First 5 LA Accountability and Learning L3 Report on FY 2009-2015 Strategic Plan Program Services, Activities, and Expenditures

Updated: October 22, 2013
Acknowledgments

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 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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Executive Summary

Since 1998, First 5 LA has cast a broad and deep footprint on services to improve the health and development of young children and their families in L.A. County. It has invested more than $1 billion in grants and programs to help ensure that 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.

On June 11, 2009, the First 5 LA Board of Commissioners approved a new, six-year strategic plan. In 2010, the Strategic Plan was amended by the Commission to include additional countywide initiatives. The Strategic Plan serves as a roadmap for directing First 5 LA funds towards innovative projects and services that will ultimately improve the lives of young children and their families, particularly those in high-need communities in L.A. County. The Plan outlines the direction in which funds will be strategically allocated over the next six-year period, beginning FY 2009-10, so that First 5 LA will have the greatest positive influence on direct services to strengthen families as well as the systems and environments in which young children and their families live, learn and play. These include medical and social service systems, as well as neighborhood housing, parks and schools. To a greater extent than in previous plans, the latest Strategic Plan is designed to build upon and bolster existing services and infrastructures in L.A. County that have already benefited from First 5 LA funding, as well as to improve their integration. In 2010, the Strategic Plan was amended by the Commission to include additional countywide initiatives. Over the first three years of this Strategic Plan, First 5 LA has invested more than $370 million that address four priority goals:

- Children are born healthy
- Children maintain a healthy weight
- Children are safe from abuse and neglect
- Children are ready for kindergarten

To understand how First 5 LA’s investments are designed to achieve these goals, the Commission approved a pathway outlining how change to these priority outcomes would be realized (see Appendix A). Most importantly, the Commission prioritized three key investment strategies through which positive change in children, families and communities in L.A. County can achieve these goals, as follows:

- **Family Strengthening** strategies that are direct services designed to provide intensive support to at-risk families, because families are the most fundamental context influencing the lives and outcomes of children;
- **Community Capacity Building** strategies focused on improving the quality of life in neighborhood or communities by partnering strategically with communities, and connecting and leveraging community assets; and,
• **Countywide System Improvement** strategies that improve the formal structures through which health and human services are provided in the County, as well as the less formalized systems, such as the economic system, the policy environment, and overall public will for early childhood issues.

This Fiscal Year 2009–2012 Accountability and Learning Report summarizes the progress made to date by the projects funded under the current Strategic Plan. The report describes the investments, the accomplishments made to date in helping families and children in the County, and the lessons learned. By describing its progress to date, First 5 LA can make mid-course corrections in order to enhance services and increase the likelihood that these investments will pay off by showing a positive return, over the remaining three years of the Strategic Plan.

For this report, First 5 LA investments have been grouped into clusters that represent common strategies, target populations, and desired outcomes, as follows:

• **Perinatal Support:** Healthy Births, Black Infant Health, Baby Friendly Hospitals, and Connecting Perinatal Risk & Service Systems;

• **Physical and Mental Health:** Healthy Kids, Oral Health & Nutrition Expansion and Enhancement Project, Oral Health Community Development, and Early Developmental Screening and Intervention;

• **Parenting Support:** Partnership for Families, First 5 LA Parent Helpline, One Step Ahead, and the Infant Safe Sleeping Campaign;

• **School Readiness:** School Readiness Initiative, Family Literacy, Los Angeles Universal Preschool, Family Place Libraries, and Early Development Instrument;

• **Workforce:** Family, Friends, & Neighbors, High School Recruitment, L.A. County ECE Workforce Consortium (includes Workforce Initiative, Gateways for Early Educators, Early Childhood Education Professional Learning Communities, Steps to Excellence Program and Partnerships for Education, Articulation and Collaboration in Higher Education), A Stipend Program in Support of ECE Excellence, Family Child Care Higher Education Academy, ECE Career Development Policy Project, Prenatal-to-three Workforce Development;

• **Best Start:** Metro LA Best Start (including Welcome Baby), Best Start Communities;

• **Countywide Systems:** Technical Assistance Institute, Community Investments, Public Affairs/Public Education, Community Opportunities Fund, Policy Advocacy Fund, Policy Agenda.
The following Accountability and Learning report focuses on key evaluation findings and learning opportunities to date that can help the Commission to make timely changes that improve implementation and quality for the next three years of the Strategic Plan. This report describes programs, their accomplishments as well as the lessons learned, that were funded over the past three years, covering FY 2009-10 through FY 2011-12. By summarizing the first three years, critical policy and allocation decisions may be made with deeper and timelier information. As a result, the Commission will obtain a higher level of accountability and can respond with greater flexibility to events as they unfold in the target communities and the county. This report describes the findings from evaluations conducted within the FY 2009-15 Strategic Plan Period. For some projects (e.g., 211, Healthy Kids) comprehensive outcomes and other evaluations were conducted during the prior strategic plan period and the direction was to continue with data collection on these and other projects that is more focused on performance monitoring.

**Summary of Expenditures from 2009 to 2012**

Guided by the current Strategic Plan and three primary strategies that are expected to produce positive changes for young children and their families in L.A. County, First 5 LA funds were allocated across the clusters of investments as shown in Table 1. This table displays the total amounts expended within each cluster, by fiscal year and across all three years.

**Table 1. Summary of expenditures by cluster, across three fiscal years, 2009–2012.**

<table>
<thead>
<tr>
<th>Cluster</th>
<th>FY 09-10</th>
<th>FY 10-11</th>
<th>FY 11-12</th>
<th>3-Year Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perinatal</td>
<td>$6,842,560</td>
<td>$6,597,821</td>
<td>$6,259,020</td>
<td>$19,699,401</td>
</tr>
<tr>
<td>Parenting</td>
<td>$14,251,342</td>
<td>$12,064,684</td>
<td>$11,638,231</td>
<td>$37,954,257</td>
</tr>
<tr>
<td>Physical and Mental Health</td>
<td>$23,312,545</td>
<td>$7,886,870</td>
<td>$9,554,010</td>
<td>$40,753,425</td>
</tr>
<tr>
<td>School Readiness</td>
<td>$97,624,738</td>
<td>$58,975,653</td>
<td>$58,215,601</td>
<td>$214,815,992</td>
</tr>
<tr>
<td>Workforce</td>
<td>$4,004,545</td>
<td>$6,909,576</td>
<td>$9,390,537</td>
<td>$20,304,658</td>
</tr>
<tr>
<td>Best Start</td>
<td>$2,292,626</td>
<td>$4,497,062</td>
<td>$8,686,439</td>
<td>$15,476,127</td>
</tr>
<tr>
<td>Countywide Systems</td>
<td>$2,509,065</td>
<td>$3,677,566</td>
<td>$6,915,879</td>
<td>$13,102,510</td>
</tr>
<tr>
<td><strong>Total Expended</strong></td>
<td><strong>$150,837,421</strong></td>
<td><strong>$100,609,232</strong></td>
<td><strong>$110,659,717</strong></td>
<td><strong>$362,106,370</strong></td>
</tr>
</tbody>
</table>

The pie chart below, Figure 1, displays the proportion of expenditures allocated within each cluster, as a percentage of total expenditures across the three years.
Over the three-year period, from FY 2009-10 through FY 2011-12, over half of all expenditures (59.4 percent) were directed towards the School Readiness cluster, followed by the Physical and Mental Health cluster projects, accounting for 16 percent of all expenditures, and then by the Parenting cluster, which accounted for another 10 percent of all expenditures. Thus, over three-quarters of First 5 LA investments were directed towards three clusters of programs. These investments implement two key strategies from the current F5LA Strategic Plan: Family Strengthening and Systems Improvement, with an emphasis on Family Strengthening. The projects involve primarily direct services to parents and children that will ensure that babies are born healthy, children are safe from abuse and neglect, and that children are ready for kindergarten.

When looking only at the last fiscal year, 2011-12, the allocation of expenditures reflects a growing emphasis on place-based and countywide strategies that is expected to increase over the next three years of the Strategic Plan. The expenditures directed towards Workforce Development, Best Start and County-Wide Systems investments increased almost three-fold, from $6,421,342 in FY 2009-10 to $25,006,714 in FY 2011-12. This occurred despite an overall 15 percent decline in total expenditures over the three years. These three investments implement the F5LA Strategic Plan strategies of Community Capacity Building and Systems Improvement, with an emphasis on place-based and countywide systems projects. These strategies primarily focus on communities and systems, rather than direct services to parents and children (although some direct services are funded under these strategies). Compared to direct services, these projects are more challenging to implement and require a longer time frame, which makes it more difficult to identify their impacts, that is, the return on investment of place-based and countywide strategies.
**How many were served (Direct Services programs only)?**

Table 2 summarizes the numbers of individuals, including children, parents, and early childhood education staff served for all three years of the current Strategic Plan.

| Table 2. Numbers served in direct service programs, by cluster, across three fiscal years, 2009-12. |
|-------------------------------------------------|-----------------|-----------------|-----------------|-----------------|
|                                                   | FY 09-10        | FY 10-11        | FY 11-12        | 3-Year Total    |
| Perinatal                                         | 7,033           | 30,568          | 42,254          | 79,855          |
| Parenting                                         | 4,117           | 3,746           | 5,749           | 13,612          |
| Physical and Mental Health                        | 62,617          | 24,830          | 31,887          | 119,334         |
| School Readiness                                  | 74,657          | 87,973          | 56,412          | 219,042         |
| Workforce                                         | 1,677           | 2,066           | 4,014           | 7,757           |
| Best Start*                                       | 562             | 14,988          | 7,431           | 22,981          |
| **Total Served**                                  | **150,663**     | **164,171**     | **147,747**     | **462,581**     |

* Direct services under the Best Start Cluster consist of participants in the Welcome Baby program.

** The total served across these three years does represent some duplication of participants since clients that were served in FY 09-10 would also be counted in FY 10-11.

Figure 2 summarizes the proportion of clients served for each cluster, as a percentage of the total number of clients served, across all three years, for direct service clients only. Direct service clients include parents, children, agency staff and professionals in the community who receive program services such as information and referral, home visits, other mental health interventions, as well as workshops and training sessions.
In general, the numbers served during the first three years of the current Strategic Plan generally reflect the expenditure data, showing that children and parents in the School Readiness cluster, the investment with the largest amount allocated accounted for half (51 percent) of the total served, followed by the Physical and Mental Health (26 percent). The Perinatal cluster of investments did not account for a large allocation of expenditures yet accounted for 18 percent of children and parents served. This is because the Perinatal cluster includes the Baby Friendly Hospital initiative, which counts all mothers, and their babies, who deliver within the participating hospitals, along with the nurses and hospital staff who get trained. Since most costs are associated with policy change and nurse training, this is a relatively low-cost investment that reaches a high number of mothers. Finally, while the bulk of Best Start does not provide direct services, participation in its flagship Welcome Baby program accounts for 1 percent of the total served over the past three years.

Summary of Accomplishments and Learning from 2009 to 2012

During the first three years of the current Strategic Plan, investments in each of the clusters were largely successful in carrying out their missions and making progress towards their desired outcomes. The lessons learned over this period have important implications for the next three years of the Strategic Plan. Accomplishments and lessons learned for each cluster are summarized below (for more detailed information, please refer to each chapter).

Perinatal Support Cluster

The Perinatal Support Cluster of investments consists of the Healthy Births, Black Infant Health, Baby Friendly Hospitals, and Connecting Perinatal Risk & Service Systems
projects. This cluster of investments includes projects that support 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 to achieve better birth outcomes and initiate breastfeeding following birth and delivery.

The Perinatal Support Cluster investments achieve these outcomes by either strengthening the family or improving the systems of care with which mothers that just gave birth and their families may use to support their and their baby's health. Through both direct service models and system change efforts, the investments in this cluster have made significant progress towards the strategic plan goals that babies are born healthy and that children maintain a healthy weight.

Overall, results of evaluations within this cluster reveal that the health of mothers and their newborns has been improved and the incidence of negative birth outcomes has been reduced, as follows:

- Lower infant mortality rates compared with comparison data (Healthy Births Initiative and Black Infant Health),
- Comparable rates of very low birthweight (Healthy Births Initiative),
- Higher breastfeeding initiation rates (Black Infant Health), but these were still lower than that for African American mothers in Los Angeles County,
- Higher proportion of babies born without birth defects (Healthy Births Initiative) compared to both the general population of births in Los Angeles County and births by African American mothers in the County, and
- Lower rates of preterm births (Black Infant Health) compared with African American women in Los Angeles County and nationally.
- Higher rates of breastfeeding (Healthy Births Initiative) than Los Angeles Mommy and Baby LAMB mothers

While the results do not provide definitive evidence, due to the evaluation designs, the preliminary evidence is consistent and mainly in the right direction.

At the same time, there are challenges for investments working to reduce racial disparities in maternal health and birth outcomes. For example, the proportions of babies born with very low birth weight and low birth weight were higher for those in the Black Infant Health program compared with the rates for African American mothers in Los Angeles County.
Physical and Mental Health Cluster

The Physical and Mental Health Cluster consists of the Healthy Kids, Oral Health & Nutrition Expansion and Enhancement Project, Oral Health Community Development, and Early Developmental Screening and Intervention initiatives. These investments address two key Strategic Plan strategies: family strengthening and systems improvement. This cluster addresses two First 5 LA strategic plan goals, i.e., babies are born healthy and children maintain a healthy weight.

These investments seek to improve the physical and mental well-being of young children and their families. Between FY09-10 and FY11-12, services funded under this cluster provided children with access to health insurance and dental services, and promoted screening of young children for the early identification of developmental delays, physical activity. Promising results from this cluster include:

- In FY11-12, outreach and enrollment efforts resulted in 2,087 children 0–5 enrolled in Healthy Kids.
- Preventive dental services including oral health screening, fluoride varnish application and prophylaxis were provided to over 53,000 children 0–5.
- Medical practices increased their developmental screening rates from 20 percent at baseline to over 85 percent. In comparison, in 2007, only 14 percent of California children ages 1–5 years received structured developmental screening¹,
- Use of a screening tool such as the ASQ or PEDS increased from 11 percent at baseline to 93 percent at follow-up.
- Rates of screening for maternal depression increased from 7 percent at baseline to 54 percent at follow-up.

It is anticipated that investments in this cluster — particularly those related to oral health, nutrition, vision, and physical play spaces — will yield greater results as projects funded after FY11-12 reach full implementation.

Parenting Support Cluster

The Parenting Support Cluster consists of the Partnership for Families, First 5 LA Parent Helpline, One Step Ahead, and the Infant Safe Sleeping Campaign initiatives. These investments address two key investment strategies from the F5 LA Strategic Plan: Family Strengthening and Systems Improvement. Employing direct service models and system change efforts, these investments are aimed at decreasing parents’ social isolation, promoting their social connectedness, screening for postpartum maternal depression and offering information and referrals for substance abuse, child abuse and neglect, children’s behavioral problems and other related issues. The
investments in this cluster made great strides towards strengthening families and improving systems, as follows.

- Partnership for Families (PFF) appears to have important short-term or “proximal” impacts by strengthening families and thereby reducing child maltreatment risk and protecting at-risk children from abuse and neglect.

- These meaningful changes were indirectly related to a reduction in the likelihood of re-referral to Department of Children and Family Services (DCFS) for suspected maltreatment, by reducing the risk factors associated with re-referral. Overall, if families can become highly engaged in PFF, they have a good chance of improving their family functioning, and, as a result, improving child safety, preventing re-referral, child maltreatment, DCFS case opening, and removal of a child.

- Gains in parental engagement and behavior for Spanish-speaking and English Language Learner (ELL) children, particularly as a result of their exposure to a literacy and child safety program in addition to their experiences in early childhood education programs.

These findings suggest that progress was made, but that much more is required in order to meet the key First 5 LA Strategic Plan goal that children are safe from abuse and neglect.

The Parent Helpline was not evaluated for its impacts on the community or system of care as it had been in the previous Strategic Plan Period but recent call metrics suggest that efficiency was improved by reducing average call length, wait times and reduced number of abandoned calls.

The Infant Safe Sleeping Campaign completed its planning and was successfully launched during the past fiscal year. Based on focus groups during this year, the Infant Safe Sleeping Campaign garnered significant respect from community members due to the trust afforded to the L.A. County Coroner. Over the next three years, evaluation will identify the effects of this campaign on its target audience, that is, parents with babies.

**School Readiness Cluster**

The School Readiness Investments Cluster includes the School Readiness Initiative, Family Literacy, Los Angeles Universal Preschool, Family Place Libraries, and Early Development Instrument projects. These programs help support communities, schools, administrators, teachers, families and children to provide the best environments and opportunities for children to be ready for school. School Readiness investments provide supports and skills to families and their children so that the children are ready for
kindergarten. Some of these supports and skills come in the form of preschool, adult education, early literacy skills and family-focused literacy support.

The School Readiness cluster of programs addresses three key strategies from the First 5 LA Strategic Plan: Family Strengthening, Systems Improvement, and Community Capacity Building. The primary goal of the strategies in this cluster is that children are ready for kindergarten. Although the focus is on children’s school readiness skills as they make the transition to kindergarten, there are also important changes expected to occur for parents that will herald improved school readiness skills of their children, such as literacy and language activities and engagement in their child’s education.

The evaluation results across all investments in this cluster largely confirm that First 5 LA Strategic Plan strategies have made significant progress toward the goal that children are ready for kindergarten, as follows:

- In the Universal Preschool Child Outcomes Study (UPCOS), children attending LAUP early childhood programs were assessed in the fall and the spring of their preschool year on measures of expressive vocabulary, early writing, early math, social-emotional and approaches to learning. These fall-to-spring assessments in each preschool year were conducted for the past three years, from FY 2009-10 through FY 2011-12.
- Results across the past three fiscal years show that children made consistent year to year fall-to-spring gains in most of the key school readiness skill areas.
- By the third fiscal year, LAUP children appear to be doing better relative to their same-age peers in some skills than others, notably early math for children assessed in English and expressive vocabulary for children assessed in Spanish.
- Yet, compared with national norms these children are still behind their more privileged peers on some school readiness skills.
- Children also made consistent year to year fall-to-spring gains in their social-emotional development and approaches to learning.
- Parents with high levels of participation in parent-related activities offered by these investments increased the number of books in the home, spent more time reading to their children, and became more engaged in their child’s education through greater contact and communication with the child’s preschool and school.
- Results support a chain of events in which initial gains in parental attitudes and behavior changes lead to an improved home literacy environment, which in turn leads to improved school readiness skills by the children.

Two key lessons emerged from these findings:
• Preschool Program quality must be sufficiently high to trigger gains for children and parents, and
• Parents must have high levels of participation in parent-related activities in order for children to make gains in the school readiness skills.

The results demonstrate that the language, cognitive and social skills of children living in disadvantaged families in L.A. County can be improved. The consistency of year to year changes in most of the key school readiness skill areas suggest the possible contribution of LAUP early education and care programs to improving children’s school readiness skills, parental involvement in children’s education, and home environments.

**Workforce Cluster**

First 5 LA’s portfolio of workforce investments consists of Family, Friends, and Neighbors, High School Recruitment, L.A. County ECE Workforce Consortium (includes Workforce Initiative, Gateways for Early Educators, Early Childhood Education Professional Learning Communities, Steps to Excellence Program and Partnerships for Education, Articulation and Collaboration in Higher Education), A Stipend Program in Support of ECE Excellence, Family Child Care Higher Education Academy, ECE Career Development Policy Project, and Prenatal-to-Three Workforce Development. These programs serve Early Care and Education (ECE) professionals, as well as students in high schools, community colleges and four-year universities. Strategies range from outreach to recruit new workers, to support for current and future ECE professionals to help them achieve academic goals, to training, coaching and mentoring.

**This cluster of investments addresses the Strategic Plan strategies of Community Capacity Building and Systems Improvement.** In terms of Community Capacity Building, participants in several of the workforce programs showed significant progress towards educational and professional success for students who want to work in the field of early care and education qualifications, as follows:

• Of all A Stipend Program in Support of ECE Excellence (ASPIRE) participants, 76 percent completed coursework with a “C” grade or better, 7 percent earned a degree and 21 percent achieved a new or upgraded permit.
  • ASPIRE participants showed increased knowledge about effective teacher-child interactions compared with a “wait list” comparison group.
  • Of the Workforce Initiative participants, 92 percent completed their educational plan, and 86 of participants completed coursework with a “C” grade or better, 15 percent achieved an AA/AS, 21 percent achieved a bachelor’s degree, and 8 percent achieved new or upgraded permits.
Project Vistas participants made progress towards their educational goals and they moved beyond their original goals of a basic child development permit to that of achieving an Associate of Arts and bachelor degrees.

As a result, the capacity in the Early Child Care Workforce has been improved among Early Care and Education (ECE) professionals, as well as students in high schools, community colleges and four-year universities. For those projects that focused on the First 5 LA Strategic Plan strategy of Systems Improvement, there were a number of indicators suggesting that successful collaboration, relationship-building, and communication have taken place. These changes may eventually produce improvements in the larger Workforce system and suggest that First 5 LA is becoming a leader on ECE workforce policy issues.

Best Start Cluster

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. The pilot Best Start community, Metro L.A., was the first to begin implementation of Best Start and is significantly more advanced in terms of this place-based initiative, compared with the remaining 13 communities, which are grouped as the “Best Start Communities.”

This cluster of investments addresses the Strategic Plan strategies of Family Strengthening and Community Capacity Building. The Family Strengthening strategy focused on the Welcome Baby home visitation program. Preliminary results suggest that participation in Welcome Baby is associated with a number of positive outcomes for mothers and their babies, including:

- Infants who participated in Welcome Baby were more likely to be fed exclusively with breast milk during their first four months compared to those whose mothers did not participate.
- Many participants initiated exclusive breastfeeding and almost all initiated any form of breastfeeding while in the hospital.
- Many participants continued to exclusively breastfeed and the majority continued any form of breastfeeding during the first 9 months of the baby’s life.
- Welcome Baby mothers had more learning materials in the home than mothers who did not participate in Welcome Baby.
- Gains made by Welcome Baby participants were those most strongly aligned with the goals and content of the Welcome Baby program.
For many families and community residents in Metro LA, Welcome Baby has become the concrete and tangible image of the Best Start model. Parents who participated in the program have consistently placed high value on this program and have been very satisfied with it. The successes to date of the Welcome Baby program suggests that First 5 LA has made substantial progress in meeting the Strategic Plan goals that babies are born healthy, and children maintain a healthy weight.

For the Best Start place-based initiatives focused on the Strategic Plan strategy of Community Capacity Building, there were a number of indicators from the pilot Metro L.A. Best Start experience suggesting that progress has been made, as follows:

- The successful formation of 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
- Para Los Niños (PLN) continues to support the progress of the Community Governance Body in taking over the leadership and mobilization of residents
- PLN is also making progress in establishing community strategies for Metro L.A. despite staff changes
- Projects funded by the mini-grants were universally described as very positive and promising, were well-distributed across Metro L.A., focused on Best Start place-based goals, and reflected parents' primary concerns

Best Start Metro L.A. has made good progress in mobilizing the community members to take leadership roles but several lessons have been learned in the process. Investments that target Community Capacity Building are difficult to measure. Further, the positive effects may occur farther away from when the investments were implemented, because change at the community level takes time to become evident. As a result, it is difficult to detect positive changes and to associate these changes to the Best Start investment rather than to other factors occurring in these communities. The road ahead is long and challenging, and tangible, measureable benefits may only emerge once Best Start has become more established.

Countywide Systems Improvement

These investments cover the following initiatives/Department: Technical Assistance Institute, Community Investments, Public Affairs/Public Education, Community Opportunities Fund, Policy Advocacy Fund, and Policy Agenda. These initiatives are aimed primarily at supporting projects and partnerships in L.A. County that will leverage fiscal and non-fiscal resources between many stakeholders in order to improve the coordination of health and human services, both formal and informal, to improve efficiency and effectiveness of care or support for families with young children in L.A. County.
Countywide Systems Improvement investments by First 5 LA have shown some promising early results, although sometimes these are hard to detect and quantify. For several of these investments, evaluation efforts are currently underway and results are not yet available. Anecdotally, some progress towards improved countywide systems has been made, as follows:

- Increased awareness of elected officials of issues affecting children and families
- Strengthened First 5 LA’s connection with existing public and private funders
- Improved organizational capacity of local grantees
- Helped a broad array of advocacy groups to improve their systems capacity (e.g., financial system, reporting system, etc.)
- Increased public awareness of existing and emerging issues facing children and communities
- Increased ability of organizations to diversify their funding sources and obtain larger amounts of funding from both new and existing sources

A number of lessons have been learned from these efforts to affect change in countywide systems. Building relationships are critical, as are sustaining the effects of training in the long-term, tailoring public awareness messages that are positive and actionable, and establishing the need for increased resources and flexibility.

The process of making changes in the larger system is a long, painstaking and sometimes frustrating task. By acting as a catalyst and convener of elected officials, agencies, non-profit organizations and the general public, First 5 LA can increase collaboration between sectors and systems and to achieve greater integration of services. This requires coordination at the level of the system among the stakeholders and key players with whom First 5 LA interacts. This difficult task is made all the more difficult in the current environment of reduced spending and tight budgets. However, it could be argued that this is the environment most suitable to systems change towards greater coordination and collaboration between larger countywide systems, agencies and informal resources.

**Conclusions and Recommendations**

With the 2009-15 Strategic Plan, First 5 LA joins a movement of public and private funders across the United States and internationally who are prioritizing funding to specific geographic regions. This “place-based” approach is designed to provide geographic parameters for direct services, and also to build the capacity of communities to create and sustain safe and nurturing places for children to grow. The findings from the first three years of this Strategic Plan reveal preliminary evidence suggesting that the health, development and well-being of children and parents in L.A. County have been improved, and that community capacity building and countywide systems improvement strategies
have taken root. Notwithstanding preliminary evidence of movement in the right direction, this report highlights critical issues in two areas that could potentially limit First 5 LA's effectiveness as an organization: lack of focus to the current set of investments and limitations related to implementation.

The lack of focus seems to stem from the fact that the strategic plan is not used as a roadmap to determine where First 5 LA's resources should be invested. Presently, First 5 LA's investments are not driven by a broad conceptual framework/approach that is linked to the current strategic plan and mutually understood by staff, commissioners and constituencies. Ideally, such a framework would help to prioritize and determine the investments that receive funding and where they fit within the broader portfolio. Instead, investments were classified after-the-fact.

The lack of a clear approach contributes to redundancy, overlap and duplication or the appearance of duplication among First 5 LA investments. It also limits opportunities to align similar initiatives and makes it difficult to identify these opportunities in the first place. So while there are good justifications for new programs, these justifications are based on the merits of the individual investments and do not appear to be based on a view that considers the overall mix of programs and where new program fit.

The number and complexity of investments also obscures issues that limit the effectiveness of individual investments. The results over the past three years highlighted in this report point to several key factors for improving quality and learning, particularly for those initiatives that have program models based on evidence-based practice and that provide direct services to parents, children or professionals in the community. Among these investments, there should be more systematic attempts to deliver the services closer to the planned model, that is, with high levels of fidelity so that participants receive the proper “dosage” that is likely to lead to the desired outcomes. Implementation should also include focused outreach to key populations to ensure high levels of enrollment and, ultimately, participation.

A related recommendation for maximizing the impact of First 5 LA investments is to better align service types and intensities with clients’ varying levels of risk, using current Prevention Theory which refers to three levels of prevention: universal/primary, selective/secondary, or indicated/tertiary. Universal prevention consists of interventions directed at the entire population, whereas selective prevention targets individuals who demonstrate the risk factors associated with a particular disorder and indicated prevention is directed at individuals who have a clinical disorder and, therefore, require professional attention. Not only can the typology of prevention be used to classify and organize investments, to show the current mix and expenditures by prevention type, but it can also be used to help map out desired future allocations across the three levels of prevention.
Further, prevention theory can be used to identify instances when services and service intensities do not fit with the needs of the target population.

Finally, through intensive monitoring and accountability, First 5 LA can work with organizations that implement the programs to give them the greatest chance of producing the desired outcomes. There should be a clear connection between program monitoring and evaluation activities. There is a need for more uniform monitoring and reporting on client backgrounds and the types and intensities of services received so evaluations can identify whether the intervention produced positive outcomes, for whom and under what conditions. There is also a need for more evaluation, and for evaluations to use more rigorous designs in order to determine whether First 5 LA investments produced significant improvements in child, family and provider outcomes, and to ensure that any changes were due to the intervention and not to other extraneous factors.

A noteworthy conclusion of this report is that many of First 5 LA's investments require a longer time horizon in order to view their effects on communities, neighborhoods, institutions and the larger systems of care. This is consistent with what was envisioned by the Commission when the Strategic Plan was first approved. So while the results are promising, and suggest that systems serving families and children have been enhanced, without an accumulated body of evaluation evidence across a longer period of time, it is difficult to make conclusive statements about the impact of First 5 LA investments.
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. First 5 LA’s vision is to create a future throughout L.A. County 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 following Accountability and Learning Report describes programs funded over the past three years, covering FY 2009-10 through FY 2011-12. This represents results from the first three years of the current First 5 LA Strategic Plan. The purpose of this report is to provide a summary of implementation and outcomes during that period to inform implementation and midcourse corrections during the remaining years of this strategic plan period and into the future.

In somewhat of a departure from the FY 2010-2011 Accountability and Learning Report, this year’s report will focus more on describing the programs and their accomplishments for each “cluster” of investments. These clusters represent groups of First 5 LA investments according to their content areas and expected outcomes. While individual investments will be described, the chapter will also present the accomplishments and lessons learned across the entire cluster.

The theory of change for First 5 LA’s current strategic plan identifies the pathways in which it will invest to produce the intended outcomes (see Appendix A). Within this theory of change, three key investment strategies — Family Strengthening, Systems Improvement, and Community Capacity Building — were identified in the Strategic Plan as those most likely to produce positive impacts on children, families and providers in L.A. County.

**Family Strengthening** refers to programs that provide intensive support to at-risk families, because families are the most fundamental context influencing the lives and outcomes of children. The current set of family strengthening investments is intended to be evidence-based and involves the implementation of direct services primarily within the following initiative clusters: perinatal support, parenting support, physical health and school readiness. The family strengthening strategy is also evident in the funding of home visitation programs as part of the larger place-based cluster. The provision of direct services in specific geographic communities allows for better integration of current investments and the ability to leverage and sustain their impact.

**Systems Improvement** strategies focus on the formal and informal structures through which health and human services are provided in L.A. County, including the institutions and agencies providing services in the community as well as the overall policy environment, and factors influencing “public will” for early childhood issues. This set of
strategies encompasses initiatives in the following content clusters: perinatal support, parenting support, school readiness, countywide systems and workforce. Thus, within each content cluster this report will describe the strategies aimed at improving systems in L.A. County. The investments focused on these systems improvement include a range of activities designed to impact the larger structures affecting communities and child well-being in L.A. County, and to influence the sustainability of First 5 LA’s investments.

Community Capacity-Building strategies target the communities in which families live and the network of formal and informal supports that can protect families and children who are under stress. As a result, First 5 LA invests in programs designed to connect parents with social supports and assist them in finding and utilizing resources in their community. These investments are designed to improve program quality and increase collaborations between agencies and supports in the community. These strategies primarily occur within the following investment clusters: place-based investments and countywide systems improvement efforts. This report will describe these capacity-building investments within these two content clusters and present findings related to their performance and achievements in the past year.

The focus within each chapter will be on how one or more of the three strategies guided the investments, and on the extent to which each group of investments have contributed towards meeting the Strategic Plan objectives. The following table summarizes the correspondence between the clusters and the strategies that operate within each cluster, and identify the key Strategic Plan outcomes that these investments are designed to address.

<table>
<thead>
<tr>
<th>Funded Program Clusters</th>
<th>Investment Strategy from Strategic Plan</th>
<th>Strategic Plan Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perinatal Support</td>
<td>Family Strengthening Systems Improvement</td>
<td>Babies are born healthy, Children maintain a healthy weight</td>
</tr>
<tr>
<td>Physical and Mental Health</td>
<td>Family Strengthening Systems Improvement</td>
<td>Babies are born healthy</td>
</tr>
<tr>
<td>Parenting Support</td>
<td>Family Strengthening Systems Improvement</td>
<td>Children are safe from abuse and neglect</td>
</tr>
<tr>
<td>School Readiness</td>
<td>Family Strengthening Systems Improvement Community Capacity Building</td>
<td>Children are ready for kindergarten</td>
</tr>
<tr>
<td>Workforce</td>
<td>Systems Improvement Community Capacity Building</td>
<td>Children are ready for kindergarten, Children are safe from abuse and neglect</td>
</tr>
<tr>
<td>Best Start</td>
<td>Family Strengthening Community Capacity Building</td>
<td>Babies are born healthy, Children maintain a healthy weight, Children are safe from abuse and neglect, Children are ready for kindergarten</td>
</tr>
<tr>
<td>Countywide</td>
<td>Community Capacity Building</td>
<td>Children are born healthy</td>
</tr>
</tbody>
</table>
Each cluster chapter begins with a Snapshot showing how much money was expended, the number of individuals or entities who benefited, some key accomplishments and lessons learned for each investment and the goals they support in the Strategic Plan. Following the Snapshot, each chapter has a common structure and will include the following information:

a. **Introduction to the Investments.** This brief section will describe the programs that were funded within the cluster.

b. **Each Investment will then be described separately.** For each investment, information is by the following sub-headings:

   i. *What services were provided or activities conducted?* For investments providing direct services to children, parents or provider staff, the services will be described. For some clusters and some investments, the focus of the investment is not on providing direct services but rather on improving the system of care in the County or assisting in countywide change as well as advocacy and policy work, and thus the activities will be described.

   ii. *Who was served?* For direct service investments, the numbers and demographic characteristics of children, parents or providers/staff will be summarized and changes across the three fiscal years will be described.

   iii. *What did we learn?* This section will summarize the key accomplishments and lessons learned for the investment. As much as possible, the focus will be on describing the results of evaluation data that provides evidence for possible effects of the investment on the target group.

   c. **What were key lessons learned and accomplishments for the cluster as a whole?** This section summarizes and distills the main findings from the evidence for investments within the cluster. The focus will be on evaluation evidence but also will discuss key lessons that could assist in program improvement efforts.

This structure allows for the investments to be summarized within the larger context of the Strategic Plan and the strategies and issues for which they were intended to address. Thus, this report will emphasize the contribution of each investment towards achieving the Strategic Plan goals, allowing the reader to consider larger questions of accountability and learning across all of F5LA’s investments, and identifying outcomes of overall strategies where they exist.
Perinatal Support Investments Snapshot

Healthy Births
The Healthy Births Initiative (HBI) aims to improve pregnancy and birth outcomes among high risk women. Through the HBI, the Best Babies Collaboratives (BBCs) provide comprehensive case management, health education and social support services.

- Rates of very low birthweight, defined as less than 1,500 grams (i.e., 3 pounds 4 ounces), are comparable between the HBI mothers (1.9 percent) and Los Angeles Mommy and Baby (LAMB) Survey mothers (2 percent)\(^2\).
- The HBI sample had a lower rate of infant deaths (0.3 percent) compared to the LAMB Survey sample (0.8 percent).

Black Infant Health
The Black Infant Health (BIH) program offers health education, health promotion, empowerment, social support and referrals among pregnant and parenting African American women. It aims to address the high infant mortality rates among this group.

- Lower infant mortality rate for the BIH sample (.6 percent) compared to that of African American mothers in Los Angeles County (1.9 percent) and nationally (1.3 percent)\(^3\);
- Lower rate of preterm births for BIH clients (13.2 percent) compared with African American women in Los Angeles County (16.3 percent) and nationally (17.5 percent)\(^4\).
- Higher breastfeeding initiation rates for the BIH sample (69.1 percent) compared with the rates reported for the WIC Survey sample (49.6 percent), but lower than that for African American mothers in Los Angeles County (79.4 percent)\(^5\).

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. Each hospital receives funding for three years to train staff and change their policies and procedures to conform to Baby Friendly practices.

- Sixteen Los Angeles County hospitals with rates of exclusive breastfeeding lower than the County average have begun work to become Baby Friendly.
- As a result of this investment, almost 65,000 new mothers have had the opportunity to bond more closely with their infants in the hospital through Baby Friendly practices such as skin-to-skin contact, rooming in and breastfeeding education.
- One hospital has been evaluated by Baby Friendly USA (the accrediting body) and did not receive accreditation; seven will be evaluated in Fall 2013; and eight will be evaluated in Fall 2014.

**Connecting Perinatal Risk and Service Systems**

First 5 LA contracted with SHIELDS for Families to research what existing data systems exist serving women at high risk of poor birth outcomes and develop recommendations for linking those systems.

- Learned what data-sharing efforts have been made in Los Angeles County in the past.
- Developed recommendations for perinatal data sharing.

**Table 3. Total expenditures and numbers served for Perinatal Cluster investments across three years 2009-12.**

<table>
<thead>
<tr>
<th>Investment</th>
<th>Total Expenditures</th>
<th>Total Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Births</td>
<td>$13,313,903</td>
<td>2,978</td>
</tr>
<tr>
<td>Black Infant Health</td>
<td>$3,401,191</td>
<td>4,469</td>
</tr>
<tr>
<td>Baby Friendly Hospitals</td>
<td>$2,903,954</td>
<td>72,408</td>
</tr>
<tr>
<td>Connecting Perinatal Risk and Service Systems</td>
<td>$80,353</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$19,699,401</strong></td>
<td><strong>79,855</strong></td>
</tr>
</tbody>
</table>
Perinatal Support Investments

The Perinatal Support Cluster includes investments that address two key investment strategies from the F5 LA Strategic Plan: Family Strengthening and Systems Improvement. The key F5 LA strategic plan goals for this cluster are that babies are born healthy and that children maintain a healthy weight. Thus, these investments are aimed at improving the health and well-being of pregnant women and infants through both direct service models and system change efforts.

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 2011-2012, the perinatal investments by First 5 LA have invested in the following efforts to help families to have healthy babies through the following investments:

- Healthy Births Initiative (HBI)
- Black Infant Health Program (BIH)
- Baby Friendly Hospital (BFH)
- Connecting Risk & Perinatal Service Systems Study

Healthy Births Initiative

The Healthy Births Initiative (HBI) is 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. The goals of HBI are 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.

Through the HBI, the Best Babies Collaboratives (BBCs), which were implemented in 2005 to provide comprehensive, integrated and continuous care, are using a case management approach to serve high-need areas of L.A. County. Each of the BBCs is comprised of between 5 to 12 organizations that work directly with pregnant and parenting mothers and fathers on perinatal issues. Another component of the initiative is the Los Angeles Best Babies Network (LABBN), whose role is to provide the technical assistance and support necessary for growth, integration and sustainability of the initiative to the BBCs. LABBN facilitates HBI goals through technical assistance and coordination of policy and advocacy activities across the BBCs.
Two other collaboratives were part of the initial design of the HBI. The Care Quality Collaboratives (CQCs) which started in 2006 sought to improve pregnancy and birth outcomes in L.A. County by promoting and supporting systems change efforts to increase implementation of best practice clinical guidelines. The CQCs were comprised of 10 clinics and health centers that worked together to share and implement best practice clinical guidelines such as screening for maternal depression in their practices. Capacity building was considered the most significant achievement of the CQCs. The improvements included increased staff knowledge as well as changes in clinic policies and procedures around screening, which were seen as sustainable. First 5 LA funding for the CQCs ended in 2010.

