The Family Literacy Initiative is an effort to promote young children’s school readiness by providing direct services to both children and parents. It is based on the idea that parents are their children’s first teachers. By helping parents to improve their own literacy skills and educational attainment they will be better equipped to help their children succeed in school. In addition the initiative provides training and technical assistance to the family literacy grantees to improve the quality of their services.

What Have We Found?
Program directors report that First 5 LA funds have strengthened program infrastructures and accountability systems, allowed programs to expand and grow, and helped improve sustainability by enabling the leveraging of other funds.

Program staff and parents reported that their programs provided a unique set of services not available elsewhere.

Parents in the programs showed significant growth on the CASAS reading assessment. There is some evidence from the 2005-06 program year that more hours in adult ed classes led to more growth in reading scores.

Across all grantee programs, there was statistically significant growth in the proportion of parents meeting or exceeding the Even Start benchmarks from Time 1 (first assessment of the year) to Time 2 (last assessment of the year) on all of the CA-ESPIRS indicators. Compared to Time 1, parents at Time 2:

• Engaged in more reading and writing activities themselves
• Kept more children’s books and other literacy materials in their home
• Read books and told stories to their children more often
• Exhibited more interactive reading behaviors (significant in Year 4 only)
• Were more likely to report having a library card
• Visited and brought home books from the library more often
• Limited their children’s television watching, and used television as a learning tool more often
• Were more involved in their children’s schools

Funding Allocation
$18.9 million (2005-2010 to continue initiative funding for 14 grantees and the FLSN as well as 10 new programs)
$13 million (2001-2004)

Grantees
• 2005-2010:
  • 22 four component family literacy programs in 8 SPAs
  • 1 Family Literacy Support Network
  • 2001-2004:
  • 15 four component family literacy programs in 7 SPAs
  • 1 Family Literacy Support Network

Grantee Profiles
• School District Programs– 11
• Community Based Organizations–11

Service Delivery
• Early Childhood Education
• Parenting Education
• Adult Education
• Parent and Child Interactive Literacy Activities
• Additional Support Services

External Evaluator
American Institutes for Research
1791 Arasradero Road
Palo Alto, CA 94304
In both Years 3 and 4, the more hours a parent participated in parenting education and PCILA, the greater the growth shown on three parenting outcomes: the number of children’s books in the home, the frequency with which the parent reads to the child, and the use of four interactive literacy behaviors when reading to the child (stopping reading and asking the child to tell what is in a picture, point out letters, or asking what will happen next, and asking the child to read with the parent).

Children’s English language skills (as measured by the Pre-LAS) continued to improve after they entered kindergarten. In fact, while most children were assessed in Spanish at Time 1, nearly all were proficient enough to be tested in English in kindergarten. Other indicators of children’s literacy skills (story and print concepts, naming letters, numbers, and colors) also showed significant growth between their first year in the family literacy program and kindergarten.

What Have We Learned?
The family literacy programs, appear to have a positive impact on children and families. First 5 LA funding allowed programs to add new services, increase the number of families served, and make programs more accessible. The training and technical assistance provided to programs was well-received and programs felt as though the FLSN provides a useful and much needed service.

What Are The Implications?
- One key finding was that not much time was being spent on literacy activities in ECE classrooms. This was a renewed focus for programs starting in 2007.
- Sustainability remains a challenge for grantees.
- Because children who were younger when they enrolled in FL programs generally had higher scores in kindergarten, there may be implications for ensuring programs can serve younger children.
- Because higher ECERS subscale scores (teacher-child interactions, language and reasoning) were associated with better child outcomes, a focus on quality of ECE classrooms in these areas may be warranted. Quality as well as quantity—hours participated—mattered for children.

