



Focusing for the Future

First 5 LA Strategic Plan 2015–2020

November 2014

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I. Overview and Context for First 5 LA's Strategic Plan

For more than 15 years, First 5 LA has been working collaboratively across Los Angeles County (L.A. County) to ensure that every child enters kindergarten ready to succeed in school and life. First 5 LA is a public organization charged with directing Proposition 10 tobacco tax revenues in L.A. County toward issues relating to children from prenatal to age 5 and their families. Since its inception, First 5 LA has invested more than \$1 billion to improve the health, safety, and school readiness of children prenatal to age 5 by supporting multiple programs, initiatives, research, partnerships, public education, and other policy and systems change efforts throughout the county.

As it reaches the end of its 2009–2015 Strategic Plan, First 5 LA is poised to undergo a significant transition in its role and function, to increase its ability to make lasting impact for the greatest number of children. This transition is informed by a much clearer understanding of how to maximize First 5 LA's impact given changing needs within L.A. County, shifts in the early care and development and health systems for children, and declining tobacco tax revenues that have supported its work to date. Built on a robust foundation of data, analysis, consultation with the community and First 5 LA's stakeholders, and deliberation amongst the Commission and staff, the strategies presented in this plan provide a road map for navigating the transition and increasing First 5 LA's contribution to improving conditions for families, the communities they live in and the systems that support them.

The Context for Our Work

What happens to our youngest children today will impact all of us tomorrow. When we dedicate attention and resources to children at the earliest stages of their lives, we are laying the foundation for our community's social and economic future.

Science tells us that the basic architecture of the brain is constructed through an ongoing process that begins before birth. In fact, 80 percent of a child's brain is developed by age 3, which means that a child's success in school and life starts from the earliest moments — prenatal, at birth, at home, and with his or her parents/caregivers.¹ That's why the early years matter.

Much like building a house, a child's brain development starts with laying a solid foundation and building up — step by step. Every interaction in a young child's life, whether with a parent/caregiver, in daycare or at a park, helps to build and develop his or her brain and ultimately impacts their ability to enter school ready to learn and succeed. Similarly, negative interactions like stress and trauma damage and weaken a child's brain, hampering his or her ability to function and grow. Stress can come from things like fear, hunger from poverty or even interacting with a parent/caregiver who is under stress. Chronic stress can literally stop the cells in a baby's brain from growing and forming connections with each other, leading to problems with learning, behavioral issues and even physical and mental illness.

¹ Zero to Three. *Tips and Tools on Brain Development*. Retrieved from <http://www.zerotothree.org/child-development/brain-development/faqs-on-the-brain.html>

When we invest wisely in children and their families, we are investing wisely in the future of L.A. County.

L.A. County Context

In L.A. County, the landscape has shifted in a variety of important ways for children and their families. This information informed First 5 LA's strategic planning process. Some examples of the factors we considered include:

- **A decreasing 0–4 population means there will be fewer Angelenos entering the workforce.** The population of children 0–4 is declining in L.A. County and is expected to continue to decline through 2020. Given that very young children will continue to play an increasingly important role in the future workforce and as taxpayers, it is imperative that L.A. County children receive opportunities to continue to optimize their development and support to become contributing members of their communities.²
- **The population of low birthweight babies is increasing among African Americans and Asian Americans, putting these children at risk of ongoing health and developmental delays.** Between 2000 and 2010, low birthweight rates for African American babies increased from 12.1% to 13.3%, while rates for Asian American babies increased from 6.6% to 8.0% (the statewide average in 2010 for all babies was 6.8%). Children born at low birthweight are at a higher risk for developmental delays and other costly medical procedures that have long-term effects for children, their families and publicly funded services and systems.³
- **Substantiated abuse and neglect is increasing for children prenatal to age 5, which negatively impacts a child's socio-emotional well-being, overall health and school readiness.** Between 2000 and 2012, there was an increase in the rate of substantiated child abuse and neglect in L.A. County among children prenatal to age 5. This trend is particularly worrisome because, at the state level, the rates of substantiated abuse and neglect among children prenatal to age 5 decreased in the same time period. Children experiencing abuse or neglect are more likely to face substance abuse, depression, eating disorders, obesity, suicide and sexual promiscuity.⁴
- **Third-grade reading proficiency disparities remain for Latino and African American students, affecting their ability to acquire the skills needed to be competitive in today's economy.** While the rate of third-grade students scoring at or above proficiency in reading rose 19 percentage points between 2003 and 2012, 53% of third graders are still not reading at grade level. The picture is less promising for subpopulations of children within L.A. County.⁵ L.A. Unified School District data from 2013 show that only 34% of Latinos and 37% of African American students are scoring at or above third-grade reading proficiency.⁶ These persistent disparities in reading proficiency matter because children who are not reading at grade level are more likely to fall behind in school and drop out of high school, and less likely to acquire the skills they need to be competitive in today's economy. Helping children be ready for school is a proven strategy for getting children on the right path to school success.

² Myers, D., Pitkin, J. (2013). *The Generational Future of Los Angeles: Projections to 2030, and Comparisons to Recent Decades*. Population Dynamics Research Group, Sol Price School of Public Policy, University of Southern California. Retrieved from http://www.usc.edu/schools/price/research/popdynamics/futures/2013_Myers-Pitkin_LA-Projections.pdf

³ California Department of Public Health, Center for Health Statistics. (November 2012). *Vital Statistics Section, Birth Statistical Master Files*. Retrieved from <http://www.apps.cdph.ca.gov/vsq/default.asp>

⁴ Needell, B., et al. (2013). *Child Welfare Services Reports for California*. Retrieved from http://cssr.berkeley.edu/ucb_childwelfare

⁵ California Department of Education Assessment and Accountability Division. (August 2012). *2003-2012 STAR Results*. Retrieved from <http://dq.cde.ca.gov/dataquest>

⁶ LA Compact. (2014). *Measures Report Executive Summary*. Retrieved from http://events.lachamber.com/sbaweb/events/evite/EDUCATION/Compact/Compact_Measures_ExecSummary.pdf

Implications for the 2015–2020 Strategic Plan

Listening, Learning and Leading (L3)

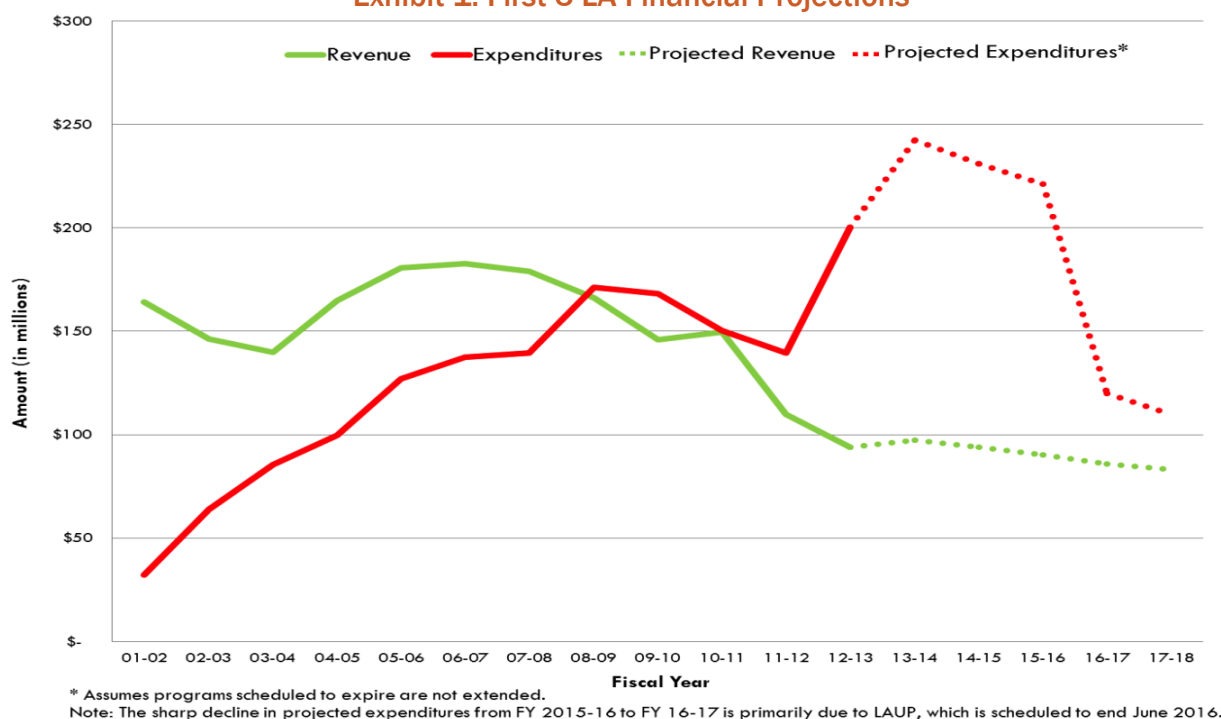
In January 2013, just past the midpoint of its current strategic planning cycle, First 5 LA brought on new executive leadership. Under the direction of the new Executive Director, the organization embarked on a six-month assessment process known as “**Listening, Learning and Leading (L3)**” to explore and better understand the progress First 5 LA has made in achieving its goals and the organization’s role in improving outcomes for L.A. County’s young children. Between the L3 process and additional data analysis conducted by First 5 LA consultant partner Learning for Action in early 2014, the following data collection techniques were deployed: surveys, interviews, and focus groups with staff, commissioners, partners and community stakeholders; an assessment of the funding and policy landscape; an assessment of the Early Care and Education landscape; and an analysis of the alignment between current investments and Strategic Plan goals. These processes produced a wealth of information about the strategic issues and opportunities facing First 5 LA, summarized as follows:

- **First 5 LA’s investments are too widely dispersed to create sustained impact.** First 5 LA’s current investments are scattered and not clearly linked to a set of goals, which make it difficult to make strategic decisions regarding those investments. Furthermore, some investments do not contribute at all to the four priority goals established in the 2009–2015 Strategic Plan (Children are healthy, children maintain a healthy weight, children are safe from abuse and neglect, and children are ready for kindergarten).
- **First 5 LA’s systems change activities (e.g., public education campaigns, technical assistance, community and organizational capacity building, and grant making of innovative models) are extremely diverse, not well coordinated, and do not reflect a coherent outcome-oriented approach.** First 5 LA should clarify its definition of systems change, better articulate how systems change will be pursued and establish the relative level of organizational investment in systems change work.
- **There is a lack of clarity — both internally and externally — about First 5 LA’s goals and its role in contributing to positive change for children prenatal to age 5.** First 5 LA is primarily perceived as a funder, despite the fact that both internal and external stakeholders believe that a critical role for First 5 LA is as a leader of, and advocate for, early childhood issues in L.A. County and statewide. External stakeholders also raised questions regarding the extent to which the First 5 LA Board of Commissioners uses the Strategic Plan as a basis for its decision making.
- **In the context of declining revenues, First 5 LA needs to shift its emphasis from funding direct services to creating systems-level change.** First 5 LA initiatives are making an important contribution to the well-being of children, but the impact is at the participant level rather than the broader community level. First 5 LA cannot create sustained change by continuing to fund direct services on a large scale. By shifting its emphasis to supporting systemic changes that will endure after First 5’s funding (or role) ends, First 5 LA can deepen the impact it can have, thereby extending the reach and impact of its resources.

Long-term Financial Projection

Concurrently, First 5 LA developed a **Long-Term Financial Projection (LTFP)** that provides a sobering fiscal context in which First 5 LA’s projected expenditures exceeds its projected revenue, as shown in Exhibit 1 below.

Exhibit 1: First 5 LA Financial Projections



This graphic produces the following insights:

- First 5 LA expenditures have exceeded revenue since 2008–09, requiring the organization to rely on its fund balance to meet its obligations. Maintaining the current rate of spending is unsustainable in the long run. With a diminishing fund balance, spending cannot continue exceeding revenue.
- Internal projections based on state data forecast annual Proposition 10 tax revenue to decline by 15% over the next six years, from \$90.3 million (FY 13–14) to \$76.9 million (FY 19–20).
- Even if all existing contracts end consistent with contract terms, First 5 LA’s expenditures will still exceed estimated revenues in FY 2017–18.

The LTFP makes clear the fiscal imperative for First 5 LA to transition to a sustainable spending portfolio and to “live within our means.”

Governance Guidelines

The strategic imperative established by the L3 process to achieve greater focus and the financial imperative to do so in a fiscally responsible manner have grounded First 5 LA’s fiscal, governance, and planning activities and decisions in 2014. Informed by L3 and the LTFP, the Commission adopted in March 2014 a set of Governance Guidelines (see Appendix D), which are designed to achieve:

- Transparency and consistency in decision making;
- Coordination, coherence and integration of First 5 LA investments;
- Accountability for First 5 LA’s declining revenues; and
- Adherence and fidelity to the organization’s Strategic Plan.

These guidelines establish the Commission's expectations for future grantmaking. Such expectations include that contractors and grantees not expect First 5 LA to be a permanent source of funding for programs and services, and successful applicants for First 5 LA grant support will be able to sustain project efforts beyond the contract period and First 5 LA funds.

Taken together, the Governance Guidelines provide important decision-making guardrails that will help First 5 LA contribute to lasting change for the greatest number of children in L.A. County.

II. First 5 LA's Strategic Direction, Focus and Identity

The Strategic Imperative for This Planning Process

Informed by L3, the Long-Term Fiscal Projection, the Governance Guidelines and other inputs, the First 5 LA Commission developed a “strategic imperative” to anchor the strategic planning process and define what a successful Strategic Plan would achieve. The Strategic Imperative helps First 5 LA maintain the clear focus needed to make difficult choices and informed Commission consideration of goals, outcomes and strategies.

The three elements of the strategic imperative are:

- Maximize return on the Commission's future investments to achieve mission and greatest possible impact for children to age 5 and their families;
- Determine a clear, well-defined focus for First 5 LA; and
- Align goals to long-term financial projections and strategy.

First 5 LA's Focus: Supporting Parents/Caregivers in Their Child's Success

Parents/caregivers (i.e., the family environment) are foundational to a child's healthy development. A child's success in school and life starts from the earliest moments — before birth, at home and with his or her parents/caregivers. Furthermore, First 5 LA recognizes that parents/caregivers do not live in a vacuum. They live in neighborhoods and belong to communities. They send their children to day care and preschool. They rely on systems to access resources and services. Based on this focus on parents/caregivers, First 5 LA has outlined an approach to parent/caregiver engagement that will guide the work of the organization into the future. The work of First 5 LA will be designed to strengthen and impact the following elements of parent/caregiver engagement, including:

- Parent/caregiver-child relationship and interaction
- Parent/caregiver participation within the community
- Parent/caregiver-provider relationship and interaction

To help all children enter kindergarten ready to succeed, First 5 LA will support parents/caregivers by strengthening their skills, fostering community capacity, and working to change the policies and systems that give families the support they need to help their children succeed. First 5 LA's work with parents/caregivers, communities and systems is grounded in the Center for the Study of Social Policy's (CSSP) *Protective Factors Framework*, a researched-based approach to helping parents/caregivers succeed and children thrive.⁷ CSSP's research shows that when parents/caregivers have certain skills and supports, child outcomes improve. These skills and supports, known as the Protective Factors, include the following: (1) parents/caregivers are able to manage stress; (2) have positive relationships and social connections; (3) understand how a child

⁷ Center for the Study of Social Policy. *The Protective Factors Framework*. Retrieved from <http://www.cssp.org/reform/strengthening-families/the-basics/protective-factors>

develops and their role in supporting his/her growth; (4) are able to provide positive environments for their children; and (5) have access to concrete support in times of need. Most of the work outlined in this plan is designed to increase the Protective Factors identified by this Framework, both directly (by working with individual families) and indirectly (by making communities, public policies and systems more responsive to and supportive of the Protective Factors).

First 5 LA's dedication to promoting the Protective Factors builds upon the organization's 15 years of experience and learning about what works for families and children. Recognizing the critical role parents/caregivers play in their child's development, this Strategic Plan reaffirms and deepens important work underway to strengthen families and improve child outcomes in two principal areas. First, the Commission will continue to support home visitation services, such as Welcome Baby and intensive home visiting. These critical programs help parents/caregivers build the skills they need to support the health and well-being of children and their families.

Second, the Commission will continue to support family strengthening and community capacity-building in the 14 Best Start Communities, consistent with First 5 LA's 2013 Building Stronger Families Framework (BSFF). The BSFF highlights our belief that community environments (both physical and social) are important to the Protective Factors. Community is essential in supporting the wellness of parents/caregivers and families, and are the contexts in which services and the systems and policies that guide them play out (See Appendix E).

In addition, this Strategic Plan recognizes that the systems through which services and supports are financed, organized and delivered can help or hinder the ability of parents/caregivers to build the Protective Factors so vital to improving child outcomes. Therefore, this Strategic Plan will work to strengthen families by increasing the effectiveness and coordination of service delivery systems to ensure families receive concrete supports in times of need.

First 5 LA's Evolving Role and Approach

Addressing the challenges faced by today's families is a big task, and First 5 LA can't do it alone. The 2015–2020 Strategic Plan recognizes that we are just one organization, among many, that is working to improve the lives of children and families, and that the path to widespread impact and sustainability runs through community, systems and policy change. Community and systems change is the transformation of how existing organizations and communities work to improve outcomes for young children (e.g., structures, functions, norms, values, skills or attitudes). Only by working together to change policies and improve service delivery systems at a fundamental level can we address the core issues that prevent so many children and their families from getting the support they need to thrive. If we improve the effectiveness, coordination and quality of services and supports young children and families need, then we can help many more children and families across L.A. County now and for generations to come.

One key feature of First 5 LA's more focused approach is a reduced emphasis on funding discrete direct services with impact at the participant level and an increased emphasis on systems change, collaboration and public policy. This shift reflects both the Commission's strategic imperative to maximize impact for young children through the systems and policies that can affect the greatest number of children prenatal to age 5 over a longer period of time and the fiscal imperative to live within available resources.

