Community-Developed Initiatives

LARGE GRANTS Evaluation

Progress Report
February 2006

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COMMUNITY-DEVELOPED INITIATIVES
FIRST 5 LA
LARGE GRANTS
EVALUATION
PROGRESS REPORT

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February 2006
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EXECUTIVE SUMMARY

This evaluation report provides a consolidated overview of Year Two findings of the initiative-wide evaluation of Community-Developed Initiatives (CDI) for First 5 LA. With Semics, LLC as evaluator, First 5 LA launched an initiative-wide evaluation of CDI on September 1, 2003, and is scheduled to complete the evaluation on August 31, 2006. Year Two of the CDI Evaluation ran from October 1, 2004 to September 30, 2005.

Year Two findings are presented here in three sections:

1. Updated profiles of CDI grantees and their First 5 LA-funded programs, gleaned from mining a wide range of data collected by Semics staff and reports submitted by grantees to First 5 LA;
2. Collected cases of broad-based change related to strengthening the service system for children 0-5 and their families, as observed in the second year; and
3. A description of some implications of Year Two findings for the goal areas and priorities defined in The Next Five Strategic Plan, 2005-2009 (hereafter “the Next Five”) and particularly the Policy Paper which was adopted by the First 5 LA Commissioners in November 2005.

Over the course of the three-year CDI Evaluation project, Semics seeks to address the following questions: In what ways was CDI effective in building systems and grantee capacity for delivering services to children 0-5 and their families? How does this systems-building process contribute to grantees’ results in improving child well-being? In Year Two, Semics addressed the following “mid-course” questions:

1. What are the grantees’ main interventions, who are their target participants, and what are the results for children 0-5, their families, and/or others? In addition, what is the progress during Year Two across grantees with regard to numbers and types of participants served?
2. In what ways can we see CDI contributing to strengthening various service infrastructures for children 0-5, their families, and other participants in neighborhoods and communities of LA County?
3. What are some ways that participants experience and articulate the impact(s) of the changes they are going through as a result of their involvement in CDI-funded projects?
4. In what ways does CDI (as a system-building approach supporting improvements in child well-being) appear to further the current goal areas and funding priorities of First 5 LA?

Profile of CDI Target Populations and the Services Reaching Them

From July 1, 2004 to June 30, 2005 about 100,000 unduplicated clients were served in LA County through the CDI projects supported by First 5 LA. Project participants included children ages 0-5, families, and providers/professionals. A majority of these clients were families (55% or 54,852) followed by children 0-5 (39% or 39,330) and providers/professionals (6% or 5,563). Clients served within the family type category included expectant mothers, parents, caregivers, and the family as a whole. The providers/professionals type 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.
About half of the grantees served all three categories, while 31% of grantees served mostly children and families.

The majority of CDI grantees (27) are community-based organizations. Grantees under this category include agencies such as 1736 Family Crisis Center, Koreatown Youth and Community Center, South Central 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 (CHLA), Long Beach Memorial, and St. Mary’s Hospital. Child care agencies consist of child care centers and agencies whose mission is to build provider capacity, such as Crystal Stairs and Child Educational Center. The government/city agency type include PHF-WIC, educational institutions (e.g., Santa Monica College and 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.2

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 a majority of families (69.1%) received health services. To further break down the relative distribution of services, a majority of 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 from 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.

Grantees providing services in early education, family support, and special needs did not reach participants in large numbers compared to family literacy and health. While 10 grantees provided child care services, the number of unduplicated clients served by these providers was small compared to other services in CDI during First 5 LA’s 2004-2005 fiscal year. The difference is partly due to characteristics of the grantees themselves. For example, many child care agencies are only able to serve a small number of children 0-5 at a time due to limitations of space, labor, and materials. It is also partly due to the nature of the services provided. Similarly, the number of families requiring special needs services is generally small compared to those accessing other services in CDI.

Profile of Results Being Achieved in CDI

About two-thirds (69% or 29) of grantees have at least one short-term outcome focused on “child-level” results. These grantees are either striving to improve child development outcomes, including improving cognitive development and accomplishing expected developmental milestones (as in the case of 1736 Family Crisis Center, Center for the Pacific Asian Family, SHIELDS for Families, and The Help Group), or child health outcomes, such as providing health screenings, pediatric services, or massage therapy (as in the case of Asian Pacific Health Care Venture, CHLA Child Health Works, El Proyecto del Barrio, and The Heart Touch).
Twenty-one (or 50%) of CDI grantees identified short-term outcomes that fit within the “family-type” category. Family-type outcomes focus on family functioning such as increasing parent knowledge and awareness (e.g., Citrus Valley Health Partners and South Central LAMP), improving parenting practice (e.g., North Valley Health Services, Friends of the Family) and providing family support (e.g., Union Station, Harbor Interfaith, and LA Gay and Lesbian Center).

Twenty-three (or 55%) of grantees have at least one short-term outcome related to the “systems for families” results classification. They include increasing agency capacity (e.g., LA Biomedical Institute), community awareness or knowledge (e.g., 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.

Lastly, eight grantees also have targeted short-term outcomes related to their own organizational development (e.g., South Central LAMP, Watts Labor Community Action Committee, and PHFE-WIC).

**Distribution of CDI Funds Across Next Five Goal Areas and Funding Cycles**

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 *The Next Five Strategic Plan*. 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*. Overall, there appears to be a fairly even investment distribution in Cycle 1 across all CDI service types compared to the other funding cycles. Cycle 2 had a substantial amount of funding allocated to health. Funding for family literacy was more prevalent in Cycles 1 and 3 than Cycle 2, while funding for provider capacity development occurred more in Cycle 3 than in any other funding cycle. Lastly, funding for special needs was evident in Cycles 1 and 2 but not in Cycle 3.

**Improving Service Delivery Systems**

In what ways are CDI investments strengthening service infrastructure for children 0-5, their families, and other participants in communities of LA County? What are some successes and challenges associated with this process? On the whole, Semics finds that CDI is contributing in rich, varied and significant ways to the strengthening of a child-oriented service delivery infrastructure at three levels – organizations, service delivery systems, and communities. Defined outcomes of system changes supported by CDI are:

- How a funded program creates a foundation for a new (or expanded) and continuing capacity to achieve desired results both now and later; and
- How a program is sensitized and responds to changing conditions in its operating environment so that results are recognizable and adding value to participants and the surrounding community.

In strengthening agency capacity to optimize and sustain results, Semics has identified the following changes achieved during this report period:
• Changes in fiscal or billing systems contributing to a grantee’s capacity to sustain program operations;
• Systematic adoption or “buy in” by project staff of new priorities consistent with the purpose of CDI funding;
• Construction or renovation of physical facilities that create and maintain family and child-friendly environments;
• Co-location and “packaging” of full-service delivery for families in crisis;
• Overcoming barriers of access to services due to geography, transportation, and language;
• Interagency collaboration;
• Integration of previously disconnected services;
• Capacity development of daycare providers and health services professionals;
• Creating new linkages between grantee institutions and their surrounding communities; and
• Launching innovations in services that promise to set a new standard of practice in a particular field.

In optimizing service delivery systems, the following types of achieved changes are highlighted:

• Interagency Collaboration
• Service Integration
• Provider Capacity Development/Professional Development
• Institutions Linking with Communities
• Advancing Innovations in Services

In reaching and engaging diverse communities, the following achievements are cited and examined:

• Reaching Hard-to-Reach Populations
• Cultivating Multi-Cultural Outreach
• Developing Community Leaders
• Outreach by Replicating Service Hubs in New Service Areas
• Responding to Especially Vulnerable Populations

From an evaluation perspective, the “system” changes listed above are contributing to the creation of 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. The examples in their totality suggest that through CDI, outer circles of influence are being strengthened in appropriate, concrete, and verifiable ways.

This finding may help explain the nature and extent of participant outcomes being achieved by CDI grantees. In CDI, the specific mix of strategies for agency capacity development and optimizing system-level performance can vary significantly across grantees based on several factors, including conditions in a grantee’s surrounding community, the personality 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.
Participant Impacts and Experiences

Semics staff conducted nine focus groups and 64 participant interviews with about half of the CDI active grantees during the year ended September 30, 2005. These interviews provide a window into the perspectives/experiences of project participants regarding the “differences that make a difference” – or results that count – for children 0-5 and their families. The changes achieved for children and families are numerous and varied but amenable to the following classifications:

- Children are more ready to learn (e.g., healthier, socialized, and exposed to pre-literacy).
- Parents are more skilled and engaged with children.
- Parents have peer support networks.
- Families have more convenient access to services.
- Homeless parents are better prepared and trained for work.
- Hospitals are better equipped to support healthy outcomes (identify developmental disabilities, support breastfeeding, and improve neonatal care).
- Child care providers have increased ability to continue meeting families’ needs.

While participants’ experiences continue to be mined for lessons and impacts from CDI in the course of this evaluation, the cases highlighted here exhibit a common thread that defines “value” for participants in CDI-funded projects. Apparently, the changes participants go through (of whatever sort) open new vistas, or create new possibilities, for them in achieving an important goal in their lives. This is particularly true for parents who need help so that they can be better prepared to provide for, and appropriately support, their children’s holistic development.

Connecting CDI Evaluation Findings to Next Five Policies and Directions

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 for the purpose of measuring multiple changes stemming from single interventions.

- Understanding community contexts is critical to achieving desired impacts, whether funding is universal or targeted.

- 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: providing varied, age-appropriate, and integrated methods of teaching in preschools; developing a stronger sense of community among families participating in specific, and also diverse, programs; and detecting, addressing, and/or treating the developmental needs of children with special needs.
• Flexible funding actually encourages and enhances the ability of grantees to achieve results. Some grantees have been intentionally results-based and change-oriented from the start. Through CDI, the results focus of other grantees has increased so they can demonstrate accountability and track results more effectively, particularly with technical assistance from First 5 LA. A majority of CDI grantees are achieving their participant outcomes.

Examples of emerging 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 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 and increase both their relevance and effectiveness. For planning purposes, First 5 LA may wish to consider a menu of options and approaches to 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 shown of 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 practices.

• 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 that have been overlooked or 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 targeted to a specific goal or community. It is evident from experience that much work has been done, some of it very successful in making new forward strides. But this is an inherently long process.

Open Grantmaking – The CDI experience to date is relevant here because several CDI projects offer “emerging models” of service that demonstrate outcomes and impacts furthering First 5 LA’s mission while using untapped and high-value ideas. Others are “higher risk, high impact” in that the projects operate under conditions where success is uncertain or hard to quantify, and yet deserve to “have a shot” at achieving their outcomes because, for various reasons, First 5 LA believes that the work is still worth doing.

Looking Ahead to Year Three of the CDI Evaluation

The closing section of this report highlights key questions, activities, and deliverables for the final year of the CDI Evaluation. Final deliverables will be completed and available for First 5 LA before the contractual end date of the CDI Evaluation on August 31, 2006.

Key questions being addressed for the three-year wrap-up report include the following:

- How did CDI projects directly improve the well-being of children 0-5 and their families?
- How did CDI strengthen services and/or organizations supporting child well-being in LA communities?
- What can be learned from CDI about how best to strengthen supportive environments for children 0-5 and their families in LA County?
- What are some implications of the CDI experience for First 5 LA in designing and implementing new funding activities?
- In what ways has the Learning Exchange, as a regular convening of CDI grantees, contributed to grantees’ effectiveness?

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, 96% of the grantees had submitted their Year-End 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.

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INTRODUCTION

This evaluation report provides a consolidated overview of Year Two findings of the initiative-wide evaluation of Community-Developed Initiatives (CDI) for First 5 LA. With Semics, LLC as evaluator, First 5 LA launched an initiative-wide evaluation of CDI on September 1, 2003 and is scheduled to complete the evaluation on August 31, 2006. Year Two of the CDI Evaluation ran from October 1, 2004 to September 30, 2005.

As this material emanates from data collected mid-way into the subject evaluation, the findings and analysis contained in this report have a somewhat limited purpose: To provide input to First 5 LA’s ongoing efforts to design, plan, and implement new funding activities. Thus, the primary intended audience for this document is First 5 LA. In Year Three of the CDI Evaluation, a new set of meetings will be held with grantees, as in Year Two, to solicit their feedback on this (and other) reports.

In order to summarize and learn from data in a way that is relevant to assessment and planning purposes, this evaluation report presents Year Two findings of the CDI Initiative-Wide Evaluation in three sections:

1. Updated profiles of CDI grantees and their First 5 LA-funded programs, gleaned from mining a wide range of data collected by Semics staff and reports submitted by grantees to First 5 LA;
2. Collected cases of broad-based change related to strengthening the service system for children 0-5 and their families, as observed in the second year; and
3. A description of some implications of Year Two findings for the goal areas and priorities defined in The Next Five Strategic Plan (2005-2009) and particularly the Policy Paper which was adopted by the First 5 LA Commissioners in November 2005.

Characteristics of the Community-Developed Initiatives

In situating Year Two findings within the larger evaluation of CDI, we remind readers of the original formulation of CDI as a means of addressing community needs, improving systems, building provider capacity, strengthening communities, encouraging good ideas, and supporting innovations in services. CDI was intended to be an application of First 5 LA’s original funding framework as articulated in its second Strategic Plan (2000-2004) which focused on addressing circles of influence (i.e., family, neighborhood/community, agencies and organizations, and society) and five-fold outcomes relative to child well-being (i.e., school readiness, socio-emotional well-being, safety and survival, economic well-being, and good health). Through a process of reviewing letters of intent, organizations were invited to submit proposals addressing specified needs of a defined population in their communities. A total of 54 grants were awarded to organizations which had successfully passed through a competitive process that included both internal and external reviews.