Who Participated?
- Between July 2006 and June 2007, 893 children birth to age five and 763 adults participated in grantee programs;
- Between July 2005 and June 2006 (Year 4), 646 children birth to age five and 519 parents participated in all four components of the 14 Cohort 1 Family Literacy programs.
- 95% of families participating in the family literacy programs in Year 4 were Hispanic; 90%) reported that Spanish is their primary language spoken at home.
- 57% of families reported a household income of $20,000 or less, and 78% received some kind of financial, medical, housing or food assistance;
- 92% of parents had no previous schooling in the U.S. and more than one-third (34%) of the parents have an 8th grade education or less;
- Employment among parents in these programs was low with only 10% reporting they were employed when they entered the program.

On The Ground

"Before the class I would read a story occasionally and when she would try to get into the conversation or ask questions, I would shush her and tell her to be quiet while I was reading. I learned right away that she’s supposed to ask questions and that I’m supposed to interact with her and elaborate and expand on it."

“Our teacher talks to us about our rights in terms of the school district. Sometimes one wants to speak to the principal but then feels intimidated about speaking to them. One is afraid or intimidated and the teacher always tells us about the rights that we have. She says we have to have courage and she says we need to speak up. She lets us know that we have rights and that we are our children’s advocates and if at any moment we feel that our children are being treated badly, we have every right to go and find out what is going on and why. She always speaks to us about education and how it works, and the [power] we have as parents for our children.”

-quotes from FL parents in spring 2007
Healthy Births Initiative (HBI) aims to improve pregnancy and birth outcomes among high risk women in Los Angeles County using an intensive collaborative and participatory approach. HBI funds seven Best Babies Collaboratives (BBCs) that offer case management, and the Los Angeles Best Babies Network (LABBN), a program support provider to the BBCs. Both components of the HBI aim to positively impact rates of very low birthweight, preterm births, early prenatal care, and repeat teen births. HBI seeks to enhance the quality of systems offering perinatal and interconception care.

What Have We Found?
The Best Babies Collaboratives have reported evaluation findings in grant year 2006-2007 (initiative-wide results are not yet available):

Forty-seven (47) glucose screenings were conducted by Diabetes Program Staff at local health fairs. The screenings were utilized as a strategy to build awareness about the BBC and recruit eligible women with a history of diabetes.

Families in Good Health continued to provide outreach to high-risk South East Asians in the targeted areas.

Through the Wilder Inventory, a BBC identified sustainability as a primary weakness of the collaborative partnership. A Sustainability Workgroup was formed to explore opportunities for supplementary funding.

What Have We Learned?
Collaboratives with low levels of readiness yet access to high need populations require additional investment of time, funding, assistance, and monitoring to provide seamless services to its participants.

History in the community influences how easy or difficult it is to build a collaborative partnership.

Information management systems should be a part of the BBCs initial assessment to minimize future IT/data capacity issues and costs.

Funding Allocation
$28 million (2002 – 2011) (includes a planning period and initiative expansion)

Funding Timeline
7 grantee agencies (BBCs) 2005 - 2011

Collaborative Partners
59 collaborative partners across the 7 grantee agencies

Target Populations
Pregnant and interconception women and their families at-risk of a poor birth outcome.

Service Provided
- Intensive Case Management
- Parent Education
- Perinatal Care
- Interconception Care
- Social Support Services
- Food, Shelter, and Employment Security
- Nutrition and Breast Feeding Education

Service Planning Areas
Best Babies Collaboratives are located in seven of the eight SPAS (1-4, 6-8)

External Evaluator
TBD – First 5 LA is finalizing the review process to hire a consultant to conduct a case study on collaboration.
What Are The Implications?
It is critical to learn best practices from BBCs that have been successful at developing and maintaining collaborative relationships.

A mechanism of knowledge transfer among BBCs is an important tool to strengthen case management, collaborative partnerships and data management.

Information systems developed for multi-site case management may need to be refined as the initiative matures and evolves.

Who Participated?
In fiscal year 2007-2008, 1,222 women were intensely case managed by four Best Babies Collaboratives.

Outreach was provided to 34,375 women.

Social Support and Interconception Care services were provided to 7,479 participants.