The Healthy Births Learning Collaboratives (or HBLCs) which started in 2003 promoted knowledge sharing, capacity building, collaborative planning and action among the network of stakeholders interested in improving pregnancy and birth outcomes in Los Angeles County throughout each of the Service Planning Areas (SPAs). The HBLCs were comprised of clinics and community-based organizations that organize symposiums and other forums to share ideas and experiences, best practices and coordinate strategies and activities.

However, the HBLCs faced challenges such as funding cuts, fluctuating membership and the LABBN ceasing their role in the coordination of the HBLC meetings, resulting in some HBLCs disbanding. This has affected their ability to move forward on projects. First 5 LA funding for the HBLCs as well as the CQCs and HBLCs ended in 2010. These collaboratives were defunded because their primary aim was to initiate community mobilization around these issues and it was expected that the community can now take ownership over the community-building process.

What services were provided or activities conducted?

During FY 2009-10, the BBCs provided case management services to

- 1,097 clients, with
  - 88 percent of the HBI clients receiving three or more health education classes, and
  - 81 percent receiving and completing social support referrals.

During FY 2010-11, the BBCs provided case management services to

- 899 clients, with
  - 92 percent of the BBC clients receiving three or more health education classes, and
  - 92 percent receiving and completing social support referrals.

During FY 2011-12, the BBCs provided case management services to
982 clients, with
- 92 percent of the clients receiving three or more health education classes, and
- 93 percent receiving and completing social support referrals.

Who was served?

In the most recent fiscal year, 2011-12, the demographics of the population of HBI clients remained fairly stable, with the majority of clients identifying as Latino (73 percent) and 20 percent identifying as African American. The majority of the clients (58 percent) reported speaking English as their primary language while 39 percent reported Spanish as their primary language. It should be noted that the demographic information from the current fiscal year data are similar to those of the past three years. Table 5 shows the ethnicity and language characteristics of BBC clients in the latest fiscal year (FY 2011-12).

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>713</td>
<td>73%</td>
</tr>
<tr>
<td>Black</td>
<td>193</td>
<td>20%</td>
</tr>
<tr>
<td>Asian</td>
<td>26</td>
<td>2%</td>
</tr>
<tr>
<td>Other ethnicities</td>
<td>47</td>
<td>5%</td>
</tr>
<tr>
<td>Total</td>
<td>979</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Language</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>567</td>
<td>58%</td>
</tr>
<tr>
<td>Spanish</td>
<td>380</td>
<td>38%</td>
</tr>
<tr>
<td>Other languages</td>
<td>35</td>
<td>4%</td>
</tr>
<tr>
<td>Total</td>
<td>982</td>
<td>100%</td>
</tr>
</tbody>
</table>

1. Ethnicity data was missing for 3 participants.

What did we learn?

During FY 2009-10, an HBI case study was conducted by Claremont Graduate University in which they interviewed 15 policymakers, 14 agency staff and 8 parents. Their report showed that the Best Babies Collaboratives (BBCs) strengthened collaborative relationships that already existed between agencies, and in some cases established new relationships. Community education and awareness about the importance of perinatal care have been reported to be the greatest impacts of the HBI on families and children, with several agency staff noting that women are finding services to be increasingly accessible, and are better equipped to take care of themselves prenatally and postnatally. All of the parents interviewed said that the services provided to them by the BBCs have been very helpful, particularly the resources provided and the social networks created.
In FY 2010-11, a comparison was conducted of 2,601 mothers who were HBI participants between January 2005 and December 2010 with 1,079 mothers in Los Angeles County who completed the 2010 Los Angeles Mommy and Baby (LAMB) Survey. The LAMB Survey recruits a representative sample of L.A. County residents who delivered a baby two to six months prior to participation. The sample was matched to the HBI sample according to maternal race/ethnicity, education, age, birthweight and HBI zip code.

Findings include:

- Throughout 2006–2010, rates of preterm birth among HBI mothers fluctuated, from 14 percent in 2006 to 12 percent in 2008 to 15 percent in 2010. Preterm birth rate for LAMB Survey mothers in 2010 was 9 percent.
- In 2006, babies born to mothers in HBI had a low birthweight rate (defined as less than 2,500 grams or 5.5 pounds) of 12 percent whereas in 2010 the rate was 10 percent (2011 9 percent). This is compared to the rate of children represented in the LAMB Survey of 8 percent in 2010. Rates for very low birthweight (defined as less than 1,500 grams or less than 3 pounds 4 ounces) remained stable at 2 percent throughout 2006–2010, compared to the LAMB Survey sample of 2 percent in 2010.
- Rates for infant mortality among HBI participants were 0 percent in 2006 and 0.8 percent in 2010. On the other hand, the 2010 Lamb Survey results showed 1 percent among its mothers.
- Breastfeeding initiation rates for HBI mothers steadily increased throughout the years, with a rate of 42 percent in 2006, 65 percent in 2008, and 84 percent in 2010. This is compared to the LAMB Survey sample of 84 percent in 2010.

Additionally, in FY 2010-11 a qualitative study completed by Clarus Research showed that study participants across BBC sites and stakeholder groups reported that clients had:

- increased social support and connection
- increased health promoting behaviors (e.g., accessing prenatal and postpartum care and breastfeeding)
- improved psychosocial functioning (e.g., reduced stress and depressive symptoms)
- increased knowledge about pregnancy and parenting

During FY 2011-12, according to an LABBN year-end report:

- 93 percent of social support referrals were completed
- 85 percent of interagency referrals were completed by the BBC clients
- 82 percent of clients initiated breastfeeding
- 53 percent of clients initiated exclusive breastfeeding
- Over 75 percent of clients completed the sixth week postpartum visit
On average, over 60 percent of women continuing in the program received follow-up health care for chronic conditions at 3 and 6 months after birth

Black Infant Health

African American mothers encounter a number of challenges with regards to infant mortality, poor pregnancy outcomes such as low birth weight and preterm birth, and maternal mortality. The Black Infant Health (BIH) Program was created in 1989 by the California Department of Public Health. Its goal is to address the high infant mortality rates among African Americans. The program offers health education, health promotion, empowerment, social support and referrals among pregnant and parenting African American women. BIH aims to raise awareness among the clients about birth outcomes, such as infant mortality, low birth weight and preterm birth, and promotes understanding and management of stress and the importance of taking care of one’s health. In L.A. County, there are three local health jurisdictions, also known as BIH provider agencies, implementing the BIH Program:

1. Long Beach Department of Health
2. Los Angeles County Department of Public Health (DPH)
3. Pasadena Department of Health

The original BIH model was implemented by Long Beach and Pasadena from 2008 until 2011, whereas L.A. County is continuing to implement the original model. It was intended to be adapted to each community’s needs and strengths. It was comprised of six modules: 1) prenatal care outreach and care coordination, 2) comprehensive case management, 3) social support and empowerment, 4) the role of men, 5) health behavior modification and 6) prevention — with the latter two being discontinued due to lack of resources. All agencies were required to implement the prenatal care outreach and care coordination module.

In 2010, 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 on clients who are referred for additional services. Pasadena and Long Beach began implementing the revised model in July 2011, while L.A. County is scheduled to begin implementing the new model in 2014.

What services were provided or activities conducted?

In FY 2009-10, 242 L.A. County DPH clients completed the Social Support and Empowerment module. Thirty-nine clients were screened for substance abuse in Long Beach whereas 15 clients received childbirth and health education classes in Pasadena. The number of community outreach events also varied by topics across agencies and
included workshops on health disparities, childbirth and domestic violence. However, each agency implemented a Celebrate Healthy Babies event to increase outreach and awareness, which were attended by 216 BIH families during FY 2009-10.

For FY 2010-11, 359 clients across all First 5 LA funded BIH programs completed the Social Support and Empowerment module. For the Pasadena BIH agency, about 15 clients attended the Stress Management workshop. They also conducted 10 childbirth classes. For Long Beach, 17 clients attended and completed their lactation education classes, with a completion rate of 100 percent whereas 11 out of 12 clients (92 percent) completed mood management classes. For L.A. County, 9 clients (out of 18 or 50 percent) received substance abuse referrals.

During FY 2011-12 Long Beach and Pasadena started implementing the new BIH model, and have conducted 4 prenatal and 3 postnatal group sessions. About 39 clients (out of 62 invited, 63 percent) completed at least 7 of 10 prenatal group sessions and 27 clients (out of 48 invited, 56 percent) completed at least 7 of 10 postnatal group sessions. For L.A. County DPH, which is still implementing the old model, 320 clients (99 percent) completed their Social Support and Empowerment module.

Who was served?

In FY 2011-12, 1,508 women were served. All participants were African American and English is their primary language.

What did we learn?

An evaluation was conducted by Clarus research in November 2011 using aggregated data for 2008–2011 obtained from the California State Black Infant Health Management Information System. Comparison samples were obtained from the Women, Infants and Children (WIC) Survey of 2008 as well as from 2008–2009 birth records from the California Vital Statistics for L.A. County, which was matched to the BIH sample according to zip code, maternal age and education. Findings showed the following:

- The infant mortality rate for the BIH sample (.6 percent) was lower than that of African American mothers in L.A. County (1.9 percent) and nationally (1.3 percent).
- A larger proportion of BIH clients had babies born without birth defects (96.4 percent) compared to both the general population of births in L.A. County (93.2 percent) and births by African American mothers in the County (91.1 percent). The proportions of babies born without birth defects were similar across the BIH providers. Given that a larger proportion of BIH clients reported pregnancy problems, these findings suggest that the BIH Program is effectively helping its
clients with health management and access to quality prenatal care through the key strategies of case management, home visiting and parent education.

- The breastfeeding initiation rate for the BIH sample (69.1 percent) fell somewhere between the rates reported for the WIC Survey sample (49.6 percent) and African American mothers in L.A. County (79.4 percent).
- The rate of preterm births was lower for BIH clients (13.2 percent) than African American women in Los Angeles County (16.3 percent) and nationally (17.5 percent).
- The proportions of BIH clients delivering babies with very low birthweight (3.6 percent) and low birthweight (12.8 percent) were higher than the rates for African American mothers in L.A. County (2.7 percent for very low birthweight and 9.9 percent for low birthweight).

The qualitative findings suggest that program participation is associated with several important intermediary outcomes, these included:

- Increased social support and reduced isolation
- Increased mastery of health and parenting knowledge and skills
- Positive psychosocial change
- Positive change in health-promoting behaviors, such as accessing prenatal care and choosing to breastfeed

During FY 2011-12, Pasadena and Long Beach were continuing to adapt to the new BIH model processes. L.A. County DPH is gearing up to adopt the new model in 2014. All agencies remain passionate about the work they are doing for the clients.

**Welcome Baby/Home Visitation**

First 5 LA’s Welcome Baby investment is detailed on page 139 in the Best Start chapter of this report.

**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. Each hospital receives funding for three years to train staff and change their policies and procedures to conform to the Ten Steps.

The WHO outlines 10 steps for hospitals to implement to support breastfeeding and receive the BFH designation:
- Have a written breastfeeding policy that is routinely communicated to all health care staff
- Train all health care staff in skills necessary to implement this policy
- Inform all pregnant women about the benefits and management of breastfeeding
- Help mothers initiate breastfeeding within one hour of birth
- Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants
- Give newborn infants no food or drink other than breastmilk, unless medically indicated
- Practice “rooming in” — allowing mothers and infants to remain together 24 hours a day
- Encourage breastfeeding on demand
- Give no pacifiers or artificial nipples to breastfeeding infants
- Foster the establishment of breastfeeding support groups and referring mothers to them on discharge from the hospital or clinic

**What services were provided or activities conducted?**

The L.A. County hospitals currently participating in the Baby Friendly Hospital (BFH) initiative are shown in Table 6, according to the year in which they entered.

**Table 6. Hospitals participating in the Baby-Friendly Hospital initiative, by year of entry.**

<table>
<thead>
<tr>
<th>FY Funding Began</th>
<th>Hospitals</th>
<th>Current Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-2010</td>
<td>California Medical Center</td>
<td>Completed funding; did not receive accreditation, but is continuing to pursue it without FYLA funding.</td>
</tr>
<tr>
<td>2010-2011</td>
<td>San Gabriel Medical Center, St. Mary Medical Center, East Los Angeles Doctors Hospital, Pomona Valley Hospital, Hollywood Presbyterian Medical Center, Monterey Park Hospital, White Memorial Medical Center</td>
<td>Pursuing accreditation in Fall 2013</td>
</tr>
<tr>
<td>2011-2012</td>
<td>Beverly Hospital, Garfield Medical Center, Greater El Monte Community Hospital, Memorial Hospital of Gardena, Pacific Alliance Medical Center</td>
<td>Pursuing accreditation in Fall 2014</td>
</tr>
</tbody>
</table>
Through the Baby Friendly Hospital initiative, L.A. County hospitals with exclusive breastfeeding rates below the county average were eligible to receive funds to train their staffs in the breastfeeding support skills required by Baby Friendly USA and to help the hospital change its policies to be in line with the Ten Steps (listed above). In each hospital, the Labor & Delivery and Postpartum nurses, obstetricians and pediatricians on staff were required to undergo training in breastfeeding. The nurse training consists of 15 hours of didactic education on topics such as communicating with new mothers about breastfeeding, the physiology of lactation and the importance of skin-to-skin contact. In addition, the nurses receive five hours of supervised clinical experience. Physician training is a shorter 3-hour education on similar topics.

As a result of the training the staff receives and the change in hospital policies, the patients delivering in these hospitals receive a higher level of breastfeeding support, including skin-to-skin contact immediately after birth, education on feed cues and breastfeeding, rooming-in with their infants and referrals to breastfeeding support after they leave the hospital.

First 5 LA funds each hospital for up to three years, during which the hospital makes the changes necessary to receive Baby Friendly Hospital accreditation. The hospitals are then responsible for maintaining that accreditation by continuing to implement the Ten Steps. Even after First 5 LA ends funding support, patients will continue to receive the higher level of breastfeeding support that comes from a Baby Friendly Hospital.

**Who was served?**

As the project has spread to multiple hospitals, the number of patients being affected annually has grown. In FY 2009-10, there were 4,594 mothers participating in Baby Friendly Hospitals. This increased significantly to 28,050 in FY 2010-11 as the program was rolled out to more hospitals, and 39,764 participants in FY 2011-12. Although only one hospital participated in FY 2009-10, in the last fiscal year (FY 2011-12) a total of 16 hospitals were participating. As a result, the number of mothers served has increased substantially over the past three years.

In FY 2011-12, the majority of participants identified as Latino. Other participants identified as Asian or African-American (Table 7). It should be noted that the demographic information from the current fiscal year data is similar to that of the past three years. Across the three years, 32 percent reported speaking English as their primary language while 17 percent reported speaking Spanish and 7 percent reported speaking Mandarin as
their primary language. However, due to the large amount of missing information it is difficult to interpret these data.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>24,253</td>
<td>61%</td>
</tr>
<tr>
<td>Asian</td>
<td>5,023</td>
<td>13%</td>
</tr>
<tr>
<td>African-American</td>
<td>2,675</td>
<td>7%</td>
</tr>
<tr>
<td>White</td>
<td>2,332</td>
<td>6%</td>
</tr>
<tr>
<td>Other ethnicities</td>
<td>5,481</td>
<td>13%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>39,764</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Language*</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>12,610</td>
<td>56%</td>
</tr>
<tr>
<td>Spanish</td>
<td>6,774</td>
<td>30%</td>
</tr>
<tr>
<td>Mandarin</td>
<td>2,769</td>
<td>12%</td>
</tr>
<tr>
<td>Other</td>
<td>273</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>22,426</td>
<td>100%</td>
</tr>
</tbody>
</table>

* Language data were available for 22,426 of 39,764 participants.

**What did we learn?**

Although the evaluation of the Baby Friendly Hospital initiative is not due to release its results until August 2013, several key lessons for program implementation have already been observed, as follows:

- Nurse training greatly increase staff buy-in, so it is important for the training to begin early in the process.
- It is often difficult to get doctors to participate in the required training, but having a physician champion helps decrease resistance.
- Baby Friendly USA expects hospitals to buy formula to be accredited, not receive it for free. However, the formula must be sold at a fair market value; heavily discounted formulas are not acceptable. This policy is part of the International Code of Marketing of Breastmilk Substitutes, which restricts the marketing of formula to encourage breastfeeding.
- Baby Friendly USA requires that educational and referral information is available in the patients' preferred language.
Many hospitals find providing skin-to-skin contact to C-Section patients in a timely manner extremely challenging.

**Connecting Risk and Perinatal Service Systems**

Connecting Risk and Perinatal Services (CRPS) is a countywide augmentation project approved by the Commission in November 2010. The original proposal called for the “creation of a linked multi-agency data system connecting risk programs and perinatal service systems.” However, it was determined that a full system would not be feasible for the approved budget of $200,000. Instead, First 5 LA contracted with SHIELDS for Families to study existing data systems used by agencies serving women who are at high risk of poor birth outcomes and develop recommendations for linking those systems. SHIELDS’ one-year project began in February 2012.

Specific high-risk subgroups that have the potential to benefit from additional support, particularly during pregnancy, include:

- Developmentally disabled
- Mentally ill
- Girls in foster care
- Substance abusers
- Victims of domestic violence
- Women dealing with poverty, unemployment and homelessness
- Violent criminals
- Women pregnant from rape or incest

Many of these populations already have contact with government and social service systems, but they may not be appropriately linked to the higher level of care they require when they become pregnant. SHIELDS’ research focused on which systems already have contact with these populations and what data those systems do or could share among them.

**What services were provided or activities conducted?**

In 2011–2012, SHIELDS’ research was in the planning phase. As a prelude to interviewing Los Angeles County departments and high-risk women in fall 2012, SHIELDS conducted a literature review of current L.A. County data-sharing efforts and model data-sharing efforts.

**Who was served?**

As this is a systems change effort and not a direct service program, no data on numbers served are available.
What did we learn?

Based on the literature review, SHIELDs found the following best practices for data-sharing efforts:

- Make data sharing an organizational goal. Performance management efforts should promote and instill a commitment to data collection among staff.
- Establish short-range goals — Short-range goals can help initiate data sharing with existing systems. They can include MOUs, court-ordered agreements, organization and mobilization of small, focused data workgroups.
- Establish long-range goals — State and county level restructuring may set the stage for the creation of a data warehouse, as in Pennsylvania. Allegheny County in the state of Pennsylvania restructured its county organizations to fall into one umbrella organization — DHS. The Department of Health Services oversees the child and family, mental health, child welfare, mental retardation, homeless, and drug and alcohol departments. This has allowed DHS to store data in one centralized warehouse as well as share pertinent information among agencies. Other long-range options include advocating for reinterpretations of confidentiality regulations at the federal level and updating agency data systems to standardize programming and data collection processes.
- Use the best models available for the development of systems of technology. Models include centralized data warehouses, such as the National Center for Health Statistics (NCHS). NCHS is a medium for other agencies to search through databases for individual and aggregate data. The data is used for interagency reporting and analysis.
- Conduct more research into mutually beneficial performance measures that multiple agencies are interested in tracking. This will incentivize data sharing.

What were key outcomes and lessons learned for the Perinatal cluster?

The Perinatal Support Cluster employed two key Strategic Plan investment strategies, Family Strengthening and Systems Improvement. Through both direct service models and system change efforts, the investments in this cluster have made progress towards the Strategic Plan goals that babies are born healthy and that children maintain a healthy weight. Results of evaluations within this cluster reveal that the health of mothers and their newborns has been improved and the incidence of some negative birth outcomes has been reduced, as follows:

- Lower infant mortality rates than comparison data (Healthy Births Initiative and Black Infant Health)
- Comparable rates of very low birthweight (Healthy Births Initiative)
Higher breastfeeding initiation rates (Black Infant Health), but these were still lower than that for African American mothers in L.A. County

Higher proportion of babies born without birth defects (Healthy Births Initiative) compared to both the general population of births in L.A. County and births by African American mothers in the county

Lower rates of preterm births (Black Infant Health) compared with African American women in L.A. County and nationally

Higher rates of breastfeeding (Healthy Births Initiative) than LAMB mothers

Healthy Births found meaningful decreases in negative pregnancy outcomes, when compared with LAMB data. Similarly, Black Infant Health participants had more favorable rates in birth outcomes compared with benchmark data. Meanwhile, the Baby-Friendly Hospital initiative was expanded to more hospitals, serving many more mothers.

While the results do not provide definitive evidence, due to the nature of the evaluation designs, the preliminary evidence is consistent and mainly in the right direction, suggesting that the health of newborns whose parents are in the Healthy Births and Black Infant Health programs has been improved. Further, we cannot say whether or not these changes were due to the Healthy Births or Black Infant Health programs as opposed to other sources, such as pre-existing differences in the parents who participated in these programs.

At the same time, there are challenges for investments working to reduce racial disparities in maternal health and birth outcomes. For example, BIH participants delivered higher proportions of babies with very low birthweight (3.6 percent) and low birthweight (12.8 percent) compared with the rates for African American mothers in L.A. County (2.7 percent for very low birthweight and 9.9 percent for low birthweight).

It is very difficult to reduce racial disparities in maternal health and birth outcomes due to the variety of influences and challenges facing these mothers, particularly the environments in which they live. Barriers to access as well as family and environmental factors mean that many mothers do not start participating in what the First 5 LA Perinatal investments can offer until after the second or third trimester, when it is often too late to modify birth outcomes, particularly infant birth weight. According to the Los Angeles Mommy and Baby (LAMB) study, higher proportions of mothers in the 14 Best Start communities, compared with the rest of L.A. County, were more likely to enter prenatal care after the first trimester and reported not receiving prenatal care as early as they would have wanted. Thus, the lack of positive change for infant birth weight may be more likely influenced by the broader neighborhood and community contexts in which these mothers reside, where mothers face few resources to support the newborn’s health and multiple barriers reducing access to these resources.
Physical and Mental Health Investments Snapshot

Healthy Kids

First 5 LA Healthy Kids Initiative provides access to low- or no-cost health insurance for children ages 0–5 in L.A. County who are not eligible for Medi-Cal or Healthy Families. In addition to providing insurance for children, the Initiative also funds a network of community-based organizations through the L.A. County Department of Public Health (DPH) to identify and assist families in applying for any health insurance program for which they may be eligible, including Healthy Kids, Medi-Cal, Healthy Families and other plans.

In the past fiscal year (FY 2011-12) there were a number of accomplishments of the Healthy Kids Initiative, including:

- Enrolling 9,830 children in health insurance programs.
- Maintaining continuous coverage for at least 14-months for 80 percent of the children enrolled in Healthy Kids.

Oral Health and Nutrition Expansion and Enhancement Project

In October 2006, the First 5 LA Board of Commissioners approved the Oral Health and Nutrition Expansion and Enhancement (OHN) Project to address gaps in access to dental care services in disadvantaged children 0–5 in L.A. County. Since July 2009, First 5 LA Oral Health and Nutrition grantees have:

- Provided preventive dental services including oral health screening, fluoride varnish application and prophylaxis to over 53,000 children 0–5
- Provided therapeutic dental services (e.g., extractions, filling and crowns) to approximately 7 percent of all children provided with preventive services
- Approximately 38,000 parents and caregivers received education on oral health

Oral Health Community Development

The Oral Health Community Development (OHCD) project aims to prevent tooth decay in children through community water fluoridation and related public education and advocacy activities for communities that do not have access to optimally fluoridated water.

By project completion in June 2013, the following water companies will provide optimally fluoridated water to the following nine water districts:

- 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

**Early Developmental Screening and Intervention**

The Early Developmental Screening and Intervention (EDSI) Initiative, administered by the Center for Healthier Children, Families and Communities (the Center), was supported by First 5 LA from 2005 to 2010. With the ultimate goal of identifying children with delays as early as possible and to connecting them with appropriate and effective services and interventions in order to optimize their potential for success, the EDSI Initiative sought to:

- Increase developmental screening among participating physicians
- Increase awareness and coordination of development screening among participating community organizations
- Increase WIC parents’ willingness to discuss developmental concerns with physicians

### Table 8. Total expenditures and numbers served for physical and mental health cluster investments across three years 2009–2012.

<table>
<thead>
<tr>
<th>Investment</th>
<th>Expenditures</th>
<th>Number Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Kids</td>
<td>$33,084,718</td>
<td>57,576</td>
</tr>
<tr>
<td>Oral Health and Nutrition Expansion and Enhancement Project</td>
<td>$4,214,858</td>
<td>61,758</td>
</tr>
<tr>
<td>Oral Health Community Development</td>
<td>$1,341,727</td>
<td>n/a</td>
</tr>
<tr>
<td>Early Developmental Screening and Intervention (EDSI)</td>
<td>$2,112,122</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$40,753,425</strong></td>
<td><strong>119,334</strong></td>
</tr>
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</table>
**Physical and Mental Health Investments**

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. These services address two key Strategic Plan strategies: family strengthening and systems improvement. The key First 5 LA strategic plan goal for this cluster is that babies are born healthy. Services funded under this cluster provide children with access to health insurance and dental services, promote screening of young children for the early identification of developmental delays, provide nutrition education and promote access to nutritious foods.

There were four physical and mental health investments made by First 5 LA during the first three years of the current strategic plan. The four investments currently supported by First 5 LA include Healthy Kids, the Oral Health and Nutrition Expansion and Enhancement Project (OHN), the Early Developmental Screening and Intervention Initiative and the Oral Health and Community Development Project (OHCD). This latter investment, OHCD, is due to end in December 2013.

**Healthy Kids**

Established in 2003, the First 5 LA Healthy Kids Initiative provides access to low- or no-cost health insurance for children ages 0–5 in L.A. County who are not eligible for Medi-Cal or Healthy Families and who live at or below 300 percent of the Federal Poverty Level (FPL). In November 2012, the First 5 LA Board of Commissioners voted to increase the eligibility requirement to those children living at or below 400 percent of the Federal Poverty Line. First 5 LA supported Healthy Kids by funding 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. The health plan benefits offered through Healthy Kids include medical, mental health, dental and vision care.

The Initiative also funds a network of community-based organizations through the L.A. County Department of Public Health (DPH) to identify and assist families in applying for any health insurance program for which they may be eligible. DPH’s goal is to ensure universal coverage for kids 0 to 5. In addition to Healthy Kids, DPH also enrolls children in Medi-Cal, Healthy Families and other plans. Once a family is enrolled, DPH works closely with them to help maintain insurance coverage and to ensure optimal health and development.

Healthy Kids works to optimize children’s health and development by increasing access to coordinated and quality health care and by increasing the number of insured children. The Healthy Kids Program objectives include:
• Improving access to health resources for young children and their families
• Increasing the percentage of eligible children who are enrolled and retained in low- or no-cost health insurance programs
• Increasing the utilization of preventive and other needed services among children from birth through age 5 and their families enrolled in low- or no-cost health insurance programs

Since July 2003, the First 5 LA Commission has had a strategic partnership with both LA Care Health Plan to administer the Healthy Kids insurance program and the Los Angeles County Department of Public Health (DPH) to direct outreach, enrollment, retention and utilization efforts countywide to ensure universal health coverage for the 0–5 population. Certified Application Assistants (CAAs) in all DPH-contracted agencies focus primarily on enrolling children in Medi-Cal and Healthy Families. Because Healthy Kids is a “last resort” low-cost health insurance program, CAAs only refer community members to Healthy Kids after determining that they are not eligible for Medi-Cal or Healthy Families, mostly due to undocumented status or household income above 250 percent FPL.

Once enrolled, DPH works closely with the families to make certain that insurance coverage is maintained and utilized to ensure optimal health and development. Help selecting a provider and scheduling and attending preventive medical and dental visits is also provided to ensure the health coverage is being used appropriately. In addition, every family is contacted mid-year to ensure they are using services and to identify further needs.

What services were provided or activities conducted?

Insurance Coverage

Through LA Care, First 5 LA has provided Healthy Kids insurance coverage to 2,087 children. An additional 7,743 children 0–5 received coverage through Healthy Families, Medi-Cal and other insurance programs as a result of First 5 LA’s strategic partnership with DPH to identify and assist families to apply for any insurance program for which they are eligible.

Outreach

The key services performed by DPH (aka Outreach Partnership) include outreach, application assistance, follow-up and referrals. In FY 2011-12, DPH supported over 15,000 clients in the following areas:

❖ Outreach. The Outreach Partnership achieved 98.8 percent of its goal of 153,017 contacts, representing a significant improvement from last year. The partnership conducted outreach with 151,146 individuals, by coordinating or participating in 6,075 outreach events and presentations across L.A. County
including presentations to teachers, public health nurses, child health advocates as well as local health care providers and safety fairs.

- **Application Assistance.** For the ninth straight year, the Outreach Partnership exceeded its targets for application assistance. During FY 2011-12, a total of 29,848 applications were submitted, which is 117 percent of its target of 25,499 applications. The Outreach Partnership helped enroll 9,830 children 0–5 in health insurance programs. The remaining 20,018 applications submitted were for children 6–18, pregnant women and adults.

- **Follow-up and Enrollment Confirmation.** According to DPH, during this fiscal year, enrollment confirmation and attempts at follow-up contact occurred in 99.4 percent of applications and, for those applications due for follow up, 84 percent were confirmed enrolled while the rate of application denials decreased to only 4.4 percent.

- **Redetermination Assistance.** In FY 2011-12, the overall rate for successful contact was 80.4 percent, which is a significant increase from FY 2010-11 (75 percent) and FY 2009-10 (69 percent).

- **Retention.** Typically, DPH staff conducts a retention study, which involves re-contacting a sample of families with confirmed enrollment 14 months post enrollment. In FY 2011-2012 a retention study could not be performed due to the development and testing of a new data system. In FY 2010-2011, the overall retention rate was 78 percent.

**Who was served?**

In FY 2011-2012, the Outreach Partnership helped enroll 9,830 children in health insurance programs, with 8,117 of these being children less than 3 years old. Over the years the majority of children have continued to be Latino/Hispanic. In 2009-2010, 72 percent of children were primarily Spanish speaking and 17 percent were English speaking, whereas in 2011–2012 there was a shift with 54 percent children speaking primarily English and 41 percent speaking primarily Spanish (Table 10). There has been an increase in non-Latino immigrant families interested in Healthy Kids, including Korean, Armenian, Iranian, and Chinese, as well as indigenous populations from Latin America. However, many outreach agencies do not have the language capacity to serve these populations.

**Table 10. Ethnicity and language spoken among Healthy Kids participants, FY 2011-12.**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>7978</td>
<td>82%</td>
</tr>
<tr>
<td>Black</td>
<td>629</td>
<td>7%</td>
</tr>
<tr>
<td>White</td>
<td>302</td>
<td>3%</td>
</tr>
<tr>
<td>Asian</td>
<td>742</td>
<td>8%</td>
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<tr>
<td>Other ethnicities</td>
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<td>&lt;1%</td>
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<tr>
<td>Primary Language</td>
<td>Total</td>
<td>%</td>
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<td>------------------</td>
<td>---------</td>
<td>-------</td>
</tr>
<tr>
<td>English</td>
<td>5303</td>
<td>54%</td>
</tr>
<tr>
<td>Spanish</td>
<td>4008</td>
<td>41%</td>
</tr>
<tr>
<td>Korean</td>
<td>167</td>
<td>2%</td>
</tr>
<tr>
<td>Other languages</td>
<td>352</td>
<td>3%</td>
</tr>
<tr>
<td>Total</td>
<td>9830</td>
<td>100%</td>
</tr>
</tbody>
</table>

**What did we learn?**

Enrollment in Healthy Kids has declined during the FY09-15 Strategic Plan. For example, in FY09-10, 5,291 children ages 0–5 were enrolled in Healthy Kids and in FY 2011-2012, 2,087 children were enrolled. To gain insight into this decline, First 5 LA commissioned a study in 2012 that focused on recruitment and enrollment in Healthy Kids. The study included (but not was not limited to) input from representatives from organizations such as California Coverage and Health Initiatives, LA Care Health Plan, Los Angeles County Office of Education, Insure the Uninsured Project, California Kids, UCLA Center for Health Policy Research, as well as DPH Certified Application Assistants. Key findings of the study include:

- First 5 LA remains the primary financial contributor to outreach and enrollment for low-cost children’s health insurance programs, including but not limited to Healthy Kids.
- In spite of tremendous outreach efforts, there is still a lack of community awareness about Healthy Kids. This seems to be due to the lack of publicity in the media and absence of collateral material specific to Healthy Kids.
- There is an increase in non-Latino immigrant families interested in Healthy kids, including Korean, Armenian, Iranian and Chinese as well as indigenous populations from Mexico and Central America who are not proficient in Spanish. However, there is limited language capacity to work with these families.
- Once children are enrolled in Healthy Kids, retention is high relative to other public insurance programs. Eighty percent of the children 0–5 enrolled in the program had continuous coverage for at least 14 months. It appears that addressing certain factors such as a child’s primary care provider type and month of enrollment can have a positive impact on increasing retention rates.
- Attrition in Healthy Kids (through children aging out and other reasons) has far outpaced new enrollment. However, there are similar declines in enrollment for other low-cost health insurance programs, such as California Kids, and Kaiser Permanente Child Health Plan, with the exception of Medi-Cal.
- The discontinued enrollment for children ages 6–18 that was implemented in June 2005 has had a negative effect on recruitment as parents often prefer to keep all their children with the same provider in the same health plan. 

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addition, the knowledge that children would age out when they turn five years of age discourages parents from enrolling their children into Healthy Kids, especially undocumented families who do not want to risk exposing their children’s immigration status.

- Some families have difficulty finding pediatricians and dentists who accept Healthy Kids. The provider network is more sparse in areas like Antelope Valley where there are not many providers to begin with, as well as in areas that have a smaller concentration of community clinics. Additionally, many providers do not accept Healthy Kids because it has a lower reimbursement rate than other public insurance programs.

Healthy Kids has made significant contributions to children’s health insurance coverage, to the increase in utilization of medical and dental services, and to the improvement of overall health outcomes of underserved families in L.A. County. In fact, findings from the study indicate the significance of Healthy Kids outreach not only in terms of enrollment, but also in terms of its impact on the overall quality of life for families, regardless of their eligibility for Healthy Kids. This is because the CAAs link families to a plethora of programs that are available to them.

The Healthy Kids program has begun to adjust in anticipation of the Affordable Care Act (ACA) implementation in 2014 by raising the income eligibility for Healthy Kids from 300 percent FPL to 400 percent FPL, the income population that will be affected by the ACA implementation. This will allow higher-income families who are currently uninsured to become accustomed to being part of an insurance program until Covered California, the state’s Health Budget Exchange, comes online in 2014.

**Oral Health and Nutrition Expansion and Enhancement Project (OHN)**

In October 2006, First 5 LA Board of Commissioners approved the Oral Health and Nutrition Expansion and Enhancement (OHN) Project to promote good oral health and nutrition for young children and their families. The objectives of the OHN project include:

- Increase the percentage of children 0–5 who have access to oral health care resources, receive preventive dental services and therapeutic dental services
- Increase the percentage of providers who are trained to conduct preventive screening, assessment and therapeutic dental services to children 0–5
- Increase the percentage of parents/caregivers knowledgeable of early childhood oral health needs and milestones

The grantees who received funding through the OHN project included Children’s Dental Foundation, L.A. Care Health Plan, County of Los Angeles Department of Health Services,
South Bay Children’s Health Center Association Inc., The Children’s Clinic, Serving Children and Their Families and Western University of Health Sciences.

In March 2011, the board approved expansion of the OHN Project to include three new projects:

- **Oral Health Safety Net Dental Care Infrastructure Project**: This project was intended to provide capital improvement funds to support the dental safety net by establishing new or expanding upon existing dental access points. The project included contracts with Altamed, Antelope Valley Community Clinic, Clinica Msr Oscar A. Romero, Northeast Valley Health Corporation, St. John’s Well Child and Family Center and Violence Intervention Program (VIP) Community Mental Health Center, Inc. Implementation began in January 2012.

- **Dental Health Innovation Project** This project was intended to support innovative oral health strategies and programs to develop dental health information technology and strengthen the dental care safety net to provide services in non-traditional settings. This project included contracts with Henry Schein Cares Foundation, University of Southern California and University of the Pacific. Implementation began in July 2012.

As of June 2012, a total of 15 organizations have received OHN funds from First 5 LA. This investment has leveraged 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.

**What services were provided or activities conducted?**

Strategies to achieve the objectives of the diverse OHN portfolio include:

- Providing preventive and therapeutic dental services to children
- Parent education
- Provider training
- Building/expanding pediatric dental clinics
- Developing dental health information technology and establishing partnerships with community clinics that could serve as dental homes

The majority of services provided were preventive services including fluoride varnish applications and dental screenings both of which can reduce the onset of dental caries, particularly in children under age 6. First 5 LA grantees leveraged existing community resources to reach and provide services to children most in need of dental services. This includes establishing partnerships and providing services in non-traditional settings such
as at WIC offices, Head Start centers, medical clinics, mobile clinics, regional centers and schools. In addition, First 5 LA grantees addressed dental workforce issues by training a new cadre of dental health and non-dental health professionals. These providers include mid-level professionals in the community and childcare fields, dentists and others in the dental profession as well as non-dental health professionals including pediatricians, nurse practitioners and community health workers.

**Who was served?**

Since July 2009, First 5 LA Oral Health and Nutrition grantees have provided preventive dental services including oral health screening, fluoride varnish application and prophylaxis to over 53,000 children 0–5. Ethnicity data were collected on a sample of participants, indicating that the majority of participants receiving preventive services are Latino and Spanish is their primary language. Therapeutic dental services (e.g., extractions, filling and crowns), were received by approximately 7 percent of all children provided with preventive services. Through the OHN investment, approximately 38,000 parents and caregivers received education on oral health. Furthermore, in FY 2011-12 over 500 providers were trained to conduct preventive screening, assessment and dental services to children 0–5 years of age.

**What did we learn?**

A few individual grantees have conducted evaluative activities on their program; however, there has been no overall program evaluation of the OHN portfolio to date. Based on First 5 LA staff observation and experience throughout the life of the project, however, some potential lessons learned are:

- Training medical professionals and mid-level dental professionals to provide preventive dental care is a cost-effective way to reach a wider net of children 0–5. In addition, community health workers can contribute to service delivery, particularly in the areas of outreach and education.
- Leveraging resources through partnerships with other agencies willing to fund oral health initiatives increases the overall reach of the project and improves the chances of sustainability.
- Access to dental services for children 0–5 can be improved through screening children in non-traditional settings, such as mobile clinics or WIC.
- The lack of pediatric and general dentists who accept Denti-Cal continues to be a challenge for First 5 LA grantees. This is especially true of programs that provide mainly preventive services and must refer patients who need specialized treatment to other providers.
These lessons learned will be further explored in an exploratory study of the OHN portfolio planned for FY 2013-14. The goal of the study will be to summarize the various OHN investments as well as recommendations on evaluating the portfolio going forward.