At its core, CDI is about creating an enabling environment for children and families to develop as healthy, thriving persons in LA’s diverse communities. Originally, a core premise of CDI was that strengthening the service delivery infrastructure is an important and necessary condition for achieving
desired results for 0-5 children and their families, especially where funded organizations had strategic leadership roles in hard-hit communities or in addressing complex needs or reaching underserved populations.

This premise, in turn, was grounded in a further assumption, or argument, that children are not isolated beings whose needs can be readily separated or distinguished from conditions in their surrounding environment. They are part of a complex social system made up of parents, community members, and organizations that, together, provide support mechanisms and resources needed to promote their healthy growth and development. From its inception, then, CDI sought to invest in strengthening these mechanisms and resources through the grantees’ efforts to address needs of children 0-5 and their families both in the short and long term.

The funding mechanism embedded in CDI was open-ended by design to complement the Commission-Developed Initiatives in First 5 LA’s second strategic plan. First 5 LA believed that as experienced community change agents, organizations, and leaders in LA County could design and implement projects to effectively meet the needs of children and achieve desired outcomes for child well-being. CDI project proposals were based (or presumed to be based) on applicants’ intimate knowledge of conditions in their own communities and their expertise in working effectively within those conditions to achieve specific, measurable advances in the well-being of children 0-5.

**Overview of CDI Evaluation Questions**

From an evaluation standpoint, therefore, a fundamental question to be addressed in CDI is how CDI projects contributed to social capital for improving child well-being. With this question in mind, Semics defines social capital as those features of social organization such as networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit. These features are rooted in a set of shared values that enable members of a community to cooperate with each other and successfully function as a group. Such values often include trust, honesty, openness, meeting obligations, and reciprocity. For example, services that cross old boundaries (such as doctors delivering reading materials to parents) may promote or sustain these values, as do activities in more intimate settings (like parents reading to their children in groups).

Our starting assumption in this regard is that CDI contributes to social capital by affecting various circles of influence, from the family (especially parents and caregivers) to institutions such as hospitals, shelters, daycare facilities, and others. By extension, it is important to examine intermediate outcomes regarding the nature and outworking of such social capital investments in order to understand more precisely how these investments help in creating desired improvements in the infrastructure of a child-supportive environment. This focus on the investment process and its intermediate results anticipates a Year Three stage in which these investments will be examined for their contributions to participant-level outcomes, at least during the CDI funding period. Lastly, reflection on the implications of the evaluation findings can shed light on potential policy and program impacts of CDI, particularly with reference to The Next Five Strategic Plan and the more recently adopted Policy Paper for 2006 – 2009.
With the notion of social capital in mind, over the course of the CDI Evaluation, Semics seeks to address the following questions:

How is a community-developed approach to utilizing funds at First 5 LA effective in building systems and grantee capacity for delivering services to children 0-5 and their families? How does this systems-building process contribute to grantees’ results in improving child well-being?

In order to address these broad questions, Semics launched a broad-based data collection action plan in 2003 to find out what pertinent changes are taking place across all grantees as a result of CDI funding. Among the sub-questions that Semics has attempted to address are:

• How did CDI projects directly improve the well-being of children 0-5 and their families?
• How did CDI strengthen services and/or organizations supporting child well-being in LA communities?
• What can be learned from CDI about how best to strengthen supportive environments for children 0-5 and their families in LA County?
• How have the grantees’ interactions with First 5 LA influenced their effectiveness in achieving desired results?
• In what ways has the Learning Exchange, as a regular convening of CDI grantees, contributed to grantees’ effectiveness?

These questions provide a key part of the background for the present report. In the following section, findings from Year Two are described in response to several “mid-course” questions (see below). This information is intended to contribute to an eventual answer to the larger background questions (above) by end of Year Three.

In order to collect a body of data relevant to the questions in this report (and to the CDI Evaluation as a whole) during Year Two, Semics continued to implement data-gathering activities consistent with the original evaluation work plan for three years. The main thrust of the activities during Year Two was the use of qualitative methods for data collection, accomplished through a process of site immersion. Site immersion refers here to periodic and systematic site visits comprised of staff interviews, observation of project events and activities, and participant interviews. These activities were supplemented by focus group discussions on key topics (such as outreach and collaboration), a systematic reading of grantee reports submitted to First 5 LA, and three convenings of the Learning Exchange. Details of the methodology and associated activities for this evaluation are provided in Appendix A of the Year One Report.
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YEAR TWO FINDINGS

For Year Two, Semics addressed the following “mid-course” questions:

1. What are the grantees’ main interventions, who are their target participants, and what are the results for children 0-5, their families, and/or others? In addition, what is the progress during Year Two across grantees with regard to numbers and types of participants served?

2. In what ways can we see CDI contributing to strengthening various service infrastructures for children 0-5, their families, and other participants in neighborhoods and communities of LA County?

3. What are some ways that participants experience and articulate the impact(s) of the changes they are going through as a result of their involvement in CDI-funded projects?

4. In what ways does CDI (as a system-building approach supporting improvements in child well-being) appear to further the current goal areas and funding priorities of First 5 LA?

The first three questions above are addressed in this section of the report (Year Two Findings) while the fourth question is addressed in a later section titled Learning From the Year Two Evaluation.

Updated CDI Grantee Profiles

This section of Year Two Findings provides an updated panorama of CDI-funded organizations as outlined below:

A. A descriptive map of CDI that includes types of participants being served, organizations funded, grantees and Next Five goal areas, patterns of service utilization, grantees by circles of influence, and grantees by short-term outcomes.

B. A geographic overview of CDI grantees, including types of services funded in each SPA.

C. A presentation of participants reached in Year Two including a comparison between participant levels in Year One versus Year Two.

D. Utilization of CDI funds broken down by type of participant outcome, as defined within the goal areas in the Next Five.
A. Descriptive Map of CDI

Types of Participants Being Served

From July 1, 2004 to June 30, 2005, grantee progress reports submitted to First 5 LA show that through CDI about 100,000 unduplicated clients were served in LA County. For the purpose of this report, they are referred to as target participants and categorized as: children 0-5, families, and providers/professionals.

A majority of these clients were families (55% or 54,852) followed by children 0-5 (39% or 39,330) and providers/professionals (6% or 5,563). Based on what the grantees reported in their Year-End Reports, clients served within the family type category included expectant mothers, parents, caregivers, and the family as a whole. On the other hand, the providers/professionals type category was generally defined by CDI grantees as child care providers, health professionals (e.g., physicians, nurses, therapists, etc.), or school administrators. In addition, the majority (80%) of grantees served more than one category of participants. About half of the grantees served all three categories, while 31% of grantees served mostly children and families.

In regard to ethnicity, a majority of participants served by CDI grantees are Hispanic/Latinos in LA County. As the bar chart below indicates, this trend is consistent across all target participant types (i.e., children, families, and providers/professionals).

As noted above, CDI grantees served a substantially larger percentage of Hispanic/Latino children (66%) and families (77%) category type compared to other major ethnic groups. As the chart shows, “Other” ethnic group category is either at or below 10% of the total number of types of target participants served. Another highlight is that relatively fewer Native American, Asian/Pacific Islander, and Caucasian/White families were served compared to other families. However, Asian/Pacific Islander, Caucasian/White, and Hispanic/Latino providers/professionals were relatively evenly served. Out of all providers/professionals that are participants in the CDI projects, 31% were Hispanic/Latino, followed by 24% Asian/Pacific Islander and 23% Anglo.
Organizations Funded

The organizations in CDI are very diverse, ranging from community-based organizations (CBOs), to medical institutions to child care agencies. The chart below illustrates the breadth of CDI grantees.

The majority of CDI grantees (27) are community-based organizations. Grantees under this category include agencies such as 1736 Family Crisis Center, Koreatown Youth and Community Center, South Central 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 (CHLA), Long Beach Memorial, and St. Mary’s Hospital. In regard to child care agencies, this cluster consists of child care centers and agencies whose mission is to build provider capacity, such as Crystal Stairs, Bundle of Joy, and Child Educational Center. The government/city agency type includes PHFE-WIC, educational institutions (e.g., Santa Monica College, and Monrovia School District), and the Pasadena Public Health Department. The last cluster of CDI grantees can be considered community health centers, and include Wilmington Community Clinic, Asian Pacific Health Care Venture, Eisner Pediatric Clinic, and Our Saviour Center.

Based on how they were funded and how they performed their work, certain grantee organizations can also be classified as collaboratives, or groups of agencies working together to achieve a shared vision. Six grantees (or 11%) fit within this definition. This includes community-based agencies partnering with government/city agencies or educational institutions (e.g., Pasadena Collaborative Literacy Project, CHLA Child Health Works, or Citrus Valley Health Partners) or a faith-based network of organizations (e.g., California Council of Churches) that were solely funded by CDI to work together.

CDI Grantees and Next Five Goal Areas

The Next Five Strategic Plan provides a roadmap for its work for fiscal years 2004-2009. The plan highlights three goal areas in order for First 5 LA to continue its commitment to work with “partners throughout LA County to improve the lives of expectant parents, children from the prenatal stage through age five and their families.” These three priority goal areas are Early Learning, Health, and Safe Children and Families. Through these priority goal areas, First 5 LA plans to focus on activities that improve children’s well-being “by creating access to quality health resources, ensuring healthy physical, social and emotional and cognitive development, and promoting safety from injury and maltreatment.”
Using The Next Five Strategic Plan, CDI grantees could be clustered under First 5 LA’s three goal areas of Early Learning, Health, and Safe Children and Families as illustrated below. This classification is based on various data sources (such as proposals, grantee reports, interviews, and field observations). It provides one way of seeing how CDI is contributing to First 5 LA’s current aims as a funder.

As the figure above shows, a majority of CDI grantees can be clustered into Early Learning and Health (21 and 22 grantees respectively), while 10 grantees can be classified under Safe Children and Families. The latter grantees provide safety-related interventions directly and/or support families through parenting classes or social events. (The only exception is YMCA of Greater Long Beach, which focuses on the unintentional injury aspect of the goal area by teaching children 0-5 how to swim to reduce drowning and providing CPR classes to parents and providers.)

Within the goal area of Health, CDI grantees can be further grouped into four (4) categories: mental health screenings, medical health services, health promotion/health access, and early intervention/special needs. Five grantees (i.e., The Help Group, SHIELDS for Families, CHLA Learning & Growing Together, The Heart Touch, and Frank D. Lanterman) are part of the early intervention/special needs group. From the figure above, it appears that a majority of the grantees (n=10) fit within the health promotion/health access sub-category.
Within Early Learning, CDI grantees can be grouped into three (3) categories: child care centers, child care provider capacity development, and family literacy. The majority of the CDI grantees (n=9) are grouped under the family literacy category.

In addition, 26% (14 CDI grantees) fit within two or more goal areas. For example, although The Help Group and SHIELDS for Families are classified under early intervention/special needs category in the Health goal area, they overlap with Early Learning since the primary purpose of their projects is to provide child care services to their specific target populations – children with autism and children who have been exposed to substance abuse. Other grantees under early intervention/special needs (i.e., CHLA Learning and Growing Together, The Heart Touch, and Frank D. Lanterman) overlap between the Health and Safe Children/Families goal areas. These grantees promote healthy growth and development by identifying children with developmental or behavioral problems, while at the same time providing family support. Similarly, Friends of the Family overlaps between Early Learning and Safe Children and Families because (among other things) it strives to strengthen family support as part of a multi-pronged strategy to increase family literacy.

Lastly, there are seven (7) grantees that fit within all three goal areas: Union Station, 1736 Family Crisis Center, New Horizons Family Center, North Valley Caring Services, and Center for the Pacific Asian Family, New Economics for Women, and Harbor Interfaith Services. The majority of these grantees provide shelter to the homeless population (e.g., Union Station and Harbor Interfaith) and women and children exposed to domestic violence (e.g., Center for the Pacific Asian Family and 1736 Family Crisis Center). The two exceptions are New Horizons and North Valley. New Horizons is a community-based organization that provides child development, youth recreation, and mental health services. The primary purpose of the CDI grant was to develop and implement a child care project, while at the same time providing parent education on topics such as child development, general health, and parenting strategies.\footnote{11} Due to the variety of services being provided by New Horizons, this grantee effectively addresses all three goal areas in some measure. Similarly, North Valley is a CBO providing multiple services such as a food program, ESL classes, child care, and tutoring.\footnote{12} CDI funding provides North Valley clients with child care services to enrich child learning and, at the same time, ESL classes, parent classes, and health promotion.

**Multi-Service Provision by Grantees**

Another way CDI can be described is on the basis of CDI grantees receiving funding to provide several services to project participants. Through site-based data collection such as interviews with grantee staff members and reviewing proposals, Semics identified six different core “types” of services: health, early education, family support, family literacy, provider capacity, and special needs.

As the table on the following page shows, CDI grantees are more or less evenly distributed across these six (6) identified types of service.
### Service Types

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Number of CDI Grantees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>11</td>
</tr>
<tr>
<td>Early Education</td>
<td>10</td>
</tr>
<tr>
<td>Family Support</td>
<td>10</td>
</tr>
<tr>
<td>Family Literacy</td>
<td>8</td>
</tr>
<tr>
<td>Provider Capacity</td>
<td>8</td>
</tr>
<tr>
<td>Special Needs</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>54</strong></td>
</tr>
</tbody>
</table>

The chart below illustrates the incidence of CDI grantees providing various services to families, children, and providers/professionals. For instance, a majority of the children 0-5 (64.4%) received some type of family literacy service, while the majority of families (69.1%) received health services. To break down the service delivery typology more precisely, 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, the opposite is true for families. 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.