Participating Communities
34 zipcodes, 19 (56%) crossover zipcodes
SPA 1: 93535, 93550
SPA 2: 91331, 91402, 91342
SPA 3: 91706, 91732, 91744, 91766
SPA 4 and 7: 90032, 90033, 90063
SPA 5: 90034
SPA 4,6,7,8 (parts of each SPA):
90058, 90061, 90062, 90201, 90022, 90250, 90255, 90262, 90280, 90650, 90805, 90011, 90001, 90002, 90003, 90037, 90044, 90059, 90221, 90017

Collaboration Facts
The BBCs have a range of 5 to 13 partners.

Services provided by collaborative partners include medical care, health education, employment services, food, shelter, substance abuse and mental health counseling among other services.
The First 5 LA Parent Helpline provides telephone-based services to families with young children and to the service providers attending to their needs. It is reached by either dialing (888) FIRST 5 LA or 211. The Helpline offers information and referral (I&R) to a wide range of supportive services throughout Los Angeles County, as well as direct provision of health insurance enrollment and parenting support provided by specialists in social work and child development.

What Have We Found?
The First 5 LA Parent Helpline received 35,695 calls during the 2007-2008 fiscal year.

92% of callers surveyed reported that they were “very satisfied” with the Helpline service they received. This is well above industry standards and the performance levels of comparable services.

Only 53% of pregnant women calling the Helpline had any form of health insurance, while 87% of children were covered.

40% of callers said they did not know where else to turn for help indicating that there is a pressing need for this service in the community.

Funding Allocation
$10 million (2005-2010)

Funding Timeline
July 2006 – June 2010

Target Population
Target clients are families with children age 5 or less, and providers of services to this group, throughout Los Angeles County

Services Provided
• Information and referral to supportive services throughout the county
• Direct transfer of callers to needed services, particularly in crisis situations, e.g., homelessness, domestic violence, child abuse, and potential suicide
• Support for parents provided by experienced specialists in social work and child development
• Enrollment into Healthy Kids, Healthy Families, and Medi-Cal for Children
• Connection to resources providing food, shelter and other basic necessities

Service Area:
All of Los Angeles County

External Evaluator
Evaluation, Management and Training (EMT) Associates
15720 Ventura Blvd., Penthouse Suite Encino, CA 91436
What Have We Learned?
Callers reported that Helpline service was excellent in terms of understanding callers’ needs, and being respectful, patient, polite and professional. Callers’ satisfaction ratings exceeded industry standards by a significant margin.

Helpline successes have been significant, but there are areas of concern. Of particular note are low call volume, and difficulties with matching callers to child care resources and to one form of children’s health insurance.

The issue of call volume is being addressed by a major increase in marketing and promotion of the Helpline by First 5 LA. Callers’ dissatisfaction with child care and Healthy Families insurance referrals are more problematic, as they do not result from the way in which the call center provides service but rather with capacity issues among providers of these services. Unfortunately, these factors are under the control of neither 211 LA nor First 5 LA.

What Are The Implications?
The Helpline has established an outstanding level of customer service, resulting in callers feeling that they have been treated well and provided with assistance they often would not be able to access elsewhere. Areas of concern do exist and, where possible, are being addressed.

The First 5 LA Parent Helpline provides a much-needed service to Los Angeles County families. The Helpline provides a unique information and referral to the county and a substantial number of people in need do not know where else to turn.
The Healthy Kids Initiative is designed to provide access to low or no cost health insurance to children (0-5) living in LA County who are ineligible for Medi-Cal or Healthy Families. In addition to funding a comprehensive insurance benefits package administered by LA Care Health plan, the Healthy Kids Initiative also funds a network of community-based organizations that do grassroots outreach to find eligible families and assist them in applying for any and all health insurance programs for which they may be eligible. Subsequent fundraising efforts by the Children’s Health Initiative of Greater Los Angeles (CHI) have helped to expand coverage to children ages 6 through 18.

What Have We Found?
The initiative evaluation encompasses both quantitative and qualitative methods including longitudinal survey, focus groups and case studies. Highlighted findings from the evaluation include:

Outreach efforts have resulted in the cumulative enrollment of over 18,000 children ages 0-5 and more than 40,000 children 6-18 over the course of the initiative. Enrollees are primarily Latino, come from very poor households, and non-citizens.

