a basic threshold and spoke Spanish, he or she was assessed using Spanish and Spanish bilingual measures. Unfortunately, if the child did not meet the English threshold and did not speak Spanish, he or she was not included in the direct child assessments (although his or her parents did participate in the study and did provide some data on their child’s progress).

On average, 6.2 months passed between the fall and spring assessments (range of 5.3 to 7.7 months). Between the fall and spring, children in LAUP made statistically significant progress in almost all areas when based on absolute progress, and in most areas when measured relative to a national sample of same-age peers as well. Exceptions include mathematics skills as measured by both the English version of the Woodcock-Johnson III (WJ-III) Applied Problems subtest and expressive language skills as measured by the English version of the Expressive One Work Picture Vocabulary Test (EOWPVT). For the EOWPVT, LAUP children kept pace with, but did not progress relative to, a national sample of peers. For the WJ-III Applied Problems subtest, scores indicated little growth in absolute terms over the 6.2 months of the program year and a decline relative to a national sample of peers.

For those assessments where children could answer in both English and Spanish, performance was quite strong. Scores for children’s language, literacy met or exceeded a national sample of peers in the fall, and progressed further by the spring. Scores for early mathematics were well below the national sample of peers in the fall but were on par with the national sample by the spring. Children made statistically significant progress in letter naming abilities and the change was comparable to progress reported on other preschool studies using a similar measure.

Although children made progress in most areas, there is still room to grow. In the spring, children’s English expressive vocabulary and their mathematics abilities were below those of a national sample of peers. Mathematics abilities as measured by the WM-III (Spanish version) were particularly low. Despite the fact that children made enough progress so as to not lose additional ground relative to a national sample of similarly achieving peers, their scores in both the fall and spring fell slightly more than one standard deviation below the national mean.
**Parent Engagement**
As part of UPCOS-4, First 5 LA, LAUP and our evaluation contractor collaborated to develop a self-administered questionnaire for providers in the area of parent engagement. The questionnaire covered three general areas: (1) communication, (2) opportunities for engagement and (3) information about community resources. LAUP analyzed data from the provider survey and the key results are summarized in Table 10.³³

More than three-quarters of providers (87.7 percent) reported having a list or binder of community resources available for parents. Through this compilation of resources, programs can connect parents to resources so they can better support and extend their child’s development.

**Quality Support Coaching Pilot Findings**
During FY 2010–2011, the evaluation contractor worked with First 5 LA and LAUP to learn more about the quality support coaching provided by LAUP. This pilot study addressed how the coaching model was interpreted and implemented during the 2010-2011 program year.³⁴

This coaching pilot study documented: (1) how quality support coaching was enacted in LAUP programs, (2) how various stakeholders perceived the process, (3) aspects of the LAUP coaching experience across different contexts and (4) how the LAUP model compared with coaching models identified as effective in the literature.

The purpose of the coaching study was to provide formative feedback to LAUP that could inform its efforts to enhance quality in its network of preschool programs. The study identified seven overarching findings about LAUP coaching as it was implemented during FY 2010-2011:

- Providers had different definitions of high-quality preschool.
- Providers valued consistent, timely communication (verbal, in-person and written), which they viewed as facilitating the coaching process.
- Providers valued many aspects of coaching and generally wanted more of it.
- Providers and coaches valued and focused on process consultation (use of active and appreciative inquiry), but many also preferred and/or used more directive approaches.
- Providers and coaches experienced some challenges with implementing coaching and communicating with lead teachers due to some programs’ structure and scheduling, which limited interaction with teachers directly.

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**Table 10: Methods LAUP Providers Use to Communicate with Parents**

<table>
<thead>
<tr>
<th>Top three methods for communicating opportunities for engagement</th>
<th>Word of mouth</th>
<th>Flyers</th>
<th>Bulletin Boards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top three methods for communicating classroom activities</td>
<td>Posted lesson plans</td>
<td>Informal conversations at the start of the day</td>
<td>Newsletters</td>
</tr>
<tr>
<td>Top three methods for about communication about children’s development</td>
<td>Informal conversations at the start of the day</td>
<td>Formal parent-teacher conferences</td>
<td>Phone calls</td>
</tr>
<tr>
<td>Top five opportunities for engagement</td>
<td>To bring items from home or prepare materials for classroom activities</td>
<td>Attend general school meetings (ex: open house, back to school night, etc.)</td>
<td>Attend parent and family social activities</td>
</tr>
<tr>
<td></td>
<td>Attend school or class events such as performances by children</td>
<td>Attend parent classes or workshops</td>
<td></td>
</tr>
</tbody>
</table>

---

**Fig 8. Social-Emotional Development of LAUP Children**

- **Attention**
  - Fall: 89.0
  - Spring Change: 81.0
  - National Average: 77.0

- **Activity Level**
  - Fall: 16.0
  - Spring Change: 15.0

- **Sociability**
  - Fall: 8.0
  - Spring Change: 5.0

Source: UPCOS-4 Fall 2010 and Spring 2011 Direct Child Assessments. Notes: Analyses are weighted to represent children attending LAUP in the 2010-2011 program year. Asterisks indicate that the change from fall to spring is statistically significant (* = p < .05, ** = p < .01, *** = p < .001).
Providers and coaches appreciated developing trusting relationships and they agreed that this ongoing trust was important to the coaching process. Some coaches focused on teaching interactions (including parent engagement), while others spent a considerable amount of time focusing on the environment, particularly health and safety.

Further, stakeholders were primarily positive about the coaching process and the resources LAUP brought to providers. In addition, the LAUP coaching model shared many key characteristics with coaching models identified in the literature, including those associated with positive outcomes. These models had a strong emphasis on the coach-provider relationship and the engagement of adult learners in developing their own knowledge and practice. Aspects of the LAUP approach appeared to differ in some ways, however, from other factors associated with positive outcomes. While these factors existed to some extent in the model as implemented, their presence was partial or incomplete.

Family Literacy
The Family Literacy Initiative funds programs that have a comprehensive, family-focused service approach that includes the following four components:

- Intergenerational activities for parents/caregivers and children (12 hours/month)
- Parenting education and training (10 hours/month)
- Parent/caregiver literacy, academic and/or vocational training (47 hours/month)
- Age-appropriate early childhood education (65 hours/month)

Through these four components, family literacy programs support and increase the parallel learning of parents/caregivers and their children, improve parenting skills and break intergenerational cycles of illiteracy and poverty by supporting families to become economically self-sufficient.

**What services/activities were provided?**
In FY 2010-2011, 736 children and 632 parents participated in the Family Literacy Program. (See Table 11 for participants’ demographics.)

Of the 632 parents who participated in family literacy programs in the 2010-2011 fiscal year, 629 participated in both the adult education and the parenting education components and 628 parents and children participated in the parent-child interactive literacy activity. Of the 736 children who participated in family literacy programs in FY 2010-2011, 730 participated in the early childhood education component.