Grantees providing services in early education, family support, and special needs did not reach participants in large numbers compared to family literacy and health. For instance, while 10 grantees provided child care services, the number of unduplicated clients served by these providers was small compared to other services in CDI during First 5 LA’s 2004-2005 fiscal year. The difference in participants served in the various service types is partly due to characteristics of the populations themselves. For example, the number of families requiring special needs services is small compared to those accessing other services in CDI, and these families can be hard to reach. It is also partly due to the nature of the services provided. For example, many child care agencies are only able to serve a small number of children 0-5 at a time due to limitations of space, labor, and materials.
Grantees by Circles of Influence

One of the main attributes of First 5 LA’s second Strategic Plan (2000-2004) was its focus on how grantees can address various circles of influence in regard to child well-being. In the plan, there are four circles of influence surrounding the child, starting with the family, and followed successively by organizations, neighborhood/community, and society. Using this lens, CDI grantees are addressing primarily three circles of influence – family, neighborhood/community, and agencies/organizations – based on their proposals and reported short-term outcomes.

Based on the chart above, 90.7% (or 49) of grantees address the family circle of influence, followed by agencies/organizations (57.4% or 31) and neighborhood/community (53.7% or 29). When looking at this data set, it should also be kept in mind that about two-thirds (69%) of CDI grantees are addressing two or more circles of influence. The emphasis in CDI on addressing wider circles of influence (captured by this chart) is based on the original concept behind this Initiative – that strengthening the supportive environments of children in ways appropriate to their own needs and the needs of their families is a necessary condition for improving child well-being.

Another way to slice the circles of influence is by service type. The chart below highlights several interesting trends.
For instance, the family circle of influence is applicable mostly to grantees that provided health, family support, early education, family literacy services, and services for children with special needs. On the other hand, the agencies/organizations circle of influence seems to correlate more with provider capacity and special needs services. In addition, results being achieved by a number of grantees focused on developing provider capacity as well as family support could be classified as being part of the neighborhood/community circle of influence.

**Grantees by Short-Term Outcomes**

Results at the participant level in CDI can be mapped on First 5 California’s Results to be Achieved. These results include the following categories: improved child development, child health, family functioning, and systems for families. The only CDI-related outcome types that may not fit within the State Commission results categories are grantee-specific organizational outcomes, such as receiving accreditation, integrating services within an organization, or developing a curriculum. The table below shows the distribution of grantees across these results categories, plus organization-level results (which lie outside the State Commission results categories). This information is based on the short-term outcomes that CDI grantees reported to First 5 LA in their grantee reports. Since grantees had multiple outcomes, the number below reflects duplicated counts.

<table>
<thead>
<tr>
<th>Outcome Types</th>
<th>No. of Grantees (n=42)</th>
<th>Percent of Grantees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child-level</td>
<td>29</td>
<td>69%</td>
</tr>
<tr>
<td>Family-level</td>
<td>21</td>
<td>50%</td>
</tr>
<tr>
<td>Systems for Families</td>
<td>23</td>
<td>55%</td>
</tr>
<tr>
<td>Organizational Results</td>
<td>8</td>
<td>19%</td>
</tr>
</tbody>
</table>

About two-thirds (69% or 29) of grantees have at least one short-term outcome focused on child-level results. These grantees are either striving to improve child development outcomes, including improving cognitive development and accomplishing expected developmental milestones (e.g., 1736 Family Crisis Center, Center for the Pacific Asian Family, SHIELDS for Families, and The Help Group), or child health outcomes, such as providing health screenings, pediatric services or message therapy (e.g., Asian Pacific Health Care Venture, CHLA Child Health Works, El Proyecto del Barrio, and The Heart Touch).

In regards to family-type outcomes, 21 CDI grantees identified short-term outcomes that fit within this category. Family-type outcomes focus on family functioning such as increasing parent knowledge and awareness (e.g., Citrus Valley Health Partners and South Central LAMP), improving parenting (e.g., North Valley, Friends of the Family), and providing family support (e.g., Union Station, Harbor Interfaith Services, and LA Gay and Lesbian Center).

Twenty-three (or 55%) grantees have at least one short-term outcome related to the “systems for families” results classification. Systems for families include increasing agency capacity (e.g., LA Biomedical Institute), community awareness or knowledge (e.g., CHLA Learning and Growing Together), and service access/integration (e.g., USC). Included in this category is provider capacity development. 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.
Lastly, a small group of grantees also have a short-term outcome defined as organization achievement (e.g., South Central LAMP, Watts Labor Community Action Committee, and PHFE-WIC). Eight (8) grantees touch upon this type of result, examples are: integrating services within the organization, developing curriculum to provide a tailored approach to child care, or staff development on a specific program component, such as free play.

B. Geographic Distribution of CDI Grantees

Below is a chart showing CDI grantees across Service Planning Areas (SPAs), based on the proposed areas served in their proposals. The chart reflects the fact that grantees have duplicated counts since many serve more than one SPA. Specifically, 25% of CDI grantees provided services in more than one SPA. Six grantees (11%) aim to serve the entirety of LA County. Moreover, 18 grantees (33%) are serving SPA 6, South Los Angeles, followed by SPA 4, Metro Los Angeles (14 or 26%) and SPA 8, South Bay/ Harbor (13 or 24%).

Across all SPAs, the highest number of CDI projects are found to provide services in SPA 4, SPA 6, and SPA 8.

The chart on the following page looks more closely at the types of services of CDI grantees by SPA. This chart enables us to see how various types of CDI services are distributed geographically, as indicated in the grantees’ proposals.

This information suggests some possible service funding gaps. For example, early education services were not provided in SPA 7 (East Los Angeles), health services were not provided in SPA 5 (West Los Angeles), and provider capacity services were not provided in SPA 3 (San Gabriel Valley). In addition, CDI grantees serving SPA 2 (San Fernando Valley) and SPA 5 did not provide family support services, while special needs services were not provided in SPA 7 or SPA 8. We do not know to what extent these gaps reflect the different needs and conditions in each SPA. But this may be important information as First 5 LA moves forward to focus funding under a place-based approach.
C. CDI Project Participation Levels

In the 2004-2005 Year-End Reports to First 5 LA, CDI grantees indicated the number of unduplicated clients served within the fiscal year. The table below shows these numbers.

<table>
<thead>
<tr>
<th>Unduplicated Client Count</th>
<th>Year Total FY 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>39,330</td>
</tr>
<tr>
<td>Families</td>
<td>54,852</td>
</tr>
<tr>
<td>Providers Agencies/ Professionals</td>
<td>5,563</td>
</tr>
<tr>
<td>Total</td>
<td>99,745</td>
</tr>
</tbody>
</table>

The chart below illustrates the break down of unduplicated client count by type of target participant served and cycle. More target participants were reached by Cycle 2 grantees (about 44,000 or 44%) than Cycle 1 (about 34,000 or 34%) or Cycle 3 (about 22,000 or 22%) during the 2004-2005 fiscal years.
In addition, Cycle 2 grantees (66%) served more families than Cycle 1 and Cycle 3 combined (25% and 9% respectively). However, Cycle 1 grantees directly served more children (45%) than Cycle 3 (38%) or Cycle 2 (17%). Cycle 1 grantees served slightly more providers/professionals (47%) than Cycle 3 grantees (27%), while Cycle 2 grantees only served 16% of the total providers/professionals served.

**Year 1 vs. Year 2 Participation Levels**

The chart below illustrates how the participation numbers reported in Year 1 of the CDI Evaluation compare to Year 2. Overall, grantees served about 100,000 unduplicated clients in each year.

![Year 1 vs. Year 2 Participation Levels Chart](chart.png)

While CDI grantees served a slightly larger number of participants overall in Year 1 of the CDI Evaluation than in Year 2, this chart also shows that in Year 2 grantees served more families and providers compared to Year 1.

**D. CDI Allocation of Funds**

This section of the profile for Year Two of the CDI Evaluation looks at various ways in which CDI funds, approximately $83 million, were allocated using a range of criteria as indicated below. The total funding allocation distributed to 54 grantees was based on a grantee listing generated by Grants Management (as of June 22, 2005). This is an internal document listing each grantee with information on the program officer assigned to them, cycle, number of years funded, amount approved, and grant period.

**By Next Five Goal Area**

This subsection looks at the grant allocation in CDI across *Next Five* goal areas, building on the classification of CDI grantees in the chart regarding *Next Five* goal areas shown earlier in this profile section. Overall, approximately $83 million are being distributed to CDI Large Grants over a total period of five to seven years. As the table on the next page shows, the majority of CDI funds have been allocated to Health (48%), followed by Early Learning (38%) and Safe Children and Families (14%).
CDI Allocation by First 5 Goal Area

<table>
<thead>
<tr>
<th>Goal Area</th>
<th>Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Learning</td>
<td>$31,661,902</td>
</tr>
<tr>
<td>Health</td>
<td>$40,018,237</td>
</tr>
<tr>
<td>Safety</td>
<td>$11,380,689</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$83,060,828</strong></td>
</tr>
</tbody>
</table>

By Cycle

The chart below depicts CDI grant funds allocations across the three funding cycles in CDI and Goal Areas of Next Five. As the bars suggest, the majority of funding went to Health in Cycle 2 and Early Learning in Cycle 3.

By CDI Service Type

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. However, 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.
By Service Type and Funding Cycle

The chart below shows the distribution of funds by CDI service type per CDI funding cycle. Overall, the majority of CDI funding was awarded in Cycle 2 ($32 million) followed closely by Cycle 1 ($30 million) and Cycle 3 ($21 million).

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Cycle 1</th>
<th>Cycle 2</th>
<th>Cycle 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Education</td>
<td>$5,664,340</td>
<td>$2,480,638</td>
<td>$3,641,146</td>
</tr>
<tr>
<td>Family Literacy</td>
<td>$8,492,633</td>
<td>$2,247,972</td>
<td>$5,905,681</td>
</tr>
<tr>
<td>Provider Capacity</td>
<td>$4,705,364</td>
<td>$1,500,000</td>
<td>$6,789,764</td>
</tr>
<tr>
<td>Family Support</td>
<td>$2,911,088</td>
<td>$3,702,759</td>
<td>$4,735,876</td>
</tr>
<tr>
<td>Health</td>
<td>$9,793,633</td>
<td>$17,826,040</td>
<td>$703,959</td>
</tr>
<tr>
<td>Special Needs</td>
<td>$3,206,776</td>
<td>$4,593,560</td>
<td>$0</td>
</tr>
</tbody>
</table>

There appears to be a fairly even investment distribution in Cycle 1 across CDI service types compared to the other funding cycles. Cycle 2 had a substantial amount of funding allocated to health. Funding for family literacy was more prevalent in Cycles 1 and 3 than in Cycle 2, while funding for provider capacity development occurred more in Cycle 3 than in any other funding cycle. Lastly, funding for special needs was evident in Cycles 1 and 2 but not in Cycle 3.

Summary of the CDI Profiles

The different ways of characterizing CDI grantees presented in this section provide an updated, broad-based mapping of the landscape of CDI for the fiscal year ended June 30, 2005. Through various lenses, we see the composition of this initiative from a variety of angles: project participants, services utilization, organization types, outcome types, geographic spread, and dollar allocation. Highlights from this section include the following:

- During 2004-2005 Fiscal Year, a majority of clients being served were families, specifically Hispanic/Latinos families.
- The majority of grantees are community-based organizations (CBOs) while a few grantees are funded and do their work as collaboratives.
- The lion’s share of CDI grantees, CDI funds, and CDI services are focused on achieving outcomes related to the Goal Area of Health in the Next Five.
- While CDI grantees as a group provide services across all eight SPAs, most provide services in only one SPA. About one-third serve more than one SPA.
- Most of the short-term outcomes of the CDI grantees focus on child and family-level changes. However, grantees are also striving to achieve system-level outcomes.
A preponderance of funds in CDI are supporting the achievement of one or more of the goal areas of First 5 LA, and in ways similar to other First 5 LA funding initiatives such as Partnerships for Families, Universal Preschool, and Workforce Development Initiative.

As First 5 LA continues to plan programs and allocate new funds, it can refer to the information provided in this profile section as one analysis of its past experience funding agencies to improve the well-being of children 0-5 and their families. It is also an opportunity to compare existing funding across SPAs and outcome areas with funding targets in *The Next Five Strategic Plan*.

**CDI Interim Results 1: Improving Service Delivery Systems**

The following section addresses the second question of this Year Two Report:

**In what ways can we see CDI’s contribution in strengthening service infrastructure for children 0-5, their families, and other participants in various LA communities? What are some successes and challenges associated with this process?**

In addressing this question, Semics finds that CDI is contributing to strengthening child-centered service delivery infrastructures in agencies and organizations across LA County in rich, varied, and significant ways. In what ways is this being done, based on Year Two observations? This section highlights examples, or cases, in which CDI investments are strengthening services at three levels – organization, system, and community. Key considerations are 1) how a funded program creates a foundation for continuing capacity to achieve desired results both now and later and 2) how a program is sensitized and responds to changing conditions in its operating environment so that results are not just maintained but are recognizable to participants and the surrounding community.

In this section, several cases illustrate how the circles of influence, especially at the level of individual grantee organizations, are being addressed in various ways in the course of delivering services for children 0-5. Specifically, this section will highlight grantees that experienced the following shifts in Year 2 of the CDI Evaluation:

- Changes in fiscal or billing systems contributing to a grantee’s capacity to sustain program operations;
- Systematic adoption or “buy in” by project staff of new priorities consistent with the purpose of CDI funding;
- Construction or renovation of physical facilities conducive to creating and maintaining family and child-friendly environments;
- Co-location and “packaging” of full-service delivery for populations in distress;
- Overcoming barriers of access to services due to geography, transportation, and language;
- Interagency collaboration;
- Integration of previously disconnected services;
- Capacity development of daycare providers and health services professionals;
- Creating new linkages between grantee institutions and their surrounding communities; and
- Launching innovations in services that promise to set a new standard of practice in a particular field.
A. Grantee Organizational Capacity Building

This section highlights several ways that CDI increased the organizational and service delivery capacity of grantees. The relevance of these enhancements to the achievement of desired results by grantees (in the short or long term) is highlighted also, as one indication of CDI’s overall contribution to increasing the well-being of children 0-5 and their families.