Parents of children enrolled in Healthy Kids have overwhelmingly praised the program via focus groups; reporting that the application process is easy, benefits cover needed service and that access to care is generally good and premiums cost sharing affordable.

Healthy Kids coverage was associated with numerous positive and statistically significant benefits, including improved access to usual sources of health and dental care, improved use of health and dental care, improved confidence among parents that they can meet their children’s health care needs without financial hardship, and improved health status, among others according to a longitudinal household survey of a representative sample of parents with children enrolled in the program.

Case study findings, however, reveal serious challenges in sustaining the program, primarily related to financing premiums for children ages 6-18.

Funding Allocation
$100 million over 5 years (2003-2008)
No-cost extension approved for an additional year (through June 30, 2009)

Strategic Partners
LA Care Health Plan
Los Angeles Department of Public Health (LADPH)
Children's Health Initiative (CHI)
Coalition of Greater Los Angeles

Target Populations
Children (0-5) in families with incomes below 300 percent of the federal poverty level and who are ineligible for other state/federal programs (i.e., Medi-Cal, Healthy Families).

Service Provided
Children enrolled receive a benefit package modeled after that of the Healthy Families (California’s State Children’s Health Insurance Program or SCHIP) that covers a comprehensive set of preventive, primary, and specialty care services, including dental and vision care.

First 5 LA also funds intensive outreach and simplified enrollment assistance provided through a network of community-based organizations

Service Planning Areas
Children from all SPAs participate in the program.

External Evaluator
Urban Institute and its partners - the University of Southern California, the University of California at Los Angeles, Mathematica Policy Research, Inc., and Castillo & Associates.
What Have We Learned?
Overall, families appear largely satisfied with Healthy Kids services.

Challenges in accessing particular types of care (e.g., mental health services, sub-specialty care) appear to mirror shortages of such services and systemic barriers countywide.

Healthy Kids has been very successful in retaining children in the program. The retention rate for children ages 0-18 has remained steady at above 80%.

There continues to be great demand for health insurance coverage in LA County, particularly for children ages 6-18; enrollment caps for older children have led to dips in 0-5 enrollment as well.

A sizeable proportion of participants have concurrent coverage by Healthy Kids and Emergency Medi-cal coverage. Confusion regarding “what insurance card” to use has resulted in a less efficient use of resources.

What Are The Implications?
Although the Healthy Kids Initiative has demonstrated success on many measures, more than 40,000 children ages 0-5 in LA County remain uninsured according to 2005 California Health Interview Survey (CHIS) estimates.

We are reaching very low income families, but need to explore additional strategies for reaching higher income families (i.e., 150%-300% FPL) to the program.

High demand coupled with recent state budget woes present an uncertain future for Healthy Kids coverage for older children, ages 6-18, which may in turn impact outreach and enrollment efforts for younger children.

While great strides have been made, further work is necessary to capture accurate and timely data related to healthcare utilization by enrollees.

On The Ground

“I think it [the application process] was very easy. The first time I made an appointment, everybody was friendly. [The application assistor] was very helpful. She was fast enough so that I could get it done, but slow enough so that I could remember my details and information.”
(Parent of Healthy Kids enrollee)

“Even though my daughter is on the waiting list, I would [recommend Healthy Kids]. I have read a lot about it and the benefits...are very good. My sister has this program right now and it is a very good program.”
(Parent of child on waiting list)

“In the hospital, they ask me if I have Emergency [Medi-Cal] ...and in the clinic, they do not accept the [Emergency] Medi-Cal and they ask for [Healthy Kids].”
(Parent of Healthy Kids enrollee)

“The hold (on enrollment for children 6-18) has really affected outreach and enrollment; we experienced more success when we could offer something to every child in the family”
(Outreach worker)
Partnership for Families (PFF) is a secondary prevention initiative that is designed to prevent child maltreatment in high risk populations by creating opportunities for families, communities, and governmental entities to meaningfully partner in the prevention of child abuse and neglect. The target population for PFF services is families that have an inconclusive child abuse or neglect allegation with the Department of Children and Family Services (DCFS) and pregnant women with specific risk factors.

