Child Care Initiatives

Soon after the passage of Proposition 10, First 5 LA developed two “fast-tracked” Child Care Initiatives designed to provide competitive grant funding to a variety of community-based organizations providing child-care related services to children aged 0-5 and their families. The first allocation of $12 million was made in May 2000 (Child Care I) and the second allocation of $59 million was made in January 2001 (Child Care II). The types of services provided by the 53 Child Care I and II grantees varied considerably, but were classified by the external evaluator into four common areas: literacy, quality care/training, health, and special needs.

What Have We Found?

The process evaluation, consisting of site visit interviews and focus groups to assess the impact of the initiatives on the organizations funded, produced the following findings (data provided are from Child Care II grantees only):

- 79% of grantees reported that they hired and trained additional staff;
- 58% reported changes/additions to their clients served;
- 85% reported changes to the program originally proposed;
- 64% reported some form of structural change to their organization;
- 76% reported changes to the physical space of the organization (i.e., new, remodeled, and/or leveraged space);
- 30% reported their program would continue at the same level of service after First 5 LA funding ended; and
- 58% reported their program would continue at a reduced level after First 5 LA funding ended.

The outcome evaluation, consisting of tracking of grantee-level performance measures via a web-based data system, produced the following findings (data are provided for the 22 Child Care II grantees with comparable measures—grantees were not required to use common measures):

- **Literacy**: Ten grantees provided clear evaluation evidence through pre- and post-test parent surveys, standardized observation instruments, focus groups, grantee databases/records, and/or workshop evaluations that children’s literacy had increased.
- **Health**: Eight grantees provided clear evaluation evidence through databases, screening data, surveys, and pre- and post-test parent assessments, that thousands of children had been screened and immunizations provided as needed; data also showed improvement in parents’ knowledge of health and safety.
- **Quality Care/Training**: Eight grantees provided clear evaluation evidence through pre- and post-test parent surveys, standardized observation instruments, focus groups, and/or workshop evaluations that parents and providers increased both their knowledge of and their interactions with young children.
- **Special Needs**: Three grantees provided clear evaluation evidence through psychological evaluations, therapy, observations, telephone assessments, and standardized child development assessments that children had increased access to special needs services.

<table>
<thead>
<tr>
<th>Funding Allocation</th>
<th>$12 million over 3 years for the Child Care I Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$59 million over 3 years for the Child Care II Initiative</td>
</tr>
</tbody>
</table>

**Grantees**

- Child Care I 18
- Child Care II 35
- **Total Grantees** 53

**Target populations**

*Number of grantees serving each population:*

<table>
<thead>
<tr>
<th>Population</th>
<th>Grantees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latino</td>
<td>29</td>
</tr>
<tr>
<td>African American</td>
<td>21</td>
</tr>
<tr>
<td>Asian Pacific Islander</td>
<td>6</td>
</tr>
<tr>
<td>Low-Income Families</td>
<td>38</td>
</tr>
<tr>
<td>Limited English</td>
<td>24</td>
</tr>
</tbody>
</table>

**Service Types**

*Number of grantees providing each type:*

<table>
<thead>
<tr>
<th>Type</th>
<th>Grantees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Care/Training</td>
<td>32</td>
</tr>
<tr>
<td>Health</td>
<td>13</td>
</tr>
<tr>
<td>Literacy</td>
<td>15</td>
</tr>
<tr>
<td>Special Needs</td>
<td>10</td>
</tr>
</tbody>
</table>

**SPAs Served**

*Number of grantees serving each SPA:*

<table>
<thead>
<tr>
<th>SPA</th>
<th>Grantees</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>6</td>
<td>24</td>
</tr>
<tr>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>8</td>
<td>11</td>
</tr>
</tbody>
</table>

**External Evaluator**

Evaluation, Assessment and Policy Connection (EvAP)
School of Education
University of North Carolina
at Chapel Hill
Chapel Hill, NC 27599
Child Care Initiatives

What Have We Learned?

- Community-based organizations are able to use First 5 LA funds to achieve real results for children 0-5 and their families in a relatively short period of time.
- It takes a long time for grantees to “staff up” which, in turn, can delay service provision.
- Sustainability was a challenge for majority of grantees.
- There is a variety of tools available for measuring the outcomes of early childhood programs.
- Clear communication between First 5 LA and grantees makes for a smoother grantmaking process.

What Are The Implications?

- Future grantee-based initiatives would benefit from coordinated learning and networking opportunities to share strategies, evaluation tools, etc.
- The successful piloting of a web-based data reporting system with the Child Care II grantees has created a useful prototype upon which we have improved for several other First 5 LA initiatives, including Family Literacy and Healthy Births.
- If we want to be able to report on common outcomes across multiple grantees within an initiative, we need to establish common measures at the beginning of the initiative. However, to allow for individual differences and promote buy-in, we need to allow grantees to contribute to the development of common measures and to track measures unique to their specific programs.

Grantee-Level Sample Outcomes

The tables below provide examples of positive outcomes demonstrated by grantees in the areas of literacy and health. Summarizing outcomes across grantees proved to be challenging since common measures were not agreed upon from the outset. However, by choosing their own outcomes and measures grantees were able to take more ownership of the evaluation process.

Sample Literacy Outcome: Increased Interest in Reading

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Tool</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families in Schools-Read with Me</td>
<td>Observation</td>
<td>The teachers of the Read with Me children indicated that a larger percentage of the Read with Me children liked to look at books or showed interest in books than the control group.</td>
</tr>
<tr>
<td>Urban Education Partnership - The School Readiness Initiative</td>
<td>Pre/Post Interview</td>
<td>Urban Education Partnership found that in the post-program interviews, 98% of parents indicated they enjoyed reading to their children as opposed to only 62% in the beginning.</td>
</tr>
<tr>
<td>Mother’s Club Community Center- Altadena Early Learning Center</td>
<td>Assessment (Desired Results Developmental Profile (DRDP))</td>
<td>Mother’s Club used the Desired Results Developmental Profile (DRDP) and found that for the category, “Interest in books,” there was an increase from a pre-test score of 2.76 to post-test score of 3.98.</td>
</tr>
</tbody>
</table>

