Contents

Section One: Introduction and Positioning
Introduction 02
Positioning Statement 04

Section Two: Research, Current Conditions, and Services
Research 08
Current Conditions (Services) 10

Section Three: Outcomes and Indicators
Outcomes and Indicators 13

Section Four: Strategies
Strategies 16

Section Five: Evaluation
Evaluation 31

Section Six: Attachments
Attachment A: Background and Early Planning Process 33
Attachment B: Focus Groups and Need Assessment Summary 37
Attachment C: Project Advisory Team Members 41
Attachment D: Representatives for Community Coordination Team 42
Attachment E: Services Matrix 43
Section One
Introduction and Positioning
Introduction

Rarely does as diverse and participatory a community as Santa Monica arrive at consensus around a particular issue. Yet that is precisely what Santa Monica seems to have accomplished when the city government, school district, college, hospitals, business community, nonprofit organizations and others agreed to promote Santa Monica as a Lifelong Learning Community.

Beginning about four years ago, a grassroots effort was launched to unite the community around a commitment to lifelong learning. Parents, educators, health and mental health providers, and others came to learn about early brain development and related subjects. Community leaders and citizens have since engaged in rich discussion: how does a community best nurture families and their young children to be successful and enthusiastic learners, from cradle to grave?

Through an extensive community dialogue and planning process, the City of Santa Monica, Santa Monica-Malibu Unified School District (SMMUSD), Saint John’s Health Center, Santa Monica/UCLA Medical Center, Westside Family Health Center, Santa Monica College, the Chamber of Commerce, RAND, community based organizations and residents formalized and endorsed a vision for building a Lifelong Learning Community, one that provides learning opportunities for all its members. These community members decided to focus their efforts first on children from birth to age five to ensure that every child in Santa Monica, regardless of socio-economic and other variables, be born healthy, enjoy learning, and enter school ready and eager to succeed. (See Attachment A - Background and Early Planning Process)

Santa Monica has examined its resources, identified unmet needs, and researched the best practices and ideas from different models of integrated community systems including the Hampton, Virginia Healthy Families Partnership, North Carolina “Smart Start” Program, California Healthy Start, and other County Commission Proposition 10 initiatives.

The Santa Monica Early Childhood Initiative (ECI) incorporates the strengths of these models to ensure all children will have access to the services and resources they need in the early years to enable them to reach their full potential. The Santa Monica ECI is designed to set up an infrastructure and formalizes collective policy and decision making processes around the issues of children and their families ages 0-5. Through this infrastructure, participating policy makers and service providers’ community-wide will create a strategic plan for the Santa Monica community that identifies specific roles, responsibilities, budgets, and methodologies for implementation.
As such, the Santa Monica ECI will be a fluid plan that can be easily modified to meet the needs of children and their families as well as benefit the entire Santa Monica community.

Drafted on behalf of the Santa Monica Lifelong Learning Community Partnership, this plan presents the background of the Santa Monica Early Childhood Initiative, and describes relevant socio-economic characteristics of the community and existing services and service needs.

It is expected that the Santa Monica ECI Plan will continue to be revisited, reviewed, discussed, debated, and modified, if necessary, in order to effectively reflect the current needs of children and their families in the community.

In this context, the plan has been created to serve as a *blueprint* and *philosophical guideline* for implementing a fully coordinated and integrated system and approach to meeting the needs of children and their families in Santa Monica. It details how programs can be enhanced, developed and coordinated to form a **seamless system of care** for all children, ages 0-5, and their families. The plan also outlines proposed evaluation methods, and provides preliminary budget estimates for a phased in implementation.

It is our desire that Santa Monica become a model to other cities trying to develop a comprehensive Early Childhood Initiative.
Positioning Statement

*The vision for Santa Monica is to “Ensure that every child is born healthy, enjoys learning, and enters school ready and eager to succeed.”*

In tackling the challenge of creating a comprehensive and systemic plan for the community, it was imperative to first ask some simple and basic questions:

- What does a healthy, ready-to-learn child need?
- What does the community need to provide and what does the family need to provide in order for a child to meet this goal?
- What already exists in Santa Monica and what do we need to expand, modify and/or add to fulfill the vision for children, and reach every family?
- What must we do better or differently?

The Santa Monica ECI seeks to enhance children's' school readiness, and their physical and emotional health by supporting children and families in the first five years of life as well as to increase access to and quality childhood education at four levels.

**LEVEL 1 - The CHILD Level**

First, at the child level, the Santa Monica ECI will concentrate on five areas of child development including communication - gross motor skills, fine motor skills, problem solving and personal/social interaction - and focuses on two areas of early childhood education: participation in early childhood education programs and improving the pre-kindergarten to kindergarten transition.