Participation in family literacy is associated with several outcomes. Results of an alumni survey indicate the following:

- Fifty-seven percent of adult participants reported not knowing any English or just a few phrases at program entry, compared with 13 percent at the time the alumni survey was administered.
- Seventy-two percent of the adult participants enrolled in some form of educational classes after leaving the program: 25 percent enrolled in GED classes, 66 percent enrolled in other adult education classes, 6 percent enrolled in college classes and 21 percent received a degree or certificate after leaving the program.
- Sixteen percent of adult participants were employed at program entry and 26 percent were employed after exit.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Children</th>
<th>Adults/Parents</th>
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<tbody>
<tr>
<td>Hispanic</td>
<td>70%</td>
<td>85%</td>
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<td>Black</td>
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<td>1%</td>
</tr>
<tr>
<td>White</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Asian</td>
<td>3%</td>
<td>4%</td>
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<tr>
<td>Other ethnicities</td>
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<td>3%</td>
</tr>
<tr>
<td>Unknown ethnicities</td>
<td>18%</td>
<td>5%</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Primary Language</th>
<th>Children</th>
<th>Adults/Parents</th>
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<tr>
<td>English</td>
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<td>Spanish</td>
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<td>Other languages</td>
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<td>Language unknown</td>
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<table>
<thead>
<tr>
<th>Age</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 3</td>
<td>47%</td>
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<tr>
<td>3 through 5</td>
<td>53%</td>
</tr>
</tbody>
</table>

Table 11: Demographics of Family Literacy Program Participants
Parents were asked about their literacy practices at the beginning and end of their participation in the family literacy program. Overall the results were very positive:

- The percent of parents who reported visiting the library at least once per month increased from 55 to 82 percent.
- The percent of parents who reported reading to their child at least three times per week increased from 70 to 91 percent.
- The percent of parents who reported telling their child a story at least three times per week increased from 34 to 44 percent.

The evaluation also examined child outcomes, with mixed findings. When children between the ages of 16 and 30 months were assessed on vocabulary, there were only slight increases in their knowledge of words and sentences in both English and Spanish from one year to the next, and none were statistically significant. However, when assessed using a different measure in years two and five, there was a statistically significant increase in children’s English language proficiency.

Furthermore, a follow-up study was conducted that matched children who participated in family literacy programs to children who participated in the Los Angeles Unified School District’s (LAUSD) School Readiness Language Development Program (SRLDP). Overall, this analysis found that children who attended family literacy and SRLDP programs entered kindergarten with similar English language skills. However, family literacy students had higher attendance rates and performed better on the California Standardized Test (CST) English language arts and math assessments (for grades two through five combined) than their demographically-matched peers from the SRLDP program.

School Readiness

In December 2001, First 5 California launched the School Readiness Program in partnership with First 5 county commissions to improve the ability of families, schools and communities to prepare children to enter school ready to succeed. The initiative was also developed to help reduce the achievement gap between children from low and high socioeconomic households upon school entry. The SRI Program funds a wide range of services to help children 0-5 get ready for school in four result areas:

- Improved child development
- Improved family functioning
- Improved health
- Improved systems of care

First 5 California initiated the RFP process for this initiative and remained responsible for the program’s design and the evaluation. Since 2002, First 5 LA has been a 50 percent funding partner in this effort and managed the 42 SRI grantees from Los Angeles County that participate in this effort. Data and analysis in this document refers only on First 5 LA’s SRI and its grantees, not the statewide program.

School Readiness programs funded by First 5 LA use an adapted National Education Goals Panel definition of school readiness: 1) children’s readiness for school, 2) schools’ readiness for children and 3) family and community support and services that contribute to children’s readiness for school success. SRI grantees engage families, community members and educators in helping children develop the solid foundation necessary to enter kindergarten prepared to succeed. The program builds upon existing early childhood development programs by integrating them with parenting/family supports, as well as health and social services.

What services/activities were provided?

A total of 38,670 children, 33,113 parents and 3,911 other adults participated in SRI during FY 2010-2011. (See Table 12 for SRI participants’ demographics.)

There is significant variation in the SRI program models utilized by First 5 LA grantees and in the...
services provided participants. Many clients get “light touch” services, such as one-time workshops, while others get much more intensive services. All SRI grantees provide direct services to children and families and work on systems change. The list below is a sample of the types of programs and services funded through SRI:

- Creation of new school-based or school-linked preschool, early care and education centers.
- Adult education, including parenting classes conducted in partnership with adult schools and community colleges.
- Enrollment in free and low-cost health insurance programs through partner agencies.
- Care/case management to ensure that children receive preventive health services.
- Facilitation of children’s transition from home and preschool to kindergarten.
- Articulation of kindergarten standards between kindergarten teachers and early education providers.
- Program development for systems change at community, school and/or district-levels.

Moreover, different agencies funded to provide the same services may provide them in different ways or levels. For example, of the 13 SRI grantees funded by First 5 LA to provide licensed preschool spaces, some of them provide space four days per week while others provide the space only two days per week.

**What were the major evaluation findings?**

Studies of SRI have looked at different aspects of the initiative from different angles. In a 2007 study, 240 children were sampled from a subsample of 28 of the original 42 grantees. These 28 grantees were selected using sampling procedures related to the type of activity (i.e. preschool, parent-child activities and kindergarten transition activities) and intensity of services. Only those programs that provided at least 16 hours of services a year were included in the study. The 240 children also represent a small subsample of children who participated in SRI activities at these 28 grantees. Thus, the following results are to be interpreted with caution since they exclude one quarter of the SRI funded programs. This study found small but statistically significant differences for SRI children compared to similar samples of children on the same measures. For example, SRI children had higher scores in English proficiency and could name more letters, numbers and colors than a comparison sample of children in state Pre-K. Spanish-speaking SRI children also had slightly higher scores on applied problems (mathematics) assessments than a comparison sample of children in state Pre-K. The study also found that more intense child participation in SRI led to small, but significant, improvements in emergent literacy skills such as naming letters and numbers.

A 2009 survey of parents from 41 of the 42 grantees who participated more intensively found small but statistically significant improvements in their knowledge of their child’s development and social-emotional needs, as
well as concrete support for basic needs such as employment or housing, compared to parents who participated in SRI at a less intensive level. A follow-up survey in 2010 that included parents from 38 of the 42 grantees found modest improvements over time in parenting knowledge, support for their child’s language and literacy development, and parent involvement in school readiness.

In addition, parents participating in home visits (compared to those not receiving home visits) demonstrated an increase in the knowledge that playing is essential for children’s healthy development. Parents participating in parenting classes (compared to parents not participating in parenting classes) showed greater change in talking to their child’s teacher about what their child is learning.

