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# Best Start LA Pilot Community Evaluation Case Study Report 1

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## Implementing Best Start LA in *Metro LA*—Slow but Steady Progress for the Place-Based Community Initiative

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Prepared for: First 5 LA



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For more information about First 5 LA and its initiatives, go to <http://www.first5la.org>. For more information about Best Start LA, go to <http://www.beststartla.org>.

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## Executive Summary

Best Start LA (BSLA) is a place-based community investment that aims to improve the well-being, development, and care experienced by children ages five and under, and their parents. Multiple interwoven strategies have been designed to strengthen the capacity of families to raise children, and the capacity of communities and broader systems to support families. While Best Start LA will ultimately operate in a total of 14 communities across Los Angeles County, First 5 LA (F5LA) has launched the model in a “pilot” community, which is being referred to as *Metro LA*. The *Metro LA* area encompasses parts of four different Los Angeles neighborhoods—Pico-Union, Koreatown, the Byzantine Latino Quarter, and South L.A. First 5 LA has contracted with a variety of community-based organizations and service providers in the pilot community to implement the following core strategies:

- ***Home visiting:*** This family-level activity brings nurses, college-educated “parent coaches,” and paraprofessionals to visit families in the home prenatally, at birth, and post-partum to provide breast-feeding support, guidance on infant wellbeing and development, and referrals to needed resources and services.
- ***Community Mobilization and Place-Based Strategies:*** This community-level activity utilizes Community Based Action Research methods to mobilize community members and facilitate their identification of needs in their neighborhoods, followed by strategies and services to address those needs.
- ***Systems Change Activities:*** Investments at the system-level promote the development of family-friendly services, policies, and systems at the community and county levels.

This report was developed as part of the Best Start LA Evaluation, and presents findings on the early implementation of Best Start LA (BSLA) in *Metro LA*. Researchers from the Urban Institute conducted interviews with over 35 informants from June to December 2010 including First 5 LA staff, county officials, and agency staff and leadership from BSLA contract partners. The Urban Institute and its partner—the University of California at Los Angeles—will conduct a broad range of evaluation activities over six years, including: additional case studies of implementation; focus groups with parents, home visitors, and community stakeholders; a longitudinal household survey of parents; and analysis of secondary data to monitor community change. Evaluation results will inform the development and implementation of Best Start LA initiatives in 13 other communities across Los Angeles County.

## **Constellation of Services—The Best Start LA Model**

The Best Start LA model encompasses a broad range of strategies that work to effect change at the family, community, and system levels. First 5 LA has contracted with very large number of organizations and providers to deliver a “constellation” of services to engage with families and community organizations, and facilitate system improvement, as described below.

### ***Child and Family Intervention: Welcome Baby!***

The two primary organizations directly involved with BSLA’s investment in children and families in *Metro LA* are the California Hospital Medical Center (CHMC) and its Hope Street Family Resource Center, and Maternal and Child Health Access (MCHA). CHMC is the designated “birthing hospital” for the *Metro LA* community, which employs “hospital liaisons” who visit with new mothers before they and their babies are discharged. MCHA, a community-based organization located in downtown Los Angeles, is leading the home visiting component called *Welcome Baby!*.

*Welcome Baby!* is a free, voluntary family engagement program offered to women who give birth at CHMC that focuses on education and support for expectant women and mothers of newborns. Launched in November 2009, *Welcome Baby!* has steadily grown and expanded its reach in *Metro LA* with nearly 750 mothers and children enrolled as of early 2011. Women can be recruited into the program prenatally or before hospital discharge. The *Welcome Baby!* model has been characterized as a low- to medium-intensity model, and comprises up to three prenatal contacts, a hospital visit (following delivery), a nurse home visit within 72 hours of discharge, and up to three post-partum home visits.

Prenatal visits focus on strategies for a healthy pregnancy; hospital interactions provide breastfeeding instruction and support, as well as education regarding parent/infant bonding; the 72-hour nurse visit focuses on breastfeeding support, the health of mother and infant, family planning, and initial screening for maternal depression; ongoing postpartum visits continue to provide education, guidance, and support on breastfeeding, parent/child attachment, child health and development, home and environmental safety, baby sleeping position, maternal depression, and referrals to community resources.

### ***Community Strategies and Mobilization***

The two primary organizations working at the community level under Best Start LA are Para Los Niños (PLN), the “lead entity” working to build cohesion and facilitate change in *Metro LA*; and Special Service for Groups (SSG), hired to assist with Community Based Action Research efforts in *Metro LA*.

PLN is a nonprofit family service organization whose responsibilities under BSLA entail identifying and engaging with community members and stakeholders within *Metro LA* through the formation of the Best Start LA Partnership. Specific engagement steps over the past 18 months have included:

- Convening and facilitating three *Information Sessions* and one *Parent Engagement Event* with community members;
- Conducting a *Retreat* with roughly 25 individuals to help design the governance structure for the initiative, moving forward;
- Forming a *Community Guidance Body*, leaders who will coordinate the development of strategies for community action;
- Facilitating the development of nine *Task Forces* that will carry out the specific work of strategy development, as well as a *Community Advisory Committee* to assist the Community Guidance Body with policy level efforts; and
- Convening, with First 5 LA, the official public launch of Best Start *Metro LA* at L.A. Trade Tech College.

SSG is a multiservice organization providing direct service, research and evaluation, technical assistance, and capacity building services to community based organizations in and around Los Angeles. Under Best Start LA, SSG is charged with guiding community members in Community Based Action Research (CBAR), a method that directly involves community members in research to define the problems they face, gather data to provide evidence, and plan for change. During the first year of implementation, SSG consulted with PLN on the CBAR process, but has held off on actually conducting the research while PLN laid its foundation for mobilization.

### ***Systems Change***

Four organizations have been retained by First 5 LA to work at a systems level to effect change and support improvements for children and families. ZERO TO THREE, a national, nonprofit organization that informs, trains, and supports professionals, policy makers, and parents in their efforts to improve the lives of infants and toddlers, is the project’s workforce development contractor, charged with developing best practices and training service providers in the community to be equipped with the knowledge, skills, and attitudes necessary to care for a prenatal to three population. Parents Anonymous® Inc. is an international not-for-profit organization that has forty years of experience working on family strengthening, child abuse and maltreatment prevention, juvenile delinquency, and building family capacity. The group is responsible for designing an integrated data and information systems for the *Metro LA* community and countywide. Perinatal Advisory Council/Leadership Advocacy and Consultation (PAC-LAC) is a nonprofit maternal and child health organization whose mission is to improve pregnancy and birth outcomes. For Best Start LA, PAC-LAC is promoting the expansion of “Baby Friendly Hospitals” that aim to improve and support breastfeeding initiation across Los Angeles County. Finally, Fenton Communications is the public interest communications firm responsible for marketing and public relations related to Best Start in *Metro LA* and the county at large.

## Implementation and Lessons Learned

After nearly one and a half years of implementation experience, Best Start LA appears to have achieved mixed results thus far. On the one hand, *Welcome Baby!* is on firm footing; initial delays surrounded the launch of the service but have been overcome, and home visiting services have now been rendered to nearly 750 mothers and their infants by the end of 2010. On the other hand, the community mobilization/strategies portion of the model has had some trouble gaining traction and is only recently seeing tangible progress being made. Meanwhile, many systems-level efforts have proceeded, though have largely “taken a back seat” while the core building blocks of home visiting and community strategies were launched. Best Start LA in the pilot community has, indeed, experienced many of the “fits and starts” that might be expected in a pilot program.

Several early “lessons learned” can now be identified based on the early implementation of Best Start LA. These lessons can help not only persons currently involved in *Metro LA*, but also First 5 LA officials and planners in the other 13 communities where Best Start LA is slated to be launched in the coming months and years. Specific lessons and their implications, based on information and insights gathered from key informants interviewed for this case study, and observations of the evaluators, include:

- ***Welcome Baby! home visiting represents a critically tangible, effective service that could form a foundation for subsequent Best Start LA efforts.*** By all accounts, after a slow start, *Welcome Baby!* home visiting services have been well implemented and are providing Best Start LA in the pilot community an important, concrete example of F5LA’s investment. As such, it represents the most visible component of Best Start LA, and future BSLA communities would be well advised to look at similar services as a core foundation upon which to build.
- ***The home visiting intervention may need modification.*** The home visiting component of Best Start LA was originally envisioned as a low- to medium-intensity model. However, during its first year of operation, MCHA and CHMC officials have observed that women giving birth in the *Metro LA* community are often high risk. Officials may need to further expand or enhance the model in the future to meet the needs of such high-risk clients.
- ***Beyond Welcome Baby!, Best Start LA represents a complex, multifaceted model that is not easy to convey to a community.*** Best Start LA comprises a constellation of services that are designed to work together to affect change at three levels—child/family, community, and systems. First 5 LA has contracted with roughly 10 separate contractors to implement its model, and describing how these multiple partners work together to affect change is challenging. For community members, in particular, articulating the concept in a way that residents can “put their arms around” is difficult. Key informants confirmed that the “brand” of Best Start LA had not taken hold in *Metro LA* yet, and may not for some time to come. This observation underscores the importance of effective and persistent marketing and messaging, a goal that is bolstered by the addition of Fenton Communications to the BSLA partnership.

- ***Community mobilization efforts accelerated once parents became the focal point.*** Para Los Niños spent much of its first year conducting outreach and education in *Metro LA* in an effort to begin forming its Best Start LA Partnership. After three poorly attended Information Sessions, PLN recognized the need for a change in strategy and refocused its effort on parents. The shift succeeded—more than 150 parents (and over 100 children) attended the next Parent Engagement Event—and marked a turning point in the organization’s work. Parents have since assumed prominent roles in *Metro LA*’s Community Guidance Body and a Parent’s Task Force was among the first, and most active, entity to form to carry out planning activities in the community. Future BSLA communities would do well to heed the lesson that parent engagement should constitute a core function of community facilitators.
- ***Careful and coordinated contract management is required to keep Best Start LA partner activities in sync.*** During the first year of implementation, some components of BSLA have met delays, while others have proceeded on schedule. By design, however, many of the partner activities are interdependent. Therefore, delays for one contractor ripple to affect other contractors, either causing delays in their work, or interrupting the progress they are making. As a “pilot” demonstration, such is to be expected. But future BSLA communities should take care to plan and coordinate the roll-out of their component parts to ensure maximum efficiency and effectiveness.
- ***Care must be taken to avoid “silos” among the Best Start LA contractors.*** Despite regular BSLA “partner meetings,” contractors with whom the evaluators spoke often expressed confusion about where they “fit” in the overall Best Start LA model, and confessed to not fully understanding what other contractors were charged with accomplishing. Thus, it appears that despite best efforts, silos exist and may be holding back the initiative’s ability to fully integrate. Future efforts should anticipate this challenge and continuously work to clarify for partners how their work coexists, where it should integrate, and in what ways it should collectively achieve desired outcomes.
- ***System-level efforts seem well designed and poised to make a difference.*** Systems-level strategies appear to be temporarily “on hold” while the other components of Best Start LA “catch up,” yet it seems that they have been thus far well-conceived and executed, and are poised to accomplish desired ends. PAC-LAC’s work with CHMC has already helped spur a reportedly large improvement in rates of breastfeeding among new mothers. Zero to Three, has completed its initial tasks related to workforce development core competencies and training, and is poised to roll out its training plan once *Metro LA* is ready. Parents Anonymous® Inc. is in the process of laying the groundwork for its design of a cross-cutting, integrated data system for the community and its contractors. Fenton Communications has made substantial progress toward establishing a consistent communications strategy and brand for BSLA in this community.
- ***Community “lead entities” must strike the appropriate balance between guiding change, and allowing it to grow organically.*** An ongoing struggle for Para Los Niños appears to have been striking the right balance between guiding change at the community



level versus creating an environment where change can grow, organically, from the grass roots. PLN has generally chosen a hands-off approach, erring on the side of community members taking the lead. Some key informants expressed frustration that progress in the pilot community has been slow, believing that the lead entity could have taken a more assertive, directive stance in spurring community mobilization efforts and facilitating more concrete activities. Future Best Start LA communities will no doubt struggle with this challenge as well, so should anticipate the need to strike an appropriate balance in their efforts.

- ***First 5 LA, too, should continue to work to strike the right balance of direction and freedom for future BSLA communities.*** First 5 LA officials, as well, admitted some conflicted feelings about how they oversaw early implementation of Best Start LA. Initially, officials envisioned a fairly directive approach, outlining the range and types of strategies that could be adopted in the community. Over time, however, a shift occurred whereby F5LA embraced the concept that communities should identify their own priorities and develop their own responses. Most expressed comfort with this stance, but admitted that it results in slower progress.
- ***First 5 LA might also consider reducing its administrative oversight and burden for Best Start LA contractors, while maintaining program integrity.*** Best Start LA contract partners generally said that carrying out work under contract with F5LA was sometimes administratively burdensome. Frequent meetings, updates and modifications of scopes of work, intensive reporting requirements, and sometimes constrained communication channels (whereby information requests must flow through F5LA program officers) were cited as examples that were time consuming and slowed down work progress. The current budget climate in California is dire, so First 5 organizations across the state face increasing pressure to justify their investments and maintain tight accountability for expenditures. Still, in the interest of efficient programming, F5LA might consider management practices that promote more flexibility and effective activity on the part of contractors, while maintaining program integrity.

In summary, Best Start LA implementation in the *Metro LA* community has experienced some “ups and downs.” Over its first year and a half, the project has seen good progress made across the board, though much of it slower than anticipated. This, arguably, is to be expected in a new investment, especially one as complex and multi-faceted as Best Start LA. It is hoped that this Year 1 case study provides valuable documentation of both the progress and challenges that Best Start LA partners and First 5 LA managers have experienced thus far, while identifying the lessons that have been learned along the way, so that this and future projects can enjoy smoother implementation moving forward.

## I. Introduction

Best Start LA is a place-based community investment that employs multiple strategies to improve the wellbeing, development and care experienced by children ages five and under, and their parents. To accomplish this, Best Start LA (BSLA) works to affect change at three levels—child and family, community, and systems—and thus includes strategies for strengthening families, communities, and organizations, all with the goal of promoting and fostering optimal child development and health, improved family functioning, and positive community change. The investment envisions many different types of community members and stakeholders as active participants in the creation of “baby and toddler” friendly communities in Los Angeles.

Best Start LA was created by First 5 LA, a California child advocacy organization launched after the 1998 passage of Proposition 10, the California Children and Families Act. This legislation added a \$0.50 tax to cigarettes and other tobacco products with revenues earmarked for the purposes of promoting, supporting, and improving early development among children beginning in the prenatal period and continuing through age five. Twenty percent of funds collected by the tax are allocated to a state-level Proposition 10 Commission (called First 5 California), while 80 percent are proportionately distributed to county-level First 5 Commissions based on each county’s number of live births. With more than 150,000 live births per year, Los Angeles County receives, by far, the largest allocation, comprising about 21 percent of the total tax distributions. Thus, First 5 Los Angeles (F5LA) is the county-level Proposition 10 Commission charged with promoting a healthy and nurturing environment for children ages zero through five in Los Angeles County.

Best Start LA is funded through a \$125 million, multi-year investment by F5LA, which is being targeted to 14 selected communities in Los Angeles County. Best Start was originally funded as a focus area under the 2005–2009 Strategic Plan. It was expanded per the 2009–2015 Strategic Plan to include 13 additional communities, representing a significant investment in the place-based approach and a course change for the organization. Prior to 2009, F5LA had largely funded a range of direct service initiatives through time-limited grants. But with the Strategic Plan, F5LA Commissioners chose to follow the lead of other philanthropic foundations to pursue place-based funding initiatives designed to build communities’ capacity to develop and support positive sustainable change. A second impetus behind the development of Best Start LA was, as one official described, to “bring F5LA’s portfolio into balance.” That is, a majority of F5LA’s funding had, to date, supported programs for children ages four and five; this was driven largely by the organization’s investment in the Los Angeles Universal Preschool (*LAUP*) program. Instead, Best Start LA’s target population would primarily be children ages zero through three<sup>1</sup> and expectant mothers. Through its investment, F5LA hopes that Best Start LA will help improve in the following 10 “core outcomes” which could be tracked by various corresponding indicators illustrated in Table 1.

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<sup>1</sup> This was changed to 0–5 with implementation of F5LA’s new strategic plan (2009).