**LEVEL 2 - The FAMILY Level**

At the family level, the Santa Monica ECI emphasizes increasing parent's knowledge of and involvement in their children's development and early childhood education.

**LEVEL 3 - The AGENCY/ORGANIZATION Level**

At the agency and organization level, the Santa Monica ECI will concentrate on enrolling families in the ECI to connect them to needed services and on coordinating child development and early childhood education services.

**LEVEL 4 - The COMMUNITY Level**

Finally, at the community level, the Santa Monica ECI will emphasize raising awareness about the importance of child development and early childhood education.
It is imperative to recognize that the interactions that occur in keeping children and their families healthy are complex. It is a fundamental belief for those who work with children and their families in Santa Monica is that change can and needs to occur at more than one level.

We then asked the question:

**What are the issues and challenges present in Santa Monica that impact the delivery of programs and services to children and their families, age birth to five years?**

- There is an absence of a **shared vision** among those who provide programs and services to children and their families.

- With the lack of vision comes an absence of a **shared strategy, shared protocols, shared information and a shared responsibility**, around better and more effective collaboration and integration of programs and services.

- There is an abundance of **data** that exists in the community with no formal way to capture and leverage that data into any useful and measurable outcomes.

- There is also an abundance of **general information** that exists in the community however; many citizens have difficulty finding and/or accessing that general information for their personal use.
There is no formal way to determine the **impact and effectiveness** of programs and services collectively in the community. It is difficult to determine if there is duplication of services, inefficiencies in delivery and/or services that are needed, but not currently being offered within the community.

It is evident that in order to ensure a sustained, long-term investment in the children and families of Santa Monica, a new focus needs to be created that is dedicated to implementing a comprehensive system of services for young children and their families. At root, this initiative needs to build an infrastructure to support community-based early childhood services and to use that infrastructure to improve services for all children prior to entry into kindergarten. This new system will level the playing field for all children, so that every child reaches the kindergarten door healthy, supported, and ready and eager to succeed. All children will have access to the services and resources they need in their early years to enable them to realize their full potential.

**Fundamental premises:**

- All children, including children with special needs and disabilities, are entitled to nurturing personal relationships, personal safety, and the developmentally appropriate experiences that will help them realize their full human potential.

- Parents and their children will benefit from improved access to information, quality early childhood programs and education, health insurance, and/or support services to help build healthy families and a foundation for school success.

- All families must have basic needs met, in terms of wages, affordable housing, food, transportation, and clothing.

- Communities share the responsibility to support and assist families in raising young children in safe, positive, and nurturing environments.
Section Two
Research, Current Conditions, and Services
Research
It is a crisis in America that not all children come to school adequately prepared to succeed. Recent evidence suggests that the key to preparing children and their families to be healthy and productive can be found at the very beginning of their lives.

Research tells us much about the early development of our children. In particular,

- Early experiences and relationships have a dramatic impact on a young child’s “brain-wiring” which is essential to allowing the brain to communicate and function in a coordinated way.
- From birth to age 5, children rapidly develop a full range of skills that serve as the foundation for later school success.
- Striking disparities in what children know and can do are evident well before they enter kindergarten.

However, brain development is only one variable to help children grow that will influence later school success.

Families and caregivers are also critical:
- Human relationships are the building blocks of healthy development and optimal brain development.
- Culture influences every aspect of human development and is reflected in child-rearing beliefs, expectations, and practices.
- Parents and other regular caregivers in children’s lives are critical influences during the early childhood period, and a child’s early development depends on the health and well being of their parents and caregivers.

And with respect to our community and policy-makers, community support is essential. Experience and research tells us:

- Creating a comprehensive early childhood system requires understanding the conditions that allow children to progress toward competent adulthood and reliance on a variety of institutions to work together. While some families may rely on their early childhood program for their primary support, other families may rely on their primary healthcare provider, a community mental health agency, a “mommy and me” class, or another family member.
• Collaboration works when organizations develop a common language, share responsibility and accountability, and share resources.

• Changing parental work patterns are transforming family life. Working parents whose earnings are inadequate to lift their families out of poverty, whose work entails long and nonstandard hours, are raising growing numbers of young children.

• Available early childhood programs and education is often fragmented and characterized by marked variation in quality. There is a positive relationship between high-quality care and improved skill development. High quality care is typically characterized by low child to staff ratios, well-trained and qualified teachers, low staff turnover, and developmentally appropriate curriculum—and is therefore more expensive.