A 2011 follow-up study was conducted that matched children who participated in SRI to children who participated in LAUSD’s School Readiness Language Development Program (SRLDP). SRLDP is a part-day program for 4-year-olds that stresses oral language development. Children participate for approximately 10 hours per week. The study focused on three cohorts, with children who entered kindergarten in years 2004, 2005 and 2006. Students from SRI were matched to SRLDP students based on the following demographic characteristics: gender, race/ethnicity, primary language, free or reduce priced lunch status, parent education, special education status, migrant education status, English language learner test status and the school where the child attended kindergarten. Since SRI program services vary widely, grantees were asked to include children who received more intensive services. However, the cutoff for “intensive” was 12 hours total per year, which is relatively low. The range of hours of services spanned from 12 to 120 hours per child. The sample was also limited to only those children who attended programs that were either located at LAUSD schools (nine programs) or that fed into LAUSD schools (20 additional programs). Thus, the following results do not estimate the effect of the SRI program overall, but only the 25 grantees that fit these criteria. A total of 2,469 children were included in the sample. Results indicated that the outcomes for SRI students were comparable to or lower than outcomes for the matched SRLDP students. More specifically, while the SRI and SRLDP students did not differ on English language development when they entered kindergarten, the matched sample of SRLDP students scored statistically higher than SRI students in English language arts and mathematics at grade 3. However, both SRI and SRLDP students scored below proficient in English language arts and at proficiency in mathematics. These differences were present even after controlling for demographic characteristics. No statistically significant differences were observed in absence rates at any grade.

Overall, evaluation findings of the SRI cannot be interpreted as reflecting all SRI grantees as a whole. Due to the different services provided and varying levels of intensity, only subsamples were able to be evaluated. From the various evaluations, we can conclude that in some instances, SRI children appear to have higher literacy and mathematics skills following their involvement in SRI. However, at the elementary school follow up, the benefits were not sustained over time. Parents who participated in SRI also reported increased support for their child’s language and literacy development and parent involvement in school readiness.

**Family Place Libraries**

**What services/activities were provided?**

FPL focuses on the development of a welcoming, non-stigmatized environment for families with infants and very young children. First 5 LA allocated $1,011,000 in September 2008 to fund up to 20 FPLs, to convert the Carson Family Place Library into a training center for other local libraries and to develop a strategic partnership with the County of Los Angeles Public Library.

As part of the FPL funding, librarians attend a four-day training that includes skill-building in best practices related to family support, child development and parent
education. Once training is complete, the following components must be implemented by the library:

- Parent-child workshops
- Place-based collaboration with other family-oriented community resources
- Outreach to new parents as library patrons
- Developmentally appropriate programs
- Establishment of a welcoming space for families with young children
- Expanded collection of books and other media targeted to infants, toddlers, young children, parents and service providers

In 2010-11, First 5 LA, through our partnership with the County of Los Angeles Public Library, funded three libraries, in addition to the four that were previously funded for designation as FPL. They include:

- Lake Los Angeles Library (in Best Start Palmdale)
- Paramount Library (in Best Start Central Long Beach)
- Leland Weaver R. Library (in Best Start Southeast LA)

All three libraries received membership in the National Family Place Network in August 2010.

Who received the services?
Parent/child workshops were also held at each of the seven libraries (see Table 13 for the number of workshops and average number of attendees per workshop at each library). The workshops brought in representatives from various community agencies and focused on connecting parents with local health, nutrition, parenting and child care resources. Most attended more than one workshop. When asked in a survey about their experiences at the workshops, respondents indicated:

- Seventy-six percent reported using the parent handouts.
- Eighty-three percent reported that their child made new friends in the workshops.
- Respondents overwhelmingly reported that special guests provided helpful information.

What were the major evaluation findings?
In September 2010, a librarian from each of the three new libraries attended the mandatory four-day training at the Carson Training Center. The Los Angeles County Public Library reported that “upon completion of the training, attendees better understood the importance of providing programs and services to infants, toddlers and their caregivers, and were ready to move forward with the planning and implementation of the Family Place program.”

Each of the three libraries saw changes in the layout of furniture and shelving to accommodate a Family Place space. Also, their collections were assessed and Paramount and Weaver libraries received new materials, as their collections were slightly outdated. Libraries that began receiving funding in FY 2009-2010 (i.e., El Monte, Huntington Park, La Crescenta and Norwalk) were also assessed for the sufficiency of their supplemental materials.

Some of the libraries had challenges obtaining books in languages other than English. The El Monte Library could not obtain Chinese-language books because the book vendor simply didn’t have any for them to order. In Norwalk, the same challenge arose for Spanish-language titles. For the El Monte and Norwalk libraries, other English titles were added to the collection, and the Los Angeles County Public Library will look for other opportunities to meet the needs of Chinese- and Spanish-language library users. In Huntington Park and La Crescenta, the collections were sufficient, so the funding allowed for supplementing with new titles or refreshing frequently used titles.

Community resource partners were identified by each library and a community resource partner contacts list was also provided to each library for inclusion in their reference collections. These activities helped meet the objective of working toward creating a “community hub for families to access and learn about resources that address their needs.”
Best Start Metro LA

- Best Start Metro LA serves as the pilot for Best Start and consists of several strategies that are designed to affect change at the family, community and systems level. The Welcome Baby home visitation program is one of these strategies.
- Welcome Baby served 1,400 families who were primarily Latino (77 percent) and black (20 percent).
- Twenty-one short-term projects were funded by mini-grants and served a total of 6,162 children, parents and community members.

Best Start Communities

- Best Start is a committed partnership where parents, business owners, child and health care providers, community service agencies, faith-based leaders, government officials and other community leaders work together to transform their communities into a place where young children can thrive.
- The First 5 LA Best Start Communities Department was established and held regional and community-specific meetings in the 13 new Best Start communities to introduce Best Start and its goals and to build community interest.
- Community assessments were conducted of the 13 new Best Start communities which collected data on assets, as well as challenges to inform each community’s process to create a community plan, and serves as baseline data for future analyses of change in capacity at the community and organization level.

SNAPSHOT: Best Start

Best Start Pilot Community: Metro LA

- $7,793,555
- 1,400 families and 6,162 children, parents and community members served

Best Start Communities

- $1,777,304
- Community representatives from 13 communities recruited
Best Start Investments

The FY 2009-2015 Strategic Plan marked a significant evolution in First 5 LA’s approach to grant making by committing a sizeable portion of funding to a place-based approach that seeks to improve the well-being of children in 14 high-need communities across Los Angeles County, called “Best Start” communities.

At the heart of a Best Start community is a committed partnership where parents, business owners, child and health care providers, community service agencies, faith-based leaders, government officials and other community leaders work together to transform their community into a place where young children can thrive. This could include working together to ensure that children have clean and safe parks to play in, that the community has markets selling healthy, affordable foods, and that families have access to quality doctors and nurses they can depend on. Best Start Metro LA serves as the pilot community for Best Start. Services and supports that are currently being offered within the Metro LA community include the Welcome Baby home visitation program, community mini-grants and other community capacity building efforts.

- **Best Start Metro LA** - The Welcome Baby home visitation program is being piloted in the Metro LA community and provides parenting education on child development and safety, breastfeeding, developmental screening and access to services such as health insurance and a medical home for the infant. First 5 LA provided funding to Para Los Niño’s, the lead entity in Metro LA, to establish and maintain the Metro LA Best Start Community Guidance Body (CGB). The CGB, composed of several community members representing parents, business leaders and healthcare providers, awarded mini grants to various community programs to carry out place-based projects.

- **Best Start Communities** - In the other 13 Best Start communities in FY2010-2011, First 5 LA staff and their support teams worked with a diverse group of community members and stakeholders to build a formal decision making body for each Best Start community. Early community building activities included coming together around the four goals of the Strategic Plan and understanding why those are important, reviewing and revising the current community boundaries, coming up with a community vision and a decision-making process and starting to map out each community’s strategic plan to implement the Best Start model.