Investment Guidelines

To help define and support First 5 LA's more focused role, the Commission adopted six investment guidelines, which express the organization's point of view about how and where it can have the most impact. Together, these six investment guidelines represent a "six-part identity statement" for First 5 LA (see Appendix F for more information on these Investment Guidelines).

The Commission's investment guidelines are that First 5 LA will:

- Focus on **prevention**.
- Focus on **systems and policy change**.
- **Seek to have a broad impact**, affecting large numbers of people.
- Prioritize investments that **strengthen families** and, whenever possible, **improve community capacity**.
- Prioritize the **identification and scaling up of evidence-based practices**.
- **Engage partners at the earliest possible stage** of activity and/or investment.

These guidelines served as criteria for Commission decision making for all major components of the strategic planning process, including the identification of vision, goals, outcomes, investment areas and the strategies that First 5 LA will utilize to achieve impact. Furthermore, the investment guidelines serve as ongoing policy guidance to staff as First 5 LA implements the Strategic Plan.

Investment Areas

First 5 LA will focus its resources on six investment areas, which represent specific streams of work to advance the Outcomes and Priority Focus Areas. The investment areas include:



A brief definition of each investment area follows:

Research and Development: Identifying and supporting the expansion of evidence-based practices that have been proven to make a real difference in the lives of children prenatal to age 5 and their families.

Public Policy and Advocacy: Increasing public-sector investments in children and families, and improving the policies that govern those investments.

Service Delivery System Improvement: Increasing the effectiveness and coordination of service delivery systems (such as health-related systems) to ensure that children and families receive the services they need, and that those services are of high quality.

Provider Training: Improving the quality of the services we care about by building the knowledge and skills of providers.

Community Capacity Building: Helping individuals and groups that live and work in neighborhoods and communities take greater ownership and responsibility for the children and families who live within them by fostering safe, healthy, and vibrant communities.

Communications: Educating the public and key stakeholders about the importance of investing in our children and families.

III. Values, Vision, Mission and Target Population

The values, mission, vision and target population below, which have all been revised to reflect First 5 LA's increased focus and new strategic direction, provide vital context and direction for the Strategies contained in this plan and beyond.

Values: Our guiding principles

Our values act as guiding principles for how we do our work, the culture we aim to promote and a benchmark to measure behaviors and performance.

Overarching Organizational Value:

Collaboration: We believe joint effort toward common goals achieves trust and produces greater impact for L.A. County's youngest children and their families.

Values:

Integrity: We believe fidelity to our values builds credibility, trust, fairness and consistency.

Respect: We believe in honoring and nurturing every individual and community.

Accountability: We believe results matter and that a focus on transparency and excellence yields improved outcomes, work quality and stewardship of resources.

Partnership: We believe that by working with others who share our aspirations for young children, we can maximize every child's readiness for kindergarten and success in life.

Shared Leadership: We believe that together we can ensure that every child enters kindergarten ready to succeed in school and life.

Learning: We believe learning never ends, so we are committed to critical thinking and continuous innovation.

Vision: Our guiding aspiration

Our vision describes what we want to be true in 20 years or so based on our contributions for children from prenatal to age 5 and their families.

Throughout Los Angeles' diverse communities, all children are born healthy and raised in a safe, loving and nurturing environment so that they grow up healthy in mind, body, and spirit, are eager to learn, with opportunities to reach their full potential.

Mission: How we will act to achieve our vision

Our mission concisely describes the outcome we are working towards, and how our organization will work towards that outcome.

First 5 LA, in partnership with others, strengthens families, communities, and systems of services and supports so all children in L.A. County enter kindergarten ready to succeed in school and life.

Target Population: Who We Support

While First 5 LA cares about the healthy development of all children prenatal to age 5 and their families in L.A. County, it recognizes that some of those children and families have far greater needs than others, and has called this out in the following statement:

First 5 LA works on behalf of all children prenatal to age 5 and their families in Los Angeles County, but focuses on those who face significant risks and challenges to achieving their maximum physical and socio-emotional health and learning potential.

IV. The Change First 5 LA Seeks to Achieve and How We Will Achieve It

First 5 LA spent a significant amount of effort during this strategic planning process clarifying *what* specific change it will contribute to, as well as *how* the organization will use its fiscal and non-fiscal resources to influence that desired change. These critical decisions are captured in three related components, each of which help to make more specific the change First 5 LA is aiming for and how it will be clear if progress towards success has been achieved: 1) The Overarching Result We Seek, 2) The Goals That Contribute to the Overarching Result; and 3) The Measurable Outcomes of Progress (all described in detail below).

During the planning process, First 5 LA also defined the work it will do — referred to as Strategies — over the next five years to advance progress towards its desired change.

The Overarching Result We Seek

The Overarching Result serves as a single ‘north star’ for First 5 LA:

Children enter kindergarten ready to succeed in school and life.

The Goals That Contribute to the Overarching Result

First 5 LA adopted three goals that contribute to achieving the Overarching Result. These goals are based on the three primary domains of what affects a child’s ability to learn and achieve optimum potential: 1) physical health; 2) socio-emotional health and development; and 3) cognitive development.

- Children prenatal to age 5 achieve their maximum physical health potential;
- Children prenatal to age 5 achieve their maximum socio-emotional health potential; and
- Children prenatal to age 5 reach their maximum cognitive development potential.

Measurable Outcomes of Progress

To advance the physical health, socio-emotional health and cognitive development potential of children prenatal to age 5, First 5 LA identified four outcomes that focus the organization’s work. The Outcomes reflect needs identified by families, community members and other stakeholders engaged during the strategic planning process. The Outcomes represent areas where First 5 LA can have a broad, lasting impact that will positively affect the greatest number of children prenatal to

age 5 and their families for years to come. The following summarizes these Outcomes and the change we seek:

Outcomes
<p>Families: Increased family protective factors</p> <p><i>We will work with parents and caregivers to make sure they have the skills, knowledge and access to resources to support their child's development.</i></p>
<p>Communities: Increased community capacity to support and promote the safety, healthy development and well-being of children prenatal to age 5 and their families</p> <p><i>We will support a community's ability to foster safe, healthy and engaged neighborhoods that help children and their families thrive</i></p>
<p>ECE Systems: Increased access to quality early care and education</p> <p><i>We will increase access to affordable, quality early care and education.</i></p>
<p>Health, Mental Health and Substance Abuse Services Systems: Improved capacity of health, mental health and substance abuse services systems to meet the needs of children prenatal to age 5 and their families</p> <p><i>We will improve how health-related systems — such as health, mental health and substance abuse services — coordinate and deliver care to young children and their families in L.A. County.</i></p>

These Outcomes reflect First 5 LA's belief that improving child outcomes requires change at three, interrelated levels: through (1) supporting families; (2) strengthening the capacity of the communities in which families and children live; and (3) increasing the effectiveness and coordination of the service delivery systems upon which families rely. For example, when we help families strengthen their skills to support their child's development through hospital-based home visitation programs, we improve the health system and put children on a path for school readiness. Furthermore, when we work with others to enhance a community's capacity to support families and children, we improve the coordination of the systems of care within communities that, in turn, build families' Protective Factors.

In light of the Strategic Imperative to "determine a clear, well-defined focus for First 5 LA," the Commission acknowledged the need to provide further clarity on the specific and measured contributions First 5 LA would make within each outcome. Therefore, Priority Focus Areas were identified to further define the type of change that First 5 LA can measurably affect, as depicted in the following visual.

Outcomes	Priority Focus Areas
Families Increased family protective factors	<ul style="list-style-type: none"> Increased parent/caregiver resiliency; social connections; knowledge of parenting and child development; and capacity to provide enriching, structured and nurturing environments for their children Access to concrete supports in times of need Improved capacity of ECE- and health-related providers to engage parents/caregivers in supporting their child's development
Communities Increased community capacity to support and promote the safety, healthy development and well-being of children prenatal to age 5 and their families	<ul style="list-style-type: none"> Community members have a shared vision and act collectively to improve the policies, services and environments that impact families Communities have ECE- and health-related supports that meet family needs Communities have physical places and spaces that promote healthy living and encourage interaction
ECE Systems Increased access to quality early care and education	<ul style="list-style-type: none"> Improved access to affordable, quality, sustainable early care and education, particularly among high-risk populations Improved quality of ECE services through increased provider capacity
Health, Mental Health and Substance Abuse Services Systems Improved capacity of health, mental health and substance abuse services systems to meet the needs of children prenatal to age 5 and their families	<ul style="list-style-type: none"> Increased effectiveness and responsiveness of screening and early intervention programs across health, mental health and substance abuse services systems Improved capacity of health, mental health and substance abuse services providers to deliver trauma-informed care to children prenatal to age 5 and their families

The Outcomes and Priority Focus Areas provide an important strategic foundation for First 5 LA's work during 2015–2020. They state the change that is possible for young children in L.A. County with the help and contribution of First 5 LA. Moreover, they reflect the Commission's commitment to partnering with others to support families and communities, and enhance the systems of services they rely on to help in their child's development. The next section details the Strategies First 5 LA will prioritize to achieve these Outcomes.

Strategies

Strategies represent how First 5 LA will advance the change we seek in each of the Outcomes and Priority Focus Areas. First 5 LA's work during the 2015–2020 strategic planning cycle will focus on preventative efforts that have a broad, lasting impact that affects the greatest number of children prenatal to age 5 and their families. We have identified specific strategies to advance each of the four Outcomes, which represents ways in which we can make a significant difference in helping children enter kindergarten ready to succeed in school and life. These ten Strategies have been shaped in response to opportunities where the organization has significant potential to contribute to the Outcomes identified in this plan. They were informed by First 5 LA's experience in these outcome areas, the literature and evidence available demonstrating how to advance the Outcomes, and stakeholder engagement. The Strategies are organized by outcome and priority focus area, and where possible include examples of descriptive activities anticipated to be implemented under each strategy. Please refer to Appendix G for additional details on the Strategies.

Families

We will work with parents/caregivers so that they have the skills, knowledge and resources they need to support their child's development.

Why This Matters:

A child's success in school and life starts from the earliest moments — before birth and at home with his or her parents/caregivers. Therefore, when parents/caregivers have certain skills and when the Protective Factors are present, they are able to create nurturing, responsive, stable relationships and learning environments for their children, and child outcomes improve.

Home visiting programs can effectively build the Protective Factors by engaging parents/caregivers in their child's development at the earliest stages. High-quality home visiting programs have been shown to make a positive difference for children and families on a range of outcomes, including child health and development, school readiness and parent/caregiver employment, as well as helping to prevent child abuse and neglect.⁸ When quality programs are properly implemented, they lead to increased family self-sufficiency, lower health care costs, and reduced need for remedial education. For every dollar spent on these efforts, at least \$2 in future spending is saved.⁹

What We Will Do:

One way First 5 LA will increase the Protective Factors and support the parent/caregiver-child relationship is by continuing implementation of Welcome Baby and intensive home visiting programs. Welcome Baby represents a significant First 5 LA investment in enhancing the child-parent/caregiver relationship and the health, safety and security of children and their families. Through Welcome Baby, families are referred to an intensive home visiting program for additional services, if required. First 5 LA will build on the Commission's experience implementing Welcome Baby and intensive home visiting programs to directly support families before and after children are born. Essential complements to Welcome Baby and intensive home visiting programs are a robust research, policy and advocacy agenda to assess the effectiveness of these home visiting investments and to marshal public and private support to extend their reach to all L.A. County families.

Additionally, the parent/caregiver-provider relationship is foundational to increasing family Protective Factors. Therefore, First 5 LA, in partnership with others, will seek to impact systems of services and supports to better engage parents/caregivers in fostering their child's early learning and healthy development.

⁸ Avellar, S., Paulsell, D., Sama-Miller, E., Del Grosso, P. (September 2013, Revised June 2013). *Home Visiting Evidence of Effective Review: Executive Summary*. Office of Planning, Research and Evaluation. Retrieved from http://homvee.acf.hhs.gov/HomVEE_Executive_Summary_2013.pdf

⁹ The PEW Charitable Trusts. (January 2014). *Home Visiting Family Support Programs: Benefits of the Maternal, Infant, and Early Childhood Home Visiting Program*. Retrieved from <http://www.pewtrusts.org/en/research-and-analysis/q-and-a/2014/02/21/the-maternal-infant-and-early-childhood-home-visiting-program>

Our Strategies to advance each focus area are:

Focus Area 1: Increased parent/caregiver resiliency; social connections; knowledge of parenting and child development; capacity to provide enriching, structured and nurturing environments for their children; and access to concrete supports in times of need

- **Strategy:** Lead the testing, modification and scaling up of evidence-based practices and programs that work directly with parents/caregivers to increase family Protective Factors, with a primary focus on Welcome Baby and targeted home visiting models

Focus Area 2: Improved capacity of ECE- and health-related providers to engage parents/caregivers in supporting their child's development

- **Strategy:** Pilot and/or promote the scaling of evidence-based parent/caregiver-engagement models that increase family protective factors in ECE and health-related settings

Communities

We will support a community's ability to foster safe, healthy and engaged neighborhoods that help children and their families thrive.

Why This Matters:

Just as children thrive in the context of strong families, families thrive in the context of neighborhoods and communities that support parents/caregivers' ability to raise their children, providing them with the support, services and opportunities they need. Families themselves build the Protective Factors, but the neighborhoods and communities in which they live provide the context and opportunities for parents/caregivers to strengthen their capacity, build social connections and access concrete supports. Simply put, place matters. If communities are unable to support families in their child's development, or create barriers, children's outcomes are negatively impacted. Focusing on the places in which families live and building the capacity of communities can create and sustain thriving and healthy environments for all children.

What We Will Do:

Because place matters in the lives of families and children, First 5 LA will continue its commitment to the 14 Best Start Communities through implementation of the BSFF. The BSFF seeks to strengthen the Protective Factors through a community capacity building approach. We will strengthen the capacity of the communities to support families, build parent/caregiver participation within their community, improve the coordination of the systems that serve them and support the enhancement of the environments in which children live, learn and play. First 5 LA will continue to engage parents/caregivers, residents and local organizations in the Best Start Communities to generate a shared vision and action plan. This work will promote collective action to identify barriers and gaps as well as mobilize assets and resources to ensure communities support families to succeed.

Our Strategies to advance each focus area are:

Focus Area 1: Community members have a shared vision and act collectively to improve the policies, services and environments that impact families

- **Strategy:** Convene and create opportunities for collaboration among parents/caregivers, residents, organizations and institutions across multiple sectors within the Best Start

Communities to work together to achieve the core results of the Building Stronger Families Framework

Focus Area 2: Communities have ECE- and health-related supports that meet family needs

- **Strategy:** Convene and strengthen the capacity of ECE- and health-related organizations and institutions to improve services and supports within the Best Start Communities

Focus Area 3: Communities have physical places and spaces that promote healthy living and encourage interaction

- **Strategy:** Convene and strengthen the capacity of existing advocacy groups to work with communities to create new or improved physical spaces and places for families and children prenatal to age 5 with a priority focus on Best Start Communities

Early Care and Education Systems

We will increase access to affordable, quality early care and education.

Why This Matters:

A child's early learning is critical to their success in school and beyond. By participating in high-quality early care and education (ECE) programs, children are more likely to have higher socio-emotional skills, be school ready and achieve key academic benchmarks such as third grade reading proficiency.¹⁰ However, in L.A. County, there are significant gaps and needs in ECE access, quality of programs and workforce.¹¹ For example, there is limited availability of quality programs for infant and toddlers and preschool age children; this is especially prevalent for children living in low-income communities of color.¹² Within the workforce development system, there is a need for increased alignment across qualifications, competencies, and preparation and training.

What We Will Do:

To support the school readiness of children across L.A. County, First 5 LA will work to improve policies and systems to increase the number of affordable and sustainable child care programs and to improve the quality of those programs. To do this, First 5 LA will advocate at the local, state and national level for more resources for early care and education — for infants/toddlers as well as preschool-aged children — to improve the availability of affordable programs. Recognizing the power of data and partnership, First 5 LA will collaborate with others to develop a kindergarten readiness assessment that can help inform and drive ECE policy, fiscal and systems change.

In addition, we will focus on improving the quality of care by supporting uniform quality measures to empower parental decision-making and drive program improvements. We will also improve the system of professional development so that early care and education providers have strong skills and the knowledge necessary to help young children get ready for school.

¹⁰Vandell, D.L. et al. (2010). *Do effects of early childcare extend to age 15 years?* Results from the NICHD Study of Youth Development. Child Development, 81 (3), 737-56. Retrieved from <http://nieer.org/publications/latest-research/do-effects-early-child-care-extend-age-15-years-results-nichd-study>

¹¹ Advancement Project. (June 2014). *ECE Landscape: Past and Potential Future Roles and Strategies*. Retrieved from <http://www.first5la.org/files/lpad/6-23-14/Item-10.pdf>

¹² Advancement Project. (June 2014). *ECE Landscape: Past and Potential Future Roles and Strategies*. Retrieved from <http://www.first5la.org/files/lpad/6-23-14/Item-10.pdf>

Our Strategies to advance each focus area are:

Focus Area 1: Improved access to affordable, quality, sustainable early care and education, particularly among high-risk populations

- Strategy: Advocate for greater public investment in quality early care and education, with a focus on both infant/toddler care and preschool

Focus Area 2: Improved quality of ECE services through increased provider capacity

- Strategy: Support implementation of a uniform Quality Rating and Improvement System (QRIS) within L.A. County in order to build the evidence base to support advocacy and policy change
- Strategy: Strengthen the professional development system for early care and education providers

Health, Mental Health and Substance Abuse Systems

We will help improve how health-related systems — such as health, mental health and substance abuse services — coordinate and deliver care to young children and their families in L.A. County.