• Good health means more than medical care. Good health also means the ability of a family to easily access essential health services including dental services, information about good nutrition or injury prevention.

• There are substantial short and long-term risks that accompany early attachment and other behavioral impairments. Identifying and addressing these issues early on is critical.

• Growing up in poverty greatly increases the probability that a child will be exposed to environments and experiences that impose significant burdens on his or her well being, thereby shifting the odds toward more adverse developmental outcomes.

**In Santa Monica...**

Santa Monica’s 87,000 residents compressed into 8.3 square miles, present rich and challenging diversity that is the face of Southern California. To really understand Santa Monica, it must be recognized that there are considerable discrepancies in income level, ethnicity, culture, and household membership.

Most of Santa Monica’s residents live in non-family households. * Of the 18,000 family households, approximately 17% are families with children under age 17, including approximately 4,500 under the age of 5 (Rand, March 2000).
Santa Monica household income ranges from a high of $88,681 to a low of $31,410 with 13% of all families living below the official poverty level. The variation in poverty rates by neighborhood is striking. While only 6.6% of the residents in northern Santa Monica (North of Montana Avenue) live in poverty, 22% of residents in the Pico neighborhood live in poverty. Most of Santa Monica’s poor residents are African American and Latino.

In Santa Monica, many children are clearly entering school not ready to succeed. While standardized measures and data demonstrating children's lack of readiness are not yet fully implemented across the board, kindergarten teachers observe that many children consistently exhibit poor interactions with other children and adults, poor language and motor skills, and chronic health problems. And, in the early school years, they struggle.

While the goal of the Santa Monica ECI is to level the playing field by eliminating barriers and enhancing supports for all Santa Monica young children and their families, some programs will target low-income families, particularly African American and Latino families in the Pico neighborhood with the greatest unmet needs.

*Non-family households are households of unrelated individuals of three types (1) a householder living alone or with nonrelatives only, (2) a household member who is not related to the householder, or (3) a person living in group quarters who is not an inmate of an institution.*

**Current Conditions and Services**
Santa Monica is home to many valuable early childhood services and networks that contribute to the well being of young children and their families. (See Attachment E - Services Matrix) These organizations which provide an array of programs such as information and referral services, early childhood programs and education, literacy, and specialized health and mental health care, are often unable to operate at full-capacity, are under-funded, and poorly coordinated. Often we hear that agencies are not aware of or have misconceptions about each other’s services. This has led to a fragmented early childhood community without a unified system of care.

In FY 2001-02, despite local efforts to expand childcare subsidies through the City of Santa Monica, Connections for Children reports over 175 children under the age of five on their wait list. Santa Monica-Malibu Unified School District, as the largest provider of subsidized care and education programs serving over 400 children in 16 state preschool classes and 3 child development programs had over 100 children on their wait list.
Santa Monica does not have a family resource center, although some organizations have characteristics of family resource centers, such as Connections for Children, the Infant and Family Support Program (IFSP), and Venice Family Clinic’s Burke Health Center.*

Nor is there one organization or program coordinating the activities. This results in program and system inefficiencies, and service gaps. It makes it hard for children and families to access services. It makes it hard for organizations to most effectively plan, monitor, and evaluate services. And, among other things, it makes it impossible to be sure that every child in Santa Monica has the health, emotional and social foundations to enter and succeed in kindergarten and elementary school.

Santa Monica’s community leaders and families believe that all children should enter school ready and eager to succeed. The community can and has articulated needs and strategies for realizing this vision. (See Attachment B- Focus Groups and Need Assessments Summary)

*Connection for Children provides childcare information and referral services, houses a library for family and service providers, and offers workshops and classes for parents and service providers. The IFSP, a program of SMMUSD funded by Saint John’s Health Center, currently enrolls families into the Healthy Families Insurance Program, provides limited family support, home visiting, parent education classes, and parent involvement programs. The Venice Family Clinic’s Burke Health Center will soon serve as a central location for multiple Santa Monica community organizations.
Section Three

Outcomes and Indicators
Outcomes and Indicators

The Santa Monica Lifelong Learning Community Partnership has created the following four global outcomes for Santa Monica regarding children and their families ages 0-5:

1. **Physically Healthy Families and their Children**

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<th>Level</th>
<th>Indicators</th>
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| Child  | - Increase in the percentage of children accessing regular and preventative health and dental care.  
       | - Increase in the percentage of families that participate in pre and post-natal care.           |
| Family | - Increase in the percentage of families that have uninterrupted health care insurance and benefits. |
| Community | - Increase in the percentage of healthcare providers who provide screening, detection, prevention, and treatment of physical health problems in infants and children.  
          | - Increase in public awareness of the importance of child nutrition with respect to learning.    |