**Table 1. Best Start LA Core Outcomes and Indicators for the *Metro LA* Pilot Community<sup>2</sup>**

OUTCOME		INDICATOR
1	Strengthened attachment and bonding between members of families and children	<ul style="list-style-type: none"> <li>• Parents listen and attend to children’s feelings and needs</li> <li>• Parents engage in activities that bring mutual enjoyment with their children</li> <li>• Parents know the stages of physical, cognitive, and social development of children</li> <li>• Improved socio-emotional wellbeing of child</li> <li>• Decreased incidence of maternal depression</li> <li>• Parents report use of more positive parenting techniques and less use of punitive parenting techniques</li> <li>• Decreased incidence of child abuse/neglect</li> </ul>
2	Increased ability and efforts of families to foster the developmental function of their children so that they are ready for school	<ul style="list-style-type: none"> <li>• Parents more accurately identify their children’s learning patterns and learning needs</li> <li>• Parents engage their children in more language-rich activities</li> <li>• Parents create a developmentally appropriate environment for children that allows for movement, play, and creativity</li> </ul>
3	Strengthened ability of families to understand their child’s cues and actively address their child’s health, development, needs, and uniqueness	<ul style="list-style-type: none"> <li>• Parents know the stages of physical, cognitive, and social development of children</li> <li>• Parents identify the consequences of nutritional decisions for developing fetuses, infants, and toddlers, particularly with regard to increased exclusive breastfeeding up to 6 months</li> <li>• Parents are more aware of and utilize resources and services to support the development of their children</li> <li>• Parents increase and apply their knowledge of accident prevention and safety precautions</li> </ul>
4	Strengthened personal and social relationships within and between families	<ul style="list-style-type: none"> <li>• Parents report spousal/other family members’ support in childrearing and household duties</li> <li>• Parents report their spousal/other family members offer emotional support</li> <li>• Families report they learn from and support each other and/or seek advice from each other</li> <li>• Families report utilizing a support system of family, friends, and neighbors whom they can access when they need to</li> <li>• Parents report feeling lonely and/or isolated less often</li> <li>• Decreased incidence of maternal depression</li> <li>• Family-to-family and peer support opportunities are readily available in community clinics, parks and recreation programs, local markets, etc.</li> </ul>
5	Community resources will meet the needs of the community so that their usage is increased	<ul style="list-style-type: none"> <li>• Increased availability, accessibility, and/or responsiveness of neighborhood resources for families with young children within their neighborhood</li> <li>• Increased utilization of community resources by families with young children within their neighborhood</li> </ul>

<sup>2</sup> In November 2010, *Metro LA*’s Community Guidance Body voted to align itself with First 5 LA’s new strategic plan, which adopts four strategic goals and measures for all 14 Best Start communities.

**Table 1. Best Start LA Core Outcomes and Indicators for the Metro LA Pilot Community (Cont).**

OUTCOME		INDICATOR
6	Strengthened local community mobilization and advocacy	<ul style="list-style-type: none"> <li>• Identification of issues and active engagement of families, community members, and other stakeholders in community actions and advocacy efforts to improve health and well-being of BSLA population and/or improve their place-based services</li> <li>• Strengthened ability of individual leaders and stakeholders to represent and promote change in their respective organizations</li> <li>• Increased collaborative relations and coordination among partners and other stakeholders</li> <li>• Increase in financial resources secured through community fundraising, government, and foundation grants and contracts, and other private sector resources to implement the BS strategies</li> <li>• Increased sense of belonging</li> <li>• Community artwork is common and reflects the history and culture of the residents</li> </ul>
7	Improvements to home and community built environments to support optimal child development	<ul style="list-style-type: none"> <li>• Increased physical environments or areas within community that encourage the optimal development of young children through safe, clean, <b>and/or</b> stimulating environments</li> </ul>
8	Developed/improved policies that impact the P-5 population	<ul style="list-style-type: none"> <li>• Changes in city level policies that increase program support for young children and their families</li> <li>• Changes in local level private policies that increase program support for young children and their families (e.g., corporations, housing, health insurance companies, etc.)</li> </ul>
9	Increased capacity to meet the needs of families through improved workforce competencies in infant and toddler issues in five sectors (physical health, ECE, mental health, social services/child welfare, early intervention/special needs)	<ul style="list-style-type: none"> <li>• Agreement on core competencies</li> <li>• Development of training modules around core competencies</li> <li>• Number of training modules delivered around core competencies</li> <li>• Enhanced HV and collaborative lead entity staff performance due to training modules (pre and post)</li> <li>• Increased number of high quality professional staff in the five sectors</li> </ul>
10	Improvement in information and technology systems that support the common use of data and information for family access and support, community planning, and organizational efficiency	<ul style="list-style-type: none"> <li>• Increased availability and accessibility of individual and general information to families</li> <li>• Data system development and data sharing between Baby Registry and County Centralized Case Management system and other strategic data partners</li> <li>• Development of data infrastructure to facilitate evaluation of BS and community-developed outcomes</li> <li>• Increased capacity of communities to disseminate information to stakeholders</li> </ul>

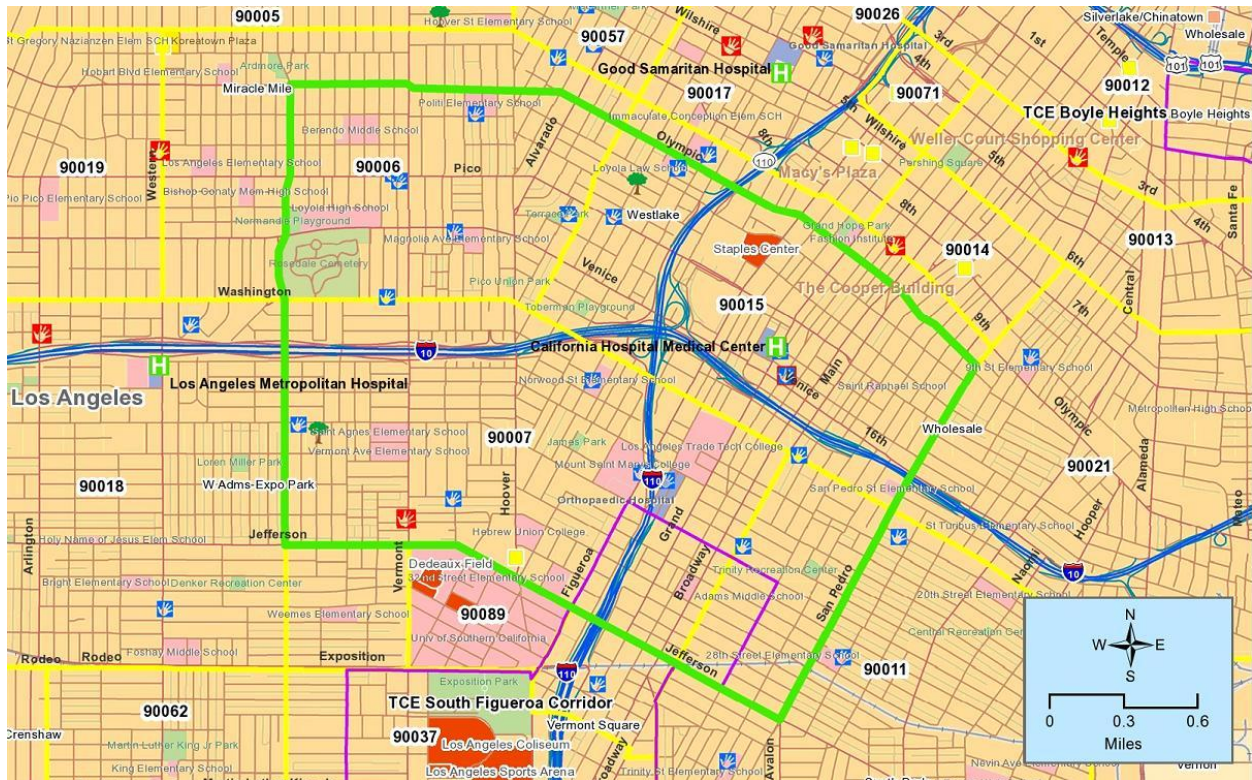
First 5 LA and its commissioners worked with a range of experts, including officials from the county Departments of Public Health and Health Services, to design Best Start LA. The model that emerged involves multiple interwoven strategies to strengthen the capacity of families to raise children, and the capacity of communities and broader systems to support families. First 5 LA has contracted with a variety of community-based organizations and service providers in the pilot community to implement these strategies. Core strategies include:

- **Home visiting:** This family-level activity brings nurses, college-educated “parent coaches,” and paraprofessionals to visit families in the home prenatally, at birth, and post-partum to provide breast-feeding support, guidance on infant safety and wellbeing, and referrals to needed resources and services.
- **Community Mobilization and Place-Based Strategies:** This community-level activity utilizes Community Based Action Research methods to mobilize community members and facilitate their identification of needs in their neighborhoods, followed by strategies and services to address those needs.
- **Systems Change Activities:** Investments at the system-level promote the development of family-friendly services, policies, and systems at the community and county levels.

While Best Start LA will ultimately operate in a total of 14 communities across Los Angeles County, F5LA chose to launch the initiative in a “pilot” community, which is being referred to as *Metro LA*. *Metro LA* was chosen after a comprehensive review and analysis of data and information about the neighborhood’s existing resources, strengths, and services. The densely populated community encompasses a 7 square-mile area in the downtown region that is bordered by Olympic Boulevard to the north, Jefferson Boulevard to the south, San Pedro Street to the east, and Normandie Avenue to the west. Rather than representing a single “community,” the *Metro LA* area encompasses parts of four different Los Angeles neighborhoods—Pico-Union, Koreatown, the Byzantine Latino Quarter, and South L.A. Two major thoroughfares—Interstate 10 and Route 110—intersect in the center of the pilot community.

Just over 100,000 people reside in *Metro LA*. Children under age six comprise 10 percent of the population, nearly half of whom live below the federal poverty level. Approximately 2,000 children are born into these conditions each year (Census 2000). According to F5LA officials and other key informants interviewed for this case study, the pilot community’s population is quite diverse, but largely Latino, with fairly high numbers of recent immigrants from Mexico and Central America. Some of the key challenges faced by residents included high rates of poverty, crime, and domestic violence; high rates of obesity and asthma; insufficient affordable housing; few parks and safe places for children and families to play; insufficient health and (in particular) mental health resources; poor access to fresh food, fruits, and vegetables (there is only one major supermarket in downtown); and poor public transportation. Key informants identified many community strengths, however, such as schools (that serve as a strong “hub” of services for parents); several WIC clinics; strong child care centers; numerous nonprofit organizations serving families; and a perceived desire among community leaders for change.

**Figure 1. Map of Metro LA Pilot Community**



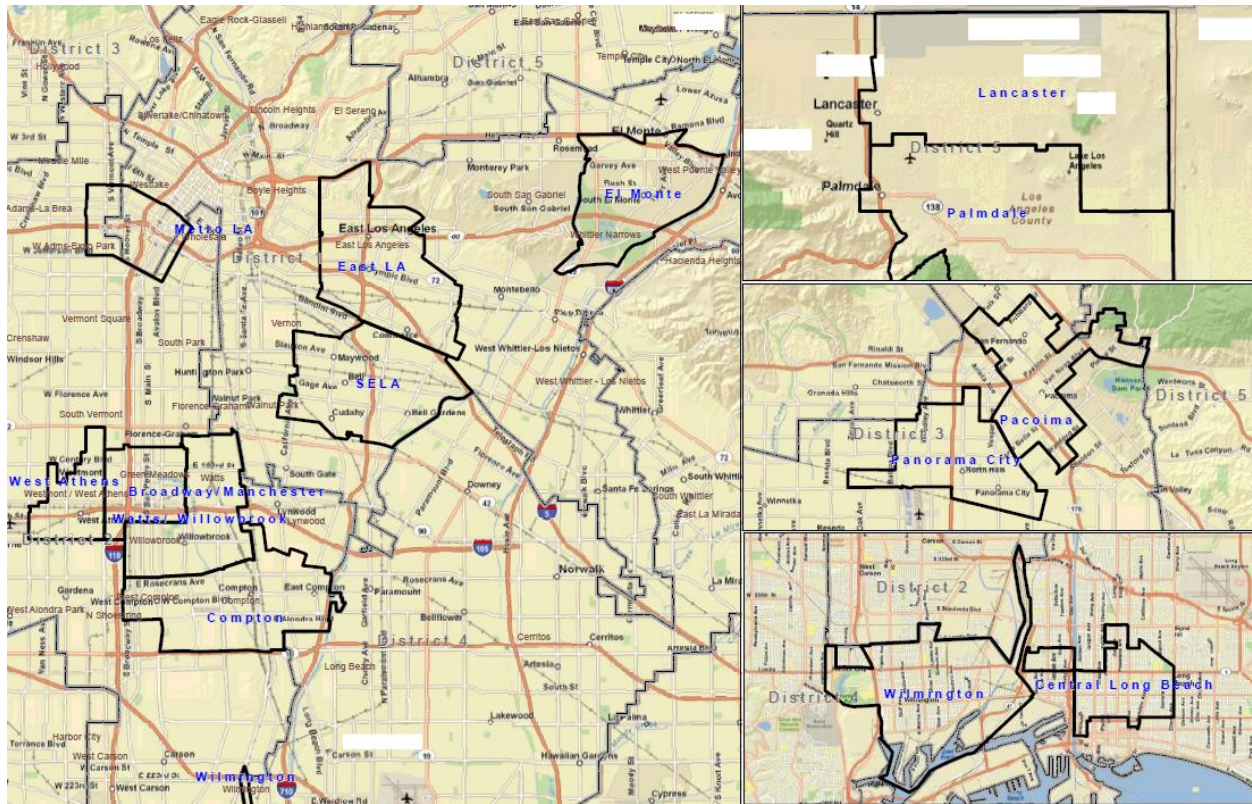
F5LA’s intent is to use lessons from implementation of BSLA in *Metro LA* to inform the future scaling up of the initiative to other communities in Los Angeles County. In June 2010, F5LA identified and announced the 13 additional communities where BSLA will be rolled out over the next five years. These 14 communities across Los Angeles are illustrated in Figure 2, below.

## II. Evaluation and Methods

This report was developed as part of the Best Start LA Evaluation under a six-year contract between First 5 Los Angeles and the Urban Institute. The Institute and its partner—the University of California at Los Angeles—will conduct a broad range of evaluation activities over the life of the contract, including case studies of implementation, focus groups with parents, home visitors, and community stakeholders, a longitudinal household survey of parents, analysis of secondary community data, and ongoing monitoring of implementation activities in the pilot community. Overall evaluation results will inform the development and implementation of Best Start LA initiatives in 13 other communities across Los Angeles County.



**Figure 2. The 14 Best Start LA Communities**



This first case study reporting on the early implementation of Best Start LA in the *Metro LA* pilot community is presented as part of this six-year evaluation. Researchers from the Urban Institute conducted a three-day site visit to Los Angeles in June 2010 and conducted one- to two-hour interviews with over 35 informants. (Follow-up telephone interviews were conducted with selected informants in November and December 2010, to update findings.) Participant observations were also completed, whereby evaluators “shadowed” home visitors serving program participants. Key informants included First 5 LA staff, county officials, and agency staff and leadership from BSLA partners such as Para Los Niños, MCH Access and the California Hospital Medical Center. Informants were categorized into the following categories: First 5 LA Administrators/Project Officers, BSLA contractors/providers, and other pilot community providers. All interviews with key informants were conducted by evaluation staff using semi-structured protocols tailored to each key informant category. A list of informants by category is included in Appendix A. Tailored protocols are included in Appendix B.

The remainder of this report will introduce and describe the large number of organizations and service providers involved in Best Start LA, organized by whether they are working at the child and family, community, or systems level. Following this, we describe the early implementation experiences of these entities, identifying both the progress they’ve made in achieving Best Start LA objectives, as well as the challenges they have faced in these efforts. Finally, the report concludes with a discussion of the cross-cutting lessons learned from Best Start LA’s first steps, lessons that will hopefully inform F5LA as well as stakeholders in the 13 additional communities preparing to launch their local Best Start LA initiatives.

### **III. A Constellation of Services—The Best Start LA Model**

Once again, the Best Start LA model encompasses a broad range of strategies that work to effect change at the family, community, and system levels. As such, First 5 LA has contracted with a very large number of organizations and providers to deliver a “constellation” of services to engage with families and community organizations, and facilitate system improvement. The primary contractors comprising the Best Start LA partners in *Metro LA* are described here, with discussion organized based on whether their efforts are targeted at the family, community, or systems level.

#### **A. Child and Family Interventions**

The two primary organizations involved in directly serving children and families in *Metro LA* are the California Hospital Medical Center (and its Hope Street Family Resource Center), and Maternal and Child Health Access. These organizations and their roles within Best Start LA are described, in turn, below.

##### ***1. California Hospital Medical Center and Hope Street—The Birthing Hospital***

California Hospital Medical Center is a 316-bed acute care facility in downtown Los Angeles whose history in the community dates to 1887. The hospital has capacity in oncology, orthopedics, surgery, rehabilitation and transition care, emergency and trauma care, and of particular relevance to Best Start LA, maternity care and neonatal intensive care. California Hospital Medical Center (CHMC) is the designated “birthing hospital” for the BSLA pilot community. For many years, Latina mothers have been the primary users of maternity services at CHMC, but the closure of Martin Luther King, Jr.-Harbor Hospital in the Willowbrook community of south Los Angeles has led to a growing number of births by African American mothers at CHMC.

