First 5 LA
COMMUNITY-DEVELOPED INITIATIVES
Initiative-Wide Evaluation Project

EXECUTIVE SUMMARY
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Submitted to First 5 LA by
Semics, LLC
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Assessing Change in Children, Families and Providers

First 5 LA launched an initiative-wide evaluation of its Community-Developed Initiatives (CDI) on September 1, 2003, an evaluation which continued until November 30, 2006. Through a competitive solicitation process spanning three cycles in 2002–2003, First 5 LA implemented one of two funding approaches in its 2001 – 2004 Strategic Plan. As a result, approximately $83 million went to 54 projects in various communities across LA County to support new or expanded efforts to address identified needs among children 0—5 and their families. These needs affected the health, early learning, safety, and emotional well-being of children ages 0—5 and their families. The goal of CDI was to strengthen the quality, accessibility and number of services so that providers would achieve improvements in children’s and families’ lives both now and in the future, beyond the period of CDI funding.

The evaluation of CDI was implemented by Semics, LLC, a company based in Los Angeles. First 5 LA staff members consistently observed the process of carrying out the evaluation from start to finish. The initiative-level evaluation ran alongside, and complemented, parallel evaluation efforts that had been required by First 5 LA of CDI-funded grantee agencies at the project-specific level.

Over the course of the three-year CDI Evaluation, Semics addressed the following questions:

1. What were the results of CDI with regard to the wellbeing of children 0—5 and their families, with reference particularly to the three goal areas in First 5 LA’s Next Five Strategic Plan? (These goal areas are early learning, health, and safety for children 0—5 and their families.) How did CDI funding contribute, through the grantees’ programmatic results, to desired improvements in the wellbeing of program participants?

2. Based on the Circles of Influence – a conceptual foundation for the original design of CDI – how did CDI strengthen and connect the supportive environments for children 0—5 and their families? How did this system-building process contribute to the grantees’ results in improving child wellbeing?

The CDI evaluation findings are presented here in four sections:

1. Broad-based results in improving the well-being of children 0—5 and their families;
2. Broad-based results in strengthening the delivery infrastructure in various communities and other settings across LA County to better serve children 0—5 and their families;
3. A profile of CDI grantees, their projects, and populations served; and
4. Some implications of the CDI Evaluation findings for future funding programs at First 5 LA.
1. Improving the Wellbeing of Children 0—5 and Their Families

From July 1, 2003 – June 30, 2006, about 100,000 unduplicated clients were served in Los Angeles County each year through CDI projects supported by First 5 LA. Clients served within the family type category included expectant mothers, parents, caregivers and the family as a whole. The providers/professionals category was generally defined by CDI grantees as child care providers, health professionals (e.g. physicians, nurses, therapists, etc.) or school administrators. The majority (80%) of grantees served more than one category of participants.

Semics’ review of qualitative data indicates that CDI grantees, as a group, did improve the lives of children 0-5 and their families during the period of the CDI Evaluation through the provision of multiple services in early learning, health and family support. Grantees not only achieved results through direct service, but also created an informal network of information exchange and mutual support among themselves and for their participants.

Children Ages 0—5. Qualitative trend data from participants in CDI indicates that children benefiting from the support of well-implemented, targeted services are more prepared for school than their older siblings who did not receive similar support. The direct result of this support is a range of knowledge and behavioral changes in children so they are, in the end, more ready for school. Children who are getting ready for school inspire other family members and friends to focus on school-readiness activities as well. Beyond this, 81% of grantees serving children 0-5 reported positive movement toward project-specific goals for children such as:

- Learning how to read and know their numbers.
- Increased social development skills by interacting with other children.
- Increasing self-esteem (especially children with special needs or those exposed to domestic violence, drug abuse, homelessness, or poverty).
- Being screened for developmental delays and problems increasing early intervention and prevention and increasing access to appropriate services.
- Having better health due to increased access to health services through health insurance enrollment, screenings, well-child visits, immunizations, nutrition, and breastfeeding.

Families of Children 0—5. Participant data from CDI also points to a change in parent views and perspectives regarding themselves as capable parents and regarding the prospects for themselves and their families in the future. Along with this change, parents improved skill sets, increased their knowledge of what services they can access for themselves and their children, and increased their opportunities to better provide economically for their children now and in the future.