Why This Matters:

The physical and socio-emotional well-being and development of children prenatal to age 5 is affected by the parent/caregiver-provider relationship and interaction with the health, mental health and substance abuse services systems (health-related systems). However, navigating these systems is difficult and complex for many families. For example, families often encounter challenges to receiving timely developmental screenings and early intervention services because of a lack of systemic care coordination and data-sharing obstacles. Breaking down these barriers is critical in helping to identify factors that affect socio-emotional and health outcomes for children.

Additionally, one of the most pervasive and damaging factors in a child's development is the effect of trauma and chronic stress. Children who experience trauma — such as abuse, neglect, loss and chronic stress as a result of persistent poverty, community and family violence, homelessness, parental substance abuse and maternal depression — often face lifelong physical and emotional health problems. While the impact of trauma can be profound and can have long-term negative implications, research on stress and resilience demonstrates that a positive and secure attachment with at least one caring adult can serve a protective function for children and can actually buffer the negative impact of toxic stress on the child's developing brain.¹³ This safe, loving and nurturing relationship can be strengthened through the promotion of the Protective Factors in the systems with which families interact.

What We Will Do:

To ensure children prenatal to age 5 reach their optimal physical and socio-emotional health potential, First 5 LA has identified two ways we can advance improvements across these health-related systems and help the greatest number of children and families. First 5 LA will focus on strengthening how health-related systems coordinate and assist families in receiving early

¹³ Werner, E. E. (2000). *Protective factors and individual resilience*. In J.P. Shonkoff and S.J. Meisels (eds), *Handbook of Early Childhood Intervention* (pp. 115-132). New York, NY: Cambridge University Press

intervention services needed for their child's healthy development. Specifically, First 5 LA will support efforts to promote, from a systems perspective, improved coordination of care for children in relation to developmental delays.

In addition, we will respond to the effects of trauma on a child's development in two ways. First 5 LA will first collaborate with experts to learn about the impact of trauma on a child's development and the gaps in service providers' ability to respond to families affected by trauma. Second, we will develop an action plan to build and promote the capacity of health care providers and systems to realize, recognize and respond to families and their young children who have experienced trauma in their lives.

Our Strategies to advance these two areas are:

Focus Area 1: Increased effectiveness and responsiveness of screening and early intervention programs across health, mental health and substance abuse services systems

- Strategy: Advocate for policy and practice changes to support efforts to improve coordination and functioning of developmental screening, assessment and early intervention programs

Focus Area 2: Improved capacity of health, mental health and substance abuse services providers to deliver trauma-informed care to children prenatal to age 5 and their families

- Strategy: Identify and promote best practices around trauma-informed care that improve the service delivery system for children prenatal to age 5 and their families

V. Resource Requirements for the Plan

In order to establish the feasibility of the Strategies contained in this plan, analyses were conducted regarding both the estimated cost of implementing the Strategies and the resources available for the five-year planning cycle.

Projected Expenditures

As part of this strategic planning process, staff developed resource estimates for each Strategy based on the “anchor” and “supplemental” activities identified during the initial strategy development process. Staff identified cost drivers and variables for each activity, based on their actual, extensive experience in implementation planning for initiatives, especially Welcome Baby and Best Start. Staff was asked to provide estimates for the Strategies based on an assumption that the Strategies would be robustly implemented in order to achieve the greatest impact for children prenatal to age 5. To develop a complete picture of the resources required (beyond implementing each strategy) for the Plan, staff calculated the following additional costs:

1. Estimates for core operations using the current level as a baseline and then projecting for future years based on declining tobacco tax revenues.
2. Estimates for Research and Evaluation activities based on the maximum currently allowed by the Commission (5% of estimated programmatic spending).
3. Estimates related to programs initiated under the 2009–2015 Strategic Plan but expected to be completed during the 2015–2020 strategic planning cycle (otherwise known as zero-based budgeting).

Total resources required for the five-year Strategic Plan based on these estimates is \$565 million as shown in Figure 1. These estimates reflect staff’s knowledge of cost drivers and variables for each Strategy at the time of writing this Strategic Plan. Continued refinement of the Strategies, which will occur during the Implementation Planning phase, will further clarify the resources required to support the Plan’s implementation. The annual review of the Strategic Plan, as required by Proposition 10, provides another opportunity to update and refine cost projections associated with the new Strategic Plan.

Projected Resources Available

To ascertain the total amount of resources available for the 2015–2020 strategic planning cycle, First 5 LA staff assessed the following:

1. Tobacco tax revenue projections for FY2015–2020^{14,15}
2. The portion of the Fund Balance that was not allocated during the 2009–2015 Strategic Plan (currently estimated at \$57.7 million as of November 2014); and

¹⁴ Staff has included tobacco tax revenues from FY2014–2015 in the projected estimates of available revenue for the 2015–2020 Strategic Plan. These revenues are not being expended in the current fiscal year because FY2014–2015 programmatic and operational expenses are funded by First 5 LA’s Fund Balance.

¹⁵ Additional revenue through interest income and lease revenue is not included.

3. Board approved and funded commitments that were never developed during the 2009–2015 strategic planning cycle, and therefore available to the new Strategic Plan, if the Commission were to redirect. There were two initiatives¹⁶ that fell into this category of available resources, totaling approximately \$15.9 million.

Based on staff analysis and recommendation, the Commission agreed to apply the assigned portion of the Fund Balance referenced above, as well as the two funding commitments identified above, to the new Strategic Plan. Therefore, at the time of this Plan's publication, the estimated total resources available for the 2015–2020 Strategic Plan is \$567 million.

The Commission is committed to putting its available resources to use to advance the Outcomes outlined in the 2015–2020 Strategic Plan. Moreover, at the end of this Strategic Plan, it is expected that First 5 LA expenditures will align with revenues and no longer require reliance on a Fund Balance. Finally, the Commission's allocation of available resources to support the 2015–2020 Strategic Plan complements other board-approved policies, including: (1) First 5 LA's Reserve Policy, which sets aside 25% of annual operating and program costs for unexpected events; and (2) the Governance Guidelines, which require that a sustainability plan for investments be developed at the beginning of implementation.

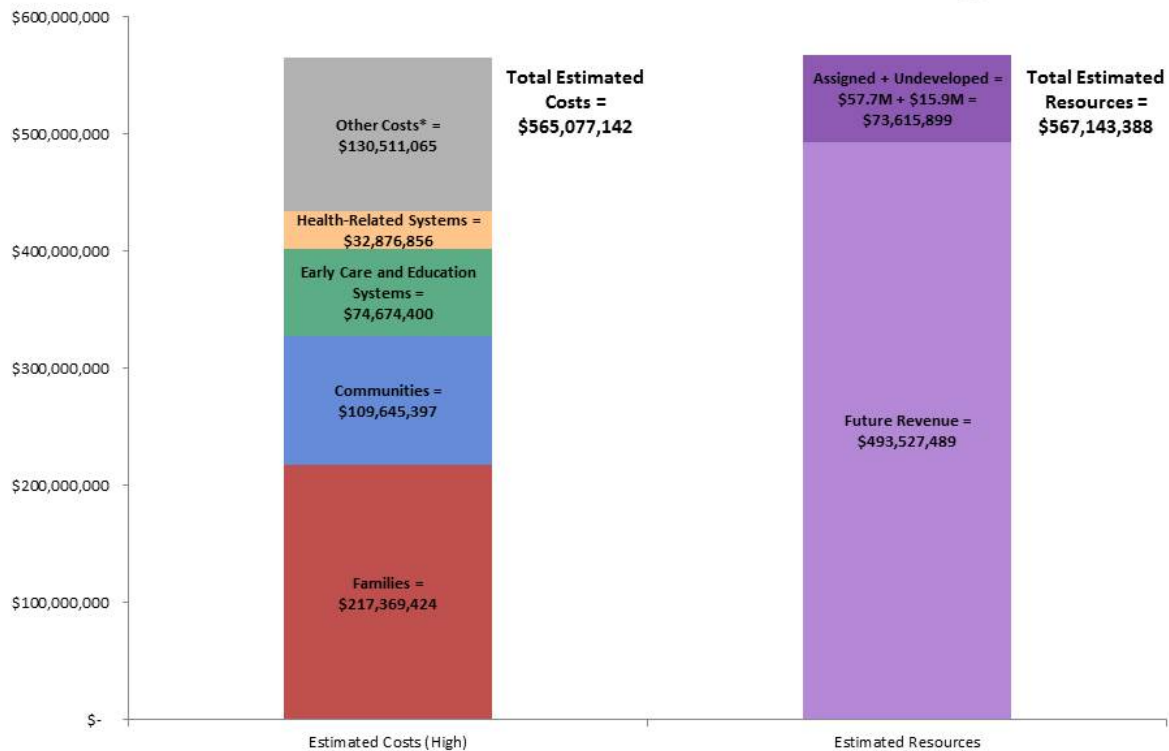
¹⁶ These allocated, but undeveloped, initiatives include Family Education and Uninterrupted Care for Prenatal to Postpartum Women.

Comparison of Projected Expenditures and Resources

The following table summarizes the resources available for the 2015–2020 Strategic Plan as compared to the estimated costs of deploying the Strategies. This graphic affirms the fiscal viability of the Strategies laid out in this Strategic Plan.

Figure 1:

Total Estimated Costs and Total Estimated Resources Available for 2015–2020 Strategic Plan



*Includes: Zero-Based Awards = \$8,856,856; R&E = \$32,233,652; Operations (Program) = \$41,133,456; Operations (Admin) = \$48,287,101

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VI. Next Steps: Implementation Planning

This Strategic Plan identifies the Strategies that will guide First 5 LA's work between 2015 and 2020, and provides clear policy guidance regarding how the Strategies will be deployed and to what end. Several additional steps, summarized below, will be completed in the months following plan approval to ensure First 5 LA is prepared to embark on its new strategic direction.

Additional Fiscal Analysis

Work to be Completed: First 5 LA is committed to seeing all current funding commitments through to their successful conclusion consistent with the Governance Guidelines, ensuring that all resources are expended in the most effective way possible. To this end, First 5 LA staff will conduct a review of all investments expiring during the next Strategic Plan period, identify remaining resources and make recommendations to the Commission about how they should be utilized. This process may or may not identify additional funds that could be applied to the work carried out under the 2015–2020 Strategic Plan.

Commission Action Needed: Approve criteria for use of remaining resources associated with current contracts expiring 2015–2020 presented by staff.

Estimated Date of Completion: Spring 2015

Strategy Refinement and Execution

Work to be Completed: Upon approval of this Strategic Plan, First 5 LA staff will continue to develop and refine the initial Strategies identified by the Commission. Activities identified during this strategic planning process (see Appendix G for examples) served as the basis for providing the Commission with examples of how to deploy the Strategies; ongoing strategy refinement may result in the identification of additional activities that will effectively advance the Outcomes and Areas of Focus contained in this Plan. This strategy refinement work will include the following key steps:

1. Continuing to evaluate whether the proposed set of activities represents the best approach to accomplishing the Priority Focus Areas within each Outcome; the final product will be a set of specific activities that is recommended for implementation between 2015 and 2020.
2. Identifying key implementation details associated with each activity, including responsible personnel, time frames, and variables that could affect implementation.
3. Refining the estimated cost of implementation for each activity.
4. Developing a comprehensive policy, data development, and communications agenda across the Strategies.
5. Identifying timely partnership opportunities that will accelerate the achievement of impact.
6. Updating the financial projections presented in Section V.

Commission Action Needed: None, although the implementation plans produced by the strategy refinement process will be shared with the Commission in Spring 2015 and serve as the basis for budgeting for FY 2015–16.

Estimated Date of Completion: Spring 2015

Evaluation and Learning Plan

Work to be Completed: First 5 LA's approach to monitoring, evaluation and learning reflects the organization's commitment to using data to advance strategies that change policies and systems for the benefit of children from prenatal to age 5 and their families, as well as for learning how to continuously improve the efforts the organization participates in and supports. First 5 LA's learning and accountability efforts are centered around the following:

- Conducting research studies and data development projects that build knowledge to advance systems change and policies that improve child and family outcomes;
- Developing systems to collect data to determine progress toward goals;
- Conducting evaluations that help to identify best practices and lessons learned; and
- Sharing First 5 LA's progress and learning through dissemination tools such as dashboards and an Annual Accountability and Learning report.

As has been the case in the past, research, evaluation and learning efforts will play a prominent role in implementing the 2015–2020 Strategic Plan. First 5 LA staff will engage in research and data development efforts that advance progress towards strategies (such as advancing the level of evidence of home visiting models to promote the scaling and sustainability of these models) and that support measurement of progress towards outcomes. There are five levels of measurement and evaluation that will be designed during the implementation phase of the 2015–2020 Strategic Plan:

1. **Participant level:** Collecting data on the process and results of First 5 LA's work with children and parents/caregivers prenatal to age 5;
2. **Systems and policy level:** Collecting data on process and results related to First 5 LA's systems change efforts;
3. **Organization-community level:** Collecting data on process and results related to First 5 LA's work with communities and community capacity building;
4. **Population level:** Collecting data on community indicators to monitor trends in First 5 LA's goals; and
5. **First 5 LA Commission level:** Collecting data on First 5 LA's ability to execute and fulfill the roles it has defined for itself to achieve impact for children from prenatal to age 5 and their families.

There will be a detailed and focused effort to develop Theories of Change and indicators at each of these five levels of measurement, evaluation and learning. For illustrative examples of performance measurement, outcomes and population-level monitoring questions that will guide the development of the Monitoring, Evaluation and Learning Framework, please see Appendix H.

Commission Action Needed: The Commission will provide input on the Monitoring, Evaluation and Learning Framework presented by staff in Spring 2015.

Estimated date of completion: Spring 2015

Organizational Alignment

Work to be Completed: Because this Plan supports a new strategic direction for First 5 LA, as reflected by an increased emphasis on systems change, policy advocacy and partnership, it will be

necessary for First 5 LA to carefully analyze its current staffing capacity, existing business systems and organizational structure in relation to what is needed to deliver on the new Strategic Plan. This process will both build upon and support the organizational development work currently underway to identify organization-wide priorities and strategies. Examples of the types of activities that will be included in this process are:

1. Identify the staff knowledge, skills and abilities necessary to advance the Strategies.
2. Design and implement internal organization and leadership-capacity-building activities to develop identified areas of staff growth and development.
3. Explore and evaluate options to align the organizational structure with the work embodied in the new Strategic Plan.
4. Develop a time line for the organizational alignment process and implementation.

Commission Action Needed: Review and/or approval of staff recommendation on organizational alignment to support Strategic Plan implementation.

Estimated Date of Staff Progress Report: Report progress to the Commission, Spring 2015

Future Funding Model

Work to be Completed: While this Plan identifies an adequate level of resources to fund the Strategies it contains for the full five-year plan cycle, First 5 LA faces a future of declining tobacco tax revenues and, therefore, a challenge to its funding model. While one approach available to First 5 LA is to plan for declining expenditures over time, another is to explore options for increasing revenue from alternative sources.

In order to facilitate a wise decision on this matter, First 5 LA staff will assess options to modify the organization's existing funding model. Examples of steps involved in this analysis include:

1. Consultation with other First 5's across California regarding their plans for addressing their funding model, both to identify creative approaches from peer organizations and to ensure that whatever approach First 5 LA pursues takes into account the values, dynamics and direction of the broader First 5 community.
2. Informed by this consultation, conduct a review of the options available to modify First 5 LA's funding model, identifying specific revenue sources (e.g., local or state tobacco or e-cigarette revenues) and/or funding models (e.g., Pay for Success, program-related investments).
3. Conduct a cost/benefit analysis of different funding options, taking into account financial viability/sustainability as well as considerations about the role and reputation of First 5 LA.
4. Make a recommendation to the Commission regarding a future funding model based on these analyses.

Commission Action Needed: Review and/or approval of staff recommendation on a future funding model.

Estimated Date of Staff Progress Report: Report progress to the Commission relevant to the FY 2015–16 Budget, Spring 2015

VII. Appendices

- **Appendix A: Synopsis of the 2009–2015 Plan**
- **Appendix B: Approach to the 2015–2020 Strategic Planning Process**
- **Appendix C: Research Basis and Stakeholder Engagement**
- **Appendix D: Governance Guidelines**
- **Appendix E: Building Stronger Families Framework**
- **Appendix F: Investment Guidelines and Conditions for Deviation**
- **Appendix G: Strategy Descriptions**
- **Appendix H: Monitoring, Evaluation and Learning Framework Example Questions**

Appendix A: Synopsis of the 2009-2015 Strategic Plan

In 2009, First 5 LA's Board of Commissioners adopted a new strategic plan to guide its investments through June 2015. The plan, *Strengthening Families and Communities in L.A. County*, marked a significant evolution in First 5 LA's approach to creating change in the county to benefit its youngest children and their families. First 5 LA identified three strategies to deliver on change for children prenatal to age 5: Family Strengthening through home visitation; Community Capacity Building through a place-based approach called *Best Start*; and Countywide Systems Change. The Plan was amended in 2010 by the Commission to include additional *Countywide Initiatives* intended to provide additional supports to children prenatal to age 5 and their families.

Family Strengthening

The Family Strengthening strategies in the 2009-2015 Strategic Plan were developed in recognition of the fact that families are fundamental to the well-being of children prenatal to age 5. These strategies include a continuum of direct services, beginning at pregnancy, that provide intensive support to at-risk families, such as assisting parents/caregivers in bonding with their children and supporting all aspects of their child's development. Family Strengthening activities include home visitation programs (e.g. Welcome Baby), case management to help families access community-based services, parent education, supporting early care and education quality improvement and service enhancement, and family engagement to increase parent/caregiver involvement in their communities.

Community Capacity Building

Families are strong when supported by safe and thriving communities. The Community Capacity Building strategies in the 2009-2015 Strategic Plan focus on improving the quality of life in 14 specific geographic communities within LA County by supporting strong community relationships and collective action.

Community Capacity Building develops residents' ability to advocate for local policy changes, promote collaboration between community residents and organizations, and connect and leverage community assets. Key components of the Community Capacity Building strategy include community engagement, developing community leadership, and improving community infrastructure through connecting and mobilizing local community-based resources (including money, time and talent).