The Hope Street Family Center represents one of CHMC’s leading community programs. It was founded in 1992 following the civil unrest in Los Angeles with a research and demonstration grant from the federal Head Start Bureau as part of a national effort to develop more effective strategies for breaking the cycle of intergenerational poverty. Hope Street is a collaborative effort between CHMC and the Center for Healthier Children, Families and Communities at UCLA, with the mission of enhancing the development of children, strengthening the economic and social self-sufficiency and stability of families, and enhancing the local service delivery network of agencies serving young children and families. Located on the campus of CHMC, Hope Street has grown to employ over 100 staff and serve roughly 2,000 families in the three-mile radius of the campus, through a wide variety programs, including Early Head Start, early child development and child care, family literacy, school readiness, a continuation high school classroom and after-school programs, family preservation, and the Nurse-Family Partnership.

For Best Start LA, CHMC and Hope Street are partners involved with the initiative’s principal child- and family-focused strategy: *Welcome Baby!* home visitation. Specifically, as mentioned above, CHMC is the birthing hospital for *Metro LA*, and all mothers giving birth there



who live within the boundaries of the pilot community or who live within a five mile radius of the hospital are offered *Welcome Baby!*<sup>3</sup> by CHMC-employed Hospital Liaisons.

In responding to the Request for Proposals issued by F5LA to solicit bids for the child/family service component for Best Start LA, CHMC and Hope Street saw the goals of Best Start LA—to build stronger families, and stronger connections between families and communities—as completely consistent with their own mission. But they also recognized the need to partner with another agency that had the capacity to perform the core function of the large-scale home visiting effort. They turned to an organization with whom they had effectively worked before—Maternal and Child Health Access—and the two organizations collaborated on their proposal. Maternal and Child Health Access, and the *Welcome Baby!* program that they operate with CHMC and Hope Street, are described below.

## ***2. Maternal and Child Health Access—Welcome Baby! Home Visiting***

Maternal and Child Health Access (MCHA) is a community-based organization located in downtown Los Angeles. It is a nonprofit social service and policy agency whose mission, since 1990, has been to improve the health of low income women and families through advocacy, education, training and direct services.

More specifically, MCHA fulfills both a direct service function and a policy function. With regard to services, MCHA: conducts perinatal outreach and education to pregnant and parenting women, providing education and case management to help them achieve optimal outcomes; provides breastfeeding support and education; conducts outreach and referrals for WIC, and enrollment and application troubleshooting for the Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps); and, under a contract with the L.A. County Department of Public Health’s Child Health Outreach Initiative, conducts outreach and application assistance to help children and families obtain health insurance coverage under Medicaid, Healthy Families, Healthy Kids, and other public and private coverage programs. At the systems level, MCHA provides training and materials to health and social services organizations across the county on the complex maze of benefits programs available to low-income families in the county. MCHA is also active in the state and local policy arenas, providing advice and feedback to policymakers and program officials on perinatal, child health, and immigration issues (among others) to ensure that programs work effectively for low-income women and families in the Los Angeles area.

When they were approached by CHMC/Hope Street regarding the *Welcome Baby!* RFP, MCHA immediately saw the program as a natural extension of its portfolio of programs supporting disadvantaged women, children and families. With CHMC/Hope Street as the prime contractor and fiscal agent, and MCHA as the direct service provider, the partners succeeded in securing a five-year allocation (effective March 2009) to provide *Welcome Baby!* home visiting, the principal child- and family-focused strategy of Best Start LA.

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<sup>3</sup> In addition, CHMC is involved with the Baby Friendly Hospital project which supports exclusive breastfeeding among new moms by addressing hospital policies and practices, which will be discussed in detail in Section III. C. of this report.

*Welcome Baby!* is a free, voluntary family engagement program that focuses on education and support for expectant women and mothers of newborns. In November 2009, the program began offering the service to all pregnant women, regardless of income or risk factors, who deliver at California Hospital Medical Center and live either within the *Metro LA* boundaries or a five mile radius of the hospital. Initial estimates were that annual intake into the program would be 3,800 women, representing 80 percent of total annual projected births (4,500) at CHMC.

Women can be recruited into *Welcome Baby!* prenatally and at birth (before hospital discharge). Ideally, the model strives to enroll women as early as possible, aiming for the 20<sup>th</sup> to 26<sup>th</sup> week of pregnancy. The model was designed by the LA Best Babies Network (LABBN) through a contract with F5LA. LABBN is an organization that, for approximately five years, has been helping providers improve their capacity to serve pregnant and parenting patients through technical assistance and consulting. The *Welcome Baby!* model was described by key informants as a low- to medium-intensity model (see Figure 3) through which women receive the following sequence of contacts:

- One prenatal visit at between 16 and 26 weeks gestation;
- A phone call at between 24 and 28 weeks gestation;
- A second prenatal visit at 32–36 weeks gestation;
- A visit at the hospital, following delivery;
- A nurse home visit within 72 hours of discharge from the hospital;
- A phone call two weeks postpartum; and
- Three post-partum home visits at 1–2 months, 3–4 months, and 9 months.

The actual content of each *Welcome Baby!* visit varies, depending on the timing relative to the child’s birth. Prenatal *Welcome Baby!* visits focus on strategies for a healthy pregnancy (including prenatal care, nutrition, health education, preparation for child birth, labor and delivery, and warning signs of pre-term labor). At the hospital, breastfeeding instruction and support begins, as well as teaching of the importance of parent/infant bonding. The 72-hour nurse visit focuses primarily on the health of mother and infant, checking on how breastfeeding is going, family planning strategies, screening for maternal depression, and making sure the mother has a source of health care for herself and the baby. Postpartum visits then continue to provide education, guidance, and support on a very broad range of issues, such as breastfeeding, parent/child attachment, child health and development, home and environmental safety, baby sleeping positions, maternal depression, and referrals to community resources. Home visitors also administer developmental assessments at both the 3–4 month and 9 month visits, utilizing the ASQ (Ages and Stages Questionnaire) instrument.

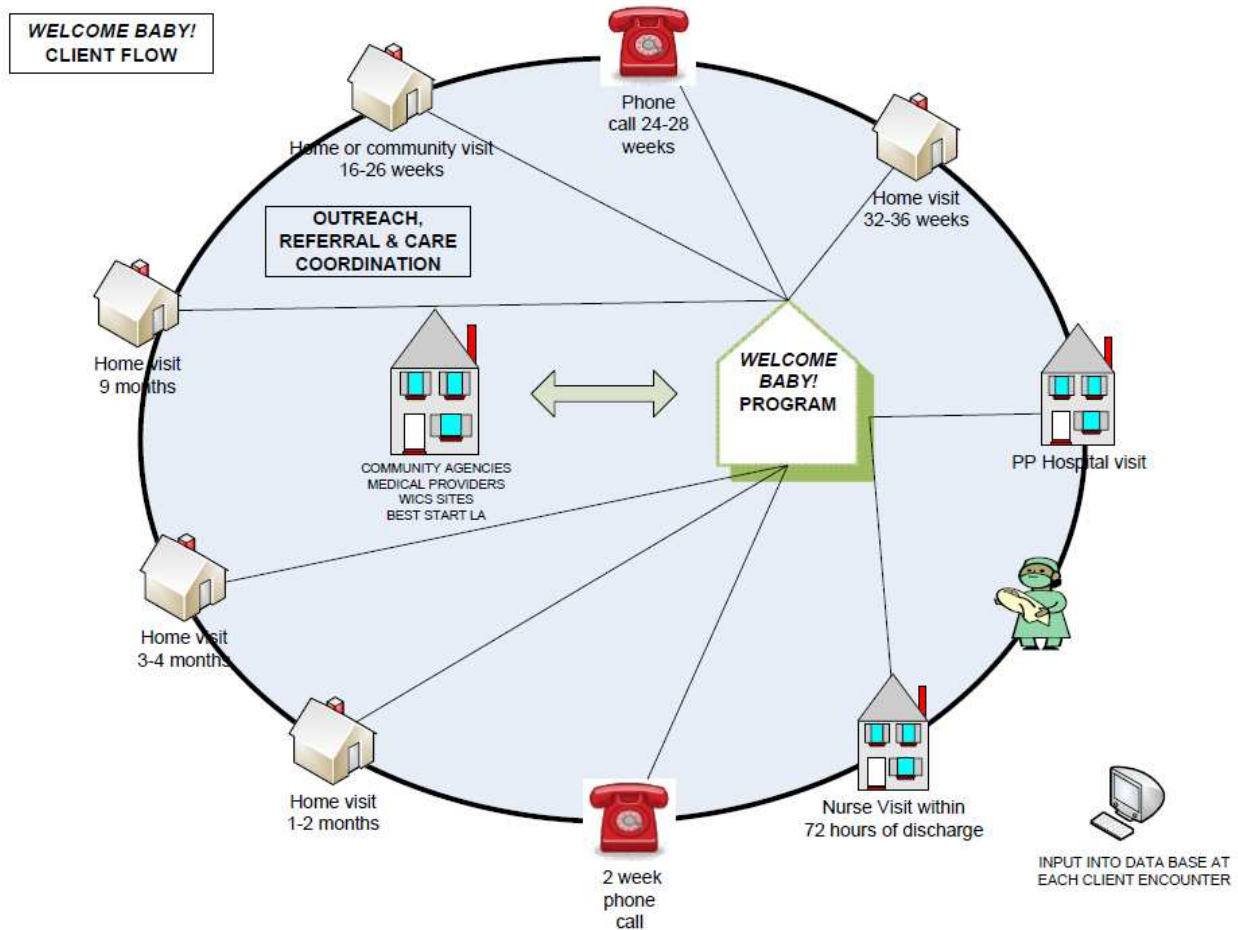
To handle the expected caseload, MCHA’s plan for staffing *Welcome Baby!* was to hire four teams, composed of approximately six staff each:

- One “level 3” team supervisor, who would carry her own caseload, while coordinating and overseeing the work of the rest of the team;
- Four “level 2” parent coaches, who would work mostly in the field, visiting mothers prenatally and postpartum; and

- One “level 1” paraprofessional (or promotora), who concentrates on outreach, intake, and referral to the parent coaches.

In addition, MCHA set out to fill four full-time registered nurse positions to conduct all 72-hour post-discharge home visits.

**Figure 3. *Welcome Baby!* Client Flow Chart<sup>4</sup>**



CHMC/Hope Street also employ staff involved in *Welcome Baby!*. Specifically, two “hospital liaisons” are stationed full-time at CHMC. Hospital liaisons focus on recruiting women into the program at the hospital (if they haven’t already enrolled prenatally). They also are available to assist with breastfeeding instruction and support.

Two additional facets of the *Welcome Baby!* model that were also initially designed and implemented by LABBN, are the training curriculum for all parent coaches and hospital liaisons,

<sup>4</sup> This represents the *Welcome Baby!* model as of June 2010. The 16–26 week prenatal visit was initially only permitted between weeks 20 and 26. The prenatal phone call was added to bridge the gap between the first and second prenatal visits.

and the design of the data management system, called Data Collection Analysis and Reporting (or DCAR). These components, as well as the early implementation experiences of CHMC/Hope Street and MCHA with *Welcome Baby!* will be discussed in Section IV of this report, below.

## **B. Community Interventions**

The two primary organizations working at the community level under Best Start LA are Para Los Niños, the “lead entity” working to build cohesion and facilitate change in *Metro LA*; and Special Services for Groups (SSG), an entity retained to direct a “Community Based Action Research” effort in the neighborhood. These organizations, and their charge under BSLA, are described below.

### ***1. Para Los Niños—The Lead Entity***

Para Los Niños (PLN) is a nonprofit family service organization in Los Angeles. It was founded thirty years ago in the Skid Row area of downtown L.A. in response to the needs of children in the community, aiming initially to provide children a safe place to play. Over the years, PLN’s mission has broadened to that of “giving every child an opportunity to succeed,” focusing on some of the most impoverished neighborhoods in Service Planning Areas 6 and 7.<sup>5</sup> Now employing a staff of over 400 with an annual budget of approximately \$27 million, PLN pursues its mission through a “service integration model,” working closely with such county agencies as the Department of Children and Family Services and the Department of Mental Health to operate quality child care and development centers, family preservation programs, family support services, workforce initiatives, and after school programs.

When PLN leadership became aware of Best Start LA, they saw the program as a “wonderful opportunity” to continue their efforts to affect change at the community level. PLN bid for the contract to serve as BSLA’s “lead entity” in the pilot community and direct the Community Strategies component of the initiative. In a closely contested competition to secure the contract, PLN prevailed over the Children’s Bureau, a well-established child and family service agency located within the pilot community boundaries. This outcome created a certain level of tension between the agencies in the community, which will be discussed in more detail in Section IV below.

Para Los Niños’ responsibilities under BSLA entail identifying and engaging with community members and stakeholders within *Metro LA* through the formation of the Best Start LA Partnership. Specific engagement steps over the past 18 months have included the following:

- Convening and facilitating four ***Information Sessions*** with community members, designed to introduce Best Start LA to the pilot community, talk with parents and others, describe the goals of the initiative, and to begin forming partnerships;

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<sup>5</sup> Service Planning Areas (SPAs) are regional groupings in L.A. created for health care planning purposes.

- Conducting a **Retreat** with roughly 25 individuals, identified and invited from among those who participated in the Information Sessions, to establish guiding principles and a governance structure for the initiative, moving forward;
- Forming a **Community Guidance Body** with volunteers from the Retreat, leaders who self-select and emerge, that would develop the Best Start LA/Metro LA “charter” and begin its work to “give voice” to the community and coordinate the development of strategies for community action; and
- Facilitating the development of nine **Task Forces** that will carry out the specific work of strategy development, as well as a **Community Advisory Committee** comprising prominent community leaders and professionals who will assist the Community Guidance Body in working at the policy level.

Following the formation of the Community Guidance Body (CGB), PLN envisions shifting its role to that of a “neutral convener,” bringing together community members, the CGB, and Task Forces, and facilitating their discussions. Importantly, however, it is the community members (and not PLN) who are to emerge as leaders, identify the challenges they face, and the strategies they want to put in place to address those challenges. PLN (and Best Start LA) envision “an organic process” through which ideas percolate up from the community itself, and get organized, established, and overseen by parents and other community stakeholders represented in the CGB and Task Forces.

Another F5LA contractor, retained to help facilitate the “community mobilization” process, is Special Services for Groups (SSG). As describe below, SSG is F5LA’s Community Based Action Research contractor, hired to consult with PLN and help members of the *Metro LA* community engage in the process of identifying community challenges and designing strategies to overcome those challenges.

## ***2. Special Service for Groups—The CBAR Leader***

Incorporated in 1952, Special Service for Groups (SSG) is a multiservice organization providing direct service, research and evaluation, technical assistance, and capacity building services to community based organizations in and around Los Angeles. SSG is a consultant to PLN, providing technical assistance to PLN and its partners in support of community-based action research (CBAR) within *Metro LA*. CBAR is a method that directly involves community members in the process of research, involving them in defining the “problem,” gathering data to provide evidence, and planning for change. SSG is charged with aiding PLN in the process of mobilizing local community members, assessing the capacity of PLN’s partners for conducting CBAR, and will also function to provide technical assistance to PLN and its partners in completing the necessary steps for CBAR. These steps include:

- (1) developing research questions;
- (2) developing research tools;

- (3) collecting data;
- (4) managing data;
- (5) doing analysis; and
- (6) utilizing the information generated from this research endeavor in a useful and effective manner.

By facilitating community mobilizers to understand and collect data, SSG hopes that they will become informed advocates for policies that will benefit the larger community.

## **C. System Interventions**

Four organizations are also retained by First 5 LA to work at a systems level to effect change and support improvements for children and families. They are Zero to Three, the project's "workforce development" contractor; Parents Anonymous® Inc., responsible for designing a data and information systems for the *Metro LA* community; Perinatal Advisory Council/Leadership Advocacy and Consultation (PAC-LAC), an organization promoting the expansion of "Baby Friendly Hospitals" across Los Angeles County; and Fenton Communications, the organization responsible for marketing and communications related to Best Start in *Metro LA* and the county at large. The responsibilities of these organizations within the Best Start LA model are described below.

### ***1. ZERO TO THREE—Workforce Development***

ZERO TO THREE (ZTT) is a national, nonprofit organization whose mission is to support the healthy development and well-being of infants, toddlers and their families. Founded in 1977, ZTT supports this mission by informing, training, and supporting professionals, policy makers, and parents around critical issues affecting young children, including child care, infant mental health, early language and literacy development, early intervention, and the impact of culture on early childhood development. For example, ZTT works with the National Infant and Toddler Child Care Initiative to improve the quality and supply of child care throughout the country, works to increase awareness and collaboration throughout the military community so that parents and professionals can more effectively care for very young children and their families, and coordinates the National Training Institute—a comprehensive and multidisciplinary conference that focuses on cutting-edge research, best practices, and policy issues for infants, toddlers, and families.

Under the Best Start LA focus area, ZTT is the lead organization charged with assessing and promoting Workforce Development in the BSLA pilot community and countywide. ZTT has a five year allocation which began in 2008. The contract was won through a competitive bidding process.