**Why are these investments important?**
Where children grow up matters. It can determine if they have access to healthy food, safe places to play and quality medical and child care—and ultimately determine whether a young child thrives. Best Start is intended to bring out the best in our children and families by bringing out the best in our communities. It is based on the theory that if communities work together—parents, faith groups, businesses, local officials, nonprofits and others—we can ensure that our children grow up healthy, safe and ready to learn.

Research shows that close to 90 percent of a person’s brain develops in the first few years of life, laying the foundation for later development and success. Through Best Start, First 5 LA is joining forces with communities to support children and families during this critical time. Best Start reflects our commitment to strengthening families and fostering a community’s ability to create and sustain safe and nurturing places for children to grow.

**What Best Start investments were funded in FY 2010-2011?**

**Best Start Pilot Community: Metro LA**

**What services/activities were conducted?**
The Welcome Baby home visitation program was implemented by Maternal and Child Health Access (MCHA) and has served women giving birth at California Hospital within the Metro LA community since 2009. Through a combination of prenatal visits, phone and at-home appointments, Welcome Baby parent coaches provide women with personalized support at each stage of pregnancy and early motherhood. This includes information on what to expect while pregnant, tips on baby-proofing the home, support for nursing and infant feeding, tracking their child’s development and other supports. Additionally, women in the program receive an in-home appointment with a registered nurse within the first few days after mom and baby come home from the hospital.

Welcome Baby offers guidance and information on many topics, including: nutrition for mom and baby, labor
and delivery, home safety before and after baby comes home, breastfeeding and emotional health during and after pregnancy.

In FY 2010-2011, Welcome Baby served 1,400 families. This was the only direct service delivered in Metro LA in this year (see Table 14 for the demographics of the mothers served by this program).

In addition to Welcome Baby, Para Los Niño’s, the lead entity for the Metro LA pilot community, assisted Metro LA in developing a framework of local support for the Best Start model via a number of community meetings and other local engagements activities. During this initial year of implementation, Metro LA:

- Formed a Community Guidance Body (CGB) comprised of parents, business leaders and health care providers. The CGB planned for and developed strategies for community action, including awarding mini grants to various community programs to carry out place-based projects.
- Established a Community-Based Action Research process to empower residents through research and action to identify key issues with the Metro LA community and to gather data to support the creation of an action plan to address these needs.

What were the major evaluation findings?
The evaluation of the Metro LA community, conducted by an evaluation contractor, continued into its second year. The evaluation team conducted a series of interviews with women living in the community who had received Welcome Baby services and a comparison sample of mothers in the community who had given birth before the Welcome Baby program was available. The evaluation team also conducted focus groups and key informant interviews with key community members to learn

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<th>Table 14: Demographics of Welcome Baby Mothers</th>
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their perspectives on the Best Start model. Some of the preliminary evaluation findings showed the following:

- Focus group participants said that the Welcome Baby home visitation program provided “highly valued” services to families and provided a “concrete” and “tangible” image of the Best Start model. This program has provided parents access to community resources as well as parenting education about their child’s health and development. One important finding is that a majority of clients who were enrolled were high risk, including adolescent parents and first-time mothers, prompting home visitors to make additional visits and First 5 LA staff to make modifications to the Welcome Baby model to better serve these clients.45
- Para Los Niños has since worked with the CGB to enable them to form several task forces to develop activities for the community, such as a parent task force, a communications task force and a community mobilization task force.
- Twenty-one mini grants were awarded to various community programs for short-term projects that support Best Start goals, as well as parent priority areas such as parent education, community beautification and improvement, and health and nutrition. Through these mini grants, 6,162 children, parents and community members received local services that relate to the overall goals of Best Start.

Best Start Communities
During the planning effort that led up to the adoption of the FY 2009-2015 Strategic Plan, First 5 LA engaged in a rigorous, data-driven process to select the communities that would become the Best Start communities. This community selection process entailed a three-level analysis: the first level rated communities in L.A.County based on several quantitative domains of need; the second level included an examination of the capacity and assets already present in those communities and the third level ensured geographic and ethnic diversity. A portfolio of communities was recommended by staff to the First 5 LA Commission for approval.

Upon approval of the 14 Best Start communities (see Figure 9 for a map of the communities), including the pilot Metro LA community, First 5 LA created the Best Start Communities Department to continue the implementation of the pilot Best Start model in the Metro LA community and to begin implementing the Best Start model in the other 13 identified Best Start communities.

What services/activities were conducted?
During FY 2010-2011, First 5 LA held regional and then community-specific meetings in the 13 new Best Start communities to explain and introduce Best Start, to communicate the goals for this new approach and to commence recruitment of a diverse group of individuals and organizations to become involved in this place-based effort.

First 5 LA hired a contractor to conduct community assessments in the 13 new Best Start communities. The purpose of these assessments were two-fold: (1) To collect data on assets and challenges to inform each community’s forthcoming process to create a community plan, and (2) to serve as baseline data for future analyses of change in capacity at the community and organization level.

Additionally, First 5 LA recruited and hired an external evaluator to begin the process of evaluation of the Best Start Implementation. In late May 2011, First 5 LA hired an evaluation contractor to begin designing and implementing the evaluation. Data collection began in FY 2011-2012 and findings will be reported in the FY 2011-2012 Annual Accountability and Learning Report.
High School Recruitment (HSR)
- Four out of five programs were able to successfully involve high school students in ECE activities and college coursework.
- 900 high school students participated in tier 2 and 3 activities
- 6,484 high school students were reached through outreach activities

Family, Friends and Neighbors (FFN)
- 262 license-exempt child care providers participated in FFN programs

Steps to Excellence Project (STEP)
- 418 child care programs were enrolled in STEP Quality Rating and Improvement System

Early Care and Education Workforce Initiative (WFI)
- 845 current and potential ECE providers participated in the WFI project

SNAPSHOT: Workforce Development

High School Recruitment (HSR) $939,981
900 high school students served

Family, Friends and Neighbors (FFN) $1,226,044
262 license-exempt child care providers participated

Steps to Excellence Project (STEP) $290,666
75 child care programs rated

Early Care and Education Workforce Initiative (WFI) $3,241,727
845 current and potential ECE providers participated
First 5 LA’s portfolio of workforce investments is designed to improve outcomes for children by making improvements to the workforce that serves children in Early Care and Education (ECE) settings. Those workforce improvements are in the following areas: diversity, qualifications, quality of practice, retention and compensation. The workforce portfolio is made up of discrete programs serving ECE professionals, as well students in high schools, community colleges and four-year universities. Strategies range in intensity from outreach to recruit new workers, to supports for current and future ECE professionals to help them achieve academic goals, to training, coaching and mentoring. Several of these workforce investments also are intended to lead to policy change or systems improvement.

- **High School Recruitment (HSR)**—This project is designed to encourage high school students to consider a career in ECE by teaching them about career options and by providing career counseling and opportunities to have hands-on experiences with young children.
- **Family, Friends and Neighbors (FFN)**—The FFN project provides support and education to license-exempt ECE providers.
- **Steps to Excellence Project (STEP)**—The STEP project is a quality improvement program that assesses and rates the quality of ECE providers and provides training and support to help them improve their practices.
- **Early Care and Education Workforce Initiative**—This project is a mix of programs and support services designed to help high school and college students to complete educational requirements toward ECE credentials.