The Community Capacity Building strategy is implemented under the umbrella of *Best Start*, First 5 LA's place-based approach designed to concentrate investment in communities of extremely high need. In the spring of 2013, First 5 LA staff developed, and the Board of Commissioners endorsed, a Building Stronger Families Framework (BSFF) to sharpen the focus of the work of Best Start. The BSFF articulates the core results First 5 LA seeks and a plan for how to achieve those results (see Appendix E).

Countywide Systems Change

The 2009-2015 Strategic Plan outlines the critical role of strong, coordinated, and responsive systems in supporting families and improving outcomes for children prenatal to age 5. These

systems include the platforms through which health, early learning, and human services are provided in L.A. County, as well as less formalized systems and structures that support children and their families. Systems change strategies improve the formal structure through which services to young children and their families are provided in L.A. County through public policy, public education, resource mobilization, workforce development, data systems integration, health access, and information resources and referral.

Appendix B: 2015-2020 Strategic Planning Process and Milestones

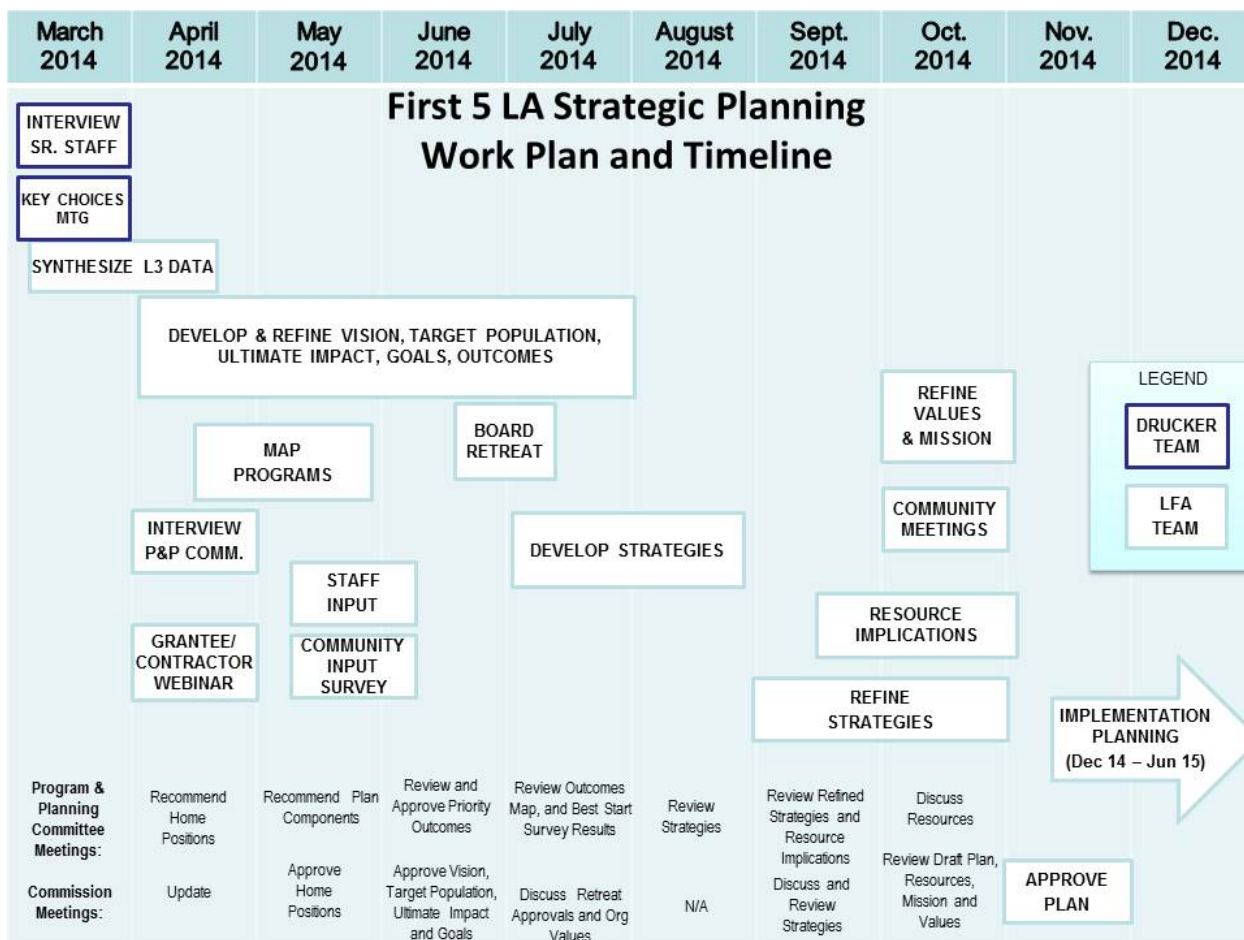
The 2015–2020 Strategic Plan was developed through a rigorous process that drew on the expertise, wisdom and contributions of a multitude of First 5 LA stakeholders. Initiated in March 2014, the process was driven by the Commission’s Program & Planning Committee (which is responsible for leading all strategic planning efforts) and championed by both Commission and Program & Planning Committee Chairs.

The strategic planning process was led by the Office of Strategic Planning and Implementation, members of the First 5 LA Steering Committee and the consulting firm Learning for Action. This team facilitated monthly discussions with the Board at the regular Commission Meetings and the Program & Planning Committee Meetings to develop and refine each component of the Strategic Plan. Commissioners were engaged throughout the process, providing vital feedback on elements of the Plan.

In addition, multiple staff teams were assembled to support the strategic planning process:

- Strategic Planning Work Group: a cross-departmental assembly of staff representatives, who provided input regarding early components of the Strategic Plan and served as a vital communications conduit to all First 5 LA staff as the process unfolded; and
- Outcome Work Groups: guided the development of Strategies and related resource requirements to advance the outcomes. There was one group for each outcome identified in this Plan. Each group was comprised of 10–15 staff members.

Below is the time line depicting how the activities unfolded during this planning process:



The planning process consisted of the following major elements:

- **Key Choices:** In March 2014, at an all-day “Jump Start” session facilitated by consultants from the Claremont Graduate University Drucker School of Management in partnership with LFA, First 5 LA staff discussed, refined and prioritized the choices that First 5 LA must make as part of its planning for the future. The discussion was designed to illustrate the critical role that choices play in developing organizational strategy; to identify the major areas where choice by the Commission would need to be made to achieve greater focus, impact, and sustainability; and to see where there might be convergence that could help inform further discussion.
- Through conversations with the Commission, the LFA team facilitated the development of First 5 LA’s **Strategic Imperative** and home positions on **Investment Guidelines** to set the stage for creating a Strategic Plan that will help the organization make tough choices, in particular, choices regarding First 5 LA’s unique and highest value and, importantly, the activities the organization will *not* undertake.
- LFA completed a **Data Synthesis** in April 2014 that analyzed the results of the Listening, Learning and Leading effort (L3), the Accountability and Learning Report, the Prenatal to 5

Environmental Scan, the Long Term Financial Projection FY 2014-18, and other program and financial information.¹⁷

- Following the policy guidance provided by the Strategic Imperative and the Investment Guidelines, Commissioners reviewed proposals for several key components for the Strategic Plan including: a **vision statement**, **ultimate impact**, **goals** and **target population**. The proposed language sought to bring greater clarity to First 5 LA's existing statements or articulate a position when it did not exist — as was the case with the target population and ultimate impact components of the framework. The suggestions presented to Commissioners for discussion were informed by research, experience and best-practice examples from other county First 5's and strategic funders.
- LFA engaged Commissioners in a facilitated process to identify **outcomes** for each goal area. Staff and LFA presented to Commissioners additional criteria to facilitate discussion, including a review of the policy and funding landscape for each of these goal areas and an assessment of the availability of indicators to measure the proposed outcomes.
- To inform the selection of outcomes, LFA administered **Community Input Surveys** to staff, current and former grantees and contractors, Best Start Communities, and other stakeholders with the intent of gaining feedback about how the outcomes could be prioritized, what additional outcomes may be missing under each goal area and the ways that First 5 LA could potentially achieve these outcomes.
- At the June 30 Board retreat, Commissioners approved the outcomes and **priority focus areas**. Commissioners also adopted First 5 LA's **definition of systems change** to clarify that the efforts and outcomes related to policy change and community capacity-building are a part of how First 5 LA can pursue and achieve systems change.
- Work with staff continued in August and a set of **Strategies** was presented to the Commission on August 28. The Strategies are grounded in research on best practices from the field relative to each of the focus areas, a review of First 5 LA's previous experience in these areas, an examination of existing literature and environmental scans, including the Advancement Project's *ECE Landscape: Past and Potential Future Roles and Strategies*, and initial discussions with key stakeholders across the county working in these fields. The Strategies were evaluated against the Investment Guidelines described above.
- **Community Input Sessions:** First 5 LA convened community members throughout the County to share their vision and direction moving forward, and to engage community members in a discussion about how First 5 LA can partner with communities, initiatives, and/or organizations and leaders as they move toward implementation of the Strategic Plan.
- LFA and staff presented estimated **financial resources** available to First 5 LA for 2015–2020. Additionally, LFA and staff presented estimated resources required to support the plan's implementation.

Furthermore, the FY 2009–2015 Strategic Plan provided a foundation and starting point for the planning process, which also drew from the following inputs developed in 2013: the Building Stronger Families Framework; the Listening, Learning and Leading effort (L3); the Accountability and Learning Report; the Prenatal to 5 Environmental Scan; and the Long Term Financial Projection FY 2014–2018.¹⁸

¹⁷ Additional data sources include: the *First 5 LA Brand Awareness and Perception Study Overview*; the Best Start inquiry; the *Birth Outcomes Exploratory Study*; the *Blue Ribbon Commission on Child Protection*; the *Early Childhood Education Landscape*; *Community Input*; and LFA's *Policy and Funding Landscape*.

¹⁸ Additional data sources include: the *First 5 LA Brand Awareness and Perception Study Overview*; the Best Start inquiry; the *Birth Outcomes Exploratory Study*; the *Blue Ribbon Commission on Child Protection*; the *Early Childhood Education Landscape*; *Community Input*; and LFA's *Policy and Funding Landscape*.

The following table highlights key milestones that occurred throughout this strategic planning process:

Meeting Date	Action Taken	Item
April 10, 2014	Endorsed	Strategic Imperative
May 8, 2014	Approved	Investment Guidelines
June 12, 2014	Approved	Ultimate Impact, Vision Statement, Target Population Statement, and Goals
June 30, 2014 (Retreat)	Approved	Outcomes and Priority Focus Areas
September 24, 2014	Endorsed	Programmatic Strategies
October 22, 2014	Endorsed	Range of Expenditures and Resources Available for 2015–2020 Strategic Plan

Appendix C: Research Basis and Stakeholder Engagement

There were many data sources consulted in preparation for launching First 5 LA's 2015–2020 strategic planning process. In addition, First 5 LA solicited opinions and perspectives from members of the community. This research basis and stakeholder engagement process provided the foundation for First 5 LA's strategic choices as outlined in the body of the Strategic Plan.

Los Angeles County Context

L.A. County is the most populous county in the United States, with 9,818,605 residents reported in the 2010 Census. L.A. County is projected to have approximately 650,000 under age 5.¹⁹ The table below shows the L.A. County population by age and race/ethnicity for 2010 and projected for 2020.

Exhibit 2: L.A. County Population Projections by Age Category and Race/Ethnicity, 2010²⁰

Race/Ethnicity	0-4	5-9	All ages
Hispanic/Latino	409,767	395,751	4,688,443
Asian/Pacific Islander	64,155	66,397	1,406,021
Black/African American	50,687	51,010	848,466
American Indian/Alaska Native	1,197	1,220	24,772
White	120,339	119,288	2,850,688
Total	646,145	633,66	9,818,390

For the source documents, please visit the following weblinks:

- LFA's Data Synthesis: <http://www.first5la.org/files/lpad/4-24-14/Item-10.pdf>
- F5LA Policy and Funding Landscape Analysis <http://www.first5la.org/files/lpad/6-23-14/Item-3.pdf>
- Community Input: Contractors, Grantees, First 5 LA Staff, and Community Survey Results <http://www.first5la.org/files/lpad/6-23-14/Item-3.pdf>
- Community Input: Best Start Communities Survey Results <http://www.first5la.org/files/lpad/8-28-14/Item-8.pdf>

Exhibit 3: L.A. County Population Projections by Age Category and Race/Ethnicity, 2020²¹

Race/Ethnicity	0-4	5-9	All ages
Hispanic/Latino	325,309	320,567	4,990,054
Asian/Pacific Islander	62,059	64,440	1,640,200
Black/African American	55,474	50,902	822,109
American Indian/Alaska Native	1,381	1,262	27,106
White	105,295	106,845	2,651,268
Total	549,518	544,016	10,130,737

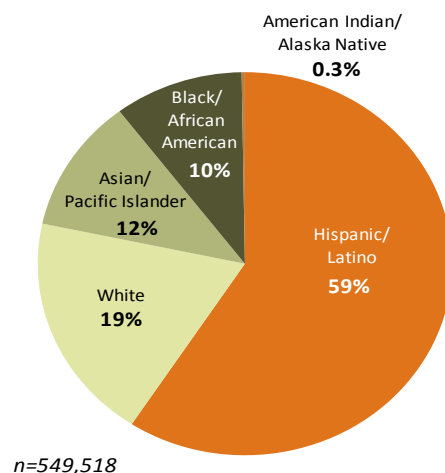
¹⁹ Advancement Project. (June 2014). *ECE Landscape: Past and Potential Future Roles and Strategies*. Retrieved from <http://www.first5la.org/files/lpad/6-23-14/Item-10.pdf>

²⁰ Myers, Dowell (December 2012). *Narrative of Demographic Futures in Los Angeles County: The Growing Importance of Children*. Population Dynamics Research Group, Sol Price School of Public Policy, University of Southern California.

²¹ Myers, Dowell (December 2012). *Narrative of Demographic Futures in Los Angeles County: The Growing Importance of Children*. Population Dynamics Research Group, Sol Price School of Public Policy, University of Southern California.

As shown in Exhibit 4 to the right, the majority of children prenatal to age 4 in L.A. County in 2020 will be Hispanic/Latino (59%), followed by White (19%), Asian/Pacific Islander (12%), and Black/African American (10%). The L.A. County context has shifted in a variety of ways, including:

Exhibit 4: Population Distribution of Children prenatal to age 4 by race/ethnicity, L. A. County 2020



- **A decreasing aged 0-4 population means there will be fewer Angelenos entering the workforce.** The population of children aged 0–4 is declining in L.A. County and is expected to continue to decline through 2020. Given that very young children will continue to play an increasingly important role in the future workforce and as taxpayers, it is imperative that L.A. County children receive opportunities to continue to optimize their development and support to become contributing members of their communities.²²
- **Low birthweight babies are increasing among African Americans and Asian Americans, putting these children at risk of ongoing health and developmental delays.** Between 2000 and 2010, low birthweight rates for African American babies increased from 12.1% to 13.3%, while rates for Asian American babies increased from 6.6% to 8.0% (the statewide average in 2010 for all babies was 6.8%). Children born at low birthweight are at a higher risk for developmental delays and other costly medical procedures that have long-term effects for children, their families, and publicly funded services and systems.²³
- **Substantiated abuse and neglect is increasing for children prenatal to age 5, which negatively impacts a child’s socio-emotional well-being, overall health, and school readiness.** Between 2000 and 2012, there has been an increase in the rate of substantiated child abuse and neglect in L.A. County among children prenatal to age 5. This trend is particularly worrisome because, at the state level, the rates of substantiated abuse and neglect among children prenatal to age 5 decreased in the same time period. Children experiencing abuse or neglect are more likely to experience substance abuse, depression, eating disorders, obesity, suicide, and sexual promiscuity.²⁴
- **Third grade reading proficiency disparities remain for Latino and African American students, affecting their ability to acquire the skills needed to be competitive in today’s economy.** While the rate of third grade students scoring at or above proficiency in reading rose 19 percentage points between 2003 and 2012, 53% of third graders are still not reading at grade level. The picture is less promising for subpopulations of children within L.A. County.²⁵

²² Myers, D., Pitkin, J., *The Generational Future of Los Angeles: Projections to 2030, and Comparisons to Recent Decades* (2013), Population Dynamics Research Group, Sol Price School of Public Policy, University of Southern California. Retrieved from http://www.usc.edu/schools/price/research/popdynamics/futures/2013_Myers-Pitkin_LA-Projections.pdf

²³ California Department of Public Health, Center for Health Statistics, *Vital Statistics Section, Birth Statistical Master Files*; November 2012, <http://www.apps.cdph.ca.gov/vsq/default.asp>

²⁴ Needell, B., et al. (2013). *Child Welfare Services Reports for California*. Retrieved 6/27/2013, from University of California at Berkeley Center for Social Services Research website, http://cssr.berkeley.edu/ucb_childwelfare

²⁵ California Department of Education Assessment and Accountability Division, *2003-2012 STAR Results* retrieved from Dataquest <http://dq.cde.ca.gov/dataquest/>

L.A. Unified School District data from 2013 shows that only 34% of Latinos and 37% of African American students are scoring at or above third-grade reading proficiency.²⁶ These persistent disparities in reading proficiency matter because children who are not reading at grade level are more likely to fall behind in school and dropout of high school, and less likely to acquire the skills they need to be competitive in today's economy. Helping children be ready for school is a proven strategy for getting children on the right path to school success.

Policy and Funding Landscape Analysis

In June 2014, LFA conducted a Policy and Funding Landscape Analysis in order to identify key policies and funding developments and opportunities relevant to First 5 LA's goals and outcomes. LFA interviewed First 5 LA public policy staff and conducted additional research activities, including but not limited to: analysis of First 5 LA policy-related documents (e.g., Commission Meeting Summaries and P-5 Environmental Scan), research on the financial implications of federal and state policies and proposals, and aggregating trend data from the Foundation Center. The following provides a highlight of the key takeaways of this research:

Overall Takeaways:

- Policy and philanthropic trends project most new investments will be in the physical health goal area, followed by cognitive development and socio-emotional health.
- Policy analysis anticipates that California will maintain strong revenue streams for the coming 5–6 years, establishing an encouraging financial outlook for a variety of state-funded health and human services.