ZERO TO THREE is contributing to BSLA's systems-level investments by supporting three goals of the BSLA initiative: (1) ensuring that the community's workforce is responsive to the developmental needs of children and families in the community, (2) facilitating high quality

integrated systems of care for families with young children, and (3) enhancing the ability of the workforce in identifying special needs of children and providing referrals to appropriate care.

ZERO TO THREE's specific scope of work involves conducting a literature review and synthesizing the research available on the core competencies required to facilitate the healthy development of infants and toddlers; identifying the common skills required to ensure core-competencies across different sectors of the work force working with the P-3 population (women prenatally and their children up to three years old); identifying professional development strategies that can support relevant professions (e.g., health care, mental health, early care/educator, early intervention, social services/child welfare); training trainers, and providing technical assistance to support the sustainability of workforce development in the community.

At the time of the site visit, ZTT had made substantial progress with regard to the organization's scope of work, completing a comprehensive literature review on workforce development capacity building focused on the 0–3 population, aligned training and learning approaches to identify core competencies, and is poised to begin trainings. Further details regarding ZTT's implementation experiences are provided in Section IV.

## ***2. Parents Anonymous® Inc.—Data Infrastructure***

Parents Anonymous® Inc. is headquarters for an international organization that has forty years of experience working on family strengthening, child abuse and maltreatment prevention, juvenile delinquency, and building family capacity, and offers child care to help people in a parenting role cope with the stresses of parenting. In addition, the organization has a research and evaluation division, which is responsible for the contract with BSLA in the pilot community.

Parents Anonymous® Inc. is charged with creating a technology plan for a dynamic web-based data collection and reporting system that will be utilized by agency staff and residents of the *Metro LA* community. They have a five-year allocation that was won through a competitive bidding process. Their scope of work is focused on laying the groundwork for what will eventually become the Best Start Data Infrastructure (BSDI). Parents Anonymous® Inc. hopes to achieve “total integration” of data collection—uniting data from BSLA partners/contractors, with individual level data from community residents who are service recipients. In preparation for this plan, the organization will conduct a literature review of multicultural/multilingual communication systems and an “environmental scan” of the *Metro LA* community to evaluate its data collection and analysis capacity, as well as community preferences regarding the types of information they would like access to and their preferred mode of communication. They plan to conduct focus groups with community members and leaders and hold interviews with each of the BSLA contractors to gather this information. With this information they will assess the feasibility of different approaches for data collection, with the goal of maximizing communication opportunities in the pilot community. They intend to establish an advisory board to consider and comment on proposed approaches.

Based on the findings generated by this work, Parents Anonymous® Inc. will develop a plan for the community using innovative technologies, and First 5 LA will release an RFP soliciting bids for the development of the BSDI. Finally, their scope of work also entails providing technical assistance during the roll-out of the data system.

Acknowledging that the start-up process had been slow, Parents Anonymous® Inc. had recently begun implementing its scope of work at the time of the site visit. Details are provided in Section IV.

### ***3. Perinatal Advisory Council/Leadership Advocacy and Consultation—Baby Friendly Hospitals***

PAC/LAC is a nonprofit maternal and child health organization whose mission is to improve pregnancy and birth outcomes. To this end, they work with the professionals and systems that care for pregnant women and their families. Established in 1979 by a group of physicians who were concerned with improving neonatal care at the time, PAC-LAC is currently involved with helping low-performing hospitals in L.A. County become “Baby Friendly,” a UNICEF designation that recognizes supportive breastfeeding environments. The criteria for becoming a Baby Friendly Hospital are based on (1) the hospital’s breastfeeding policy, (2) training all health care staff (and in some cases support staff, such as housekeeping) to support breastfeeding, (3) support for initiating breastfeeding within one hour of birth, and (4) encouraging breastfeeding on demand.

Baby Friendly Hospital is a countywide strategy, and PAC-LAC is charged with identifying hospitals with low breastfeeding initiation rates, evaluating their interest in becoming Baby Friendly, and conducting assessments to rate their current status regarding breastfeeding. In addition, they hope to provide technical assistance to interested hospitals. PAC-LAC is engaged with the Best Start LA initiative in *Metro LA* to improve breastfeeding rates at California Hospital Medical Center with the intention of earning the Baby Friendly Hospital designation awarded by Baby Friendly USA, the national authority for the Baby Friendly Hospital efforts in the U.S. CHMC was previously the lowest performing hospital in the county with respect to breastfeeding, reporting rates below two percent.

At the time of the site visit, PAC-LAC had made substantial progress in contacting and assessing breastfeeding policies at low-performing hospitals in the county. Additional detail on their assessment tool and their overall progress will be provided in the Section IV.

### ***4. Fenton Communications***

Fenton Communications, a public interest communications firm, is responsible for public relations of BSLA, as well as the development of all media campaigns, messages, and labeling for both the pilot and countywide efforts, specified in two separate contracts with F5LA: one focusing on *Metro LA*, and one focused on the additional 13 BSLA communities. They are charged with working closely with F5LA and its contractors to design consistent messaging, helping contractors with the development of supportive materials, and generally promoting the concept of BSLA to the general public in a coherent and appealing manner. Fenton has previous experience working with The California Endowment on its place-based initiatives.



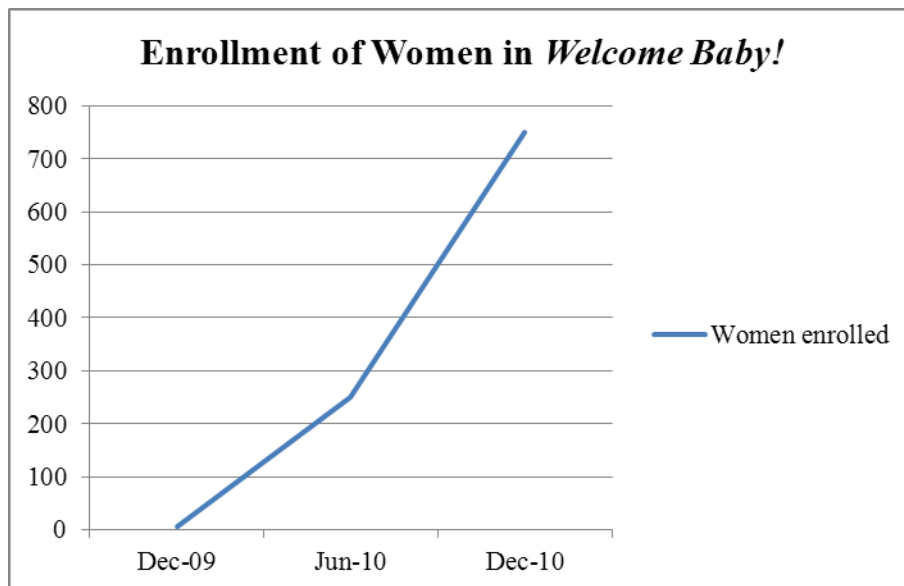
## IV. Early Implementation Experiences in *Metro LA*

After nearly one and a half years of implementation experience, Best Start LA appears to have achieved mixed results thus far. On the one hand, *Welcome Baby!* is on firm footing; initial delays surrounding the launch of the service have been overcome, and home visiting services have now been rendered to hundreds of mothers and their infants. On the other hand, the community mobilization/strategies portion of the model has had some trouble gaining traction and is only just recently seeing tangible progress being made. Meanwhile, many systems-level efforts have proceeded, though have largely “taken a back seat” while the core building blocks of home visiting and community strategies have gotten off the ground. Best Start LA in the pilot community has, indeed, experienced many of the “fits and starts” that might be expected in a pilot program. This section examines the early implementation experiences of Best Start LA, with discussion divided by child/family, community, and systems-level strategies.

### A. Home Visiting Off to a Solid Start, Overcoming Initial Challenges

Launched officially in November 2009, *Welcome Baby!* had only enrolled five women by December of that year. Six months later, enrollment had climbed to 250 families. But by the end of 2010, nearly 750 mothers and children had received home visiting services through the program (See Figure 4). As these numbers illustrate, *Welcome Baby!* has steadily grown and expanded its reach in the *Metro LA* pilot community. Enrollment is still well below initial expectations, however, and various challenges contributed to early delays.

**Figure 4. Enrollment in *Welcome Baby!*: December 2009 through December 2010**



Delays in implementation revolve around interwoven factors, including hiring of home visiting staff, training of those staff, the design and operations of the data system meant to support *Welcome Baby!*, and more generally, challenges surrounding recruitment of mothers into the program.

### ***1. System Design***

Almost from the outset, things started a bit unevenly for the child/family intervention component of Best Start LA. As mentioned above in Section III, First 5 LA had contracted with the LA Best Babies Network to design the BSLA home visiting model that would become *Welcome Baby!*, conduct training of all staff hired to do home visitation, and design a data management and information system that would support the process. However, LABBN's contract preceded that of MCHA, and so the protocol for the intervention (and its training) were designed before MCHA could provide any input. This was not a significant problem, but there were portions of the model that needed fine tuning before implementation could occur, according to MCHA staff. In addition, because LABBN's contract was set to expire in September 2009, and was only extended to February 2010, they were unavailable to complete the training of MCHA's parent coaches, and MCHA needed to assume this role for its final team of home visitors.

More significantly, LABBN's design of the Data Collection, Analysis and Reporting (DCAR) system well before the launch of *Welcome Baby!*, and largely without the input of either MCHA or CHMC officials, appears to have resulted in a system that does not support or meet the needs of the intervention very well and that has required continual tweaking and modification. DCAR, which is maintained by the technology firm AJW, Inc., was variously described by key informants as "hugely challenging," "very troubling," and "not that useful." At the root of the problem, apparently, is that DCAR was designed to report on outcomes, and produces an inflexible set of "canned" reports. DCAR does not produce useful program management information, does not support scheduling, cannot provide the addresses of clients, and staff report that it is difficult to work with, requiring "lots of workarounds." One *Welcome Baby!* parent coach explained, "we spend lots of time inputting data, but receive very little useful output." What's more, the data system was not fully operational by the time *Welcome Baby!* was ready to launch, so hiring and project roll-out had to be delayed so that data collection forms and formats could be finalized. During the first year of implementation, MCHA and CHMC spent considerable time and effort working with F5LA and AJWI to improve DCAR to make it easier and more user-friendly, however it seems like the system may never support the range of *Welcome Baby!*'s needs. Thus MCHA staff are anxiously awaiting the development of the new Best Start LA data system being spearheaded by Parents Anonymous® Inc.

### ***2. Hiring***

With regard to hiring, MCHA initially envisioned hiring 26 staff by January 2010 (four administrative staff and 22 home visitors), deployed across four teams. To fill parent coach positions, MCHA looked for individuals with bachelor's level training and experience in disciplines such as social work, maternal and child health, child development, and public health. They also sought individuals who were bilingual (English and Spanish), culturally sensitive, and who came from the pilot community area (or nearby). For the paraprofessional positions, less

formal education was required, and associate degrees or promotora training could suffice. For nursing positions, MCHA hoped to find RNs who possessed both clinical and public health/community experience. CHMC, in hiring “hospital liaisons,” looked for individuals with a blend of social work and nursing training, experience in clinical settings, and with background in breastfeeding support.

Generally speaking, there was no shortage of applicants for any of these positions, but it took longer than expected to find persons who possessed the desired combination of skills and hands-on experience in communities. Hiring thus occurred more slowly than planned; at the time of our visit, two teams had been staffed and MCHA officials were in the process of developing a third team. That said, MCHA and CHMC are extremely happy with the staff they have hired and are pleased by the quality of work being carried out. The model that blends individuals with clinical, social work, and public health experience into holistic, multi-disciplinary teams seems very appropriate and well equipped to address the needs of children and families. As of this writing, roughly 20 staff have been hired for *Welcome Baby!* across MCHA and CHMC.

Once hired, all parent coaches underwent extensive training to prepare them for their home visiting role. As mentioned above, this training was initially conducted by LABBN but was later picked up by MCHA. The training curriculum, in addition to covering abundant information related to maternal and child health, child development, home and environmental safety, and effective child rearing practices, also devoted considerable attention to communications skills, reflective listening, and counseling. All nurses and parent coaches also received training as Certified Lactation Educators. After MCHA assumed responsibility for training, they added more practice-oriented components, including extensive in-person “shadowing” of more experienced staff members, to the curriculum.

### **3. Recruitment**

Delays in hiring, naturally, led to slower than planned recruitment of women into *Welcome Baby!*. Recruitment for the program can occur prenatally or at the hospital following birth. As such, outreach has been concentrated in WIC centers, Community Health Centers, private/nonprofit health provider practices, and at the California Hospital Medical Center itself. Each *Welcome Baby!* team member working out of MCHA carries outreach and recruitment responsibilities, but the Level 1 parent coach/promotora is in the lead for this role. Over time, MCHA has shifted its outreach emphasis to the prenatal period, in hopes of reaching women while pregnant so as to maximize the potential benefit of home visiting. However, staff report that pregnant women often seem reluctant to “sign up” for *Welcome Baby!*. They attribute this to the sense that women, while pregnant, don’t perceive the need for help, nor are they necessarily open to the idea of inviting “strangers” into their homes during this busy time. Outreach staff have said, however, that they often make contact with the same women two or three times, and that those multiple meetings help build trust and familiarity that can often result in the women signing up for the program.

Interestingly, Hospital Liaison staff report greater success in recruitment, estimating that they succeed in enrolling roughly 40 percent of the mothers they contact. Apparently, once

confronted with the reality of childbirth and overwhelmed by the prospect of bringing a new baby home, new mothers find themselves much more open to the offer of help.

#### **4. Home Visiting**

As stated above, approximately 750 mothers have, to date, received home visiting assistance through *Welcome Baby!* MCHA staff estimate that roughly 50 percent of the mothers they serve are recent immigrants. They also comment that the population is very high risk, often representing adolescent and first-time mothers, families living in poverty and substandard housing, and often experiencing mental and behavioral health problems. At the time of our visit, parent coaches reported that they carried caseloads that ranged from 10 (for level 1 coaches) to 50 (for level 2 and 3 coaches), and conducted about eight home visits per week which lasted, on average, about one hour each.

When asked about the content of home visits and the relationships that were forming between mothers and families, MCHA parent coaches reported very encouraging news. Generally speaking, coaches felt that mothers had been very receptive to visitors, and that they were succeeding in building good rapport and strong, trusting relationships. Other family members sometimes participate in the home visit sessions; for example, with teen mothers in particular, grandmothers are often closely involved. Support and involvement among fathers was reported as variable, though very sensitive in cases where domestic violence was suspected. Content of the visits has generally followed the program protocol (described in Section III), with consistent focus being paid to achieving the goals of healthy and secure attachment, successful breastfeeding, appropriate child development, established access to health services (for both mother and child), insurance coverage, and addressing any needed mental health issues. As the program is operating well below its expected full capacity (now revised to an estimated 2,000 caseload due to lower rates of recruitment), coaches described how they often are able to conduct “extra” visits to families, above and beyond those defined in the *Welcome Baby!* protocol. These visits have typically been in response to calls from mothers, asking for help with one issue or another.

Still, despite the generally good reports on how home visiting is going, MCHA reports that they have experienced an attrition rate of roughly 20 percent. That is, about a fifth of women who enroll in *Welcome Baby!* drop out before completing the full course of visits through 9 months. Some of this attrition results from families moving out of the community; immigrant families, in particular, can be a transient group. Some actively choose to drop out, shortly after leaving the hospital. Others are simply “lost to follow up,” when families relocate, or cell phone numbers change. It was too soon for MCHA officials to know whether this attrition rate was normal and something that would continue in the coming years.

During the site visit to the Best Start pilot community, evaluators “shadowed” three home visits that addressed different stages of the MCHA *Welcome Baby!* program. The visits included a prenatal home visit with a level 2 parenting coach, a 72-hour post-birth home visit with a pediatric registered nurse, and a 1–2 month home visit with a level 3 parenting coach/team supervisor. Two of the three visits were conducted in Spanish with Mexican-born mothers and the third in English with an African American mother. Vignettes 1, 2, and 3 (below) provide

### ***Vignette 1: Prenatal Visit with a Mother 23 Weeks Pregnant***

Mom is a 21-year-old, single African American woman living in South Los Angeles whom we will call Kelly. She is pregnant with her first child and has since ended the relationship with the baby's father, who denied the baby was his. He has recently showed some interest in being involved, but Kelly has continued to attend her doctor visits by herself. She currently lives with her mother and works full-time at a local drugstore where she receives health care benefits. She also spends much time at her 23-year-old sister's home where her one-year-old nephew and her younger 16-year-old sister live.

Kelly first heard about the *Welcome Baby!* program at her health clinic when she was approached by a parent coach during an outreach day in the *Metro LA* pilot community. The parent coach told her about the program and Kelly was very eager to participate; however, she was still in her first trimester and told she had to wait until her 20<sup>th</sup> week until she could be fully accepted into the program and receive services. The parent coach later followed up by telephone, confirmed Kelly's interest in participating, and enrolled the family in the program. She was assigned to the same coach who had recruited her. Because Kelly was recruited so early on during her pregnancy, she was eligible to receive two prenatal home visits—one between 20 and 26 weeks of pregnancy, and the second between 32 and 36 weeks. She received her first home visit at 23 weeks.