Sample Health Outcome: Improved Access to Health Care for Children 0-5

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Tool</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venice Family Clinic -CAIR</td>
<td>Database</td>
<td>In Year 3, the Venice Family Clinic and the Westside Family Health Center provided comprehensive healthcare to 972 new, unduplicated clients ages 0-5.</td>
</tr>
<tr>
<td>Children’s Clinic Healthy Connections</td>
<td>Database</td>
<td>In Year 3, 124 children out of 1272 (10%) did not have health insurance. 13 have obtained health insurance so far.</td>
</tr>
<tr>
<td>Jenesse Center Inc.- Jenesse Center Children’s Programs</td>
<td>Records</td>
<td>100% of children in the program were provided access to health services.</td>
</tr>
<tr>
<td>Eisner Pediatric and Family Medical Center- Mobile Care for Kids (MCK)</td>
<td>Exam/Screening</td>
<td>Over the course of Year 3, MCK staff provided 712 CHDP exams and 645 lead screenings to children 0-5. On the year-end site survey, many providers noted that many of these children would not have received these critical health services were it not for MCK’s free, accessible services.</td>
</tr>
<tr>
<td>Urban Education Partnership - The School Readiness Initiative Home Visits</td>
<td>Survey</td>
<td>The healthcare outreach worker attempted to connect 1070 families with health insurance during Year 3. Of this number, over 640 new applications for health insurance were submitted, nearly 250 families renewed insurance, and 185 families were referred to other services. First 5 LA funds paid for 37% of the healthcare outreach worker’s salary, therefore, First 5 LA funds paid for improved access to healthcare for close to 400 families (37% of 1070).</td>
</tr>
</tbody>
</table>

On the Ground

“It took the agency all three years to successfully fill all positions with people with such excellent expertise.”

— Grantee Staff Member

“We have been very pleased to be a grantee. The experience thus far has been both positive and challenging and continues to be a learning experience.”

— Grantee Staff Member

“Using the web-based performance reporting system, each grantee selected the performance measures that best fit their program and chose the appropriate tools they intended to use to measure the selected performance measures.”

— EVaP (Initiative Evaluator)

“The initiative evaluation gathered convincing evidence that the Child Care II grantees accomplished their program outcomes.”

— EVaP (initiative evaluator)

“We will be able to continue our program after May 2004 because we were successful in applying for an Even Start grant from the California Department of Education.”

— Grantee Staff Member
Community-Developed Initiatives — Large Grants

Community-Developed Initiatives (CDI) is one of two major funding approaches adopted by First 5 LA in its 2001-2004 Strategic Plan. It was designed as an open funding process supporting innovative community-driven strategies that address needs related to children 0-5 and their families. Agencies defined needs in the community based on their knowledge and experience and then designed projects to address them. CDI’s strength lies in its flexibility, allowing for new solutions and models to improve the lives of children 0 – 5 and their families.

What Have We Found?

The ongoing CDI evaluation focuses on documenting (1) changes in grantee capacity (organizational infrastructure and service delivery mechanisms) to address community needs, and (2) how these changes improve the well-being of children 0-5 and their families and contribute to the Next Five goal areas. Data from the evaluation’s first two years suggest that CDI is:

- Targeting a wide range of outcomes consistent with the Next Five goal areas through interventions in health (service access, early screening), early learning (family literacy, early child education, provider accreditation, workforce development) and family safety/support (shelter, family counseling).
- Indicating consistent grantee progress toward meeting short-term outcomes while overcoming challenges in retaining project participants that are due, in part, to constantly evolving individual needs and socioeconomic-political shifts in community conditions.
- Building service delivery capacity through capital improvements, service delivery expansions or enhancements, equipment upgrades and service provider credentialing. Examples include renovated child care centers, thoughtful community outreach, formal evaluation systems, mobile services, and new collaborative mechanisms.
- Uncovering “service delivery models” in various settings. Examples include: an unexpected parenting “boost” as a result of client-sensitive breastfeeding education; and mentoring “pods” that increase efficiency and responsiveness of teaching methods in professional development.

What Have We Learned?

- Effective parent outreach and engagement: finding balance between achieving results with individuals and serving proposed numbers of clients. On the one hand, investing deeply in relationships with participants appears key to retention and can lead to strong effects, but on the other hand, this is time consuming. For the sake of project viability, this must be balanced by impacting a large number of participants.
- Capacity building and sustainability: sustaining high quality services created by a surge of CDI resources. Drawing from years of experience, grantees recommended sustainability strategies such as communicating successes to a strategic audience, diversifying funding sources, supporting personnel to reduce staff turnover, invigorating community outreach, and connecting with peer providers for support and collaboration.
- Evaluation of outcomes: site-specific results demonstrate that some CDI projects directly impact the well-being of children 0 - 5. Clustering of similar interventions may reveal valuable qualitative comparisons on outcomes even where aggregation is not applicable.

Funding Allocation
Approximately $70 million for 54 projects lasting up to 5 years.

Distribution of grantees
Cycle 1 – 17 grantees
(Start date: September 2002)
Cycle 2 – 20 grantees
(Start date: March 1, 2003)
Cycle 3 – 17 grantees
(Start date: October 1, 2003)

Organizational Types
Community-based organizations 31
Hospital-anchored programs 8
Child care agencies 7
Community clinics 4
School-based programs 2
Collaboratives 2

Service Delivery
Health/mental health access & services 12
Child care services/early education 11
Family safety/support 9
Provider training/education 8
Family literacy 7
Special needs services 7

Grantee distribution vis-a-vis Next Five Goals
Early learning 27 grantees
Health/Mental health 18 grantees
Family safety/support 9 grantees

External Evaluator
Semic LLC
3121 W. Temple St., Historic Filipinotown,
Los Angeles, CA 90026
What Are The implications?