What Have We Found?
Initiative-wide outcomes are not yet available, however program level outcomes are reported below for several of the PFF agencies based on grantee progress reports:

Select Program Level Outcomes
50% of families/parents reported that resources are available and accessible to them;
90% of families/parents linked to community based resources upon program completion;
90% of families/parents access services/supports from PFF partner organizations;
40% of parents reported a decrease in social isolation;
50% of children showed improvement in behavior.

Funding Allocation
$50 million (2006-2010)

Funding Timeline
8 Grantee agencies – February 2006 - 2010

Strategic Partners
149 strategic partners across the 8 grantee agencies

Target Populations
Target participants are families who have been reported to DCFS but with whom a court case was not opened but are “high” or “very high” risk and pregnant women who have issues of domestic violence, substance abuse or mental health needs

Service Provided
Services and supports include, but are not limited to:
- Parent Education
- Mental Health Care
- Substance Abuse Services
- Gang Prevention
- Early Education
- Domestic Violence Services
- Health Care
- Respite Care
- Recreation Services
- Food, Shelter and other basic necessities
- Home Visitation

Service Planning Areas
Eight (8) Collaboratives, one per SPA

External Evaluator
UCLA Center for Healthier Children, Families, and Communities - Start and End Date: December 2004 – May 2010 (5 ½ years). Total allocation: $2.75 million
**What Have We Learned?**

Preliminary findings from a sample of PFF grantees indicate that programs have achieved several outcomes at the child and family level. Although PFF grantees are in the early stages of program implementation, many have observed short-term changes among program participants. (Note that the program-level outcomes highlighted above are based on sample of PFF grantees).

**What Are The Implications?**

Local evaluation efforts and program-level outcomes can be used for the purpose of program improvement i.e., implementation and enhanced evaluation.

Preliminary evaluation data from the Initiative evaluation provides a comprehensive description of the PFF Collaboratives and their service populations.

Evaluation findings (both local and First 5 LA’s evaluation of PFF) provide insight on aspects of program implementation and issues that challenge the success of the Initiative.

**Who Participated?**

Between February 2007 and December 31, 2007, PFF agencies reported serving 1776 children ages 0 to 6th birthday, 1327 parents/families and 307 pregnant women.

52% of children served were younger than age 3 while 48% were ages 3 to 6th birthday.

**Participating Communities**

All eight (8) Service Planning Areas (SPAs) are represented – One Lead Agency and Collaborative per SPA.

**Collaboration Facts**

The aggregate number of collaborative partners among the eight Collaboratives is 149.

There is a range of 6 to 37 collaborative partners per agency.

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**Story 1**

“Maria” is a Spanish-speaking mother in her mid-30s who was referred by DCFS due to allegations that her partner was emotionally abusive to her children. With assistance from one of the PFF agencies, Maria was able to get her own apartment to protect herself and her children from an unhealthy environment. She learned how to utilize her support systems and to set clear and consistent boundaries with her children’s father. Maria and her children have become self-sufficient and an atmosphere of respect, cooperation, and communication is thriving in her family.

**Story 2**

Twenty-four year old mother with three children, ages 1, 3, and 6 was referred by DCFS due to allegations of physical abuse. Mother presented with a history of involvement in domestic violence relationships. Mother received PFF services for seven months. At the end of services, she was able to identify and acknowledge progress in the following areas: improved self-esteem, increased self-confidence, increased self-respect, improved parenting skills, improved identification of domestic violence relationships, and improved living, occupational status, and financial conditions.
The School Readiness Initiative engages families, community members, and educators in the important work of preparing children, birth to age five, for elementary school. This Initiative adopted the National Education Goals Panel definition of school readiness: (1) children ready for school, (2) schools ready for children, (3) family and community supports, and (4) services that contribute to children’s academic success. The initiative has a focus on communities with low-performing schools as measured by the Academic Performance Index (1999).

What Have We Found?