The home visit took place at Kelly's sister's house located in the housing projects in the South L.A. area of the pilot community. The parent coach arrived at 3:17 PM and stayed one hour. Kelly's older sister, with whom she is very close, and that sister's one-year-old son were present during the visit. The townhome had two floors with bedrooms upstairs and a living room and kitchen downstairs. The home was fairly clean with some clutter, while the neighborhood appeared somewhat uninviting, unsafe, and noisy (passing train, firecrackers outside window). Kelly's sister later explained that there are a lot of drug dealers in the neighborhood and lately sheriffs with guns have been passing through looking for someone. The family has a laptop computer with Wi-Fi internet in the home.

The family and parent coach sat comfortably in the living room during the visit—the coach on one sofa, the sister and nephew on another sofa, and Kelly in a plastic patio chair (as her high belly bothered her when sitting back on the couch). Kelly greeted her coach like her new best friend and was very excited to see her and talk about her pregnancy. Her sister was also very excited and participated with full energy and attention throughout the visit. The home visiting approach consisted of a discussion of various topics, some coach-initiated and others mom-initiated, including Kelly's nutrition and health, applying for Medi-Cal, getting a dental check-up under Medi-Cal, Kelly's relationship with the baby's father and his involvement, Kelly's support from her mother and sister, breastfeeding, delivery at the hospital, the child's gender, the importance of reading and talking to the baby, and attachment.

*"It's not possible to spoil him. That's good for him. That's what he needs. Because when you hold him and love him and give him a lot of attention, he feels safe to explore the world. He knows that you'll be there if he needs you. If he falls down and gets hurt, he knows, 'I can go to mommy and she'll help him.' If you don't give him that love and attention, then he won't want to let go. You'll see—one day you'll try to kiss him and hold him and he'll pull away and want to explore his surroundings. That's normal."*

*"It's good to rub your belly. Think of the five senses. The baby can feel you, hear you, and everything you eat goes directly to the baby... It's really important to talk to and read to the baby, play music, because it prepares the baby for language, not that the baby is going to come out talking, but it helps with understanding voices, intonation, and sounds."*  
—Parent Coach (Level 2)

The coach listened carefully and responded with great enthusiasm and interest, providing expert information when appropriate. For example, Kelly brought up the fact that she craves junk food at work and is having a hard time eating healthy. Her coach explained the importance of a healthy diet, gave some suggestions of ways to eat healthier, and pulled out a food pyramid chart that indicated the types and quantities of foods she should be eating. When Kelly talked about not wanting to talk baby talk to the baby, the home visitor explained that actually some baby talk can be good for babies because they need to hear simple words that they can imitate, like "baba" and "mama." The coach also made several referrals to Kelly, such as to Early Head Start, the local food bank, birthing classes, and parent education classes, and also walked through hand-outs explaining how to sign up for food stamps and WIC. All of the interactions were extremely positive, revealing a high level of trust between the coach and Kelly. Although this was the first home visit conducted, the parent coach had been in contact with Kelly by phone for several months. Kelly seemed to enjoy her time spent with the coach so much that at the end of the visit she expressed her disappointment that a hospital liaison and not her parent coach would greet her in the hospital when she gave birth.

## ***Vignette 2: 72-hour Postpartum Nurse Visit with Mother and Baby***

Mom, whom we will call Carolina is a 25-year-old Latina born in Mexico who is living with her husband and 2-year-old son in a small one-bedroom apartment unit on a fairly clean and peaceful street within the pilot community. Carolina was recruited in the hospital after birth by a hospital liaison. Her new baby had displayed jaundice and was kept in the hospital for observation for several days. The nurse home visitor, also a Latina, had attempted to visit her once the baby came home but Carolina expressed that she was feeling very tired and asked to reschedule. Her first visit occurred 1 full week after her daughter was born.

The visit took place at Carolina's house in the early afternoon. She had forgotten about the visit and wasn't fully prepared but allowed the nurse to come in. The apartment consisted of a kitchen, living room, one bedroom, and one bathroom. It was small for a family of 4 and a bit crowded, but generally clean and "homey" with family pictures on the walls, plants, natural light, and a box of toys in the corner of the living room. There were several safety issues in the home, most of which the nurse pointed out and discussed with Mom. For example, there were bars on the windows and only one door, preventing the family from escaping in the case of a fire, no smoke detectors, small objects in the toddler's reach (which he put in his mouth and played with), and toys and stuffed animals in the baby's bassinet (signaling that perhaps the sleeping arrangement is unsafe).

The visit began in the kitchen where the nurse set up her scale to weigh the baby. (The nurse later explained that she typically does that part first if the baby is awake or else she talks to the mom first and then wakes the baby.) They both stood at the table as the nurse held the baby, undressed and examined her physical health, and weighed her. Carolina was a bit shy and quiet as she watched but responsive to the nurse's questions and showed interest and concern in her children. At times she appeared nervous or slightly embarrassed as she wasn't aware of safety issues, but seemed genuinely interested in getting help. The nurse was extremely prepared, knowledgeable, and engaging—demonstrating her extensive experience conducting home visits—as well as warm and culturally sensitive in her interactions with Carolina and her baby. The quality of the interactions was high and remained high throughout the visit with Carolina warming up a bit to the nurse after the first few minutes. The initial focus of the conversation was on the baby's health—how she's been feeling, how often she eats, how often she needs a diaper change, if she's been having trouble breastfeeding. The nurse also noticed as she checked over the baby that her abdomen had been wrapped with a bandage to cover her belly button, causing the umbilical cord to not dry out and fall off, but get slightly infected. She cleaned the area and explained to Mom that this is a cultural practice but actually is not healthy for the baby, and so she should leave it unwrapped to heal.

The nurse then asked about Carolina's health and about the family, and how everyone is handling the new baby. Carolina immediately expressed her concern about her toddler son hitting the baby and showing jealous behavior. The nurse talked for several minutes about how these behaviors are normal and suggested ways in which Carolina could resolve the problem by spending more quality time alone with her son when her baby was asleep and allowing him to help in the caregiving. The visit continued in the living room where Carolina and the nurse sat on the couch next to each other as the toddler played. The nurse asked how breastfeeding was going and if she could see how the baby feeds to check the position. Carolina fed the baby (using the Boppy that the nurse brought) and explained she didn't have any trouble with latching on or with pain. The nurse expressed her joy that there were no problems.

The rest of the visit was very much focused on educating Carolina on different issues. The nurse would begin a new topic with a question (e.g., *Do you own a thermometer? Do you read to your son? Do you receive WIC?*) and then followed-up with an explanation of why that issue was important and gave recommendations for what Carolina should do (e.g., don't give newborn water, don't over-clothe the baby in hot weather). The nurse also showed great interest in the toddler in addition to the infant. She asked how old he was and if he was talking yet, and recognized that he had a language delay (only saying a few words and not phrases). She asked Carolina whether she knew of Early Head Start and recommended that she look into it for her son as it would be good for his development and is a free program. Carolina asked a few questions to clarify what the nurse said and listened carefully. The nurse ended the visit by asking if Carolina had any questions and explaining a bit more about the program. Specifically, she explained that Carolina had been assigned a parent coach who would be calling her soon to schedule a visit, and that the visits would continue until the baby was 9 months old. She gave Carolina a folder of information about different services and wrote down the name and number of her coach so that Carolina would remember. She also wrote down in her own file that the parent coach should follow up with Carolina about Early Head Start services. The visit lasted approximately 40 minutes, shorter than the typical 1 hour, since Carolina appeared to have things under control, didn't have many concerns or questions, and didn't show signs of depression or difficulty breastfeeding—two issues that require the nurse to spend additional time with the family.

*"Write everything down. Sometimes you remember something later after I leave and you say to yourself—Oh, I wish I had asked this. Just write it down. So when you go to the doctor or when [your coach] comes to see you, you know what you want to ask. Because, you know, sometimes you get to the doctor and you're so preoccupied that you forget what you wanted to ask."*

—Nurse Home Visitor

### ***Vignette 3: 1–2 Months Postpartum Parent Coach Visit with Mother and Baby***

Mom is a 28-year-old Latina who just gave birth to her first child. We will call her Michelle. Michelle is married and both she and her husband are from Mexico. They live with his adult sister and her 5-year-old daughter in a second-floor unit of a two family home in a quiet neighborhood that appears safer and greener compared to other parts of the pilot community. Michelle was recruited prenatally at her clinic and received one home visit prior to delivery and her 72-hour nurse visit. Her husband was very supportive and involved in her pregnancy and continues to show interest in participating in the visits. Her coach had not yet seen the baby since he was born and expressed excitement to meet him for the first time.

The home was very comfortable and clean, with nice furniture, carpeting, and decorations. There was air conditioning, natural lights through several windows, plants, and open space for everyone to spread out. The family had a small fenced yard and a porch to sit outside. During the visit, Michelle warmly greeted her Parent Coach and welcomed her into the home. Michelle and the coach sat in the living room with the coach on the couch and Michelle in an adjacent chair. The coach was very conscious of the cultural practices of the family and spoke in Spanish with a great deal of respect and politeness. The conversation was very friendly and consisted of a discussion of topics, some raised by the coach and others by Michelle. Michelle had lots of questions and her coach listened carefully to her, following her lead in regards to her needs and concerns, and responded to her statements with expert advice and recommendations. The Parent Coach engaged the whole family in the visit, speaking with the niece who sat nearby and with the father who joined the conversation during the latter half. The coach was well prepared, communicated clearly, and was very positive in her interactions with the family. The quality of the interactions between Michelle and the coach improved over time after Dad's sister and her daughter left the room and the volume on the television, which was somewhat distracting previously, was turned down. The coach attempted to answer Michelle's questions as best as she could and noted down in her file several issues that she wasn't certain about, so that she could later check with her colleagues.

The coach was mostly concerned with how Michelle and baby were feeling, and what problems they may be having with which she could help. She started by asking Michelle how Dad was doing with everything (before he joined the conversation), if anything in the relationship had changed, and if Michelle felt like she was getting enough support from her family. She also explained various services, such as WIC, food stamps, and Early Head Start, and provided a folder of information on each program. Dad expressed great interest in EHS and asked lots of questions about the program. The coach had a general understanding of the program, but lacked (or didn't explain) specific details as to what it includes and the location of programs in the area. In addition, she provided hand-outs on how to promote the physical development of infants, which she briefly walked through, and an immunization checklist for Michelle to keep for her medical records.

The main topic of conversation during the visit was in regard to Michelle's health care plan options. She was confused as to which plan to select and needed assistance in filling out the paperwork. The coach also talked to her about getting a pediatrician for the baby. They discussed the different hospitals in the area and where Medi-Cal would be accepted. The coach explained that many families select a doctor and plan that is accepted at Children's Hospital in case there is an accident and the baby needs to be admitted. Michelle also described her experience being in the hospital for delivery and how she had a hard time understanding what was going on because the nurses didn't speak Spanish and she doesn't understand English fluently. Michelle and her husband were also confused about how and when to get the baby's birth certificate, so the coach explained the process for this. Lastly, Michelle pointed out a bump on the back of the baby's neck that she was concerned about that she hadn't notice before. After some discussion about it, the coach agreed to check with the nurse home visitor about it and to see if the nurse could possibly return to visit the family to check it. Both Michelle and her husband expressed how much they liked the nurse and having her medical expertise to help them, and that they would really appreciate it if she would make a second visit.

*"Have you read to him yet? No? It's never too early to start reading. This is very important, even for little babies."* –Parent Coach (Level 3)

summaries of each of the visits observed in order to provide a better understanding of the components and characteristics of the home visiting intervention program.

In general, during the "shadowing" of home visits, evaluators observed that parent coaches showed a high level of preparedness, clarity of communication, strong ability to engage with family members, frequent interactions with children (and not just mothers), and solicited

questions frequently. Hand-outs containing various types of information or instructions were often provided to mothers, and home visitors also provided a variety of “gifts” to mothers depending on the stage they and their child were in (for example, baby diapers, a “Boppy” breastfeeding pillow, and a children’s book). Once again, consistent with the program protocol, consistent topics of conversation included: mother’s health and nutrition; baby’s health and well-being; breastfeeding; enrolling in Medi-Cal; enrolling in other family services (such as WIC, food stamps, and Early Head Start); and family support and father involvement in child rearing.

### **5. *The Role of Welcome Baby! in Best Start LA***

When asked about the extent to which the *Welcome Baby!* contractors had worked with other Best Start LA partners, MCHA and CHMC officials reported that these interactions were only just getting started. In truth, they said that they had to date been focused on their own scopes of work and on getting the home visiting component operational, and had not devoted much thought to the larger initiative. They did report participating in Para Los Niños’ four “information sessions,” making presentations about *Welcome Baby!* to attendees, but not much beyond that.

More broadly, MCHA and CHMC leadership commented that they did not think that the Best Start LA “brand” had yet gained traction, believing that the initiative, with all its various components and contractors, was somewhat vague and confusing to families. With time, though, they believed that Best Start LA would become more established, helped along by the new marketing and messaging support that the initiative was receiving from F5LA’s public relations contractor, Fenton Communications.

## **B. Community Services and Mobilization Lag**

According to one First 5 LA official, the community strategies portion of Best Start LA is “at least one year behind” schedule. However, a large number of key informants interviewed for this study are very encouraged by recent progress and believe community-level efforts in *Metro LA* are poised to take off.

### **1. *Para Los Niños - Community Mobilization***

There is general consensus among those involved that initial delays in launching the community component in the pilot community were largely attributable to the considerable tension that ensued after Para Los Niños was awarded the F5LA contract to be the “lead entity” in *Metro LA* over its competitor, the Children’s Bureau. The Children’s Bureau’s bid was strengthened by its strong community presence and long history of helping disadvantaged families. On the other hand, PLN, which did not have experience working within the community’s boundaries, submitted what many described as a “more responsive” proposal to direct community activities. To resolve the resulting bad feelings, the two organizations engaged in a formal mediation process during much of 2009, lasting from six to nine months. Once completed, officials from



both organizations reported being “ready to move on,” but the extent to which they will be able to closely collaborate remains a question mark.

Time was not lost during this mediation period, however. Rather, PLN launched its strategy of community engagement to support the creation of an initial Best Start LA Partnership structure. Considerable effort and energy were devoted to conducting outreach and education to individuals, groups, and agencies in the community, introducing the goals of Best Start LA and discussing how PLN hoped to engage in a community-driven process of mobilization and change. During this period, PLN staff identified and “mapped” close to 1,000 stakeholders within *Metro LA*, including community-based organizations, schools, health providers, businesses, and government agencies.

Building on this, in November 2009, PLN held its first of four “information sessions” in *Metro LA*. As described in Section III, these sessions were designed to introduce Best Start LA to the community, describe the vision of what the initiative hoped to achieve, and invite individuals and organizations to get involved and join the Best Start LA Partnership. Unfortunately, the first three information sessions—held November 9<sup>th</sup>, December 5<sup>th</sup>, and December 15<sup>th</sup>, 2009 at a church, a Salvation Army office, and the Magnolia Place community center—were plagued by poor attendance (i.e., less than 10 community members each). The agendas for these meetings consisted largely of presentations by First 5 LA, PLN, and various Best Start LA contractors.

PLN shifted its strategy in planning for the fourth information session, deciding to focus it as a “parent engagement” event. Starting in January 2010, 40 organizational partners were identified as targets for a two-month outreach campaign. Twenty-two outreach presentations were made by PLN staff to small groups of parents during the campaign, and an estimated 800 parents were engaged and invited to participate in the event. More broadly, PLN also worked with community groups to develop and distribute event flyers and posters at most elementary schools, child care centers, and popular local gathering places. Critically, PLN asked for and was granted permission by the principal of San Pedro Elementary School—who had attended one of the previous information sessions—to use the school as the meeting place.

The Parent Engagement Event took place on February 25, 2010 and, by all accounts, marked a turning point in PLN’s partnership strategy. A total of 159 parents and community members attended the event at San Pedro Elementary—clearly, a more attractive venue for such a meeting—along with over 100 of their children. Roughly 20 parents had been recruited and trained to facilitate small group discussions among parents and other community members, and 15 of these discussions were held during which parents were asked: “What would an ideal community look like?” From this, opinions were solicited regarding the needs of the community and strategies that could make it a better place to raise children. The well-attended event also provided PLN an opportunity to recruit individuals to continue their involvement as Neighborhood Champions or future members of the planned Parent Task Force. In all, 81 “letters of intent” were gathered from parents and other stakeholders committing to participate in future Best Start LA efforts. In the words of one F5LA official, the fourth meeting was “a very good building block”... that “really gave parents a ‘voice.’”