Progress in understanding the high need for oral health services for children has been documented in a 2010 study on the oral health needs of children in L.A. County commissioned by First 5 LA in collaboration with the California Wellness Foundation, California Endowment, Annenberg Foundation and the USC School of Dentistry. Information from this study is useful in guiding program planning and understanding the scope of the dental illness in children at a local level. Findings from the study demonstrate that:

- There is a high prevalence (72 percent) of dental caries in children 2–5 years sampled in this study.
- A high percentage (74 percent) of children 2–5 years had never been to a dentist.
- Less than half (44 percent) of the 403 dental offices and clinics and 64 community clinics sampled (out of approximately 5,790 dental offices/clinics in L.A. County) reported that they treat children two years of age or younger.
- The majority of parents (86 percent) were not following the recommendations by the American Academy of Pediatric Dentistry that the child should visit the dentist by his/her first birthday.

The study also provides valuable recommendations to improve oral health outcomes for this population. Some key recommendations include:

- Partnering with community health centers and other safety net facilities to establish dental homes
- Training physicians and other primary care providers to assess the oral health of infants and toddlers
- Provide counseling and preventive services, and refer high-risk children and children with obvious dental needs to dental homes for ongoing dental care

It should be noted that these recommendations were largely incorporated into the program design of many projects in the First 5 LA OHN portfolio and were very useful in guiding overall program planning.

**The Oral Health and Community Development (OHCD) Project**

The CDC has recognized water fluoridation as one of the greatest public health achievements of the 20th century. It has been estimated that every $1 spent on fluoridation yields a saving of $8–$49 dollars in treatment costs. First 5 LA acknowledged the importance of water fluoridation through the Oral Health Community Development (OHCD) project, which was approved in September of 2007. The City of Santa Monica was
the first water company to begin implementation of the project in 2009. Three other water companies began their fluoridation projects in FY 2010-11 and 2011-12. The OHCD Project completion is anticipated for December 2013.

The OHCD project aims to prevent tooth decay in children through community water fluoridation and related public education and advocacy activities for communities that do not have access to optimally fluoridated water.

Objectives of the project include:

- Fund water fluoridation and infrastructure equipment
- Fund public education activities related to water fluoridation
- 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

By project completion in December 2013 the following water districts will receive optimally fluoridated tap water through the following water companies:

<table>
<thead>
<tr>
<th>Contractor</th>
<th>Water district/system</th>
</tr>
</thead>
<tbody>
<tr>
<td>Golden State Water Company</td>
<td>Artesia</td>
</tr>
<tr>
<td></td>
<td>Bell-Bell Gardens</td>
</tr>
<tr>
<td></td>
<td>Florence-Graham</td>
</tr>
<tr>
<td></td>
<td>Hollydale</td>
</tr>
<tr>
<td></td>
<td>Norwalk</td>
</tr>
<tr>
<td></td>
<td>Southwest</td>
</tr>
<tr>
<td></td>
<td>Willowbrook</td>
</tr>
<tr>
<td>Park Water Company</td>
<td>Compton East</td>
</tr>
<tr>
<td></td>
<td>Bellflower/Norwalk</td>
</tr>
<tr>
<td>City of Santa Monica</td>
<td>Santa Monica</td>
</tr>
<tr>
<td>City of Torrance Municipal Water</td>
<td>Torrance</td>
</tr>
</tbody>
</table>

**What did we learn?**

One lesson learned specific to the OHCD project includes the importance of accounting for the lengthy process in obtaining necessary city council resolutions to implement water fluoridation projects. This was especially true with Golden State Water (GSW) Company, representing seven water systems in L.A. County. Given the scope and complexity of the GSW water systems and number of municipalities served, the
Commission approved a waiver of the project requirement that GSW obtain municipal approvals from cities served by GSW’s systems.

Another lesson learned includes the importance of assessing the public and political will to fluoridate. Originally the OHCD Project funding included a one-time cost that was based on a competitive, first-come, first-served strategy over a three-year period (2008–2010). Three water agencies (Park Water Company, City of Santa Monica WRD, and City of Torrance Municipal Water) applied and were selected for the first cycle of funding. However, due to the small number of applicants, it became clear that generating interest for the OHCD Project within the municipalities and their water agencies required aggressive and strategic outreach activities, as well as the need to post an open-deadline RFP. In January 2009, a revised RFP was released specifying a rolling application period (rather than a single deadline) with funding on a first-come, first-served basis contingent upon the availability of funds.

The final lesson learned is the need to take into consideration water companies’ ability to support and maintain the fluoridation infrastructure after the end of First 5 LA funding.

**Early Developmental Screening and Intervention (EDSI)**

The Early Developmental Screening and Intervention (EDSI) Initiative, administered by the Center for Healthier Children, Families and Communities (the Center), was supported by First 5 LA from 2005 to 2010. EDSI’s goal was to identify children with delays as early as possible and to connect them with appropriate and effective services and interventions in order to optimize their potential for success. This would be accomplished through physician training, parent education and coordination among community organizations.

**What services were provided or activities conducted?**

The Early Developmental Screening and Intervention (EDSI) Initiative designed, tested and expanded the availability of developmental screenings from 2005–2010. EDSI strove to build a professional community of primary care physicians and community systems that could produce consistent, improved outcomes for families, while educating parents on how to better communicate with their doctors. EDSI approached the challenge of getting more children screened for developmental delays and referred to appropriate services through a few different approaches:

- Physicians and Medical Residents: Four learning collaboratives, three with current physicians and one with medical residents, were developed to integrate developmental screening and intervention with medical practice.
• WIC parents: ESDI developed a curriculum for WIC to teach parents how to talk to their children’s physicians regarding concerns about their children’s development.
• Community Organizations: A Population Collaborative was launched in 2009 to develop community systems that produce better child outcomes. Local organizations and agencies that work with young children coordinated their efforts to provide developmental screenings and referrals

Who was served?

Through the Physician and Resident Learning Collaboratives, EDSI reached 600 physicians and medical staff, 158 medical residents, caring for 107,000 young children in L.A. County. The WIC parent education reached nearly 500,000 low-income families with education about how to discuss developmental concerns with their children’s doctors. EDSI supported Population Collaboratives in Pacoima, Santa Monica and downtown L.A. that brought together local community organizations (including early education providers, clinics and social service providers) to work on creating a community plan for helping young children receive developmental screening and appropriate follow-up.

What did we learn?

Although there were no outcome evaluations for any of the investments in this cluster to identify the impacts of the services on parent and child health outcomes, the Early Developmental Screening and Intervention Initiative (EDSI) reported the following:

• Some improvements in screening children for developmental issues as a result of their Learning Collaboratives for physicians and medical residents
• Medical practices increased their developmental screening rates from 20 percent at baseline to over 85 percent. In comparison, in 2007, only 14 percent of California children ages 1–5 years received structured developmental screening
• Use of a screening tool such as the ASQ or PEDS increased from 11 percent at baseline to 93 percent at follow-up
• Rates of screening for maternal depression increased from 7 percent at baseline to 54 percent at follow-up

Other promising results from investments in this cluster include:

• Improved communication between primary care providers and specialized community programs
• Positive results were consistent across settings, including community clinics, solo physician practices, private medical group practices, and pediatrics and family residency programs
• Increased physician’s awareness of screening children for special needs
• Improved patient health occurred among those whose main language is not English and who come from different cultural backgrounds

Residency programs in the EDSI/AAP Physician Collaborative went from no programs using a validated developmental screening tool to 20 percent of the programs using either the Ages and Stages Questionnaire (ASQ) or the Parent Evaluation of Developmental Status (PEDS), after 8 months in the Collaborative. The rate of family psychosocial screening, using a consistent set of items, increased slightly over the same period time, from 0 percent to 5 percent. However, there was considerable variation among individual programs, and few, if any, programs appeared to reach the high outcome targets established for the Collaborative.

For the WIC parent education program, an evaluation showed the following results:

• One-third of parents reported using the messages (33 percent) and written materials (43 percent) from the Talking to Your Doctor sessions.
• More than twice as many parents who received the class, than those who did not, stated that they used WIC materials to think about questions to ask the doctor.
• There were no differences in parent attitudes about talking to the doctor or in parent actions during well child visits when comparing participants with those who were enrolled in WIC but did not participate.
• Slightly more parents who received the class strongly agreed that they knew what to tell the doctor about their child’s development (58 percent at baseline vs. 66 percent post).
• More parents felt comfortable sharing concerns (67 percent at baseline vs. 69 percent post), and most parents thought doctors rely on parents to understand how a child is learning, developing and behaving (62 percent baseline vs. 65 percent post).

The evaluation concluded that the parent education intervention increased parent preparation but not parent actions.

A survey of WIC program staff to assess their experiences with the training and with teaching the course revealed:

• 81 percent of WIC staff reported that they learned new information about child development as a result of the training and curriculum for the class
• 87 percent reported that the training with pediatricians was enough to feel comfortable teaching the class content to parents
• 87 percent liked having a pediatrician provide training for the class
• 90 percent reported an interest in receiving future training to prepare for additional education for parents on how to communicate effectively with doctors
Population Collaborative Participants reported that trying small changes on a few cases before rolling out new policies helped them introduce improvements without staff resistance. Results have included better defined referral processes, greater connection of families to supports and fewer special education referrals, greater willingness of primary care physicians to use structured screening tools, and more consistent efforts to help parents to develop the skills needed to coordinate their child’s care.

**What were key outcomes and lessons learned for the Physical and Mental Health Cluster?**

The physical development and mental health cluster covers a set of services that address two key strategies identified in the First 5 LA Strategic Plan for 2009–2015: Family Strengthening and Systems Improvement. The key First 5 LA strategic plan goal for this cluster is that babies are born healthy.

Investments in this cluster focus on changes in the policies, structures and services that impact children’s health. For example, while the oral health portfolio includes direct services, these investments are making significant progress by also addressing issues such as capital improvements, provider training in preventive dental care to children 0-5, and water fluoridation. Similarly, the sustainability of EDSI results is possible to the extent that medical providers integrate screenings into their practice, community organizations maintain a coordinated effort of screening and referral, and parents are equipped with knowledge and empowered to advocate for the needs of their children.

Evidence suggests that First 5 LA is a significant contributor to health access for children 0-5, particularly as it relates to health insurance outreach and enrollment. Therefore, First 5 LA has an opportunity to use its influence to address policies that impact access to affordable health and dental care. Furthermore, lessons learned from Healthy Kids have important implications for how First 5 LA positions its investment and advocacy efforts in anticipation of the Affordable Care Act health insurance coverage taking effect in 2014.

While First 5 LA investments have made progress in achieving outcomes for children, the surge of investments in this area after June 2012 suggests a commitment to addressing other physical health needs of children 0-5. It is anticipated that funding in nutrition/obesity prevention, vision care, tot parks, and additional oral health investments will significantly improve health outcomes for children.
Parenting Support Investments Snapshot

Partnerships for Families
In 2005, First 5 LA established the Partnership For Families (PFF), a community-based child maltreatment prevention initiative. PFF is intended to improve the quality of case management services and supports for at-risk families and increase the coordination of community partners serving these families.

- The Partnership for Families (PFF) initiative appears to offer promising support to families suspected of child maltreatment and may enable families to make meaningful changes, particularly in more positive caregiver interactions with the child, which in turn will reduce re-referral rates, maltreatment, and foster care placement.
- It is important that families are fully engaged with the program in order to obtain optimal results, and this may be difficult for those families at highest risk.

211
The First 5 LA Parent Helpline (211) and website provide information, support and assistance to expectant parents and parents/caregivers of children 0–5 in Los Angeles County. 211 is a comprehensive information and referral center that provides services to more than 600,000 clients each year. 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.

- Evidence from the previous Strategic Plan Period and current performance monitoring indicates that the First 5 LA Parent Helpline appear to have influences on the system of care in L.A. County by raising awareness and enabling members of the community to connect to a knowledgeable care coordinator who can suggest relevant referrals with contact information.

One Step Ahead
The One Step Ahead program builds on the literacy program developed and funded by First 5 LA called Little by Little (LBL). One Step Ahead aims to increase the number of low-income families receiving critical developmental, early literacy, safety items and basic necessities other than food that families might otherwise forgo due to lack of affordability. In FY 2011-12, a pilot study was conducted of One Step Ahead to plan, pilot and provide technical support to the select programs implementing One Step Ahead. A previous evaluation of the original Little By Little Program found the following:

- Children from both the 4-year intervention group and the 2-year intervention group revealed significantly higher school readiness scores, compared with the control group.
Greater exposure to the LBL intervention was associated with a richer literacy environment at home, and homes with a richer literacy environment were more likely to have children with higher school readiness scores.

The positive effects of the intervention were significant for Spanish-speaking children and their parents but not for English-only speaking families, indicating that the primary impact of LBL was on the home literacy practices of Spanish-speaking families.

**Infant Safe Sleeping Campaign**

The Infant Safe Sleep Campaign, begun in winter 2012, seeks to educate parents and child welfare professionals in L.A. County about the dangers of common sleep practices, such as infants sharing beds with adults, sleeping on their stomachs and being over-swaddled.

- As part of the planning phase, focus groups were conducted to better understand the motivations of bed-sharing mothers in L.A. County. Based on these findings, the campaign will be able to address the mothers concerns.
- The focus groups also revealed what types of messages will best resonate with the target audiences. The focus groups revealed the need for direct, visual messages that feature an authority such as the coroner.

**Table 14. Total expenditures and numbers served for parenting support investments across three years, 2009–2012.**

<table>
<thead>
<tr>
<th>Investment</th>
<th>Expenditures</th>
<th>Children Served</th>
<th>Parents Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnerships for Families</td>
<td>$33,135,582</td>
<td>5,356</td>
<td>5,572</td>
</tr>
<tr>
<td>211</td>
<td>$4,252,056</td>
<td>N/A</td>
<td>94,529</td>
</tr>
<tr>
<td>Infant Safe Sleeping Campaign</td>
<td>$172,126</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>One Step Ahead</td>
<td>$434,493</td>
<td>1,253</td>
<td>1,431</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$37,994,257</strong></td>
<td><strong>6,609</strong></td>
<td><strong>101,532</strong></td>
</tr>
</tbody>
</table>

In FY 2011-2012, calls to the First 5 LA Parent Helpline (211) were received from 31,837 pregnant women and families of children 0–5 requesting information about services. This represents an 18 percent decrease from FY 2010-11 during which 37,636 calls were received.
The primary language spoken by the majority of callers was English followed by Spanish (Table 16). The language spoken is representative of the callers in the First 5 LA target population of pregnant women and caregivers of 0–5 year olds.

Table 16. Language Spoken Among 211 Callers, 2011-12.

<table>
<thead>
<tr>
<th>Language</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>16,627</td>
<td>76%</td>
</tr>
<tr>
<td>Spanish</td>
<td>5,251</td>
<td>24%</td>
</tr>
<tr>
<td>Total</td>
<td>21,878</td>
<td>100%</td>
</tr>
</tbody>
</table>

* Language data were available for only 21,878 from the 31,837 callers.
Parenting Support Investments

The approach for this cluster focuses on instilling in parents and caregivers five protective factors to 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. **The Parenting Cluster includes investments that address two key investment strategies from the First 5 LA Strategic Plan: Family Strengthening and Systems Improvement.** Employing direct service models and system change efforts, these investments are aimed at decreasing parents’ social isolation, promoting their social connectedness, screening for postpartum maternal depression and offering information and referrals for substance abuse, child abuse and neglect, children’s behavioral problems and other related issues. **These activities address the key First 5 LA strategic plan goal that children are safe from abuse and neglect.** The following investments are included in the Parenting Support Cluster:

- Partnership for Families
- Infant Safe Sleeping Campaign
- 211 Parent Helpline
- One Step Ahead

Partnership for Families

In 2005, First 5 LA established PFF, a community-based 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. The two groups have different eligibility criteria: 1. pregnant women with histories of domestic violence, substance abuse or depression or 2. families with children 0–5 who have been evaluated as being at high or moderately high risk of child abuse by DCFS after an unsubstantiated or unfounded allegation of child abuse or neglect. 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. Through these services, pregnant women and families are able to get the support they need to improve family functioning and prevent child abuse or neglect.

Since 2009–2010, F5LA has expended $33,135,582 through nine grantees, one in each Los Angeles County Service Planning Area (SPA):

- SPA 1: Children’s Bureau of Southern California
- SPA 2: The Heal Group Child and Family Center
- SPA 3: SPIRITT Family Services
- SPA 4: Para Los Niños
- SPA 5: Saint John’s Hospital and Health Center
What services were provided or activities conducted?

Building on research supporting 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 poverty, 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.

- PFF intensive services to families include in-home case management, counseling, services and financial assistance, referrals to intensive services including mental health, substance abuse treatment, referrals to early care and education, various auxiliary resources and services including those to older children, regional center, safe and affordable housing, and job training and employment.
- Community capacity opportunities for all families within the community include parent support groups, family educational events, and parent advocacy and leadership development.
- PFF capacity building supports also include professional and organizational development opportunities for collaborative and lead agency staff.

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 is referred to a PFF agency and is contacted within two days.
- 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 their case manager to come up with a list of goals.
- 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).
Who was served?

Table 17, below, displays the numbers served by each of the three fiscal years in the current Strategic Plan, as well as the totals across all three years.

Table 17. Children and parents served by PFF, across three years 2009-12.

<table>
<thead>
<tr>
<th>PFF Participants</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 0–5</td>
<td>5,356</td>
</tr>
<tr>
<td>Parents (including pregnant women)</td>
<td>5,572</td>
</tr>
<tr>
<td>Total</td>
<td>10,928</td>
</tr>
</tbody>
</table>

Because each family can be served for a number of months (over half for more than five months), some of these children and parents may be counted twice if their time with the program crossed fiscal years. However, these numbers do not include the community members who attended classes and events provided by PFF.

Of the families receiving in-home counseling, the majority was Latino and spoke English (Table 18). The second-largest group of children and parents were African-American (12 percent and 14 percent, respectively), and many children and parents spoke Spanish (29 percent and 35 percent, respectively).

Table 18. Ethnicity and Language Spoken Among PFF Participant Children, FY 2011-12.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number of Children*</th>
<th>Percent</th>
<th>Number of Adults**</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>1306</td>
<td>78%</td>
<td>978</td>
<td>74%</td>
</tr>
<tr>
<td>African-American</td>
<td>210</td>
<td>12%</td>
<td>183</td>
<td>14%</td>
</tr>
<tr>
<td>White</td>
<td>72</td>
<td>4%</td>
<td>78</td>
<td>6%</td>
</tr>
<tr>
<td>Other Ethnicities</td>
<td>57</td>
<td>4%</td>
<td>68</td>
<td>5%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>40</td>
<td>2%</td>
<td>15</td>
<td>1%</td>
</tr>
<tr>
<td>Total</td>
<td>1685</td>
<td>100%</td>
<td>1322</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Language</th>
<th>Number of Children*</th>
<th>Percent</th>
<th>Number of Adults**</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>1014</td>
<td>66%</td>
<td>850</td>
<td>64%</td>
</tr>
<tr>
<td>Spanish</td>
<td>503</td>
<td>33%</td>
<td>465</td>
<td>35%</td>
</tr>
<tr>
<td>Other languages</td>
<td>11</td>
<td>1%</td>
<td>14</td>
<td>1%</td>
</tr>
<tr>
<td>Total</td>
<td>1528</td>
<td>100%</td>
<td>1329</td>
<td>100%</td>
</tr>
</tbody>
</table>
What did we learn?

In FY 2010-2011, the University of Southern California completed its six-year study of the PFF program. Through three sub-studies the project examined key indicators including family engagement in PFF, changes in family functioning, re-referral rates, maltreatment rates, and child permanency outcomes.

Based on the results of these studies it appears that PFF implementation was highly successful, with 77 percent of DCFS-referred families successfully enrolled in the program, and, once in the program, 81 percent of the families received two home visits within 30 days of initial contact. Also, 54 percent of the families remained in the program for at least five months, and 61 percent completed their goals before their cases were closed. Finally, the majority of families said they experienced meaningful improvement in several areas.

Higher levels of engagement by families with the program, as indicated by the number of home visits and length of stay in the program as well as leaving the program due to goal completion, tended to occur more among families in some SPA’s rather than others, and among Latino or Caucasian families and those primary caregivers who had a partner. Additionally, primary caregivers with less than a high school degree/GED and families with two or more children under age six, tended to be associated with greater need for services and supports. Finally, engaging families during the first 30 days of PFF was positively correlated with achieving sustained engagement outcomes.

PFF appears to have important short-term or “proximal” impacts by strengthening families and thereby reducing child maltreatment risk and protecting at-risk children from abuse and neglect, as follows:

- The lowest amount of positive changes in family strengthening occurred in the group of families classified as enrolled and the greatest changes were seen for families classified as fully engaged.
- The amount of change was consistently greater for fully engaged families than for families who only initially or subsequently engaged, and consistently greater for those who subsequently engaged than those who initially engaged. 12
- Families with the highest engagement (fully engaged) showed the greatest change in caregiver/child interactions, financial conditions and developmental stimulation — precisely those areas in which PFF is expected to exert its strongest influence.
Families made meaningful changes from problematic to adequate levels of functioning, as follows:

- Between 51 percent and 70 percent of families experienced meaningful change, from problem functioning at baseline to adequate functioning at the termination.
- Two-thirds of families experiencing problem functioning at initial assessment were functioning adequately at closing.
- Families made meaningful change (from problem to adequate functioning) in caregiver/child interactions but not as much in interactions between caregivers.

These meaningful changes were indirectly related to a reduction in the likelihood of re-referral to DCFS for suspected maltreatment, by reducing the risk factors associated with re-referral.

Overall, participation in PFF was associated with positive child safety and permanency outcomes, including preventing re-referral, child maltreatment, DCFS case opening, and removal of a child.

- Among PFF participants, the percentage of children who experienced re-referral, substantiated maltreatment, the opening of a DCFS case, or removal was smallest for fully engaged families and largest for families in PFF that were not engaged.
- Fully engaged PFF families had a lower percentage of re-referrals (39 percent vs. 52 percent), substantiated maltreatment (15 percent vs. 24 percent), DCFS case openings (10 percent vs. 16 percent), and removals (4 percent vs. 14 percent) when compared with families who did not receive services.
- In terms of maltreatment and DCFS case opening, PFF appears to be more effective for Latino and Caucasian children than for African American children, when compared with families who did not receive services.

These findings suggest that participation in PFF is a more effective means of reducing child maltreatment risk factors and outcomes than either Family Maintenance services\textsuperscript{13} or the alternative of receiving no services. The difference among treatment groups was even greater for families who were fully engaged.

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 cannot be overstated. Without a high level of participation and engagement, families within the PFF program are not easily distinguishable from those families who received no services.

Key limitations of the study include:
- Families’ levels of engagement in the program were confounded with family backgrounds, particularly ethnicity, making it hard to know whether changes were due to levels of engagement or ethnicity
- The key differences could be explained by family background factors uncontrolled in the analyses
- A small sample of children in the family maintenance service
- Lack of engagement data for the family maintenance group
- Mobility of families out of the county

The interpretation of the results must be tempered somewhat because the study design did not include establishing attribution of these outcomes primarily based on this program. With these caveats in mind, the results show that, if families can become highly engaged in PFF, they have a good chance of improving their family functioning, and, as a result, reducing their rates of re-referrals, improving child permanency outcomes and decreasing rates of subsequent maltreatment.

**Infant Safe Sleeping Campaign**

Every year in Los Angeles County, about 70 infants die in bed-sharing or unsafe sleep environments. The most common reasons that infants die in these situations include,

- Sharing a bed with an adult or other child
- Set to sleep on their stomachs
- Over-wrapped
- Put to sleep in an area with excess toys/blankets
- Put to sleep on an unsafe surface such as a couch

In FY 2011-12, First 5 LA partnered with the Inter-Agency Council on Child Abuse and Neglect (ICAN) to develop a public information campaign, the Infant Safe Sleeping Campaign, to increase awareness about infant safe sleeping practices for residents throughout L.A. County. The two-year campaign will educate parents, caregivers, and county agencies about the dangers of infant unsafe sleep and inform them on how to prevent infant death by implementing safe sleep practices. ICAN contracted with Rogers-Finn Partners to create the public information campaign.

**What activities were conducted?**

During the first year, a variety of program startup and organizational activities were carried out by ICAN, including hiring of a marketing agency (Rogers-Finn Partners), hiring new Campaign staff, and working with the marketing agency to develop a two-year public education/PR/advertising outreach plan and budget. ICAN also presented the scope and plan to a meeting of the 2012 Infant Safe Sleep Task Force, which is a pre-existing
body comprised of representatives County agencies. Task force members agreed upon the recommended campaign message of “room share but not bed-share.”

In FY 2011-12, three focus groups were conducted to better understand the unique cultural factors that contribute to bed sharing and other unsafe sleep practices among target audiences. Each focus group consisted of separate ethnic and cultural groups, including African American mothers and non-related African American grandmothers, Latina mothers who were second and third generation, English speaking, and a third group of Latina mothers who were First Generation, Spanish speaking. These audiences consisted of people who fit the description of most at-risk for infant unsafe sleep deaths based on the findings from meeting with the L.A. County Coroner in February 2012, the 2011 Inter-Agency Council on Child Abuse and Neglect Death Review Team Report and the 2007 Los Angeles Mommy and Baby (LAMB) Project.

Additionally, three small community discussion forums were planned to facilitate buy-in and dialogue, although they were postponed until the focus group results were available and disseminated. Another activity planned for FY 2012-13 involved hosting community forums in 10 high-risk neighborhoods to introduce the campaign ideas for infant safe sleep and the campaign through role-playing and dialogue that addresses related cultural beliefs and practices.

Who was served?
The Infant Safe Sleep program does not provide direct services so there were no participants served.

What did we learn?
The three focus groups provided the campaign with valuable information about the target audience’s feelings about infant safe sleeping, infant unsafe sleeping, desired message structure, and trusted messengers. Key findings included participants’ desire for a direct, visual message. Participants also all stated they would respect the message if delivered from the Los Angeles County Coroner as they felt the coroner was a trusted and honest source.

The Child Safety and Early Intervention Strategies Seminar produced a high level of interest in infant safe sleeping education and raising awareness. The providers’ input, questions, feedback and evaluations helped create a dialogue, facilitate buy-in, and helped create campaign sustainability. In FY 2013-14, the outputs from the campaign will be evaluated and the results will guide future public service campaigns sponsored by First 5 LA.
One Step Ahead

On January 13, 2011, the First 5 LA Commission approved $30 million over a period of five years to improve the long-term health, developmental and safety outcomes for newborns and children in low-income communities receiving Special Supplemental Nutrition Program for Women, Infants and Children (WIC) services in Los Angeles County. The proposed program aims to:

- Increase the number of low-income families receiving critical developmental, early literacy, safety items and basic necessities other than food, that families might otherwise forgo due to lack of affordability
- Reduce the number of families leaving the WIC program so that children, birth to five, continue to reap the health and developmental benefits of the WIC federally funded program

The One Step Ahead initiative is based on the premise that families participating in the WIC program, which serves approximately 66 percent of all births in Los Angeles County, are struggling to provide the basic necessities for their families, and as a result, are not in a position to purchase the necessary developmental, educational and safety materials that would put their children on a better trajectory for improved outcomes. The goals of this program include:

- Improve school readiness of WIC children ages 0-5;
- Increase WIC parents’ knowledge of early literacy, child development, and child safety;
- Improve home safety practices;
- Achieve and maintain long-term funding and financial stability for the One Step Ahead program;
- Child literacy and safety are integrated and sustained in WIC services.

The One Step Ahead program builds on the literacy program developed and funded by First 5 LA called Little by Little for over five years at $4.7 million. The Public Health Foundation Enterprises WIC Program developed the Little by Little curriculum and successfully implemented the program in six WIC sites between 2003 and 2008 serving nearly 118,000 children.

In December 2011, First 5 LA and Public Health Foundation Enterprises WIC (PHFE WIC) Program entered into a 19-month contract to plan, pilot, evaluate, and provide technical support to WIC agencies implementing the One Step Ahead program. As part this contract, PHFE WIC revised the Little by Little curriculum based on evidence-based literacy, safety and injury prevention program models.
During FY 2012-13, PHFE WIC Program will complete the pilot at the three selected sites, finalize the program curriculum, design an evaluation plan, and develop program cost projections.

**What services were provided or activities conducted?**

There are several components related to literacy and child safety that comprise the One Step Ahead program. One activity is to give free children’s books to WIC families. Each child receives about four books per year to help build the family’s at-home library. Parents are also educated each time they visit WIC about the importance of reading to their children through client counseling and age-targeted handouts. These handouts discuss different stages of child development, early literacy and issues surrounding child safety. In addition, families are given child safety items (such as plug covers, door pinch guards, etc.) annually to help children stay safe in the home.

**Who was served?**

A total of 2,684 children and adults were served in the pilot study of One Step Ahead. Children were all under the age of three. Parents and children were primarily Latino/Hispanic but there was also a substantial number of Asian children served. More than half reported English as their primary language (Table 26).

| Table 26. Ethnicity and Language Spoken One Step Ahead Participants, FY 2011-12. |
|---|---|---|---|
| **Ethnicity*** | Number of Children | Percent | Number of Adults | Percent |
| Hispanic | 1353 | 95% | | |
| Asian | 42 | 3% | | |
| Other ethnicity | 36 | 2% | | |
| **Total** | 1431 | 100% | | |
| **Primary Language** | | | | |
| English | 714 | 57% | 816 | 57% |
| Spanish | 539 | 43% | 615 | 43% |
| **Total** | 1253 | 100% | 1431 | 100% |

* Ethnicity data unavailable for children served
What did we learn?

The Little by Little program provided services to children and families in the previous strategic plan period, and those data were compiled, analyzed and sent to a journal for publication in the current strategic plan period. A report of the five-year evaluation results was published in 2011 in the Journal of Pediatrics, summarizing the effects of the original Little By Little program on parents, children and WIC agencies using three cohorts of families who received various years of intervention compared to a control group of 200 families who received no intervention. Among the intervention groups, 103 families received 2 years of intervention, and 102 families received 4 years of intervention.

- The results showed a strong effect of the intervention for Spanish-speaking children and their parents but not for English-only speaking families, in which children did not show significant group differences.
- Children from both the 4-year and 2-year intervention groups had significantly higher school readiness scores, compared with the control group, at the end of the intervention.
- Analyses indicated that exposure to the intervention significantly enhanced literacy resources and activities at home, which in turn led to greater school readiness. That is, greater exposure to the LBL intervention was associated with a richer literacy environment at home and homes with a richer literacy environment were more likely to have children with higher school readiness scores.
- Further, English-speaking families generally had higher home literacy scores than did Spanish-speaking families, which suggests that the primary impact of LBL was on the home literacy practices of Spanish-speaking families (Figure 6).

![Figure 6. Effects of LBL Intervention on HOME Inventory Language Stimulation in the Home](image-url)

- English
- Spanish
211 Parent Helpline

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 provide 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 from birth through age 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 personal 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.

In early 2011, 211 integrated the Parent Helpline Community Resource Advisor (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. For those callers with children age 0-5 who are identified as having a developmental concern, the CRA conducts a ‘warm’ transfer of the caller to an in-house specialist equipped to offer an enhanced level of information or provide extensive support to connect the caller to needed services and resources.

In addition to providing information and referrals, 211 also engaged in its own performance monitoring efforts to support Continuous Quality Improvement. The quality improvement outcomes included techniques to apply appropriate assessment and referral practices and improving timeliness of call handling and hold-times. Quality assurance staff and coaches engage weekly to ensure accuracy and consistency in the scoring methodology and to create tools and support for the CRA staff. In early 2012, 211 implemented a new telephony system to collect and accurately assess caller demographics and quality improvement efforts.
**What services were provided or activities conducted?**

The First 5 LA Parent Helpline (211) 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 addresses the caller’s needs.

**Who was served?**

In FY 2011-12, calls were received from 31,837 pregnant women and families of children 0–5 requesting information about services. This was a 15 percent decrease compared to FY 2010-11 during which 37,636 calls were received. The primary language spoken by the majority of callers was English followed by Spanish (Table 19).

<table>
<thead>
<tr>
<th>Language</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>16627</td>
<td>76%</td>
</tr>
<tr>
<td>Spanish</td>
<td>5251</td>
<td>24%</td>
</tr>
<tr>
<td>Total</td>
<td>21878</td>
<td>100%</td>
</tr>
</tbody>
</table>

The language spoken is representative of the callers in the First 5 LA target population of pregnant women and caregivers of 0–5 year olds.

The most requested service areas included early childhood education, hospitals and clinics, health screenings, and parenting services. More than 4,500 pregnant women and the parents and caregivers of more than 26,000 children received assistance and referrals to services.

**What did we learn?**

In FY 2009-10, an evaluation report indicated that, from January 2006 to June 2009, eight in 100 families with young children used the First 5 LA Parent Helpline. In addition, the First 5 LA Parent Helpline has generated goodwill during its tenure, as nearly one-third of all callers are repeat customers (31.5 percent during January 2006–June 2009). A follow-up survey conducted in FY 2009-10 reported the following results:

- Ninety-six percent of callers reported that they received help due to their call to the First 5 LA Parent Helpline, whereas the remaining 4 percent reported they were not helped by calling the Helpline.
- Among those who reported receiving help, nine in ten obtained help in the form of information or a referral to a local agency for services.
Over half of the callers who contacted the entity they were referred to by the First 5 LA Parent Helpline experienced a positive service outcome (53.5 percent). Most of the positive outcomes involved either obtaining the requested services (53.5 percent) or having their question answered by the referral agency (26.9 percent).

In FY 2009-10, an analysis of 211’s performance metrics found that callers from Service Planning Area (SPA) 6 (South LA) were over-represented proportional to their actual numbers in Los Angeles County. South LA is characterized by a number of risk factors which set it apart from other service planning areas, including: the highest percentage of low birth-weight babies, lowest percentage of pregnant women who receive prenatal care in the first trimester, lowest rate of insured children, highest number of Department of Children and Family Services (DCFS) referrals for abuse and/or neglect, and the highest percentage of children living in poverty. Given these risk factors, overutilization by the highest-need SPA is very appropriate to the mission of the First 5 LA Parent Helpline to promote use by all families, and particularly vulnerable families. As well, callers tended to be disproportionately African-American and Latino relative to Los Angeles County as a whole while/Pacific Islander, Caucasian, and those identifying as “Other” were under-represented.

Screening callers for their health insurance needs, by asking callers whether they and their children currently have health insurance, resulted in an additional 23.5 percent of callers who were assisted through a referral or other means. These callers would not otherwise have been identified without the screening questions. Additionally, 211 L.A. County appears to have high visibility across service planning areas (SPAs) and is seen as the number to call for basic needs and for parenting questions. However, these results should be interpreted with caution because callers using the older 888-First5LA helpline and English-speaking Latinas with three or more children were over-represented in the survey, suggesting that the survey results may not be representative of all callers using the service.

The Parent Helpline performance metrics collected from July 2010 to the end of June 2012 showed the following results:

- Reduced wait time by one-and-a-half minutes
- Decreased average time to provide appropriate referrals to parents by more than a minute
- Reduced number of abandoned calls
- Improved efficiency of 211 by reducing the average call length while maintaining quality standards
- Maintained high rates of CRA compliance to 211 call protocols

A new automatic call-back option available to callers has also helped to alleviate wait times and caller aggravation with longer wait times. The Helpline also updated its
database of organizations and services and maintains a partnership with Healthy City to expand the availability of service information.

**What were key outcomes and lessons learned for the Parenting Support and Child Safety Cluster?**

The Parenting Support and Child Safety Cluster encompass investments that are focused on two key Strategic Plan strategies: family strengthening and systems improvement. Investments in this cluster that are aimed at family strengthening conduct activities that will increase family strengths, enhance child development and reduce child abuse and neglect. Systems improvement investments are directed towards improving the child protective system and the larger human service system within L.A. County through improved coordination and collaboration between agencies.

The Partnership for Families (PFF) initiative appears to offer promising support to families suspected of child maltreatment and may enable families to make meaningful changes, particularly in more positive caregiver interactions with the child, which in turn will reduce re-referral rates, maltreatment, and foster care placement. However, obtaining the full engagement of families in the program is required in order to obtain optimal results, and this may be difficult for those families with the greatest need.

Little by Little showed similar improvements in parental engagement, particularly related to literacy and education. Changes were especially apparent for Spanish-speaking and ELL children. These children made important gains in their language and literacy as a result of their exposure to enhanced literacy activities and practices at home.

The remaining two investments within the Parenting cluster — First 5 LA Parent Helpline and the Infant Safe Sleeping Campaign — appeared to have influences on the system of care in L.A. County by raising awareness and enabling members of the community to reach out for help. The Infant Safe Sleeping Campaign is only in its first year, and thus it is too early to expect to find outcomes. As well, there are no well-developed methodologies for evaluating system of care impacts, making it difficult to develop rigorous evaluation designs.

With regards to the First 5 LA Parent Helpline, the call line seems to be used more often by members of the community in some SPAs than in others, which may suggest that higher level of needs occurs in these areas. While there have been more formal assessments of impacts in the previous fiscal year, it might be a good idea to get an update on unmet needs, within a larger evaluation framework measuring systems change; it is hard to know whether the higher use in certain areas truly represents higher levels of needs or are due to other factors in communities that are not related to need. It is possible that other areas or communities have similarly high levels of needs but perhaps lack sufficient awareness of the service or there are other barriers to its use in these communities. Without additional
research on those who use the service compared to those who do not, the helpline may continue to serve some populations more heavily than others and we may not know whether this represents serving the neediest or whether this represents other artifacts or factors not related to need.

Further, the use of a screening protocol for health insurance needs to be examined in light of the costs and long wait times. However, the First 5 LA Parent Helpline continues to struggle with high numbers of abandoned calls and long wait times, resulting in high costs per call. Finally, the data for the Helpline are, by now, primarily historical, suggesting the need for a more updated evaluation component that studies callers and the communities in which they reside.

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**School Readiness Snapshot**

**School Readiness Initiative**

The School Readiness Initiative (SRI) was developed to help reduce the achievement gap between low and high socioeconomic status children upon school entry. The SRI Program funds a wide range of services to help children age 0–5 get ready for school in four result areas: 1) improved child development; 2) improved family functioning; 3) improved health; and 4) improved systems of care. Despite significant variation in how the services provided by SRI grantees were implemented, some key findings of this initiative include:

- Parent-child activity participants demonstrated greater change on a scale of parent support for language and literacy development and the number of books in the home.
- In an elementary school follow-up study, results indicated that on English language arts and mathematics the comparison sample students participating in a district school readiness program scored significantly higher than School Readiness students in grades 2–5 combined and at grade 3.
- Also, there were no statistically significant differences between SRI students and comparison students for English language development at kindergarten entry and on rates of school absence at any grade.
- Parents with high levels of participation in the School Readiness Initiative (more than 24 hours over a year), according to a parent survey administered at enrollment and one-year follow-up, increased the number of books in the home, spent more time reading to their children, and became more engaged in their child’s education through greater contact and communication with the child’s preschool and school.
- High-participation parents in the SRI also increased their behavior, knowledge, and beliefs in regard to supporting their children’s learning and development, and reported a greater understanding of the importance of a parent support network.