Unless otherwise noted all quotes and examples provided in this section are drawn from site visit reports during the report period. Other sources will also be cited wherever information is drawn from multiple sources.

Administrative/HR/Fiscal System Enhancement

CDI grantees in this case made changes in their program, fiscal, and/or staff management systems in-house so that services funded by First 5 LA could be expanded, improved, or sustained.

• One grantee successfully achieved in Year Two an objective that it had been striving for since Year One: To secure accreditation as a community health clinic in connection with its CDI-funded services and, as such, begin billing selected services to Medi-Cal. This new eligibility status created an income stream for the program that allowed it to maintain and increase its delivery of desired results in maternal and infant/toddler health among Latino and (increasingly) API families in the San Gabriel Valley.

Organizational Learning – Culture Shift

These CDI grantees were able to progressively introduce a new set of values and practices in their own institutions, creating shifts in expectations and capacities across departments that improved overall organizational performance related (directly or indirectly) to outcomes among participants.

• One grantee continued to cultivate staff evaluation capacity by involving staff in the evaluation process required for its CDI-funded family literacy program. Specifically, literacy outcome measures were consistently analyzed and reflective steps taken to adjust and improve programmatic practices funded under CDI. Mining and utilization of evaluation data was implemented in other non-CDI services as well, in an effort to “walk the talk” of learning on an organization-wide basis. Source: Interview with Project Director; Year-End Report [8/01/2005].

• During a site visit, one grantee expressed how staff members are becoming increasingly aware of the value and potential of free play activities as therapy – that is, as a component of treatment plans for family members suffering from domestic violence. The vision has been discussed in focus groups and weekly supervision meetings (going from general to more specific ways to attend to this component), so that staff members understand well the intention of the changes being made to incorporate free play into their interventions. This has started a culture shift – or shift in general awareness of the importance of free play activities for children, even though the new equipment had not yet been made available at the time. This shift resonated with the organization staff throughout this year. Source: Interview with Project Director.
• A CDI grantee was largely successful in inculcating a habit among nutrition counselors across its offices in LA County of disseminating children’s reading materials to parents for home use. This new practice of providing information about family nutrition doubled as a tool for promoting family literacy. Source: Grantee evaluation report [08/01/2005].

Physical Facility Construction/Renovation

The creation of high-quality operating space (newly-built or renovated facilities and equipment) has been associated with programmatic effectiveness in studies related to preschool and day care centers. Within CDI, at least six grantees implemented projects that combined capital improvements with enhanced, or new, services in their communities. While in some cases the capital projects created unexpected delays in service delivery, the quality and/or quantity of services made possible by these improvements was noted in Year Two of the CDI Evaluation.

• In Year One, a CDI-funded day care center had found a creative alternative to continue providing services despite difficult and unexpected construction delays. While resolving construction site complications, the agency leased space from a neighboring church to start providing day care services immediately, so as not to fall further behind in implementing its scope of work. During Year Two, the agency was able to finish construction of the new facility and opened doors for operation. The new facility provides state of the art space, equipment, and materials for a curriculum focused on holistic child growth and development. At the same time, the agency made additional arrangements not to close the neighboring church day care facility, thereby maximizing the number of open slots made possible by CDI. Source: Year-End Report [08/01/2005].

Service Strategy Changes – Expansion/Diversification/Quality Improvement

One cluster of CDI grantees re-packaged the delivery of their services to better meet the specific needs and problems facing project participants. This is especially the case among grantees working with families in crisis. Examples include putting multiple services in one place or re-positioning programs to address both short- and long-term needs with a range of services so families can “get back on their feet.”

• Two programs for homeless families have used CDI support to transform themselves into a “one-stop-shop” providing a range of services to parents (especially mothers) with young children. Services go beyond shelter and food to include counseling, housing placement support, and, especially, developmentally-sensitive child care services. Both programs have become known among local homeless families as a place to go for help in addressing immediate and long-term needs. Source: Year-End Report [08/01/2005].

Overcoming Service Access Barriers

Several CDI grantees sought to locate the delivery of services they knew well in communities or areas which they didn’t know well. The goal of “bringing services to the people” increased the flexibility and trust level vested in the grantees as they sought to improve the conditions facing unfamiliar populations – but not without making adjustments themselves. Going the distance to overcome barriers unseen (such as distrust) and seen (such as geographic isolation) contributed over time to the effectiveness of these grantees in meeting unmet needs of families in their target areas.
One CDI grantee adapted clinical service delivery for 0-5 children to a community that is denser and whose families have different needs than those it has served previously in its home community. The story of this grantee’s own adjustments to new local conditions reveals a range of special challenges and lessons for an agency implementing a program in an unfamiliar area where services are critically short. These challenges include: 1) providing mobile services where there is limited parking and streets are too narrow and 2) establishing contact and earning trust among families isolated by poverty, language, and culturally-based suspicions of health service providers in general. The grantee’s story pinpoints risks and hidden costs associated with overcoming access barriers. Source: Year-End Report [08/01/2005].

Another grantee had low participation in parent meetings due to the scheduled time of the meetings at 3:00 p.m., when parents already have picked up their children from daycare. The CDI grantee adjusted to this change by moving the location of the parenting classes to the apartment complex’s family center and changed the meeting time to 1:00 p.m. so that parents could attend the meetings and pick up their children afterwards.

B. Strengthening Networks of Service Providers

The following are cases in which CDI programs are making “system improvements” by increasing the quality and overall capacity of services delivered by or affecting multiple agencies and needs in communities or target populations. This aspect of CDI addresses circles of influence spanning organizations and communities. (For an explanation of “circles of influence” see page 10 of this report.)

Interagency Collaboration

In CDI, First 5 LA funded at least two organizations to implement projects as a collaborative – that is, projects involving several different providers working together in complementary ways in order to achieve desired outcomes for children 0-5. Other grantees not funded specifically to work as a collaborative nevertheless implemented projects that depended on collaboration with other providers (to one degree or another) for their success. An updated description of some of these grantees is provided here to indicate one way in which CDI is investing in delivery system enhancements.

Five agencies are taking part in a CDI-funded collaborative. This collaborative has provided 82 pre-school teachers and other staff in one of the SPAs with training and technical/material support to implement family literacy services. The collaborative also facilitates technical assistance and mentoring for agency staff to implement a family literacy component in their respective organizations’ early learning programs. The core contribution of the collaborative has been to create a mechanism which enables several diverse provider agencies in their service area to increase their capacity in family literacy and, then, to support member agencies’ efforts to achieve applicable outcomes in their target populations. The use of the mechanism of offering cost-free professional education as a means of mobilizing and equipping professionals has set the stage for collaborating agencies to continue, together or separately, to provide (new or enhanced) family literacy services. It is not clear yet whether the collaborative itself will continue after CDI (for example, to enable agencies to achieve, sustain, and improve their family literacy results). But the capacity building value of this collaborative is largely a fait accompli. Source: Year-End Report [08/01/2005].
Another collaborative involves four institutions: a hospital, two city agencies, and a family resource center. Its main purpose is to provide an integrated service delivery approach to children with special health care needs in selected early education centers in Los Angeles. This integration aims to enhance school readiness, health, and socio-emotional well-being of children. During implementation of the collaborative, there were some delays in the release of operational funds which were partly due to bureaucratic red tape. This snag is almost inevitable with a project bringing together state agencies and other private entities into a collaborative. The set-up also may produce ambiguity in terms of role differentiation and areas of responsibility for each collaborative member, respectively. However, the collaborative was able to get through this hump by building alliances within the bureaucratic structure and the principal investigator maximizing his/her political influence — both instrumental in overcoming bureaucratic glitches.

Another grantee completed on schedule the installation of a total of 19 playground equipment sets in community parks across LA County. These park upgrades have enabled children who reside primarily in low-income neighborhoods to gain access to state-of-the-art play spaces. By installing age-appropriate equipment and upgrading playground area design at these park facilities, CDI is creating concrete opportunities in neighborhoods for children to develop emotionally, socially, and physically as these facilities are used more and more by the families living nearby. Source: Semics Closing Site Narrative [06/2005].

Service Integration

This aspect of CDI’s investment in system improvement has enabled grantees to streamline services in different ways. Examples include co-locating previously fragmented services, coordinating delivery among agencies with responsibility for vulnerable populations, and re-packaging services into a seamless services “hub.” One example from Year Two is given here:

- CDI helped to fund construction of an office facility which is planned to bring one portion of LA County case management services under the roof of a medical hospital. From a fiscal point of view, CDI funds went toward capital development. The project thus technically ended with the completion of construction in Year Two of the CDI Evaluation. However, this initial investment was made in order to leverage the ongoing delivery of joint services which are (in principle) fully funded by the participating provider agencies’ respective operating income streams.

From a system improvement perspective, in this instance, CDI is investing in creating new synergy between different service systems in order to elevate the quality, efficiency, and responsiveness of LA County to an exceptionally vulnerable population. The project was not projected to be up and running by the end of the First 5 LA grant. The hiring process took longer than expected. However, once the project obtains a subcontract to hire staff as County employees, the project could move closer to becoming sustainable. Most of the challenges the project has faced were related to the County hiring process or getting approval from the County for certain administrative positions. The lesson learned through this process, as reported by the grantee, is that intense preparation, patience and persistence are needed to effectively “navigate the complex public health care delivery systems.”

Sources: Semics Closing Site Narrative, Year-End Reports [08/01/05].
Provider Capacity Development/Professional Development

In this component of system improvement, CDI investments are focused on increasing the capacity of provider agencies such as daycare centers or professionals (health service providers or preschool teachers) to better serve children 0-5 and their families. As such, these investments provide a form of indirect service. Further description of capacity and professional development are given below.

Several CDI grantees worked with small child care providers on a range of capacity development needs. These needs include meeting accreditation requirements, training agency staff on developmental and learning curricula, preparing providers who are members of cultural communities to pass new State standards for licensing, and managing financial and program operations. While specific challenges and successes vary with each grantee, the contribution CDI is making to strengthen these providers is reflected in the progress of each agency participating in the capacity development process. How this new capacity translates into specific increases in the quantity and quality of care can be checked via each grantee-specific evaluation. But Semics’ review of CDI grantees in day care accreditation suggests that small day care providers are generally receiving guidance and support calibrated sensitively and appropriately to help them move "up the ladder" from the type and level of services they are currently providing. Examples of participant benefits include being better trained in child care and development, being prepared for accreditation, and becoming less isolated/better connected to peers. If utilized as intended, capacity development should lead to an overall improvement in child learning outcomes for a majority of child care providers.

Workforce development for preschool is getting a boost in LA County from one CDI grantee through a creative combination of in-class instruction and field mentorships. Fully accredited classes combined with a mentoring system are turning out trained individuals for careers in preschool instruction and management. In light of this program’s strong results, strategically, CDI is contributing to increases in the quality of primarily center-based child care and preschool instruction across LA County through its investment in this form of professional development. Source: Year-End Report [08/01/2005].

Institutions Linking with Communities

A number of CDI grantees are not community-based organizations but institutions. The majority of institutional grantees are hospitals. In several cases, funding via CDI was provided not to support pre-existing institutional services but rather the creation or enhancement of outreach programs in surrounding communities or target populations. The aim of these programs was to extend the reach of health services and, ultimately, achieve better health outcomes in areas previously isolated from the mainstream service delivery system. Some results to date are described on the following pages.

One distinctive characteristic in these hospitals from a social capital perspective is that each one has developed centers linking with, and servicing, a specific population in its surrounding community. For example, one hospital is focused on serving families with premature babies; another, low-income teen mothers with newborns; another, Latino households isolated from health services; and still another, mothers referred for breastfeeding support and education.
These centers rely on their host institutions (hospitals) for administrative and other forms of support, but they also have created their own programs that run independently from the hospitals in response to community needs. A second feature is that in certain cases, the hospitals partner with other agencies for referrals, training and complementary services, or provide home visitations to their clients. As such, these grantees are nurturing networks of locally-based service providers and/or working directly to achieve specific outcomes within a target population. Source: Year-End Reports [6/30/2005].

Advancing Innovations in Services

At least two CDI grantees aim to change the nature of the “industry” they belong to by applying new knowledge emerging in their respective professional fields. They are not just providing services but trying out innovative practices based on the application of new knowledge and disseminating/promoting these practices through consultancy and training conferences involving peer provider agencies.

One of these grantees is implementing path-breaking clinical service strategies in addressing learning disabilities of special needs children. Another is introducing outdoor, unstructured play in preschool and daycare programs based on the holistic developmental benefits of free play for children. Beyond the measurable outcomes of the particular services funded by CDI, the grantees in question are promoting and demonstrating the benefits of clinical and programmatic service innovations for a large number of practitioners in LA County and beyond. One such grantee that provides services to children with social and communicative disorders reported that at the end of First 5 LA’s 2005 fiscal year, a majority of young children in its program demonstrated growth in cognitive and speech/language skills and improved behavior and social functioning – increasing the likelihood that these children will be emotionally healthy and ready to learn in kindergarten. Source: Year-End Reports [6/30/2005].

C. Reaching and Engaging Diverse Communities

Several CDI-funded programs go beyond direct services and are addressing circles of influence in the living environment of children 0-5 on a “macro” level such as groups of families with similar needs, communities, and (in a few cases) society. The grantees make their influence felt through distinctive forms of engagement with neighborhoods, target populations, program participants, and/or other constituency groups. The various ways in which CDI grantees have engaged the wider community are described, with examples, below.

Reaching Hard-to-Reach Populations

At least six CDI grantees are seeking to establish contact with transient and/or isolated groups in LA County and provide services calibrated to their particular needs, primarily through support services for groups of parents/guardians.