PLN's next step was to convene its "retreat," to which approximately 25 community stakeholders were invited. These attendees represented a broad swath of the community, including seven parents, as well as professionals affiliated with such agencies as the LA Neighborhood Land Trust, Instituto de Education Popular del Sur de California (IDEPSCA), WIC, Early Head Start, San Pedro Elementary School, Inner City Law Center, Esperanza Community Housing Corporation, Science Center of California, Koreatown Youth and Community Center, Eisner Pediatrics, and the John Tracy Clinic, among others (see Table 2). A primary goal for the retreat, which was held on June 24, 2010, was to form a Community Guidance Body to provide big picture direction for future activities in the community, form a "charter" and governance structure for moving forward, and manage a budget of \$250,000 that will support community development activities. By all accounts, the retreat built effectively on and continued the momentum begun at the Parent Engagement session.

Since June 2010, the Community Guidance Body (CGB) has met roughly once each month. Throughout, the dynamics among CGB members was described by observers as very good, with a strong culture of respect, especially for parents (who one key informant described as "honored members"). PLN, meanwhile, has shifted its role (as planned) to being a neutral convener and facilitator of the work of the CGB. A major focus of the CGB effort has been to form task forces that will design and oversee the major community initiatives of Best Start LA. PLN's scope of work identified nine distinct task forces, but that structure was "not set in stone," according to F5LA officials. At the time of this writing, four task forces, composed of both CGB members and additional recruits from the community, have been active:

- The Parents Task Force, described by many as the "most critical" group, charged with doing outreach to other parents in the community, getting the message out about Best Start LA, and generating interest;
- The Communications Task Force, which will work to spread the message of Best Start LA to community members and stakeholders;
- The Community Mobilization Task Force, which will work with SSG to conduct the CBAR process; and
- The Place-Based Task Force, which will lead the development of community-based strategy and service development.

Task forces that are planned, but that have not formed yet, include Training and Technical Assistance, Workforce Development, Evaluation, Sustainability, and Policy.

Para Los Ninos also recently formed *Metro LA's* Community Advisory Committee, a body that will provide broad, expert advice and guidance to the CGB over time. Members were particularly proud of the caliber of individuals they succeeded in recruiting for this Committee, including high-level officials from Bank of America, the County Department of Transportation, and the University of Southern California, among others.

**Table 2. Community Guidance Body Membership (as of July1, 2010)**

Organization	Name	Title
LA Neighborhoods Land and Trust	Alina Bokde	Executive Director
IDEPSCA	Marlon Portillo	Program Manager
Esperanza Community Housing Corporation	Lupe Gonzalez-Hernandez	Director of Health Programs
Eisner Pediatrics and Family Medical Center	Janyce Johnson	Director of Early Intervention services
John Tracy Clinic	Jack Cooper Mary McGinnis	Fund Development Director for Graduate Programs
Science Center of California	Ron Rohovit	Deputy Director for Education, California Science Center
Women Infant and Children	Anne Kennedy Gail Kibby	Senior Manager Senior Manager
Korea Town Youth & Community Center	Sam Joo	Director of Children and Family Services
San Pedro Elementary	Ruby Chavez	Bilingual and Title I Coordinator
Inner City Law Center	Greg Spiegel	Director of Policy and Communications
Parent and Community Resident	Guisela Gutierrez	Parent and Community Resident
Kedren Community Health Center- Early Head Start	LaKisha Simpson	Early Head Start Manager
Parent and Community Resident	Martha Monroy	Parent and Community Resident
Parent and Community Resident	Evelyn Reyes	Parent and Community Resident
Promotora	Rosa Giron	Promotora
Promotora	Captain Steve Ruiz	Captain III, Rampart Division
Los Angeles Police Department	Teresa Blanco	Wellness Program Manager
Deardens	Ken Louria	Vice President of Community Services
Children's Institute Inc.	Ronny Bensimon	COO

An important culminating event of Para Los Ninos' early efforts was the official public "launch" of Best Start *Metro LA*, a day-long fair designed by First 5 LA and PLN and convened at L.A. Trade Tech College on September 25, 2010. More than 600 people attended the event, which featured booths by nonprofit organizations, businesses, clinics, educational organizations, the Sheriff's Department, the Fire Department, and children's services. There were numerous referrals to over 500 different programs made at the event. In addition, more than 70 people received blood screenings from AltaMed Health Center.

Educational activities were provided for children who attended, including reading, arts and crafts projects, physical activities, and developmental play. Several incentives were distributed the day of the event, including recipe books, children's games, books and rhymes to promote literacy (in Spanish and English), jump ropes, sports toys, and arts and crafts supplies.

Beginning with the Parent Engagement Event and continuing with the work of the CGB and the various task forces, a vision for what place-based strategies might be established in *Metro LA* is beginning to take shape. Some of the key gaps in the community, and strategies proposed to address them, include the following:

- Building community gardens (to provide safe play areas, fresh food, and an activity that could build community cohesion);
- Promoting safety (by conducting neighborhood clean-up drives, and creating pedestrian walkways);
- Creating green spaces (such as parks, to provide places for families and children to play and relax);
- Holding classes (to help educate parents and children);
- Establishing drop-in centers (to provide a safe, engaging place for families to gather); and
- Improving quality of schools and child care.

Still, F5LA and PLN officials were not at all certain when such strategies might come to fruition, some admitting that they might be “two to three years off.” Key informants observed that PLN had embraced, perhaps to a fault, the principles of CBAR that community strategies must “organically grow” and “bubble up” from the community rather than be directed from “above,” by PLN. This stance appears to be leading to true community ownership and development of a plan, but has frustrated many stakeholders for its very slow and deliberate pace.

Another factor that likely contributed to delays has been staff turnover at PLN. Since the start of its contract with F5LA in 2009, the Best Start LA project has had three different directors, and PLN officials admit that it has been challenging to find a leader with the right combination of skills to facilitate this complex community development initiative. Each change of leadership has, naturally, led to some level of disruption in the implementation of PLN’s scope of work.

One community strategy (not contained within PLN’s scope of work) that was originally envisioned for *Metro LA* but, frustratingly, has not come to fruition was a Family Place Library. The Family Place Libraries model, initiated in New York State, is designed to harness community resources to invest in libraries to transform them into settings that are family friendly and that provide a range of services and supports for families. Indeed, F5LA has formed a strategic partnership with Los Angeles County Libraries and \$1 million has been set aside with the goal of creating 20 Family Place Libraries in the county. However, the libraries within the boundaries of *Metro LA* are under the jurisdiction of the City of Los Angeles, which is experiencing severe budget problems. As a result, they were (at the time of our visit) unwilling to accept F5LA’s grant and invest in the model, at a time when they were making cuts throughout other parts of the library system. Still, F5LA hopes that Family Place Libraries may still take hold in some of Best Start LA’s 13 other communities that contain county libraries.

Despite the numerous delays, F5LA and PLN officials are now optimistic that the slow, deliberate process has finally led to productive action, and that the community strategies portion of Best Start LA is “ready to go.”

## ***2. Special Service for Groups—CBAR***

Special Service for Groups’ scope of work is intimately tied to PLN’s, and has correspondingly been slow to start. While they intend to provide support to PLN and its partners in implementing

the necessary steps for conducting CBAR, this had not yet occurred at the time of the site visit. In fact, after initial consultation that occurred in 2009, further conversations between SSG and PLN had only re-initiated again in the late spring of 2010. This is consistent with the slower than anticipated process for mobilizing the community in *Metro LA*. At the time of our visit, SSG had provided PLN with some guidance regarding what CBAR is, and began discussing how they would be involved with assessing and supporting community partners in *Metro LA*. In addition, they had recently begun accompanying PLN on partner visits, providing information on what CBAR is, and generating interest in the process. They were also preparing to present on CBAR at PLN's June retreat.

SSG noted that there were some limitations to the CBAR process and cautioned that PLN and its community partners should not rely on it to justify all community efforts and actions. Specifically, they expressed concern that there might be too much emphasis on the process, at present, and that it is only one approach to community engagement with limitations. They added that CBAR should be part of the community mobilization task force's efforts, but that not all community action needs to be predicated on CBAR findings.

In subsequent BSLA communities, CBAR efforts will be focused on food and physical activity, consistent with the new Best Start LA strategic plan's emphasis on nutrition and healthy weight. Furthermore, SSG acknowledges that if the partnership had been formed first, the CBAR process would likely be smoother. This is the model that will be promoted in subsequent BSLA communities.

## **C. Systems Change Activities “Waiting in the Wings”**

Preparation for systems level change in the Best Start Pilot Community is well underway, though implementation has been limited by the slower than expected startup of community-based strategies. Below we present a detailed discussion of each contractor's progress with their scope of work, the challenges they are facing, and how their work interacts with other ongoing efforts in the BSLA Pilot Community.

### ***1. ZERO TO THREE—Workforce Development***

As presented earlier, ZERO TO THREE is charged with leading the workforce development component of the BSLA intervention in *Metro LA*. Two years into a five year allocation, ZTT has accomplished many of the tasks it set out to complete. Specifically, they have conducted a comprehensive literature review designed to aid in identifying the core competencies that should be targeted to support a prenatal to three workforce in the Pilot Community; convened a Core Competencies Workgroup which worked to identify and develop a list of core competencies essential to working effectively with expectant parents, infants, toddlers, and their families. This work was aimed at strengthening the current P-3 workforce in multiple sectors to promote healthy early development, prevention, and intervention/treatment in *Metro LA* and the county at

large,<sup>6</sup> and establish a training workgroup that worked to align training and learning approaches, as well as available resources in Los Angeles County, to the identified core competencies.

ZERO TO THREE's initial literature review helped in identifying a broad set of cross-sector core competencies pertinent for a P-3 workforce, while revealing gaps in the research on the topic. Grounded in evidence-based practices for P-3 workforce development, the literature review was then used by the ZTT-facilitated Core Competencies Workgroup, providing the group with a starting point for their discussions on the expertise and skills necessary to support a P-3 workforce that encompasses health care providers, child care providers, educators and other disciplines that touch the lives of expectant parents, infants, toddlers, and their families in *Metro LA* and countywide. Members of the Core Competencies Workgroup were recruited due to their expertise in various fields that interact or care for infants and toddlers. ZTT guided the group in establishing who comprises the workforce they are focusing on, what competencies are relevant to these workers and the community, and justifying why they were chosen. Based on this work, the group made specific recommendations for the community regarding (1) policy and practice, (2) agency practices, (3) systems change, and (4) communication strategies.

A training workgroup, intended to guide the training and sustainability of workforce development plans countywide, has also been convened by ZTT with input from F5LA. This workgroup is utilizing an evidence-based decision making process to develop a sustainable cross-sector training model that aligns with the established set of core competencies. The training workgroup was poised to begin training "master trainers" who would ultimately go on to train P-3 workers in the community. ZTT anticipates bringing together 8 to 10 master trainers who will be experts in a cross section of fields relevant to infants and toddlers. They will be trained on a set curriculum and then sent into the community to train an additional 25 local trainers. At the time of the site visit, ZTT staff were focused on establishing criteria that would be required to qualify as a master trainer.

Despite this progress, ZTT has had limited direct contact with the *Metro LA* pilot community. This is partly attributable to ZTT's scope of work, which has largely involved research in the first years, but also reflects resistance from community contractors who were not ready to engage with them on this topic. ZTT discussed its efforts to reach out to and engage with other contractors in the Pilot Community, specifically Para Los Niños, with little success. While ZTT was forging ahead, PLN, along with others involved in the *Metro LA* community, were off to slower starts. Regretting the missed opportunity, ZTT staff recognized that there were likely some structural barriers impeding this relationship, and acknowledged that PLN may have been short staffed, and unable to participate in this process as a result. In addition, they recognized that misalignment of the scopes of work contributed to the lack of collaboration between contractors. ZTT was much further along in implementing its scope of work than PLN and some other contractors, and benefited from a more defined and independent mission. Furthermore, ZTT felt that F5LA program officers could do more to facilitate communication among contractors.

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<sup>6</sup> The P-3 focus was established prior to adoption of the new F5LA strategic plan, which broadens BSLA's focus to the 0-5 population.

In addition, ZTT expressed interest in receiving support from F5LA for an internal evaluation of its work. Original plans to conduct focus groups with trainers and those trained have been eliminated due to resource constraints.

Still outstanding are plans to convene a Sustainability Workgroup in collaboration with F5LA staff in order to develop plans for supporting the sustainability of a P-3 workforce in *Metro LA*. This is expected to happen in the upcoming year (year three of their contract). ZTT hopes to work collaboratively with PLN on this effort.

Following a productive two years, ZTT finds itself out of step with BSLA implementation. ZTT commented that while the resources allocated for implementation of the BSLA initiative are adequate, integration of the many moving parts has been a challenge. At this point, ZTT hopes to engage PLN in understanding how best to integrate the workforce development model they have developed into the community. While they have been conscious to develop a flexible and replicable workforce development plan, they are clear in their belief that it would be preferable for this to have evolved in tandem with other components of the initiative. F5LA project officers anticipate approaching workforce development differently as the BSLA model is rolled out into additional communities. Specifically, they anticipate adjusting the timing so that the workforce development work is initiated while the community strategies are being developed, instead of taking place beforehand. The hope would be that this would help ZTT develop a plan that capitalizes on the community's strengths and its needs, as opposed to operating with many assumptions and developing a theoretical, albeit flexible, workforce development plan.

## **2. *Parents Anonymous® Inc.—Community Technology Infrastructure***

Charged with creating a technology plan for a dynamic web-based data collection and reporting system that will be utilized by agency staff and residents of the *Metro LA* community, Parents Anonymous® Inc. is helping F5LA and the BSLA pilot community understand the community's technology and information needs and assess the community's capabilities for utilizing an integrated data system, which will be developed at a later stage. The ultimate goal is to achieve "total integration" of data collection—uniting data from BSLA partners/contractors, with individual level data from community residents.

At the time of the site visit, Parents Anonymous® Inc. had just recently begun implementing their scope of work, having been encouraged to delay implementation in an effort to sync up with other BSLA contractors. Nonetheless, like Zero to Three, the organization was still somewhat out of step with other BSLA contractors and struggling to understand what efforts were already underway to avoid unnecessarily duplicating effort. Specifically, Parents Anonymous® Inc. perceives significant scope of work overlap with Fenton Communications, AJWI, and SSG.

In line with its scope of work, Parents Anonymous® Inc. began their assessment of the community's capabilities by conducting a literature review seeking to document what other communities had done to develop community accessible integrated data systems at the time of our visit. This work was completed in the summer of 2010. Simultaneously, they were starting to engage with the *Metro LA* community by conducting an environmental scan designed to assess

the demographic characteristics of the community, understand what facilities would be available for accessing data, understand how residents would use data, and determine what medium would be most accessible and convenient for community residents. They had conducted several focus groups with community residents, and preliminary results from the effort indicated that approximately 50 percent of parents in the South L.A. portion of the Metro L.A. community have cellphones and regularly use texting. Most residents, however, use pre-paid cell phones, indicating that while they might be able to send texts regularly, it may not be a reliable method of reaching residents. Residents, they found, do not have reliable or regular access to the internet through either home computers or the use of internet cafes. All of this information will be used when considering the most appropriate integrated data system for the community.

When we met, Parents Anonymous® Inc. was still in the early stages of assessing what the community wants, and how best to meet their needs. Early evidence indicated that the diversity of the community would likely mean that the needs and preferences of residents will vary quite a bit. The organization was poised to begin conducting stakeholder interviews with BSLA contractors regarding their use of technology and visions for what an integrated system would look like. These interviews were conducted in the fall of 2010. Based on the results of this research (the literature review, focus groups and stakeholder interviews), Parents Anonymous® Inc. will advise First 5 LA in its development of a Request for Proposals to identify a contractor capable of implementing the Best Start Data Infrastructure system.

As with ZTT, a perceived barrier in the implementation of Parents Anonymous® Inc. scope of work has been a lack of coordination with other BSLA contractors. They have met with PLN a few times, and originally understood the monthly interagency meetings to serve the purpose of facilitating communication and coordination among contractors, but had not seen that borne out. F5LA acknowledged that Parents Anonymous® Inc. has encountered several challenges during this implementation phase, including inadequate guidance and delayed implementation of many relevant aspects of the initiative

### ***3. Perinatal Advisory Council/Leadership Advocacy and Consultation (PAC-LAC)—Baby Friendly Hospitals***

Baby Friendly Hospital (BFH) is a countywide effort, led by PAC-LAC, aimed at supporting hospitals with low rates of breastfeeding initiation in L.A. County to become “Baby Friendly,” a UNICEF designation that recognizes supportive breastfeeding environments. In *Metro LA*, specifically, PAC-LAC is working with California Hospital Medical Center (CHMC) to increasing exclusive breastfeeding among moms who give birth there, and ultimately receive Baby Friendly designation from UNICEF.

PAC-LAC is viewed as a very experienced and capable organization that is both on track for accomplishing its goals, and willing to assume extra responsibilities in order to ensure their success. Because their task is discrete and well-defined, PAC-LAC has not encountered many of the same challenges that the other systems-level interventions have struggled with.