What does the CDI experience suggest regarding the return on investing in strengthening service delivery infrastructure of agencies and organizations serving children 0 – 5 and their families? The CDI evaluation so far suggests a strong return in terms of achieving participant outcomes and creating the possibility for sustaining such outcomes, under specific conditions. Pending final evaluation results, First 5 LA could design a program focused on outcomes related to capacity building per se which can be tracked alongside participant-level outcomes so that community-based investments are leveraged. Understanding the nature of this connection, and tightening up the evaluation metrics applied to grants for capacity building, may make it plausible for First 5 LA to consider funding community-driven, open-ended funding approaches similar to CDI in the future.

Summary of Targeted Numbers Reached by Grantees
(From annual reports ending June 30, 2004 and August 31, 2004)

The data is based on 39 out of 54 (or 72%) grantee reports that were submitted at the time of analysis. 90% reported serving multiple populations (i.e., children, families, and providers).

A Sample Child-Level Outcome Data

When compared to a control group, parents participating in WIC’s program, Little By Little, differ significantly in the frequency of teaching numbers to their children. This finding suggests that the project is making a significant impact in preparing children for school with respect to learning about numbers.
Community-Developed Initiatives — Small Grants

The Small Grants component of the Community-Developed Initiatives was intended to improve capacity of smaller agencies, those with annual budgets of $250,000 or less, to address the needs of children 0 – 5 and their families in their neighborhoods. $10 million was allocated to be distributed in five funding cycles. To date, 306 agencies and organizations have been funded up to $25,000 per grant to improve agency capacity to plan, develop and implement and/or to review and evaluate programs, projects, services and activities. $1.6 million remains to be distributed.

What Have We Found?

Based on an evaluation of 80 grantees in Cycle 1, here’s what we found:

- As a demonstration of First 5 LA’s responsiveness and flexibility, Small Grants CDI presents a picture of the needs of “mom-and-pop” agencies serving children 0 – 5 and their families in the neighborhoods of LA County;
- Majority of the grantees were Daycare/Preschool agencies and the rest were Community-Based Organizations (CBOs);
- CBOs tended to request funds for personnel to support community needs assessment and planning;
- Childcare providers requested funds for capital improvements and equipment;
- Investing in the infrastructure of Daycare/Preschool agencies resulted in improving their capacity to provide care for children and to enhance the developmental aspects of the services they provide;
- CBOs improved their infrastructure by increasing their ability to conduct needs assessments, to reach out to community residents, to enhance fundraising capacity, and to manage data and information;
- Various improvements allow these agencies to provide safer, more stimulating environment for children and to better identify and address needs of families.

What Have We Learned?

- CDI Small Grants was an effective way to partner with smaller agencies that were mostly located in lower socioeconomic neighborhoods to improve their capacity and thereby improve conditions for those they serve.
- In a continuum of child care and child development services, small, home-based child care providers play a valuable role and yet lack resources to go beyond being purely “babysitting services.”
- Potentially, more agencies could be funded by directing them to focus on things that directly affect long-term capacity such as enhancing the facility and purchasing equipment and computers while excluding disposable items.
- The way funds were distributed to grantees over a year did not match the timing of expenditures related to equipment purchase and improving facilities. A reduction of the burden on grantees and First 5 LA could be achieved by restructuring the requirements for releasing funds over a period of one year in a way that reflects operational realities.
- Addressing apparent inconsistencies between the overall grantmaking process and the realities of grantees as well as the nature of their projects could also eliminate unnecessary burden.
What Are The Implications?
Cycle 1 evaluation findings provide guidance in identifying concrete issues of smaller agencies that could be addressed to improve their capacity, specific ways they can participate in achieving First 5 LA’s current goals, and how such efforts can be more effectively and efficiently administered. To illustrate, Daycare/Preschool agencies could enhance their services to children 0 – 5 years old by providing them with office and playground equipments and with resources to improve their facilities. These findings, along with the results of a comparative assessment of the application and selection process of Cycle, 5 are currently being used with the assistance of the evaluators, in designing an approach for future efforts.

Grantee Characteristics

Table 1 — Grantee Annual Budget Total Sample (n=64)

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>pct.</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$50,000</td>
<td>28</td>
<td>43.8%</td>
</tr>
<tr>
<td>$50,001 to $100,000</td>
<td>20</td>
<td>31.3%</td>
</tr>
<tr>
<td>$100,001 to $200,000</td>
<td>9</td>
<td>14.1%</td>
</tr>
<tr>
<td>$200,001 to $250,000</td>
<td>7</td>
<td>10.9%</td>
</tr>
<tr>
<td>Total</td>
<td>64</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 2 — Grantee Annual Budget by Agency Type (n=64)

<table>
<thead>
<tr>
<th></th>
<th>Daycare/Preschool</th>
<th>CBO</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>n</td>
<td>n</td>
</tr>
<tr>
<td>n</td>
<td>pct.</td>
<td>n</td>
</tr>
<tr>
<td>&lt;$50,000</td>
<td>19</td>
<td>9</td>
</tr>
<tr>
<td>$50,001 to $100,000</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>$100,001 to $200,000</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>$200,001 to $250,000</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
<td>25</td>
</tr>
</tbody>
</table>

Uses of Funds
A comparison of the uses for which funds were requested by the two types of agencies indicates the different ways in which each views the issue of capacity and their needs in that regard. To illustrate, needs of childcare grantees are reflected in requests for support in physical areas (facilities, equipment) while CBO funding was directed towards personnel to engage in needs assessment and outreach.

Table 3 — Average Expenditures by Budget Category

<table>
<thead>
<tr>
<th></th>
<th>Personnel</th>
<th>Contract Services</th>
<th>Equipment</th>
<th>Supplies</th>
<th>Training</th>
<th>Capital Improvement</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childcare</td>
<td>$4,222</td>
<td>$1,883</td>
<td>$5,450</td>
<td>$2,261</td>
<td>$461</td>
<td>$7,312</td>
<td>$820</td>
</tr>
<tr>
<td>CBO</td>
<td>$13,370</td>
<td>$4,889</td>
<td>$2,051</td>
<td>$1,061</td>
<td>$501</td>
<td>$500</td>
<td>$1,500</td>
</tr>
<tr>
<td>Total</td>
<td>$7,472</td>
<td>$2,951</td>
<td>$4,242</td>
<td>$2,030</td>
<td>$475</td>
<td>$4,892</td>
<td>$1,051</td>
</tr>
</tbody>
</table>

On the ground.
“I feel that the entire process was clear and straightforward. Our experience has been an extremely positive one. Thank you First 5 LA."
“Our experience was very positive. The process was streamlined and not burdensome for a small organization.”
“The process was very smooth. Very good instructions and samples to apply. During the funding process, staff was available by phone to help us every time we had a challenge.”
“The whole process was very professional and the assistance provided was great! Good support team.”