Overall, the lack of significant improvements among SRI students may be related to the high degree of variation in how each program was implemented. The findings suggest that more intense participation by parents in SR Initiative activities was associated with more positive outcomes.

**Family Literacy**

The Family Literacy Initiative is a comprehensive program to promote language and literacy development of children and parents, as well as increase parenting knowledge and skills. Each grantee funds programs that include the following four components: 1) intergenerational activities for parents/caregivers and children; 2) parenting education and training; 3) parent/caregiver literacy, academic and/or vocational training; 4) age-appropriate early childhood education. 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. A series of evaluations have been conducted on the evaluations, the most recent follow-up study found the following:

- Family Literacy students outperformed the matched sample of students on the English language arts California Standards Test (CST) for grades 2 through 5 combined and on the math CST for grade 3 and for grades 2 through 5 combined.
- Family Literacy Initiative students increased their English receptive vocabulary scores, ability to name letters, colors, and numbers, concepts of print and comprehension skills, ability counting objects and early math, and their problem solving skills, compared to the matched comparison group.
- Family Literacy students also had statistically lower absence rates at grades 1, 2, 3, and 4 compared to the matched sample of students.
- Parents in the Family Literacy Initiative made the following gains:
  - Increased their reading skills over the course of their participation
  - Improved their parenting knowledge and behaviors across all years of their participation
  - More parents believed they should read to children beginning in their first year of life
  - Used the library regularly
  - Used interactive reading strategies, engaging children in language and literacy activities at home
Finally, parents in the Family Literacy Initiative who spent more time in English as Second Language (ESL) and Adult Basic Education (ABE) showed higher reading scores. However, the effects of the Family Literacy Initiative on parents’ school involvement appear to be due to differences in program quality rather than the amount of their participation, suggesting the importance of high quality FL activities in order for parents to make progress.

Los Angeles Universal Preschool

First 5 LA established and funded Los Angeles Universal Preschool (LAUP) to provide high quality preschool services for four-year-olds in Los Angeles County. LAUP supports classrooms in 325 preschools and provides funding for over 10,000 children to attend high quality preschool each year. Preschool classrooms are rated using a Five-Star Quality Rating Scale, and only those that receive a three-star rating or higher are eligible to enter the LAUP network.

- LAUP maximizes the number of children served each year. In FY 2011-12, children were enrolled in 96 percent of the available slots, exceeding the 93 percent target.
- Attendance rates are high in LAUP funded classrooms. In FY 2011-12, the average daily attendance rate of 92 percent exceeded the 85 percent target by 7 points.
- Children in LAUP classrooms are making noteworthy progress across domains of development based on the results of direct assessments of progress from fall to spring of the preschool year. Comparing three years of fall to spring scores for children’s school readiness, a number of trends in children’s skills emerged, as follows:
  - LAUP children assessed in English show consistent fall to spring gains in expressive vocabulary, early writing and early math, but the gains were greatest in early writing for the second year cohort and this cohort declined in early math skills. By the spring of their preschool year, children were at or above their same-age peers on early writing and early math, with the exception noted above of the second year cohort’s decline in early math. However, despite modest gains year to year, children attending LAUP programs were still below their same-age peers in expressive vocabulary.
  - LAUP children assessed in Spanish showed consistent fall to spring gains in expressive vocabulary, early writing and early math. In the third cohort, FY 2011-12, these children modestly increased their expressive vocabulary and in both the fall and the spring they were at or above the scores of their same-aged Spanish-speaking peers nationally. LAUP Children came close to national norms in the spring for early writing, but across all three years children’s scores in early math remained far below their same-age peers nationally, despite showing modest gains from fall to spring of each year.
On measures of social-emotional development and approaches to learning, children showed significant fall to spring improvement along the domains of attention, activity level and sociability. These changes occurred consistently across all three years of fall to spring data, suggesting the possible contribution of LAUP to these improvements.

Family Place Libraries
The Family Place Libraries (FPL) Project focuses on developing and maintaining a welcoming environment for families with infants and very young children in select public libraries throughout L.A. County. In September 2008, First 5 LA allocated $1,011,000 to fund up to 20 FPLs, to convert the Carson FPL into a training center for other local libraries and to develop a strategic partnership with the County of Los Angeles Public Library.

Early Development Index
The Early Development Instrument (EDI) is a questionnaire completed by kindergarten teachers to measure children’s early developmental outcomes. Between 2012 and 2014, First 5 LA staff plans to pilot the EDI in some select communities across L.A. County’s 5 supervisorial districts.

- In the first two years of implementation, 278 teachers from 92 elementary schools were trained to use the EDI and used the tool to assess the development of approximately 7,300 kindergartners. The areas in which the EDI has been implemented thus far include the following:
  1. Del Rey
  2. Downey
  3. El Monte
  4. La Puente
  5. Lennox
  6. Mar Vista
  7. Metro Los Angeles
  8. Pacoima
  9. Pasadena
  10. Rowland Heights
  11. Santa Monica
  12. South El Monte
  13. South LA
  14. South San Jose Hills
  15. West Athens
Table 20. Total expenditures and numbers served by School Readiness Cluster investments across three years 2009-12.

<table>
<thead>
<tr>
<th></th>
<th>Expenditures</th>
<th>Number Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Readiness Initiative</td>
<td>$51,343,959</td>
<td>183,462</td>
</tr>
<tr>
<td>Family Literacy</td>
<td>$7,597,389</td>
<td>4,213</td>
</tr>
<tr>
<td>Los Angeles Universal Preschool</td>
<td>$155,475,290</td>
<td>30,943</td>
</tr>
<tr>
<td>Family Place Libraries</td>
<td>$124,354</td>
<td>424</td>
</tr>
<tr>
<td>Early Development Index</td>
<td>$275,000</td>
<td>n/a</td>
</tr>
<tr>
<td>Total</td>
<td>$214,815,992</td>
<td>219,042</td>
</tr>
</tbody>
</table>
School Readiness Investments

The School Readiness Investments Cluster includes programs that help support communities, schools, administrators, teachers, families and children to provide the best environments and opportunities for children to be ready for school. 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.

- School Readiness Initiative (SRI)
- Los Angeles Universal Preschool (LAUP)
- First 5 LA Family Literacy Program
- Family Place Libraries
- Early Development Instrument (EDI)

Family Literacy

In an effort to increase economic self-sufficiency among low-income families in L.A. County, the Family Literacy Initiative is a comprehensive program to promote language and literacy development of children and parents, as well as increase parenting knowledge and skills. This initiative started in 2002 and is composed of 19 grantees that include school districts and community-based organizations. Each grantee funds programs that include the following four components: 1) intergenerational activities for parents/caregivers and children; 2) parenting education and training; 3) parent/caregiver literacy, academic and/or vocational training; 4) age-appropriate early childhood education. 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.

In addition to providing direct funding to family literacy programs, First 5 LA also funded the Family Literacy Support Network (FLSN) to provide assistance — through training and technical assistance — to grantees for program improvement activities.

What services were provided or activities conducted?

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

- Intergenerational activities between parents and children that foster learning and appropriate social and emotional development, often referred to as PCILA (Parent Child Interactive Literacy Activities) time (10 hours/month)
- Parenting education and training to enable families to provide nurturing and stimulating environments for children (10 hours/month)
- Parent/caregiver literacy, academic and/or vocational training that promotes economic self-sufficiency (48 hours/month)
- Age-appropriate early childhood education that prepares children from birth to 5 years to succeed in school and in life (60 hours/month)

The FL initiative also funded a technical assistance provider, the Family Literacy Support Network (FLSN). The primary role of the FLSN is to provide training, support, and guidance to grantees to facilitate their progress toward becoming model family literacy programs. In addition to trainings and networking meetings, the FLSN provides much of its support to the grantees through customized technical assistance site visits, where FLSN staff discuss grantee challenges, observe program activities, and offer feedback, advice, and resources to move grantees forward.

Who was served?

Over the course of the initiative, the majority of families participating in Family Literacy have been Latino/Hispanic. The primary language of adult participants continued to be Spanish, while for children over the last several years there has been a shift towards more English-speaking children (Tables 22, 23).

**Table 22. Ethnicity and Language Spoken Family Literacy Participants, FY 2011-12.**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number of Children</th>
<th>Percent</th>
<th>Number of Adults</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>523</td>
<td>83%</td>
<td>493</td>
<td>88%</td>
</tr>
<tr>
<td>White</td>
<td>25</td>
<td>4%</td>
<td>17</td>
<td>3%</td>
</tr>
<tr>
<td>Asian</td>
<td>27</td>
<td>4%</td>
<td>30</td>
<td>4%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>14</td>
<td>2%</td>
<td>5</td>
<td>2%</td>
</tr>
<tr>
<td>Black</td>
<td>8</td>
<td>1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other ethnicities</td>
<td>30</td>
<td>6%</td>
<td>14</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>627</strong></td>
<td><strong>100%</strong></td>
<td><strong>559</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Language</th>
<th>Number of Children</th>
<th>Percent</th>
<th>Number of Adults</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>301</td>
<td>52%</td>
<td>441</td>
<td>81%</td>
</tr>
<tr>
<td>Spanish</td>
<td>248</td>
<td>43%</td>
<td>61</td>
<td>11%</td>
</tr>
<tr>
<td>Other languages</td>
<td>31</td>
<td>5%</td>
<td>45</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>580</strong></td>
<td><strong>100%</strong></td>
<td><strong>547</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
What did we learn?

A series of evaluations were conducted on the Family Literacy Initiative starting with year one of the initiative in 2002 and continuing with a comprehensive eight-year evaluation that was released in 2011. Furthermore, in 2011 a study was conducted following a sample of Family Literacy children into elementary school.

In the 2011 follow-up study comparing the children in FL with the Los Angeles Unified School District School Readiness Program (SRLDP), using a matched comparison group design, FL participants received the four integrated family literacy program components — early childhood education, parent education, parent-child interactive literacy activities, and adult education — whereas SRLDP participants received two of these components (early childhood education and parent education). Results indicated that Family Literacy students outperformed the matched sample of SRLDP students on the English language arts CST for grades 2 through 5 combined and on the math CST for grade 3 and for grades 2 through 5 combined. Family Literacy students also had statistically lower absence rates at grades 1, 2, 3 and 4 compared to the matched sample of SRLDP students.

Child Outcomes

- Children showed statistically significant increases in their English receptive vocabulary scores that were greater than expected through maturation.
- Children showed statistically significant growth in their ability to name letters, colors, and numbers; in concepts of print and comprehension skills; in counting objects; and in problem-solving skills than what would be expected by maturation.
- Children whose parents participated in Adult Education (AE) showed higher scores on naming colors and story and print concepts, while children whose parents participated in Parent-Child Interactive Literacy Activities (PCILA) and Parent Education (PE) revealed higher English language proficiency.
- Unexpectedly, children who attended ECE programs that used didactic teaching methods showed greater growth on a language screening test (English and Spanish) but there was no relationship between format of instruction (didactic vs. exploration) and children’s gains in school readiness skills.\(^{16}\)

Parent Outcomes

Aside from studying child outcomes, the comprehensive 8-year evaluation also examined the relationship program participation had on child outcomes, and changes made by parents using a matched comparison group. Compared to parents not enrolled, parents in the Family Literacy Initiative made the following gains:
- Increased their reading skills over the course of their participation
- Improved their parenting knowledge and behaviors across all years of their participation
- More parents believed they should read to children beginning in their first year of life
- Used the library regularly
- Used interactive reading strategies, engaging children in language and literacy activities at home

As well, parents in the Family Literacy Initiative who spent more time in English as Second Language (ESL) and Adult Basic Education (ABE) showed higher reading scores.

Comparing parents who completed the Family Literacy Initiative with those who did not complete the program revealed the following:

- A higher percentage of parents who completed the program believed they should read to children beginning in their first year of life, used the library regularly, and used interactive reading strategies, engaging children in language and literacy activities at home.
- These parents had a greater understanding of how the public school system works, the importance of being involved in their children’s schools, and they reported consistently following routines with children, and setting rules and consequences for children’s behavior.

Finally, parents who spent more time in Parenting Education (PE) and Parent-Child Interactive Literacy Activities (PCILA) reported continuing frequent reading to their children and significantly more use of their local libraries and greater involvement in their child’s school. But the effects on parents’ school involvement appear to be due to differences in program quality rather than the amount of their participation, suggesting the importance of high-quality FL activities in making the differences for parents. Indicators of quality for Family Literacy programs included:

- Intensity of services offered
- Teacher qualifications and teacher-student ratios
- Content and curriculum
- Pedagogy
- Use of data
- Classroom resources
- Integration among program components

These indicators were derived by the evaluation team (American Institutes for Research) based on the Framework for Continuous Quality Improvement (FLSN, 2005)
prepared by the Family Literacy Support Network (FLSN), the Even Start Guide to Quality (Dwyer & Sweeney, 2001), and a review of the research literature on family literacy and each of its four components.

Family literacy program quality generally remained stable over this time and ECE classrooms were in the middle range of quality, on average (e.g., a “good” rating on the Early Childhood Environment Rating Scales Revised — ECERS-R). By Year 7 of the Initiative, most program staff remained qualified for the components they taught, although few PE teachers held a parenting education credential. Also, while most teacher-to-child ratios were stable, for the PCILA program these ratios, in which lower ratios are associated with higher quality, improved over this time period.

Quality differences between FL program sites were associated with significant outcomes for parents and children.

- In the Adult Education program, teachers with more years of experience in the family literacy program and who used less hands-on activities (compared with lectures) were more likely to have parents in their classes who improved their English reading skills.
- Parents attending AE programs with more classroom resources and better integration with the other program components were also more likely to improve their English reading skills.
- Unexpectedly, AE programs whose teachers had an AE credential were more likely to have parents whose reading skills declined. This was explained by the evaluators as being due to programs placing more weight on having community-based teachers regardless of credential.
- In the PE and PCILA programs, teachers with more experience in a family literacy environment and an appropriate credential were more likely to have their parents use the library more, improve the number of literacy activities they practice, were more likely to read to their children, and showed greater involvement with their children’s schools.
- PE and PCILA programs that used more hands-on activities, gave fewer lectures (in PE programs), and used a standard curriculum tended to have parents who improved their library use, and, for programs with fewer lectures and a standard curriculum, the parents also increased their use of literacy activities and read more frequently to their children.
- FL programs that integrated PE and PCILA with other family literacy components were more likely to have parents who increased their involvement in their child’s school and who increased their library use.

Overall, better teacher qualifications, integration, and structured but interactive pedagogy were associated with improvement of several parenting practices, and fewer
hands-on activities, classroom resources, integration, and AE teacher experience were associated with improvements in parents’ reading scores.

Despite these successes, parents identified some remaining challenges, including:

- Finding employment
- Supporting the academic achievement of their children
- Helping children with their homework
- Managing the behavior of older children

Overall, however, a majority of parents agreed that their Family Literacy program had helped prepare them to address the challenges they face.

**School Readiness Initiative**

In December 2001, First 5 California launched the School Readiness Initiative (SRI) in partnership with First 5 California and the other 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 low and high socioeconomic status children upon school entry. The SRI Program funds a wide range of services to help children age 0–5 get ready for school in four result areas: 1) improved child development; 2) improved family functioning; 3) improved health; and 4) improved systems of care.

First 5 California initiated the RFP process for this initiative and through that process First 5 LA developed the initial program design and the evaluation. From 2002 through June 30, 2011, 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.

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, 3) Family and community support and services that contribute to children's readiness for school success. SR 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.

In May 2012, the Commission voted to only extend funding for a portion of the school readiness grantees. Specifically, funding was extended for those grantees implementing the same home visitation program selected through the community plans by the Best Start Communities. They also extended funding for those grantees implementing a
model different than the one selected by the Best Start Communities they are in or were near to.

**What services were provided or activities conducted?**

Throughout the life of this initiative, there has been lots of variation in the services provided by First 5 LA’s SRI grantees. Many clients get “light touch” services such as one-time workshops while others get much more intensive services such as home visiting programs. All SRI grantees provide both 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.

**Who was served?**

Over the course of this initiative, the majority of children and adult participants in SRI were Latino/Hispanic and were primarily Spanish speaking (Tables 24).

<table>
<thead>
<tr>
<th>Table 24. Ethnicity and Language Spoken School Readiness Initiative Participants - Children, FY 2011-12.</th>
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<tbody>
<tr>
<td><strong>Ethnicity</strong></td>
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<td>Primary Language</td>
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<td>Spanish</td>
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<td>English</td>
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* Ethnicity data were available for 20,965 of 22,629 children; Language data were available for 20,212 of 22,629 children.
** Ethnicity data were available for 17,194 of 21,928 adults; Language data were available for 16,784 of 21,928 adults.

**What did we learn?**

Evaluating the School Readiness Initiative is a challenge due to the diversity of types and the intensity of services provided. To understand child and parent outcomes associated with the School Readiness Initiative, given different types and intensities of services, the evaluation designs of programs in the School Readiness cluster have typically used rigorous evaluation methods using matched comparison groups.

The same 2011 study mentioned under the Family Literacy Initiative also compared School Readiness programs with the Los Angeles Unified School District School Readiness Program (SRLDP), which formed the comparison group. However, there was also more variation in SR services compared with the Family Literacy Initiative, and SR participants received less intensive services.

Results indicated that on English Language Arts and Mathematics, at grade 3 and combined across grades 2–5, the comparison sample students scored statistically higher than School Readiness students. There were no statistically significant differences for English language development at kindergarten entry and on rates of school absence at any grade.

Parents with high levels of participation in the School Readiness Initiative (more than 24 hours over a year), according to a parent survey administered at enrollment and one-year follow-up, demonstrated significant growth on a number of key indicators:

- Increasing the number of books in the home
- Spending more time reading to their children
- Becoming more engaged in their child’s education through greater contact and communication with the child’s preschool and school
- Increased behavior, knowledge, and beliefs in regard to supporting their children’s learning and development
- Greater understanding the importance of a parent support network
These findings, taken as a whole, suggest that more intense participation in SR Initiative activities was associated with more positive outcomes.

In FY 2010-11, a survey of SRI providers was conducted to examine program staff perspectives on parent engagement as well as the strategies for increasing parent engagement and the challenges that program staff face as they work to engage parents. Results indicated that the majority of program staff, from 87 to 94 percent, reported that parents seem to be engaged; they were comfortable with program staff, interested in their child's learning and development, and parents seemed satisfied with the program.

A study in six SRI program sites implementing the Teaching Pyramid Approach found the following:

- Teachers were more confident, less stressed, and less frustrated by children’s challenging behaviors.
- Teachers and aides who trained together had improved working relationships and teachers reported that children learned behavior expectations, were better able to express emotions verbally, and required less teacher intervention to solve conflicts.
- Administrators reported that referrals for behavior problems decreased and when made, were more appropriate.
- Administrators felt better able to support teachers around children’s challenging behaviors.
- Consistently positive results were found across individual sites and the qualitative findings from this study showed:
  - Reduced referral to outside agencies
  - Increased use of comprehensive strategies and team planning
  - Changes in individual interventions
  - Improved staff satisfaction
  - Children were better able to understand and follow behavior expectations
  - The number of children reported as having challenging behavior has decreased
  - Staff relied more on each other as sources of additional information and support

The consistency of the results suggests that the training provided useful benefits to the participating sites for how staff and administrators deal with child behavior issues in early child care settings. However, all participating SRI sites were in the very early stages of implementation when data collection began.
Los Angeles Universal Preschool (LAUP)

First 5 LA established and funded Los Angeles Universal Preschool (LAUP) in 2004 as an independent non-profit organization. First 5 LA committed $600 million to support preschool services for four-year-olds in Los Angeles County. Since 2005, LAUP has funded the operation and/or development of more than 325 preschools in Los Angeles County, touching the lives of 60,000 children through enriching curricula and nurturing environments aimed at best preparing children to succeed in school and beyond.

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. Preschool classrooms are rated using a Five-Star Quality Rating Scale, and only those that receive a three-star rating or higher are eligible to enter the LAUP network.

What services were provided or activities conducted?

The primary services LAUP provides include:

- Funding for more than 300 preschools countywide
- Offering grants to preschool providers
- Providing training to preschool teachers
- Evaluating preschools by using a 5-Star Quality Assessment and Improvement Scale
- Providing preschools with expert, in-field quality and fiscal support coaches to work directly in the classroom

Who was served?

LAUP provides preschool for a racially and linguistically diverse segment of the County’s population, approximately 10,000 4-year-olds each year. The majority of participants identify as Latino/Hispanic (63 percent) and approximately 8 percent identify as Black and 8 percent identify as Asian. Most children speak English (56 percent) but a large percentage report Spanish as their primary language (36 percent) – See Table 25.

<table>
<thead>
<tr>
<th>Ethnicity and Language Spoken LAUP Participants, FY 2011-12.*</th>
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<td>Number</td>
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What did we learn?

A central objective of LAUP is to support early learning and development. To meet this objective, First 5 LA and LAUP track the progress of children during their year in LAUP programs as an element of the performance-based contract between the two organizations. Beginning in the 2009–2010 program year, Mathematica Policy Research worked with First 5 LA and LAUP to identify the domains of development First 5 LA and LAUP sought to track, to identify appropriate measures, and to set targets for child progress in the 2011–2012 year.

During the 2010–2011 program year, as part of Phase 4 of the Universal Preschool Child Outcomes Study (UPCOS-4), Mathematica conducted direct child assessments to test the validity of the targets set for the 2011–2012 program year. Based on the findings, which suggest that the targets successfully differentiated children who made substantial gains during the year and the group of children who needed additional support, LAUP and First 5 LA agreed to include the child progress targets in First 5 LA’s performance-based contract with LAUP for the 2011–2012 program year. During the 2011–2012 program year, as part of Phase 5 of the Universal Preschool Child Outcomes Study (UPCOS-5), Mathematica conducted direct child assessments to determine whether the agreed-upon targets were met.

Findings. During spring 2007 in the first phase of the Universal Preschool Child Outcomes Study (UPCOS-1), Mathematica Policy Research (Mathematica) worked with First 5 LA and LAUP to identify appropriate child assessments to use with LAUP’s population. In UPCOS-2 (2007-08), those assessments were used to measure children’s progress over the course of the preschool year. Mathematica found that on average, LAUP children’s social, language and literacy skills were above national norms. However,
children’s expressive vocabulary was found to be lower than national norms. Also, 20 percent of children had BMIs in the obese range.

In UPCOS 3 (2009–2010), Mathematica worked with First 5 LA and LAUP to identify the domains of development First 5 LA and LAUP sought to track and to test additional measures for child progress. Some teacher-administered assessments were tested this year, but there was little evidence that such assessments would serve as valid and reliable measures for the purposes of this study. This study administered a full battery of direct child assessments at two intervals, fall and spring, on a representative sample of children attending LAUP early childhood education programs. The results indicated that, overall, children made progress in all areas of development.

In addition to measuring children’s progress, UPCOS examined parent backgrounds and teacher training and qualifications. During UPCOS 2, 43 percent of mothers did not complete high school, 75 percent of families included Latino members, and slightly less than half (45 percent) of LAUP children were English language learners. LAUP teachers were well-educated with 61 percent reporting that they held a BA or higher degree and well-experienced with an average of 12 years’ experience teaching preschool. Thirty-three percent of children were in classes with no specific curriculum.

In UPCOS 3, a study of LAUP provider instructional practices conducted by Mathematica found that:

- More than 85 percent of instructors strongly agreed with the importance of speaking clearly in English and frequently repeating. Many endorsed the use of songs in English to teach concepts.
- Instruction in English was more frequent and usually rated at higher quality than instruction in other languages.
- Home language was used more often in high English language learner concentration classrooms than low ones.
- Quantity and quality of book sharing showed room for improvement.

Also in UPCOS 3, Mathematica and LAUP collaborated to measure parent engagement and reported that:

- Parents reported engaging in children’s learning in a variety of ways at the program and in the home/community but that the main barriers included work/school schedules and the need for childcare.
- The majority of providers reported programs supported engagement in a variety of ways.
- Parents agreed that teachers and programs were open and welcoming.
In UPCOS years 3 through 5, children were assessed in the fall and the spring of their preschool year on the same set of standardized measures of expressive vocabulary, early writing, early math, social-emotional and approaches to learning. These fall-to-spring assessments on the children attending LAUP early childhood programs in each preschool year were conducted for the past three years, from FY 2009-10 through FY 2011-12. Comparing three years of fall-to-spring scores for children’s school readiness, a number of trends in children’s skills emerged, as follows:

Figure 3 shows the skill levels of all children assessed in English, for the three assessments of language skills that endured across all three fiscal years.

- **Expressive Vocabulary:** The LAUP children who were assessed in English showed consistent year-over-year increases in their age-adjusted standard scores for expressive vocabulary. In the spring of 2011 and 2012 these children showed almost identical scores and gains of approximately 2 standard score points, representing a very modest set of gains.\(^{20}\) Compared to their same-age peers nationally (standard scores of 100), the LAUP children were still almost 10 standard score units behind, which represents two-thirds of a standard deviation behind the national norms.

- **Early Writing:** There was a significant increase from fall to spring, in the second year but in the first and third fiscal years there was only a modest, not statistically significant increase. Children assessed in English who were enrolled in LAUP early childhood programs made more progress in early writing than would be expected simply due to maturation.\(^{21}\)

- **Early Math:** There was almost no change the first year, while in the second year children’s skills declined and, in the third year, children’s early math skills improved, modestly. The decline from fall to spring in the second year is noteworthy because the scores in the spring were lower compared to children’s peers nationally. In the last year, the children showed modest gains.\(^{22}\) However, across all three years children attending LAUP early childhood education programs were at or above the level of their same-age peers nationally in early math skills.
Figure 4 summarizes the trends for the children assessed in Spanish, as follows:

- **Expressive Vocabulary (Spanish):** Children in the second year started considerably lower in their expressive vocabulary skills than they did in the other years and they made slightly larger gains from fall to spring as did the children in the first and third years. By the third year, children were starting at a considerably higher point than the children in prior years and at a point that was at or above their same-age peers nationally. Thus, ELL children attending LAUP in FY 2011-12 were already entering programs at levels that were at or above their national peers. Still, these children made sizable gains in expressive vocabulary.

- **Early Writing (Spanish):** In early writing skills, ELL children who attended LAUP programs showed no improvement in the first year but then made strong gains in the second year of the program. In the third year, children attending LAUP programs made gains in early writing but these were more modest. By the end of the second and third years, children’s early writing skills almost reached those of their same-age peers nationally.

- **Early Math (Spanish):** Scores for ELL children across all three fiscal years stayed relatively the same, showing modest gains in the first and second years, but much larger improvement in their early math skills in the third year. However, across all
three years children were performing considerably lower than their same-age peers nationally.

Overall, the results show consistent year to year changes in most of the key school readiness skill areas, which supports the possible contribution of LAUP early education and care programs to improving children’s language skills. Also, by the third year, LAUP children appear to be doing better relative to their same-age peers in some skills than others, notably early math for children assessed in English and expressive vocabulary for children assessed in Spanish.

UPCOS years 3 through 5 also measured children’s social-emotional development and approaches to learning, using the percentages of children who scored in the expected range (national average of 84) on assessor ratings of attention, activity and sociability. Figure 5 displays three years of fall-to-spring data.
• In each of the three years, the percentage of children scoring in the expected range increased from fall to spring, with some domains showing higher rates of change than others, and in different years.

• The strongest improvement occurred in the second year group, for activity and sociability and by the spring they were higher than their same-age peers nationally.

• Steady improvement occurred among the first year children, for both attention and sociability and in the third year for activity. By the spring, a higher percentage of children scored in the expected range than in the fall and these percentages were at or above their same-age peers nationally.

![Figure 5. LAUP Children’s Fall-to-Spring Changes in Social-Emotional Development and Approaches to Learning, 2009 to 2012](image)

Overall, children showed good fall-to-spring improvement in their social-emotional development and approaches to learning along the domains of attention, activity level and sociability. These changes occurred consistently across all three years of fall-to-spring data, suggesting the possible contribution of LAUP to these improvements.

**Family Place Libraries**

The Family Place Libraries (FPL) Project focuses on developing and maintaining a welcoming environment for families with infants and very young children. In September
2008, First 5 LA allocated $1,011,000 to fund up to 20 FPLs, to convert the Carson FPL into a training center for other local libraries and to develop a strategic partnership with the County of Los Angeles Public Library.

As of June 2012, the FPL initiative has funded 10 libraries. All 10 libraries have received membership in the National Family Place Network.

- Bell Gardens
- Chet Holifield
- El Monte
- Graham
- Huntington Park
- La Crescenta
- Lake Los Angeles
- Leland R. Weaver
- Norwalk
- Paramount

**What services were provided or activities conducted?**

First 5 LA funding has been used for librarians to attend a four-day training that includes skill-building in best practices related to family support, child development and parent education. Once the librarians have completed the training, their libraries implement the following components:

- 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

Parent/child workshops have been held at seven of the ten libraries. The remaining three libraries will be hosting these workshops in FY 2012-13. The workshops brought in representatives from various community agencies and focused on connecting parents with local health, nutrition, parenting and child care resources. Most parents and children attended more than one workshop.
Who was served?

Parent/child workshops were attended by 195 parents and caregivers and their 229 children.

What did we learn?

From the work of First 5 LA in collaboration with the 10 libraries implementing this program, the following has been learned:

- Some libraries in this project have many existing resources due to other funding sources, while other libraries have very limited resources.
- Obtaining books and other materials in Spanish and Chinese has been difficult for some of the libraries because the typical book suppliers do not have appropriate books in these languages.
- It has been difficult to recruit community agencies to come and conduct workshops. For example, the bad economy inhibits agencies from sending staff resources to conduct workshops.
- According to parent surveys, the top three topics that parents wanted to learn more about were child development, speech and hearing, and nutrition.

Early Development Instrument

Between 2012 and 2014, First 5 LA staff plans to pilot the Early Development Instrument (EDI) across Los Angeles County’s 5 supervisorial districts. The EDI is a questionnaire completed by kindergarten teachers that measures children’s early developmental outcomes in the following domains: 1) Physical health and well-being; 2) Social competence; 3) Emotional maturity; 4) Language and cognitive development; and 5) Communication skills and general knowledge. The EDI is a well-validated instrument that has been found to be easy to use by kindergarten teachers.

The EDI not only describes how a community’s children as a whole are developing but also predicts health, education and social outcomes. The EDI results are reported at a population level as the percentage of children vulnerable in each of the five domains. Geographic maps show the percentage of children in local communities who are developmentally vulnerable on the EDI domains. These maps compare communities in children’s strengths and weaknesses. They also help to understand other community factors that are related to children’s EDI results and their overall health and well-being (e.g., poverty rates, availability of community resources, resident mobility, family support providers, libraries, and health providers). These data have important implications for future program development and resource investments. For instance, First 5 LA and other
community development leaders can use these data and maps to identify and target specific factors or community problems that require change.

**What services were provided or activities conducted?**

As the national support center for EDI implementation and First 5 LA contractor for this project, the UCLA Center for Healthier Children, Families and Communities recruited school districts to participate and trained kindergarten teachers to complete the EDI for their students.

UCLA also produces “Community Profile” reports which included geographic maps that allow community members and leaders to:

- Compare the strengths and weaknesses in children’s development and school readiness across communities and EDI domains
- Understand the relationship between children’s EDI results and other important factors that may influence their health and well-being
- Motivate action and advocacy efforts to help children reach their potential
- Plan interventions and resource investments
- Track progress over time to see how changes in investments, policies, or other factors influence children’s health and well-being

Participating schools receive confidential school reports that provided data to teachers and their school administrators about how the children in a school are doing developmentally compared to children in other local schools using the EDI. Such information is intended to help schools implement programs that will help children succeed as they progress through the school years. Community profile and school reports for the communities and schools that participated in 2011–2012 will be disseminated during the 2012–2013 year.

**Who was served?**

Between Fiscal Years 2009-2010, 2010-2011 and 2011-2012, 278 kindergarten teachers were trained to use the EDI. Data were collected at 92 schools for approximately 7,300 kindergartners in 15 communities in L.A. County.

**What did we learn?**

The following lessons were learned from the first two years that the EDI was implemented (3/1/12–6/30/13):

- **Community outreach and recruitment:** Outreach and recruitment should be approached as an ongoing activity throughout the year with the dual objectives of
current year recruitment of schools and communities as well as general awareness-raising to build networks of supporters for future implementation.

- **Teacher training:** The model calls for the school district to manage the teacher training. Due to the short implementation period of year 1, UCLA staff conducted the entire teacher training. In year 2, strategies should be implemented that involve district staff in this work. Uploading of EDI data by teachers went smoothly for some districts but not for others. In future years of implementation, issues of capacity and plans for providing data uploads should be discussed early in the planning process.

- **Community boundaries:** Determining boundaries is important since much of the data reporting is demonstrated via community maps. Communities with easily identifiable pre-existing boundaries do not require the engagement of groups of local stakeholders in a boundary selection process. Those without clearly defined, pre-existing boundaries often did not provide a clear response on their boundaries preferences and thus boundary selection relied on census block groups. Finalizing community boundaries will occur after the first set of maps is provided to them in 2012–2013 and revisions based on feedback can done.

- **Data reporting:** Teachers and principals raised numerous questions about how EDI data would be used, suggesting the importance of supporting stakeholders with the interpretation of the data and with ideas for connecting the data to efforts to improve early childhood systems and environments. Without stakeholder support there is a greater risk that the value of implementing the EDI will be questioned and the EDI may not obtain buy-in.

*What were key outcomes and lessons learned for the School Readiness cluster?*

The School Readiness cluster of programs address three key strategies from the First 5 LA Strategic Plan: Family Strengthening, Systems Improvement and Community Capacity Building. The primary goal of the strategies in this cluster is that children are ready for kindergarten. Although the focus is on children’s school readiness skills as they make the transition to kindergarten, there are also important changes expected to occur for parents that will herald improved school readiness skills of their children, such as literacy and language activities and engagement in their child’s education. Thus, the accomplishments in this cluster focus on both child and parent outcomes as a result of participating in programs that are part of the School Readiness cluster.

The evaluation results largely confirm the First 5 LA Strategic Plan strategies and goals based on the accomplishments to date in both child and parent outcomes. Several of the major investments showed significant improvements in children’s school readiness.
skills as well as in parental behavior and attitudes towards supporting their children’s development.

Evaluations that used rigorous evaluation designs, including control or comparison groups with children followed over time, revealed that the language, cognitive and social skills of children living in disadvantaged families in L.A. County can be improved. The results show consistent year-to-year changes in most of the key school readiness skill areas, which supports the possible contribution of LAUP early education and care programs to improving children’s language skills. Also, by the third year, LAUP children appear to be doing better relative to their same-age peers in some skills than others, notably early math for children assessed in English and expressive vocabulary for children assessed in Spanish. Yet, compared with national norms these children are still behind their peers on some school readiness skills.

Children also showed significant fall-to-spring improvement in their social-emotional development and approaches to learning along the domains of attention, activity level and sociability. These changes occurred consistently across all three years of fall-to-spring data, suggesting the possible contribution of LAUP to these improvements.

Overall, parents who show high levels of participation in parent-related activities provided by the Family Literacy Initiative and the School Readiness Initiative appear to make important changes to the home literacy environment, including:

- Increasing the number of books in the home
- Spending more time reading to their children
- Becoming more engaged in their child’s education through greater contact and communication with the child’s preschool and school

The chain of events supporting these changes indicates that parental attitudes and behavior changes appear to lead to improved language and literacy in the home environment, which then may lead to improved school readiness skills by the children.

Two key factors appear to moderate some of these accomplishments and thus serve as important lessons. First, in many cases gains occurred for children and parents only when program quality was sufficiently high and when there are high levels of participation in parent-related activities. A challenge for many programs is to maintain parent’s participation in their programs in the face of key barriers such work/school schedules and the need for childcare. Reducing these and other barriers will pay dividends by maximizing the positive impacts of the program for parents and their children. Second, program quality and the degree to which it follows the evidence-based model, termed “fidelity,” are also critical to maintaining participation which can then lead to the desired outcomes.
Workforce Investments Snapshot

Family, Friends and Neighbors

First 5 LA’s Family, Friends and Neighbors (FFN) initiative was designed to promote quality among license-exempt child care providers in L.A. County through support services, mentoring and training. In 2012, First 5 LA released a study that explored the characteristics and needs of providers as well as effective strategies and opportunities to reach this group. The purpose of the study was to provide information and insight that could help various stakeholders, including First 5 LA, in future program planning and policy decision impacting this group.

Between December 2007 and April 2011, 448 providers participated in a survey and 44 FFN grantees participated in focus groups. Findings include:

- More than 80 percent of FFN providers 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).
- FFN providers care for as few as one child to as many as 20 children.
- 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.

High School Recruitment

The High School Recruitment (HSR) project was 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.

- While thousands of students participated with grantee outreach activities, 1,016 students delved into activities designed to give them a deeper exposure to the ECE field and related careers during the 2011–2012 year.
- After participating, many students reported an improved knowledge about ECE careers and training, that they learned important child development concepts, and that they learned effective skills and techniques for working with children.
L.A. County ECE Workforce Consortium

The Consortium was established in 2011 and is coordinated by LAUP. It represents a multi-faceted collaboration among organizations and educational institutions in L.A. County that seeks to increase the quality of early learning programs for young children by supporting the recruitment, education, preparation and retention of a diverse early care and education workforce. The Consortium includes five separate but complementary programs that are outlined below.

Workforce Initiative

The Workforce Initiative (WFI) works to address barriers to access, retention, transfer and degree attainment encountered by the ECE workforce. To this end, these programs provide academic support and services to navigate the higher education system to current and potential early educators.

- Of the Workforce Initiative participants, 92 percent completed their educational plan, and 86 of participants completed coursework with a “C” grade or better, 15 percent achieved an AA/AS, 21 percent achieved a Bachelor’s degree, and 8 percent achieved new or upgraded permits.

Gateways for Early Educators

The Gateways for Early Educators (Gateways) Program aims to enhance the quality of child care in L.A. County through workshops and one-on-one career and quality coaching.

- Twenty-one percent of coaching participants completed their first goal, and 94 percent of participants rated their training as “good” or “excellent.”
- 95 percent of participants reported increased knowledge, and 94 percent reported that they plan to implement new practices with the children they serve.
- Across the county, participants reported an increase in knowledge of the training topic and report high intentionality of implementing the new knowledge in their child care environment.

Early Childhood Education Professional Learning Communities

The ECE-PLC Project is designed to support elementary school principals and transitional kindergarten (TK) teachers with the implementation of developmentally appropriate TK programs through training, technical assistance and professional learning communities (PLCs). PLCs link educators in ECE programs to TK classrooms in order to promote quality practice and increase collaboration.
LACOE successfully recruited 29 elementary schools to participate in the project and obtained the commitment and participation of 29 principals and transitional kindergarten teachers.