Below is a summary of findings from the Policy and Funding Landscape Analysis:

Physical Health

- Proposed and allocated funding measures have the most significant implications for the areas of obesity, nutrition, oral health and preventative services, including developmental screenings.
 - Last year, California opted to expand Medi-Cal under the Affordable Care Act (ACA), which will expand access to low-income Californians. Medi-Cal enrollment is expected to rise from 7.9 million before implementation to 11.5 million in 2014–15, covering about 30% of the state's population.
 - The Affordable Care Act (ACA) will increase federal support for preventative services, such as developmental screenings, breastfeeding promotion and obesity prevention practices.
 - The Governor's proposed 2014–2015 California state budget proposed to increase dental outreach activities for children 0 to 3 years old by \$17.5 million; however, this increase will be somewhat offset by reductions in Medi-Cal pediatric dental care.
 - The Children's Health Advisory Board (CHAB) will develop a vision for children's health in California, making recommendations on improving child health systems, and setting goals and standards for children's health standards. The bill, AB 357, was chaptered on September 17, 2014, and will help improve the capacity of health systems.
 - Medi-Cal payments for teledentistry services will be authorized, which will expand access to oral healthcare and facilitate the Virtual Dental Home system of care. The bill, AB 1174, was passed on September 27, 2014.

²⁶ LA Compact. (2014). *Measures Report Executive Summary*. Retrieved from http://events.lachamber.com/sbaweb/events/evite/EDUCATION/Compact/Compact_Measures_ExecSummary.pdf

- The Governor's Office of Planning and Research may administer the Social Impact Partnership Pilot Program until 2020. This partnership will allow applicants to provide an alternative method for delivering state services to a defined population, which will support improved capacity of health systems. The bill, SB 593, was vetoed by the Governor in September 2014 and is awaiting the Senate's consideration of the Governor's veto during the next legislative session. A two-thirds vote of both houses is required to override the Governor's veto.
- The alignment between Medi-Cal and CalFresh reporting periods may be strengthened to streamline benefit delivery and ensure families' access to federally funded nutrition and health benefits. This bill, SB 1002, was vetoed by the Governor in September 2014 and is awaiting the Senate's consideration of the Governor's veto during the next legislative session. A two-thirds vote of both houses is required to override the Governor's veto.
- Prominent foundations in California and L.A. County focus on community health approaches, ACA implementation support and systems improvement

Socio-Emotional Health

- Within socio-emotional health, proposed policies emphasize home visiting programs as well as systems to detect and respond to developmental concerns.
 - The President's 2015 budget proposes to extend and expand evidence-based, voluntary home visiting programs by \$15 billion in mandatory funds over 10 years.
 - The 2014–2015 California State Human Services budget contains a 4.5% increase for the Department of Developmental Services.
- Prominent foundations in California and L.A. County are not highly active in the area of socio-emotional health.

Cognitive Development

- Within cognitive development, proposed and allocated policy funding measures emphasize expanding access and quality of early childhood education.
 - Preschool for All, a voluntary federal-state partnership, will build upon and strengthen existing state systems to provide all low- and moderate-income 4-year-olds with high-quality, publicly funded preschool. The 2015 national budget proposes a 10-year, \$75 billion commitment.
 - In 2014, California state legislators introduced SB 837, which would expand transitional kindergarten to serve all 4-year-olds in California. After the bill was amended to include only lower-income 4-year-olds,²⁷ the bill passed in Senate, but did not pass in Assembly. The bill's author, Senator Steinberg (currently acting as President pro tempore of the State Senate) is not eligible for reelection in 2014, but it is possible that other legislators will continue pursuing transitional kindergarten during the next legislative cycle.
 - In California, the Local Control Funding Formula (LCFF) provides schools with a base grant and a supplemental grant depending on the number of low-income students, English learners, and foster children they serve. At full funding, districts with all or nearly all high-needs students would receive upward of \$3,000 per student above the base grant. The LCFF may lead to increases in early learning investments if school districts include early education in their Local Control Accountability Plans.
 - At the federal level, Preschool Development Grants, administered by the Department of Education, will help states, local education agencies, and local governments build the

²⁷ Four-year-olds who are eligible for free and reduced-price lunch, Cal-Fresh or Medi-Cal programs, or if their family's adjusted monthly income is at or below 70% of the state median income, adjusted for family size, and adjusted annually.

fundamental components of a high-quality preschool system or to expand proven early learning programs. \$750 million is proposed nationwide for 2015.

- The 2014–15 proposed state budget provides a 4% increase (\$64 million) from the revised 2013–14 funding levels for childcare.
- At the federal level, new regulations in the Child Care Development Fund and the potential reauthorization of the Child Care Development Block Grant could increase child care safety and quality requirements.
- The Common Core State Standards will mean new accountability and assessment standards.
- Prominent foundations in California and L.A. County place moderate emphasis on ECE.

Stakeholder Engagement

First 5 LA engaged its stakeholders early in the planning process. Following a webinar to introduce grantees and contractors to the 2015–2020 strategic planning process, two separate surveys were administered to help inform First 5 LA’s outcomes selection process. Once the programmatic strategies were developed, First 5 LA held five community input sessions across the county to share an update on the strategic planning process, share the vision and direction moving forward as well as key goals and outcomes, and hear from stakeholders how First 5 LA can better partner with the community as First 5 LA moves toward implementation.

Contractors, Grantees, First 5 LA Staff and Community Input Survey

The purpose of this survey was to solicit input from First 5 LA stakeholders on:

- Prioritization of Commissioner-identified outcomes and identification of additional outcomes for First 5 LA to consider.
- Potential ways that First 5 LA can focus its work.

Survey participants included current and former grantees and contractors, community members from L.A. County and First 5 LA staff. A total of 203 stakeholders provided input. Survey respondents were asked to prioritize a list of outcomes generated by the Commissioners for each goal area, and to share their ideas for how First 5 LA should focus its resources.

The three most highly rated outcomes for each goal area include:		
Physical Health <ul style="list-style-type: none"> ➔ Increased rate of healthy births ➔ Healthy weight ➔ Improved capacity of the healthcare system 	Socio-Emotional Health <ul style="list-style-type: none"> ➔ Increased family protective factors ➔ Reduction in substantiated cases of child abuse and neglect ➔ Increased engagement in child’s learning 	Cognitive Development <ul style="list-style-type: none"> ➔ Parent are active and equal partners in their child’s learning ➔ Increased access to high quality ECE ➔ Improved child literacy

Survey respondents suggested focusing First 5 LA’s work in the following ways:

- **Policy and Systems Improvement work should:**
 - Ensure families have access to prenatal and health care, educational resources and high quality ECE.
 - Support provider coordination and collaboration.

- Support screening and early assessment for children.

Stakeholders also suggested that First 5 LA's policy work should be data driven, informed by best practices, and advocate for campaigns that have strong community support/engagement components as well as initiatives to take advantage of federal and state programs and funding (e.g., ACA, Medi-Cal).

■ **Families and Communities work should:**

- Help ensure communities are safe.
- Educate and empower parents/caregivers through increased skills and knowledge.

Stakeholders also suggested that First 5 LA support evidence-based programs such as home visitation models (Nurse-Family Partnership and Healthy Families America), Early Head Start/Head Start, Parents as Teachers, and Triple P (Positive Parenting Program) that can help First 5 LA achieve its three goals. Furthermore, stakeholders shared that home visitation programs such as Welcome Baby and Select Home Visitation are effective starting points for First 5 LA's home visitation approach. Respondents also recommend scaling up Welcome Baby beyond Best Start communities and include a stronger prenatal component.

Best Start Communities Input Survey

A total of 343 community members completed the survey from the 14 Best Start Communities. The purpose of this survey was to solicit input from Best Start Community members on:

- The biggest concerns held by community members related to the physical health, socio-emotional health and cognitive development of children prenatal to age 5.
- The barriers or challenges community members believe stand in the way of children prenatal to age 5 being physically healthy, socio-emotionally healthy and reaching their maximum cognitive development potential.

The concerns and barriers shared by Best Start Community members were consistent throughout the 14 communities. Key concerns regarding children's prenatal to age 5 health and well-being included:

Physical Health:

- **Unhealthy lifestyle practices that lead to childhood obesity.** Community members reported a lack of exercise among young children and unhealthy eating habits as major concerns. Parents/caregivers are also concerned about the excessive number of fast food restaurants in their communities and lack of available fresh and nutritious foods.
- **Child abuse and neglect.** Survey respondents shared they are concerned about parents/caregivers who physically and emotionally abuse children. Domestic violence, other trauma and high stress experienced by parents/caregivers were noted as contributors to child abuse and neglect. Respondents also mentioned unhealthy parenting/caregiving behaviors, such as yelling at children or allowing them to play outside by themselves.
- **Asthma and respiratory problems.** Survey respondents registered concern about the high incidence of asthma amongst children in the community, particularly in locations like Wilmington, where pollution is prevalent (due to refineries being located nearby).
- **Oral health.** Some respondents mentioned that young children do not see the dentist.

Socio-Emotional Health:

- **Parents/caregivers do not provide sufficiently nurturing and enriching environments.** Survey respondents shared that parents/caregivers do not spend enough time with their children talking to them, reading and bonding.
- **Child abuse and neglect.** Multiple respondents mentioned the importance of preventing abuse. Additionally, some respondents noted that children are exposed to domestic violence.
- **Behavioral challenges among children.** Survey respondents expressed concern that many young children do not learn respectful behaviors such as sharing, and they report seeing behavioral issues that get in the way of children's healthy socio-emotional development. Respondents also noted that bullying is a problem in their communities.
- **Parents/caregivers face mental health issues.** Respondents were concerned that many parents/caregivers have untreated mental health issues like depression, as well as drug/alcohol abuse, which can get in the way of their ability to care for their children.

Cognitive Development:

- **Children are not ready for kindergarten.** Respondents mentioned a variety of factors, such as school quality and family involvement that do not support children's school readiness. Some respondents noted that children do not attend preschool consistently or, in some cases, have access to preschool services at all.
- **Children are not stimulated intellectually.** Respondents mentioned that children do not receive enough intellectual stimulation, such as being read to, interacting with each other and adults, learning through games and engaging in unstructured play. They also noted that kids are overly exposed to television and video games. Some survey respondents noted that young children in their communities exhibit speech delays, possibly because parents/caregivers do not communicate adequately with their children or read to them.

Best Start Community members also reported on barriers to children's prenatal to age 5 healthy development and well-being. These additional concerns cut across the First 5 LA goal areas. Examples include:

- **Community Safety.** Respondents noted that children are exposed to high levels of violence within neighborhoods, especially gang violence. Others noted the prevalence of environmental toxins, pollution and smog as main barriers to physical health.
- **Lack of Spaces for Children to Play.** Best Start Communities noted that there are not enough parks and other safe, green spaces for children to play and interact. Parks are unsafe due to violence and drug use, and they are often subject to vandalism.
- **Social Isolation and Discrimination.** Lack of communication and trust between neighbors was a common barrier. Respondents noted that there are not many community events, and they reported low levels of community involvement as well as spaces to meet and socialize. Discrimination — particularly against Latinos, immigrants, and people who do not speak English — was also identified as a barrier.
- **Parental Knowledge.** Respondents overwhelmingly named limited parent/caregiver knowledge as a barrier to children's well-being. In particular, they noted that parents/caregivers need education about: healthy lifestyle habits, supporting nurturing at-home learning environments, childhood development, financial literacy, and general parenting skills.
- **Awareness and Use of Resources.** Families in need often do not know where to look for help and are unaware of existing resources, such as clinics and community workshops. Parents/caregivers may be afraid to seek help, due to language barriers (i.e., program staff not speaking a family's native language), fear of agencies such as DCFS, concerns due to their immigration status or stigma surrounding mental health issues.
- **Language Barriers.** Many respondents reported barriers due to not understanding English, such as not being able to access services or fill out paperwork.
- **Basic Resources.** Many families have insufficient income to meet children's basic needs, due to low wages or unemployment. Healthy food is too expensive for many families to afford. For many families, child care is either unavailable or too expensive. Some participants noted that they cannot access programs due to a lack of transportation.
- **Lack of Time for Working Parents/Caregivers.** Parents/caregivers working multiple low-wage jobs often lack the time necessary to support their children's development at home (e.g., read to them, cook healthy meals) and/or attend parenting classes.

Community Input Sessions

First 5 LA hosted five community meetings throughout L.A. County in October 2014. The purpose of these meetings with First 5 LA stakeholders was to share what led the Commission to the decisions made to date in First 5 LA's 2015–2020 Strategic Planning process, First 5 LA's renewed vision and focus (where First 5 LA was in the process), and to hear from community members how First 5 LA can better partner and collaborate with them as First 5 LA moves toward implementation of the new Strategic Plan. Representing local community-based organizations, residents, parents/caregivers, Best Start partnerships, approximately 570 people attended the five regional meetings:

- October 2: David Gonzalez Park, Pacoima
- October 3: Chimbole Center, Palmdale
- October 7: Bell Community Center, Bell and Miller's Children Hospital, Long Beach
- October 8: Saint Sophia Cathedral, Los Angeles

Attendees provided many helpful comments highlighting components of First 5 LA's 2015–2020 Strategic Plan, including that the Plan:

- Provides more focus for First 5 LA's work going forward
- Puts parents/caregivers at the center
- Makes explicit that parent/family strengthening occurs in context of communities and systems
- Continues First 5 LA's place-based focus on Welcome Baby and community capacity building
- Recognizes First 5 LA's potential for larger, more sustainable impact via policy and systems change
- Focuses on quality early care and learning: access, QRIS, workforce, parent engagement
- Emphasizes the importance of partnership
- Provides transparency regarding First 5 LA's fiscal realities
- Incorporates learning from First 5 LA's 2013–14 L3 and other inputs, including parent voices

Some of the considerations provided by attendees included the request that First 5 LA develop language that is more understandable to parents/caregivers and residents, help connect parents/caregivers with existing resources and supports, and prioritize the policy change objectives.

Attendees also generated ideas to help inform the implementation of the 2015–2020 Strategic Plan, including emphasizing parents/caregivers as agents of impact given the role parents/caregivers play in supporting and engaging other parents/caregivers, recognizing First 5 LA's fiscal environment, and recommending that First 5 LA pursue new revenues to augment tobacco taxes. Leveraging was another theme, including leveraging existing systems and community resources to achieve broader impact and leveraging Best Start Communities' learning to inform and advance broader system and policy change.

Appendix D: Governance Guidelines

LEGEND:

- ✓ - Bylaws
- ✓ - Strategic Plan
- ✓ - Board Policy
- ✓ - Internal Policy

Below are the First 5 LA Governance Guidelines, as approved March 13, 2014:

Statement of Purpose

- The First 5 LA Board of Commissioners will make its decisions guided by the principles of transparency, financial responsibility and accountability, and adherence to the Commission's Strategic Plan.

Objectives

- ✓ • Update and conform First 5 LA decision-making guidelines to reflect current organizational practice and best practices.
- ✓ ✓ • Promote transparency and consistency in decision-making.
- ✓ ✓ • Promote coordination, coherence and integration of First 5 LA investments.
- ✓ ✓ • Ensure accountability for First 5 LA's declining revenues.
- ✓ ✓ • Establish Commission expectations for contractors and grantees that they not expect First 5 LA to be a permanent source of funding for programs and services.
- ✓ • Maintain Commission flexibility to respond to significantly changed circumstances and emergencies by authorizing exceptions to the Governance Guidelines via a vote of 7 of 9 of the voting members of the Commission.

Governance Categories

Process

- ✓ 1. Sequencing of action items. Agenda items requiring Commission action will first be introduced as information at a full Commission meeting prior to action at a subsequent meeting. Staff presentations will be provided and public comment received in one meeting, with referral to appropriate Committee(s) for further discussion. Non-substantive issues will return to the full Commission on the Consent calendar; substantive issues will be agendaized for further Commission discussion pre-action. Public comment will be

incorporated for both Consent and non-Consent action items.

- ✓ 2. Staff presentations. Staff presentations on Commission agenda items will precede public comment.

Fiscal Accountability

- ✓ 3. Long-term financial projection. At least annually, the Board will review and adopt the next five-year financial projection that represents estimated five-year trends of First 5 LA expenditures, revenues, and, if applicable, staff recommendations regarding the re-classification of unexpended funds.
- ✓ ✓ 4. "Paygo"*. Board decisions that have a fiscal impact will require identification of the funding source: e.g., "assigned" funding (per the current Strategic Plan), "committed" (per previous Board-approved allocations) or "unassigned" funds (operations and Reserve). Staff will present to the Board a five-year spending projection for all service-related investments with a fiscal impact, prior to Board action. Committed funds from an approved allocation cannot be redirected to a different, unintended purpose.
- ✓ ✓ 5. Sustainability*. It is the Commission's expectation that successful applicants for First 5 LA grant support will be able to sustain project efforts beyond the contract period and First 5 LA funds. As a condition of funding, applicants must provide a Sustainability Plan, including sustainability goals, other (anticipated) sources of funding, and action steps. To inform Plan development, First 5 LA will provide specific program outcomes and objectives expected to be sustained and examples that reflect a continuum of possible approaches and recognize the diversity of potential applicants (i.e., size of investment, type of program, capacity of applicant). Sustainability provisions will be included in First 5 LA solicitations, scoring tool and performance evaluation, unless the Executive Director finds such provisions not practical or consistent with a particular grant program and reports that finding and its bases to the Commission prior to the time the solicitation is issued.
- ✓ ✓ 6. Leveraging*. It is the Commission's expectation that successful applicants for First 5 LA grant support will identify opportunities to leverage First 5 LA funding to support the scope, quality and sustainability of program activity. As a condition of funding, applicants will report other financial resources they have secured for use in the project other than the First 5 LA funds requested. In addition, for multiyear funding, applicants will provide a detailed description demonstrating incremental increases in leveraging

consistent with First 5 LA determined benchmarks. Applicants not able to secure leveraged resources at the time of submission will provide a plan to acquire these funds during the project term. Where appropriate, First 5 LA may establish milestone-based funding based upon progress in meeting financial and/or programmatic benchmarks. Leveraging provisions will be included in First 5 LA solicitations, the scoring tool and performance evaluation, unless the Executive Director finds such provisions not practical or consistent with a particular grant program and reports that finding and its bases to the Commission prior to the time the solicitation is issued.