— Feedback on funding process
“We are able to provide a physical environment that is safe, clean, healthy and oriented to children.”
“Now our childcare (agency) not only looks like a place children can come and be welcome and cared for, but we can back it up by offering all of the new services we have.”

Grantees funded for capital improvement
“We improved our environment with new durable inside and outside equipment. Many agencies like ours do not have the budget or funds to invest in outside and inside durable equipment which is very necessary to provide a quality environment.”
“I used the funds to purchase a variety of indoor and outdoor supplies, equipment and materials, to help meet the developmental needs of children 0 – 5. I would not have been able to do this without the funds that I received.”

Grantees funded for equipment
“We formerly did not have the resources to do the research and planning necessary to develop effective programs in the area.”
“We were able to hire a part-time grant writer, which enabled us to build our capacity to generate funds.”

Community-Based Organizations
Family Literacy Initiative

The Family Literacy Initiative is an effort to promote young children’s school readiness by providing a four-component program to families. The initiative is based on an understanding 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 to direct services to families, the initiative provides training and technical assistance to the Family Literacy grantees to improve the quality of their services.

What Have We Found?

- Children demonstrated significant growth in their ability to solve applied problems, count numbers, and name numbers and letters.
- Interviews with a sample of parents revealed significant growth in children’s prosocial behaviors (e.g., “makes friends easily”) and positive approaches to learning (e.g., “enjoys learning”).
- Parents participating in the Family Literacy programs demonstrated significant improvements in reading and English language skills.
- Over 90% of parents reported that the Family Literacy program helped them “a lot” to become a better parent, to feel more comfortable sharing books with their children, and to understand how children learn.
- Parents demonstrated significant growth in behaviors that support their children’s learning. For example, parents are reading a wider variety of materials, engaging in reading and writing activities more frequently, keeping a larger number of children’s books in their homes, reading to their children more often, visiting the library more often, and becoming more engaged in their children’s education.
- The majority of Family Literacy programs reported that they received “very helpful” support from the Family Literacy Support Network (FLSN) in a variety of areas including assistance with First 5 LA reports, networking with other programs, and improving the quality of their programs.

What Have We Learned?

The Family Literacy Initiative appears to have a positive impact on the children and families served. The funding provided by First 5 LA allowed grantees to add new services, make their programs more accessible to families and increase the number of families served. The training and technical assistance provided to grantees by the FLSN team was customized, comprehensive and well-received. Program directors reported that, from their perspective, the role of the FLSN was a key factor in the success of the initiative. Over 90% of program directors reported that their ability to evaluate and improve their programs had improved as a result of the Family Literacy Initiative. While the initiative had a number of successes, there is still room for improvement. Areas that were particularly challenging for programs were data collection and tracking of clients. Achieving long-term sustainability, improving the quality of their programs, and further developing program management and continuous quality improvement are all areas where continued support and training is needed from the FLSN.
Family Literacy Initiative

What Are The Implications?
Results from year two of a three-year evaluation conducted by American Institutes for Research (AIR) showed significant improvements in both child and adult outcomes for those families that participated. Additionally, the Family Literacy grantees were successful in reaching a population very much in need of these services. As a result, the First 5 LA Commission decided in May 2005 to refund and expand the initiative to additional programs in the county. Family Literacy is seen as a key strategy to improving the school readiness of children – especially children whose parents are motivated to improve their own education and English language skills. The success of the FLSN is another significant contribution of this initiative to First 5 LA’s overall approach. The model of funding an external group to provide technical assistance and training to grantees is one that is being replicated in at least one additional First 5 LA initiative.

Who participated?
• Between June 2003 and May 2004, 866 children birth to age five and 687 adults participated in grantee programs;
• The vast majority of families (95%) participating in the family literacy programs in Year 2 were Latino, and reported that Spanish is their primary language spoken at home (91%);
• More than two-thirds of families reported a household income of $20,000 or less, and 76% received some form of financial, medical, housing or food assistance;
• A large majority of parents (79%) had no previous schooling in the U.S., and more than one-third of the parents have an 8th grade education or less;
• Employment among parents in these programs was also low with only 13% reporting they were employed when they entered the program.

On the Ground
“[The program] helped me a lot because I learned how to communicate with my husband and children and how to learn how to help my children without yelling.”
– Family Literacy Parent

“Being here is helping me show (not just tell) my children how important education is. It is also helping me set goals for me and my family’s future. And my 3 year old and I love PACT (Parent and Child Together) time!”
– Family Literacy Parent

“This program has helped me realize how important it really is for my son to have a good start for school, how pre-school should not be optional; rather should be known that pre-school plays a big part of our children’s lives in education…”
– Family Literacy Parent

“One feels very proud about learning. Just this Tuesday, I had an emergency with my mother. I had to take her to the emergency at the hospital because she had some chest pains. I was able to communicate with the doctors in English. I did not need help from a translator. My mother was so proud! She kept telling me, ’I gotta tell this to your brother. Look at you… how well you speak English.’ My mother was so happy and proud that I think that she healed just from feeling so happy!”
– Family Literacy Parent

Percentage (and Number) of Parents Supporting Children’s Learning at Home at Time 1 and Time 2

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Time 1</th>
<th>Time 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Has a Library Card***</td>
<td>66% (203)</td>
<td>90% (168)</td>
</tr>
<tr>
<td>Parent Visits Library 1+ Times per Month***</td>
<td>54% (165)</td>
<td>77% (236)</td>
</tr>
<tr>
<td>Parent Brought Home Books in Past Week**</td>
<td>66% (170)</td>
<td>69% (212)</td>
</tr>
<tr>
<td>Parent Has 3+ Types of Literacy Materials at Home</td>
<td>96% (281)</td>
<td>99% (307)</td>
</tr>
</tbody>
</table>

Note: The average amount of time between time 1 and time 2 was 8.7 months and analyses are restricted to parents who attended at least 50 hours of parenting education and PCILA.