### Why are the investments important?
First 5 LA’s portfolio of workforce investments is predicated on the assumption that an ECE workforce with better education and credentials, and that is reflective of the demographic makeup of Los Angeles County, will provide better quality care and education to children. Better quality care and education is expected to lead to children being better prepared for kindergarten. First 5 LA also seeks to improve retention within the ECE workforce, because a stable workforce is better for our children.

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### What Workforce Development Investments were funded?

#### High School Recruitment
HSR was established in 2008 as a component of First 5 LA’s ECE Workforce Development Initiative. HSR was designed to encourage young people to consider ECE as a career goal by providing high school students with information about, and exposure to, the ECE field. HSR programs offer three tiers of activities ranging from general outreach to participation in internships and college coursework. Through HSR, First 5 LA aims to identify effective strategies for recruiting high school students to participate in ECE career preparation activities.

There are five HSR grantees. Each program is run by a lead agency and includes a partnership between a local college and one or more high schools. In total, there are five community colleges and 14 high schools involved in HSR.

#### What services/activities were provided?
In the first tier, program staff used a variety of outreach strategies to recruit high school students for tier 2 and 3 activities. Outreach strategies included speaking during assemblies, classes and club meetings; sharing information about the program with teachers, counselors and other school staff and distributing information and materials at school and community events. Each program was required to conduct at least eight outreach activities in FY 2010-2011 year.

Once interested students were identified through the first tier, they were invited to participate in second tier activities. These activities offered first-hand experience interacting with young children in an ECE setting and learning about options for an ECE-focused college education. Activities included field trips to child care centers and colleges with child development departments. At this level, HSR programs also offer afterschool and extracurricular workshops and classes on ECE career opportunities, preparing students for hands-on activities and arranging for guest speakers, such as ECE providers or college faculty.

In the third tier, the most interested and committed students participated in either a 45-hour supervised internship at a child care center, a college-level child development course, a child care-related Regional Occupational Program (ROP) course or a semester...
or longer high school-level child development course. In addition, third tier participants also received individualized ECE-related college and career counseling.

The target population for HSR is students in ninth through 12th grade who attend the 14 participating high schools. Grantees are also required to target students who have not traditionally participated in ECE careers, such as males and students planning to attend a four-year college.

According to grantee year-end reports, 6,484 students were targeted through outreach activities and 900 students participated in tier 2 and 3 activities in FY 2010-2011 (see Table 15 for student participant demographics.)

What were the major evaluation findings?
The HSR program was designed to test out various methods of recruiting young people into the field of early care and education. In FY 2010-2011, it proved to be successful in that the variety of outreach methods used resulted in participation levels by high school students in second and third tier activities that far exceeded the requirements, as can be seen below.

- All HSR grantees exceeded the minimum requirement of eight outreach activities.
- Three out of the five grantees met the goal of reaching 500 students through first-tier outreach activities.
- All five grantees met the goal of 55 students participating in second tier activities.
- Four of the five grantees met the goal of 25 students completing third tier activities.

When students were surveyed, 570 participants in second and third tier activities responded in the following ways that help us better understand what motivated them to participate:

- 41 percent participated because they wanted to know more about ECE careers
- 23 percent were intrigued by an announcement they heard at a school event
- 22 percent were encouraged by a teacher or another adult at school
- 22 percent heard about HSR from friends

In FY 2010-2011, HSR appeared to be successful in promoting exploration of the ECE field through a variety of strategies that encouraged young people to consider careers in ECE while increasing their knowledge about the importance of quality ECE services for children’s development. The experience of HSR suggests that these strategies could play an important role in increasing the supply of future ECE providers.
Family, Friends and Neighbors

The FFN Training and Mentoring Project for Child Care Providers was established in 2007 as a component of First 5 LA’s ECE Workforce Development Initiative. FFN care is generally defined as “home-based care provided by caregivers who are relatives, friends, neighbors, or babysitters/nannies who are unlicensed or subject to minimal—if any—regulation.”

First 5 LA’s FFN initiative was designed to support license-exempt child care providers in L.A. County. More specifically, the project aims to enrich providers’ skills and knowledge regarding child development and child care, increase their awareness and utilization of community resources and enhance their social connectedness to other providers.

Five grantees were funded through FFN. Each grantee hired a program director/manager and mentors whose role was to work with providers one-on-one. On average, each grantee hired five mentors to allow each one to work with five to six providers for the duration of the program. Some grantees also hired additional staff to facilitate trainings.

What services/activities were provided?

Although there is variance in program design across FFN grantees, they must all meet certain minimum standards in program delivery. The initiative design mandates that grantees allow FFN providers the opportunity to participate in training and education that will enhance their skills and knowledge in the following six areas:

- Health and physical development of children
- Social and emotional development of children
- Cognitive development/school readiness of children
- Safety of home and children
- Managing child care (strategies for providers)
- Recognizing disabilities/special needs in children

Grantees were asked to utilize training modules designed to match the interests, educational background, culture and language of the providers they serve. They should also ensure that providers have access to both one-on-one, individualized support and group training sessions. These training modules were intended to provide participants with relevant information, supportive activities to help them in their caregiving responsibilities and opportunities for learning and skill development.

Aside from having to meet training requirements, grantees were also responsible for offering opportunities for social connectedness and peer group support among providers. Grantees were expected to connect providers to a variety of community resources with the intention of leveraging existing resources currently available to those working in the ECE field, including state-funded nonprofits and private organizations.

Although the specific areas of training were required in the original RFP, the amount or hours of training were not mandated. As such, training offered by providers ranged from 10 sessions to as many as 22 sessions, averaging two to three and a half hours per session. In addition, each grantee sets different “graduation” requirements for participants—for example, one grantee requires that...
participants complete 60 percent of scheduled sessions, whereas another grantee requires 80 percent completion.

The target population for this initiative is providers in L.A. County who offer child care services to children other than their own, ages 0-5, for a minimum of 15 hours per week. Providers must offer child care either in the child's home or the provider's home, and are exempt from licensing by the State Community Care Licensing Division.

Each year, all five FFN grantees are required to serve a minimum of 30 providers. In FY 2010-2011, 262 providers participated in FFN programs, averaging 52 providers per agency (see Table 16 for characteristics of FFN providers funded by First 5 LA).

On average, FFN providers each care for two and a half children ages 0-5, including their own. Based on this data, it can be estimated that 655 children 0-5 were reached by FFN in FY 2010-2011.

**What were the major evaluation findings?**

Until recently, only limited information had been collected on FFN providers. A study was completed in 2011 in an effort to increase the overall knowledge about this population, particularly in L.A. County, in a way that could help various stakeholders, including First 5 LA, in future program planning and policy decisions impacting this group. What was learned from the study can be categorized into two major categories:

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### Distinctive Needs of FFN Providers

- Of those FFN providers who are not licensed, more than four-fifths (85 percent) are interested in becoming licensed.
- FFN caregivers provide child care primarily because they need the income (42 percent), to help a friend or relative (30 percent) or because they enjoy being with children (19 percent).