Almost all participants perceived the training to be high quality, characterized by well-organized, competent, and prepared staff that engaged participants, provided useful resources, and clearly communicated the goals of the event to participants.

**Steps to Excellence Program**

The Steps to Excellence Project (STEP) is a Quality Rating and Improvement System (QRIS) for licensed child care programs serving children ages 0–5. The purposes of STEP are to provide parents with information on child care quality and to provide incentives and supports for programs to meet and maintain higher program standards.

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

**Partnerships for Education, Articulation and Collaboration in Higher Education**

PEACH is a collaborative effort among institutions of higher education (IHEs) in L.A. County and the Consortium partner agencies that aims to improve educational and professional development pathways and systems for the ECE workforce.

- Based on interviews with Consortium partners, there was strong consensus that PEACH acts as a major vehicle for successful collaboration. Four of the eight consortium partners specifically mentioned the success of the PEACH effort in fostering communication, collaboration, and cohesion/relationship building.
- A white paper produced by the PEACH partners will prove useful to ECE leaders in California’s higher education institutions in understanding the existing ECE professional development landscape and designing strategies for improvement.

**A Stipend Program in Support of ECE Excellence**

The First 5 California CARES Plus program — locally branded as ASPIRE — is a statewide professional development program dedicated to increasing the quality of early learning programs by supporting the ECE workforce. Launched in 2011, ASPIRE provides
early educators with training, academic advisement and stipends for educational attainment.

- Of all ASPIRE participants, 76 percent completed coursework with a “C” grade or better, 7 percent earned a degree and 21 percent achieved a new or upgraded permit.
- ASPIRE participants showed increased knowledge about effective teacher-child interactions compared with a “wait list” comparison group.

**Family Child Care Higher Education Academy (Project Vistas)**

Project Vistas is a pilot project that supports Spanish and Mandarin-speaking FCC providers with attaining educational and career goals by providing outreach, support services, coaching and advisement.

- Project Vistas increased access to educational opportunities for bilingual FCC providers, exceeding the number of participants expected.
- Participants made progress towards their educational goals and moved beyond their original goals of a basic child development permit to that of achieving an Associate of Arts and Bachelor degrees.

**ECE Career Development Policy Project**

Lead by the Los Angeles County Office of Education (LACOE), the ECE Career Development Policy (CDP) Project is designed to address the multiple needs of the ECE workforce through policy and advocacy efforts. The Project, funded for $5.7 million over six years, is focused on achieving policy goals to create long-term sustainable change for the ECE workforce with regard to retention, compensation and workplace conditions.

- The majority of survey respondents indicated that they viewed First 5 LA as a policy leader in the ECE workforce policy arena as a result of the project and website launch event.
- Engagement activities targeted at elected officials and leading policy entities have garnered significant support for the project’s policy agenda.

**Prenatal-to-Three Workforce Development**

The goal of the project was to ensure the Prenatal-to-three (P-3) workforce has the knowledge, skills and competencies necessary to meet the developmental needs of young children. Launched in 2008 and led by ZERO TO THREE to Three (ZTT), the P-3 Project aimed to identify the core competencies necessary to develop an effective P-3 workforce in Los Angeles County, develop training approaches to support these competencies, implement field tests of developed training approaches and develop strategies for integrating and
sustaining this cross-sector professional development model in communities across Los Angeles County.

Some recommendations which emerged from the project included:

- Use the core competencies to help service providers focus on the “whole child” when working with children and families by emphasizing the development, health, education and context of the child.
- Create toolkits for agencies to guide them in incorporating the core competencies into agency practice, including professional development activities and hiring practices.
- Align the core competencies with accreditation requirements and promote dialogue among higher education faculty and administrators on the value of the core competencies as a starting point for pre-service education.

Table 27. Total expenditures and numbers served for Workforce investments across three years 2009–2012.

<table>
<thead>
<tr>
<th>Workforce Initiative</th>
<th>Expenditure</th>
<th>Number Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family, Friends, and Neighbors</td>
<td>$3,290,201</td>
<td>714</td>
</tr>
<tr>
<td>High School Recruitment</td>
<td>$2,903,734</td>
<td>3,264</td>
</tr>
<tr>
<td>L.A. County ECE Workforce Consortium</td>
<td>$4,921,048</td>
<td>n/a</td>
</tr>
<tr>
<td>Workforce Initiative</td>
<td>$3,241,727</td>
<td>1,870</td>
</tr>
<tr>
<td>Gateways for Early Educators</td>
<td>n/a</td>
<td>422</td>
</tr>
<tr>
<td>Early Childhood Education Professional Learning Communities</td>
<td>n/a</td>
<td>64</td>
</tr>
<tr>
<td>Steps to Excellence Program</td>
<td>$823,958</td>
<td>212*</td>
</tr>
<tr>
<td>Partnerships for Education, Articulation and Collaboration in Higher Education</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>A Stipend Program in Support of ECE Excellence</td>
<td>$492,192</td>
<td>1,011</td>
</tr>
<tr>
<td>Family Child Care Higher Education Academy</td>
<td>$354,816</td>
<td>180</td>
</tr>
<tr>
<td>ECE Career Development Policy Project</td>
<td>$2,625,489</td>
<td>n/a</td>
</tr>
<tr>
<td>Prenatal-to-Three Workforce Development</td>
<td>$1,651,493</td>
<td>38a</td>
</tr>
<tr>
<td>Total</td>
<td>$20,304,658</td>
<td>7,775</td>
</tr>
</tbody>
</table>

* These numbers represent programs, such as family- or center-based early childhood education programs or, in the case of Prenatal-to-Three, agencies. The distinction is that these numbers do not represent individuals.
Workforce Investments

Recognizing the importance of investing in the early care and education workforce, First 5 LA included workforce strengthening as a goal under the 2009-15 Strategic Plan. These investments address the Strategic Plan strategies of Systems Improvement and Community Capacity Building. The key long-term goals from the Strategic Plan are that children are ready for kindergarten, and that children are safe from abuse and neglect. But as shown below, there are a number of intermediate goals that are targeted by the Workforce Cluster of investments in order to achieve these longer-term goals.

First 5 LA’s portfolio of workforce investments consists of programs serving Early Care and Education (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. The key goals expected to be achieved by these services, as part of the FY 2009-15 First 5 LA Strategic Plan, include:

- Improving qualifications and training of ECE administrators, caregivers and teachers
- Increasing the quality of ECE programs
- Increasing the retention rates of administrators, caregivers and teachers in the ECE field
- Increasing the compensation of ECE administrators, caregivers and teachers
- Improving systems of care in ECE in L.A. County

There were a number of programs in the Workforce cluster supported through First 5 LA funding during the period of the current Strategic Plan, from FY 2009-10 through FY 2011-12. In this chapter we discuss each investment according to the key questions of what services were provided or activities conducted, who was served and what did we learn.

Family, Friends and Neighbors (FFN)

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 through support services, mentoring and training. More specifically, the FFN initiative has the following three goals for FFN providers: 1) to enhance the skills and knowledge of the current workforce regarding child care and child
development, 2) to enhance social connectedness with other providers and 3) to enhance provider knowledge and utilization of community resources.

What services were provided or activities conducted?

While program implementation varied among grantees, the initiative design mandated 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

Examples of such training included CPR, appropriate childrearing practices and how to conduct assessments of children’s development. Training was delivered via one-to-one visits to the provider’s home and in classroom settings. Some grantees also helped providers earn requirements to become licensed childcare providers.

Although the specific areas of training were required in the original RFP, the amount of hours of training was not mandated. As such, training offered by providers ranged from 10 sessions to as many as 22 sessions, averaging from two to three and a half hours per session. In addition, each grantee set 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.

Aside from meeting training requirements, grantees were also responsible for offering opportunities for social connectedness and peer group support among providers. Grantees organized social events for the providers as well as provider/child excursions to libraries, museums and parks. 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.

Who was served?

The target population for this initiative comprises residents of L.A. County who provide care to children 0–5 other than their own 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.
Every year, the FFN grantees aimed to serve a minimum of 30 providers each. In FY 2011-12, 209 providers participated in FFN programs. This signifies a decrease from previous years where 274 in 2009-2010 and 231 in 2010-2011 participated. For FY 2011-12, it was determined that only grantees which served First 5 LA’s Best Start communities would continue receiving First 5 LA funding, so the number of grantees was reduced from six to five. In FY 2011-12 the majority of providers identified as Hispanic and reported Spanish as their primary language (Table 29). However, there was also a sizable proportion of African-American providers.

Table 29. Ethnicity and Language Spoken Among FFN Providers, FY 2011-12.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>144</td>
<td>69%</td>
</tr>
<tr>
<td>Black</td>
<td>45</td>
<td>22%</td>
</tr>
<tr>
<td>White</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>Asian</td>
<td>19</td>
<td>9%</td>
</tr>
<tr>
<td>Total</td>
<td>209</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Language</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>144</td>
<td>22%</td>
</tr>
<tr>
<td>Spanish</td>
<td>46</td>
<td>69%</td>
</tr>
<tr>
<td>Other languages</td>
<td>19</td>
<td>9%</td>
</tr>
<tr>
<td>Total</td>
<td>209</td>
<td>100%</td>
</tr>
</tbody>
</table>

What did we learn?

Until recently, only limited information had been collected on FFN providers. A study was completed in 2011 to increase the overall knowledge about this population, particularly in L.A. County. Information from this survey could help stakeholders, including First 5 LA, in future program planning and policy decisions for FFN providers.

Study findings focused on the distinctive needs of FFN providers as well as the challenges they face, as follows:

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

High School Recruitment

The High School Recruitment (HSR) project was established in 2008 as a component of First 5 LA’s ECE Workforce Development Initiative and ended in 2012. This project was 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. HSR was a pilot project that aimed to identify effective strategies for recruiting high school students to participate in ECE career preparation activities.

The goals of HSR included:

- Increasing high school students awareness of the importance of quality ECE services in the development of children ages zero through five
- Increasing high school student participation in ECE career preparation activities
- Increasing interest in ECE occupations as a possible career
- Building and/or strengthening collaboration between high schools and colleges in order to connect students to careers and opportunities within the ECE field

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

What services were provided or activities conducted?

HSR programs offered three tiers of activities ranging from general outreach to participation in internships and college coursework. 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 a year.

Interested students identified through the first tier 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 offered 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.

**Who was served?**

The target population for HSR comprised students in grades nine through 12 who attended one of 14 participating high schools. Grantees were also required to target students who had not traditionally pursued careers in ECE, such as males and students planning to attend a four-year college.

1,016 students participated in tier 2 and 3 activities in FY 2011-12. The number of participants in the last fiscal year represents a 13 percent increase from FY 2010-11 but a 24 percent decline from FY 2009-10.

The majority of participants were Hispanic and over half listed Spanish as their primary language (Table 30). There were also a large number of African American participants in FY2011-12.

**Table 30. Ethnicity and language spoken among High School Recruitment participants, FY 2011-12.**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>792</td>
<td>82%</td>
</tr>
<tr>
<td>Black</td>
<td>118</td>
<td>12%</td>
</tr>
<tr>
<td>Asian</td>
<td>36</td>
<td>4%</td>
</tr>
<tr>
<td>White</td>
<td>8</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Other ethnicities</td>
<td>15</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>969</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Language</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>350</td>
<td>36%</td>
</tr>
<tr>
<td>Spanish</td>
<td>531</td>
<td>55%</td>
</tr>
<tr>
<td>Other languages</td>
<td>82</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>963</td>
<td>100%</td>
</tr>
</tbody>
</table>

*From a total of 1016 participants in FY 2011-12, ethnicity data were available for 969 participants while
language data were available for 963 participants.

What did we learn?

The HSR program was designed to test various methods for recruiting young people into the field of early care and education. In FY 2010-11, a variety of outreach methods resulted in greater participation levels by high school students in second and third tier activities that far exceeded the requirements.

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.

Student focus groups, partner interviews and student survey data revealed the following benefits to the HSR student participants:

- Students reported an increased interest in the ECE field
- Students reported an increased interest in college enrollment
- Partners reported that the program contributed to students’ academic achievement through completing a college course
- Students reported an improved knowledge about ECE careers and training
- Students reported that they learned important child development concepts
- Students reported that they learned effective skills and techniques for working with children to help put children on a path to a successful life

Several best practices and recommended courses of action were identified from partner interview reports of challenges and successful practices as well as from student feedback. A sampling of these recommendations includes:

- **Program Structure**: Directly link what students learn to hands-on and experiential activities and engage students in the material by allowing students creativity in designing their own activities they can use.
- **Effective Collaboration**: Partners should have staff with a solid understanding of the program and the necessary resources to implement activities in terms of space/time/scheduling, there should be an established point of contact that is constant and accessible, and it is important to establish shared mission and vision.
- **Scheduling**: It is important to plan activities early in the year in coordination with all relevant partners and distribute a calendar to students, consider including students when planning after-school activities to minimize conflicts with student schedules, plan as many activities as possible during school-time to
increase student participation, and encourage early support from parents by presenting the benefits of participation during some type of parent orientation or informational material for parents.

L.A. County ECE Workforce Consortium

The Los Angeles County Early Care and Education Workforce Consortium was established in 2011 and is coordinated by Los Angeles Universal Preschool (LAUP). The ECE Workforce Consortium represents a multi-faceted collaboration among organizations and educational institutions in L.A. County that seeks to increase the quality of early learning programs for young children and support the recruitment, education, preparation and retention of a diverse early care and education workforce. As a workforce development system initiative, the Consortium consists of collaborations among leaders in the field of early care and education who work to implement and improve the workforce development system for the early care and education workforce in Los Angeles County.

The work of the consortium reflects four subsystems that are critical to the early care and education workforce development system in Los Angeles County – Education, Professional Development, Quality Rating and Improvement Systems, and Policy. Each of these four subsystems is made up of interacting programs, policies, institutions, individuals and strategies that are expected to influence workforce development.

LAUP acts as the lead agency of the Consortium and works with a variety of subcontractors, including county agencies, community colleges and local nonprofit organizations, to implement the Consortium programs and create clear, diverse and appropriate professional development pathways through coordination of services and educational systems alignment.

Through its widespread projects, the Consortium serves: a) current and potential ECE students, including high school, community college and university-level students; b) current ECE professionals (licensed and license-exempt); c) Transitional kindergarten and preschool teachers and administrators and d) systems of education and professional development for ECE professionals, including Institutions of Higher Education.

The overall goals of the Consortium include:

- Systems Alignment: Align the various educational and professional development tracks to simplify identification of the next steps in achieving individual and professional growth.
- Quality Improvement: Provide opportunities for the ECE workforce to expand their knowledge base to better serve young children.
- Policy Awareness: Strengthen the position of ECE within the educational spectrum through collaboration and advocacy.
As a result of these efforts, it is expected that early childhood education professionals in Los Angeles County will demonstrate greater rates of career advancement, qualifications and retention, and providers in general will show higher levels of quality. The Consortium is funded at $52 million over five years and includes five separate but complementary programs aimed at improving the quality of the ECE workforce:

- ECE Workforce Initiative
- Project Gateways (Gateways for Early Educators)
- Early Childhood Education Professional Learning Communities (ECE-PLC)
- Steps to Excellence Program (STEP)
- Partners in Education, Articulation, and Coordination through Higher Education (PEACH)

Each of the five investments that make up the ECE Workforce Consortium will be discussed separately.

**Workforce Initiative**

The Workforce Initiative (WFI) is a workforce development effort designed to strengthen the quality and diversity of the current and potential ECE workforce by addressing barriers to access, retention, transfer and degree attainment encountered by those pursuing higher education. LAUP began implementing the WFI in FY 2007-08. It started as a three-year program funded as part of LAUP operations. In its fourth year (FY 2010-11), 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 administered as seven separate projects housed at community colleges. Each project is comprised of a collaboration involving a community college (the lead entity), a university and one or more feeder high schools. Projects recruit, train, advance and support participants on the pathway to becoming early care and education professionals. The objectives of WFI include:

- Increase the numbers of high school students pursuing careers in ECE
- Decrease the rates of attrition among child development students in institutions of higher education
- Create systems that will ease and improve the transition from community colleges to 4-year colleges or universities
- Increase the number of early educators with child development certificates, permits, and degrees.
What services were provided or activities conducted?

Most of 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.

Who was served?

The Workforce Initiative serves professionals working in the ECE field, primarily students working towards an ECE or Child Development degree. About 1/3 of the WFI participants also work in the ECE field. The participants in the Workforce Initiative reported that they had (on average) slightly more than one year of experience in the field. Thus, the majority of WFI participants are young adults who have been in the program for two or more years, and were recruited at the high school and community college levels. These participants were less likely to be working in the ECE field prior to their recruitment, compared to participants in other Consortium projects.

In FY 2011-12, services were provided to 1,025 participants. Most participants identified as Hispanic and the majority listed English as their primary language (see Table 31).

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>544</td>
<td>63%</td>
</tr>
<tr>
<td>White</td>
<td>125</td>
<td>14%</td>
</tr>
<tr>
<td>Asian</td>
<td>68</td>
<td>8%</td>
</tr>
<tr>
<td>Black</td>
<td>55</td>
<td>6%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>45</td>
<td>5%</td>
</tr>
<tr>
<td>Other ethnicities</td>
<td>35</td>
<td>4%</td>
</tr>
<tr>
<td>Total</td>
<td>872</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Language</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>528</td>
<td>61%</td>
</tr>
<tr>
<td>Spanish</td>
<td>271</td>
<td>31%</td>
</tr>
</tbody>
</table>

*Table 31. Ethnicity and language spoken among Workforce Initiative participants, FY 2011-12.*
Other languages | 68 | 8%  
---|---|---
Total | 867 | 100%  

* From a total of 1025 participants in FY 2011-12, ethnicity data were available for 872 participants while language data were available for 867 participants.

**What did we learn?**

The WFI participants accomplished the following objectives in FY 2011-12:

- 86 percent completed coursework with a “C” grade or better
- 12 percent successfully transferred from community college to four-year colleges or universities
- 15 percent earned an associate degree
- 21 percent earned a bachelor’s degree
- 8 percent achieved new or upgraded child development permits

These findings suggest that the Workforce Initiative project helped high school and college students to complete educational requirements toward ECE credentials.

**Gateways for Early Educators**

Consistent with the goals of the ECE Workforce Consortium, Gateways for Early Educators (Gateways) aims to enhance the quality of childcare by improving the available training and professional development available to providers across L.A. County. Established in early 2011 and led by the Child Care Alliance of Los Angeles, which represents the Child Care Resource and Referral agencies in L.A. County, Gateways provides training for license and license-exempt providers through workshops and site-based quality and career coaching. In addition to providing training and customized technical assistance to ECE professionals, Gateways also seeks to implement a consistent coaching program across the multiple Resource and Referral centers (R&R’s).

While participation in Gateways is open to any child care professional at any level, Gateways coordinates with the Steps to Excellence Project to recruit participants for training and coaching. Gateways participants are provided the opportunity to attend workshops throughout L.A. County in the following 10 comprehensive topic areas:

- Child growth and development
- Health, safety and nutrition
- Learning environment and curriculum
- Families and community
- Program management
- Positive interactions and guidance
- Child observation and assessment
• Promoting diversity and dual language development
• Professional growth and leadership
• Special needs and inclusion

Upon successful completion of the required 40 hours, participants earn a certificate of completion.

**What services were provided or activities conducted?**

Gateways provides training series and one-on-one quality and career coaching to licensed and licensed-exempt Early Care and Education professionals to promote quality ECE practices and career and educational advancement. The program supports implementation of best practices and career and educational advancement.

In FY 2011-12, 422 participants received coaching with an average of 10.3 hours of training per participant. Participants averaged 4.8 quality coaching hours and 2.8 career coaching hours. 33 participants received both quality and career coaching.

**Who was served?**

In FY 2011-12, there were 422 participants enrolled in Gateways. Although Gateways participants work in settings that serve children between zero and five years of age, participants tend to have been in the field longer and have a lower rate of degree achievement, compared to participants in ASPIRE. The Gateways program attracts the majority of participants from Family Child Care (FCC) homes and license-exempt settings. Of all the Consortium initiatives, participants in the Gateways program are among those with the highest average number of years in ECE.

In FY 2011-12, the majority of Gateways participants were Hispanic or White, and almost half of all participants reported speaking Spanish as their primary language (Table 32). Compared to a 2006 study of the Early Care and Education Workforce for FCC providers, non-English-speaking early childhood educators are slightly under-represented among Gateway participants in FY 2011-12 compared to the workforce in Los Angeles County. Gateway participants generally reflect the ethnicity of teachers from both center- and family-based early childhood education providers from the 2006 Workforce Survey, but with a slight over-representation of Latino/Hispanic and an under-representation of Caucasian providers. These differences could be due primarily to the population shifts that have occurred from 2006, when the Workforce Survey was conducted, and 2011-12, when Gateway participants were surveyed.
Table 32. Ethnicity and language spoken among Gateway participants, FY 2011-12.

<table>
<thead>
<tr>
<th>Ethnicity</th>
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<th>Percent</th>
</tr>
</thead>
<tbody>
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<tr>
<td>Multiracial</td>
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<tr>
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</tr>
<tr>
<td>Total</td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Primary Language</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
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</tr>
<tr>
<td>English</td>
<td>207</td>
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<tr>
<td>Cantonese</td>
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<td>Other languages</td>
<td>21</td>
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</tr>
<tr>
<td>Total</td>
<td>420**</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Ethnicity data were available for all participants.
**Language data were missing from 2 participants.

What did we learn?

Twenty-one percent of coaching participants completed their first goal, and 94 percent of participants rated their training as “good” or “excellent.” As well, 95 percent of participants reported increased knowledge, and 94 percent reported that they plan to implement new practices with the children they serve. Across the county, participants reported an increase in knowledge of the training topic and report high intentionality of implementing the new knowledge in their child care environment. This reflects a solid grounding in knowledge and practice that is reflective of the California Preschool Learning Foundations. Career coaching participants have a slightly lower level of education as compared with the quality coaching participants (29 percent had a high school diploma or less as compared with 32 percent for the quality coaching participants), but this difference was not statistically significant.

A key lesson learned was related to the goal of providing equal access to all early childhood educators. While the coaching services were equally accessible by all when considering the language and education of our participants, there was a slight overrepresentation of Latino providers.

Early Childhood Education Professional Learning Communities (ECEPLC)

As part of a collaborative effort to support early childhood educators in Los Angeles County, the Los Angeles County Office of Education (LACOE) and LAUP developed the Early Childhood Education Professional Learning Communities (ECEPLC) Project, which was launched in 2011 to address training needs created by the passage of SB 1381 – The
Kindergarten Readiness Act. This law created a new program called Transitional Kindergarten (TK). School districts are required to begin phasing in Transitional Kindergarten in the 2012–2013 school year.

The project was developed to provide training to elementary school principals and Transitional Kindergarten (TK) teachers that would support them with the implementation of developmentally appropriate TK programs and the development of Professional Learning Communities (PLCs). The PLCs would link preschool programs located within the attendance area of each participating elementary school to elementary schools in order to promote quality practice, increase collaboration between elementary school TK and preschool teachers, and facilitate the transition to kindergarten for young children.

Through the implementation of the PLCs, preschool teachers and Transitional Kindergarten teachers can exchange valuable resources and best practices to improve the quality of instruction in both preschool and kindergarten settings and the alignment of preschool through elementary education. A PLC requires “the active participation of [people] in creating a shared vision and culture to support collaboration so that they can work together more effectively in identifying and resolving problems” and is a proven approach for enhancing teacher knowledge, improving teaching skill and sustaining recommended instructional practices.

The goals of the ECEPLC Project are as follows:

- To provide engaging, high-quality professional development experiences for teachers and principals
- Enhance principals’ knowledge of the administration of high quality developmentally appropriate ECE/Transitional Kindergarten programs
- Promote best practice among ECE and Transitional Kindergarten teachers
- Increase collaboration among principals, Transitional Kindergarten teachers with ECE educators in the community through Professional Learning Communities

What services were provided or activities conducted?

Through a series of training institutes, three days for principals and four days for teachers, participants attend workshops to:

- Define the goals of the ECEPLC project; discuss research-based factors affecting the development of a TK program; discuss the rationale for strong articulation from preschool to TK and beyond
- Examine the guidelines, standards and frameworks currently available for addressing the needs of 4- to 5-year-olds; recognize characteristics unique to young children’s thinking and reasoning; review and discuss considerations for establishing a developmentally appropriate learning environment for TK
- Examine preschool curriculum frameworks and review strategies to support multiple developmental domains; discuss support services and strategies for strengthening parent engagement and home-school connection

**Who was served?**

The ECE-PLC program serves Transitional Kindergarten teachers and principals from school districts that may or may not have previous experience in the field of ECE. The participants served through the ECE-PLC program are part of a K-12 system that requires degrees, the majority hold bachelor’s level degrees.

In FY 2011-12, the majority of participants were White, followed by a sizable proportion who identified as Hispanic (Table 33). However, due to large numbers of missing data it is hard to interpret these numbers.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Hispanic</td>
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<td>Asian</td>
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<td>4%</td>
</tr>
<tr>
<td>Total</td>
<td>28*</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Data were missing for 36 participants.

**What did we learn?**

In FY 2011-12, 31 Principals and 33 Transitional Kindergarten teachers completed a specialized training series on incorporation of ECE principles and practices in the classroom. Of these, 90 percent were satisfied with the trainings and reported that the trainings were a good use of their time and 93 percent reported increased knowledge of ECE topics and practices as a result of the trainings. Overall, the responses on the evaluation forms from both teachers and principals were overwhelmingly positive. Almost all participants perceived the training to be high-quality, characterized by well-organized, competent, and prepared staff that engaged participants, provided useful resources, and clearly communicated the goals of the event to participants.

These high satisfaction ratings align with evaluators’ observations of the trainings. Taken together, these results suggest that the training was successful and improved the knowledge of both principals and teachers in relation to optimal TK instruction. The analysis of the baseline needs assessment indicates that teachers and principals regarded teacher behaviors, classroom environment, knowledge of child development and schoolwide
practices as important components of early childhood education. The needs assessment findings provide strong support for the ECEPLC training workshops and indicate that the ECEPLC training workshops should continue providing education regarding best practices and strategies for successful implementation of TK.

Among lessons learned, the evaluators recommended incorporating more information on the connection between brain development and learning environments into training sessions, providing additional opportunities for teachers to explore the preschool curriculum foundations and frameworks, and providing information on and examples of best practices to support principals. They also recommended providing more training focused on teacher and child interactions, classroom environment, child development and schoolwide practices especially in relation to new models for TK and kindergarten programs and the alignment between Preschool Learning Foundations and Kindergarten Common Core State Standards, and to provide timely and high-quality make-up sessions for principals and teachers who are new to the project or who were not able to attend one or more training sessions.

Most teachers and principals expressed their interest in attending training sessions together to further their discussions regarding implementation and support of the TK program. Program staff is considering creating joint sessions.29

Steps to Excellence Program (STEP)

The STEP project is a Quality Rating and Improvement System (QRIS) for licensed child care programs serving children ages 0–5, to assess and rate the quality of ECE center- and family-based providers. It provides training and support to help them improve child care quality. Developed by the Policy Roundtable for Child Care in 2007 and administered by the Los Angeles County Office of Child Care (OCC) the purpose of STEP is to:

- Provide parents with clear, concise information on the quality of individual child care settings
- Create incentives and supports for programs to meet and maintain higher program standards
- Highlight programs that are meeting these higher standards
- Provide benchmarks to determine if the quality of care in individual programs or communities is improving over time

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 FCC sites.
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. STEP provided quality improvement grants, professional development trainings and quality ratings for participating child care programs. These include both child care centers and FCCs.

What services were provided or activities conducted?

The core services provided by STEP are program assessments that result in a quality rating in 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. The assessments, which are 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. Following the assessments, the OCC issues a guide that includes its quality ratings of all participating programs; this guide is designed to provide parents with objective and relevant information with which to compare child care options.

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

In addition to the rating, STEP participants are offered orientation sessions and professional development trainings. Training topics included adult-child interactions, developmental screening and working with children who have special needs. In FY 2011-12, 17 professional development trainings were offered on topics such as adult-child interactions, developmental screening and working with children who have special needs. Also in this fiscal year, nine orientation sessions were attended by 60 STEP program representatives, and five portfolio review sessions were attended by 17 individuals. Professional development trainings were attended by 340 staff members.

Beginning in FY 2011-12, 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. 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.
Who was served?

In FY 2011-12, UCLA CICCQ completed 49 quality review visits during Year 4 of the STEP project, 38 at FCC homes and 11 at child care centers.

In FY 2011-12, 19 sites received a full STEP review (observations and portfolio review), at 13 FCC sites and 6 centers. Full STEP scores were assigned to these 19 sites. Preliminary (observation only) reviews were conducted at 30 sites (25 FCC sites and 5 centers).

What did we learn?

In FY 2010-11 most programs were rated “good” in their quality. Center-based programs generally had higher STEP scores than FCC sites overall and across all STEP domains. Programs scored highest in the Teacher-Child Relationships, Learning Environment, and Family and Community Connections domains, and programs scored lowest in the Staff Qualifications and Working Conditions, and Special Needs Identification domains.

In FY 2011-12, CICCQ STEP reviewers far exceeded the minimum reliability level, reaching excellent levels of inter-rater reliability, across all measures and at each time point when their reliability was verified with median reliability scores for April and June of .92 and .99, respectively. As in prior years, the center-based programs had higher STEP scores compared with FCC providers and scored higher on Teacher-Child Relationships, Learning Environment Domain, Teaching and Interaction, group size, and adult-child ratio. The FCC sites were assessed a pass rating based on meeting regulatory compliance standards. Providers scored lowest on the Adult Involvement Scale, with center-based providers slightly higher than FCC sites, as well as for Provisions for Learning. The Staff Qualifications and Working Conditions domain had the lowest overall scores of any of the domains, and FCC sites scoring higher compared with center-based programs. The higher Family and Community Connections scores for center-based programs was attributed to the finding that center-based programs were better at promoting family strengths by facilitating social connections and demonstrating their understanding of parenting and child development. Additionally, center-based programs were more effective at facilitating meaningful connections between community resources and families. In FY 2011-12, $65,000 in STEP quality improvement grants was awarded to child care programs.

Regarding the identification and inclusion of children with special needs domain, the average overall score was high, with center-based programs scoring slightly higher than FCC programs. All but one program met the criteria for welcoming children with special needs, and all programs met the criteria for demonstrating awareness of early intervention services. Further, more than 70 percent of programs use a developmental screening tool to identify children with special needs.
The major lesson learned during the past fiscal year was to improve the reporting of the element scores, showing the actual number of strategies a program has demonstrated they use, in order to provide better feedback to programs. Additionally, there was a need to improve staff retention by advocating and identifying resources, especially for center-based programs. The information from this fourth year of STEP implementation shows that there is a continuing need for a QRIS in Los Angeles, as most programs that opted to participate in STEP scored in the low-to-mid range of quality, meaning there is room for improvement.

Partnership for Education, Articulation, and Coordination through Higher Education (PEACH)

PEACH is a collaborative effort among institutions of higher education in Los Angeles County and the Consortium partner agencies. Beginning in the 2011-2012 year, members started convening to improve educational and professional development pathways and systems for the ECE workforce, and to address common ECE workforce development challenges and needs. This group works to align and articulate community colleges’ and universities’ curricula for more effective transitions of ECE students from two-year to four-year programs. This group is also working to establish a formal ECE bachelor’s degree and credential through the state of California, and to establish certification guidelines for ECE trainers.

**What services were provided or activities conducted?**

For 2011-2012, the first year of the partnership, PEACH members composed a white paper to describe the current status of Los Angeles County ECE workforce professional development. These educational “pathways” include both pre-service and in-service education and training for ECE providers at all levels (e.g., teacher, teacher assistant, aide, etc.), and education and training offered in local institutions of higher education as well as in non-academic agency contexts.

Additionally, four related work groups have been established.

- The ECE BA work group is charged with identifying a California State university that will commit to developing or modifying a current undergraduate program that will offer a Bachelor of Arts or Bachelor of Sciences major in ECE.
- The ECE Trainer Criteria and Competencies work group will identify criteria and competencies that will be required of individuals to be certified as trainers in the California ECE Workforce Registry. The group created trainer levels and made recommendations for a process to approve ECE trainers.
- The Articulation and Alignment work group will identify strategies for aligning ECE courses between community colleges and universities. To this end, work group members developed and administered an interview of campus personnel at 22 community colleges, five California State universities and three private universities.
in L.A. County. Results from this qualitative inquiry were highlighted in the white paper.

- The ECE Credential group was formed. While no activity has started to date, this work group will discuss and consider the establishment of an ECE Credential for Californians.

**Who was served?**

While the PEACH program does not provide direct services to ECE professionals, the partnership consists of representatives from 12 community colleges and four universities. The community colleges included: Antelope Valley College, College of the Canyons, East Los Angeles College, Glendale Community College, Long Beach City College, Los Angeles Mission College, Los Angeles Southwest College, Los Angeles Valley College, Mt. San Antonio College, Pasadena City College, Pierce College and Santa Monica College. The four universities all were part of the California State University system and included Long Beach, Los Angeles, Northridge and Pomona campuses.

**What did we learn?**

Based on interviews with Consortium partners, there was strong consensus that PEACH acts as a major vehicle for successful collaboration. Four of the eight consortium partners specifically mentioned the success of the PEACH effort in fostering communication, collaboration, and cohesion/relationship building.

It is anticipated that the information and analysis contained in the white paper will prove useful to ECE leaders in California’s higher education institutions in understanding the existing ECE professional development landscape and designing strategies for improvement. In addition, this account of related data collection, review of the literature and analysis has been designed and conducted by PEACH partners to provide the foundation for the subsequent four years of PEACH component activities.

**A Stipend Program in Support of ECE Excellence**

The First 5 California CARES Plus Program is a professional development program dedicated to increasing the quality of early learning programs for children 0 to 5 and their families by supporting the education and professional development of ECE practitioners. CARES Plus was launched in 2011 and is being implemented in counties throughout California. Through CARES Plus early educators receive stipends for educational attainment and movement on the Child Development Permit Matrix. In L.A. County CARES Plus is branded as A Stipend Program in Support of ECE Excellence (ASPIRE) and is administered by LAUP. The goals of ASPIRE are to:

- Increase preparation for delivering high quality ECE
- Increase degree attainment among ECE practitioners
- Increase the number and level of child development permits held
- Improve the quality of teaching practices and teacher-child interactions
- Promote seamless educational pathways by contributing to structural change in the institutions of higher education and other organizations serving the educational needs of early educators

**What services were provided or activities conducted?**

The ASPIRE program provides advisement and financial incentives that are meant to minimize the barriers to educational and professional achievement for early childhood educators and assist in the completion of coursework, transfers, degrees, and new or upgraded permits. The ASPIRE program also provides online CLASS (Classroom Assessment Scoring System) training, access to the online CLASS video library, and advisement in support of the implementation of CLASS practices. The CLASS training provides early educators with a framework for understanding the importance of emotional support, classroom organization and instructional support in high quality teaching, and how to implement these skills in their own practice.

Thirty-two ASPIRE advisors were located strategically throughout L.A. County in order to provide participants with advisors within a 10 mile radius of their home or workplace. Advisors met with each participant twice during the program year. Advisement was offered in English or Spanish.

In exchange for a stipend of $1,000, participants are required to attend advisement sessions and complete either six units of coursework or three units of coursework and an online CLASS training.

**Who was served?**

ASPIRE participants are ECE professionals working in L.A. County who are interested in advancing their educational or professional qualifications and increasing the quality of their instructional practices. To be eligible, participants must work in a licensed child care center or FCC site for at least 15 hours a week, work with children ages 0 to 5 or directly supervise those who do, be working towards an ECE degree or permit, earn less than $60,000 annually and be ineligible for the L.A. County Investing in Early Educators Stipend program (AB212).

The ASPIRE program received 1,575 applicants for the 11-12 program year and enrolled 1,011 of these applicants into the ASPIRE program, exceeding their target of 1,000 applicants.

Based on an evaluation report by LAUP,\textsuperscript{50} ASPIRE participants:
Are overwhelmingly female (96 percent)
Are between 19 and 60 years old
Identify primarily as Hispanic/Latino (56 percent)
Are primarily English speaking (67 percent)
Are multilingual in English and at least one other language (61 percent)
Have a household income that is below the self-sufficiency standard of a single-person household in Los Angeles County (63 percent)
Do not have a college degree (45 percent)
Less likely to have a BA/BS or higher in an ECE–related field (10 percent)
Have “some college” but no degree (33 percent)

In FY 2011-12, the majority of participants identified as Hispanic, and a sizable proportion of participants were African American followed by White. Most participants reported speaking English as their primary language, and almost one-third of participants reported speaking Spanish as their primary language.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
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<td>56%</td>
</tr>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Primary Language</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
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<td>67%</td>
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<td>Spanish</td>
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<td>6%</td>
</tr>
<tr>
<td>Total</td>
<td>1,004</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Out of 1,011 participants in FY 2011-12, ethnicity data were available for 1,005 participants and language data were available for 1,004 participants.

**What did we learn?**

Most ASPIRE participants achieved one or more goals of the program. More than 75 percent of ASPIRE participants completed college coursework with a “C” or better. Although participants could complete courses in child development or ECE as well as General Education (GE) or basic skill courses, nearly 70 percent of the courses completed by ASPIRE participants were in Child Development (CD) or ECE.
A large percentage (72 percent) of the original participant group of 1,011 people successfully completed all program requirements and received a stipend. In addition, of all ASPIRE participants,

- 76 percent completed coursework with a “C” grade or better
- 7 percent earned a degree
- 21 percent achieved a new or upgraded permit

Of those ASPIRE participants who successfully completed all program requirements, 1 percent received a bonus for the CLASS training, 10 percent received a bonus for attaining a degree and 30 percent received a bonus for a new or upgraded permit.

Of the number of participants who did not complete the program, 90 percent were withdrawn because they failed to complete one or more program requirements within the designated timeframe. The main reasons for being dropped from the program were related to the CLASS training; either they did not register for the CLASS training (25 percent) or they did not complete the online CLASS training (23 percent). Some characteristics of the participants who had a higher likelihood of not completing all program requirements, included: age (25 or younger, 15 percent), and identifying their race-ethnicity as African American / Black.

In the end-of-year survey, large percentages of ASPIRE participants reported that they intentionally planned to implement strategies or practices related to various CLASS dimensions at least once a day (“daily or multiple times per day”), with the percentage of participants ranging from 81.5 percent for implementing strategies related to Instructional Learning Formats to 93.3 percent for Language Modeling. Ninety-two percent of participants reported planning to implement strategies addressing the following CLASS-related dimensions: Positive Climate, Behavior Management and Teacher Sensitivity.

Further, participants in ASPIRE, compared to a “wait list” comparison group, showed increased knowledge about effective teacher-child interactions (Figure 7). ASPIRE participants were more likely to identify interaction strategies which have been found to be related to greater academic and social gains in children.
Although ASPIRE is not funded through the L.A. County ECE Workforce Consortium, it is well integrated with the efforts of the Consortium. This is not surprising given that both are led by LAUP, but noteworthy nonetheless. Not only do participants from other programs also participate in ASPIRE, but ASPIRE advisors are employed by agencies implementing some of the Consortium programs (e.g., Gateways and WFI).