1 The data presented here is based on the Unduplicated Client Count Table included in CDI Grantee Year-End Reports submitted to First 5 LA. At the time of analysis, almost all of the grantees had submitted their up-to-date reports. It is important to note that when looking at unduplicated client count, grantees included clients that received a variety of services, including case management, information referral, health services and completed applications to various health insurance programs.
With these changes, parents recommend services to other parents that need them, whether those other parents are aware that they might need the services or not. *Experiencing the value of a service* is the critical link to promote families’ participation. The projects that participants were part of shifted their awareness, led to significant behavior changes, and improved the way parents interact with their children. Children now have more opportunities than their parents imagined before they had participated in the projects. Beyond this, 88% of grantees serving families with children 0-5 reported changes in family life including:

- More involvement in the child’s early learning and spending quality time together as a family. Parents have changed their outlook regarding their role in their child’s education. They are reading, playing, learning with their child, and gaining knowledge and skills, especially in literacy and ESL.
- Greater awareness of available health services and education, leading to better health habits such as keeping their child’s immunizations up-to-date, taking their child to doctors regularly, providing better nutrition, and increasing breastfeeding.
- Parents receiving support needed to provide safe homes for their children and be more attentive to their children’s growth and development.
- Parents building long-lasting relationships with other parents. This has been most critical for families of children with special needs.

**Family Childcare Providers.** Providers — primarily *family-based child care providers* — increased their knowledge and skills particularly toward upgrading curriculum and addressing a range of standards in order to improve the quality of their services. Providers shared their ideas with other providers and take their own learning back to the classroom. They also learned how to promote their services to increase enrollment. Similarly, providers passed on their new knowledge and information to *parents*, strengthening the parent-provider relationship and, by extension, encouraging learning-focused interactions between parents and children.

Providers also became more enthused about their work and felt more capable to provide quality child care. Providers were also more inspired to further their own education based on an understanding that they are educators.

Through these changes in providers, more collaboration and sharing of expertise have taken place in LA County. They are also providing more well-rounded services and interact in a more engaged way with families. Other results for providers include the following:

- CDI grantees with programs that strengthen childcare engaged a total of 3,256 small child care providers (both family- and center-based) and provided some measure of assistance to improve the quality of their programs.
• 191 child care providers benefiting from this assistance worked with special needs children ages 0-5.

• At least 100 providers either completed, or made substantial progress toward, child care accreditation.

Readers can obtain more detailed information about participant results through CDI by reading *CDI Milestones*, and a Semics technical report, *Analysis of Change in CDI Program Participants Using KARBS*.

2. Strengthening Service Delivery for Children 0—5 and Their Families

In what ways did CDI projects strengthen service infrastructure for children 0—5, their families and other participants in communities of LA County? Through CDI, a majority of grantees’ projects and organizations increased their capacity in various ways to effectively assist children 0—5 and their families. Their own internal improvements and external connections helped to produce more, better, and enduring supportive environments which, in turn, contributed to the projects’ results.

The following are some of the findings from CDI regarding *grantee capacity building*:

• More than two thirds of CDI grantees decided to permanently integrate their CDI-funded projects into their organizational program portfolios, indicating a need for their services.

• At least 85% of CDI grantees made important connections with other agencies in LA County and, as a result, increased their project/organizational visibility.

• 87% of CDI grantees increased staff capacity and development.

• 87% have built or expanded their physical infrastructure to better serve children 0—5.

• 64% of CDI grantees enhanced their evaluation capacity.

Connections made by and between grantees and third party organizations, helped grantees to expand their skills and information needed to achieve desired outcomes. Examples:

• More LA County-based child care and health providers can now identify developmental delays or behavioral problems in children 0—5.

• Several grantees have embraced play as a form of therapy in interventions with children victimized by domestic violence or abuse.
In the area of systems improvement (defined by First 5 LA as the formation of new family-centered systems of support for the delivery of results that increase the wellbeing of children 0—5 and their families), CDI evaluation findings include:

- Seven formal collaborations launched, providing comprehensive services to children 0-5, families, and providers.
- At least three CDI-funded projects were integrated into mainstream services in hospital settings (e.g., breastfeeding, massage therapy).

3. Profile of CDI Grantees

Fifty percent of CDI grantees (27) are community-based organizations. Grantees under this category include 1736 Family Crisis Center, Koreatown Youth and Community Center, South Central LA Ministries Project (LAMP), and Friends of the Family. The next type of organization is private medical Institutions including Citrus Valley Health Partners, Huntington Memorial Hospital, Kaiser Permanente Baldwin Park, King Drew Medical Foundation, Children’s Hospital Los Angeles, Long Beach Memorial, and St. Mary’s Hospital. There are also child care accreditation agencies, whose mission is to build family provider capacity, such as Crystal Stairs and Child Educational Center. The government/city agency category of grantee includes PHFE-WIC, educational institutions (i.e., Santa Monica College, Monrovia School District), and the Pasadena Public Health Department. The last cluster of CDI grantees can be defined as community health centers, and include Wilmington Community Clinic, Asian Pacific Health Care Venture, Eisner Pediatric Clinic, and Our Saviour Center. Six grantees (or 11%) are collaboratives, or groups of agencies working together to achieve a shared vision.  