✓ ✓ ✓

7. Expiration of contracts/grants. Each First 5 LA contract/grant will have an expiration date. Multiyear First 5 LA services-related investments will end pursuant to the time stated in the original allocation or grant award. The Commission is under no obligation to continue funding beyond the initial contract term. Should future requests be forthcoming after the contract term is over, these requests will be evaluated based on the 2015–2020 Strategic Plan criteria (see below). Staff will provide an annual Board update each spring on expiring grants and contracts.

Strategic Planning (2015–2020)

✓

8. Decision-making document. The Strategic Plan will represent a decision-making document that focuses First 5 LA’s strategic direction, aligns the organization’s efforts and activities, and clarifies its intended impact.

✓

9. Alignment of “legacy” investments (from previous Strategic Plans) with 2015–2020 Strategic Plan. Prior Strategic Plan initiatives must expire pursuant to their terms or be clearly aligned with the 2015–2020 Strategic Plan criteria (see below).

✓

✓

10. Criteria for new initiatives/programs. To be included in the new Strategic Plan, initiatives/programs must include an analysis of each of the following criteria:

- Alignment with Strategic Plan outcomes, objectives and strategy.
- Clearly defined and measureable outcomes and performance metrics.
- Evidence of or potential for effectiveness relative to outcomes and metrics identified.
- A budget and fiscal impact analysis, including a spending projection for at least five years.

- Realistic implementation time line.
- Evidence of or potential for sustainability of results.
- Evidence of or potential for scalability, if scalability is an intended outcome.

The appropriate Board Committee will review such requests, make findings and provide a recommendation to the full Commission.

✓ ✓ ✓

*** Definitions:**

Guideline #4: “Pay Go”

- Assigned: Funds available for use within the parameters set by the current Strategic Plan. For example, under the 2009–2015 Strategic Plan, funds would be available for use within the guidelines of 30–45% for Countywide Activities, 45–60% for Place-Based Activities, 5% for Research and Evaluation, and 5% for Administration.
- Committed: Funds have been set aside by the Commission for a specific purpose via Resolution. This can include either annual appropriations or multi-year allocations approved by the Board. For example, in FY 2010–11 the Board approved a \$7.5 million multiyear investment in the Healthy Food Access initiative. These funds remain in Committed unless the Commission takes action to redirect the funds for other purposes via Resolution. In contrast, for a zero-based investment, such as Public Education, only the annual FY 2013–14 appropriation approved by the Commission of \$2.3 million is shown as Committed, because this investment does not have an approved multiyear allocation; any spending in future fiscal years would come from Assigned assuming sufficient funds were available.
- Unassigned: Funds have been designated for First 5 LA operations (via the annually approved fiscal year Operating Budget) and the Fund Balance Reserve, which is calculated annually as 25% of the total fiscal year budget approved by the Board in June.

Guideline #5: Sustainability

- The ability to maintain programming and its impact on the well-being of children and families after the expiration of First 5 LA funds.

Guideline #6: Leveraging

- Additional funding that is awarded and/or accessed as a result of First 5 LA funding (distinct from existing funding).

Appendix E: Building Stronger Families Framework

In June 2013, the First 5 LA Board of Commissioners endorsed the Building Stronger Families Framework (BSFF) in order to provide more focus and clarity for Best Start. The BSFF asserts that if families are strong and communities support families to succeed, then children will be healthy, safe and ready for school. The BSFF is grounded in family Protective Factors and anchored in six core results:

Building stronger families:

- Family capacities – knowledgeable, resilient and nurturing parents/caregivers
- Social connections – families participating in positive social networks
- Concrete supports – access to services and supports in times of crisis

Communities that support families to succeed:

- Coordinated services and supports that meet families' needs
- A shared vision and collective action to strengthen families
- Social networks and safe spaces or recreation and interaction

Strong families are those that support and promote optimal child well-being. Research and evidence-based practices have identified key characteristics of a “strong family.” These characteristics come from observing families that thrived despite many challenges.

These characteristics, which relate to parents/caregivers and expectant parents, are also known as family strengthening Protective Factors, which are:

- Parental resilience
- Social connections
- Concrete support in times of need
- Knowledge of parenting and child development
- Social and emotional competence of children

When present, these factors are tied to child health, safety and school readiness.

The diagram (Figure 2) demonstrates the relationship of the six core results to supporting families within communities.



Figure 2: Building Stronger Families Framework

Appendix F: Investment Guidelines and Conditions for Deviation

These Investment Guidelines represent policy guidance the Commission approved to inform investment decisions for the 2015–2020 Strategic Plan. The “home positions” articulated below express the organization’s point of view about how and where it can have the most impact. To enable the Commission to address unforeseen circumstances or emerging needs, conditions under which it would consider deviating or moving away from its stated home position were identified. The following table summarizes these Commission-directed policy guidelines.

Investment Guideline	Recommended Home Position	Condition for Deviation
Upstream (Prevention) ↔ Downstream (Intervention)	The activities First 5 LA supports will generally fall on the upstream side of the continuum.	<ul style="list-style-type: none"> When support of downstream activity is indirect, for example, through policy change, systems improvement or capacity building for providers, working on the downstream side of continuum When activity includes an upstream component that engages and builds the capacity of the family or community to address the downstream problem
Direct Services ↔ Systems and Policy Change	The activities First 5 LA supports will primarily fall on the systems and policy change side of the continuum.	<ul style="list-style-type: none"> When support of direct service has significant potential to support additional children and families in L.A. County in a way that advances scale/replication or being incorporated into policy When direct service focuses on upstream issues/conditions and is delivered in a manner that builds a community’s capacity to support children and their families

Investment Guideline	Recommended Home Position	Condition for Deviation
Going Broad ↔ Going Deep	The activities First 5 LA supports will generally seek to have a broad impact, affecting large numbers of people.	First 5 LA could fund intensive efforts targeting high-risk and high-need communities only when the results can be used to drive broader systems change and inform policy.
Individual Focus ↔ Family/Community Focus	Activities that First 5 LA supports must always include components to strengthen families and, whenever possible, should include components to improve community capacity.	First 5 LA will ensure that all future investments include some level of family engagement and will prioritize efforts that build the capacity of communities to support children and their families. Any deviation would be only be considered when the family or caregiver cannot guarantee the safety of a child.
Growing Local Models ↔ Supporting Evidence-Based Models	First 5 LA will identify and scale evidence-based practices to achieve its strategic goals and outcomes.	<ul style="list-style-type: none"> First 5 LA could consider best or promising practices based on available evaluation information, staff knowledge and community experience in cases where there are not evidence-based practices available Such models must have the potential to achieve community or systems-level impact (vs. individual impact) and/or help inform policy change
Go It Alone ↔ Start with Partnership	First 5 LA will engage partners in sustainability and scale at the earliest possible stage of designing and engaging in any given approach to impact.	First 5 LA may consider making a lead investment — with the intention to cultivate partners as early in the design and implementation process as possible — if efforts to identify potential partners are unsuccessful, or there is an urgent need with a unique opportunity to contribute to significant impact on strategic goals and outcomes.

Appendix G: Strategy Descriptions

Families

Increased family protective factors

Priority Focus Area:

- Increased Family Protective Factors:
 - Parent/caregiver resiliency;
 - Social connections;
 - Knowledge of parenting and child development
 - Capacity to provide enriching, structured and nurturing environments for their children; and
 - Access to concrete supports in times of need

Strategy:

Lead the testing, modification and scaling up of evidence-based practices and programs that work directly with parents/caregivers to increase family Protective Factors, with a primary focus on Welcome Baby and targeted home visiting models

Why This Strategy:

A child's success in school and life starts from the earliest moments — before birth and at home with his or her parents/caregivers. Therefore, supporting the early care and learning of children means starting with parents/caregivers and ensuring they have the skills and supports they need to support their child's optimal development. When these skills and supports — known as the Protective Factors — are present, parents/caregivers are able to create nurturing, responsive, stable relationships and learning environments for their children, and child outcomes improve.

Home visiting programs can effectively build the Protective Factors by engaging parents/caregivers in their child's development at the earliest stages. High-quality home visiting programs have been shown to make a positive difference for children and families on a range of outcomes, including child health and development, school readiness and parent/caregiver employment, as well as prevention of child abuse and neglect.²⁸ When quality programs are properly implemented, they lead to increased family self-sufficiency, lower health care costs and reduced need for remedial education. For every dollar spent on these efforts, at least \$2 in future spending is saved.²⁹

What We Will Do:

First 5 LA will increase the Protective Factors and support the parent/caregiver-child relationship by continuing implementation of Welcome Baby and intensive home visiting programs. Welcome Baby represents a significant First 5 LA investment in enhancing the child-parent/caregiver relationship and the health, safety and security of children and their families. Through Welcome Baby, families are referred to an intensive home visiting program for additional services, if required. First 5 LA will build on the Commission's experience implementing Welcome Baby and intensive home visiting programs to directly support families before and after children are born.

Welcome Baby and the intensive home visiting programs directly reflect First 5 LA's focus on

²⁸ Avellar, S., Paulsell, D., Sama-Miller, E., Del Grosso, P. (September 2013, Revised June 2013). *Home Visiting Evidence of Effective Review: Executive Summary*. Office of Planning, Research and Evaluation. Retrieved from http://homvee.acf.hhs.gov/HomVEE_Executive_Summary_2013.pdf

²⁹ The PEW Charitable Trusts. (January 2014). *Home Visiting Family Support Programs: Benefits of the Maternal, Infant, and Early Childhood Home Visiting Program*. Retrieved from http://www.pewtrusts.org/~media/legacy/uploadedfiles/pes_assets/2014/Home20Visiting20Factsheet20January202014pdf.pdf?la=en

supporting parents/caregivers, grounded in the Center for the Study of Social Policy’s Strengthening Families™ approach and Protective Factors Framework. Strengthening Families emphasizes the importance of nurturing and responsive relationships with caregivers.³⁰ The Commission’s investment in home visiting provides an opportunity to work directly with families in a manner that meets the families’ unique needs.

Essential complements to Welcome Baby and intensive home visiting programs are a robust research, policy and advocacy agenda to assess the effectiveness of these home visiting investments and to marshal public and private support for home visiting strategies that increase Protective Factors and extend their reach to all L.A. County families with young children.

Below are example activities illustrating how First 5 LA will advance this strategy across the investment areas:

Investment Areas and Example Anchor Activities



Fund efforts to collect data to measure Welcome Baby impact and Select Home Visiting outcomes.

Expand the body of evidence around the impact of the Welcome Baby and outcome associated with Select Home Visiting investments.

Maintain a level of investment to be determined in Welcome Baby and Select Home Visiting.



Advocate for public and private investments in Welcome Baby and evidence-based targeted intensive home visiting programs.



Utilize communication strategies to increase countywide awareness and knowledge about the impact of the Welcome Baby and evidence-based targeted home visiting models.

Implications:

First 5 LA will build upon its current investment in home visiting services by funding implementation of Welcome Baby and the Select Home Visiting programs, but will not fund large-scale implementation of other direct service programs

³⁰ Center for the Study of Social Policy. *The Protective Factors Framework*. Retrieved from <http://www.cssp.org/reform/strengthening-families/the-basics/protective-factors>

Priority Focus Area:

Improved capacity of ECE- and health-related providers to engage parents/caregivers in supporting their child's development

Strategy:

Pilot and/or promote the scaling of evidence-based parent/caregiver-engagement models that increase family protective factors in ECE and health-related settings

Why This Strategy:

Parent/caregiver engagement is foundational to increasing family Protective Factors. Engagement occurs when there is an ongoing, reciprocal, strengths-based partnership between families and their children's providers. It is crucial that programs implement strategies for developing partnerships with families.³¹ A growing body of research suggests that meaningful engagement of families in their children's early learning supports school readiness and later academic success.³² It is essential that ample opportunities exist for parents and caregivers to productively interact with the organizations and systems that impact them and their children, as well as to utilize their growing knowledge about their child to influence the informal and formal supports and services provided.

What We Will Do:

First 5 LA will partner with others to impact systems of services and supports to better engage parents/caregivers in fostering their child's early learning and healthy development.

Specifically, the Commission seeks to invest in and support the research, development and advocacy of programs that engage parents/caregivers to increase Protective Factors. In order to better meet the diverse needs of L.A. County's young children and their families, the Commission seeks to support programs that have demonstrated effects on the Protective Factors in a diversity of target populations, modalities and settings. First 5 LA will replicate components of the Research and Evaluation approach applied to Welcome Baby on a smaller scale to expand the evidence regarding what programs are effective at building the Protective Factors in ECE and health-related settings. In addition, First 5 LA will conduct limited pilot testing of evidence-based parent engagement programs within ECE and/or health-related setting within Best Start Communities.

A key component of this work will be the identification of and broad agreement on how program success will be measured and ensuring that baseline data is developed and available for programs to utilize in planning and implementation. In order to assess progress toward desired results and improvements in our specified outcome areas, it is essential to collect data at multiple points in time. First 5 LA also has an opportunity to be a promoter of this work through broad communication efforts at all stages, as well as be a broker of relationships between providers, potential funders and evaluators.

Recognizing the contribution the Strengthening Families approach and Protective Factors Framework can make for the long-term well-being of children and their families, First 5 LA sees an opportunity to partner with County departments and other organizations that serve children and families to deliver their programs and services utilizing this approach and to ensure that the workforces serving families implement quality programs. By supporting County departments and organizations to integrate and effectively promote the Protective Factors, First 5 LA will impact the quality and quantity of programs and practices that strengthen families and develop providers' skills.

³¹ Henderson, A.T. & Mapp, K.L.. (2002). *A New Wave of Evidence: The Impact of School, Family, and Community Connections on Student Achievement*. Southwest Educational Development Lab.

³² Halgunseth, L.C., Peterson, A., Moodie, S, Stark, D.S. (2009) *Family Engagement, Diverse Families, and Early Childhood Education Programs: An Integrated Review of the Literature*. National Association for the Education of Young Children and Pre-K Now. Retrieved from <http://www.naeyc.org/files/naeyc/file/research/FamEngage.pdf>

Below are example activities illustrating how First 5 LA will advance this strategy across the investment areas:

Investment Areas and Example Anchor Activities

Fund efforts to collect data to better measure family Protective Factors.



Partner with others to expand the body of evidence around what works for parent engagement, education and empowerment programs within ECE settings and health-related systems.

Limited pilot testing of evidence-based parent engagement programs in ECE settings and health, mental health and substance abuse service systems within Best Start Communities.



Advocate for increased public and private investments in proven programs that demonstrate successful parent engagement in ECE settings and health, mental health and substance abuse service systems.



Utilize communication strategies to increase countywide awareness and knowledge about the importance of family Protective Factors, as well as what works to promote them within the ECE and Health Sectors (drawing on Best Start Community experience).



Partner with county agencies to adopt policies and practices that are proven effective in building family Protective Factors (e.g., integration into county systems, contracts and services).

Support the incorporation of Protective Factors into the practice of ECE- and health-related providers.



Pilot training curricula on the application and integration of the family Protective Factors with county- and community-based agencies working with First 5 LA's targeted population.

Implications:

First 5 LA's strategic direction prioritizes policy, advocacy and coalition building to achieve broad impact. First 5 LA will, therefore, focus on efforts to demonstrate the effectiveness of programs and models, but will not fund large-scale implementation of services.

Communities

Increased community capacity to support and promote the safety, healthy development and well-being of children prenatal to age 5 and their families

Priority Focus Area:

Community members have a shared vision and act collectively to improve the policies, services and environments that impact families

Strategy:

Convene and create opportunities for collaboration among parent/caregivers, residents, organizations and institutions across multiple sectors within the Best Start Communities to work together to achieve the core results of the Building Stronger Families Framework (BSFF).

Why This Strategy:

Just as children thrive in the context of strong families, families thrive in the context of neighborhoods and communities that support parents/caregivers' ability to raise their children, providing them with the support, services and opportunities they need. Families themselves build the Protective Factors, but the neighborhoods and communities in which they live provide the context and opportunities for parents/caregivers to strengthen their capacity, build social connections and access concrete supports. Simply put, place matters. If communities are unable to support families in their child's development, or create barriers, children's outcomes are negatively impacted. Focusing on the places in which families live and building the capacity of communities can create and sustain thriving and healthy environments for all children.

The political and social environments in L.A. County and nationally are conducive for investment in place-based community engagement and mobilization. Several efforts — e.g., Health Neighborhoods, Promise Neighborhoods, Building Healthy Communities — are underway and present an opportunity to promote mutually reinforcing activities to maximize the results we seek for young children and their families.

What We Will Do:

Because place matters in the lives of families and children, First 5 LA will continue its commitment to the 14 Best Start Communities through implementation of the BSFF (see Appendix E). The BSFF seeks to strengthen the Protective Factors through a community capacity building approach. We will strengthen the capacity of the communities to support families and build parent/caregiver participation within their community.

Community capacity, in this sense, refers to the ability of a broad range of stakeholders, including parents/caregivers and residents, to work together to generate a shared vision and action plan to strengthen family Protective Factors by improving the structures, policies and practices within communities that impact families with young children. This strategy, then, represents the first BSFF community core result, which is to engender a shared vision and promote collective action to identify barriers and gaps as well as mobilize assets, and resources to ensure that communities support families to succeed. This builds social capital by promoting and supporting formal and informal networks that link individuals, groups, organizations and resources otherwise unknown to each other.