In one case, parents are invited to join support groups working through the challenges of raising children with special needs. Support mechanisms internal to these groups include peer-to-peer guidance and reassurance, sharing of ideas and information, and skills development for parents on how to better facilitate the overall maturation of their children. At the end of CDI Evaluation Year Two, this CDI grantee attributed its success to two factors. The first factor was an addition of new programs due to First 5 LA rollover funds which were used to offer classes/workshops during times when parents were able to attend.
The second factor was the emergence of a deeper sense of community among the families participating in the programs. At the same time, this grantee faced barriers in connecting with other community agencies serving a similar (children with special needs) population. Apparently, other agencies working with a similar population either had relatively few clients with children 0-5 or were concerned about losing clients. Source: Year-End Reports [6/30/2005].

In a second example, adult guardians who live with same-sex partners are invited to join events, meetings, and workshops (among other activities) particularly aimed at providing support to members of this community in their roles as guardians and families and to increase participants’ confidence and skills for contextually-attuned parenting of children 0-5. In its Year-End Report, the grantee stated that 90.6% of the participants who attended the events found them enjoyable and 91.8% of the families found the event(s) facilitated socializing with other families. Source: Year-End Reports [6/30/2005].

**Cultivating Multi-Cultural Outreach**

Certain CDI grantees work with populations of diverse cultures and languages, requiring multi-cultural and multi-lingual staff for participant outreach and servicing. Engagement and service delivery strategies used by these grantees typically run along distinct language lines and are (or are becoming) sensitized to the perspectives and values of their respective participant cultural groups.

For example, one grantee seeks to promote health improvements among parents and children 0-5 across a range of API groups in LA County. Recruitment of parents and hosting of ongoing health training activities are language- and culture-specific in the way material is presented and (increasingly) in the content of the health training curricula themselves. An ongoing challenge has been to make instruction more dialogic, in which participants help direct the types of topics to be covered and shape the ways in which material is delivered based on their own needs and perspectives.

Another grantee provides pre-school and family literacy services for English- and Spanish-dominant families with children 0-5 in South Los Angeles. Both preschool and family literacy service tracks delivered by this grantee run along distinct language and culture communication lines but are grounded in one curriculum and program design.

**Developing Community Leaders**

Four or more CDI grantees incorporate a leadership development component into their projects. In one case, parent participants in family literacy classes are recruited also as preschool aides or teachers for children 0-5 at the project site. This practice is grounded in a strategic priority of the grantee agency on developing the experience and skill of members from the immediate surrounding community in working with children in learning-oriented ways. This process, in turn, is seen as contributing to a long-term strategy of gang prevention.

Another CDI grantee cultivates leadership through community health Promotoras. Mothers of children 0-5 who have benefited from services or training in family health-enhancing practices have been recruited and trained to promote those same practices among peers in the neighborhoods where they reside. The Promotora is the face of the grantee in her community but also mirrors the face of
the community. This cultivation of grassroots leadership in social marketing seeks to more effectively encourage new participants (more rapidly and in larger numbers) to adopt new practices of family self-care and/or to access health services on their own over time, following the lead of the Promotoras themselves.

**Outreach by Replicating Service Hubs in New Service Areas**

At least five CDI grantees have either located their services precisely where the bulk of their target population lives or brought the services to the community through home visits. One grantee actually leases administrative and operating space inside a housing complex, literally next door to program participants. In addition, this program uses in-home visitation to provide family literacy services, going door to door right down the corridor. In this way, the physical impediment of geographic distance is overcome in both directions: project staff can easily access residents for outreach and ongoing visits and residents can readily attend group functions (such as classes or workshops) offered by the grantee. Participants have been receptive to this arrangement for a number of reasons. They appreciate the fact that the program seeks to “blend in” to their own daily environment rather than calling people out of their area to an unfamiliar space as a condition for accessing needed services.

A second grantee, providing neighborhood-based clinical services focused on maternal and early child health, created a new delivery venue in an unfamiliar community with residents comprised largely of families in its target population. But crossing a geographic divide did not suffice, at least initially. As a newcomer, the grantee had to go through a series of adjustments to local conditions that were unexpectedly different from its home community. Adjustments included flexible routing for its mobile clinic to work around narrow streets while still gaining proximity to clients and fast-tracking the opening of a new clinic in a strategic location inside the area so that stable access to local clients could be accelerated. This process challenged the grantee’s starting assumption that programs can be replicated from one neighborhood to another if residents in both areas have similar demographic characteristics. The operating term is “adaptation” rather than replication. The grantee’s additional effort to make its services accessible paid off over time. The project now sees a steady traffic flow of local patients who, as residents, increasingly trust the grantee and see it as integral to the community.

**Responding to Especially Vulnerable Populations**

At least five CDI grantees work with families in a state of transition or crisis. The nature of the families’ situations (generally homelessness, substance addiction, or domestic abuse) requires that participants’ needs not be parsed and addressed selectively by the program but that the program be equipped to address a range of interlocking family needs all at once. More than any other grantee in CDI, these agencies are set up to support families using a continuum or wrap-around bank of services as families move from crisis to stability, then to restoration and, ultimately, reintegration to their home communities.
The CDI-funded interventions of this set of grantees vary from child care, therapy, and health services to early learning to safety. Emerging participant outcomes from these interventions include: children who are healthier, socialized, and exposed to pre-literacy; parents who are more skilled and engaged with their children; parents stabilizing and growing in the context of consistent and constructive peer support; and families having more convenient and timely access to critical family services. The grantees are thus managing the varied daily demands of safety, stability, and survival of their participants while also fostering particular types of developmental change within families toward greater independence.

**Summing Up Initiative-Level Change in CDI in Year Two**

Let us return to the definition of social capital used at the start of this evaluation report: “Features of social organization such as networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit.” This section of the summary of the CDI Evaluation’s second year has sought to describe those “features of social organization” that are changing in the wake of funding from CDI.

These changes are designed to create 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. As the foregoing examples show, the major pathways of building social capital in CDI include: 1) the achievement of service-related increases in organizational capacity, 2) expansions, additions, or changes in the ways services are provided, and 3) new outreach and engagement strategies with populations either underserved or hard to reach. In short, “outer circles of influence” are being strengthened in appropriate, concrete, and verifiable ways. However, the specific mix of strategies for capacity development and optimizing results varies significantly with conditions in a grantee’s surrounding community, the personality of the implementing agency, the needs of the target population, and, to some extent, the occurrence of unforeseen circumstances.

The variation of pathways and experiences with capacity improvements may help explain the nature and extent of site-level outcomes being achieved for children 0-5 and their families by individual CDI grantees. This situation suggests that effectiveness in achieving results depends on the grantees’ having already achieved a nuanced and experienced grasp of complexities unique to each project’s implementing environment, a crisp and considered definition of the problems being addressed, and flexibility vis-à-vis the strategies best suited to finding relevant solutions.

Building social capital is not problem-free. Each grantee in CDI has a unique story to tell regarding breakthroughs and difficulties. In the First-Year Report, Semics highlighted some of these challenges. These early experiences provided insights that, in the spirit of CDI, were useful for project implementation and the achievement of desired outcomes for both grantee organizations and participants under the banner of “emerging and commended practices.”
CDI Interim Results 2: Participant Impacts and Experiences in Year Two

The following section addresses the third question of this Year Two Report:

What are some ways that participants are experiencing and articulating concrete benefits as a result of their involvement in CDI-funded projects?

Over time, CDI-funded services should improve the lives of children 0-5 and their families, addressing needs effectively in diverse contexts. It may also be that in the end, some of the needs addressed are reduced as participant outcomes are sustained after CDI is finished. Borrowing Brofenbrenner’s language,16 over time changes achieved in the outer circles of influence should be able to impinge on the inner circle (children 0-5) in new and better ways. This section summarizes Semics’ data regarding how project participants are benefiting already.

In Year Two, Semics collected a growing sample of cases17 in which project participants articulate how their conditions are already improving as a result of their involvement in a CDI-funded project. In the second year, Semics staff conducted nine focus groups and 64 interviews with participants in programs of about half of the CDI active grantees. These interviews provide a window into the perspectives and experiences of project participants regarding the “differences that make a difference” for children 0-5 and their families. These multiple perspectives, in turn, help explain why CDI investments and, thus, grantee programs can lead to enduring results that matter to First 5 LA.

Analysis of these cases suggests multiple paths of change including the following:

• Children are more ready to learn (e.g., healthier, socialized, and exposed to pre-literacy).
• Parents are more skilled and engaged with children.
• Parents have a peer support network.
• Families have more convenient access to services.
• Homeless parents are better prepared and trained for work.
• Hospitals are better equipped to support healthy outcomes (i.e., identify developmental disabilities, support breastfeeding, and improve neonatal care).
• Child care providers have an increased ability to continue meeting families’ needs.

Each type of participant-level change is described with examples below.

A. Children Are More Ready to Learn

Semics staff conducted a focus group with participants enrolled in one CDI project integrating early education within their existing ESL and parenting classes. Below is one story of how a participant became involved in the project and the changes she saw in her children:

[The participant] has two children and is pregnant with her third child. Her oldest is in preschool and her youngest is [enrolled] at [the CDI grantee project site]. At a family event, her husband noticed that other children the same age as theirs were already speaking some English.
He became concerned that since they didn’t speak English, their children would be behind in school. Her husband looked into going to ESL classes himself through a referral from a high school teacher. In the end, this man could not attend classes due to schedule conflicts, but, instead, his wife attended them.

The ESL classes gave both parents a window on the impact on child learning of ECE programming. [The mother] stated that she has seen a difference between her oldest child (who had not been to this kind of program) and the one attending child care at [the CDI grantee site]. Her oldest has a problem sitting still when they all sit down and “read” each night. The child enrolled in the CDI-funded daycare is more interested in reading. The mother feels that unlike the experience of their youngest, her older child never had the benefit of being read to consistently in her early years. Her son who attends child care at [the CDI grantee site] is always saying he wants to be a fireman, and she tells him that he has to go to school. He was very excited when a fireman came to visit the school and they also told the class that they have to stay in school.

Following is another example of how CDI grantees have made children more ready to learn by providing both early education and family support services. As one Semics staff person mentions in a site visit report:

The [interviewed] mother said that the ECE program has enabled her young children to speak more, enhanced their vocabulary, and given them a chance to speak with their kids more often.

In addition to the mother’s comment, the father also mentioned that for the parents, they have both benefited from the ESL class and the adult computer class provided by this particular CDI grantee.

In another instance, a mother at a shelter describes the changes that she has seen in her child in response to a participant questionnaire from Semics:

My two year old son has learned a lot from [the CDI project]. He learns from the lessons they teach him. My child has also been learning English very quickly. At first he did not want to sit in the class by himself. He had trouble separating from me. Now he’s comfortable to go to class by himself.

She explained how she has felt stronger and less fearful since she has been at the shelter. She also feels that she can still create a good life for herself and her two children.

These cases highlight CDI’s impact in helping children become ready to learn. In the process the entire family, especially parents, benefit from the experience of helping their children prepare to learn.

B. Parents Are More Skilled and Engaged with Children

The following cases illustrate how CDI grantees have enabled parents to be more skilled and engaged with their children in supporting their development and health.
In the excerpt below, parents describe what they gained from a family literacy program:

[T]his program has helped me to feel secure in my communication with my family, to read a lot with my children and to share more ideas with my family. Before, when I read a story with [my children], they listened, but we never discussed the story. Now we talk about it, and discuss what we think about it. By reading, I can help my children with their homework, I can teach them to read better and learn math. By reading we travel around the world. We learn about other countries, their customs, culture, food, and so much more. [As their] principal teacher, I always instill in them the importance of reading.

The following excerpt was taken from a Semics staff site visit report of a home visitation project. During this site visit, Semics staff interviewed an Hispanic mother in her mid-30’s with five children (four boys and a toddler girl):

She (the mother) likes the fact that the instruction is at home, and her son can be better prepared for kindergarten. Her son has learned the colors with only one session and a homework assignment. As a family, they are practicing saying the colors in English too. I asked [the mother] to expound on how specifically she has benefited from the program. She indicated that by having structured materials she is forced to guide the homework exercises and monitor performance. She now makes time for the homework in just the same way that she makes time for her house chores.

Following is yet another example from two participants in the program of one CDI grantee providing therapeutic and developmental child care services:

I’ve been here now for eight months and the first thing I learned was to communicate better. I used to holler at my kids all the time. Now, I know I can sit down and reason with them.

[In] disciplining my older son, I’ve learned to be able to talk to him. Nutrition-wise, I’ve learned the positive things for him to eat, keeping up with his immunizations, the different stages he’ll be going through as he grows up and gets older, to sing songs and play games with him.

**C. Parents Have Peer Support Network**

CDI also helps create a peer support network for parents, especially those parents who have children with special needs or who need added support. The added support of a peer network encourages and enables parents to better attend to their children’s needs and strengthen their families as a whole.

The example below was taken from a CDI grantee focus group conducted by an external evaluator with a small number of parents. The main finding from this focus group was that parent-oriented events create a sense of community. Below are some comments from this focus group:

It has been a great opportunity to meet other families and to interact with other parents.

My kids benefit by exposure to other families and the diversity of parents.
It’s great for my kids to meet other kids and their parents. They don’t feel quite as different as they did before we started coming to the park.

In another instance, the quotes below show the impact a parent support group has for parents of children with special needs:

We have grown better as a couple when dealing with frustrations and communicating with each other.

Learned new ways to overcome barriers and move forward. Hearing other experiences made me reflect.

[I am] able to see other perspectives. [I am] able to reflect and not to give up trying new activities even if the first time was a negative experience.

It helps to understand a society that is not too sensitive to families with a special need child.