Average Teacher Ratings on DRDP at Time 1 and Time 2 for 3-5 Year-olds

<table>
<thead>
<tr>
<th>Skill</th>
<th>Time 1</th>
<th>Time 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal and Social Competence (N=250)***</td>
<td>2.4</td>
<td>3.5</td>
</tr>
<tr>
<td>Effective Learning (N=250)***</td>
<td>2.2</td>
<td>3.3</td>
</tr>
<tr>
<td>Physical and Motor Competence (N=250)***</td>
<td>2.7</td>
<td>3.6</td>
</tr>
<tr>
<td>Safety and Healthy (N=250)***</td>
<td>2.7</td>
<td>3.6</td>
</tr>
</tbody>
</table>

Note: The average amount of time between time 1 and time 2 was 5.8 months and analyses are restricted to children who attended at least 100 hours of ECE, child care, and PCILA combined.
First 5 LA Connect was officially launched in May 2003 to facilitate access to information and services for families with young children. The service is a comprehensive information and referral telephone call center that meets a broad range of information and referral needs and provides parent support and assistance to expectant parents and parents/caregivers of children through age 5 in Los Angeles County. Trained specialists help callers with questions about their children and put them in touch with the local services and supports they need.

What Have We Found?

• First 5 LA Connect performed at, and often well above, industry standards and comparable services in terms of time to answer, availability of “live” staff, and caller satisfaction.
• First 5 LA Connect increased its call volume since the service was initiated, and in 2004 exceeded the target of 300 calls per day on peak days.
• It is clear that there is unmet need for First 5 LA Connect services, and that adequate social marketing mobilizes this need into caller demand that exceeds current service targets.
• Nearly half of First 5 LA Connect calls concern health insurance needs. This prominence reflects high need and awareness of this service generated through effective social marketing. This service goes beyond standard I & R protocol because callers are given detailed assistance and follow-up in the health insurance application process, as well as short-term social work case management.
• Based on a gross estimate of cost per call, First 5 LA Connect cost per call is within the range of similar call centers.

What Have We Learned?

First 5 LA Connect has realized significant accomplishments in its initial phase of implementation. In particular, it has established a record of excellence in its call center performance, meeting or exceeding many industry standards. Second, First 5 LA Connect has met its mandate to be more than a standard information and referral center. It provides a level of rapport with the caller, assistance in meeting high priority needs (e.g., health insurance applications), advocacy and support, and individual consultation that brings the “value added” that First 5 LA wanted from this center. Third, First 5 LA Connect has had remarkable success in providing access for the Latino community. The response to specific marketing events has demonstrated that the unmet need for First 5 LA Connect services can be mobilized into demand – actual calls. Fourth, First 5 LA Connect has demonstrated that even with its expanded service scope and excellent performance, it operates within cost parameters typical of similar services.

What are the Implications?

One of the major challenges to this project is sustainability – how can First 5 LA ensure that the project will continue without First 5 LA funds? This question was addressed at the February 2005 meeting of First 5 LA’s commission. The option that was presented, and eventually approved, was to partner with the Los Angeles County 211 service. By partnering with 211 LA, First 5 LA hopes to ensure the longevity of the project by embedding it within the county system. Through this new partnership, Los Angeles County and its funding partners are covering the bulk of the operating costs, allowing First 5 LA to focus its funding on the direct services for children under 5 and their families and to provide enhancements to typical 211 services, including 24-hour health insurance enrollment and support of callers by social workers.
**Who Participated?**

- In 2004, First 5 LA Connect received a total of 40,282 calls from Los Angeles County (a small number of calls received were from outside the county).
- Nearly 90% of First 5 LA Connect calls came from Latino families and 72% of callers primarily spoke a language other than English.
- Nearly 30% of the children for whom callers were seeking assistance were undocumented.
- Almost half of the children who were the subject of the call did not have health insurance.

**Service Quality**

- The vast majority of callers (93%), were very satisfied with their call.
- 98% of callers said they would refer other people to First 5 LA Connect.

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**Warm Line Initiative**

**On the Ground**

“I called for special education programs at school, and was given a very helpful referral.”

— Bilingual Spanish-English speaking mother of a four-year-old

“The person I spoke with was very professional and seemed concerned that all my needs were met.”

— English speaking mother of an infant

“I was very pleased with the service and wouldn’t change anything.”

— Spanish speaking mother of a two-year-old

“She (the operator) was very patient, spending about 15 minutes with me to make sure I got the referral I needed.”

— English speaking mother of a four-year-old

“I was given 3 phone numbers for schools and programs in my area. All the numbers worked and seemed appropriate, given what I was looking for.”

— English speaking father of a three-year-old, seeking a preschool
Healthy Kids Initiative

The Healthy Kids Initiative is designed to provide access to low- or no-cost health insurance for children ages 0-5 in LA County who are not eligible 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 agencies – the Healthy Kids Outreach Partnership. This network conducts grass roots outreach to find eligible families and assist them in applying for any and all programs for which they may qualify. Through fundraising efforts of the Children’s Health Initiative Coalition, Healthy Kids was expanded in April 2004 to cover children ages 6-18.

What Have We Found?

The initiative evaluation, which consists of both quantitative and qualitative components, has recently completed its first year. What follows below and in the charts are early finding based on Year One case study interviews, focus groups and process measures. Results of the client survey will be available in Spring 2006.