Semics identified six different core “types” of services being provided with CDI funding: health, early education, family support, family literacy, provider capacity and special needs. CDI grantees are more or less evenly distributed across these six (6) identified types of services. A majority of children 0-5 (64.4%) received some type of family literacy service, while the majority of families (69.1%) received health services. To understand the service delivery typology better, more children 0-5 received family literacy services (64.4%), followed by health services (26.4%) and family support services (5.5%). On the other hand, a majority of families (69.1%) received some type of health service by CDI grantees, followed by family literacy (23.1%), then family support (4.7%) services. Providers/professionals mostly received services that increased child care provider capacity or allied/health professional knowledge regarding identifying developmental or behavioral delays.

About two-thirds (29 or 69%) of grantees had at least one short-term outcome focused at the level of the child. These grantees were either striving to improve child development outcomes, including

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improving cognitive development and accomplishing expected developmental milestones (as in the case of 1736, Center for Pacific Asian Family (CPAF), Shields, and the Help Group), or child health outcomes, such as providing health screenings, pediatric services or message therapy (as in the case of Asian Pacific Health Care Venture, Children’s Hospital Los Angeles - Child Health Works, El Proyecto, and Heart Touch).

Twenty-one CDI grantees identified short-term outcomes for families as their priority. Family-type outcomes focus on family functioning such as increasing parent knowledge and awareness (e.g., Citrus Valley and South Central LAMP), improving parenting practices (e.g., North Valley, Friends of the Family) and providing family support (e.g., Union Station, Harbor Interfaith, L.A. Gay and Lesbian Center).

Twenty-three (or 55%) of grantees have at least one short-term outcome focused on infrastructure strengthening efforts such as increasing agency capacity (e.g., L.A. Biomedical Institute), community awareness or knowledge (Children’s Hospital – Learning and Growing Together), and service access/integration (e.g. USC). Eight grantees focus on building the knowledge of child care providers and allied/health professionals about early education and child development (respectively) to better serve children.

When looking at specific service types funded through CDI, the majority of funding goes to health related services (30.5%) and special needs (9.4%) – both part of the Health Goal Area in Next Five. Funding for the other service types have a fairly even distribution with family literacy (17.7%) leading, followed by provider capacity development (14.5%) and early education (14.2%) – both under the Early Learning Goal Area in Next Five.

4. Implications for Future Funding

In what ways do the findings from CDI (as a system-building approach supporting improvements in child well-being) offer potential guidance or support to the current goal areas and funding priorities of First 5 LA?

The experience of CDI so far commends the following principles:

- Integrated (multi-faceted, cross-cutting) approaches add value to grantee programs and their communities. Needs of families and their children are complex and intertwined. Hence, most grantees are addressing at least two goal areas at the same time.
- Metrics need to be developed and adapted at First 5 LA for the purpose of measuring multiple changes stemming from single interventions and/or applying metrics to similar interventions no matter which funding initiative they belong to. This may be done best via ongoing dialogue with grantees.
• Understanding the unique nuances of community contexts, especially their local histories, is critical to engaging and retaining participants, and ultimately achieving desired impacts.

• A significant degree of expertise clearly already exists in communities for achieving results with children 0–5. Examples of areas where this expertise can be leveraged: Designing varied, age-appropriate and integrated methods of teaching in preschools; developing a stronger sense of community among families participating in specific projects; and detecting, addressing and/or treating the developmental challenges of children with special needs.

• Flexible funding actually encourages and enhances the ability of grantees to achieve results. Through CDI, the results focus of most grantees actually increased so they could demonstrate accountability and track results more effectively, particularly with technical assistance from First 5 LA. Although these results could not be aggregated across CDI as a whole, it is plausible that “countable” metrics can be developed in conversation with like-groups of grantees without sacrificing the advantages of flexibility in implementing similarly open funding initiatives.

Examples of findings from CDI relevant to specific allocation plans in the Next Five:

**Workforce Development**  – Formal training appears to deliver strong learning outcomes especially when tied to real-life experiences of providers. Providing funding for workforce training is a huge incentive that grantees have readily responded to because they often cannot afford to pay for it themselves but they know it is essential to achieving desired outcomes for children and their families.