Lastly, the excerpt below is from a participant interview conducted by a member of Semics staff:

...[W]hat the parent] liked about the classes was that it was primarily a support group. ‘It’s an intimate setting, relaxed, there’s a lot of information here about the system, about kids. Even if you have something going on about yourself, it will help you to keep up your ability to address problems [beyond yourself].’

D. Families Have More Convenient Access to Services

Following is a quote from interviews conducted by Semics staff with participants in the program of a CDI-funded health provider:

Several mothers shared that the parenting classes had helped them be more competent with urgent care issues relating to the health of their children. One mother shared how she struggled to read labels on fever medications that provide appropriate dosages, etc. The class helped her recognize medications, understand the appropriate usage for each, and determine the appropriate doses for specific ages and symptoms.

During a site visit to a child care center where health services are offered, Semics staff conducted an interview with one of the clients. Below is an excerpt from the interview:

The mother indicated that she and her husband work in the area and drop their daughter off at the Center before they go to work. The Center is open from 6:30 am to 6:00 pm. Their daughter is four and this is the first time she is attending any kind of school. ... She had not been immunized for some of the series needed for school, and [the CDI grantee] provided those today. They also gave the parents a record to keep track of what was given and what she would need in the future.
She (the mother) stated that they are uninsured and cannot afford to take their daughter to see a doctor; transportation is also sometimes a problem. If it wasn’t for [the CDI grantee], their daughter would not have been admitted to kindergarten. They also feel that if there is a problem with hearing or eyesight, it will be caught early. They heard about the program through word of mouth and had been on the waiting list for almost 6 months. They also felt that with [the CDI grantee] coming to the area, their daughter didn’t seem as afraid as she is when she has to go to the doctor’s office.

E. Parents Are Better Prepared and Trained for Work

As mentioned earlier, some CDI grantees have established comprehensive “one-stop” services to support families (homeless, previously homeless, or working poor) through crisis, to restoration, and ultimately, reintegration to their home communities. Below are a couple of examples of how families have benefited from this approach:

[It is rewarding to see a family get housing, and see and hear a child say me and my mom are moving in to our own home. One such family had spent the last two years in one shelter or another before coming to [the CDI grantee]. Her son was just four years of age. We had him assessed and found he had some behavior problems. The mother had been hospitalized seven times for mental illness. After stabilizing the family and proper medication, the family appeared to be very willing to work to change their life. After lots of parenting, self-esteem, self motivation groups, and lots of child enrichment groups with our child specialist, the family was changed. Intense work enabled the family eventually to move into their own (detached) home. I still get calls from the family telling me how she has just planted some plants outside her window and how well her son is doing. This is why I’m so grateful to First Five LA. They [First 5 LA] are part of this ‘best hopeless to home story’ I have to date.

The change is more in terms of a better lifestyle for my family brought about by the fact that I have a better job. ... My work with developmentally challenged children also helped me understand better one of my twins who has a learning disability.

F. Hospitals Are Better Equipped to Support Healthy Outcomes

There is a group of hospital-based CDI grantees that provide services for developmental disabilities, supported breastfeeding, and improved neonatal care. This section shows examples of how families receiving services from the hospitals have benefited.

The service provided by [the CDI project] was considered ‘excellent’ by participants. The [CDI project] staff’s dedication, moral support, professionalism, and knowledge/use of the available equipment all contributed to taking the parents through an emotionally difficult time and added to the baby’s healthy outcome. The open communication from the staff (sharing information about the baby’s progress/state as it evolved) was greatly appreciated by the parents.

On the fulfilling/rewarding moments, it is primarily the sense of satisfaction derived from being able to educate mothers on the nurturing effects of exclusive breastfeeding. As one volunteer counselor put it, ‘breasts are for nurturing life, more than just being objects of sex!’
Another said that ‘nurturing life at its beginning in order to develop healthy, smart, and loved children’ offers her a great sense of fulfillment in what she is doing.

**G. Child Care Providers Have Improved Ability to Meet Needs of Families**

Lastly, a cluster of child care providers has benefited from CDI as participants themselves.

Below is an excerpt taken from a Semics staff site visit report about one participant’s experience in a program focused on accreditation of child care providers:

> When she first heard about the CDI project from her friend, both she and her husband attended the orientation. Both of them decided that since their own kids were now in pre-school and the husband did not want her to work outside the home, they should set up their own child care. ... They both like the idea that, in some way, they might make a difference by having the younger children become better prepared for school. She (the mother) plans to prioritize services for family and close friends. Education has always been important to her. Even when she was in refugee resettlement centers in Asia, she took ESL, knitting, and craft classes.

Here is an example of child care providers associated with a faith-based provider network:

> Participant 2 said [that] what she had first hoped to get out of the network was to build new contacts, mainly with other people from faith-based preschools. However, she learned there was so much more, such as the playgrounds proposal organized with [another CDI grantee]. She is also interested in accreditation for her center and the possibility of Universal Pre-Kindergarten (UPK) support.

Following are examples of child care providers’ experience with training to increase service quality through accreditation workshop and group meetings:

> Maria (not her real name) would like to remain a Family Day Care operator. She likes her environment with fewer children (she has only one assistant). What she sees herself doing now as an accredited day care provider is advocate for accreditation and better quality services for children in her area. She mentioned how her positive experience added to her enthusiasm for what she does. With accreditation, she does it even better. [The CDI grantee] opened Maria’s eyes to many things she could do as a professional in the Day Care sector. It helped bring out the best in her. In particular, it helped by ‘bringing her out of the closet.’

**Summing Up Participant Experiences and Perspectives**

While participant experiences continue to be mined for lessons and impacts from CDI in the course of this evaluation, the cases highlighted above exhibit a common thread that defines “value” for participants in CDI-funded projects. Apparently, the changes participants go through (of whatever sort) open new vistas, or create new possibilities, for them in achieving an important goal in their lives. This is particularly true for parents who need help so that they can be better prepared to provide for and appropriately support their children’s holistic development.
Learning from the CDI Evaluation, Year Two

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?

In order to answer this question, this section highlights some planning and policy implications of CDI for First 5 LA. These implications may be relevant and useful to First 5 LA in designing and implementing new funding activities emanating from its planning framework as written in The Next Five Strategic Plan.

These implications pertain especially to **guiding principles and allocation plans across all proposed investment areas** for the fiscal years 2005-2009. The material below is organized according to topic headings that appear, in sequential order, in The Next Five Strategic Plan: Programmatic and Fiscal Policies, FY 2005-2009.

A. Guiding Principles

**Be Strategic:** Maintain focus on working across all three overarching goal areas of health, safety, and early learning as adopted in Next Five.

In practice, First 5 LA’s efforts to apply this principle are validated by the CDI experience. Beyond the fact that each goal area is being addressed by several CDI grantees, some grantees are also seeing results in more than one goal area. For example, one CDI grantee focused on breastfeeding education and counseling (measuring progress on a health-related goal) and another grantee focused on family literacy (an early learning goal) have both seen significant “side” benefits among their respective project participants with regard to early parenting (arguably a family support-related goal). In another example, a cluster of CDI-funded family shelters are providing services that touch upon all three goal areas — from providing child care services to health referrals to parenting classes. These grantees’ project experiences in CDI suggest that as First 5 LA implements new funding initiatives and activities, it should expect that multiple goal areas are addressed even when projects couch their work only in one. This situation may commend integrated approaches to funding programs.

Similarly, programs measuring outcomes on one goal may not adequately capture other important benefits of a particular activity with regard to the growth and development of children. In keeping with First 5 LA’s stated priority on place-based evaluation, adjusting metrics may be important if First 5 LA wants to measure multiple changes stemming from single interventions.

**Be Balanced:** Continue to support both universal and targeted approaches.

CDI is primarily supporting projects with activities delivered to families and children who are members of one community, defined either geographically or using a particular demographic or need-based characteristic. The experience of CDI so far reveals that understanding community contexts is critical to achieving desired impacts, whether funding is universal or targeted.
One example illustrates what could happen if the context for a funded project is not fully understood. In this example, a CDI-funded project expanded the number of seats by opening a new preschool in one community. This project ended up creating unexpected complications for other, more established neighborhood child care centers and preschools because the competition to attract toddlers in this area was tight. The project did fill the new seats which it had created, but this outcome was achieved partly by drawing some children away from existing local providers whose parents were attracted to the project’s new facility. The project achieved its desired outcome, but the impact of this achievement was not particularly desirable in light of the project’s original intention of increasing the overall number of children from the target area who are enrolled in preschool. Lesson learned: Increasing preschool seats does not necessarily translate into increased positive impact on children in the surrounding area.

Focus on Early Intervention: *Invest in early interventions and family/community supports with the greatest potential for optimizing children’s development.*

Almost 25% of CDI grantees are implementing early intervention projects including, or specifically targeting, children prenatal to three years of age. Needs addressed include identifying developmental delays, breastfeeding support services, in-home visits supporting parents of premature babies, and parent-peer support networks for those with children with special needs. These projects are seeing results that include the following:

- Rate of increase in breastfeeding for one project’s participants is higher than that for mothers without breastfeeding support services;
- Parents have benefited from home visits after their baby has been in Neonatal Intensive Care Unit, especially by receiving referrals for other services or other agencies; and
- Age-appropriate curriculum for babies, toddlers, and preschoolers is an effective learning tool.

The emerging results of these early interventions commend the principle that prioritizes these investments by First 5 LA. Moreover, a significant degree of expertise already exists in communities around LA County as suggested by these emerging results. First 5 LA has an opportunity to build on this community expertise.

Be Family and Community-Focused: *Build on the strengths and assets of families, parents, caregivers, and communities across LA County.*

CDI provides multiple examples of results achieved and lessons learned regarding how First 5 LA’s investments in enhancing the quality of children’s social and physical environments are supporting children’s development.

Over half of CDI grantees are working with parents, families, caregivers, and professionals in LA County. The experience of CDI commends approaches that partner creatively with these groups of people to enhance child-oriented social and physical environments. Examples from CDI include:

- One grantee’s upgraded nursery school facilities, new preschool learning materials, and playground equipment, combined with teacher training and new teaching curricula, have led to stronger developmental and learning outcomes for participating children 0-5. This grantee provides varied,
age-appropriate, and integrated methods of teaching its teachers so they, in turn, can support the overall development of young children.

- In another project, parents of children with spina bifida are invited to join support groups working through the challenges of raising their children with special needs. The support groups developed a sense of belonging and affirmation among the families participating in the programs and have left parents encouraged and better able to provide help for their children.

With regard to special needs populations, CDI also invested substantially in increasing the quality of institutional environments conducive to attaining better child development outcomes. These interventions are focused on professional development that enables practitioners to be more effective in detecting, addressing, and/or treating effectively and appropriately the conditions of children with special needs.

**Be Accountable:** Invest in initiatives/projects that are integrated, results-based, and change-oriented.

There are a number of CDI grantees who, in seeking to address community needs, demonstrated an ability to define, measure, and track results. The grantees’ experience in demonstrating project results is a basis for the following findings:

- Some grantees are results-based and change-oriented. They evidenced these characteristics, among other things, by implementing exemplary site-specific evaluation studies documenting outcomes and linking these back to their interventions in order to understand factors that make their work effective. These site-specific evaluations provide models of evaluation in their fields that may be adapted across First 5 LA funding initiatives.

PHFE-WIC has used an internal approach in evaluating its CDI project Little by Little (LBL). In other words, this grantee hired on a staff person solely dedicated to overseeing the evaluation of the projects within PHFE-WIC. They have used a number of different evaluation techniques (e.g., staff survey, quality assurance, participant survey, home visits, etc.) and have linked them to the short-term outcomes of the project. In addition, the grantee is able show the significant impact the project has made on the home literacy environments of WIC families by using a comparison (or control) group WIC offices that do not have the LBL project. Using this method helps link changes directly to the project. One reason why PHFE-WIC has been successful in implementing this evaluation is that it has other WIC offices to use as comparisons and can provide staff training and support to the non-LBL sites so that they understand the need for this information. This evaluation design has allowed PHFE-WIC to build evaluation capacity by giving staff the opportunity to think about how to evaluate their projects as well internal WIC operations more effectively. (Cited with consent from CDI grantee.)

- CDI increased the capacity of many grantees to evaluate their projects using results-based accountability. This result was due in part to the active support of First 5 LA staff, particularly members of the Grants Management Department.

**Be Flexible:** Maintain flexibility to respond to and reflect on what we learn and adjust accordingly to achieve our goals.
The following finding is becoming clearer from a review of grantee reports and Semics’ site visits over the last two years across CDI grantees: When you allow an organization to propose an idea, and then fund the organization to implement it using its core strengths and field intelligence regarding community conditions and factors conducive to success, there is an observable tendency for the organization to strive to excel in meeting its goals.

With funding that was flexible, one grantee was able to incorporate an infant and toddler component into its family literacy program. The young children were brought by their parents to the family literacy classes, giving parents an opportunity to directly apply new lessons on site. An unintended outcome was that this program helped children learn even while designed originally to help parents.

In another instance, a grantee realized early on that it lacked the capacity by itself to set up play equipment as planned. CDI funding gave this grantee the opportunity to hire a contractor specializing in construction and installation of outdoor play equipment. One staff person from the grantee commented that it was nice not to be restricted just to programming, since supplies, materials, and equipment are essential components as well in achieving desired child outcomes.

These and other examples point to a common theme: Flexibility and openness in CDI funding do not diminish grantees’ commitment to accountability. Rather, these qualities tend to add value to grantees’ work in furthering First 5 LA’s goals. Some grantees are motivated to strive and do an excellent job because they know they have been entrusted with resources in support of their own ideas. As a consequence, flex funding actually encourages and enhances the ability of grantees to achieve results. It does not create a problem for First 5 LA in which grantees somehow are unable to define or bring about desired results. The emerging findings from CDI suggest that a majority of grantees in fact are achieving their outcomes.