At the time of the site visit, PAC-LAC was reaching out to county hospitals, helping them to assess their breastfeeding policies and practices, and assessing their needs and capacities for



improvement. To facilitate their assessments, PAC-LAC has developed a tool designed to aid in characterizing hospital policies and practices impacting breastfeeding, and identify existing obstacles. PAC-LAC and F5LA are both pleased with the tool, but note that getting hospitals to complete it has been challenging. They find different staff are charged with completing the tool in different hospitals, and in some cases multiple staff are required. Typically they are filled out by nurse managers, labor and delivery/post-partum nurses, lactation consultants, and others. PAC-LAC also conducts interviews with the staff that fill out the assessment tool to ensure that they have a clear understanding of the hospitals' policies and procedures, and help to identify systematic barriers. This too has been challenging at times, especially when multiple people have been involved with filling out the assessment.

In *Metro LA*, PAC-LAC is involved with outreach and support for California Hospital Medical Center's (CHMC) efforts in improving exclusive breastfeeding rates. Prior to the implementation of any BFH oriented policies, CHMC had a breastfeeding rate of less than two percent. At the time of the site visit we heard reports that CHMC's breastfeeding rates had now reached as high as 40 percent. CHMC has implemented a number of new policies that support breastfeeding, including rooming in (rather than keeping babies in a nursery), encouraging skin-to-skin contact, and trainings for doctors. In addition, they are putting stickers on medical charts to document that these steps are being taken. Despite this marked improvement, PAC-LAC noted that CHMC had not yet filled out the assessment tool, presumably because they already received funding from F5LA to work toward Baby Friendly designation. They acknowledged that this was a fairly common challenge, and that they had been making strides in getting hospitals that have already received funding support to comply. At the time of our visit F5LA was on the verge of funding seven additional hospitals to become Baby Friendly within three years—St. Mary Medical Center in Long Beach, Hollywood Presbyterian, Pomona Valley Hospital Medical Center, Monterey Park Hospital, White Memorial Medical Center near downtown, East Los Angeles Doctors Hospital and San Gabriel Valley Medical Center in San Gabriel—with the ultimate goal of supporting 19 hospitals in this effort. PAC-LAC notes that attaining Baby Friendly Hospital status within 3-5 years is a challenging goal.

PAC-LAC noted, on the other hand, hospitals in L.A. County that were not planning to seek baby friendly status were the most likely to complete the assessment. Typically, these sites are interested in improving breastfeeding rates, but recognize that the steps to become baby friendly would be too challenging, plus the cost—as much as \$10,000 to \$15,000/year—may be a barrier.

The process for becoming Baby Friendly will vary from hospital to hospital, but certain milestones are expected, including training of staff to provide breastfeeding support, rooming in policies, no provision of artificial nipples, encouraging skin-to-skin contact within the first hour of birth, and breastfeeding support groups for women after they have been discharged, among others. PAC-LAC staff would like to provide technical assistance, a strength of the organization, to low-performing hospitals based on the information gathered from their assessments. They are concerned however, that F5LA does not intend to utilize their expertise in providing technical assistance to these hospitals.

#### **4. Fenton Communications**

While they were first brought on board in the Spring of 2010, they have made substantial progress toward establishing a consistent brand for BSLA in this community.

Early on in its contract with F5LA, Fenton provided PLN with substantial communications support, including materials for PLN's retreat in June 2010, which kicked off the formation of a Community Guidance Body. For this event, Fenton developed a binder for participants which laid out the proposed task force structure and provided them with background information on the BSLA initiative. In addition, Fenton crafted the messaging campaign for the public debut of BSLA at LA Trade Tech College on September 25, 2010 with flyers, banners, giveaways, and a media release. This event in *Metro LA* was attended by 300 people.

A key role for Fenton has been to provide F5LA help with messaging, style guides, and a BSLA website resulting in a system wide marketing and outreach plan for BSLA, which they have done over the last several months in support of specific events and contractor needs. In 2010, they held and branded three key BSLA events, a meeting for county supervisors, meetings for the new BSLA communities, and a series of public kick off events for BSLA. Moreover, they have been helping MCHA communicate with their families, developing a "look and feel" that is consistent with the larger BSLA brand and message. This will be extended into the additional 13 communities, resulting in consistent and comparable materials that may be tailored slightly to meet the specific needs of each community.

Fenton recognizes that F5LA has had some very ambitious timelines for the branding of BSLA, a complex and multifaceted concept. This has not particularly affected Fenton's work, however, as they were brought on about a year after the initial roll out of BSLA in the pilot community.

## **V. Lessons Learned**

With more than a year of experience to reflect upon, it is possible to begin identifying lessons that have been learned from early implementation of Best Start LA. These lessons, summarized below, are identified to help not only persons involved in overseeing the initiative in *Metro LA*, but also First 5 LA officials and planners in the other 13 communities where Best Start LA is slated to be launched in the coming months and years. Specific lessons and their implications, based on comments of key informants interviewed for this case study, and observations of the evaluators, include:

- ***Welcome Baby! home visiting represents a critically tangible, effective service that could form a foundation for subsequent Best Start LA efforts.*** By all accounts, after a slow start, *Welcome Baby!* home visiting services have been well implemented and are providing Best Start LA in the pilot community an important, concrete example of F5LA's investment. While still operating below capacity, *Welcome Baby!* has reached roughly 750 women and infants since its launch and appears to be extending highly valued support to its participants. As such, it represents the most visible component of

Best Start LA, and future BSLA communities would be well advised to look at similar services as a core foundation upon which to build.

- ***The home visiting intervention may need modification.*** The home visiting component of Best Start LA was originally envisioned as a low- to –medium-intensity model, composed of a limited number of contacts and a staffing model that blends clinical, nonclinical, and paraprofessional personnel. During its first year of operation, however, MCHA and CHMC officials have observed that women giving birth in the *Metro LA* community are often high risk. There is a sense that *Welcome Baby!* represents, as one staff described, “...a low-intensity model for a high-risk population.” Home visiting staff have been providing women with “extra” visits during the first year, since they had time while the program was ramping up. Officials may see the need to further expand or enhance the model in the future to meet the needs of clients.
- ***Beyond Welcome Baby!, Best Start LA represents a complex, multi-faceted model that is not easy to convey to a community.*** As described in this report, Best Start LA comprises a constellation of services that are designed to work together to affect change at three levels—child/family, community, and systems. First 5 LA has contracted with roughly 10 separate contractors to implement its model, and describing how these multiple partners work together to affect change is challenging. For community members, in particular, articulating the concept in a way that is understandable, that residents can “put their arms around” is difficult. In fact, key informants confirmed that the “brand” of Best Start LA had not taken hold in *Metro LA* yet, and may not for some time to come. This observation underscores the importance of effective and persistent marketing and messaging, a goal that is bolstered now by the addition of Fenton Communications to the BSLA partnership. Planners and managers should also accept the need for patience as Best Start LA is rolled out in future communities, understanding that the “model” may take more time than expected to become established and known.
- ***Community mobilization efforts accelerated once parents became the focal point.*** Para Los Niños spent much of its first year conducting outreach and education in *Metro LA* in an effort to begin forming its Best Start LA Partnership. After three poorly attended Information Sessions, PLN recognized the need for a change in strategy and refocused its effort on parents. The shift succeeded—more than 150 parents (and over 100 children) attended the next Parent Engagement Event—and marked a turning point in the organization’s work. Parents have since assumed prominent roles in *Metro LA*’s Community Guidance Body and a Parent’s Task Force was among the first, and most active, entity to form to carry out planning activities in the community. Future BSLA communities would do well to heed the lesson that parent engagement should constitute a core function of community facilitators.
- ***Careful and coordinated contract management is required to keep Best Start LA partner activities in sync.*** As described in this report, various components of BSLA have met delays in implementation, while others have proceeded on schedule. But it is apparent that many of the partner activities are, by design, interdependent. Therefore, delays for one contractor ripple to affect other contractors, either causing delays in their

work, or interrupting the progress they are making. (As one key informant described, "...sometimes it feels like 'hurry up and wait.'") These effects were observed between L.A. Best Babies Network (LABBN) and Maternal and Child Health Access (MCHA), and between Para Los Niños and Special Services for Groups (SSG), Parents Anonymous® Inc., and Zero to Three. As a "pilot" demonstration, such is to be expected. But future BSLA communities should take care to plan and coordinate the roll-out of their component parts to ensure maximum efficiency and effectiveness.

- ***Care must be taken to avoid "silos" among the Best Start LA contractors.*** Despite regular BSLA "partner meetings," contractors with whom the evaluators spoke often expressed confusion about where they "fit" in the overall Best Start LA model, and confessed to not fully understanding what other contractors were charged with accomplishing. Thus, it appears that despite best efforts, silos exist and may be holding back the initiative's ability to fully integrate. Once again, as a pilot program, and one with multiple "moving parts" at that, this effect might be expected. This and future efforts should anticipate this challenge and continuously work to clarify for partners how their work co-exists, where it should integrate, and in what ways it should collectively achieve desired outcomes.
- ***System-level efforts seem well designed and poised to make a difference.*** While systems-level strategies appear to be temporarily "on hold" while the other components of Best Start LA "catch up," it does seem that they have been thus far well-conceived and executed, and are poised to accomplish desired ends. PAC-LAC's work with CHMC has already helped spur a reportedly large improvement in rates of breastfeeding among new mothers—from less than 2 to 40 percent. Zero to Three, meanwhile has completed its initial tasks related to workforce development core competencies and training, and should be able to proceed with rolling out its training plan once *Metro LA* is ready for it. Parents Anonymous® Inc.'s task of designing a cross-cutting, integrated data system for the community and its contractors appears to remain significantly challenging, however. Fenton Communications has made substantial progress toward establishing a consistent communications strategy and brand for BSLA in this community.
- ***Designing an effective data system to support the various Best Start LA activities will be critical.*** The DCAR system, initially designed to support *Welcome Baby!*, has by all accounts come up short in serving as either a program management tool, or an evaluation tool. Once again, this ups the ante for Parents Anonymous® Inc. and its effort to design a more flexible system to meet multiple needs, just as it poses a key challenge for future Best Start LA communities.
- ***Initiating Best Start LA by introducing competition between community organizations was a mistake.*** First 5 LA officials quickly realized that it was a strategic error to pit community organizations against one another by releasing a competitive Request for Proposals for agencies desiring to serve as the Best Start LA "lead entity" in the community. Key informants freely, if disappointedly, admit that the initiative has lost considerable momentum in being forced to spend time and effort to mediate and resolve the tensions between Para Los Niños and the Children's Bureau that resulted from that

competitive process. Indeed, F5LA has already changed its plan for launching Best Start LA in the 13 subsequent communities. Rather than competing with one another, community agencies will be invited to develop and submit collaborative proposals describing how, with F5 LA support, they would facilitate community mobilization and strategies in their communities. This seems like a very wise and appropriate course change.

- ***Community “lead entities” must strike the appropriate balance between guiding change, and allowing it to grow organically.*** An ongoing struggle for Para Los Niños appears to have been striking the right balance between guiding (or facilitating) change at the community level versus creating an environment where change can grow, organically, from the grass roots. Perhaps resulting from its contentious conflict with the Children’s Bureau and a desire to tread carefully in the *Metro LA* community, PLN has chosen a very hands-off approach, erring on the side of community members taking the lead. But, as mentioned above, Best Start LA represents a very complex concept, and some key informants expressed frustration that progress in the pilot community has been so slow, believing that the lead entity might have taken a more assertive, directive stance in spurring community mobilization efforts and facilitating more concrete activities. Future Best Start LA communities will no doubt struggle with this challenge as well, so should anticipate the need to strike an appropriate balance in their efforts.
- ***First 5 LA, too, should continue to work to strike the right balance of direction and freedom for future BSLA communities.*** First 5 LA officials, as well, admitted some conflicted feelings about how they oversaw implementation of Best Start LA in the pilot community. Initially, there were individuals that envisioned a fairly directive approach, outlining the range and types of strategies that could be adopted in the community. Over time, however, a shift occurred whereby F5LA embraced the concept that communities should identify their own priorities and develop their own responses. Most expressed comfort with this stance, but admitted that it results in slower progress.
- ***First 5 LA might also consider reducing its administrative oversight and burden for Best Start LA contractors, while maintaining program integrity.*** There was a general consensus among Best Start LA contract partners that they faced a considerable administrative burden in carrying out work under contract with Best Start LA. Frequent meetings, updates and modifications of scopes of work, intensive reporting requirements, and sometimes constrained communication channels (whereby information requests must flow through F5LA program officers) were cited as examples of tasks that were time consuming and sometimes slowed down work progress. The current budget climate in California is dire, so First 5 organizations across the state face increasing pressure to justify their investments and maintain tight accountability for expenditures. Still, in the interest of efficient programming, F5LA might consider management practices that promote more flexibility and effective activity on the part of contractors, while maintaining program integrity.

In summary, as one might expect, Best Start LA implementation in the *Metro LA* community has experienced some “ups and downs.” Over its first year and a half, the project has seen good progress made across the board, though much of it slower than anticipated. This, arguably, is to be expected in a new initiative, especially one as complex and multifaceted as Best Start LA. It is hoped that this Year 1 case study provides valuable documentation of both the progress and challenges that Best Start LA partners and First 5 LA managers have experienced thus far, while identifying the lessons that have been learned along the way, so that this and future projects can enjoy smoother implementation moving forward.

## APPENDIX A: Key Informants Interviewed

<b>Informant Type</b>	<b>Name</b>	<b>Organization</b>
F5LA Administrator/Project Officer	Hayley Roper	F5LA (Evaluation)
	Christine Aque	F5LA (Evaluation)
	Armando Jimenez	F5LA (Evaluation)
	Diana Careaga	F5LA (Welcome Baby!)
	Lucy Lin	F5LA (Baby Friendly Hospital)
	Barbara Dubransky	F5LA
	Adam Freer	F5LA (CBAR)
	John Bamberg	F5LA (Zero to Three)
	Aimee Loya	F5LA (Capacity Building/Sustainability)
	Lee Werbel	F5LA (Capacity Building/Sustainability)
	Jessica Kaczmarek	F5LA (EPG)
	Marvin Espinosa	F5LA (Para Los Niños)
	Monica Benitez-Andrade	F5LA (Para Los Niños)
	Holly Campbell	F5LA ( Parents Anonymous® Inc. )
BSLA Contractor/Provider	Wendy Ramallo	Para Los Niños
	Aja Howell	AJH Consulting, Inc. (consultant - PLN)
	Grace Lee	SSG
	Eric Wat	SSG
	Maria Garay	Para Los Niños
	Nelson Pichardo	Para Los Niños
	Lynn Kersey	MCH Access
	Luz Chacon	MCH Access ( <i>Welcome Baby!</i> )
	Brenda Robledo	MCH Access ( <i>Welcome Baby!</i> )
	Lili McGuinness	MCH Access ( <i>Welcome Baby!</i> )
	Alma Nuñez	MCH Access ( <i>Welcome Baby!</i> )
	Julie Mendez	MCH Access ( <i>Welcome Baby!</i> )
	Teresa Garcia	MCH Access ( <i>Welcome Baby!</i> )
	Leslie Perez	MCH Access ( <i>Welcome Baby!</i> )
	Chelsea Poyo-Nieto	MCH Access ( <i>Welcome Baby!</i> )
	Rita Morales	MCH Access ( <i>Welcome Baby!</i> )
	Cindy Fahey	PAC/LAC
	Carolyn Buenaflor	PAC/LAC
	Leticia Lara	Zero to Three
	Jenny Park	Fenton Communications
	Kelly Jones, M.D.	California Hospital Medical Center
	Vicki Kropenske	Hope Street Family Center
	Rachel Zupa	California Hospital Medical Center
	Peggy Polinsky	Parents Anonymous® Inc.
Other Contractor/Provider	Caroline Rivas	Healthy City
	Christine Schweidler	Healthy City
	Lila Guirguis	Magnolia Place

## **APPENDIX B: Case Study Protocols**

### **First 5 LA Administrator/Project Officer Interview Protocol Evaluation of Best Start LA Pilot Community**

**Key Informant Name:**  
**Title:**  
**Agency:**

**Phone:**  
**Fax:**  
**email:**

Thanks very much for agreeing to meet with us. We are from the Urban Institute (and UCLA). We have been funded by First 5 LA to conduct an evaluation of the Best Start LA initiative in the Pilot Community.

The evaluation design comprises both quantitative and qualitative activities; we are here as part of the case study component of the project. This is first year of the evaluation and we are visiting Los Angeles to gather information about the early implementation of BSLA. We hope to conduct interviews with a broad range of “key informants”—from program administrators, to BSLA community partners, to Pilot Community stakeholders. We will be conducting site visits annually to explore how well BSLA is meeting the needs of children and families in the Pilot Community. Based on the findings from this site visit, we will write and publish a case study report.

We have a series of questions that we would like to ask you over the next hour or so. None of the information you share with us today will be quoted without your permission. In short, you are not required to answer any question you do not feel comfortable answering.