A place-based approach to community capacity building provides opportunities for focused and strategic mobilization of First 5 LA and community resources (financial, human and social capital). Therefore, this strategy will be implemented within the 14 Best Start Communities with particular

emphasis on engaging parents/caregivers and residents, civic and organizational leaders, grantmakers and others to achieve the core results of the BSFF.

Below are example activities illustrating how First 5 LA will advance the strategy across the investment areas:

Investment Areas and Example Anchor Activities



Support research and evaluation activities to build collective knowledge about what works in community capacity building to improve outcomes for families and communities.



Partner with other public and private funders to increase investment in the services, supports and environments that impact families.



Strengthen the capacity of Best Start Community Partnerships to engage a broad range of stakeholders (including parents/caregivers and residents) within each Best Start Community to achieve the core results of the Building Stronger Families Framework.



Implement strategic communications activities within and across Best Start Communities to broaden participation in efforts that support families with children prenatal to age 5.

Implications:

First 5 LA will continue its community capacity building investment with Best Start to implement the BSFF. The focus will be on supporting formal or informal resident groups and associations within the 14 Best Start Communities. First 5 LA will not fund direct services through this funding stream.

Priority Focus Area:

Communities have ECE- and health-related supports that meet family needs.

Strategy:

Convene and strengthen the capacity of ECE-and health-related organizations and institutions to improve services and supports within the Best Start Communities.

Why This Strategy:

The systems through which services and supports are financed, organized and delivered can help or hinder the ability of parents/caregivers to build the Protective Factors, particularly access to concrete support in times of need. When parents/caregivers seek help, it should be provided in a way that is coordinated and in partnership with families. According to the Center for the Study of Social Policy, “access to concrete support in times of need must be accompanied by a quality of service coordination and delivery that is designed to preserve parents/caregivers’ dignity and to promote their and their family’s healthy development, resilience, and ability to advocate for and receive needed services and resources.” Therefore, results for families — and, ultimately, child well-being — are shaped by communities’ ability to assure access to high-quality services, supports and opportunities.

Community capacity building plays an important role in both strengthening families and increasing the effectiveness of the service delivery system and resources designed to foster optimal child development and well-being. The emphasis on early care and education (ECE) as well as health-related services and supports is consistent with feedback from various stakeholders and represents an opportunity to align strategies across outcome areas. ECE and health-related providers are supporting many of the same families, but may operate independently or in silos. This perpetuates structural and procedural barriers that may make access to services too complex and challenging for families to navigate.

Additionally, parents/caregivers must be active participants in building the community’s capacity to support families, not passive recipients of services. Parents/caregivers who have access to data are better able to understand the challenges or barriers existing in their communities. Data and information can also help parents/caregivers make better-informed decisions about ECE and health-related services and supports in their communities and become better advocates for the resources they need.

What We Will Do:

First 5 LA will work to strengthen families by increasing the effectiveness and coordination of service delivery systems to ensure families have the skills, knowledge and resources they need to support their child. This strategy supports the second BSFF community core result. First 5 LA will support the integration of the Protective Factors within the ECE and health-related services systems in three ways:

- Convene local organizations to share resources, lessons learned and best practices. The intent is to promote alignment of the fundamental components of a system of services in order to improve quality and the method by which services are provided.
- Build the capacity of ECE and health-related service providers to support families in a way that build their Protective Factors.
- Support and convene parents/caregivers and residents within Best Start Communities to utilize data in a way that helps them advocate for greater investments and make informed decisions about ECE and health-related services and supports.

First 5 LA recognizes the importance of partnership to the success of this work. We will join local funding collaboratives to help define specific opportunities where funders, community agencies and others can collaborate and leverage to achieve mutually desired outcomes for young children. This approach provides an opportunity for First 5 LA to be a more effective partner with parents/caregivers, organizations, institutions and other stakeholders to improve the quality and

delivery of services and supports available to families within the Best Start Communities.

Below are example activities illustrating how First 5 LA will advance the strategy across the investment areas:

Investment Areas and Example Anchor Activities



Convene local ECE and health-related service providers and organizations to build relationships, increase awareness of available services, and share learning and best practices about quality services and supports for families.
Provide capacity building assistance to ECE and health-related providers in Best Start to improve delivery of services and supports.



Convene parents/caregivers and residents within the Best Start Communities to build their knowledge and skills to utilize data to advocate for greater investment in and make informed decision about the utilization of ECE and health-related services and supports.

Implications:

First 5 LA will support convening and data sharing amongst parents/caregivers, residents and local ECE and health-related service providers in order to strengthen their capacity to increase the Protective Factors for families within the 14 Best Start Communities; direct services will not be funded through this strategy.

Priority Focus Area:

Communities have physical places and spaces that promote healthy living and encourage interaction.

Strategy:

Convene and strengthen the capacity of existing advocacy groups to work with communities to create new or improved physical spaces and places for families and children prenatal to age 5 with a priority focus on Best Start Communities.

Why This Strategy:

According to the Center for the Study of Social Policy, “constructive and supportive social connections help buffer parents/caregivers from stressors and support nurturing parenting behavior and promote secure attachments in young children.” Parents/caregivers need opportunities to develop positive, meaningful and lasting connections with others, and these opportunities are often influenced by the built environment. Parents/caregivers, residents and other stakeholders in the Best Start Communities have consistently highlighted the lack of safe, accessible places and spaces to promote physical health and social connection, particularly for families that are socially isolated.

Therefore, this strategy emphasizes availability of and access to places and spaces that promote healthy living and encourage social interaction. Opportunities exist to maximize impact in this area by partnering with existing advocacy groups. These groups not only advocate for physical spaces but also work with communities to promote sustained investment and commitment by civic leaders and other stakeholders who influence resources for new and/or improved physical places and spaces.

What We Will Do:

First 5 LA will connect existing, open-space advocacy groups with parents/caregivers and other stakeholders actively engaged in Best Start as well as the broader community. If successful, these advocacy efforts may have impact beyond the Best Start Communities. Moreover, through countywide communication efforts, First 5 LA can increase awareness of the importance of safe places and spaces as an important community resource to help strengthen families.

Below is an example activity illustrating how First 5 LA will advance this strategy:

Investment Area and Example Anchor Activity



Support public space advocates to work with Best Start Communities to increase local and external resources to create and improve physical places and spaces for children prenatal to age 5.

Implications:

First 5 LA will prioritize the support of public space advocates to engage with Best Start Communities to increase physical places and spaces for children prenatal to age 5 rather than providing direct funding for capital improvement projects.

Early Care and Education

Increased access to quality early care and education

Priority Focus Area:

Improved access to affordable, quality, sustainable early care and education, particularly among high-risk populations.

Strategy:

Advocate for greater public investment in quality early care and education, with a focus on both infant/toddler care and preschool

Why This Strategy:

A child's early learning is critical to their success in school and beyond. Over half of L.A. County's third graders are not achieving grade-level proficiency in reading.³³ However, research shows that proficiency in reading by the end of third grade positions students well for success later in school.³⁴ Children living in low-income communities of color are more likely to be underprepared for kindergarten and to experience lower school achievement, and have the least access to high-quality early care and education (ECE).³⁵ Children who participate in high-quality ECE are more likely to have higher socio-emotional skills, school readiness and later academic achievement.³⁶ Providing children with access to high-quality early learning is a public responsibility, as it plays a significant role in the future academic and career success of children.

In order to truly expand access to high-quality, affordable and sustainable ECE, there must be a focused effort to increase public funding in L.A. County. In Los Angeles, there is great need for additional center and family child care programs throughout L.A. County. There are approximately 650,000 children in L.A. County under age 5.³⁷ Only 2.4% infants/toddlers and 41.3% of 2–4 year olds have access to licensed center care, and 11.4% under 5 have access to licensed family child care.³⁸

Investing in quality ECE can actually save society a significant amount of money — up to \$7.10 return on investment.³⁹ A 2013 study estimated the budgetary impact of providing quality preschool to all eligible children under 200 percent of the federal poverty level.⁴⁰ Using data from New Jersey's

³³ California Department of Education Assessment and Accountability Division. (August 2012). *2003-2012 STAR Results*. Retrieved from <http://dq.cde.ca.gov/dataquest>

³⁴ Annie E. Casey Foundation. (2010). *Early Warning! Why Reading by the End of Third Grade Matters*. Retrieved from <http://www.aecf.org/resources/early-warning-why-reading-by-the-end-of-third-grade-matters/>

³⁵ Karoly, L.A., Ghosh-Dastidar, B., Zellman, G.L., Perlman, M. and Fernyhough, L. (2008). *Prepared to Learn: The Nature and Quality of Early Care and Education for Preschool-Age Children in California*. RAND Corporation. Retrieved from http://www.rand.org/pubs/technical_reports/TR539.html

³⁶ Vandell, D.L. et al. (2010). Do effects of early childcare extend to age 15 years? Results from the NICHD Study of Youth Development. *Child Development*, 81 (3), 737-56. Retrieved from <http://nieer.org/publications/latest-research/do-effects-early-child-care-extend-age-15-years-results-nichd-study>

³⁷ Advancement Project. (June 2014). *ECE Landscape: Past and Potential Future Roles and Strategies*. Retrieved from <http://www.first5la.org/files/lpad/6-23-14/Item-10.pdf>

³⁸ Advancement Project. (June 2014). *ECE Landscape: Past and Potential Future Roles and Strategies*. Retrieved from <http://www.first5la.org/files/lpad/6-23-14/Item-10.pdf>

³⁹ Reynolds, A.J., Temple, J.A., Robertson, D.L., Mann, E. (2001). *Long term effects of an early childhood intervention on educational achievement and juvenile arrest*. *Journal of the American Medical Association*, 285 (18). Retrieved from http://www.cfc.ca.gov/pdf/help/chicago_cpc_jama.pdf

⁴⁰ Barnett, W. S. (2013). *Expanding Access to Quality Pre-K is Sound Public Policy*. National Institute for Early Education Research. Retrieved from <http://nieer.org/sites/nieer/files/Why%20expanding%20quality%20PreK%20is%20a%20sound%20public%20policy.pdf>

Abbott preschool program to estimate potential decreases in grade repetition and special education, the study projected that by 2030, California would save an estimated \$1,197,043,751.⁴¹

What We Will Do:

To support the school readiness of children across L.A. County, First 5 LA will work to improve policies and systems to increase the number of affordable and sustainable child care programs. For the purpose of the 2015–2020 Strategic Plan, access to ECE programs is defined as the availability of quality spaces that serve children under the age of 5. While there are a number of factors that impact a family’s access to ECE, including cost, location, a provider’s schedule, and the provider’s ability to meet a family’s cultural and linguistic needs, the focus of this strategy is on increasing the number of quality, affordable and sustainable spaces within geographic regions of L.A. County experiencing the greatest disparity between the number of children under the age of 5 and the number of licensed center-based and family child care spaces.

Increasing public funding is a major challenge and one that takes the collective effort and will of multiple stakeholders. To do this, First 5 LA will advocate at the local, state and national level for more resources for ECE — for infants/toddlers as well as preschool-aged children — to improve the availability of affordable programs. Recognizing the power of data and partnership, First 5 LA will also collaborate with others to develop and implement a kindergarten readiness assessment. Data from this assessment can help inform and drive ECE policy, fiscal and systems change.

First 5 LA is uniquely positioned to partner with other funders and stakeholders to enhance current public funding streams and explore the creation of new funding streams for ECE in L.A. County as well as the state.⁴² Through this strategy, First 5 LA will engage multiple stakeholders, including, but not limited to, city and county government, schools districts and school boards, and state and federal policymakers.

Below are example activities illustrating how First 5 LA will advance the strategy across the investment areas:

Investment Areas and Example Anchor Activities



Partner with others to identify or develop and implement a kindergarten readiness assessment in L.A. County that can be used as a platform to advocate for policy, fiscal and systems change.



Advocate for greater public funding for child care subsidies, a higher reimbursement rate that covers the actual cost of infant and toddler care as well as preschool, and greater school district investments in ECE.

Implications:

First 5 LA’s strategic direction prioritizes policy, advocacy and coalition building to achieve broad impact, rather than on directly funding ECE spaces.

⁴¹ Barnett, W. S. (2013). *Expanding Access to Quality Pre-K is Sound Public Policy*. National Institute for Early Education Research. Retrieved from <http://nieer.org/sites/nieer/files/Why%20expanding%20quality%20PreK%20is%20a%20sound%20public%20policy.pdf>

⁴² Advancement Project. (June 2014). *ECE Landscape: Past and Potential Future Roles and Strategies*. Retrieved from <http://www.first5la.org/files/lpad/6-23-14/Item-10.pdf>

Priority Focus Area:

Improved quality of ECE services through increased provider capacity

Strategy:

Support implementation of a uniform Quality Rating and Improvement System (QRIS) within L.A. County in order to build the evidence base to support advocacy and policy change.

Why This Strategy:

Research shows that ECE programs that provide nurturing and stimulating teacher-child interactions in enriching environments promote children's positive development and learning and prepare them for school.⁴³ Unfortunately, many ECE programs (especially those serving low-income children) are not of sufficient quality to improve children's school readiness and later school success.⁴⁴

A Quality Rating and Improvement System (QRIS) is a tool for systems reform focused on improving the quality of ECE settings. According to the QRIS National Learning Network, 45 states including the District of Columbia have launched or are piloting a QRIS.⁴⁵ California and Florida are the only two states implementing a regional, rather than statewide, approach to QRIS.⁴⁶ QRIS increases the quality of ECE by:

- using a uniform set of criteria, graduated by level of quality, to assess and rate programs;
- linking QRIS ratings and standards to professional development activities (such as training and coaching) and financial supports (such as grants, bonuses, differential reimbursements); and
- communicating the quality of programs to parents/caregivers so that they can make informed ECE program choices

In October 2013, the L.A. County Chief Executive Office produced a feasibility report on a countywide child care rating system, which highlighted the importance of establishing a comprehensive QRIS in the county, educating parents/caregivers about the quality of child care programs, and working on state legislation.⁴⁷ Currently, L.A. County has three Quality Rating and Improvement Systems (Steps to Excellence Program, LAUP, and Race to the Top Early Learning Challenge). As currently implemented, these systems serve less than five percent of child care providers and are not funded highly enough for sustained, long-term quality improvement. Additionally, infants and toddlers are not widely served by QRIS rated programs.⁴⁸

What We Will Do:

Through this strategy, First 5 LA will focus on improving the quality of ECE programs by working with partners to support the implementation of a uniform QRIS for L.A. County. As part of this uniform QRIS, First 5 LA will also support efforts to disseminate rating information to parents/caregivers who are making decisions about ECE for their children. Additionally, First 5 LA will advocate at the state level for development and support of a statewide rating system.

⁴³ Karoly, L. A. (2009). *Preschool Adequacy and Efficiency in California: Issues, Policy Options, and Recommendations*. RAND Corporation. Retrieved from <http://www.rand.org/pubs/monographs/MG889/>

⁴⁴ Karoly, L. A. (2009). *Preschool Adequacy and Efficiency in California: Issues, Policy Options, and Recommendations*. RAND Corporation. Retrieved from <http://www.rand.org/pubs/monographs/MG889/>

⁴⁵ QRIS National Learning Network. (August 2014). *Current Status of QRIS in States*. Retrieved from [http://qrisnetwork.org/sites/all/files/maps/QRIS%20Map,%20QRIS%20National%20Learning%20Network,%20www.qrisnetwork.org%20\[Revised%20August%202014\].pdf](http://qrisnetwork.org/sites/all/files/maps/QRIS%20Map,%20QRIS%20National%20Learning%20Network,%20www.qrisnetwork.org%20[Revised%20August%202014].pdf)

⁴⁶ QRIS National Learning Network. (August 2014). *Current Status of QRIS in States*. Retrieved from [http://qrisnetwork.org/sites/all/files/maps/QRIS%20Map,%20QRIS%20National%20Learning%20Network,%20www.qrisnetwork.org%20\[Revised%20August%202014\].pdf](http://qrisnetwork.org/sites/all/files/maps/QRIS%20Map,%20QRIS%20National%20Learning%20Network,%20www.qrisnetwork.org%20[Revised%20August%202014].pdf)

⁴⁷ County of Los Angeles. (October 2013). *Feasibility Report on a Countywide Child Care Rating System*. Retrieved from <http://ceo.lacounty.gov/ccp/pdf/Child%20Care%20Rating%20System-1%20bm-10-18-13.pdf>

⁴⁸ Advancement Project. (June 2014). *ECE Landscape: Past and Potential Future Roles and Strategies*. Retrieved from <http://www.first5la.org/files/lpad/6-23-14/Item-10.pdf>

It is timely for First 5 LA to partner with county agencies and others in the field to establish a uniform QRIS, especially given additional state and federal support, including \$50 million for a QRIS Block Grant in the Governor’s 2014–15 state budget. Such support highlights the importance of QRIS in improving the quality of child care programs. Additionally, First 5 LA is uniquely positioned given its current relationships with agencies implementing QRIS in L.A. County, as well as other critical partners and stakeholders.

Below are example activities illustrating how First 5 LA will advance the strategy across the investment areas:

Investment Areas and Example Anchor Activities



Partner with other funders to support implementation of a QRIS that is accessible and easily understood by parents/caregivers, providers and the public to drive broader systems and policy change, with a priority focus on Best Start Communities.



Advocate for a statewide uniform QRIS.



Collaborate with stakeholders to pilot efforts, including technology-based platforms, that increase the accessibility and availability of QRIS information for use by parents/caregivers, so they are aware of what the ratings mean and use QRIS to inform their ECE decisions, with a priority focus on Best Start Communities.

Implications:

Through the work of this strategy, First 5 LA will not develop a new QRIS. First 5 LA’s work regarding QRIS will focus on licensed child care providers, building off of the current practice of the three existing QRIS models. First 5 LA will not directly fund QRIS participation for all licensed providers in the county.