B. Allocation Plans

The material below identifies CDI grantee activities and lessons learned as related to the allocation plans described in *The Next Five Strategic Plan: Programmatic and Fiscal Policies, FY 2005-2009*. This material is intended to highlight implications for First 5 LA funding policies and plans based on the CDI Evaluation Year Two findings.

Prenatal through Three:

We noted earlier that 12 CDI grantees provide services in this focus area with emphasis (in their respective projects) on at least one of the following: prenatal support for pregnant mothers, follow-up services for parents of premature newborns, touch therapy for premature or sick infants, parent education on child immunization, early detection and treatment of special needs, and breastfeeding education and counseling. Overriding attention is going to prenatal support services and professional development (related to special needs interventions). (Some grantees combine both activities in their projects.) These grantees fall into the P-3 activity categories of direct services and capacity building, as noted in *The Next Five Strategic Plan*. 
One grantee that provides bedside assistance and education to mothers of newborns regarding breastfeeding has seen an increase in coordination among five hospitals in developing systems and policies that are more “baby friendly” and less oriented to bottle feeding.

Another grantee is providing home visits and follow up for mothers of premature babies to systematically link the participants to appropriate health services as needed. They also provide referrals for other children in the home if they detect possible problems and train parents how to care for their infants at home. Among the ingredients of success are that the program is staffed with nurses who bring experience in home visitations, developmental assessment of infants, and pediatric/neonatal care. In addition, the core staff took five months to develop the program before starting home visitations. This initial stage included writing policies and procedures, determining participant screens, and setting up good recordkeeping.

A key to success in these examples is the project managers’ commitment and expertise in understanding and working in their respective operating environments to effect planned change.

**Workforce Development:**

At least eight CDI grantees provide workforce education as a primary or secondary project focus. In the area of childcare workforce training and education, one grantee has created an innovative system of “mentor pods” that optimize results in managing a large number of field mentoring relationships between student-practitioners and instructors, while retaining the capacity to be attentive to the learning needs of each student individually as well as the staffing needs of preschool placement sites. This approach has reportedly been successful as a “practicum,” or stepping stone into the workforce for professionals in training.

A second grantee offers credential-oriented training to childcare workers and preschool teachers as part of a “contract” set up with a collaborative network of area-specific service providers. The training is provided without charge in exchange for a commitment by graduates to implement family literacy-oriented practices in their respective workplaces for three years.

Another grantee provides family support services and is shifting its program for young children from custodial daycare to comprehensive developmental services. The biggest contribution of its CDI project has been to create more opportunities to train its own program personnel (site-specific workforce development). The off-site professional training has enabled staff to hone new skills in child development. It has helped the organization as well in that such professional training is prohibitively expensive. First 5 LA’s funding provided a strong boost to the organization by making sure the staff could gain/improve the needed skills while not creating a new financial burden for the grantee.

At least two CDI grantees that are childcare providers or preschools have provided “on the job training” for their instructors through training in developmentally-oriented curricula, such as High Point. Learning outcomes for these grantees have been mixed, if measured by the extent to which the new curricula become “mainstream.”
To sum up workforce development lessons to date, formal training appears to deliver strong learning outcomes especially when tied to site-based experiential education. Providing funding for workforce training is a huge incentive that grantees have readily responded to because they cannot afford to pay for it themselves, but they know it is essential to achieving desired outcomes for children and their families. In addition, providing opportunities for advanced formal education for mid-career practitioners can lead to program improvement. In a collaborative mechanism, translating training into actual service outcomes will depend on both the commitment of the member organizations to keep their original agreements and the members’ application of lessons learned from the training. Lastly, training staff “on the job” requires further inquiry. A question remains as to what factors in workplace training contribute to desired outcomes.

Programmatic Strategies:

As an initiative, CDI is rich with experience in regard to strengthening, and connecting, grantees in ways that improve grantee results. Capacity development and other programmatic strategies implemented in CDI may be informative in regard to programmatic strategies in the The Next Five Strategic Plan, particularly at the level of changes in organizations and projects. CDI’s original planning documents did not define these programmatic strategies with precision. In order to tie in the experience of CDI to Next Five, the material below examines the actual work of CDI grantees in implementing their projects from the standpoint of programmatic strategies. These examples from CDI illustrate the range of operational definitions that can be associated with each programmatic strategy.

A. Capacity Building

In practice, CDI grantee organizations are deploying human, programmatic, and physical resources on a scale and/or in ways that permit the grantees to reach an operational or programmatic goal previously not attainable. Examples include the following:

- One grantee that runs a childcare program was able to hire four staff persons, add two classrooms, install new outdoor playground equipment, and renovate a bathroom in compliance with California State licensing requirements. These additions enabled the grantee to service more children in a higher quality daycare environment. In addition, the grantee was able to qualify for new funding from other sources and enter a partnership with LAUSD that provided the grantee with two additional new staff persons on site.

- Another grantee focusing on daycare agency accreditation hired a consultant to work with 13 participating daycare providers. The consultant assisted the providers in improving the quality of the physical spaces in their facilities so as to attain a high rating (score of 5) as determined by the Family Day Care Rating Scale (FDCRS). The grantee also has been able to incorporate the educational components of the FDCRS into its curriculum for classes and workshops for daycare providers during the last year of its CDI grant.

- Another CDI grantee is strengthening the agency connections and social networks of gay and lesbian parents. Through a full calendar of purposeful, interconnected, and sequenced events and activities, the grantee’s aim is to create peer support mechanisms and connect parents to community agencies that are sensitive/set up to serve LGBT couples and their children 0-5.
• A multi-service daycare facility for homeless families and their children was made possible by funding from a range of sources including First 5 LA. First 5 LA’s role was to help pay for start-up staff and program operation expenses in the new facility. The grantee has been able to provide services to 150 children from homeless families since opening the new facility.

• A domestic violence recovery grantee was able to convert a room in one emergency shelter to a child care and development facility, with new play equipment and toys. This enabled the grantee to implement children’s free play as a form of therapy, in which children use play activities to express and process the trauma they have endured as witness or victims of domestic violence. A parent explained that this new facility created a model for her of a space that is “happy and safe” for her child, enabling her to see more clearly what her child enjoyed doing and to become more attuned to her child’s needs.

In general, CDI grantees’ experiences suggest that effective capacity building is necessarily varied in form and content, depending on the needs of providers and their populations as well as the results to be achieved. The grantees described above suggest that capacity building can take the following forms (among others):

• Infrastructure improvement;
• “Scholarships” for staff development;
• Service quality enhancements;
• Connecting parents to each other and to appropriate services;
• Giving parents new perspectives and tools to meet their children's developmental needs; and
• Collaborative funding for wrap-around programs.

The best mix of capacity development activities for any given project is determined by that project’s context and stage of development. There are no “one size fits all” approaches for all situations and all stages. One basic observation is that grantees tend to make choices related to their best understanding of local needs and conditions, and based on the stage of development of their projects or organizations, with the view that the “right” choice will optimize their achievement of desired results. For planning purposes, First 5 LA may wish to consider a menu of options and approaches to capacity building in recognition of the varied circumstances and stages in which organizations are operating, and based on the outcomes which these organizations are trying to achieve.

B. Systems Improvement

In practice, some CDI grantees are strengthening the quality and availability of services affecting entire geographic areas (for example, sub-SPAs) and involving multiple providers in LA County. This process of improving entire systems of services is being done in various ways, such as creating or improving provider networks, increasing skills and knowledge across a community of practitioners, creating innovative, “path-breaking” services, streamlining delivery, and/or using collaborative arrangements to improve the capacity of a cluster of inter-connected agencies to achieve desired child outcomes in designated communities or groups.
• One agency is seeking to increase the knowledge and responsiveness of doctors and clinical practitioners in detecting and intervening effectively in response to children’s special needs through employee training activities at various hospitals and clinics across LA County. Thus far, site-specific evaluations have shown that not only has knowledge been gained by the practitioners, but also communication and attitude changes also have occurred from pre- to post-assessment. In addition, the evaluation has also shown improved professional interaction with parents and children. To the degree that effective results stem from this training, it is helping “improve the system,” enabling a wide range of medical providers to contribute in new and better ways to children’s health and development.

• Another CDI grantee consults for child care providers across LA County on how to best utilize outdoor space and children’s play to enhance the growth and development of preschool children. The project introduces daycare centers throughout LA County to an “outdoor classroom” learning model through seminars and on-site consulting. One provider-participant explained that this service enabled her to figure out how to set up her outdoor space, based on a model of learning that had not been fully incorporated into the curriculum. This “consulting” model improves the system by placing new tools and options at the disposal of a community of providers to implement a strategy of enhancing children’s learning outcomes.

• One CDI-funded accreditation provider facilitates peer assistance in which alumni of its accreditation program mentor new provider-participants in meeting quality standards. This practice is creating an emerging network for peer-based technical assistance in its project area. It offers a peer-driven model of system improvement through technical assistance for increasing the quality of services related to child learning.

• A CDI grantee works with clinics and doctors in its area to overcome immunization disparities for African American and Latino children by installing LINKS, a real-time registry system enabling practitioners to replace the old yellow card-forms for tracking purposes. The system is keeping immunization records complete and up to date online, reducing risk of lost data, creating easier access for providers as they give immunizations, and enabling parents to access the information and increase their own knowledge about child immunizations. This “data-driven” approach builds a stronger infrastructure supporting health outcomes among young children.

• Another grantee in CDI has opened a “hub” system to improve access to health care services for at-risk children in the DCFS system. The project integrates services by creating designated sites for health care specifically targeted to DCFS children in LA County. First 5 LA funded the renovation of a building for this project; operations are intended to be funded through billable services. The project represents a model for system improvement by filling critical service gaps.

• One CDI project is described by a project staff member as “the link between the LA County Department of Mental Health (DMH) and LAUSD’s early education centers (EECs).” The project puts EECs in touch with mental health service providers who can then offer regular assessments, therapy, and staff training exercises. The project also seeks to engage DMH regarding the urgency of the need for mental health workers to screen children 0-5 in the EECs and to share with EEC staff about how DMH operates and the services it provides. This project seeks to improve the system of care for
children by institutionalizing cooperative approaches between two or more discrete service systems for the purpose of achieving better child learning outcomes – in this case, LAUSD and DMH.

- One project is considered “the first therapeutic preschool in the San Fernando Valley.” It provides full-spectrum, state-of-the-art developmental services for special-needs children in a school environment. The project promises to advance the field of practice and knowledge in addressing special needs of children 0-5 and, as such, opens new policy frontiers in which this model can be adapted to other providers and communities. Service innovations like the one included in this CDI project can have a system-level “modeling” effect leading to improved special-needs outcomes even while the project targets only one community.

C. Sustainability

CDI grantees as a group have indicated that they see the ability to “sustain results and models” as a product of multiple interacting factors (see below). Operationally, a short-term concern among grantees is how to sustain existing services so that sustaining results can follow. This challenge demands a top-level commitment by grantee organizations not just to maintain themselves but to adapt, grow, and lead others in responding effectively to the needs of children 0-5 and their families. The importance of this topic can be seen in the fact that, as a “social capital approach” to funding, CDI will not see the full impact of its investments until after CDI funding has been completed.

As a starting point, at a site level, grantees are considering what they are trying to sustain and how to position themselves to sustain it. This exploration brings them to a strategic planning process because not only the future of their projects but the future direction of their organizations are affected by their decisions on these matters. When we talk about sustainability with grantees, then, we are really talking about the broad question of organization-wide strategic planning.

Based on a review of grantees’ sustainability plans, proceedings of one of the CDI Learning Exchanges, and site interviews during Year Two, CDI grantees have identified several factors that contribute to their own goal of sustaining services and desired results for children 0-5. Among these are:

- Maintaining a commitment to and communicating a clear and consistent organizational purpose to avoid scope creep;
- 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 learn from its experience in order to improve project design and practice;
- Creating messages and media that appropriately and effectively communicate with a wide constituency about an organization’s mission, programs, results, and emerging impact;
- Cultivating and keeping vital contact with peer agencies for the exchange of ideas, information about advances in the field of knowledge and practice, opportunities for cooperation, collaboration, and advocacy;
• Diversifying funding sources to increase not only new contacts but new “types” of revenue such as income-generation (for example, becoming licensed and eligible to provide billable services); and

• Participants being able to share what they have learned with other families or providers not participating in the project – building community knowledge about parenting, early intervention, or, generally, helping children get ready to learn.

Semics collected cases regarding CDI grantee practices focused on increasing their projects’ sustainability, highlighted below. These cases illustrate the factors that, together and separately, influence the ways in which grantees are seeking to sustain their outcomes.

• One grantee has provided consistent “wellness visits” to the homes of parent-participants and offered health classes focused on infant health and development. In particular, the infant health curriculum has encouraged breastfeeding based on both nutrition and bonding benefits to babies, while well visits have enabled project staff to check the infants’ health indicators and reinforce health-sensitive habits for parenting. Tracked data suggests that the grantee’s efforts are paying off through sustained good health among infants whose parents are participating in the project. The grantee is documenting this track record with the well visits and classes as part of an effort to broaden its funding base for wellness services for families and their children 0-5 in the future.

• Another CDI grantee that assists faith-based organizations in increasing their capacity for child care was able to provide technical assistance to some participating centers to become eligible for LAUP funding. Two faith-based child care providers ended up being chosen in the lottery system used by LAUP in an initial round of funding, enabling these providers to continue and expand the number of seats provided in their surrounding communities.

• One multi-service center for homeless families has leveraged the operating support provided by First 5 LA to systematically diversify and increase long-range program funding. As a result, the organization is about to add permanent housing units and a computer center. These amenities will enable the agency to complete its wrap-around services to round out a “continuum of care” supporting families in the difficult transition from crisis to re-entry and independence in the wider community.