**Programmatic Strategies: Capacity Building, Systems Improvement, Sustainability**

• Grantees tend to make choices vis-à-vis capacity building – whether in the form of expanded/improved facilities, staff development or recruitment, programmatic replications or enhancements, mobilization of volunteers, new organizational systems or a combination of these – based on their best understanding of local needs and conditions and the stage of development of their projects and organizations. Their aim is to optimize their achievement of desired results, increase both their relevance and effectiveness, and leverage their knowledge and expertise.

The specific mix of strategies for agency capacity development and optimizing system-level performance can vary significantly with several factors, including notably conditions in a grantee’s surrounding community, the culture of the implementing agency, the needs of the target population and, to some extent, the occurrence of unforeseen circumstances. This situation suggests that effectiveness in achieving results depends on the relevant actors’ having already achieved a nuanced and experienced grasp of complexities unique to each project’s implementing environment, a crisp definition of the problems being addressed, and flexibility vis-à-vis the strategies best suited to finding effective solutions.
For planning purposes, First 5 LA may wish to consider a menu of diverse options and approaches for supporting or funding capacity building in recognition of the varied circumstances and stages in which organizations are operating, and based on the specific types of participant outcomes which these organizations are trying to achieve.

- In the area of systems improvement, different grantees exhibit distinct models that have real or potential impacts, in streamlining or making a more effective service delivery system. Examples are available in CDI of infrastructure-building models based on consulting, facilitating peer-driven assistance, strengthening data infrastructures, filling critical service gaps, institutionalizing cooperative approaches between two or more large organizations, and modeling good (participant-level delivery) practices. For more details, see the CDI Progress Report (February, 2006).

- Regarding sustainability, CDI grantees have identified several inter-related factors that contribute to their own goal of sustaining services and desired results for children 0–5. Among these are maintaining and communicating a clear and consistent organizational purpose; recruitment, training, and retention of qualified staff; establishing and maintaining credibility and trust with the surrounding community and project participants; developing sound evaluation methods that elicit reliable information about agency results and enable the organization to improve project design and practice; creating messages that appropriately and effectively communicate with a wide constituency about an organization’s emerging impact; keeping vital contact with peer agencies to exchange ideas, information, and opportunities for expanded cooperation; and diversifying funding sources to increase not only grant funding but new types of revenue such as program-related earnings.

**Policy and Advocacy** – The practice of advocacy among four CDI funded projects has involved primarily amplifying the unheard voices of particular communities, populations or provider coalitions who represent an important and unmet need in public policy regarding support for children and families. These efforts seek to change public policy or priorities of public institutional leaders to secure greater support on issues consistent with First 5 LA’s mission but are targeted to a specific goal or community. It is evident from their experience that much work has been done, some of it very successful in making new forward strides. But this is an inherently long process. Further details on advocacy work in CDI can be found in the CDI Evaluation Progress Report.(February, 2006).

From an evaluation perspective, CDI appears to have contributed in varied, effective and creative ways to a stronger community-level service infrastructure comprised not only of brick-and-mortar facilities and appropriate equipment, but also deeper community relationships built through shared experiences, networks of cooperation in service delivery, and practices that engage communities and enable them to “own” the change process.
Some Lessons from the CDI Experience

• Participant outcomes can be aggregated in an open-funding mechanism to the degree that grantees and First 5 LA determine together, ahead of time, the outcomes that matter most and how best to measure them. This approach, or another that is similarly focused on finding a middle ground between evidence-based metrics and local (grantee) decision authority may be a key to satisfying the need for results accountability without losing the benefits of funding flexibility.

• Direct services and infrastructure strengthening can go hand in hand in providing support to children 0—5, their families and communities. Delivering effective services can have the effect of building agency delivery skill and quality; at the same time, directly supporting infrastructure development creates conditions for better outcomes to be achieved. Especially in communities that may be underserved and yet play host to a number of existing providers, CDI demonstrates that a both/and solution can lead to better results for children and families. This is true especially if augmented by an efficient, user-friendly, productive mechanism for connecting providers with each other, and with service-eligible families.

• Policy advocacy and collaboration may be useful in addressing outcomes outside First 5 LA’s scope of activities that are eligible for direct funding, yet which are deemed critical in preparing children to do well in school. One example is that family socio-economic status is a key predictor of a child’s readiness for school. The experience of CDI with collaboration and advocacy can be leveraged to achieve gains, in this instance, in children’s economic wellbeing.

• Sustainability of outcomes and models should be considered at the start of funding initiatives, with funding process design features that enable grantees and First 5 LA to be ready for the future from day one of program implementation. Within a framework of long-range capacity development, benchmarks and processes can be useful in making sure that keeping the momentum of delivering strong results and innovating services is not lost.