### Challenges Identified by FFN Caregivers

- Almost one-third (31 percent) say the biggest challenge is that they do not have enough time to themselves.
- More than one-quarter (26 percent) say they do not have enough toys or materials.
- One-quarter (25 percent) said their work hours were long or irregular.

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### Steps to Excellence Project

STEP is a Quality Rating and Improvement System (QRIS) being piloted in 11 communities by the Los Angeles County Office of Child Care (OCC). Participating child care programs are rated on the following domains: (a) regulatory compliance, (b) teacher-child relationships, (c) learning environment, (d) identification and inclusion of children with special needs, (e) staff qualifications and working conditions, and (f) family and community connections. OCC issues a guide that includes its quality ratings of all participating programs. The guide is designed to provide parents with objective and relevant information with which to compare child care options.

### What services were provided?

STEP provided quality improvement grants, professional development trainings and quality ratings for participating child care programs. These include both child care centers and Family Child Care homes (FCCs).

In FY 2010-2011, 418 child care programs were enrolled in STEP. Services were provided to FCC owners and center directors, as well as to teachers and other staff in these programs. Child care centers made up 48 percent of the participants and FCCs were 52 percent.

STEP has a diverse portfolio of programs including those with National Association for the Education of Young Children (NAEYC) and the National Association for Family Child Care (NAFCC) accreditation, LAUP preschools, Los Angeles Unified School District (LAUSD) early education centers, Head Start centers,
child development centers, private for-profit centers, community-based preschools and both small and large FCCs.

Nine orientation sessions were attended by 60 STEP program representatives. Five portfolio review sessions were attended by 17 individuals. Professional development trainings were attended by 340 staff members.

Participating STEP programs received one-time grants (up to $5,000) to support quality improvements. Prior to receiving the grants, participating programs were required to develop quality improvement plans that detailed how the money would be used, the quality domain the desired change was related to, how the change would be implemented and how the change would impact staff. They were also required to provide a timeline, budget and budget justification.

The core services provided by STEP are program assessments that result in the quality rating. The assessments, which were conducted by the UCLA Center for Improving Child Care Quality (CICCQ) on behalf of OCC, include an on-site classroom observation and a document review of the program portfolio and staff qualifications.

Seventeen professional development trainings were offered on topics such as adult-child interactions, developmental screening and working with children who have special needs. STEP also offered orientation sessions and program portfolio review sessions.

What were the major evaluation findings?
Quality assessments were conducted and ratings assigned for 75 programs (53 centers and 22 FCCs). As part of the review process, qualifications for 625 teachers were reviewed and rated. A total of 170 settings, including 143 center classrooms and 27 FCC homes, were observed. The results of the quality review visits can be seen in Figure 11.

Some of the highlights from the quality review include:

- Most programs rated in FY 2010-2011 were of “good” quality.
- Center-based programs generally had higher STEP scores than FCCs overall and across all STEP domains.
- Programs scored highest in the Teacher-Child Relationships, Learning Environment and Family & Community Connections domains.
- Programs scored lowest in the Staff Qualifications & Working Conditions and Special Needs Identification domains.

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**Fig 12.** STEP Quality Ratings for Child Care Programs

*Step 1 “Beginning”*

- Overall (N=75): 7.0%
- Centers (N=53): 18.0%
- FCCs (N=22): 2.0%

*Step 2 “Intermediate”*

- Overall (N=75): 11.0%
- Centers (N=53): 36.0%
- FCCs (N=22): 11.0%

*Step 3 “Good”*

- Overall (N=75): 23.0%
- Centers (N=53): 68.0%
- FCCs (N=22): 87.0%

*Step 4 “Advanced”*

- Overall (N=75): 13.0%
- Centers (N=53): 11.0%
- FCCs (N=22): 18.0%

*Step 5 “Excellent”*

- Overall (N=75): 1.0%
- Centers (N=53): 0.0%
- FCCs (N=22): 5.0%
Through STEP, the OCC has created the infrastructure to operate a quality rating and improvement system for the diverse early care and education system that exists in L.A. County. Beginning in FY 2011-2012, STEP became a part of the L.A. County ECE Workforce Consortium and will be expanding its purview beyond the original 11 communities to other parts of L.A. County.

Early Care and Education Workforce Initiative
The Early Care and Education Workforce Initiative (WFI) is a workforce development effort designed to strengthen the quality and diversity of the current and potential ECE workforce. LAUP began implementing the WFI in FY 2007-2008. It started as a three-year program funded as part of LAUP operations. In its fourth year (FY 2010-2011), the WFI was directly funded by the First 5 LA Commission and a decision was made to fund the program for another five years through the L.A. County Early Care and Education Workforce Consortium.

The WFI is comprised of seven collaborations between high schools, community colleges and four-year colleges in L.A. County. There is a lead college for each collaboration that coordinates the services and supports provided to students at each level. Six are led by community colleges and one is led by a university. Projects are consistent in their mission to attract and retain a strong ECE student base and commitment to creating a continuum of educational experiences for professionals working in ECE environments. At the same time, each project is unique in its approach based on a variety of factors, including institutional regulations and expectations; campus logistics and staff and student population needs.

What services/activities were provided?
Programmatic strategies varied by program and level. Most the services and supports provided through the WFI targeted community college students. Each WFI project provided dedicated academic advisement by ECE counselors who supported and guided participants toward completion of the requirements for an AA degree and/or to transfer to a four-year college to pursue a bachelor’s degree. Community college students also received academic supports (e.g., tutoring and mentoring), financial supports (e.g., scholarships, stipends and subsidies for books, child care and transportation) and transfer assistance.

High school students were exposed to the ECE field through ECE facility tours, visits to college campuses and child development clubs and courses at the high schools. They were also encouraged to enroll in academic programs offered by community colleges to pursue degrees in ECE and child development. Specific supports to facilitate this included financial aid and enrollment application workshops.

Students working toward ECE-related bachelor’s degrees received academic supports and participated in cohort programs. In FY 2010-2011, there were 845 WFI participants.

Almost half the participants (48 percent) were working in ECE, the majority of which were assistant teachers (51 percent) and lead teachers (24 percent). Fewer than 5 percent worked in a leadership capacity as a program director, site supervisor or manager.

What are the major evaluation findings?
The contract for an evaluation of the WFI is currently underway. The WFI evaluation will provide an aggregate picture of the extent to which participants’ advanced in their educational and professional qualifications and whether the WFI services and supports enabled participating students to overcome personal and institutional barriers to educational success. The evaluation will not compare WFI projects against each other, although it may highlight best practices used by specific projects.

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<th>Table 17: Demographics of WFI Participants</th>
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<td>Other languages</td>
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Community Opportunities Fund
- Forty-two organizations serving children 0-5 worked on building their organizational capacity and 12 organizations worked on policy and advocacy efforts.

American Recovery and Reinvestment Act Matching Grants
- Twelve Early Head Start providers were able to access American Recovery and Reinvestment Act (ARRA) funds through First 5 LA matching grants.