• Another grantee was able to obtain licenses for both its CDI-funded satellite clinic and mobile unit as Federal Qualified Healthcare Centers. Licensure enabled these entities to both provide greater access to health care services and enroll low-income children and their families in State-funded insurance programs. Licensure thus created a basis for service and revenue expansion. The grantee has hired an “eligibility assessment” staff member in the project who ensures the agency is in compliance with requirements needed to maintain its designation as a “330 Federal Quality Health Center.” The 330 title requires the grantee to address health needs of families that span “the human life cycle,” including children 0-5. In this process, the program activities implemented through CDI will be permanently incorporated as part of the agency’s life-cycle scope of services.

• CDI funding has augmented the ability of one grantee to provide early literacy services at its pediatric centers for children ages 3-5. The grantee receives core funding for providing these services to children of all ages from a statewide program (Reach Out and Read). The eventual goal is that
services provided under CDI will be folded into the larger program and continue as a standard component of primary care for every patient ages 3-5 in the system.

- A CDI grantee funded to provide breastfeeding education reached a major goal of “mainstreaming” its comprehensive lactation support program in a local hospital. To further its program, the agency is now seeking an official partnership agreement with the Breastfeeding Task Force of LA. If successful, the agency will then be in a stronger position to seek additional funding support and continue its work beyond CDI.

D. Policy and Advocacy

Broadly speaking, CDI’s experience to date with advocacy focuses on amplifying the unheard voices of particular communities, populations, or provider coalitions in the CDI community of grantees that have been overlooked or who represent an important and unmet need. An explicit or implicit target of these efforts is to bring about a change in public policy or in priorities of public institutional leaders. Usually, the desired outcome of a sought-after policy change is greater support for a population or for a solution to a nagging problem consistent with First 5 LA’s mission but targeted to a specific goal or community. In short, advocacy efforts in CDI are usually focused on bringing change to one or another aspect of First 5 LA’s policy agenda. Examples from CDI are described below.

- One grantee is working with caregivers of kin (grandchildren, nieces, and nephews) to advocate for support services, better education, and neighborhood investment. It is proposing “windows” at the LA County Department of Public Social Services to fund services dedicated to addressing the unique needs of relatives of children 0-5 whose natural parents have died or are incarcerated. While providing “temporary services” to these populations with CDI funding, the grantee is seeking policy reforms that promise to open up long-term support services calibrated to their constituents’ circumstances after CDI funding has ended. At the end of the grant, there were 247 members of relative caregivers (with a core base of 50 members) that had already taken action by attending local and nationwide training, town halls, and other meetings to impact public policy in this area.

- Another CDI grantee has both an inward- and outward-looking advocacy plan. On the inward side, the agency is raising awareness among faith-based institutions regarding the “big picture issues” of poverty and their responsibilities to serve lower-income populations through expanded/enhanced daycare. Externally, the group points out to local- and State-elected officials the unique capacity and needs of faith-based providers, noting that these providers make up 25% of all child care in LA County.

- A short-term outcome of one CDI grantee is to increase parents’ ability to advocate for themselves as parents of children with special needs. This has led to the establishment of a new local chapter of a national organization as well as a conference for families with children with special needs attended by over 100 people. It was the first time for the agency to host a conference of this magnitude. Due to the success of this first conference, this grantee is now thinking about hosting the conference annually.
• In another instance, a CDI grantee is working with specialists to develop strategies to reach local legislators in their area to increase its visibility of the services and outcomes. Thus far, they have had great success in including legislators at their open house events.

It is evident from experience that much work has been done, some of it very successful in making new forward strides. But this is an inherently long process. Much remains to be done and learned regarding factors that lead to effective policy change.

Open Grantmaking

CDI offers multiple glimpses of the potential of “Open Grantmaking” in Next Five to further the outcomes of First 5 LA. From Year Two of the CDI Evaluation, Semics here highlights projects that exemplify that potential. It plays out in the form of “emerging models” of service that demonstrate outcomes and impacts furthering First 5 LA’s mission while using untapped and high-value ideas. It also is reflected in “higher risk, high impact” options in which a project operates under conditions where success is uncertain or hard to quantify and yet deserves to “have a shot” at achieving its outcomes because, for various reasons, First 5 LA believes that it is still worth doing.

Emerging Models:

• At least three grantees have implemented therapeutic play programming in CDI-funded interventions focused on children 0-5 with special needs, from homes in crisis or suffering from domestic violence. A variant of this model is touch therapy which provides alternative healing and rehabilitation for hospitalized young children. Emerging results have shown that this kind of intervention has helped children cope with difficulty and bounce back, in a broad range of situations. For example, one grantee showed a child what to expect when her new baby sister or brother is born by using a play doll to represent the baby. In another instance, children who have received touch therapy are able to restore a positive image of their bodies post-surgery.

• As noted earlier, comprehensive, multi-service, “one-stop” services are offered by at least four CDI grantees to families with special needs (such as autism) or families in severe distress, such as those coming from situations of abuse, drug addiction, or homelessness. These interventions can be expensive but are calibrated to effectively support families in proportion to their actual need. The results in terms of rehabilitation or preparation for school are generally strong.

• Integrated curricula promoting child growth and development are built into child care or preschool projects in at least five CDI sites. Important components include an emphasis on eliciting children’s curiosity, building thinking skills, socialization, having attentive staff, and active involvement of parents. On the other side, at least four CDI grantees are actively promoting this integration among child care providers through accreditation programming.

• Leadership development in communities is catalyzed in different ways such as training and mentoring Promotoras, creating program support opportunities for volunteers (especially parents), and organizing caregivers and providers to advocate for policy changes. This process contributes to the legitimacy and durability of interventions in at least four cases in CDI.
Higher-Risk, High Impact:

- Projects built on collaborative interagency agreements (present in three CDI grantees) can lead to significant, broad-based progress in filling service gaps across large areas and can involve many providers at one time who want to achieve similar outcomes. After the changes have been made, the collaboration agreements in question may or may not continue. But the new desired outcomes of participating agencies in regard to families and children are then possible to attain (presumably) on an ongoing basis. The element of risk lies in the high up-front investment (a lot of additional funding), long implementation periods, and the potential for mid-course breakdown in the relationships among participants (such as not holding up one side of an agreed work plan, staff turnover, running into procedural conflicts, or instances in which incentives to stay with the process do not stick).

- Projects involving construction or renovation of physical facilities can greatly improve the quality of learning and health environments for families and children. Capital improvements are included in at least six grantee projects in CDI – primarily daycare and preschool projects. The risks involved in these projects, as we have seen, go beyond the expenses of construction. They include potential delays in completing the work due to unseen complications or permitting issues at different stages of the project. If the grantee is providing services that require use of the newly built space in a delayed construction project the timetable for services roll-out and timely achievement of outcomes might also be delayed.

- One grantee in CDI provides activities for children and parents that raise their awareness and ability to practice aquatic safety. This is an example of a project designed to help families reduce and prevent unintentional injuries.

- As we have seen earlier, education, counseling, and advocacy for breastfeeding have been implemented effectively by several CDI grantees, particularly in local hospitals. For children 0-3 especially, this intervention has provided nutritional benefits for infants. Additional bonding and emotional development outcomes enable these projects to leverage benefits at multiple levels from a single intervention.

Additional Considerations for Open Grantmaking

Several CDI grantees address goals that are not included in The Next Five Strategic Plan. Because these goals (such as improving economic well-being of parents and families) contribute to school readiness for children 0-5, they may be a priority for First 5 LA even if they do not fit within the goal categories of Next Five. As such, Open Grantmaking may provide a window for funding these goals.

For example, one CDI grantee helps families improve their economic well-being by combining two services: developmentally-oriented curricula for children in daycare and concurrent ESL classes for mothers. An emerging outcome of this project is greater literacy – leading to new income earning opportunities – for participating moms. Similarly, a cluster of CDI grantees are addressing a need among formerly homeless parents for jobs to support their families, while at the same time having a safe place for their children to go when parents are searching for work. One possible implication for Open Grantmaking is to pay attention to project possibilities that integrate Next Five goals with educational and job opportunities for mothers or homeless parents of children 0-5.
Additional Considerations for First 5 LA Planning and Policy

Role(s) of the CDI Learning Exchange – The Learning Exchange gatherings in Year Two of the CDI Evaluation had the effect of accelerating data collection and generating a layer of additional findings for the larger evaluation of CDI. The Learning Exchange has been a basis for rapid data collection (akin to one giant site visit) and, at the same time, a venue for grantee information exchange, peer learning, and linkage building. As such, it functions in CDI as a prototype “resource network” of providers that generates valuable lessons from grantees’ experiences. For purposes of this summary, the significant finding of Semics is that, as a mechanism, the CDI Learning Exchange is demonstrating the potential of provider resource networks (of a particular kind) to integrate into their projects regular opportunities for “reflective learning” about the advancement of programmatic strategies highlighted in Next Five. As such, this type of mechanism (adapted to new contexts and conditions while also remaining sensitive to the desire of grantees for “safe spaces”) may be usefully incorporated into plans at First 5 LA to nurture and sustain resource networks.

Analysis Emanating from Site Observation – As part of the CDI Evaluation, Semics is examining to what extent (and how) grantees’ knowledge of the nuances of a child’s support environment, and particularly grantees’ ability to effectively engage and work within unfamiliar environments, create conditions needed to bring about desired changes for children. For example, several grantees have been able to penetrate unfamiliar culture- and language-defined communities to provide family literacy and/or health services with CDI funding. The unusual adeptness of these grantees to cross cultural, institutional, demographic, and language barriers and adapt an action program so that it is intelligible to parents, providers, and children from diverse communities contributes to the grantees’ effectiveness in achieving their outcomes. The outcome of each project depends on the interplay between the associated hidden variations in community conditions and on the design and delivery of services and the achievement of outcomes.

An emerging implication is that, depending on the priorities of a given funding initiative, special attention should be given to prospective grantees that show special adeptness and sensitivity in regard to multi-cultural outreach and service provision and to populations that have been identified as underserved or isolated due to contextual conditions that service providers as a whole may not understand or prioritize. This is particularly important for the design of targeted funding initiatives but also for universal initiatives that want to “contextualize” a standardized approach to funding. It may also be important in regard to creating the tools and approaches needed for place-based evaluation.

Flexible Funding and First 5 LA – One of the key contributions of CDI to First 5 LA is its demonstration of the unique potential of flexible funding in meeting needs within communities that might otherwise have been missed. CDI’s distinctiveness, among other things, is that it allows grantees to propose imaginative ideas in addressing complex needs based on intimate knowledge of community settings. Funding from CDI then can free eligible grantees to address those problems for which they are particularly well qualified. Every CDI project is unique and thus may not have success measures that can be readily quantified or aggregated with other projects. However, CDI has been helping to develop grantees’ and communities’ capacities to address the needs of children 0-5 and their families, connect grantees through developing provider networks, tap the strengths of providers, and build on families’ strengths. In doing so, CDI is enabling grantees to go a long way toward achieving their desired outcomes for children and families. An implication is that Open Grantmaking gives First 5 LA a new opportunity to use the unique strengths of flexible funding in ways that reflect the best aspects of the CDI experience.
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LOOKING AHEAD TO YEAR THREE OF THE CDI EVALUATION

This page highlights key questions, activities, and deliverables for Year Three of the CDI Evaluation. Final deliverables will be completed and available for First 5 LA before the contractual end date of the CDI Evaluation on August 31, 2006.

Key Questions:

- How did CDI projects *directly improve the well-being of children 0-5 and their families*?
- How did CDI *strengthen services* and/or organizations supporting child well-being in LA communities?
- What can be learned from CDI about how best to strengthen supportive environments for children 0-5 and their families in LA County?
- How have the grantees’ interactions with First 5 LA influenced their effectiveness in achieving desired results?
- In what ways has the Learning Exchange, as a regular convening of CDI grantees, contributed to grantees’ effectiveness?

Key Data Collection Activities:

- Interviews with project staff and project participants;
- Follow-up survey (CDI-wide) on organizational and project level changes;
- Focus group discussions on key themes;
- Review of grantee reports and external site evaluation findings; and
- Learning Exchange meetings, based on event themes related to the CDI Evaluation.

Deliverables:

- Final CDI Evaluation Results Summary and Learning Report
- Methodology Description: CDI Learning Exchange and Site Immersion
Footnotes


2. “CDI-funded organizations” refers here to those agencies in LA County who received grant awards under First 5 LA’s CDI Large Grant funding solicitations represented by CDI Cycles 1, 2, and 3.

3. 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, 96% of the grantees had submitted their Year-End 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.

4. “Participants” and “Clients” will be used interchangeably throughout this Report.

5. The data presented here is based on the Participation Distribution Table included in the Grantee Year-End Report submitted to First 5 LA. This information is also based on 69% of the total unduplicated client count reported by grantees.

6. The ethnic groups represented by the “other” category include multiracial, Armenians, Middle Eastern, or unknown.


9. Ibid.

10. Black Women for Wellness was excluded from this analysis, since they were defunded last year.


12. Source: North Valley Caring Services Proposal.


14. At the time of analysis, 42 out of 47 (or 89%) active grantees, as of 8/31/2005, had submitted their reports to First 5 LA.

15. USC Year-End Report.


17. Source includes participant/staff interviews, focus groups, and questionnaires conducted by Semics, LLC as well as CDI Grantee Year-End Report.

18. Whether, and how, project participant results are achieved can be determined best by undertaking longitudinal studies measuring changes in child well-being. CDI grantees have commissioned site-specific evaluations to measure short-term outcomes. Studies of long-term impacts on children and families are beyond the scope of this evaluation. However, in the third year of the CDI Evaluation Semics is taking a look at participant outcomes to see how CDI-funded social capital improvements are contributing to the achievement of long-term results among children and families.