**Family Child Care Higher Education Academy/ Project Vistas**

In 2011, the First 5 LA Commission approved $1 million over two years to support bilingual FCC providers with attaining educational and career goals. Family Child Care Higher Education Academy (Project Vistas) is implemented by the Child Family & Education Studies Department at East Los Angeles College and is funded as a pilot with the intent that the First 5 LA Commission would consider extending the project both in regard to timeline and number of participating colleges.

Project Vistas is a higher education training academy for FCC providers. The purpose is to create a program for assisting providers in understanding the system to obtain their certificates, permits, and/or Associate of Arts degree in child development. Project Vistas is based on the premise that FCC providers often work in isolation and need information, resources and guidance to access higher education and higher education will lead to improved ECE care and ultimately to more positive outcomes for children.

The goals of Project Vistas are to:

- Provide access to higher education for bilingual FCC providers
- Enhance providers’ ability to navigate the higher education system
- Increase preparation for delivering high quality ECE
- Increase degree attainment
• Increase the number and level of child development permits held
• Improve the quality of teaching practices and teacher-child interactions

**What services were provided or activities conducted?**

The Academy strategies include having counselors work with participants both individually and in groups, to develop education plans and identify opportunities for professional development. Through coursework and trainings, Vista participants are exposed to theories, principles and practices of early childhood education such as growth and development in early childhood, brain development, health, safety, and nutrition, developmentally appropriate practice, culturally relevant curriculum, responsive interaction strategies, etc.

**Who was served?**

Providers in Project Vistas speak Spanish, Mandarin and Cantonese, and meet the following criteria:

- Licensed FCC owner who attended courses at Chicana Service Action Center and/or Human Services Association for the past three years or more
- Licensed FCC owner who attended courses at Chicana Service Action Center and/or Human Services Association for the past two years or more
- Limit of 2 persons (1 owner, 2 co-owner or employee) from each licensed home.
- Priority will be given to providers/educators who have taken the most courses from participating facilities and have at least 24 units. Exemptions will be given dependent on program availability
- Must be 18 years of age and have a criminal record clearance, unless granted an exemption
- Persons who started with any of the above facilities and then began teaching at a child care agency

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
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<td>71%</td>
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<td>Asian</td>
<td>52</td>
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<td>Total</td>
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<td>100%</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Primary Language *</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>128</td>
<td>71%</td>
</tr>
<tr>
<td>Mandarin</td>
<td>34</td>
<td>19%</td>
</tr>
<tr>
<td>Cantonese</td>
<td>15</td>
<td>8%</td>
</tr>
</tbody>
</table>
Other languages 3 2%
Total 180 100%

* There were no participants who listed English as their primary language.

What did we learn?

More than half of the Spanish-speaking participants completed six or more units in courses that could not have been offered to them if they had not been enrolled in the program. Over twenty completed more than twelve units that qualified them on the path to complete their teacher permit, bssociate or Bachelor’s degree in child development.

A formative evaluation was conducted in FY 2011-12 to assess the three major outcomes of the program: access to coursework, educational advancement and associated ‘best practices.’ Cantonese/Mandarin and Spanish cohorts were studied separately and the results in terms of making progress towards their educational goals for each cohort are as follows:

The Spanish cohort revealed the following outcomes:

- At the summer semester, a greater proportion of the Spanish cohort of Project Vistas participants completed academic preparation only compared with those who took 1–5 or six or more units (Figure 8).

- Between spring 2012 and fall 2012, FCC providers from the Spanish cohort had completed a total of 448 CD and General Education (GE) units.

- At the end of the fall 2012 semester, slightly fewer Spanish cohort participants completed only academic preparation while more had completed six or more units of coursework.
Among the Spanish cohort, 78 percent of FCC providers who had applied for their CD permits received these permits and 9 percent of those eligible received their CD Certificate.

These results suggest that Spanish cohort participants had made progress, from academic preparation to completing more coursework toward certificates or degrees.

The Cantonese/Mandarin cohort revealed the following outcomes:

- At the summer semester, a greater proportion of the Mandarin/Cantonese cohort participants completed academic preparation only compared with those who took 1–5 or six or more units (Figure 9).

- Between spring 2012 and fall 2012, 47 percent of Mandarin/Cantonese FCC providers who had applied for their CD permits received these permits.

- At the end of the fall 2012 semester, none of the Cantonese/Mandarin cohort participants reported having completed only academic preparation and this was because the substantial majority had successfully completed six or more units of coursework.

- These results suggest that Cantonese/Mandarin cohort participants had made a high degree of progress towards their educational goals.

Overall, the evaluation demonstrates that Project Vistas increased educational advancement of bilingual FCC providers. Both the Spanish-speaking cohort and the Cantonese/Mandarin cohort moved beyond their original goals of a basic child development permit to that of achieving an Associate of Arts and bachelor’s degrees. As shown in the figures above, both cohorts made systematic progress in units taken, and they did this
while maintaining a B average GPA. As well, access to educational opportunities for bilingual FCC providers has exceeded the number of participants expected.

Challenges identified by the evaluation include the following:

- **Scheduling**: Balance among work, family, and school; and because many of the participants were affiliated with various resource and referral agencies that required mandatory attendance for certain events, scheduling conflicts arose with Project Vistas.

- **Mature Learners**: Students in both cohorts were much older than the traditional college students and, due to age-related decreases in processing speed, inhibition, and working memory some FCC providers from both cohorts mentioned that they had to spend extra time previewing and reviewing materials, and practicing skills repeatedly to support their learning.

- **Prior Schooling**: Since most FCC providers in both cohorts did not complete high school, there was a noticeable gap between their educational preparation and expectations for college-level coursework provided by Project Vistas. The limited education levels combined with age and limited experience in U.S, schools meant that these providers needed strong orientation sessions in the initial stage of program.

- **Level of Acculturation**: Most FCC providers were immigrants and tended to live in ethnically homogeneous communities, which reduced their contact with people from other ethnic groups. FCC providers’ unfamiliarity with U.S. culture and the culture of the college campus slowed down the socialization process to American culture and contributed to language barriers.

- **Language Barriers**: The ability to communicate in English is the biggest concern for both cohorts, but especially among the Cantonese/Mandarin FCC providers. In addition to the need for translation and tutoring in the native language so that concepts could be understood in English, the tutors supplemental coaches also served as language brokers for negotiating the college experience (e.g., enrollment, financial aid and scholarships).

Finally, Project Vistas demonstrated several strengths and identified potential best practices including the following:

- A case management approach including advisement
- The dedication and resourcefulness of the staff and instructors
- Linguistic support
- The development of technology skills
- The quality of the practicum course
- Appropriate pedagogy emphasizing contextualized courses
ECE Career Development Policy Project

Lead by the Los Angeles County Office of Education (LACOE), the ECE Career Development Policy Project (CDP) is designed to address the multiple needs of the ECE workforce through policy and advocacy efforts. CDP, funded for $5.7 million over six years, is focused on achieving policy goals to create long-term sustainable change for the ECE workforce with regard to retention, compensation and workplace conditions.

The CDP is focused to achieve the following outcomes:

- Changing or preserving policies to improve the retention of a quality ECE workforce within L.A. County
- Increasing policymaker support for improved ECE workforce policies
- Increasing public will to support improved ECE workforce retention

What activities were conducted?

The CDP engages policymakers and business and civic leaders in Los Angeles County and statewide to generate increased visibility, raise public awareness and secure champions with the ability to generate policy change. To that end, multi-faceted project outreach and engagement efforts were designed to build awareness of ECE workforce issues and problems, gather information, craft and deliver communications, and develop partnerships.

Development of the CDP Project Policy Agenda was a major task in FY 2011-12. Existing research informed the development of the policy agenda and the following reports were prepared during 2011-2012: (1) ECE Workforce Fact Sheet; (2) ECE Statistical Report; (3) ECE Economic Impact Brief; (4) Policy Landscape Report; (5) ECE Quality Brief/Child Outcomes; and (6) the Environmental Scan. The project also conducted outreach and engagement with potential private sector and civic leader advocates or “champions.” The process included identifying the potential champions, contacting them and engaging them in conversations on a formal and informal basis. The project team met with 11 legislators in Sacramento in addition to local elected representatives.

To establish First 5 LA as a policy leader with a voice in the business world, the CDP planned and coordinated the ECEWorks! Launch event which spotlighted the establishment of a partnership between the UCLA Anderson School of Management, the Los Angeles Area Chamber of Commerce, and the Los Angeles County Office of Education. Several multimedia tools were announced and press releases were prepared and distributed.
The project also executed a social media and communications strategy. In connection with the ECEWorks! Launch event, several campaign tools were developed. Communications tools included the release of the CDP Project Policy Agenda and the ECE Workforce Economic Impact Brief, the publication of a website (www.eceworks.org), and the establishment of a Facebook and Twitter presence. Additionally, two videos were produced for the ECEWorks! Launch, and a press release announcing the partnership and event was prepared by UCLA. Another task of the project was to develop the active engagement of private sector and business leaders in serving as advocates or champions for the ECE policy campaign and on the incorporation of ECE workforce issues into their advocacy platforms. Most of these activities occurred as an outcome of the ECEWorks! Launch event.

**What did we learn?**

The majority of participants at the event indicated that as a result of the ECEWorks! Launch, they viewed First 5 LA as a policy leader in the ECE workforce policy arena. The establishment of a partnership with the UCLA Anderson School of Management and with the UCLA Anderson Forecast was significant in terms of garnering advocacy support. Further, as a result of engagement with UCLA Anderson School of Management and the UCLA Forecast, the Los Angeles Urban League has indicated an interest in the ECE CDP Project. The involvement and support of the Los Angeles Chamber of Commerce is also significant. Additionally, the sub-contractor, Strategic Counsel, reported that as a result of the launch event, several state and local elected officials have indicated an interest in engaging in advocacy activities that advance the ECE Project Policy Agenda.

**Prenatal-to-Three Workforce Core Competencies**

In September 2007, the First 5 LA Commission approved funding for the Prenatal-through-Three Workforce Development Project (P-3 Project). The goal of the project was to ensure the P-3 workforce has the knowledge, skills and competencies necessary to meet the developmental needs of young children. Launched in 2008 and lead by ZERO TO THREE (ZTT), the charge of the P-3 Project aimed to identify the core competencies necessary to develop an effective P-3 workforce in Los Angeles County, develop training approaches to support these competencies, implement field tests of developed training approaches and develop strategies for integrating and sustaining this cross-sector professional development model in communities across Los Angeles County.

The Project framework included the launch of three Workgroups (Core Competencies, Training and Sustainability) to assist and facilitate the development of core competencies, training and learning approaches, and training implementation and strategies to support sustaining the continued quality improvement of the workforce. These Workgroups included local experts representing the sectors of early care and education, mental health, physical health and social services/child welfare as well as P-3 work sector leaders, community partners and family representatives. The Project was also supported by
several subject matter experts who have state or national expertise on the development of workforce competencies and professional development.

Strengthening the Prenatal-Through-Age-Three (P-3) workforce in Los Angeles County is an essential building block toward achieving First 5 LA’s countywide vision of enabling all young children to be healthy, ready to learn and reach their full potential. First 5 LA contracted with ZTT to facilitate the Prenatal-Through-Three Workforce Development Project (P-3 WFD Project). The P-3 WFD Project’s charge was to identify core competencies needed by the P-3 workforce in Los Angeles County, to develop training approaches to support development of these competencies; and to create and field test strategies in selected Los Angeles communities for integrating the core competencies in professional development systems and developing strategies to sustain their use.

**What services were provided or activities conducted?**

ZTT served as a resource and facilitator to the Workgroup, to develop consensus on the core competencies for the P-3 field and recommendations to First 5 LA regarding the local P-3 workforce. The competencies were created to summarize the basic knowledge, skills and attitudes needed for professionals across the sectors of early care and education, early intervention, mental health, physical health and social services/child welfare working with expectant parents, infants, toddlers and their families. The P-3 WFD Project’s intent was to reach agreement on a universal set of core competencies necessary for all P-3 service providers, not to replace existing, discipline-specific competencies. These cross-sector core competencies were designed to facilitate partnership, coordinated service delivery, cross-sector workforce development, and more effective and efficient services for expectant parents, infants, toddlers and their families.

The Workgroups and additional First 5 LA staff created the *Matrix of Recommended Core Competencies for the Prenatal-through-Three Field*. This Matrix highlights the eight recommended core competency domains, subdivided into the knowledge, skills and attitudes that comprise them. The competencies are designed for professionals from the sectors of early care and education, early intervention, mental health, physical health and social services/child welfare to use in working with expectant parents, infants, toddlers and their families.

The core competencies also inform intentional professional development approaches that ensure that expectant parents, infants, toddlers and their families receive services targeted to their unique developmental needs. Through this project new professional development opportunities were developed and piloted in selected Los Angeles communities to support cross-sector communication and professional development.

ZTT worked with the Project’s Training Network in creating and field-testing professional development approaches grounded in the core competencies and incorporating
the best available evidence from the professional development research literature. The Training Network was comprised of expert trainers from the Project’s five identified work sectors. Four awareness-raising, cross-sector training sessions were offered, and these sessions were followed up by two individual consultation sessions for each participating individual. After developing a Training Guide, members of the Training Network co-led sessions and provided consultation to a field test cohort. This cross-sector group came together from throughout the County. The materials were refined based on feedback collected from a survey of participants in the first cohort and field tested again with a second cohort in Long Beach.

**Who was served?**

The Core Competencies Workgroup membership was diverse in terms of profession and work setting. It included experts in workforce development and those with knowledge of the needs of expectant parents, infants, toddlers and their families across Los Angeles communities. The Workgroup defined the P-3 workforce as: individuals who work in a public or private setting serving infants, toddlers, their parents or caregivers and/or expectant parents to ensure that children are supported in nurturing environments so that they reach their full developmental potential. In FY 2012-13, training on the core competencies was field tested with 49 P-3 professionals spanning 38 agencies.

**What did we learn?**

A survey with project participants asked what impact they could have on competencies and professional development within their own work sector. A large proportion reported that they could affect in-service training, practice, evaluation and academia/pre-service training. Over 60 percent indicated the greatest effect can be on in-service training.

The Core Competencies Workgroup was asked to make recommendations to ensure that the identified Prenatal-through-Three Workforce Development Project Core Competencies are incorporated into workforce development efforts in Los Angeles County. Some of the top priorities the Workgroup identified for policy and practice include:

- Use the core competencies to help service providers focus on the “whole child” when working with children and families by emphasizing the development, health, education and context of the child
- Use the core competencies in designing staff hiring/promotion requirements, job expectations and performance appraisals
- Use the core competencies themes as a foundation for planning in-service training and professional development activities
- Create toolkits for agencies to guide them in incorporating the core competencies into agency practice
• Align the core competencies with accreditation requirements and promote dialogue among higher education faculty and administrators on the value of the core competencies as a starting point for pre-service education

What were key outcomes and lessons learned for the Workforce cluster?

The workforce development chapter covers a set of services that address two key strategies identified in the First 5 LA Strategic Plan for 2009-15: Systems Improvement and Community Capacity Building. By strengthening the existing Early Care and Education (ECE) services within a community, the system of services across the County will also improve. Additionally, through the development of the ECE workforce staff (administrators, caregivers and teachers), this cluster of investments should help to build capacity within each community in L.A. County to serve the needs of families with young children. Ultimately, improvements in the quality of care within ECE settings will help young children become ready for kindergarten and be safe from abuse and neglect, the two key First 5 LA Strategic Plan goals associated with these strategies.

For the cluster as a whole, participants in several of the workforce programs improved their qualifications, such as completing college level CD/ECE courses, earning degrees and obtaining CD permits, as follows:

• Of all ASPIRE participants, 76 percent completed coursework with a “C” grade or better, 7 percent earned a degree and 21 percent achieved a new or upgraded permit.
• ASPIRE participants showed increased knowledge about effective teacher-child interactions compared with a “wait list” comparison group.
• Of the Workforce Initiative participants, 92 percent completed their educational plan, and 86 percent of participants completed coursework with a “C” grade or better, 15 percent achieved an AA/AS, 21 percent achieved a bachelor’s degree, and 8 percent achieved new or upgraded permits.
• Project Vistas participants made progress towards their educational goals and they moved beyond their original goals of a basic child development permit to that of achieving an Associate of Arts and bachelor degrees. Participants made systematic progress in units taken, with a higher percentage having completed more units of courses for AA and BA degrees, particularly among the Cantonese/Mandarin cohort. Project Vistas participants from both Spanish and Cantonese/Mandarin cohorts were successful in obtaining their Child Development permits. As of summer 2012, among the Spanish cohort, 78 percent of FCC providers who had applied for their CD permits received these permits and 9 percent of those eligible received their CD certificate. Among the Cantonese/Mandarin cohort, 47 percent of FCC providers who had applied for their CD permits received these permits. Overall, the evaluation
demonstrates that Project Vistas increased access to educational opportunities for bilingual FCC providers, exceeding the number of participants expected. It also increased educational advancement of bilingual FCC providers.

In addition, the High School Recruitment Program 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.

For those projects that did not provide direct services, there were also a number of indicators of systemwide change, as follows:

- There was strong consensus that PEACH acts as a major vehicle for successful collaboration, particularly in fostering communication, collaboration, and cohesion/relationship building.
- The majority of participants at the ECEWorks! Launch event viewed First 5 LA as a policy leader in the ECE workforce policy arena.

What did we learn from the Workforce Consortium?

Regarding linkages among Consortium partners, each partner was able to coordinate or collaborate with at least two other partners during the 2011–2012 program year. This is consistent with the primary success identified by most partners; that is, sharing information and resources with other consortium programs. Partners also viewed the consortium as contributing to their ability to build relationships, learn from each other, and work together by breaking down barriers to communication. Thus, the consortium has been successful in creating new working relationships, which is expected to lead to an enhanced, coordinated and aligned workforce development system.

Consortium members reported three key challenges. There were needs for:

- Greater trust and communication across programs and program staff
- More resources to achieve high expectations for program performance and data collection/reporting
- Greater clarity in the goals and direction of the consortium
Best Start Investments Snapshot

Best Start is a place-based effort where parents, residents, and community leaders work together in a partnership to ensure their neighborhoods are places where children can grow up safe, healthy, and happy. Best Start enables these partnerships to make collaborative decisions on undertaking various projects and activities which include the creation of safe parks for children to play in, the promotion of local markets for healthy affordable foods, and increasing access to quality childcare, health, and social services. Through its place-based efforts, Best Start supports the First 5 LA four goals, which are children:

1. Are born healthy
2. Maintain a healthy weight
3. Are safe from abuse and neglect
4. Are ready for kindergarten

Best Start Metro LA

Best Start Metro LA (BSMLA) focuses place-based initiatives in an area that encompasses Pico-Union, Koreatown, the Byzantine Latino Quarter, and South L.A. It is the first of the 14 Best Start communities in which the Best Start strategies of home visitation, community mobilization and community-based action research are being piloted and which began in October 2009.

One of the key initiatives developed for the Best Start model is the home visitation program Welcome Baby. It is highly valued by families and offers a concrete and tangible image of the Best Start model. Some of the preliminary successes of Welcome Baby to date include:

- At 12 months, infants who participated in Welcome Baby were more likely to be fed exclusively with breast milk during their first four months compared to those whose mothers did not participate.
- Welcome Baby mothers had more learning materials in the home than mothers who did not participate in Welcome Baby.
- Gains made by Welcome Baby participants were those most strongly aligned with the goals and content of the Welcome Baby program.

Additionally, Welcome Baby met or exceeded the vast majority of its performance targets for FY 2011-12, according to a year-end report by Maternal Child Health Access (MCHA) covering the period from July 1, 2011 through June 30, 2012. Some of their key accomplishments in meeting or exceeding the performance targets include:
• The acceptance rate for women approached in hospital for participation was 44 percent.
• Sixty percent of pregnant women enrolled prenatally received referrals for dental screening.33
• Eighty-three percent of prenatal women received at least one referral during pregnancy while, of the prenatal referrals made, 100 percent were followed up by the 1-2 month visit.
• Of clients enrolled prenatally between 16 and 26 weeks, 83 percent received a telephone assessment between 24 and 28 weeks of pregnancy.
• 99 percent of program participants received home safety and security information by the 9-month home visit.
• At the time of their hospital visit, 57 percent of participants initiated exclusive breastfeeding and 91 percent initiated any breastfeeding.
• At the 72-hour nurse home visit, 51 percent of participants were exclusively breastfeeding and 91 percent were breastfeeding (any type).
• At the 1-2 month visit, 37 percent of participants were exclusively breastfeeding and 78 percent were still breastfeeding (any type).
• At the 3-4 month home visit, 30 percent of participants were exclusively breastfeeding and 58 percent were still breastfeeding (any type).
• At the 3-4 month home visit, 39 percent of participants who initiated exclusive breastfeeding at time of hospital visit were still exclusively breastfeeding and 62 percent of participants who initiated any breastfeeding were still breastfeeding.
• At the 9 month home visit, 49 percent of participants who initiated any breastfeeding at the time of hospital visit were still breastfeeding.

Although none of the studies demonstrate that the program was responsible for these changes in its participants, there are plenty of preliminary data from the Urban Institute 12-month survey and from MCHA itself suggesting that Welcome Baby has positively influenced maternal and infant health which should, in turn, meet the First 5 LA Strategic Plan goals that babies are born healthy, and children maintain a healthy weight.

Positive changes in maternal and infant health may already be occurring at the community level, based on data from the Los Angeles County Women, Infants and Children (WIC) Data Mining project, as follows:

• Increases in exclusive breastfeeding, as well as exclusive formula feedings
• Consistent decreases in combination feeding
• These changes occurred in both the Metro LA and comparison communities, making it difficult to attribute to Best Start community changes
• There was no consistent pattern for closely spaced pregnancies between the Best Start Metro LA (BSMLA) and comparison communities
• Indicators of decreased access to or understanding of effective family planning methods did not show consistent patterns
• Levels of poverty increased in both BSMLA and comparison communities, which was attributed to the effects of the Great Recession

Other successes garnered to date for the pilot Best Start Metro LA placed based model include:

• Progress in community mobilization efforts through the work of the Community Guidance Body, which mobilize community members and have enabled parents to take on leadership roles and initiate steps towards identifying the needs in their neighborhoods
• Through the Community Guidance Body, which served as the governance structure, several task forces were created (such as the Community Mobilization Task Force) to develop activities for the community
• The development of Collaborative Partner mini-grants to support short-term community-based projects within Metro LA
• The Community Mobilization Task Force successfully planned and carried out its Community Based Action Research (CBAR) project examining the issue of child care

Best Start Communities

Following the approval of the Best Start implementation plan in 2010, work began on developing partnerships between and among parents/residents and community-based organization (CBO) representatives in all 14 of the selected Best Start communities. This phase included carrying out such activities as outreach, orientation, community assessment, capacity building, and the development of governance bodies. The evaluation of implementation activities for the period of fiscal year 2010–2011 highlighted the following findings:

• Building Community Capacity. This was achieved in part through formal training in public speaking and facilitation, among others. In addition, community members “learned by doing” through participating in workgroups, voting and decision-making activities.
• Developing Community Engagement and Ownership. This entailed promoting active community participation in identifying priorities and strategies to achieve goals unique to each site, building upon the motivation among community members to attend these meetings, i.e., to help improve their community.
• Difficulty in Outreaching to Underrepresented Groups. There was a continued need for vigorous outreach in communities to attract underrepresented
groups to fully reflect the wide range of racial/ethnic, age, and gender diversity in each of these Best Start communities. For instance, some communities needed greater representation of teen and/or male parents.

Table 36. Total expenditures and numbers served for Best Start investments across three years 2009–2012.

<table>
<thead>
<tr>
<th>Investment</th>
<th>Expenditure</th>
<th>Children</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome Baby</td>
<td>$5,806,516</td>
<td>11,961</td>
<td>4,404</td>
</tr>
<tr>
<td>Metro LA</td>
<td>$2,075,259</td>
<td>3,027</td>
<td>3,027</td>
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<tr>
<td>Best Start Communities</td>
<td>$7,594,352</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Total</td>
<td>$15,476,127</td>
<td>14,988</td>
<td>7,431</td>
</tr>
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</table>
Best Start Investments

The FY 2009-15 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 L.A. 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 leaders in the community 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 health services.

Since 2009, Best Start Metro LA has served 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.

The ultimate goals of Best Start are that every child in a Best Start community is:

- Born healthy
- Maintains a healthy weight
- Is safe from abuse and neglect
- Is ready for kindergarten

This chapter distinguishes between the pilot Best Start community, Metro LA, which began earlier implementation of Best Start and is significantly further along in terms of this place-based initiative, and the remaining 13 communities, which are grouped as the “Best Start Communities.”

Best Start Metro LA

Best Start LA (BSLA) is a place-based community investment that aims to improve the well-being, development, and care experienced by children ages five and under, and their parents. Multiple interwoven strategies have been designed to strengthen the capacity of families to raise children, and the capacity of communities and broader systems to support families. While Best Start LA will ultimately operate in a total of 14 communities across L.A. County, First 5 LA (F5LA) has launched the model in a “pilot” community, which is being referred to as Metro LA. The Metro LA area encompasses parts of four
different Los Angeles neighborhoods—Pico-Union, Koreatown, the Byzantine Latino Quarter, and South L.A.

First 5 LA provided funding to Para Los Niños, 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. Para Los Niños is the lead entity for the Metro LA pilot community, assisting 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.

Finally, the firm Special Service for Groups (SSG) was hired to assist with Community Based Action Research efforts in Metro LA. SSG is a multiservice organization providing direct service, research and evaluation, technical assistance, and capacity building services to community based organizations in and around Los Angeles. Under Best Start LA, SSG is charged with guiding community members in Community Based Action Research (CBAR), a method that directly involves community members in research to define the problems they face, gather data to provide evidence, and plan for change.

Who was served?

6,162 children, parents and community members received local services from 21 mini-grants awarded by the CGB in FY 2010-11 to various community programs. These mini-grants funded short-term projects that support Best Start goals and parent priority areas including parent education, community beautification and improvement, and health and nutrition.

What did we learn?

In FY 2011-12, the evaluation of the Metro LA Best Start reported the following findings:

- The successful formation of 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.
- Para Los Niños (PLN) continues to support the progress of the CGB in taking over the leadership and mobilization of residents.
- PLN also is making progress in establishing community strategies for Metro LA despite staff changes.
Projects funded by the mini-grants were universally described as very positive and promising, were well-distributed across Metro LA, focused on Best Start place-based goals, and reflected parents’ primary concerns.

A key challenge for the Best Start Metro LA community is striking the right balance between PLN agency leadership and community ownership. The CGB appears to be moving forward in the community mobilization efforts but systems-level efforts such as the Baby-Friendly Hospital and Workforce Development activities still appear somewhat disconnected from the child-, family-, and community-level components of the Best Start investment. According to the second year case study, the silos still exist between the direct service and community capacity building efforts of Best Start LA.

At the end of the third year of Best Start implementation in Metro LA, the work of the systems-level investments relative to the success of Welcome Baby appears to have become less of a focus. Several of the systems-level contracts ended and First 5 LA’s capacity building team has disbanded. While ZERO TO THREE and Fenton Communications continue to have a role with Best Start, particularly in the additional 13 communities, First 5 LA’s contracts with Parents Anonymous’ and PAC-LAC’s have ended. As a result, there is little to conclude about systems-level impacts. The focus appears to have shifted to the more promising community-based child and family investments, such as Welcome Baby. It remains to be seen how and which interventions and initiatives are rolled out to the 13 remaining Best Start Communities.

Welcome Baby

The Welcome Baby home visitation program has been piloted in the Metro LA community since 2009. It is a voluntary, universally provided hospital and home-based intervention for pregnant and postpartum women. The primary objective of Welcome Baby is to work with families to maximize the health, safety and security of the baby and parent-child relationship and to facilitate access to supports and services when needed. Welcome Baby is implemented by Maternal and Child Health Access (MCHA) and has served women giving birth at California Hospital. Through a combination of prenatal visits, phone and at-home appointments, Welcome Baby parent coaches provide women with personalized support at the second and third trimester 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. Welcome Baby will be rolled out in the other 13 communities in FY 2013-14.

**What services were provided or activities conducted?**

During FY 2009-10:

- 95 percent of participants received timely screenings for depression
- 80 percent received home safety and security information by 3-4 month home visit
- 77 percent of referrals to needed services were followed up

During FY 2010-11:

- 96 percent of participants received at least one home safety item or conducted at least one home safety improvement by the 9-month visit
- 67 percent of pregnant women enrolled prenatally received referrals for dental screening
- 95 percent of the participants’ children received a screening for developmental delays at the 3-4 month visit

During FY 2011-12:

- 98 percent of the participants’ children received a screening for developmental delays at the 9-month visit
- 94 percent of participants received at least one home safety item or conducted at least one home safety improvement by the 9-month visit
- 87 percent of Medi-Cal eligible infants had health insurance by the 1-2 month visit

During the initial year of implementation, in FY 2010-11, 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 (CBAR) 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. The CBAR task force examined the adequacy of child care centers in the community (how many there are, how crowded they are, and their quality), as its research project. They conducted focus groups with parents, interviews with childcare providers, and photovoice – a research method in which residents are
asked to represent their point of view through pictures. The task force collected the data but was not able to complete the analysis in time for this report.

**Who was served?**

During FY 2009-10, 281 mothers and their infants were served by Maternal Child Health Access (MCHA), the agency implementing Welcome Baby in the Metro LA community whereas, in FY 2010-11, about 1,400 mothers were served, representing a significant increase from the year before, when the program was just getting underway. In FY 2011-12, 2,987 mothers and their infants were served. Across the three years of the current Strategic Plan, the number of Welcome Baby participants increased eight-fold representing a significant expansion of this program.

Of the 2,987 mother-infant pairs served during FY 2011-12 by the Welcome Baby Program, 74 percent of mothers were Latina, 21 percent of mothers were African American, 12 percent of mothers were 18 years of age or under, 75 percent of mothers were between 19 and 34 years of age. In terms of risk factors:

- One-third of clients were identified as being “high risk” (e.g., teen parent, currently experiencing domestic violence and/or depression) with the majority having one risk factor
- Sixteen percent had more than one risk factor

In the last fiscal year, 2011-12, the majority (75 percent) of mothers identified as Latino while 21 percent identified as African American. The percentages for the past fiscal year are similar to those across all three fiscal years. A majority of mothers (58 percent) reported speaking English as their primary language (Table 38).

### Table 38. Ethnicity and Language of Welcome Baby Participants, FY 2011-12.*

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
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<td>Hispanic</td>
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<td>African-American</td>
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<td>Other ethnicities</td>
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<table>
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* Ethnicity and language data were available for 1,341 out of 2,987 mothers.
What did we learn?

In FY 2009-10, a case study report by the Urban Institute described the Welcome Baby home visitation program as a tangible, well-implemented service that could form a foundation for subsequent Best Start LA efforts. Also, based on FY 2010-11\textsuperscript{34,35} data, Urban Institute concluded that Welcome Baby provides a strong and important foundation for Best Start LA in Metro LA and that “First 5 LA would be well-served” by deploying the Welcome Baby model in the remaining 13 Best Start communities.

Participation in Welcome Baby appears to be associated with a number of outcomes, according to a FY 2011-12 report by the Urban Institute of preliminary findings from the 12- Month Child and Family Survey, as follows:

- Infants who participated in Welcome Baby were more likely to be fed exclusively with breast milk during their first four months compared to those whose mothers did not participate
- Welcome Baby mothers had more learning materials in the home than mothers who did not participate in Welcome Baby
- Gains made by Welcome Baby participants were those most strongly aligned with the goals and content of the Welcome Baby program

Additionally, Welcome Baby met or exceeded the vast majority of its performance targets for FY 2011-12. Some of their key accomplishments in meeting or exceeding the performance targets include:

- The acceptance rate for women approached in hospital for participation was 44 percent.
- Sixty percent of pregnant women enrolled prenatally received referrals for dental screening.\textsuperscript{36}
- Eighty-three percent of prenatal women received at least one referral during pregnancy while, of the prenatal referrals made, 100 percent were followed up by the 1-2 month visit.
- Of clients enrolled prenatally between 16 and 26 weeks, 83 percent received a telephone assessment between 24 and 28 weeks of pregnancy.
- 99 percent of program participants received home safety and security information by the 9-month home visit.
- At the time of their hospital visit 57 percent of participants initiated exclusive breastfeeding and 91 percent initiated any breastfeeding.
- At the 72-hour nurse home visit, 51 percent of participants were exclusively breastfeeding and 91 percent were breastfeeding (any type).
- At the 1-2 month visit, 37 percent of participants were exclusively breastfeeding and 78 percent were still breastfeeding (any type).
• At the 3-4 month home visit, 30 percent of participants were exclusively breastfeeding and 58 percent were still breastfeeding (any type).
• At the 3-4 month home visit, 39 percent of participants who initiated exclusive breastfeeding at time of hospital visit were still exclusively breastfeeding and 62 percent of participants who initiated any breastfeeding were still breastfeeding.
• At the 9-month home visit, 49 percent of participants who initiated any breastfeeding at the time of hospital visit will still be breastfeeding.

Although none of the studies were able to demonstrate that the program was responsible for these changes in its participants, there was plenty of data from the Urban Institute 12-month survey and from MCHA itself suggesting that Welcome Baby has positively influenced maternal and infant health which should, in turn, meet the First 5 LA Strategic Plan goals that babies are born healthy, and children maintain a healthy weight.

Positive changes in maternal and infant health may already be occurring at the community level, based on data from the Los Angeles County Women, Infants and Children (WIC) Data Mining project, as follows:

• Increases in exclusive breastfeeding, as well as exclusive formula feedings
• Consistent decreases in combination feeding
• These changes occurred in both the Metro LA and comparison communities, making it difficult to attribute to Best Start community changes
• There was no consistent pattern for closely spaced pregnancies between the Best Start Metro LA (BSMLA) and comparison communities
• Indicators of decreased access to or understanding of effective family planning methods did not show consistent patterns
• Levels of poverty increased in both BSMLA and comparison communities, which was attributed to the effects of the Great Recession

Also, parents who participated in the program have consistently placed high value on this program and have been highly satisfied with it. In FY 2010-11 a focus group report conducted separately with Welcome Baby clients and home visitors by the Urban Institute revealed that

• Mothers receiving Welcome Baby home visiting valued the services highly.
• Mothers received critical information and education from home visitors about their children’s health and development.
• Mothers were connected to important resources and support services in their community.
• Home visitors reported forming strong bonds with their clients.
• Home visitors felt that the Welcome Baby model was not always meeting the needs of the high-risk families they served.
• Home visitors, like mothers, felt that the model could be strengthened by adding additional visits to the protocol.

Further, during FY 2011-12, in a client satisfaction survey given by the Parent Coaches to 430 clients at the 9-month home visit when the case was closed, MCHA reported the following results:

• Over 90 percent of mothers said that Welcome Baby helped them learn how to parent their baby, understand about child development, learn how to bond with their baby and learn how to make the home safe for their baby.
• Over 90 percent of mothers felt more confident as a parent and supported in this role and felt that the information was given in a way that respected their culture and beliefs.
• 95 percent of clients were satisfied with the services.37

However, in the above survey there is no information about the response rates, so we do not know how many of all clients whose cases closed at the 9-month home visit completed the survey. Another Welcome Baby parent satisfaction survey was conducted by Urban Institute as part of the Best Start Metro LA 12-Month Child and Family Survey, involving 291 completed surveys, collected from March 2011 through March 2012. Preliminary results, reported in FY 2011-12, indicate the following:

• 80 percent of participants were “very satisfied” with the home visits
• 66 percent said that the nurse helped “a lot”
• 69 percent said that the parent coach helped “a lot”
• 92 percent “definitely would” recommend the program to a friend or relative

Overall, participants were very satisfied with the home visits they received, but a number of families expressed needing more intensive and comprehensive services. A very small percentage was unsatisfied with the services received, and those mothers who expressed some level of disappointment in their responses were primarily concerned with the low intensity of services or the inconvenience in hosting visits in their home. The preliminary report did not indicate response rates so it is hard to know how many of those given the survey completed it, and thus we do not know the extent to which the survey represented all program participants.

Though it was originally envisioned as a low- to medium-intensity model, Maternal Child Health Access (MCHA) and California Hospital Medical Center (CHMC) staff observed that women giving birth in the Metro LA community are often high-risk, such as adolescent or first-time mothers, living in poverty and substandard housing, and/or experiencing mental and behavioral health problems. During the first year of implementation, according to the case study report, MCH Access officials recommended
changing the protocol so that it could be more responsive to the needs of its target population of pregnant and parenting mothers and their infants. In 2011, with support of First 5 LA, these changes were implemented. They included:

- Allowing parent coaches to visit pregnant women as early as 16 weeks gestation (instead of 20 weeks).
- An additional telephone contact at two weeks postpartum to keep in touch with new mothers before their first scheduled home visit at one to two months.

However, the case study report also noted that, for the roll-out of Welcome Baby in the 14 communities, the program will target low- to medium-risk mothers, based on a screening protocol, while other evidence-based home visiting models will be chosen to reach higher risk families.

**Best Start Communities**

Upon approval of the 14 Best Start 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. The following Best Start Communities section refers to the other 13 communities in which implementation of the Best Start model is just beginning. In contrast to how Best Start was implemented in the pilot, in which a lead entity was selected, First 5 LA has approached engagement in these 13 communities from a higher level, allowing for a full year of community engagement activities as well as a variety of second year implementation activities, discussed below.

**What services were provided or activities conducted?**

Activities got underway in the other 13 Best Start Communities (BSCs) in FY 2010-11 once the implementation plan was improved. Early activities led by First 5 LA staff and their support teams in the BSCs included:

- Recruiting a diverse group of individuals and organizations to become involved in this place-based effort.
- Convening regional and then community-specific meetings to explain and introduce Best Start and discuss the four goals of the Strategic Plan.
- Reviewing, revising, and finalizing the current community boundaries.
- Developing a community vision and a decision-making process.
- Working with diverse groups of community members and stakeholders to build a formal decision-making body for each Best Start community.
- Starting to map out each community’s strategic plan to implement the Best Start model.
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.

First 5 LA also commissioned an implementation evaluation of First 5 LA’s Best Start in 13 of the 14 communities. Metro LA, as the pilot site in which a separate evaluation was underway, was excluded from this implementation evaluation. The goal of the implementation evaluation was to gain a better understanding of implementation during the partnership and development phase in 13 of the 14 Best Start communities. The evaluation was conducted during the period of June 1, 2011 to June 30, 2012 and generated timely information to help First 5 LA and each community make informed decisions, improve processes, share what works, and ultimately enhance their efforts to create safe and nurturing environments for children.

**Who was served?**

During the planning effort that led up to the adoption of the FY 2009-15 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, 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 did we learn?**

First 5 LA defines capacity building as the process to build and strengthen the capacity of an individual, organization, system or community to define and achieve goals. The process builds and strengthens the ability of communities and community residents to define and make positive changes for the well-being of children and families. Several key findings emerged from the “baseline” community assessment conducted in FY 2011-12, addressing the social, service and economic/physical environments in these communities.