Parent Survey Sample (n=205)
56% of parents have less education than HS diploma
Mean age of parents: 32; 71% under 35 years
Age of randomly-selected “focus child”: 28% 0-3 years; 72% 3-5
63% of parents earn less than $20,000; 10% earn $40,000 or more

Direct Child Assessment (n=240)
50% assessed in English
Average time in program 13 months
8% identified as having special need or IEP/IFSP
42% of parents of assessed children have less education than HS diploma
53% of parents of assessed children earn less than $20,000; 18% earn $40,000 or more

Funding Allocation
$134 million (2002-2008) for 42 grantees with First 5 LA contributing 50% funding and First 5 CA providing a 50% match.

Funding Timeline

Grantee Profiles
- All school readiness programs are either school-based or school-linked.
- There are 18 School District Lead Agencies and (43%)
  24 CBO Lead Agencies (57%)
- Twenty-three (23) agencies were funded under a targeted funding approach (55%)
- Nineteen (19) programs applied through an open RFP process (45%)

Service Delivery Components
Each program addresses five unique service domains, which include:
- Early Care and Education (ECE)
- Parenting and Family Support Services (PFS)
- Health and Social Services (HSS)
- Schools’ Readiness for Children/School Capacity (SC)
- Program Infrastructure, Administration, and Evaluation (PIA)

External Evaluator
American Institutes for Research
1791 Arastradero Road
Palo Alto, CA 94304
What Have We Learned?
Small but statistically significant gains for parents and children on:

**Parent Outcomes**
- Knowledge measures (e.g., best time to start reading to children)
- Home literacy resources (e.g., number of books owned, library visits)
- Engagement in literacy activities with children

**Child Outcomes**
- Communication and social-emotional school readiness skills
- Statistically significant differences for SR children compared to similar samples in: Proficiency in English, Emergent literacy - Story/Print Concepts, Applied problems for Spanish speakers

What Are The Implications?
- Below are recommendations based on the parent and child outcomes studies:
  - Develop a longer timeframe for both studies longitudinal perspective
  - Conduct a program quality assessment
  - Incorporate grantee data collection efforts to inform the initiative evaluation
  - Identify core measures across grantee programs.
  - Develop unique child identifiers to follow progress during K-12 years
  - Investigate relative costs/benefits of implementing different types of SR interventions

Who Participated?
- In the July 2006-June 2007 grant year, School Readiness agencies reported serving 29,618 children ages 0 to 5 and 24,158 parents/families.
- 47% of children served were younger than age 3 while 53% were 3 to 5 years old.
- Nearly 5.6% of the children served in 2006-2007 were reported as having special needs (n = 1,635).

Participating Communities
SPA 1 One Agency (2%) SPA 5 Two Agencies (5%)
SPA 2 Six Agencies (14%) SPA 6 Nine Agencies (20%)
SPA 3 Four Agencies (9%) SPA 7 Eight Agencies (18%)
SPA 4 Eight Agencies (18%) SPA 8 Six Agencies (14%

Collaboration Facts
- The aggregate number of collaborative partners is 519 among the 42 grantees.
- There is a range of 4 to 28 collaborative partners per agency.
- The types of collaborators include: Higher education, Adult education, Family social service agencies, Early childhood education/child care agencies, Special Education, K-12 Schools, Health Related Organizations, Literacy focused agencies and other organizations

Participating Schools
- Approximately 200 Elementary Schools are participating in the initiative.
- There is a range of 1 to 21 schools participating in each grant.
- At least 15 School Districts are participating as lead agencies or collaborative partners which include:
  - Antelope Valley, Azusa, Bellflower, Compton,
  - El Rancho, Lawndale, Lennox, Long Beach, Los Angeles, Montebello, Mountain View, Norwalk, Paramount, Pomona, Rowland.

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“Juan” was a two-year-old who could only “sign” when he began in August ’04. After a full assessment he began receiving speech and language services while attending the local school. By the end of December, he had learned his colors and was able to use them when describing objects. At the end of the school year “Juan” was able to count from 1 to 5, say many words including “Pop,” “Truck,”