Do you agree to participate in the Urban Institute Evaluation of the Best Start LA Pilot Community? (Yes/No)

Your name may be included in a list of individuals interviewed for the report, as thanks and acknowledgement for your participation, but only if you consent to its inclusion.

Would you like to be listed? (Yes/No)

Do you have any other questions about our project? (Yes/No)

May we proceed with our questions? (Yes/No)

Thanks again.



## **Background**

We would like to begin with a few background questions.

- A.01 Please describe your organization and your position? What is the traditional mission of your agency?
- A.02 How are you and your agency involved in the Best Start LA initiative?
  - a. Do you directly receive funding for BSLA activities?
  - b. Or, do you receive funding from F5LA for a different/related purpose?
- A.03 How do the goals of the BSLA initiative “fit” with your organization’s mission?

## **BSLA History**

This next set of questions is about the recent history of Best Start LA.

- B.01 How did you first hear about the BSLA initiative?
  - a. Were you already providing services to families in the Pilot Community?
- B.02 Tell us about how the BSLA initiative took shape.
  - a. To your knowledge, what was the impetus for creating the BSLA initiative?
  - b. What factors have most influenced the design/development of BSLA?

## **Pilot Community Characteristics**

Now we would like to ask you some questions about the Pilot Community.

- C.01 How would you describe the BSLA Pilot Community?
  - a. What are some physical characteristics of the Pilot Community?
- C.02 (For Hayley/Christine, only:) What was the methodology used to select the site of the BSLA Pilot Community?
- C.03 We’ve noticed that the Pilot Community is bisected by two freeways, how has that shaped the community?
  - a. Is the Pilot Community a coherent community, or a fragmented community?

- C.04 Is the community divided into areas where different languages are spoken?
- a. Are there other ways in which the community is segmented?
- C.05 Can you describe for us the target population served by BSLA?
- a. What are some demographic characteristics of Pilot Community? Age? Gender? Race/Ethnicity? Income?
- C.06 What would describe as the main challenge facing families with young children in the BSLA Pilot Community?
- a. What are the BSLA Pilot Community's key strengths? Weaknesses?
- C.07 What child and family development services were available in the Pilot Community prior to BSLA?
- a. Who are the providers of these services?
- C.08 How has the Pilot Community population changed since BSLA?
- a. Has the Pilot Community undergone any physical/built environment changes?
- C.09 What would you like to see in the Pilot Community in terms of programs and services?

### **F5LA Administration/Project Officer: Implementation**

Next we'd like to talk about the ongoing implementation of BSLA activities.

- D.01 Please describe the BSLA component you are involved with.
- a. What is the goal of this BLSA component?
  - b. How has this component and/or its goals evolved since the inception of BSLA?
- D.02 How were service providers solicited for BSLA?
- a. Was there a competitive bidding process?
  - b. How did you determine the constellation of contractors/service providers you needed for the BSLA model?
  - c. What were some of the strengths of this process? (i.e., What worked in this process?)
  - d. What were some of the challenges you encountered?

- D.03 Could you briefly describe the BSLA-contracted organization’s Year 1 Scope of Work?
- a. How does their Scope of Work change in subsequent years?
- D.04 How are activities coordinated among different BSLA contractors and partner organizations?
- D.05 To date, how would you describe the performance the BSLA-contracted organization?
- a. Where is the organization now as compared to where it is supposed to be?
  - b. Have there been any changes to plans? Have you made any mid-year corrections?
- D.06 Overall, how has Year 1 implementation gone for this BSLA component?
- a. Is implementation on schedule? Have there been any delays?
  - b. What were some factors facilitating or inhibiting implementation?

## **Lessons Learned**

We would like to conclude by asking you a series of overarching “lessons learned” questions.

- G.01 Overall, how would you describe the early implementation of BSLA?
- a. Has it been going well, or have there been some problems?
  - b. What factors have facilitated implementation?
  - c. What factors are inhibiting implementation?
- G.02 What would you say have been the greatest successes of BSLA, thus far?
- G.03 What would you say have been the key shortcomings of BSLA, thus far?
- G.04 What is your impression of the impact BSLA is having on children and families, at this early stage of implementation?
- G.05 What is your impression of the impact BSLA is having on the community?
- G.06 What is your impression of the impact BSLA is having on broader policies and systems for children and families, generally?
- G.07 Do you think the goals of the First 5 LA Commission are being met through the BSLA initiative?
- a. If so, what are the primary factors in the program’s success?
  - b. What are the key issues and problems that you would highlight?

G.08 Do you feel like the services you are developing/implementing are the “right” ones for families and the community?

- a. If not, why not?
- b. What is missing?

G.09 Looking back, would you do anything differently? What?

G.10 Looking forward, what would you like to see happen to improve Best Start LA services and outcomes for children/families in the Pilot Community?

**BSLA Contractor/Provider Interview Protocol  
Evaluation of Best Start LA Pilot Community**

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**Agency:**

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**Fax:**  
**email:**

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- b. What are some demographic characteristics of Pilot Community? Age? Gender? Race/Ethnicity? Income?
- C.05 What would describe as the main challenge facing families with young children in the BSLA Pilot Community?
- b. What are the BSLA Pilot Community's key strengths? Weaknesses?
- C.06 What child and family development services were available in the Pilot Community prior to BSLA?
- b. Who are the providers of these services?
- C.07 How has the Pilot Community population changed since BSLA?
- a. Has the Pilot Community undergone any physical/built environment changes?
- C.08 What would you like to see in the Pilot Community in terms of programs and services?

### **BSLA Contractor/Provider: Implementation**

Next we would like to spend some time discussing implementation of BSLA activities you are involved with.

- E.01 What was your organization's role(s) in the initial start-up of the BSLA initiative?
- a. Did you become involved with the project through a procurement process with First 5 LA?
  - b. How was staffing and recruitment developed?
- E.02 What is your "scope of work" under BSLA?
- a. What roles does your organization play?
  - b. Is this a new activity for you?
- E.03 What are your organization's goals for outcomes related to BSLA?
- E.04 Can you describe all of the various activities you are conducting or the services you are providing?
- a. Would you describe these services as directed primarily to families with small children?
  - b. To the community at large?

- c. To broader policies or systems impacting the community?
- E.05 Do you target specific sub-populations with your services? If so, how?
- a. Have some strategies been more or less effective for different populations (i.e. immigrants, Latinos, children with special health care needs)?
- E.06 How receptive have consumers in the Pilot Community been to the services you offer?
- a. Do they understand what BSLA is trying to accomplish?
  - b. Do they seem open and accepting of help?
  - c. Have you observed any reluctance to use the services you are offering? Why do you think might be the case?
- E.07 Have you had any experiences with other BSLA partners (Para Los Niños, Hope Street Maternal Child Health Access, etc.)? Please describe those experience and relationships.
- E.08 What have been your major achievements to date?
- E.09 What are the major challenges you have encountered?
- E.10 Do you have any reports and/or data that you can share with us on the number of families you have assisted, and the numbers of children who are in the initiative?

### **Lessons Learned**

We would like to conclude by asking you a series of overarching “lessons learned” questions.

- G.01 Overall, how would you describe the early implementation of BSLA?
- d. Has it been going well, or have there been some problems?
  - e. What factors have facilitated implementation?
  - f. What factors are inhibiting implementation?
- G.02 What would you say have been the greatest successes of BSLA, thus far?
- G.03 What would you say have been the key shortcomings of BSLA, thus far?
- G.04 What is your impression of the impact BSLA is having on children and families, at this early stage of implementation?
- G.05 What is your impression of the impact BSLA is having on the community?
- G.06 What is your impression of the impact BSLA is having on broader policies and systems for children and families, generally?



- G.07 Do you think the goals of the First 5 LA Commission are being met through the BSLA initiative?
- c. If so, what are the primary factors in the program's success?
  - d. What are the key issues and problems that you would highlight?
- G.08 Do you feel like the services you are developing/implementing are the "right" ones for families and the community?
- a. If not, why not?
  - b. What is missing?
- G.09 Looking back, would you do anything differently? What?
- G.10 Looking forward, what would you like to see happen to improve Best Start LA services and outcomes for children/families in the Pilot Community?

**Other Pilot Community Provider Interview Protocol  
Evaluation of Best Start LA Pilot Community**

**Key Informant Name:**  
**Title:**  
**Agency:**

**Phone:**  
**Fax:**  
**email:**

Thanks very much for agreeing to meet with us. We are from the Urban Institute (and UCLA). We have been funded by First 5 LA to conduct an evaluation of the Best Start LA initiative in the Pilot Community.

The evaluation design comprises both quantitative and qualitative activities; we are here as part of the case study component of the project. This is first year of the evaluation and we are visiting Los Angeles to gather information about the early implementation of BSLA. We hope to conduct interviews with a broad range of “key informants”—from program administrators, to BSLA community partners, to Pilot Community stakeholders. We will be conducting site visits annually to explore how well BSLA is meeting the needs of children and families in the Pilot Community. Based on the findings from this site visit, we will write and publish a case study report.

We have a series of questions that we would like to ask you over the next hour or so. None of the information you share with us today will be quoted without your permission. In short, you are not required to answer any question you do not feel comfortable answering.

Do you agree to participate in the Urban Institute Evaluation of the Best Start LA Pilot Community? (Yes/No)

Your name may be included in a list of individuals interviewed for the report, as thanks and acknowledgement for your participation, but only if you consent to its inclusion.

Would you like to be listed? (Yes/No)

Do you have any other questions about our project? (Yes/No)

May we proceed with our questions? (Yes/No)

Thanks again.

## **Background**

We would like to begin with a few background questions.

- A.01 Please describe your organization and your position? What is the traditional mission of your agency?
- A.02 How are you and your agency involved in the Best Start LA initiative?
  - e. Do you directly receive funding for BSLA activities?
  - f. Or, do you receive funding from F5LA for a different/related purpose?
- A.03 How do the goals of the BSLA initiative “fit” with your organization’s mission?

## **BSLA History**

This next set of questions is about the recent history of Best Start LA.

- B.01 How did you first hear about the BSLA initiative?
  - c. Were you already providing services to families in the Pilot Community?
- B.02 Tell us about how the BSLA initiative took shape.
  - e. To your knowledge, what was the impetus for creating the BSLA initiative?
  - f. What factors have most influenced the design/development of BSLA?

## **Pilot Community Characteristics**

Now we would like to ask you some questions about the Pilot Community.

- C.01 How would you describe the BSLA Pilot Community?
  - c. What are some physical characteristics of the Pilot Community?
- C.02 We’ve noticed that the Pilot Community is bisected by two freeways, how has that shaped the community?
  - c. Is the Pilot Community a coherent community, or a fragmented community?
- C.03 Is the community divided into areas where different languages are spoken?
  - c. Are there other ways in which the community is segmented?

- C.04 Can you describe for us the target population served by BSLA?
- c. What are some demographic characteristics of Pilot Community? Age? Gender? Race/Ethnicity? Income?
- C.05 What would describe as the main challenge facing families with young children in the BSLA Pilot Community?
- c. What are the BSLA Pilot Community's key strengths? Weaknesses?
- C.06 What child and family development services were available in the Pilot Community prior to BSLA?
- c. Who are the providers of these services?
- C.07 How has the Pilot Community population changed since BSLA?
- a. Has the Pilot Community undergone any physical/built environment changes?
- C.08 What would you like to see in the Pilot Community in terms of programs and services?

### **Other Pilot Community Provider: Implementation**

Next we would like to spend some time talking about BSLA implementation and ways in which your organization may be affected.

- F.01 Has the first year of BSLA implementation affected the way in which you provide services in the Pilot Community? If so, how?
- F.02 How do the types of activities that you are conducting or the services you are providing differ from those delivered through BSLA?
- F.03 Have you had experiences with F5LA or any BSLA contractors (Para Los Niños, Hope Street Maternal Child Health Access, etc.)? Please describe these experiences and relationships.
- F.04 What do you perceive to be some of the some key successes of BSLA for the Pilot Community?
- F.05 What do you perceive to be some of the some key challenges in serving the Pilot Community?
- F.06 What is your sense of BSLA? What have you heard from people in the Pilot Community regarding BSLA?

## Lessons Learned

We would like to conclude by asking you a series of overarching “lessons learned” questions.

- G.01 Overall, how would you describe the early implementation of BSLA?
- g. Has it been going well, or have there been some problems?
  - h. What factors have facilitated implementation?
  - i. What factors are inhibiting implementation?
- G.02 What would you say have been the greatest successes of BSLA, thus far?
- G.03 What would you say have been the key shortcomings of BSLA, thus far?
- G.04 What is your impression of the impact BSLA is having on children and families, at this early stage of implementation?
- G.05 What is your impression of the impact BSLA is having on the community?
- G.06 What is your impression of the impact BSLA is having on broader policies and systems for children and families, generally?
- G.07 Do you think the goals of the First 5 LA Commission are being met through the BSLA initiative?
- e. If so, what are the primary factors in the program’s success?
  - f. What are the key issues and problems that you would highlight?
- G.08 Do you feel like the services you are developing/implementing are the “right” ones for families and the community?
- a. If not, why not?
  - b. What is missing?
- G.09 Looking back, would you do anything differently? What?
- G.10 Looking forward, what would you like to see happen to improve Best Start LA services and outcomes for children/families in the Pilot Community?

**EVALUATION OF BEST START LA PILOT COMMUNITY  
HOME VISITING OBSERVATION PROTOCOL**

**Observer Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home Visitor Name:** \_\_\_\_\_

**Start Time:** \_\_\_\_\_ (Early?/Late?) **End Time:** \_\_\_\_\_ (Early?/Late?)

First Home Visit (by MCH Access)? Yes No

If not first visit, what number visit? \_\_\_\_\_

Were previous visits conducted by the same Home Visitor? Yes No

*Family Characteristics*

**Pregnant Mother/New Mother/Experienced Mother?**

**Age of Mother?** \_\_\_\_\_

**Language Spoken/Primary Language Spoken in Home?** \_\_\_\_\_

**Baby present?** Yes No N/A

**How Old is Baby?** \_\_\_\_\_

**Other Children/Family Members Present?** (Y/N; How many?) \_\_\_\_\_

*Space/Setting*

**Home Environment** (describe physical space and setting, including seating arrangements of participants, does it feel safe, clean, comfortable?):

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*Content of Visit*

**Home Visiting Approach:** Instruction? \_\_\_\_\_ Discussion? \_\_\_\_\_ Role Play? \_\_\_\_\_ Other \_\_\_\_\_

**Materials Used:** Video/Audio? \_\_\_\_\_ Slides? \_\_\_\_\_ Handouts? \_\_\_\_\_ Other \_\_\_\_\_

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**Time spent on:** Breastfeeding? \_\_\_\_\_ Mom's health? \_\_\_\_\_ Child health? \_\_\_\_\_  
Sleeping position? \_\_\_\_\_ Programs/Services in Community? \_\_\_\_\_ Other? \_\_\_\_\_

***Home Visitor/Parent Interactions***

**Comments on Home Visitor** (level of preparation, clarity, engagement of family, interaction with child (if present), etc.):

- Level of preparedness: Very? \_\_\_\_\_ Somewhat? \_\_\_\_\_ Not? \_\_\_\_\_
- Clarity of communication: Very? \_\_\_\_\_ Somewhat? \_\_\_\_\_ Not? \_\_\_\_\_
- Ability to engage family: Very? \_\_\_\_\_ Somewhat? \_\_\_\_\_ Not? \_\_\_\_\_
- Interaction with child: Often? \_\_\_\_\_ Occasionally? \_\_\_\_\_ Not? \_\_\_\_\_
- Were questions invited? Often? \_\_\_\_\_ Occasionally? \_\_\_\_\_ Not? \_\_\_\_\_
- Other comments:

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**Comments on Parent(s)** (seemed prepared/ready for visit, openness to instruction, level of engagement)

- Seemed ready for visit: Very? \_\_\_\_\_ Somewhat? \_\_\_\_\_ Not? \_\_\_\_\_
- Seemed open and engaged: Very? \_\_\_\_\_ Somewhat? \_\_\_\_\_ Not? \_\_\_\_\_
- Asked questions: Often? \_\_\_\_\_ Occasionally? \_\_\_\_\_ Never? \_\_\_\_\_
- What kinds of questions?

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- Other comments:

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**Overall "quality" of interaction:** High? \_\_\_\_\_ Medium? \_\_\_\_\_ Low? \_\_\_\_\_

**Did "quality" of interaction degrade over time?** Yes? \_\_\_\_\_ No? \_\_\_\_\_

**If yes, why?** (e.g., fatigue, distractions from baby/family members, too long, too much content)

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**Did "quality" of interaction improve over time?** Yes? \_\_\_\_\_ No? \_\_\_\_\_

**If yes, why?** (eg, took time to warm up; someone left the room; the baby fell asleep etc.)

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**Topics of Conversation:**

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**Interesting Verbatim Comments:**

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**Other Characteristics of Visit:**