Outreach and Enrollment

Case Study found:

- Process working very well—simple application, easy verification, quick processing, trusted multi-lingual outreach staff
- Hands-on application assistance provided to families; “something for everybody” philosophy
- Outreach workers challenged when following-up on Medi-Cal and Healthy Families applications

Parent Focus Groups found:

- Vast majority of parents found application easy; materials in Spanish
- Few parents reluctant to apply; outreach workers dispelled fears of “public charge”
- Outreach staff described as “very helpful”

Access to Care

Case Study Found:

- Premiums not a barrier to enrollment
- Satisfaction with provider network scope and design
- Health care utilization seems low, but no reports of access problems
- Some concerned about timely access to specialists

Parent Focus Groups found:

- Families using services (health, dental, vision, specialty)
- Parents satisfied with providers and choice
- Co-pays affordable for most; parents of children with special needs said co-pays for prescription drugs added up
- Many parents still have Emergency Medi-Cal card and often use it when obtaining care for their kids

Funding Allocation

$100 million total over 5 years
$71 million for premiums
$23.5 million for outreach and enrollment
$5.5 million for quality enhancement

Strategic Partners

LA Care Health Plan – Administers Healthy Kids insurance product
LA County Department of Health Services – Administers Healthy Kids Outreach Partnership

Target populations

- Outreach and enrollment targets all currently uninsured children
- Healthy Kids Insurance targets those uninsured children 0-5 who are ineligible for Medi-Cal and Healthy Families.
- Additional funding secured by the Children’s Health Initiative Coalition of Greater Los Angeles has expanded eligibility to children 6-18.

Service Provided

Healthy Kids benefits package mirrors that of Healthy Families. Healthy Kids Provider network is a subset of LA Care’s Healthy Families provider network and has a high proportion of safety net providers.

Service Planning Areas (SPAs) Served

Funding for community-base outreach and enrollment was allocated based on estimated need by SPA. Enrollment to date has been relatively even across SPA with the exceptions of SPAs 1 and 5 where enrollment is lower due to smaller numbers of eligible children.

External Evaluator

The Urban Institute
2100 M Street, NW
Washington, DC 20037
What Have We Learned?

- Quarterly process monitoring data collected through the evaluation have been a valuable tool for informing potential quality and process improvement efforts.
- The Children’s Health Initiative Coalition has become an important audience for the Healthy Kids Initiative evaluation due to its implications for all children and for broader policy reform.
- Coordinating enrollment of children into three separate programs (i.e., Medi-Cal, Healthy Families, and Healthy Kids) has been challenging and suggests the need for a broader solution.
- Despite our desire to do so at this point in the evaluation, we were unable to get an accurate picture of utilization of health services among enrollees due to the incompleteness of encounter data and the long time lag needed to capture the standard HEDIS utilization measures.

What Are The Implications?

- The outreach and enrollment system is working well, but we still have a ways to go toward universal enrollment.
- We are reaching lowest income children, but may need to look into strategies for reaching higher income children (i.e., 150%-300% of poverty level).
- It is important that we begin to focus on getting an accurate picture of utilization of health care services among those enrolled, since our ultimate goal is for Healthy Kids to improve health outcomes.
- Forthcoming survey data on access and utilization will help us get a clearer sense of the experiences of a representative sample of enrollees.
- Creating a seamless and sustainable insurance system for all families will require long-term policy solutions that are currently being debated by the California State Legislature.

Fig. 1 – Status on First 5 LA Enrollment Objectives as of June 2005

<table>
<thead>
<tr>
<th>Healthy Kids Enrollment</th>
<th>First 5 LA Objective (By June ’05)</th>
<th>Number of Children Enrolled</th>
<th>Percent of Eligible Children this Represents*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Ages 0-5</td>
<td>50%</td>
<td>7,870</td>
<td>56%</td>
</tr>
<tr>
<td>Children Ages 6-18</td>
<td>—</td>
<td>36,552</td>
<td>51%</td>
</tr>
<tr>
<td>Total Children</td>
<td>—</td>
<td>44,624</td>
<td>51%</td>
</tr>
</tbody>
</table>

* Based on 2003 CHIS estimates of total number of uninsured children 0-18 who are ineligible for Medi-Cal or Healthy Families Enrollment as of June 1, 2005

Fig. 2 – Status on First 5 LA Retention Objective for Members Ages 0-5 as of June 2005

<table>
<thead>
<tr>
<th>Healthy Kids Eligibility Redetermination Outcomes</th>
<th># of members</th>
<th>% of members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention Objective (by June ’05)</td>
<td></td>
<td>60.0%</td>
</tr>
<tr>
<td>Completed redetermination</td>
<td>1,147</td>
<td></td>
</tr>
<tr>
<td>Retained</td>
<td>726</td>
<td>63.3%</td>
</tr>
<tr>
<td>Disenrolled</td>
<td>421</td>
<td>38.7%</td>
</tr>
</tbody>
</table>

Retention rate as of June 2005 is based on 1,147 members who enrolled in Healthy Kids between July 2003 and June 1, 2004, remained enrolled for at least one month, and completed the redetermination process. Children who disenrolled prior to 12 months of enrollment did not undergo the renewal process. Another 562 members are still in process as of June 2005.

In its current Strategic plan, First 5 LA set performance targets for its various goals and objectives. In the area of health, the Healthy Kids enrollment target for June 30, 2005 was 50% of eligible children. By June 1st 2005 that target had been exceeded by 6% (See Figure 1). The Healthy Kids retention target for June 2005, meaning the percent of enrolled children who remain enrolled after one year, was 60%. By June 1st, that target had been exceed by 3.3% (see Figure 2). It is important to note that the vast majority of those children no longer in Healthy Kids had either moved out of the County or had aged-out of the program and were thus no longer eligible.

On the Ground

“What Whenever I get any papers that I don’t understand, I go to [my outreach worker] and she helps me.”

Parent of HK enrollee speaking about the helpfulness of the application assistance she received from an outreach contractor.

“I did not take my daughter to the doctor when I didn’t have insurance...we used home remedies...sometimes I used my friend’s medicine.”

Parent of a child enrolled in HK.

“My children were accepted in less than two weeks.”

Parent of a child enrolled in HK.

“I can be ‘worry-free’ about costs for my kids’ health care. It’s so affordable compared to being uninsured.”

Parent of HK enrollee

“Putting more dentists on the provider list, so there is more choice.”