Technical Assistance Institute
- Twenty-six organizations received intensive, multi-session trainings focusing on sustainability planning, development of mission-based earned income projects and leadership development for executives and senior managers.
Through the Countywide Systems Improvement Investments Cluster, First 5 LA is working to improve countywide systems through investments that support and enhance the direct services funded through other investments. These include efforts to build the organizational capacity of nonprofits and community-based organizations serving children 0-5 and their families, to leverage additional funds beyond First 5 LA’s direct investments, to educate the public about important issues related to young children and to improve the broader policy environment.

- **Community Opportunities Fund (COF)**—COF provides funding to nonprofit and community-based organizations serving children 0-5 to 1) build their capacity or 2) engage in policy change work.
- **Technical Assistance (TA) Institute**—The TA Institute provided intensive training to nonprofit and community-based organizations serving children 0-5, with a focus on sustainability planning, development of mission-based earned income projects and leadership development for executives and senior managers.

- **American Recovery and Reinvestment Act (ARRA) matching grants**—The ARRA matching grants helped nonprofit and community-based organizations serving children 0-5 to qualify for federal funds under ARRA.

**Why are the services important?**

First 5 LA’s investments in direct services fund a wide range of programs and initiatives designed to help children 0-5 and their families. Countywide systems improvements are funded to improve the environment and make it easier for grantees to achieve their goals. For example, the funding First 5 LA invests in perinatal support can never be adequate to meet the needs of all families who can benefit from that support. By leveraging monies from other sources—both public and private—more children and families can receive perinatal support services through other programs. First 5 LA also seeks to change public policy and institutional policies as needed to improve access to, and utilization of, those support services. Equally important are the grants and technical assistance provided to support improvements to the quality of services provided by grantees.
What Countywide Systems Improvement Investments were funded?

Community Opportunities Fund

What services/activities were provided?
The COF supported organizational capacity building and policy and advocacy efforts by organizations serving the needs of children 0-5 and their families. The fund was designed to be responsive to the needs and creative ideas of community agencies to address and sustain outcomes identified by First 5 LA as key to the safety, health and readiness to learn of our youngest residents. COF provides two types of grants: 1) organizational capacity building and 2) policy and advocacy.

In addition to funds associated with COF grants, grantees also receive technical assistance (TA) and consulting services. TA and consulting support is focused on facilitating project implementation based on the results of the Core Capacity Assessment Tool (CCAT), an organizational self-assessment of four core capacities—adaptive, leadership, management and technical. TA consultants also provide group trainings and peer-learning opportunities to address issues common among COF-funded agencies.

There were four cycles of funding for the COF grants:

- **COF Cycle One**—In April 2008, 14 grantees (three policy and advocacy projects and 11 capacity building projects) were approved by First 5 LA, totaling $3,137,160. Project implementation began on July 1, 2008.

- **COF Cycle Two**—In November 2008, 15 agencies (three policy and advocacy projects and 12 capacity building projects) were approved by First 5 LA, totaling $3,192,472. This included more than $2 million to be invested in agencies or collaboratives new to First 5 LA. Cycle Two projects began in March 2009.

- **COF Cycle Three**—To align with the FY 2009-2015 Strategic Plan, COF awarded only one type of grant for Cycle Three: policy and advocacy. Policy and advocacy projects support First 5 LA’s goal of bringing about improvements that have a widespread impact on children across all of Los Angeles County. A total of six agencies were funded through the third cycle of the COF grants, for a total award amount of $2,690,133. Cycle Three projects began in March 2010.

- **COF Cycle Four**—In Cycle Four, First 5 LA aligned its grantmaking efforts with the FY 2009-2015 Strategic Plan by funding organizational capacity building projects that can be linked to one or more of the Plan’s four goals. Twenty-three agencies were funded through the fourth cycle of the COF for a total award amount of $3,324,263. Cycle Four projects began in September 2010.

In FY 2010-2011, 54 of the COF grantees were active (42 capacity building and 12 policy and advocacy).

What were the major evaluation findings?
An evaluation of COF is currently underway. The contract was recently awarded and a year one report will be submitted in June 2013. The COF evaluation will provide an aggregate picture of how organizational capacity and the policy environment have changed, and the role of First 5 LA’s investments in that change. The evaluation will not compare grantees against each other, although it may highlight specific grantees who have achieved notable success.

American Recovery and Reinvestment Act Matching Grants

What services/activities were funded?
When the federal government announced it had made stimulus money available through ARRA in 2009, First LA decided to enhance the ability of L.A. County-area agencies serving children 0-5 to qualify for that funding by offering grants that would meet the matching funds requirement of the grant. In FY 2010-2011, the ARRA matching grants provided funds to Early Head Start (EHS) providers.

The ARRA matching grants provided funding to support staff (e.g., teachers, health educators), child development supplies and materials, development and

### Table 18: Number of Participants who Benefitted from the ARRA Matching Grants (2010-2011)

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<thead>
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<td>Children’s Institute</td>
<td>120</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>El Nido</td>
<td>21</td>
<td>19</td>
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<tr>
<td>LAEP</td>
<td>130</td>
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<tr>
<td>LAUSD</td>
<td>408</td>
<td>399</td>
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</tr>
<tr>
<td>Pediatric</td>
<td>112</td>
<td>112</td>
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<tr>
<td>Venice</td>
<td>80</td>
<td>68</td>
<td>115</td>
</tr>
<tr>
<td>Vista</td>
<td>154</td>
<td>119</td>
<td>187</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>874</strong></td>
<td><strong>849</strong></td>
<td><strong>337</strong></td>
</tr>
</tbody>
</table>
renovation of outdoor and indoor play and instructional space, including new playground equipment and flooring. It also included new size- and age-appropriate furniture for children. These grants allowed new spaces to be created for children and parents to socialize and connect with each other and teachers at the EHS programs, despite most of the EHS programs being home based.

In FY 2010-2011 the ARRA matching grants funded seven grantees (See Table 18 for participant information).

**What were the major evaluation findings?**
First 5 LA provided a little more than $2 million in matching funds to seven grantees, which leveraged more than $20 million in additional federal funds for programs for children 0-5 in L.A. County—all at a time when local, state and national economies were in crisis.

**Technical Assistance Institute**
The TA Institute oversees, develops and manages programs and services to support the organizations’ effectiveness in providing resources and positive outcomes for L.A. County children 0-5 and their families.

**What services/activities were provided?**
The TA Institute offers intensive, multi-session trainings focusing on sustainability planning, development of mission-based earned income projects and leadership development for executives and senior managers. Training was augmented by seminars and peer gatherings.

In FY 2009-2010, the TA Institute introduced additional programs, including the Customized Consulting Program, which helped selected participants to purchase focused consulting services in individual giving, strategic financial management and strategic communications.

In FY 2010-2011, the Sustainability for Collaboratives program was developed to support collaboratives primarily focused on direct-service delivery, initiated and supported through two First 5 LA multi-year funding initiatives that were scheduled to sunset: Partnerships for Families and Healthy Births.