Priority Focus Area:

Improved quality of ECE services through increased provider capacity

Strategy:

Strengthen the professional development system for early care and education providers

Why This Strategy:

A skilled workforce is essential to providing high-quality ECE.⁴⁹ However, research suggests that many early educators in California lack the requisite knowledge and skills to effectively support young children's development and learning.⁵⁰ This is the case despite more than a decade of significant local, state and federal investment in workforce development activities. Some experts point to the significant mismatch between the consumer expectations for early educators and the quality and relevance of available preparation.⁵¹

Early educators need high-quality pre-service and in-service professional development opportunities. Intensive, well-designed professional development focused on improving evidence-based teaching strategies can improve early educators' practice and lead to positive child outcomes.⁵² The California Department of Education has developed the California Early Learning and Development System (CELDS), which includes the Early Childhood Educator Competencies (ECECs) and Early Learning Foundations (ELFs). The ECECs articulate the professional knowledge, skills and dispositions required for high-quality care and education for young children.⁵³ However, there is a lack of alignment across qualifications, competencies and workforce preparation.⁵⁴

The need for an improved professional development system is further motivated by the quality shortfalls substantiated in recent studies. These shortfalls include the ability of the workforce to provide children with the instructional support needed for the age-appropriate language development and reasoning skills that are linked to later success in school and limited formal training in working with dual language learners.⁵⁵ Such findings suggest the need to systematically integrate both competencies and essential focus areas related to the latest brain research, language acquisition, with emphasis on dual language learners, cultural and economic diversity and family engagement.⁵⁶

There is also significant momentum around workforce development improvement given a number of statewide and national efforts focused on the qualifications of the ECE workforce (e.g., adoption of an ECE credential, Curriculum Alignment Project, revisions to the Child Development Permit Matrix, Race to the Top Early Learning Challenge Grant and the Head Start Act).

What We Will Do:

⁴⁹ Hatfield, B., Hamre, B., LoCasale-Crouch, J., Pianta, R. C., Downer, J., Burchinal, M., & Howes, C. (2012). *Teacher characteristics influence responsiveness to a course and a consultancy focused on effective teacher-child interactions*. Paper accepted for presentation at the Society for Research on Educational Effectiveness Annual Spring Conference, Washington, D.C.

⁵⁰ Karoly, L. (2012). *A Golden Opportunity: Advancing California's Early Care and Education Workforce Professional Development System*. RAND Corporation. Retrieved from <http://www.rand.org/pubs/monographs/MG1188.html>

⁵¹ Whitebook, M. and Ryan, S. (2011). Degrees in context: *Asking the right questions about preparing skilled and effective teachers of young children*. Preschool Policy Brief, Issue 22. National Institute for Early Education Research.

⁵² Hatfield, B., Hamre, B., LoCasale-Crouch, J., Pianta, R. C., Downer, J., Burchinal, M., & Howes, C. (2012). *Teacher characteristics influence responsiveness to a course and a consultancy focused on effective teacher-child interactions*. Paper accepted for presentation at the Society for Research on Educational Effectiveness Annual Spring Conference, Washington, D.C.

⁵³ California Department of Education. *California Early Childhood Educator Competencies*. Retrieved from <http://www.cde.ca.gov/sp/cd/re/ececomps.asp>

⁵⁴ Advancement Project. (June 2014). *ECE Landscape: Past and Potential Future Roles and Strategies*. Retrieved from <http://www.first5la.org/files/lpad/6-23-14/Item-10.pdf>

⁵⁵ Karoly, L. (2012). *A Golden Opportunity: Advancing California's Early Care and Education Workforce Professional Development System*. RAND Corporation. Retrieved from <http://www.rand.org/pubs/monographs/MG1188.html>

⁵⁶ Whitebook, M. and Ryan, S. (2011). Degrees in context: *Asking the right questions about preparing skilled and effective teachers of young children*. Preschool Policy Brief, Issue 22. National Institute for Early Education Research.

First 5 LA will improve the system of professional development so that ECE providers have strong skills and the knowledge necessary to help young children get ready for school. To do this, First 5 LA will support efforts to align the training and education provided to ECE professionals with state standards such as the ECECs and ELFs. Additionally, First 5 LA will continue efforts to pilot the ECE Workforce Registry. The ECE Workforce Registry is designed to track and promote the education, training and experience of the ECE workforce, and can provide useful data to support further professional development improvements.⁵⁷

Bolstering the system that prepares, educates, and trains ECE providers has the potential to have a broad and lasting impact for years to come. First 5 LA is well positioned to play a significant and influential role to affect change in this area given existing relationships with key stakeholders as well as current investments in local and statewide efforts to impact the system.

Below are example activities illustrating how First 5 LA will advance the strategy across the investment areas:

Investment Areas and Example Anchor Activities



Provide resources and support to integrate and align professional development provided through the formal education system (e.g., credit-bearing courses in a postsecondary institution that could lead to a degree) with stated Early Childhood Educator Competencies (ECECs) and Early Learning Foundations (ELFs).

Provide resources and support to integrate and align professional development provided outside the formal education system (e.g., noncredit-bearing professional development) with stated Early Childhood Educator Competencies (ECECs) and Early Learning Foundations (ELFs).



Continue to pilot the ECE Workforce Registry.

Implications:

Focusing our work to improve the system that prepares, educates and trains ECE providers allows First 5 LA to have broad and sustainable impact to support the ECE workforce, and is in alignment with First 5 LA's strategic direction. Through this strategy, First 5 LA will not directly fund the provision of professional development for the ECE workforce outside of QRIS (see previous strategy).

⁵⁷ Early Care and Education Workforce Registry. Retrieved from <https://www.caregistry.org/>

Health, Mental Health and Substance Abuse Services Systems

Improved capacity of health, mental health and substance abuse services systems to meet the needs of children prenatal to age 5 and their families

Priority Focus Area:

Increased effectiveness and responsiveness of screening and early intervention programs across health, mental health and substance abuse services systems

Strategy:

Advocate for policy and practice changes to support efforts to improve coordination and functioning of developmental screening, assessment and early intervention programs

Why This Strategy:

Timely screening and early intervention are important to a young child's healthy development. While developmental screenings by primary care providers are covered by the Affordable Care Act, there are still many challenges that parents/caregivers face when trying to navigate the complex systems that support the developmental care of their young children. One of the first challenges a parent/caregiver may face is being provided a developmental screening. As of 2007, in L.A. County, only 21.8% of children prenatal to age 5 had received a developmental screening (compared to 24.8% in California), and 56.3% of parents had never been asked if they had a concern about their child's development by their provider (compared to 52.8% in California)⁵⁸. The American Academy of Pediatrics recommends developmental screenings to be provided at 9, 18, and 24 or 30 months.⁵⁹ Additionally, autism-specific screening is recommended for all children at the 18- and 24-month visit.

There is a variety of settings where a developmental screening may take place, including the office of a primary care provider or an ECE center. Once a child is screened and a potential risk for developmental delay is identified, a parent/caregiver may experience challenges in accessing a full developmental evaluation, which is the primary tool utilized to determine eligibility for interventions and/or services. Two separate systems exist, which provide developmental services to children dependent upon their age. Children under the age of 3 receive developmental services at a Regional Center via the California Early Start Program, and children ages 3 to 5 years old may receive services through their local school district or through the Regional Center, depending on eligibility. The difficulty in coordinating a child's care is a result of the multiple entry points into the system and the lack of coordination between existing service providers. Further, the service pathways and providers do not routinely share data. The lack of systemic care coordination and data-sharing presents a navigation challenge for parents/caregivers, and may impede a child's ability to access critical intervention services.

⁵⁸ UCLA Center for Health Policy Research, AskCHIS, Main Topic: Risk of Developmental Delays, Population: 0-5 (2007). Retrieved from http://ask.chis.ucla.edu/main/DQ3/output.asp?_rn=7.712954E-02

⁵⁹ Centers for Disease Control and Prevention, Developmental Screening and Monitoring. Retrieved from <http://www.cdc.gov/ncbddd/childdevelopment/screening.html>

What We Will Do:

Based on these challenges, First 5 LA will focus on supporting efforts to promote, from a systems perspective, improved coordination of care for children in relation to developmental delays. This includes the entire continuum of care — from the initial recruitment to screening to referral to the needed interventions and/or services. First 5 LA will bring together key stakeholders from health-related and ECE systems to ensure an ongoing dialogue, identify barriers/gaps, and support efforts to improve systems coordination and child access to screening and follow-up services.

Furthermore, First 5 LA will apply a health systems change approach to improving the system of developmental care for children in L.A. County as it relates to provider outreach and training. Some of the basic elements of this approach include taking systems improvements that have shown positive results in different provider communities and scaling them more broadly to various provider platforms, which may include county entities, professional associations and federally qualified health centers. This approach takes improvements in policy and practice that have been evidenced on a limited scale, and drives their spread on a larger scale.

Below are example activities illustrating how First 5 LA will advance the strategy across the investment areas:

Investment Areas and Example Anchor Activities



Advocate for policy and practice changes that improve coordination and collaboration of developmental screening and early intervention programs within the health and education-related systems.



Convene and leverage relationships with relevant partners (Department of Public Health, Department of Mental Health, Department of Children and Family Services, regional centers, school districts) to support efforts to achieve effective care coordination and referral systems.

Support the integration and sharing of data.



Outreach and train providers to improve systems-level service delivery in settings where young children and their families receive care.

Implications (i.e., what will First 5 LA not do?):

First 5 LA will focus on activities that contribute to coordinating existing services and programs more effectively, and driving evidenced-based improvements in provider training to scale through various platforms. First 5 LA will not fund direct services unless they have the potential to lead to policy/practice change and service delivery system improvement.

Priority Focus Area:

Improved capacity of health, mental health, and substance abuse services providers to deliver trauma-informed care to children prenatal to age 5 and their families

Strategy:

Identify and promote best practices around trauma-informed care that improve the service delivery system for children prenatal to age 5 and their families

Why This Strategy:

To ensure all children prenatal to age 5 reach their maximum health potential, it is important that First 5 LA's efforts identify and limit the influence of those factors that are known to impede healthy child development. One of the most pervasive and damaging of those negative influences is the impact of trauma and chronic adversity. Children who experience trauma such as abuse, neglect, loss, terrorism and disasters, or chronic adversity such as persistent poverty, community and family violence, homelessness, parental substance abuse and maternal depression are often at high risk of experiencing "toxic stress."⁶⁰

Both risk and Protective Factors impact the development of a child's stress response system. Risk factors associated with child maltreatment include factors such as social isolation of families; lack of caregiver understanding of the child's needs and child development; caregiver history of domestic abuse; poverty and other socioeconomic disadvantages; substance abuse; and caregiver stress and distress, including depression and other mental health conditions. Protective Factors that protect against child maltreatment in contrast include a supportive family environment; nurturing caregiver skills; stable family relationships; access to healthcare and social services; and caring adults outside the family who serve as role models or mentors.⁶¹ Research on stress and resilience demonstrates that a positive and secure attachment with at least one caring adult can serve as a protective function for children and can actually buffer the negative impact of toxic stress on the child's developing brain.⁶²

This safe, loving and nurturing relationship can be strengthened through the promotion of the Protective Factors in the systems that families interact with. Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.⁶³ "Trauma-informed" systems, organizations and programs have the following characteristics: (1) an acknowledgement of the widespread impact of trauma and a collective understanding of the potential paths for healing; (2) a recognition of the signs and symptoms of trauma in staff, clients and others involved with the system; and (3) a culture that fully integrates knowledge about trauma into policies, procedures, practices and settings. This strategy focuses on supporting health-related systems to shift their culture to one that is trauma-informed — recognizing the prevalence of trauma and instituting policies, practices and procedures that fully integrate knowledge of trauma.⁶⁴

⁶⁰ Shonkoff, J.P., Garner, A. S.. (2011). *The Lifelong Effects of Early Childhood Adversity and Toxic Stress*. Journal of the American Academy of Pediatrics, Issue 10.1542, 2011-2663. Retrieved from <http://pediatrics.aappublications.org/content/early/2011/12/21/peds.2011-2663.full.pdf+html>

⁶¹ Hodas, Gordon R.(February 2006). *Responding to Childhood Trauma: The Promise and Practice of Trauma Informed Care*. Pennsylvania Office of Mental Health and Substance Abuse Services.

⁶² Werner, E. E. (2000). Protective Factors and Individual Resilience. In J.P. Shonkoff and S.J. Meisels (eds), *Handbook of Early Childhood Intervention* (pp. 115-132). New York, NY: Cambridge University Press

⁶³ SAMHSA National Center for Trauma-Informed Care (NCTIC) (2011). *Trauma-Informed Approach and Trauma-Specific Interventions*. Retrieved from <http://www.samhsa.gov/nctic/trauma-interventions>

⁶⁴ Blanch, A.. (September 2012). *SAMHSA's National Center for Trauma-Informed Care*. Retrieved from http://www.nasmhpd.org/docs/NCTIC/NCTIC_Marketing_Brochure_FINAL.pdf

What We Will Do:

First 5 LA is new to this field, and the Commission's work will initially involve collaboration with experts to learn about the impact of trauma on a child's development and the gaps in service providers' ability to respond to families affected by trauma. From this work, First 5 LA will develop an action plan to build and promote the capacity of health-related providers and systems to realize, recognize and respond to families and their young children who have experienced trauma in their lives.

Below are example activities illustrating how First 5 LA will advance the strategy across the investment areas:

Investment Areas and Example Anchor Activities



Convene a learning community of experts and key partners⁶⁵ to define and identify the scope and impact of trauma-informed care for children prenatal to age 5 and their families.

Conduct an environmental scan⁶⁶ to identify key partners, gaps and opportunities to improve provider capacity to deliver trauma-informed care to children prenatal to age 5 and their families.

Develop an action plan informed by the learning community and environmental scan to improve capacity of service delivery systems to provide trauma-informed care to children prenatal to age 5 and their families.

Implications:

First 5 LA will partner with others to will on activities that contribute to addressing the gaps and opportunities to improve the capacity of service delivery systems to provide trauma-informed care to families and young children, rather than scaling up or directly funding innovative programs on our own.

⁶⁵ Examples of providers that work with children and their families who may have experienced trauma include L.A. County Department of Public Health [Child Health and Disability Prevention Program (CHDP), Substance Abuse Prevention and Control (SAPC)]; Los Angeles County Medical Association (LACMA), Department of Children and Family Services (DCFS) [Young Children in Care Strategic Planning Committee]; Department of Mental Health [Children's System of Care]; Office of Child Protection; law enforcement [sheriff department, jails, district attorney's office]; federally qualified health centers (FQHCs); community health clinics; community-based organizations; advocacy/policy organizations; City of Pasadena Health Department; City of Long Beach Health Department.

⁶⁶ Include analysis of challenges faced by the Antelope Valley: lack of mental health services, less qualified professionals, and transportation challenges. Address how trauma-informed care can impact First 5 LA's other outcome areas (ECE, Families, Communities). Children's Data Network can possibly provide data on the prevalence of trauma in and across different systems.

Appendix H: Monitoring, Evaluation and Learning Framework

Example Questions

This section provides illustrative examples of the types of questions First 5 LA's new Monitoring, Evaluation and Learning Framework may consider. These questions will be tailored and customized during the implementation planning phase.

Performance Measurement

Performance measurement analyzes the extent to which strategies or programs have been implemented as planned. The following are examples of the types of questions First 5 LA's performance measurement work may address:

- What has been the extent and nature of First 5 LA's investments and efforts in each strategy?
- How many parents/caregivers and children prenatal to age 5 has First 5 LA reached?
- What is the demographic and risk profile of the population served by First 5 LA?
- What aspects of the systems of services and supports that First 5 LA aims to affect has First 5 LA reached?
- What is the nature and type of work First 5 LA did to support and improve systems?
- To what extent has First 5 LA implemented its work according to the principles and practices of its strategic direction, focus and investment guidelines?

Outcome Evaluation

Outcome evaluation will focus on measuring the changes experienced by children prenatal to age 5, parents/caregivers, communities and systems. The following are examples of the types of questions First 5 LA's outcome evaluation work may address:

- To what degree have parents/caregivers engaging in First 5 LA-supported efforts experienced the expected outcomes?
- To what degree have children prenatal to age 5 engaging in First 5 LA-supported efforts experienced the expected outcomes?
- To what degree has community capacity within Best Start Communities increased to support and promote the safety, healthy development, and well-being of children prenatal to age 5 and their families?
- To what degree have local health, mental health and substance abuse systems improved their capacity to meet the needs of children prenatal to age 5 and their families?
- To what degree have children prenatal to age 5 and their families experienced increased access to quality ECE?

Population-Level Monitoring

For each of First 5 LA's goal areas, population-level indicators will be developed to monitor trends over time. Monitoring these trends is not about claiming causal attribution to First 5 LA if changes

in indicators are seen over time, rather this monitoring work is part of an effort to monitor the landscape and make any adjustment in strategy as indicated by external changes. A few *illustrative* examples of community indicators that may be monitored include:

- A decrease in the rate of substantiated child abuse and child abuse referrals
- An increase in the rate of breastfeeding
- An increase in the number of women receiving early prenatal care
- An increase in the number of licensed ECE sites
- An increase in the number of early childhood education providers who attain degrees related to the early childhood field
- An increased access to safe spaces

Note that when determining measures for parent-child outcomes, the evaluation approach will be differentiated based on whether the services and programs provided are evidence-based or a promising practice. In this new Strategic Plan, First 5 LA explicitly identified some strategies that will be evidence based, and funding and focusing these evaluations will be on fidelity measures and tracking progress towards interim outcomes, as more intensive evaluation is not needed given that these interventions have been tested elsewhere. For promising practices — where the intent is to elevate the level of evidence available that speaks to this practices' promise — thereby supporting this practice becoming an evidence-based model, this evaluation work may require a more significant level of investment. One example of First 5 LA working on developing the evidence base of a promising model is with Welcome Baby and its work to generate more comprehensive data on families in L.A. County.