Parent of HK enrollee regarding limited choice of dental providers for HK program.
Home Visitation Initiative

Home Visitation Expansion is the first initiative implemented under the Ensuring Access to Services Strategic Direction outlined in the FY2000-2001 Strategic Plan. The initiative expanded home visitation services in Los Angeles County by: 1) increasing capacity of programs to serve additional families; 2) expanding the breadth of existing services by adding another home-based service component; 3) increasing the intensity, duration, and/or frequency of existing services; and/or 4) expanding an existing service model to an adjacent geographical area.

What Have We Found?

(1) Serving More Families
A substantial majority of grantees, 24 of the 28 (86%), proposed to increase the capacity of their home visitation program by serving additional families. Of those 24, 15 (63%) were successful in meeting or exceeding projections. Seven additional programs were partially successful; that is, they increased their capacity and served more families but did not meet the service expectations as defined in their yearly scopes of work.

(2) Expanding the Breadth of Existing Service Components
Nineteen grantees (68%) chose to expand the breadth of their existing home visitation services. Examples of how programs expanded include using a new curriculum, adding a parent training component and providing in-home counseling. Two areas in which expansion occurred were in school readiness and the involvement of fathers. Programs projected how many children or families would be served under their particular area of expansion. Just under half of the programs choosing this expansion mode (9) successfully expanded services and met projections. Six of the programs were partially successful in that they expanded services but did not meet service goals. Only one was unsuccessful at fully implementing the expanded services and at meeting projections.

(3) Increasing Service Intensity, Duration or Frequency
Somewhat less than half of the grantees (12 or 43%) chose to increase the intensity, duration or frequency of their existing home visitation services. Two-thirds of these programs were successful at both making program changes and serving the expected number of families. Program changes included extending eligibility for program services to children up to five years old and making more frequent home visits. Three grantees were partially successful in that services were expanded but service goals were not met.

(4) Expanding the Geographic Area Served
Few grantees (3) proposed to expand to an adjacent geographical area within Los Angeles County. An fourth grantee added this objective in the second year in response to a demand for the program’s services in neighboring areas. Only one was successful at both geographic expansion and meeting target numbers. The other three programs were able to provide services in new geographic areas but did not meet their projections.

What Have We Learned?
First 5 LA’s Home Visitation grantees were similar in few respects. This is due in part because “home visitation” is a strategy for delivering services, not an intervention in and of itself. The precise nature of home visitation services varies considerably among clients, programs and providers. Grantees used a variety of models (e.g. Olds Model, Family Preservation, Healthy Star and home-grown models) to provide such services as parenting education, crisis counseling, comprehensive case management and referrals, placement in childcare, and immunizations. Moreover, expanding programs is not as simple as delivering more services. First 5 LA and its grantees assumed that existing home visitation programs would be able to expand their programs within a short period of time. However, agencies found that running a small program that served less than fifty families was much different from running one that was double or triple that
Home Visitation Initiative

size. In some cases, agencies had not sufficiently planned their infrastructure or other administrative needs in proportion to the scope of the expansion. In addition, the one-size-fits-all theory did not work for home visitation services. A model that worked successfully in one area was not necessarily successful in an adjacent area. This was especially true if the adjacent area was comprised of a different ethnic population.

What Are The Implications?
First 5 LA is currently funding some home visitation programs as part of a continuum of services and supports for families through several of its initiatives including Family Literacy, School Readiness and Partnerships for Families. Using home visitation as a strategy to achieve specific outcomes should be a focus of future investments rather than the creation of a separate initiative that focuses on home visitation as the primary intervention. Conclusions about home visitation are that it can be a valuable addition to services, under certain conditions such as the following:

1. A well developed community-wide service infrastructure;
2. A target population, or defined problem, that is amenable to home visitation;
3. Home visitation programs specifically targeted to unique community conditions;
4. A community that is philosophically supportive of home visitation;
5. Home visitation programs that are theory, research and curriculum-based;
6. Sufficient, flexible funding and technical assistance; and
7. A clear understanding of the role of home visitation by policy makers and funders.

Snapshot of Program Specific Outcomes Areas of Focus and Interpreted Level of Success (Derived from Program Quarterly and Evaluation Reports)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Child Development</th>
<th>Child Abuse Prevention</th>
<th>Perinatal Outreach/Education</th>
<th>School Readiness</th>
<th>Parent Training/Bonding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bienvenidos Children’s Center</td>
<td>85% of children were initially screened for developmental problems and 17% improved; Family Assessment Form (FAF) shows increase in parental knowledge.</td>
<td>Parents increased reading to children by 50%; 66% of children enrolled in preschool.</td>
<td>88% of babies born to program participants at normal birth weights; while objective was 93%: 90% have at least 1 prenatal visit per month, while goal was 100%.</td>
<td>95% have non-abusive, healthy family interactions; Objective was 90%.</td>
<td></td>
</tr>
<tr>
<td>Five Acres Boys’ &amp; Girls’ Society</td>
<td>Successful in objective that children will reach developmental milestones (94% while objective was 80%); Partially successful on language development (72% with objective of 80%).</td>
<td>Improvement on HOME assessment shows improvement in the area of child abuse: 97% of program participants have no child abuse or neglect cases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children’s Institute International</td>
<td>Focus group data show that parents know what is age-appropriate after being in program.</td>
<td>Improvement on HOME assessment shows improvement in the area of child abuse: 97% of program participants have no child abuse or neglect cases</td>
<td>More than 60% demonstrated behavioral improvement; Children lacking school readiness skills received weekly services from OT/PT/ST(occupational therapy/physical therapy/social therapy).</td>
<td>Improvement on HOME suggests increase in parent-child interactions; Assessment also showed lower parent stress.</td>
<td></td>
</tr>
<tr>
<td>DHS – Nurse Family Partnership</td>
<td>Fewer than 5% of participants had substantiated c/a reports</td>
<td>Average of about 95% of newborns born were at normal birth weight.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

On the Ground

“I learned to just talk to my baby. Before, I thought he’s a baby and he doesn’t know what I’m talking about so why talk to him. But now I talk to him and just give him my attention and he smiles. I didn’t really interact with him like that before.”

- Mother participating in home visitation program

“Before I was scared to be a mom, like I was scared I was gonna do stuff wrong. Now I’m not scared anymore.”