Also added in FY 2010-2011 was the First 5 LA Organizational Assessment (OA) program that involves developing and piloting an in-depth, multi-faceted organizational assessment model, based on field experience and research into organizational assessment models, projects, resources and tools currently in use throughout the country. The OA program used a comprehensive approach that considers most, if not all, components of organizational operations—internally and externally—recognizing the inter-relationship of (organizational) functionality on organizational and program development, effectiveness and ultimately, sustainability. The goal was for the OA process to result in a customized practical plan for each organization’s continued strengthening, and for the OA model to be integrated into First 5 LA’s future capacity building programs and strategies.

- Twenty-six organizations participated in one of the TA Institute’s programs in FY 2010-2011.
- Five organizations received training on the development of sustainable funding, seven organizations received financial management consulting and 14 organizations received TA to improve their strategic communications.
- Five collaboratives developed a customized Sustainability Action Plan that included the goals for the collaborative’s future, action items, critical issues requiring attention, infrastructure needs, policies, agreed upon roles for each entity and other essential elements in support of the collaboratives goals.
- Six organizations with annual budgets ranging from $400,000 to $25 million participated in the OA pilot program.

**What were the major evaluation findings?**
A case study of TA Institute programs was conducted in FY 2010-2011. The report will be available in June 2012. The primary goal of the case study was to determine how participation in the capacity-building program affected organizational capacity.
The investments in FY 2010-2011 represented a wide array of strategies for improving the lives of young children and their families. The services provided through these investments focused on children from before conception through preschool and into kindergarten. Mothers, fathers, other family members and caregivers, teachers, administrators, organizations and systems benefited from the investments made by First 5 LA in FY 2010-2011. In addition to directly supporting families during this year, First 5 LA supported communities, preschools, daycare providers, elementary schools, libraries, medical and dental providers, community-based organizations and a parent helpline.

This Annual Accountability and Learning Report provides a comprehensive description of the investments made by First 5 LA in FY 2010-2011. Our hope is that it not only communicates the scope of our work and the impact we are having, but that it will also be a catalyst for discussing how these and future investments can best serve children and families in Los Angeles County. The report is one piece of our larger dissemination strategy for sharing First 5 LA’s accomplishments with all stakeholders. Another piece of this strategy is our change dashboard that is on the First 5 LA website at: www.first5la.org/About‑Us/Dashboard. This dashboard provides a high-level picture of the impact of First 5 LA investments. Many of the reports that informed this report, as well as research briefs and presentations, can be found on the First 5 LA website at: www.First5LA.org/Community‑Change.
Appendix A: First 5 LA Theory of Change

Priority Measures

Intermediate Outcome

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

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

High quality workforce in all domains of early childhood development

Children have access to healthy insurance
Appendix B: Snapshot Summary

Perinatal Support Investments

- **Healthy Births**
  - $4,032,986
  - 1,037 mothers served

- **Black Infant Health (BIH)**
  - $1,116,462
  - 1,619 mothers served

- **Baby-Friendly Hospitals (BFH)**
  - $1,188,378
  - 28,050 mothers served

Parenting Support and Child Safety Investments

- **Partnerships for Families (PFF)**
  - $10,620,104
  - 2,176 families served
  - 37,636 parents/caregivers served

- **First 5 LA Parent Helpline (211)**
  - $1,485,504

- **Family Literacy**
  - $2,534,068
  - 736 children and 632 parents served

- **School Readiness Initiative (SRI)**
  - $32,451,030
  - 38,670 children, 33,113 parents, 3,911 other adults served

- **Family Place Libraries (FPL)**
  - $115,705
  - 7 libraries served

Physical and Mental Health Investments

- **Healthy Kids**
  - $6,992,950
  - 3,669 children served

- **The Oral Health and Nutrition Expansion Project (OHN)**
  - $876,656
  - 21,161 children served

School Readiness Investments

- **Los Angeles Universal Preschool (LAUP)**
  - $43,928,174
  - 10,911 children served

- **Family Literacy**
  - $2,534,068
  - 736 children and 632 parents served

- **School Readiness Initiative (SRI)**
  - $32,451,030
  - 38,670 children, 33,113 parents, 3,911 other adults served

- **Family Place Libraries (FPL)**
  - $115,705
  - 7 libraries served
**Best Start Investments**

Best Start Pilot Community: Metro LA

$7,793,555

1,400 families and 6,162 children, parents and community members served

Best Start Communities

$1,777,304

Community representatives from 13 communities recruited

**Workforce Development Investments**

High School Recruitment (HSR)

$939,981

900 high school students served

Family Friends and Neighbors (FFN)

$1,226,044

262 license-exempt child care providers participated

Steps to Excellence Project (STEP)

$290,666

75 child care programs rated

Early Care and Education Workforce Initiative (WFI)

$3,241,727

845 current and potential ECE providers participated

**Countywide Systems Improvement Investments**

Community Opportunities Fund (COF)

$3,596,136

54 organizations served

American Recovery and Reinvestment Act (ARRA) Matching Grants

$1,362,655

12 Early Head Start providers served

Technical Assistance (TA) Institute

$81,250

26 organizations served
3 This includes babies who were born with very low birthweight.
7 Samples were matched using zip code, mother’s age, education level and race.
8 Ibid.
9 LAMB Survey sample was matched using HBI enrollment eligibility criteria.
10 The HBI sample was less educated compared to the WIC Survey sample, and relied more on government assistance compared to the Vital Statistics sample.
11 This includes babies that were born with very low birthweight.
12 First 5 LA provides approximately 41 percent of the funding for this program and the State of California provides 59 percent.
14 We do not have the breastfeeding rate for the East Los Angeles Doctor’s Hospital in 2009 because the California Department of Public Health does not provide data on hospitals where fewer than 10 patients exclusively breastfeed.
16 This category also includes those participants who declined to state their ethnicity.
17 The Parent Cafe is a parent support group led by parents.
18 In the context of PFF, high risk includes risk of, or presence of, domestic violence, alcohol and drug abuse, untreated mental illness, lack of parenting skills and stress with lack of support.
20 As measured by the Family Assessment Form (FAF)
22 It should be noted that many of these “outcome” data were obtained through self-reporting data collection procedures.
24 More than 24 hours over the course of their entire experience with the SR program
28 Ibid
31 In fall 2010, 10 LAUP children were not assessed as part of UPOS because they did not speak English or Spanish. In spring 2011, eight children were excluded from the study because they did not speak English or Spanish.
32 For the Leiter, Mathemtica calculated the percentage of children scoring in the expected range; children scoring in this range are unlikely to be experiencing difficulties with social-emotional development and approaches to learning. In the national sample, 84 percent of children score in this range.
35 Data was not collected for Family Literacy for the 2010-11 fiscal year. The summary reported here was written by AIR and combines data from all prior years.
36 It should be noted that many of these Family Literacy “outcome” data were obtained through self-reporting data collection procedures.
39 To ensure that comparisons were made among demographically similar samples, only the Hispanic/Latino participants from each study were included in these SRI analyses.
41 Intensively was defined as participating more than 24 hours over the course of their entire experience with the SRI program.
43 Across 38 SRI grantees, a total of 3,032 intake surveys and 1,678 matching follow-up surveys were completed, for a response rate of 55 percent. There was an average of six and a half months between intake and follow-up surveys.
47 First 5 LA Families, Friend & Neighbors Request for Proposals, November 2006