The social environments in the 14 Best Start communities have a high reliance by parents on the support of family members and neighborhoods to obtain needed information.
and to combat the stress of living in high-need communities. At the same time, schools, community- and faith-based organizations are also trusted sources of information that facilitate parents building relationships with each other and obtaining key supportive services. Most communities do not provide sufficient opportunities for leadership development for parents with young children; yet, these communities have a history of community organizing on a wide range of community-specific issues, creating a solid foundation for further community capacity and mobilization. While most communities have identified leaders they trust, these are not typically elected officials and a challenge for the formal or informal leadership is that it may not reflect the demographic shifts in the communities.

Implementation of Best Start in the 13 target communities involved many community outreach and capacity-building activities. The implementation evaluation reported both successes and challenges as Best Start became established in these communities.

The capacity of community members was enhanced through formal training in public speaking and facilitation as well as “learning by doing” through participating in workgroups, voting, and decision-making activities. Community engagement and ownership took hold in these communities through the motivation among community members to attend meetings to help improve their community. Partnerships in each community took the initial step of articulating roles and responsibilities of a governance body. Finally, mutual trust was established and enabled the open exchange of information between and among leadership groups, Best Start staff, contractors, and community members in general, all working together to ensure that the activities and outcomes were clear and in accordance with the Best Start goals. Forging a trusting environment of equitable participation and mutual respect helped to solidify participants’ commitment to the effort and leadership.

On the other hand, as in many other place-based efforts, there were also a number of challenges. Communities had difficulty attracting underrepresented groups to fully reflect the wide range of racial/ethnic, age, and gender diversity in each of these Best Start communities. For instance, some communities needed greater representation of teen and/or male parents. There were also challenges orienting new members on the structure and process of Best Start to ensure members are encouraged to continue attending and participating. As well, despite the provision by First 5 LA staff of a large number of informative and interactive sessions on building capacity, leadership, and other related topics, community members still expressed the need for more training on current issues and concerns in their respective communities. Also, members of the leadership groups still expressed ambiguity in the scope of their work and a lack of clarity in leadership roles and expectations that undermined the success of the implementation process. Finally, attendance fluctuated and there was declining membership attendance due to issues in
recommendation and retention that were exacerbated by the lengthy planning process First 5 LA was implementing, a lack of clarity regarding First 5 LA’s expectations and timeline, as well as the lack of an effective membership monitoring system.

Recommendations for building on the successes and addressing the challenges included more direct outreach to increase diversity in partnership groups, greater variety of activities in order to sustain membership engagement, continued need for capacity building activities, clearer delineation of organizational roles and responsibilities, and greater recognition of the participation of active members, to promote membership retention and counter attrition.

What were key outcomes and lessons learned for the Best Start Cluster as a Whole?

This cluster of investments addresses the Strategic Plan strategies of Family Strengthening and Community Capacity Building. In terms of Family Strengthening, participation in Welcome Baby appears to be associated with a number of outcomes, including:

- Infants who participated in Welcome Baby were more likely to be fed exclusively with breast milk during their first four months compared to those whose mothers did not participate.
- Welcome Baby mothers had more learning materials in the home than mothers who did not participate in Welcome Baby.
- Gains made by Welcome Baby participants were those most strongly aligned with the goals and content of the Welcome Baby program.

Additionally, Welcome Baby met or exceeded the vast majority of its performance targets for FY 2011-12 indicating that:

- Many women approached in hospital for participation enrolled in the program.
- Those women enrolled prenatally received at least one referral and all of the prenatal referrals made were followed up by the time of the 1-2 month visit.
- Women enrolled received a telephone assessment prenatally as well as home safety and security information by the 9-month home visit.
- Many participants initiated exclusive breastfeeding and almost all initiated any breastfeeding while in the hospital.
- Many participants continued to exclusively breastfeed and the majority continued some form of breastfeeding during the first 9 months of the baby’s life.

Thus, for many families and community residents in Metro LA, Welcome Baby has become the concrete and tangible image of the Best Start model. Parents who participated in the program have consistently placed high value on this program and have been highly satisfied with it. The successes to date of the Welcome Baby program suggests that First 5
LA has made substantial progress in meeting the Strategic Plan goals that babies are born healthy, and children maintain a healthy weight.

For the Best Start place-based initiatives focused on the Strategic Plan strategy of Community Capacity Building, there were a number of indicators from the pilot Metro LA Best Start experience suggesting that progress has been made, as follows:

- The successful formation of 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.
- PLN continues to support the progress of the CGB in taking over the leadership and mobilization of residents.
- PLN also is making progress in establishing community strategies for Metro LA despite staff changes.
- Projects funded by the mini-grants were universally described as very positive and promising, were well-distributed across Metro LA, focused on Best Start place-based goals, and reflected parents’ primary concerns.

Best Start Metro LA has made good progress in mobilizing the community members to take leadership roles but several lessons have been learned in the process. There is a need for the lead entity Para Los Niños to strike the right balance between guiding (or facilitating) change at the community level and creating an environment where the community members can take ownership over the process. Another key lesson learned from the work of Best Start thus far is that the Community Capacity Building strategies have not been successfully integrated with the Family Strengthening child- and family-level components of the Best Start investment, such as Welcome Baby. The “silos” between these components still seem to exist and the task of breaking them down is formidable. Another lesson learned is the need for First 5 LA and the lead entity to have a formal process at the beginning of the contract to ensure that there is consensus and a mutual understanding of the overall goals of Best Start, that the vision for Best Start is shared and that there is agreement on the milestones to be achieved along the way.

Investments that target Community Capacity Building are difficult to measure. Further, the positive effects may occur farther away from when the investments were made, because change at the community level takes time to become evident. As a result, it is difficult to detect positive changes and to associate these changes to the Best Start investment rather than to other factors occurring in these communities. The road ahead is long and challenging; and tangible, measureable benefits may only emerge once Best Start has become more established.
Countywide Systems Improvement Investments Snapshot

Community Investments/Resource Mobilization

The role of the Community Investments (CI) Department is to oversee implementation of First 5 LA's resource mobilization strategy. This is defined as leveraging fiscal and non-fiscal resources to maximize First 5 LA’s desired outcomes and improve the physical, emotional and mental health of children 0 to 5. Community Investments employs grantmaking of innovative models or partnerships, engages in relationship building with public and private stakeholders, shares information with multiple organizations/partners to support and enhance the impacts of First 5 LA’s investments, strengthen the capacity of organizations and communities, and advance policy change. While the formal evaluation for this strategy will be launching soon, the following are some lessons learned:

- Public funding grant cycles do not always align with those of private foundations. First 5 LA staff should focus on outreach and communication efforts aimed at other funders to build awareness, collaboration and coordination about funding opportunities.
- Strengthening First 5 LA’s connection with existing public and private funders is necessary in order to network and foster new leveraging opportunities between organizations and funders.
- First 5 LA internal policies and procedures are not always conductive to the types of innovative partnerships that are possible in LA County.

Technical Assistance Institute

The Technical Assistance (TA) Institute was a pilot program established by First 5 LA to strengthen nonprofit organizations serving young children and their families. The TA Institute ran from 2008 through 2012 and was designed to increase the capacity of select current and former grantees in three key areas: fund development, financial management and strategic communications.

- A study found that at the end of the grant period, grantees believed their organizational capacity had been improved and that they would be able to implement what they had learned.
- TA Institute participants valued the opportunity for professional development, as well as the specific skills and knowledge gained. The greatest learning took place face-to-face, whether with instructors or through peer-learning.
Community Opportunities Fund

Community Opportunities Fund (COF) is designed to be responsive to the needs and creative ideas of organizations serving children from the prenatal stage to age 5 and their families by funding organizational capacity building and policy and advocacy activities. COF is intended to initiate sustainable and systemic change at the organizational and community levels, as opposed to providing direct services. Two specific types of supports are funded for organizations throughout Los Angeles County: 1) organizational capacity building grants and 2) policy and advocacy grants. Some of the lessons learned so far from these grantees include:

- Capacity building projects that involved system development (e.g., financial system, reporting system, etc.) appeared to have the greatest and longest impact on grantees.
- For the policy grantees, the RFP design has attracted a broad array of advocacy groups from diverse sectors. This broadens the voice for the target population, while strengthening and enabling existing advocates to do their work.

Policy Advocacy Fund

The Policy-Advocacy Fund (PAF) is intended to support policy and advocacy campaigns and efforts that align with the First 5 LA Policy Agenda. The primary goal of the fund is to further progress toward achieving First 5 LA’s policy goals; a secondary goal is to strengthen the capacity of organizations to be effective advocates on behalf of young children in L.A. County. The PAF grantees work on policies within L.A. County, and at the state and federal levels because each level of government makes decisions that dramatically impact the well-being of children in our target population. The first grants began in March 2012 so it is too early to report lessons learned. However, an evaluation will be conducted in the future.

Policy Agenda

First 5 LA recognizes that policy and advocacy are essential tools in the efforts to champion the well-being of children. The policy department identifies the Commission’s long-term outcomes through 10 policy goals that support children ages 0–5. To address these policy goals, the Policy Department hosts roundtables and discussion panels to encourage strategic thinking and collaborative efforts among advocates, publishes policy briefs and provides periodic updates on current legislative issues. While the policy agenda will be included in an upcoming evaluation, the following lessons have been learned from recent efforts and activities:

- Relationship building enhances elected officials’ understanding of First 5 LA’s role in the community and gives great access to policy change for First 5 LA.
- Public policy events, such as roundtables and policy panels, are an opportunity to bring elected officials together with high-profile experts and advocates to highlight intersections and policy opportunities.
- At the federal level, First 5 LA has successfully created legislative vehicles (such as policy briefs and legislative updates) for the CA delegation led by L.A. County members. Although evaluations of these efforts are still ongoing, greater avenues of influence should open up for First 5 LA in the future.

**Public Affairs/Public Education**

The goal of First 5 LA’s Public Affairs (PA) and Public Education efforts is to positively influence public behavior while promoting the vision and goals of First 5 LA. Public Affairs’ internal approach to public education begins with uncovering a need. These needs are often discovered through First 5 LA’s research efforts or through the work of First 5 LA programs. From these needs a public education campaign is developed, including solutions objectives, target audiences, key messages and success measurements.

- The PA Department has learned that all messaging has to encourage behavioral change, and that parents respond best to messages that are positive and contain tips that are actionable. This finding has had a direct influence over the style and tone of materials disseminated.
- The audience for public education efforts is primarily parents of children 0–5, followed by kids 0–5, caretakers and extended family of children 0–5. The secondary audience are stakeholder groups that work within this demographic, and are looking for helpful resources for their clients.

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Countywide Systems Improvement Investments

These investments are aimed primarily at supporting projects and partnerships in L.A. County that will leverage fiscal and non-fiscal resources between many stakeholders in order to improve the coordination of health and human services, both formal and informal, to improve efficiency and effectiveness of care or support for families with young children in L.A. County.

Community Investments

The role of the Community Investments (CI) Department is to oversee implementation of First 5 LA’s resource mobilization strategy. This is defined as leveraging fiscal and non-fiscal resources to maximize First 5 LA’s desired outcomes. Community Investments funds and partners with a range of organizations, networks, and collaboratives to mobilize resources supporting young children and their families. To be considered for funding or partnership opportunities, projects must meet the following eligibility requirements: 1) serve First 5 LA’s target population; 2) lead to change in one or more of First 5 LA’s priority goals; 3) identify fiscal or non-fiscal resources that will be leveraged.

During FY 2011-12 the Community Investments Department leveraged over $4.7 million through its relationships with other major funders and stakeholders.

Community Investments applies three primary strategies to leverage resources: grantmaking, relationship building, and information sharing. These approaches are interdependent and supportive of each other:

- Grantmaking seeks to support innovative models or strategic partnerships by co-investing and co-designing projects, matching funds to leverage public and private resources, facilitating and supporting organizational capacity building. Strengthening and connecting organizations is at the core of CI’s grantmaking practices.

- Relationship Building involves public and private stakeholders working together intentionally and in coordination to support shared objectives. Through Relationship Building, First 5 LA leads efforts to build timely, critical connections with other investors, such as private foundations, individual donors, businesses and government agencies.

- Information Sharing includes using research results, community data and other findings essential to successfully leveraging resources and implementing best practices. It also allows for the analysis of current and past community investment strategies and return on investment. Through Information Sharing, First 5 LA is able to support communities with maximizing resources and investing wisely.
What did we invest in?

Community Investments leveraged resources with multiple grantees and partners in FY 2011-12. Highlights from the CI portfolio are described below.

Sixteen grants were awarded through the Matching Funds Program to provide 1:1 funding to help support organizations seeking non-First 5 LA funding. These grantees included agencies launching or expanding programs in L.A. County serving young children and their families in various capacities.

In FY 2011-12, First 5 LA contracted with Families In Schools to serve as an intermediary for the Social Enterprise Grants Program and the Challenge Grants Program. The Social Enterprise Grant Program provides nonprofits serving the First 5 LA target population with the financial support to launch or expand earned income strategies to sustain their agency’s mission and programs. The Challenge Grants Program awards nonprofit organizations with 1:1 match funding in order to leverage new funding to help grantees enhance, expand or sustain general operations for an early childhood strategy. Families In Schools will re-grant First 5 LA funds and also provide customized technical assistance and training to seven Social Enterprise and 11 Challenge Grants Program grantees in FY 2012-13.

The Healthy Food Access Initiative is intended to increase families’ access to fresh fruits and vegetables by providing grants to assist in the construction and maintenance of local community gardens. In FY 2011-12, LA Conservation Corps began planning the construction of gardens in communities throughout Los Angeles.

First 5 LA also formalized 14 partnerships with a range of organizations, including DonorsChoose.org, Advancement Project, L.A. Care and the Los Angeles County Department of Health Services. Together, the partnerships provide services to improve the oral health, nutrition and school readiness of young children while also sharing information to identify and communicate best practices to leverage resources.

What did we learn?

While the formal evaluation for this initiative will be launching in FY 2013-14, the following outlines some of the lessons learned from Community Investments staff:

- Grantee organizations require flexibility to raise matching funds from multiple funding sources over multi-year periods.
- Proactive and ongoing communication with local funders about First 5 LA grant programs can help foster new leveraging opportunities between organizations and funders.
• Cultivation of timely, strategic relationships among public and private funders is essential in order for First 5 LA staff to identify opportunities for leveraging resources for collective impact.
• Convening early childhood stakeholders provides opportunities for learning and information exchange of emerging trends and best practices to inform First 5 LA investments.
• First 5 LA internal policies and procedures are not always conducive to the types of innovative partnerships that are possible in LA County.

Public Affairs/Public Education

The Public Affairs Department is responsible for the maintenance of First 5 LA’s positive public image and reputation, internal and external communications, public education programs, publication/collateral materials design and production, electronic publications (websites, social media channels), and countywide and place-based marketing and community outreach efforts. The department supports the work of all other First 5 LA departments to ensure that information on each of the Commission’s activities is communicated accurately and consistently and in alignment with the 2009–2015 strategic plan priority goals, strategies and outcomes. This section summarizes significant public education campaigns developed and conducted by First 5 LA’s Public Affairs department during the current strategic plan period.

What activities were conducted?

Public education campaigns typically employ all facets of the communications tools available to Public Affairs: marketing and advertising, traditional media, online (Web, social media), and community engagement/events. Public Affairs works with outside agencies or with internal staff to begin coordinating and executing focused campaigns.

Parent Helpline From May–October 2009, First 5 LA conducted a targeted media campaign promoting the 888-First5LA Parent Helpline. This toll-free number provides access to resources, referrals and answers to questions about children and families across a wide range of topics. First 5 LA established relationships with more than 136 local businesses, churches and community organizations to assist with distributing campaign materials, and purchased billboards and bus signs to promote the Helpline. Throughout the campaign the Helpline saw a 22 percent increase in total calls against pre-campaign benchmarks.

Ready. Set. Grow! This is First 5 LA’s parent and child education channel. To provide parents with easily accessible parenting advice that supports First 5 LA’s four strategic goal areas and to assist their ability to find resources in the community, First 5 LA developed the Ready. Set. Grow! Family Guide, a free bilingual brochure distributed
quarterly (distribution as of spring 2013, 190,000) containing tips, information and free and low-cost family activities. The *Ready.Set.Grow!* bilingual website, [www.readysetgrowla.org](http://www.readysetgrowla.org), provides expanded information on subject areas and links to additional resources, activities and discounts. From FY 2009 through FY 2012, just over 1.5 million Family Guides have been provided to L.A. County parents via First 5 LA’s network of distribution partners, including WIC, L.A. County and L.A. City libraries, LaUP, Head Start and many other organizations.

**PSAs on Metro Bus Television** Public Service Announcements (PSAs) providing public education around First 5 LA’s four strategic goal areas appeared on busses throughout L.A. County via Transit TV in February–May of 2011. The overall campaign theme is “Give Your Child the Best Start in Life,” and the PSAs focus on literacy, nutrition, physical activity, preparing for kindergarten, the importance of breastfeeding, oral health and prenatal care. These one-minute spots were produced in both English and Spanish, with a total of 10 spots in each language. The PSAs encourage parents to visit the *Ready, Set, Grow!* website for tips and resources that accompany each parenting issue. The spots ran for 13 weeks, with 80 spots a week, for a total of 1040 airings, with an estimated reach of 66,170,000 riders.

**First5LA.org** First 5 LA’s primary website addresses all four goal areas by informing key foundation, grantee, academic, policy and political stakeholders about programmatic, research and policy change related to First 5 LA’s mission. Public Affairs’ consistent updating and revising of First5la.org has resulted in over 1.7 million page views during the period of fiscal years 2009–10 through 2011–12.

**Read Early, Read Aloud Literacy Campaign** First 5 LA’s Read Early, Read Aloud campaign celebrates child literacy month each November, encouraging parents and caregivers of children five and younger to read aloud to their children. In FY 2009-10, the Read Early, Read Aloud public education campaign included a key launch event, strategic partnerships with libraries, and a literacy-themed Family Guide. Print ads ran in *L.A. Parent* and *L.A. Family* magazines, along with the airing of Public Service Announcements promoting early literacy and encouraging library card registration. These strategies were continued in FY 2010-11, along with social media outreach, as well as media stories and interviews on English and Spanish-language radio. These strategies continue in FY 2011-12, along with an increased social media outreach through Facebook and Twitter. During the campaign, Twitter followers increased by about 14 percent, and Facebook followers increased by about 20 percent, reaching an estimated 70,000 people.

**Rethink Your Drink** The Rethink Your Drink campaign, including a microsite on the *Ready.Set.Grow!* website and social media postings, launched in June of 2011 to educate families about healthy drink options with the ultimate goal of changing drinking habits — choosing water over sugary beverages — in order to reduce obesity and type-2 diabetes among children and adults. Promotional materials were distributed at 28 community
events and WIC Centers. An interview with Public Affairs Director Francisco Oaxaca was picked up by 77 radio outlets in California, and Spanish language Newspaper Hoy distributed 146,000 inserts promoting healthy drink choices and nutrition. In Best Start communities, First 5 LA–developed events resulted in almost 5,000 one-on-one conversations about Rethink Your Drink with community members, along with the distribution of tens of thousands of the children’s book, Potter the Otter, a tale about water.

**Eat Healthy, Grow Strong** During the months of February–April of 2012, First 5 LA launched a public education campaign to inform parents of the importance of balanced nutrition for children. An Eat Healthy, Grow Strong microsite was developed within ReadySetGrowLA.org to include nutrition resources, links to events and a sweepstakes. 175,000 nutrition-themed Family Guides were distributed, and English and Spanish advertising promoting the campaign was available via television, radio and print outlets. First 5 LA participated in 10 community events during the campaign, reaching more than 9,000 people and distributing almost 17,500 types of materials. Ready. Set. Grow! website traffic nearly doubled during this campaign, with almost 50 percent of the traffic visiting the Eat Healthy, Grow Strong microsite.

**Get Out & Play** During the months of May–August of 2012, First 5 LA launched the Get Out & Play public education campaign encouraging families with children 0–5 to make physical activity a part of their lives. Outreach efforts included countywide events with fitness activities and information, strategic partnerships, social media outreach, the production and distribution of 150,000 fitness-themed Family Guides, as well as a fitness microsite added to the Ready. Set. Grow! website. Get Out & Play received coverage on a number of websites and print publications. Total print reach was estimated at over 300,000. Social media outreach again proved to be an integral tool to drive parents to the Ready. Set. Grow! website, where traffic increased by 57 percent compared to the same period in the previous year.

**Conference Funding** From FY 2009-10 through FY 2011-12, First 5 LA has expended just over $436,000 on 25 conferences in L.A. County on topics spanning all four strategic plan goal areas. These conferences are organized and hosted by community-based organizations with the goal of supporting knowledge-sharing activities that advance the field of early child development and well-being.

**What did we learn?**

The following are some of the lessons learned through the work of the Public Affairs Department:

- All messaging has to encourage positive behavioral changes that are in support of First 5 LA’s four mission goals. Examples of these message are encouraging
parents and children to choose water over sugary drinks or for parents to read to their children daily.

- Parents respond best to messages that are positive and contain tips that are actionable. This finding has had a direct influence over the style and tone of our materials.
- Public education materials must always be inviting and engaging to parents of children ages 5 and under. When the materials are targeting children, they must be attractive to kids (colorful, whimsical, etc.)
- In a diverse county such as Los Angeles, one of the most important things PA has learned is that educational materials need to be made available in multiple languages. Content must be succinct to ensure that the message gets across effectively.
- Materials need to be at a simple reading level; on average between a 6th and 8th grade reading level.
- Public Affairs’ monitoring of website analytics dictated special attention to First 5 LA’s funding process, leading to a streamlining and simplifying of the application process in order to enable a wider range of applicants.

Technical Assistance Institute

The Technical Assistance (TA) Institute was a pilot program established by First 5 LA to strengthen nonprofit organizations serving young children and their families. The TA Institute ran from 2008 through 2012 and was designed to increase the capacity of select current and former grantees in three key areas: fund development, financial management and strategic communications.

First 5 LA believes that healthier, stronger organizations will better serve their constituencies and accomplish their desired outcomes. Our investment in the organizations that serve young children is an investment in those children.

What services were provided or activities conducted?

The following are the three components that comprised the TA Institute:

- Customized Consulting – provided assistance with individual donor development, by the Nonprofit Financial Fund to address organizations’ financial management and by the Taproot Foundation to develop organizations’ strategic communications.
- Social Enterprise Academy – provided assistance with identifying and launching mission-based earned income projects.
- Organizational Leadership Development Program – provided mentoring and network development for nonprofit executive directors and senior managers.

These programs were carried out by organizations that are experts in each of these three fields. Entry into the TA Institute programs was competitive, with acceptance being determined by the organization’s readiness for capacity building, as well as their ability to invest the required staff time. Each organization paid a fee to participate as well.

From the outset, the TA Institute offered 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 2009-10, 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 2010-11, 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 2010-11 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.

**Who was served?**

A total of 51 current and former First 5 LA grantees participated in one or more of the TA Institute’s programs.

**What did we learn?**

A case study of TA Institute programs was conducted in FY 2010-2011. This study found that at the end of the grant period, participants believed their organizational capacity had been improved. They valued the opportunity for professional development, as well as the specific skills and knowledge gained. They reported that their greatest learning took place in face-to-face venues, whether with instructors or through peer-learning. Participants generally felt positive that they would be able to implement what they had
learned. For many of them, simply not enough time had passed for full implementation. Interviews for this study were carried out with participants soon after completion of their program, so it is not possible to determine long-term impact at that time.

This study identified five areas of planning that should be considered when designing an organizational capacity building program:

- Creating hands-on and face-to-face learning opportunities
- Structuring peer learning so that people and organizations at the same level have opportunities to learn from each other
- Devoting the time needed for social enterprise development, which may take longer than other types of capacity building
- Balancing expenses with organizational ability to pay when setting program fees
- Balancing time needed to cover content with participant time demands when scheduling

In addition, this study makes four recommendations about how to improve evaluation of capacity building programs:

- Try to incorporate quantitative measures of change into the program design
- Require participants to define success at the start of the program, then measure the degree to which they achieved that success
- Require all trainers to complete a consistent final report so that results can be compared across participants and across programs
- Extend the time frame for evaluation, in order to determine whether new skills were fully implemented and maintained, and whether they led to meaningful change over time

Community Opportunities Fund

The Community Opportunities Fund (COF) is intended to be responsive to the needs and creative ideas of organizations serving children from the prenatal stage to age five and their families by funding organizational capacity building and policy and advocacy activities. The $13 million COF allocation was divided among four funding cycles, with the first grantees beginning in September 2009 and the final grantees ending in February 2015. COF is used to initiate sustainable and systemic change at the organizational and countywide/community levels, as opposed to providing direct services. Two specific types of grants are awarded to organizations throughout Los Angeles County: 1) organizational capacity building grants and 2) policy and advocacy grants.

Capacity Building. Forty-six COF grants were awarded for organizational capacity building projects. Organizational capacity building grants were awarded to agencies seeking to build their internal infrastructure, strengthen their programmatic
offerings or build their capacity to conduct policy and advocacy work on behalf of the communities they serve. These projects fall into three categories: 1) improving the organization’s overall functioning; 2) strengthening the organization’s ability to carry out programs; 3) increasing the organizations ability and skill base to effectively conduct policy and/or advocacy campaigns.

The grants were awarded to organizations that provide a range of services related to First 5 LA’s goal areas such as screening and services for autism, services to support caregivers and parents, nutrition and physical activity for kids, oral health, kindergarten readiness, and perinatal health. Capacity-building projects range from one to three years and have a maximum award amount of $150,000.

**Advocacy.** Twelve policy grants were funded. Policy and advocacy grants were awarded to organizations seeking to increase community awareness and support for policies that improve the quality of life for L.A. County’s youngest residents. These grants covered a range of topics, from breastfeeding, oral health advocacy, obesity prevention, and preschool in underserved areas, to increasing access to perinatal mental health services for women. Policy and advocacy projects are funded at a maximum of $500,000 over no more than five years.

**What services were provided or activities conducted?**

To aid in the successful implementation of funded projects, COF includes a technical assistance component, comprised of an organizational self-assessment and consulting services focused on supporting project-specific implementation, available to all COF-funded agencies. Technical assistance providers also arrange peer learning exchanges and group trainings designed to build relationships and address issues common among these types of funded projects. The policy grantees also participate in quarterly grantee meetings at First 5 LA that address a variety of topics, including policy updates at the state and national level and evaluating their grant.

**What did we learn?**

While the formal evaluation is currently underway for this initiative, the following outlines some of the lessons learned from the capacity building grants:

- A number of organizations that focused their effort on fundraising were able to build upon the successes of this project to increase both the diversity of funding sources and the amount of funding from both new and existing sources. Even some organizations that did not focus on fundraising were better able to obtain and demonstrate programmatic successes which led to additional funding and/or revenue.
• Capacity building projects that involved system development (e.g., financial system, reporting system, etc.) appeared to have the greatest and longest impact on grantees. Organizations were able to build upon productivity gains immediately after the project was completed and were also able to sustain those gains moving forward.

• While grants that involved training did have success, those successes were more difficult to sustain over the long term. With staff changes, training sometimes only had an impact on the staff originally trained. Once they left, which was reported to be common, the next person would not be as likely to benefit from that training. Moreover, some organizations felt that they needed additional follow-up training a year or two later which was not always possible with the available resources.

For the policy grants, the following lessons have been learned:

• The RFP design has attracted a broad array of advocacy groups from diverse sectors — broadening the voice for the target population, while strengthening/enabling existing advocates to do their work.

• The field needs more resources and has a long way to go before First 5 LA’s target population will be effectively supported.

• Flexibility is key. It is important for both the funder and grantee to be able to adapt to the changing political and social climate in which these grantees are operating.

Policy Advocacy Fund

The Policy Advocacy Fund (PAF) is intended to support policy and advocacy campaigns and efforts that align with the First 5 LA policy agenda. The first cycle of grantees were awarded in March 2012 and run through February 2017. The second cycle of grantees started March 2013 and will end February 2018. The Commission recognizes that these advocacy and policy strategies are key to sustaining the well-being of children ages 0–5 and their families beyond First 5 LA’s investments in direct services. The primary goal of the fund is to further progress toward achieving First 5 LA’s policy goals; a secondary goal is to strengthen the capacity of organizations to be effective advocates on behalf of young children in L.A. County.

What services were provided or activities conducted?

The PAF grantees work on policies within L.A. County, and at the state and federal levels because each level of government makes decisions that dramatically impact the well-being of children in our target population.
These projects engage in a variety of activities that support their project policy goals including:

- Administrative advocacy at the county and state levels to improve implementation of existing health policies that affect children prenatal to five
- Education and engagement of communities of color in the development of proposed policies and in advocacy activities
- Advocating for policies to improve training and services for identifying children with special needs
- Supporting policies that improve children’s access to healthy foods and physical activities
- Educating and engaging parents and community members in support of child care

In addition, the grantees receive training and technical assistance and participate in the same quarterly policy grantee meetings as the COF policy grantees. This is an opportunity for the policy grantees to come together to share their challenges, successes, and learn about various topics from First 5 LA and the TA provider.

**What did we learn?**

Cycle one grantees started in March 2012. Thus, it is too early to speak about lessons learned or what was accomplished. However, an evaluation will be conducted in FY 2015-16 as the first grantees are coming to an end.

**Policy Agenda**

First 5 LA recognizes that policy and advocacy are essential tools in the efforts to champion the well-being of children. Through partnerships with community coalitions, local experts, grantees and other child advocacy groups, the Policy Department works to educate the general public and government officials about how policy and legislation affects the lives of children and families in L.A. County in the areas of health, education and child safety. In addition, the Policy Department identifies and supports legislation and policies that increase children’s developmental potential, improve the public’s access to quality health resources and help parents and caregivers raise children in safe environments. The Policy Department also engages in the ongoing monitoring and implementation of policy issues, solutions, and outcomes and assesses the awareness and influence of First 5 LA on policy positions among key policymakers and stakeholders.

First 5 LA’s Public Policy Agenda for 2010–2015 identifies the Commission’s long-term outcomes through 10 policy goals:

- Increase access to healthy food options and physical activity
• Promote comprehensive, affordable health insurance for all
• Expand access to, and improve quality of, early care and education programs
• Strengthen the prenatal to five workforce
• Expand voluntary home visiting
• Support integration and sharing of data
• Promote reductions in drug, alcohol and tobacco use by parents/caregivers
• Increase supports for breastfeeding
• Expand early identification and intervention
• Promote family strengthening principles and prevention practices in the child welfare system

What activities were conducted?

To address the policy goals described above, the Policy Department hosts roundtables and discussion panels to encourage strategic thinking and collaborative efforts among advocates, publishes policy briefs to provide specific policy or system change recommendations for correcting social problems surrounding the 10 policy goals and provides periodic updates on current legislative issues through the Policy in Play alerts.

Policy Roundtables Held twice a year, First 5 LA’s policy roundtables were developed to encourage strategic thinking and collaborative efforts among advocates working on public policy issues affecting children age 0 to 5 and their families. Roundtable participants share information on their public policy change efforts at the national, state and/or local levels, learn about others’ activities, and build mutual support for policies benefitting infants, young children and their families in L.A. County.

Policy Panels First 5 LA hosts discussions each year with the goal of identifying policy-based solutions to pressing issues affecting young children and their families. The following policy panels have been held recently:

- September 28, 2012: A Panel on Child Abuse
- April 20, 2012: A Panel on Early Childhood Education Programs
- September 30, 2011: Children’s Health — Obesity Prevention Under Health Care Reform

Policy Briefs First 5 LA policy briefs provide specific policy or system change recommendations for correcting social problems of concern to First 5 LA. These documents are useful tools for policymakers, opinion leaders and early childhood advocates who wish to learn more about issues affecting young children and their families. First 5 LA’s recent policy briefs include:

- Sugary Drinks: A Big Problem For Kids (2011). Strong public policies are needed to support parents and caregivers in stemming the childhood obesity epidemic.
Increasingly, the evidence points to sugary drinks — including soda, juice, sports drinks, energy drinks and the like — as a prime source of added calories in our diets. This policy brief reviews the scientific evidence, the evolution of sugared beverage consumption, compares specific popular drinks, catalogues the health risks for children and proposes a variety of policy solutions.

- American Recovery and Reinvestment Act (ARRA) Investments Supporting Children 0–5 in L.A. County (2010). This policy brief focused on the amount of ARRA dollars flowing into Los Angeles County and the impact of these one-time investments on the lives of children and families, with a focus on four ARRA grants that have a direct impact on the well-being of children, birth through five.

**Legislative Agenda** Every year, the First 5 LA Commission votes to support state bills and federal items that have the potential to greatly improve the lives of young children and their families in California. Legislation included in First 5 LA’s Legislative Agenda reflect the agency’s policy goals, encompassing a number of issues such as nutrition, health care, child abuse and neglect, and early care and education. First 5 LA supported 13 pieces of state legislation in 2012 and 25 in 2011. Letters were written in support of these pieces of legislation. Meetings were also held with various legislators and letters were written to individual legislators to convey First 5 LA’s support for bills or to thank them for meeting with staff. Furthermore, a federal advocate has been hired and has enabled First 5 LA to advocate for the First 5 LA Policy agenda at a federal level.

**Policy in Play Alerts** First 5 LA provides periodic updates on current legislative issues through the Policy in Play email alerts. These alerts provide brief updates on public hearings, legislative debates and votes, and other events that affect children ages 0 to five. The information provided will help early childhood advocates keep track of relevant legislation and other policy items throughout the legislative session.

**What did we learn?**

The policy-focused projects will be included in the forthcoming countywide systems improvement evaluation. However, there have been several lessons learned already which are outlined below:

- Relationship building enhances elected officials’ understanding of First 5 LA’s role in the community and results in increased access.
- Policymakers have begun to seek out First 5 LA as a resource on early-childhood issues.
- Public policy events, such as roundtables and policy panels, are an opportunity to bring elected officials together with high profile experts and advocates to highlight intersections and policy opportunities.
At the federal level, First 5 LA has successfully created legislative vehicles for the CA delegation led by L.A. County members.

Invest resources in policy, advocacy and capacity building of grantees and partners to bolster our First 5 LA’s efforts.

**What were key outcomes and lessons learned for the Countywide Systems Improvement cluster?**

This cluster of investments addresses the Strategic Plan strategy of **Countywide Systems Improvement**. In this regard, investments by First 5 LA have shown some promising early results, although sometimes these are hard to detect and quantify. For several of these investments, evaluation efforts are currently underway and results are not yet available. Anecdotally, Countywide Systems Improvement among these investments can be evident by the following:

- Increased the awareness of elected officials of issues affecting children and families
- Strengthened First 5 LA’s connection with existing public and private funders,
- Improved the organizational capacity of local grantees
- Helped a broad array of advocacy groups to improve their systems capacity (e.g., financial system, reporting system, etc.)
- Increased public awareness of existing and emerging issues facing children and communities
- Increased the ability of organizations to diversify their funding sources and obtain larger amounts of funding from both new and existing sources

A number of lessons have been learned from these efforts to affect change in countywide systems as follows:

- It has been difficult building relationships among countywide agencies that often operate within their own specific spheres of influence and that require agencies to feel as if they must give up control.
- Training grantees found it difficult to sustain their gains over the long term, due to staff turnover. Moreover, to ensure positive changes at the organizational level, additional follow-up training on a yearly or bi-yearly frequency seems to be needed.
- Public Affairs Department has learned that all messaging has to encourage behavioral change, and that parents respond best to messages that are positive and contain tips that are actionable. This finding has had a direct influence over the style and tone of materials.
• Policy grants appear to broaden the voice for the target population and strengthen the work of existing advocates, but greater resources and flexibility is required.

The process of making changes in the larger system is a long, painstaking and sometimes frustrating task. By acting as a catalyst and convener of elected officials, agencies, non-profit organizations and the general public, First 5 LA can increase collaboration between sectors and systems and to achieve greater integration of services. This requires thinking at the level of the system among the stakeholders and key players with whom First 5 LA interacts. This difficult task is made all the more difficult in the current environment of reduced spending and tight budgets. However, it could be argued that this is the environment most suitable to systems change towards greater coordination and collaboration between larger countywide systems, agencies and informal resources.

Summary and Recommendations

With the new Strategic Plan for FY 2009-15, First 5 LA joins a movement of public and private funders across the United States and internationally who are prioritizing funding to specific geographic regions. This place-based approach is designed not just to provide geographic parameters for direct services, but also to build the capacity of communities to create and sustain safe and nurturing places for children to grow.

This Accountability and Learning Report on the FY 2009-2015 Strategic Plan Investments has detailed the accomplishments of its investments over the first three years of the Strategic Plan. To summarize the key accomplishments of this extensive set of programs and initiatives funded over the past three years, it would be useful to determine the extent to which three key investment strategies — Family Strengthening, Systems Improvement and Community Capacity Building — were implemented in a manner consistent with the Strategic Plan, since these are considered most likely to produce positive impacts on children, families, providers and systems in L.A. County. By focusing on the first three years, critical policy and allocation decisions may be made with deeper and timelier information. As a result, the Commission will obtain a higher level of accountability and can respond with greater flexibility to events as they unfold in the target communities and the County.

Over the three year period, from FY 2009-10 through FY 2011-12, over half of all expenditures (58.1 percent) were directed towards the School Readiness cluster, followed by the Physical and Mental Health cluster projects, accounting for 16 percent of all expenditures, and then by the Parenting cluster, which accounted for another 10 percent of all expenditures. Thus, over three-quarters of First 5 LA investments were directed towards three clusters of programs; School Readiness, Physical and Mental Health and Parenting. These investments are primarily directed towards two key strategies:

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**Family Strengthening and Systems Improvement.** The projects involve primarily direct services to parents and children that will provide support for babies being born healthy, children being safe from abuse and neglect, and children being ready for kindergarten.

The allocation of expenditures in the last fiscal year reflects a growing emphasis on place-based and communitywide strategies that is expected to increase over the next three years. Many of the direct service investments reflect continued funding from the prior strategic plan period, and we would expect to see an even greater emphasis on place-based and communitywide investments in the future. At the same time, place-based grantees should be held accountable in terms of making progress towards the goals of these strategies, and for measuring the degree to which progress has been made. Although these investments are more difficult to implement and may require a longer time frame, systematic efforts towards measuring implementation, the results of the implementation (the outputs) and the extent to which the four key strategic plan goals have been met (the outcomes) are needed. First 5 LA has made progress in addressing accountability through its funding of studies that identify the extent of implementation of place-based initiatives, and that measure indicators of community strengths and weaknesses, to assist communities in their efforts to advocate for change.

### Summary of Accomplishments by Cluster and Strategy

The findings from the first three years of the new Strategic Plan reveal that progress has been made towards improving the health, development and well-being of children and parents in L.A. County, and that community capacity building and countywide systems improvement strategies have taken root.