- Mother participating in home visiting program

“I see things in different ways, look at the positives as well as the negatives. I better understand the way my girls think and feel, and how they express it.”

- Mother of three daughters about what she has learned from counseling

A Latino father was referred to our program through the local WIC office. He, his wife and two children are undocumented. At the time of his referral, he was asked about the medical needs of his children. He replied that he was “the doctor” for his children. The home visitor kept talking to him about the need for real health care for his children and convinced him to complete the Kaiser Cares for Kids application. He received their enrollment cards and took them both for check-ups and now takes them to their doctor when they need medical care.

- First 5 LA provider with a father’s group component
School Readiness Initiative

The School Readiness Initiative engages families, community members and educators in the important work of preparing children, from 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 readiness for school success. The initiative has a focus on communities with low-performing schools, as measured by 1999 Academic Performance Index scores.

What Have We Found?

Evaluation for the purpose of program improvement is an important aspect of the School Readiness Initiative. It contributes to grantee accountability, learning and identification of opportunities for improvement. This section highlights data findings reported by School Readiness grantees in the 2004-2005 fiscal grant year. Initiative-wide outcomes are not yet fully available. However, a summary of approaches to local evaluations and reported outcomes are highlighted.

Approaches to local evaluations:
- Seventy-four percent (74%) of grantees reported investigating outcome-related evaluation questions in their local evaluations. Most outcome-related questions are focused on children’s outcomes related to school readiness (e.g., “Are children better prepared for school?”). Forty percent (40%) of grantees reported exploring implementation questions in their evaluations (e.g., “Are program services being delivered as planned?”, “What are barriers to program implementation?”).
- Grantees reported using a variety of methods to gather data for their evaluations. Common strategies included administering assessments to children, such as the Desired Results Developmental Profiles (DRDP) (36%), conducting interviews (43%), and administering surveys (43%).

Reported outcomes:
- Forty percent (40%) of grantees reported children’s growth on specific measures or instruments, including 21% who reported growth on the DRDP administered at two points in time.
- Forty-eight percent (48%) of grantees reported positive outcomes for parents. For example: 21% reported an increase in parents’ knowledge of their child’s development; 38% of grantees reported an increase in parents’ ability to support their child’s learning, including increases in parent literacy practices and improvements in the home literacy environment; and 24% reported improvements in other parenting skills, including increased patience and confidence.

Challenges & Lessons
Several thematic challenges and lessons were identified after review of grantee reports. Some of the highlights include the following:
- One challenge is to maintain relationships with schools and collaborative partners particularly when partnerships were established with key staff stakeholders that may no longer be employed with the lead agency and/or partner program e.g., turnover of key staff administrators or program coordinators.
- Thirty-eight percent (38%) of grantees noted the need to improve or modify services, instruction, or provide staff training e.g., improve instruction in the specific areas where children showed the least amount of growth.
- Many of the implications highlighted by 25% of grantees were related to family participation and retention. For example, some grantees identified clarifying participation requirements and/or examining reasons for participant attrition as goals for the future. Some grantees indicated the need to increase parent involvement e.g., develop plans for a Parent Council and increase the involvement of fathers in the program.

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 (43%) and 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)
School Readiness Initiative

What Have We Learned?

School Readiness programs have achieved several child- and family-level outcomes. Although it is still too early for many of the grantees to demonstrate long-term changes in children and families served, evidence of short-term changes among program participants has been reported. While many programs are able to demonstrate emerging child and family outcomes, there are still many challenges and lessons learned through program implementation and evaluation. Further implementation and an in-depth evaluation of school readiness will provide more information on changes in children and families participating in School Readiness programs.

What Are The Implications?

- Local evaluation findings provide insight on aspects of program implementation that may be further investigated in First 5 LA’s evaluation of School Readiness e.g., insight on different levels of parent involvement and the important work with special needs children.
- Challenges and lessons experienced by grantees inform First 5 LA about necessary support services that may be provided to grantees e.g., technical assistance opportunities or development of grantee support networks.

Who participated?

The following are statistics based on service delivery from July 2004-June 2005:

- Agencies reported serving approximately 46,600 children and families in 2004-2005 with nearly half those participants being children ages 0-5.
- Approximately forty percent (40%) of children served were younger than age 3 while nearly 60% were 3 to 5 years old.
- Nearly 15% of the children served in 2004 - 2005 were reported as having special needs (n = 3,255). This averages to approximately 84 special needs children per School Readiness program.

<table>
<thead>
<tr>
<th>Service Planning Area</th>
<th># Programs</th>
<th>% Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
<td>14%</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td>9%</td>
</tr>
<tr>
<td>4</td>
<td>8</td>
<td>18%</td>
</tr>
<tr>
<td>5</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>6</td>
<td>9</td>
<td>20%</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>18%</td>
</tr>
<tr>
<td>8</td>
<td>6</td>
<td>14%</td>
</tr>
</tbody>
</table>

Participating Schools

- Approximately 200 Elementary Schools participate in the initiative.
- There is a range of 1 to 21 schools participating in each grant.
- At least 14 School Districts participate as lead agencies or collaborative partners which include: Antelope Valley, Azusa, Bellflower, Compton, El Rancho, Lawndale, Lennox, Long Beach, Los Angeles, Montebello, Mountain View, Paramount, Pomona, and Rowland.

On the Ground.

Story 1

[One participant] 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 [he] was able to count from 1 to 5, say many words including “Pop,” “Truck,” “Fish,” “Good Morning,” and “Bye!”

Story 2

One parent, who had recently stopped working to take care of her two young children, ages 1 and 2.6 years, was overwhelmed by the struggle with her children’s behaviors, schedules, and the challenge of keeping them busy all day long. She made full use of the parenting tools she learned and has become a more confident and loving parent, as well as an active participant with the home visits.

Story 3

One parent used to scream at her children and call them names. But she said, “after taking all those parenting classes, I realize how much damage I was causing my children…they are listening more to me and they like it when I call them using affectionate words and when I spend more time with them. I wish I had this education when I had my first child who is already a teenager. I can see the difference now.”

Ages of Children Served

- 60% Ages 3-5
- 40% Younger than age 3

Collaboration

- 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.

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