**Family Strengthening and Systems Improvement were the Strategic Plan investment strategies used in the Perinatal Support Cluster.** Through both direct service models and system change efforts, the investments in this cluster have made progress towards the strategic plan goals that babies are born healthy and that children maintain a healthy weight. Results of evaluations within this cluster reveal that the health of mothers and their newborns has been improved, breastfeeding rates have improved, and the incidence of negative birth outcomes including birth defects, has been reduced, but that investments thus far have not made an impact on infant birthweight. Due to the nature of the evaluation designs it is difficult to link the attribution of these changes to the actual investments, and this is discussed further in the section below on directions for evaluation.

**The Physical and Mental Health Cluster encompasses a number of investments that address two key Strategic Plan strategies: family strengthening and systems improvement.** The key First 5 LA strategic plan goal for this cluster is that babies are born healthy. The Early Developmental Screening and Intervention
Initiative (EDSI) reported improvements in screening of children for developmental issues as a result of their Learning Collaboratives for physicians and medical residents, and higher rates of screening for maternal depression. Positive results were consistent across settings, including community clinics, solo physician practices, private medical group practices, and pediatrics and family residency programs, and improvements to patient health occurred among those whose main language is not English and who come from different cultural backgrounds.

Data from the California Health Interview Survey (CHIS) for L.A. County show, for the most part, positive changes in the health of children 0–5 and their parents from prior to the start of these investments (2007) to the first year these investments were conducted (2009). These changes do not necessarily provide support for the influence of First 5 LA funded services in this cluster on parent and child outcomes, even if the general trends are in the right direction in some key indicators.

The Parenting Cluster includes investments that address two key investment strategies from the F5 LA Strategic Plan: Family Strengthening and Systems Improvement. Employing direct service models and system change efforts, these investments have made progress towards the key First 5 LA Strategic Plan goal that children are safe from abuse and neglect by strengthening families and improving systems. Some of these investments received comprehensive evaluations in the previous Strategic Plan Period, so the potential need for more rigorous evaluations within FY 2009-2015 Strategic Plan should be based on a need to answer specific questions that have not been answered already or that may need to be updated (e.g., 211).

The School Readiness cluster of programs address three key strategies from the First 5 LA Strategic Plan: Family Strengthening, Systems Improvement and Community Capacity Building. The evaluation results across all investments in this cluster are among the strongest and most persuasive, primarily because they have employed rigorous evaluation designs. The results largely confirm that these strategies have made significant progress toward the goal that children are ready for kindergarten. Children made consistent year to year fall-to-spring gains in most of the key school readiness skill areas, and, by the third year, LAUP children appear to be doing better relative to their same-age peers in some skills than others, notably early math for children assessed in English and expressive vocabulary for children assessed in Spanish. Yet, compared with national norms these children are still behind their peers on some school readiness skills. Parents with high levels of participation in parent-related activities offered by these investments increased the number of books in the home, spent more time reading to their children, and became more engaged in their child’s education through greater contact and communication with the child’s preschool and school. The results support a chain of events in which initial gains in parental attitudes and behavior
changes lead to an improved home literacy environment, which in turn leads to improved school readiness skills by the children. Finally, gains were similar or stronger for Spanish-speaking and ELL children, particularly as a result of their exposure to a literacy and child safety program in addition to their experiences in early childhood education programs.

The results for investments in the School Readiness cluster of investments demonstrate that the language, cognitive and social skills of children living in disadvantaged families in L.A. County can be improved. The consistency of year to year changes in most of the key school readiness skill areas suggest the possible contribution of LAUP early education and care programs to improving children’s school readiness skills, parental involvement in children’s education, and home environments.

The Workforce Cluster of investments addresses the Strategic Plan strategies of Community Capacity Building and Systems Improvement. In terms of Community Capacity Building, participants in several of the workforce programs showed significant progress towards educational and professional success for students who want to work in the field of early care and education. As a result, the capacity in the Early Child Care Workforce has been increased in target communities. For those projects that focused on the First 5 LA Strategic Plan strategy of Systems Improvement, there were a number of indicators suggesting system-wide changes, including successful collaboration, relationship-building, and communication, leading to the view that First 5 LA is becoming a policy leader in ECE workforce. However, there is a high degree of variation in the evaluation designs employed for investments in this cluster, so that some results carry a high degree of confidence, due to the nature of the evaluations, while others do not.

The Best Start cluster of investments addresses the Strategic Plan strategies of Family Strengthening and Community Capacity Building. The Family Strengthening strategy focused on the Welcome Baby home visitation program. Preliminary results suggest that participation in Welcome Baby is associated with increased breastfeeding in general and specifically with increased exclusive breastfeeding, and mothers had more learning materials in the home than mothers who did not participate in Welcome Baby. The fact that the gains made by Welcome Baby participants were those most strongly aligned with the goals and content of the Welcome Baby program suggest the influence of Welcome Baby on these outcomes. For many families and community residents in Metro LA, Welcome Baby has become the concrete and tangible image of the Best Start model. Parents who participated in the program have consistently placed high value on this program and have been highly satisfied with it. The successes to date of the Welcome Baby program suggests that First 5 LA has made substantial progress in meeting the Strategic Plan goals that babies are born healthy, and children maintain a healthy weight.
For the Best Start place-based initiatives focused on the Strategic Plan strategy of Community Capacity Building, there were a number of indicators from the pilot Metro LA Best Start experience suggesting that progress has been made towards this goal. Community members have been mobilized to take leadership roles but several lessons have been learned in the process. Investments that target Community Capacity Building are difficult to measure. Further, the positive effects may occur farther away from when the investments were made, because change at the community level takes time to become evident. As a result, it is difficult to detect positive changes and to associate these changes to the Best Start investment rather than to other factors occurring in these communities.

The Countywide System cluster of investments addresses the Strategic Plan strategy of Systems Improvement. In this regard, investments by First 5 LA have shown some promising early results, although sometimes these are hard to detect and quantify. For several of these investments, evaluation efforts are currently underway and results are not yet available.

The process of making changes in the larger system is a long, painstaking and sometimes frustrating task. By acting as a catalyst and convener of elected officials, agencies, non-profit organizations and the general public, First 5 LA can increase collaboration between sectors and systems and to achieve greater integration of services. This requires thinking at the level of the system among the stakeholders and key players with whom First 5 LA interacts. This difficult task is made all the more difficult in the current environment of reduced spending and tight budgets. However, it could be argued that this is the environment most suitable to systems change towards greater coordination and collaboration between larger countywide systems, agencies and informal resources. Many of other First 5 commissions are seeing this trend of investing increasingly larger amounts of money into systems change and organizational support activities so their funds can have a broader impact.

Implications for Strategic Plan, Accountability and Reporting

The 2013 Annual Accountability and Learning Report (A&L Report) describes a large number of diverse programs for young children and their families that were supported through First 5 LA funds over the past three years under the current Strategic Plan covering FY 2009-10 through FY 2011-12. The report describes the funded programs, their accomplishments as well as the lessons learned. By summarizing the first three years, critical policy and allocation decisions may be made with deeper and timelier information. Overall, the report concludes that progress has been made towards improving the health, development and well-being of children and parents in L.A. County, and that community capacity building and countywide systems improvement strategies have taken root.
However, the overall findings, as well as the sheer number and complexity of current investments, obscures some serious issues that prevent First 5 LA as an organization from becoming more effective. These issues cut across all First 5 LA investments and serve as “food for thought” to assist in organizational improvement efforts and as recommendations.

This section begins by discussing general concerns related to the current Strategic Plan and its fit with the existing portfolio of investments that emerged from the A&L Report, and then move to specific issues that appear to be related to the more general point. While much of what will be discussed is based on a broad reading of the A&L Report findings, the discussion will move beyond the specific results and conclusions. Thus, an important caveat is that the following comments and discussion follow from but are not necessarily linked to any specific finding.

Strategic Plan Focus for Investments

This report describes approximately 36 different investments, and that number varies depending on what one would call an investment as opposed to an activity conducted in-house to further the goals of the funded providers, such as public relations/education or policy and advocacy work. Investments have been grouped in any number of ways; the approach employed in this report assigned the investments to “clusters” based on “common strategies, target populations, and desired outcomes.” Investments can also be classified by whether they provide direct services to young children and their families or whether they are aimed at systemic change, either at the community level or at the broader level of institutions and systems within the county, such as the systems of care. Direct service clients include parents, children, agency staff and professionals in the community who receive program services such as information and referral, home visits, other mental health interventions, as well as workshops and training sessions. Finally, the investments were also grouped according to three different strategies enumerated in the Strategic Plan to achieve the desired outcomes: family strengthening, community capacity building, and countywide system improvement.

The purpose of these classification systems is to make sense of the investments and to understand the broader perspective that led to the selection of these programs for support. To a great extent, the above classification systems are not mutually exclusive and appear somewhat arbitrary; that is, which cluster an investment is assigned, which Strategic Plan strategy it employs, or whether it provides direct services or community systems enhancement. For example, during the preparation of the A&L Report, it was not always clear which of the strategies or approaches listed in the Strategic Plan were employed by a given investment. Also, there was some degree of disagreement regarding which investments provide direct services as opposed to those that focus on the larger community, such as the place-based initiatives. Overall, the classification systems did not
assist in making sense of the broad range and diversity of investments so that First 5 LA can understand the larger picture of their investments and how they fit within the current Strategic Plan.

The importance of classifying the wide range of investments properly is to place them within a broader conceptual framework that, ideally, should be linked to the current Strategic Plan. Without accurate grouping, it is hard to fully grasp why some investments are funded and how each investment fits within the organization’s broader approach to improving conditions for young children and their families in L.A. County. It appears that the current panoply of investments has been classified seemingly after-the-fact rather than according to a predetermined system that has been agreed upon by all key staff, commissioners and constituencies within and outside First 5 LA and fits with a shared vision of where funds should be directed.

The lack of agreement regarding how investments are grouped or classified is a symptom of the larger problem. There appears to be a distinct lack of focus to the current set of investments. The wide variety of investments, differences in defined target populations and expected outcomes, and even the variety of their time frames (e.g., some began three years ago and have concluded while others have just started), makes it difficult to understand how each investment fits within a larger framework that guides organizational decision-making about selecting the right mix of investments. A lack of focus can lead to redundancy, overlap and duplication or the appearance of duplication, such as, in one possible example, when two programs are supported and appear similar yet serve different target groups and at different levels of intensity. A lack of focus may limit the opportunities to align similar initiatives in terms of need being addressed, desired outcomes, target population and/or entities involved and it may even make it difficult to identify these opportunities in the first place.

One example of potential overlap is the degree to which various investments aimed at the prenatal and perinatal periods are focused on similar target populations, that is, at-risk pregnant women, with risk levels identified either by barriers to access to prenatal care, behavioral issues (e.g., drug use) or poverty, to name a few. Similarly, programs aimed to improve children’s early education and school readiness, while using slightly different strategies are all aimed at similar target groups.

The lack of focus of the current set of investments raises the more important issue about the utility of the current Strategic Plan to serve as a roadmap for helping to determine where First 5 LA should spend its money. Overall, there seems to be relatively sparse justification for how investments are selected for funding and where they fit within the Strategic Plan. For example, the Strategic Plan presents “pathways to change” that provides a strong rationale for how the desired outcomes would occur, but nowhere in this model is there a link to the actual inputs, that is, the investments that intervene within
each pathway. The Strategic Plan lists a set of criteria for the selection of communities for the place-based investments as well as criteria for selecting program models for direct services, but these do not appear to be linked in any substantive way to which investments were made, over what period of time, and how the mix of investments best fit to achieve the goals of the Strategic Plan. There does not appear to be a unifying conceptual framework that helps to prioritize and determine the investments that receive funding and where these investments fit within the broader picture of all other investments given support.

Thus, it would appear that the Strategic Plan functions less like a planning document that determines which types of investments should be funded and the optimal mix of investments to achieve the desired outcomes, and more like a general guidance document that summarizes in broad strokes the overall goals of the organization. Ultimately, this Strategic Plan, by not tying its goals and objectives to specific inputs and investments, and the mix of investments, exists separately from the actual funding decisions and, to a great extent, functions as an historical document outlining the grand vision. For example, it was difficult to link the three strategies in the Strategic Plan with the specific investments and the achievement of outcomes and progress from these investments.

To some extent, the Strategic Plan appears to function completely apart from the services that are being funded. For example, nowhere in the Plan is there an outline of its entire “portfolio” of investments and how it fits within a larger conceptual framework. If such an outline were available, then the Plan could be consulted when new investments are being considered to determine where the new investment fits within the larger mix of investments.

Additional evidence supporting the bifurcation of the Strategic Plan from the overall mix of investments First 5 LA supports can be found in the different time periods in which investments were funded. It was expected that most investments should begin two years after the current Strategic Plan was approved, allowing for the first year, FY 2009-10, as a planning year, with FY 2010-11 as the first year of implementation. Yet some programs did not receive funding until the third year, FY 2011-12, and thus came online at different points relative to the initial set of programs funded under the Strategic Plan. For example, there are over a dozen Oral Health and Nutrition Expansion and Enhancement Project grantees with contracts but, as late as FY 2011-12, some of the OHN contracts have not yet started while others have been going before the current Strategic Plan was approved. While there are good justifications for these new programs, these justifications are based on the merits of the individual investment and do not appear to be based on a view towards the overall mix of programs and where this new program fits within the mix. Also, by supporting programs for different periods of time, with different start and end points, it is difficult to compare their achievements and outcomes relative to the other programs that
started earlier, and, it is even more difficult to compare the evaluation evidence across programs.

The proliferation of programs with different periods of performance and different start and end points suggests the lack of an overall focus to the selection of investments and how these investments fit within a single unifying conceptual framework. Along the same lines, earlier it was noted that the use of clusters to group investments in the A&L Report appears to have little connection to any groupings of investments given in the Strategic Plan, making it difficult to track back from a given cluster to the Plan. Finally, the lack of focus and connection between the Strategic Plan and the investments selected for funding may open the door for potential duplication issues when some investments have similar target populations or focus on the same identified problem.

These issues are symptoms of the larger problem, that the Strategic Plan is detached from ongoing decisions about the overall mix of investments, what they have achieved, and how evaluation evidence can be amassed to determine whether the Strategic Plan goals are being met. It is perhaps a testament to this confusion that the single most important direct service for new mothers, Welcome Baby, has become the concrete and tangible image of the Best Start model, which is not based on providing direct service.

In a way, rather than serving as a forward-thinking document presenting an overall conceptual framework for determining the types of investments that are supported, the investments appear first to be selected and then backed into the Strategic Plan afterwards. Put another way, many worthy investments appear to be problems chasing solutions rather than the other way around. It seems that, first, the utility of the service is viewed on its own merits, and only later, if at all, is the fit within the larger portfolio of supported investments considered. In this process, it does not appear that the Strategic Plan is consulted prior to the selection of an investment but rather, the Plan is used after-the-fact to justify support of a given investment.

A clearer focus for the entire portfolio of investments can be accomplished if the Strategic Plan served as a true planning document. For this to occur, it seems that First 5 LA must make some key decisions regarding the larger conceptual framework in which its work (and subsequent investments) are placed. Additionally, there should be a methodology in place that clearly links the goals of First 5 LA to the investments it is supporting and that could be employed when new investments are being considered. There are several additional issues emerging from the current set of investments detailed in the A&L Report that should help to improve the focus of the investments and their alignment with the Strategic Plan, as follows:

- Align service types and intensities with clients’ varying levels of risk, using current Prevention Theory\(^\text{39}\),
Focus on **maximizing program implementation** with fidelity to the program model, targeted at key populations that ensures high levels of client participation,

**Monitor investments** employing systematic data-driven methods, and put more funds towards documenting outcomes using more rigorous evaluation designs.

**Varying Levels of Risk among Participants**

One of the consequences of the aforementioned lack of focus to the current portfolio of investments is that there is considerable variation in terms of the target populations, the relative levels of risk of these groups, and the level of intensity to the interventions designed to address problems among their target populations. The A&L Report contains several examples where programs that work best for lower-risk parents may not work as well for parents and families with multiple risk factors and a variety of challenges that may need more intensive care. For example, Welcome Baby home visitors felt that the Welcome Baby model was not always meeting the needs of the high-risk families they served and that modifications were required, such as adding extra home visits to the protocol, may be needed to address the multiple concerns of high-risk parents. Similarly, although the Black Infant Health program has made progress towards a number of health outcomes among African American mothers, there has been little or no progress towards improving birth weight outcomes. The lack of positive change for infant birth weight may be related to the degree to which the target population has multiple risk factors, some of which exist at the broader neighborhood and community levels, where mothers face few resources to support the newborn’s health and multiple barriers reducing access to these resources, as shown in the research literature.

Further, interventions for higher risk target populations may require higher levels of intensity in which to ameliorate the problems. These interventions tend to be more costly and to reach fewer members of the target group because of the costs and the length of time required for changes to take place as a result of the intervention. As a result, when questions are asked regarding the costs of a given investment, it is important to consider the intensity of the program model and the severity of risk factors affecting the target group.

Looking at the current set of investments, there does not appear to be any preconceived notion of the target populations, the associated risk levels, and the intensities of the programs given support. For example, Partnership for Families offers intensive services to identified participants who are at high risk for child abuse and neglect, although their services are also focused on less intensive capacity-building programs for all parents. The success of the investment for high-risk parents appears to be highly contingent on parents showing a high level of participation and engagement. Yet, we know from the literature that parents who are highly involved in the program are often those who are not at the greatest levels of risk because they have the wherewithal to receive the services, such
as the social and community supports and resources, which allow them to benefit the most from the intervention. Often parents at the highest levels of risk, such as those with multiple problems detailed in the literature, including alcohol or substance abuse, homelessness or other issues, are not able to become fully engaged and thus are least likely to benefit from the service.

On the other hand, the remaining two investments within the Parenting cluster — First 5 LA Parent Helpline and the Infant Safe Sleeping Campaign — appear directed more towards lower-risk target populations, including, in the case of the Infant Safe Sleeping Campaign, the community population as a whole. This mix of service intensities and target populations within the same cluster of investments labeled parenting support, presumably indicating the focus of these investments, does not appear to be guided by a larger conceptual framework of what parents in L.A. County need and why this mix would be optimal for addressing the key social problem — rates of child abuse and neglect. Thus, from a larger perspective, these investments appear to be highly heterogeneous with regard to their targets and levels of intensity and it is not clear how they are expected to work in concert to achieve the desired results.

Another problem with the current approach is that much of the evaluation findings in the A&L Report may be explained by the issue of selection bias in which only those who made choices to participate fully in the intervention were those who showed positive change. Unfortunately higher-risk parents are those with the greatest needs but who are likely not receiving sufficient exposure to the program to benefit from it. To counteract selection bias, one must design a more rigorous evaluation. Of equal importance, program staff must identify and outreach to those higher-risk individuals who can benefit if they received greater support in order to achieve sufficient levels of participation.

One method for selecting investments is to apply a conceptual framework that can be used to make decisions about the mix of investments, and the fit between the levels of risk among the target population and the intensity of services optimal for this target population. That is, a conceptual framework can be helpful in mapping all investments and determining the optimal mix of investments that can guide current and future decisions. By considering all investments within this larger conceptual framework, First 5 LA can make critical decisions about where it can best intervene and where it cannot, and to fit the desired outcomes to the level of intensity of services and the risk levels of the target population. This leads to a more realistic understanding of what First 5 LA funds can and cannot do, rather than the current approach in which a mixed set of investments are supported but seemingly without an overall plan.

A conceptual framework that might be most useful for guiding the larger mix of investments for First 5 LA has been labeled prevention theory, which is derived from the field of public health and has been applied to a wide variety of human service and health
programs. In general, this theory defines where one wishes to intervene to change or prevent problems faced by individuals as well as communities. Historically, prevention theory proposes three levels in which one can intervene, depending on whether problems have already been detected or not, labeled primary, secondary and tertiary prevention. These three types have been redefined by the Institute of Medicine (1994), to better specify the target(s) of the preventive intervention as being universal/primary, selective/secondary, or indicated/tertiary. Universal prevention consists of interventions directed at the entire population, whereas selective prevention targets individuals who demonstrate the risk factors associated with a particular disorder and indicated prevention is directed at individuals who have a clinical disorder and, therefore, require professional attention.

The typology of prevention may be usefully applied to the F5LA Strategic Plan in order to classify and organize investments, to show the current mix and expenditures by prevention type and to help map out desired future allocations across the three prevention strategies. For example, the new Strategic Plan focus on place-based initiatives would fit within the universal/primary realm, even though the Welcome Baby program clearly fits within a more selective/secondary prevention approach because mothers who give birth at participating hospitals who are identified as being at high-risk based on an initial screening will receive home visitation and case management services. The A&L Report notes a potential problem in gearing the program to the varying levels of risk presented by women as they are recruited for the program. Without a clear differentiation in terms of where this program fits within a larger prevention theory context, it is possible that some services and service intensities may not fit with the greater needs of higher risk individuals.

Similarly, the Best Babies Collaboratives (BBCs) are best considered as selective/secondary prevention because it serves high-need areas of L.A. County using an intensive case management approach. Black Infant Health would also be considered selective/secondary because mothers are screened initially for risk and more intensive case management and referral services are provided to those identified as being at higher risk. Overall, there could be a very productive discussion of each of the investments and where they fit along the Prevention Theory continuum.

In general, programs designed for primary, secondary or tertiary prevention make trade-offs regarding the breadth versus the depth (and type) of the intervention, and it is important to gear an intervention, whether direct service or place-based, towards the level of risk among the target population. Further, by understanding that families have varying needs for support and intervention, the programs can better tailor the types and intensities of services to the populations that they serve. A corollary is that not all programs are designed for the full range of risk factors that families present, so that, by trying to address all risk levels, the program or service may not be effective for any one level of risk.
It would be interesting to place all current First 5 LA investments within a prevention theory context, so that it would be possible to view all investments as a whole and where dollars and resources are most directed towards. It is generally recognized that a combination of primary, secondary and tertiary interventions are needed to achieve a meaningful degree of change in social and health problems, mainly because universal preventions are not equally effective for the entire population and thus the use of selective and targeted strategies are needed. In terms of the First 5 LA Strategic Plan, this view suggests that there is room for both place-based initiatives as well as direct services that are either selective or indicated, to target those at-risk for a problem but in the early stages of displaying the issue, or those who are already presenting the problem.

It is also a generally held belief among prevention experts that the further upstream one is from a negative outcome, the more likely it is that any intervention will be effective. Moving “upstream” refers to a simple analogy, as follows:

While walking along the banks of a river, a passerby notices that someone in the water is drowning. After pulling the person ashore, the rescuer notices another person in the river in need of help. Before long, the river is filled with drowning people, and more rescuers are required to assist the initial rescuer. Unfortunately, some people are not saved, and some victims fall back into the river after they have been pulled ashore. At this time, one of the rescuers starts walking upstream. “Where are you going?” the other rescuers ask, disconcerted. The upstream rescuer replies, “I’m going upstream to see why so many people keep falling into the river.” As it turns out, the bridge leading across the river upstream has a hole through which people are falling. The upstream rescuer realizes that fixing the hole in the bridge will prevent many people from ever falling into the river in the first place.42

While Prevention Theory has a long and distinguished history dating back to the 1940s, it has gained greater interest within the past decade with the introduction of Response to Intervention (RTI) methods for delivering, monitoring and evaluating interventions. Although originally conceptualized as a method for improving educational interventions, it has recently been shown to apply equally well to early childhood education programming.44 The basic RTI model has been conceptualized as a three-tiered prevention model, from primary to secondary and tertiary interventions involving individualized and intensive services.454647 Core features of RTI include high quality, research-based program models, universal screening, continuous progress monitoring, research-based secondary or tertiary interventions, progress monitoring during interventions, and fidelity measures. Decisions around how services are delivered and how to maximize the effects of these services are based on how participants respond. Adjustments to the services are then individualized based on responses to the research-based interventions. The effectiveness of First 5 LA’s investments may benefit from RTI methods for monitoring the implementation of an investment. Client/community responses may serve as a yardstick for determining whether outcomes are likely to be achieved.
In theory, one can obtain more cost-effective results by moving upstream, although this approach poses problems for evaluation since problems have not yet been identified. One might consider that the farther upstream one goes, the least intensive (and costly) will be the investments that can produce change, but that the time interval required before results become evident may be longer. We can see this in the place-based investments in which, as pointed out in the A&L Report, many have not yet shown meaningful outcomes or community change. Thus, it would be important to use all three prevention strategies and to understand that the effects may be less evident as one moves from tertiary to secondary and finally to primary prevention. In the earlier distinction between investments as being classified as either direct service vs. place-based strategies, an important question for First 5 LA has been whether to provide only place-based strategies or whether to provide both types of services. Prevention theory could be used as the starting point for a discussion of which investments fit within each of the prevention types and thus to a conclusion that both of these types of investments would be recommended because they operate on different schedules. A related question are those investments that provide direct services to a defined target population, fitting within a given prevention type, but yet grew out of a place-based strategy.\(^4\)

Another consideration is that there should be an optimal mix of the three prevention strategies that might be the most cost-effective. Given that the farther upstream one goes, the less expensive and intensive are the interventions, whereas tertiary prevention investments require a higher level of intensity that reaches a significantly smaller number of individuals, it might be advisable to consider the three prevention strategies in the form of a triangle, in which primary or universal approaches form the base of the pyramid while the top of the pyramid would consist of targeted interventions for individuals who are already showing the problem in question. In terms of spending, the pyramid analogy might also be appropriate to prioritize and group investments, so that most investments might be more effectively directed towards primary or universal prevention whereas fewer of the investments are aimed at tertiary or indicated prevention, that is, treatment.

This is only one of several potential ways to characterize the First 5 LA investments and their place within the prevention sphere. Considerable and useful discussion among a variety of constituents might identify whether funds should go towards primary or universal prevention strategies or whether and how much financial support should go in the reverse direction, towards indicated/tertiary prevention (e.g., high intensity, treatment-oriented). It could be argued that changes over the past three years in the expenditures for various types of investments towards place-based and community-targeted strategies suggests a movement towards universal/primary strategies, because the universal approach targets entire populations. Although community-based strategies that are focused on high-risk communities may also be considered as selective/secondary prevention, since the entire population of a given community is identified and root causes of problems are identified, these strategies fit more firmly within universal/primary prevention.\(^4\) This does not mean
that the other prevention strategies should not be supported, but rather that there should be careful consideration as to where First 5 LA should put its investments in secondary and tertiary prevention approaches for specific social and health problems affecting young children and families in L.A. County.

Overall, this discussion demonstrates the utility of having a more clearly intentional strategy for selecting investments within different prevention approaches to address a set of identified problems in L.A. County communities. By applying a prevention theory strategy, moving forward, decisions about future funding can then fit within an overall framework rather than in a more scattered manner. Further, as we will see next, by addressing issues of implementation highlighted by the Response to Intervention (RTI) approach to prevention, we can improve the likelihood that the desired outcomes specified in the Strategic Plan will be achieved.

**Maximizing Investment Implementation and Fidelity**

It has been demonstrated in the literature that many failures to find significant results are due to errors or limitations in how the intervention was implemented. Variations in program delivery derives from differences among program deliverers and recipients, from differences among sites, from changes in delivery and recipients across time, and often from breakdowns between what was intended and what was delivered. Understanding the role of implementation in the success of investments on improving the lives of program participants is an important aspect to the RTI approach. By measuring levels of implementation and correlating with participant responses, it is possible to maximize the degree to which a given investment was well-implemented, and how differences in implementation may explain differences in program outcomes.

For example, results from the School Readiness cluster suggest that variations among program sites in how the program is implemented may serve as barriers towards positive outcomes. The School Readiness Initiative revealed high levels of variation in the types and intensities of services delivered across sites, whereas the Family Literacy (FL) Initiative had consistently higher levels of consistency in implementation. As a result, the gains made by children in the FL Initiative were significantly more and greater than those made by the SRI participants. More intensive and uniform projects engaging participants and delivered with high levels of fidelity to the program model may be needed in order to produce the desired outcomes. In the Parenting Cluster, Little by Little reported similar findings, in which the outcomes were related to the degree to which participants were exposed to the intervention. Greater exposure to the LBL intervention was associated with a richer literacy environment at home and homes with a richer literacy environment were more likely to have children with higher school readiness scores.
One method to maximize implementation is to monitor how the services are delivered and to determine, wherever possible, whether the implementation was done with a high degree of fidelity. That is, programs or services were delivered according to how they were supposed to be implemented, according to best or evidence-based practices. This may also require grantees to do more program monitoring and for First 5 LA to conduct more consistent data monitoring across investments and clusters of investments using quantitative methods that allow for comparative analyses. It will also require greater specification about the planned strategies and activities proposed by an investment and expected levels of participation.

A related issue, that should maximize the degree to which an investment is fully implemented with high levels of fidelity, is how to maximize participation of the target population, for secondary and tertiary prevention programs. Participation by those children and families most in need is an issue for both direct service and place-based investments, and, to a certain extent is related to the earlier discussion of fitting levels of risk within a target population or community to the intervention. For high-risk families, the crucial factor is fully engaging them in supportive programs and ensuring that they remain engaged so that they can fully benefit. For example, the PFF program found that families must be fully engaged with the program in order to obtain optimal results, and this may be difficult for those families at highest risk.

In order to maximize participation, attention must be paid to those factors that are likely to lead to participants leaving the program or not getting the maximum exposure; and programs should look inward at their policies or protocols that enable or constrain participation among families with a range of challenges. For place-based investments, the question is whether those in leadership positions truly represent all constituencies within the community, and that all constituencies are fully engaged in the process of decision-making and advocacy. Finally, for countywide system improvement efforts to be effective, relationships should be cultivated. This requires high levels of sustained participation that may be needed to realize any longer-term outcomes.

**Systematic Program Monitoring and Evaluation**

In order to determine whether First 5 LA investments produced significant improvements in child, family and provider outcomes, and to ensure that any changes were due to the intervention and not to other extraneous factors, there is a need for more evaluation, and for evaluations to use more rigorous designs. For example, many of the comparison designs used in evaluations of these investments cited in the A&L Report are not sufficiently rigorous to rule out other potential explanations for the results, such as selection factors. It is possible that the comparison groups may have been different from the intervention groups on a host of key background factors, such as parental education, mental health risk, ethnicity and language, to name several potential confounding factors. As a
result, the evaluation findings must be interpreted cautiously and while they suggest that the targets of the investments made positive changes it is not clear these are due to the program and not to other factors.

Since not all evaluations are equally rigorous, it is important to understand the potential limitations of alternative evaluation designs and data collection strategies that attempt to link changes to the investment and not to other factors. For example, pre-post surveys to parents tend to show high levels of attrition so that the actual yield of cases with full information at both time periods is considerably smaller and may be biased, since those who responded at both time periods tend to be those most involved and committed to the program. As a result, it would not be surprising that high levels of participation were associated with parental reports of changes made in the home environments.

The use of direct assessments of children’s skills is the gold standard for assessing children’s development, particularly in the cognitive, language and early literacy domains, thereby making the results much more compelling by showing changes in children’s skills over time. Third-party observations of children’s social skills, such as those conducted by the research staff member who performed the direct assessment of the child, may often be a stronger piece of evidence compared with ratings by the child’s teacher or parent, but this depends on the measurement method placed within the larger evaluation design.

Additionally, there should be a clear connection between program monitoring and evaluation activities. By knowing client backgrounds and the types and intensities of services received, evaluation can identify whether the intervention produced positive outcomes, for whom and under what conditions. There is a need for more uniform monitoring and reporting of investments across clusters, so that First 5 LA staff knows the numbers of clients that are served, their demographic backgrounds, and the types and intensities of services they received. Protocols are required to ensure the data are consistently collected and analyzed, and there should be greater focus on using quantitative data.

Currently, it would appear that information management systems tracking clients in each of the investments vary significantly with respect to the types of information collected, as well as their completeness and quality. For example, the chapters in the A&L Report are replete with accounts of investments in which there is a substantial amount of missing basic client demographic information such as ethnicity and language. More background data on clients served as well as the amount and types of contact should be collected in order to provide accurate information regarding the types of clients served and their levels of actual exposure to the intervention. A well-designed information management system with complete, high-quality data will contribute to the documentation and monitoring of program implementation and assist in interpreting evaluation outcomes.
While many of the results are promising, there is a need for stronger evaluation of the evidence across all investments in order to provide persuasive evidence of impacts. Many investments that appear to show promise do not have the rigorous evaluation data necessary to show their potential. Many investments are difficult to evaluate in a way that is both rigorous and meaningful, which is typical for community-based initiatives that focus on the broader population and systems of care in the county. However, designs that use community comparison groups are limited by the maximum amount of penetration or saturation within the target communities.

If the Strategic Plan pathways to change model specifies that community-based and countywide investments are expected to achieve the four key goals — that children are born healthy, children maintain a healthy weight, children are safe from abuse and neglect, and children are ready for kindergarten — then there should be commitment towards finding ways of measuring progress towards these specific goals. One strategy is to employ a communitywide household survey to determine the penetration of these initiatives within the community, since awareness of these services is a key first step towards changes at the community level. The survey can identify and collect key indicators from each community known to be correlated with the Strategic Plan goals. Changes in key community indicators over time may provide a window into understanding the results of these investments, and sharing these data with communities through data dashboards may help to promote further community action. In the latest fiscal year, First 5 LA has initiated the Best Start Family Survey for exactly these purposes with preliminary results expected sometime in 2014.

Rigorous evaluations require a significant commitment of resources and funding that may go beyond what is currently available to First 5 LA. Increasing the rigor of evaluations requires more funds put towards evaluation. There are general guidelines in the literature for the allocation of program costs towards evaluation, as a percentage of total project costs. Although there is not strict agreement on the actual percentage, it is generally acknowledged that the costs of evaluation should represent approximately 5 to 10 percent of the program budget. The National Science Foundation recommends 10 percent of the program costs\(^5\) while the Minnesota Office of Justice Programs as well as a handbook on evaluation also supports the 5 to 10 percent range.\(^5\) The University of Central Florida recommends 8 percent–12 percent of the total costs of the project.\(^5\) Yet, currently costs of evaluation for First 5 LA investments appear to comprise slightly less than 5 percent of program costs. This leads to the final recommendation, which is to maximize evaluation funds and allocate greater costs for evaluation, in order to make conclusions with greater confidence that investments had impacts, to whom, and under what conditions. It is only with stronger evaluation data that we can truly determine both accountability and learning for program improvement among First 5 LA investments.
Appendix A

2015 Strategic Plan

t 2: Theory of Change Pathway

- Children are safe from abuse and neglect.
  - TBD: Number of substantiated cases of child abuse and neglect.
- Children bond with parent/caregiver.
- Parent/caregivers support their child’s learning.
- Parent/caregivers have knowledge of child development and parenting.
- Informal community supports are in place.
- Informal caregivers provide high-quality care.
- Preschool workforce is high quality.
- Preschool spaces are high quality.
- Pediatric providers (oral and medical) are high quality.
- County services systems are better integrated to serve all families.
- Children have access to health insurance.
- High-quality workforce in all domains of early childhood development.
Endnotes


4 Ibid.

5 Ibid.

6 Source: Los Angeles Mommy and Baby (LAMB) Project First 5 LA 14 Best Start Community Report, April 2013. L.A. County Department of Public Health: Los Angeles, CA.

7 Ethnicity data is reported for 9683 of 9830 participants; primary language data is reported for 9830 of 9830 participants.

8 The Children’s Dental Care Program includes contracts with University of Southern California, Western University and University of California Los Angeles and is not featured in this report as the project was not approved until FY12-13.

9 Study participants were recruited from Head Start and WIC Programs.


12 Families who, within the first 30 days of PFF service, (a) received two or more home visits, (b) had three or more hours of contact, and (c) did NOT meet the criteria (presented next) for subsequent engagement were classified as "initially engaged" families. Families classified as "subsequently engaged" were those who (a) did NOT meet the criteria for initial engagement but (b) did receive an average of two home visits for each month of PFF service beyond the initial month of service AND successfully terminated (as determined by their PFF case worker). Finally, families meeting all criteria for both (a) initial AND (b) subsequent engagement were considered to be “fully engaged” in PFF services.

13 Family Maintenance is a DCFS program offered to maintain the child in his or her own home. Activities are designed to provide time-limited, in-home protective services to prevent or remedy abuse, neglect or exploitation to prevent separation of children from their families. These services may be provided for six months and then may be extended for up to six more months. Participation may be voluntary or court-ordered.


16 The evaluators attributed this unexpected finding to unmeasured program characteristics that may have contributed to child outcomes, although it is also possible that there may have been family selection factors among those who used the ECE services that may also explain these latter findings.

17 Even after controlling for child demographics and program characteristics.

18 Developed in 2003 by the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) through joint funding from the federal Office of Head Start and the Child Care Bureau, the Teaching Pyramid approach is a systematic framework to promote children’s social-emotional development, by providing support for children’s appropriate behavior, preventing challenging behavior, and addressing problematic behavior.


20 A gain of two standard score units when the standard deviation is typically 15 represents only 13 percent of a standard deviation of improvement, very modest indeed.


22 However, it is still possible that sampling error was higher in the first year where a weighted, representative sample was drawn, which was in the second fiscal year, but this is not likely and there is no evidence suggesting that this was the case.


24 Anonymous teacher surveys have consistently found that teachers do not have difficulty in completing the instrument.


27 Whitebook et al. (2006). California Early Care and Education Workforce Study: Licensed Child Care Centers. Los Angeles County. Center for the Study of Child Care Employment, Institute of Industrial Relations, University of California at Berkeley and the California Child Care Resource and Referral Network.

28 Feger, S. and Arruda, E. Professional Learning Communities: Key Themes from the Literature, 2008.

29 Based on March 2013 Consortium meeting update.


31 These comparisons were not subjected to statistical analyses and thus it is not clear whether or not these differences reach the threshold for statistical significance.

32 A full description of the core competencies for the prenatal to three workforce can be viewed at http://www.first5la.org/files/ZTTCoreCompetenciesSummary3.pdf.
Among those women who did not receive dental services within the past year.

109 of the 116 clients answered “A lot” for overall satisfaction, compared with those who answered “some” or “not at all” when asked about their overall satisfaction.

The Oral Health and Nutrition Expansion and Enhancement (OHN) Project was approved by First 5 LA Board of Commissioners in October 2006.

It is noted that the types and intensities of services mothers receive are functions of the assessment results as well as where mothers live. All mothers with some risk will receive the Welcome Baby program while those with no risk will not be offered the program. However, mothers within Best Start communities with some or moderate levels of risk will be offered the full program unless they are at high risk, which is when they are offered select home visitation. Mothers outside Best Start communities with any risk will be offered a less intensive version of the program.

The terms primary, secondary and tertiary prevention were first documented in the late 1940s by Hugh Leavell and E. Guerney Clark from the Harvard and Columbia University Schools of Public Health, respectively (Source: http://www.academia.edu/894962/Principles_of_Prevention_The_Four_Stages_Theory_of_Prevention, retrieved July 17, 2013)


The point at which a new investment was offered to a defined target population, even though it was initiated through place-based strategies, is usually considered direct services. Many services that directly involve parents and children grow out of localized identification of needs, even if this does not happen within a place-based community.