2. **Close, Secure and Dependable Relationships**

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<th>Level</th>
<th>Indicators</th>
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| Child  | - Increase in the percentage of children who demonstrate effective social and interpersonal skills.  
       | - Increase in the percentage of children who demonstrate effective self-regulation of their behavior. |
| Family | - Increase in the percentage of parents who report feeling a sense of connectedness and attunement with their child.  
       | - Increase in the percentage of parents who report that they feel they have an accessible and effective support system that helps them become more competent as a parent. |
| Community | - Increase in the percentage of healthcare providers who provide screening, detection, prevention, and treatment of mental health problems in infants and children.  
            | - Increase in the availability of and integration of resources and programs that facilitate a child’s close relationship with parents and/or primary caregivers.  
            | - Increase in the percentage of caregivers who have received special training in the importance of their roles in fostering close, secure, and dependable relationships. |
3. **Children Ready For School**

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<td>o Increase in the percentage of children who exhibit age-appropriate peer interaction, self-help and motor skills, communication, and emerging literacy.</td>
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<td>o Increase in the percentage of children who have attended, and participate regularly in, an early childhood program before entering kindergarten.</td>
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<td>o Increase in the percentage of children whose parents participate in a pre-kindergarten readiness interview and assessment.</td>
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<td>o Increase in the percentage of families who participate in their child’s early childhood education.</td>
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<td>o Increase in the percentage of parents who report reading to their children on a daily basis.</td>
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<td>o Increase in the percentage of accredited early childhood programs, including family childcare, and Centers.</td>
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<td>o Increase in the frequency of shared standards, protocols, curricula, and assessments between families, the school district, early childhood programs, and other agencies providing services to young children.</td>
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4. **Secure Resources For Living**

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<table>
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<th>Family</th>
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<td>o Increase in the percentage of families reporting having knowledge of community benefits and resources that will impact their economic self-sufficiency.</td>
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<td>o Increase in the percentage of companies offering, and an increase in the percentage of companies reporting participation in flex time, quality childcare on site, or subsidizing care benefits for employees.</td>
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<td>o Increase in the number of government supported affordable housing units.</td>
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These outcomes and indicators are **long-term** in nature, and will serve as a beacon in creating short-term strategies, that can be implemented at the local level, and will begin to shift programs and services towards the desired outcomes.
Strategies

The Santa Monica Early Childhood Initiative focuses on improving the abilities of families, schools, libraries, parks, community agencies, and government programs to work together for student success. This will be accomplished by a comprehensive approach that includes coordination and integration of community-based health, education and social services for families, building the capacity of existing programs, and establishing a shared data management system to evaluate outcomes.

The Santa Monica ECI lays the foundation for a collectively designed and implemented, well-coordinated and integrated system of reaching, and delivering services to the full community. This plan provides tangible and genuine reasons for community leaders to take interest, invest their time and resources to see how their organization can restructure to meet the overall health and well being of young children and their families.

This integrated approach offers significant reasons for community service providers to work together:

- Ability to do a better job and to realize a greater gain for program participants;
- Ability to create stronger, more personal and effective relationships with other community service providers;
- Ability to create a “greater voice” in the funding community through strategic partnerships and/or other collaborative ventures;
- Ability to create and utilize a system of “shared standards”, protocols and approaches to serving children and families in the community;
- Opportunity to develop an effective, and continuous referral system for each agency through the Santa Monica Lifelong Learning Community Partnership;
- Simple and more formal way to measure impact in the Santa Monica area through a coordinated, community effort;
- Reduction in individual organizational expenses through a collaborative funding approach to such things as planning, research, training, and other development activities;
- Consistent and effective way to secure needed resources such as training and development for staff and technical assistance and support;
- Consistent and effective way to identify community needs and “gaps” in service, and in turn, determine how the agency can intervene in meeting those needs and “gaps”.
**Strategy #1: Define and Formalize Leadership Role for the Coordinating Agency**

Because the strategy for systems improvement calls for an organization or program to serve as the gateway to educational, health and social services in the community, the Santa Monica-Malibu Unified School District (SMMUSD) has agreed to take the lead in the coordination of the Santa Monica ECI. Given the District’s key role in educating the majority of Santa Monica’s children, and tracking their progress—from kindergarten through high school, the SMMUSD was a sensible and realistic choice.

The SMMUSD will serve as the coordinating agency and as a liaison to the Santa Monica Lifelong Learning Community Partnership. It will be responsible for managing the staff necessary to successfully coordinate the Santa Monica ECI, in conjunction with a newly created **Community Coordination Team**. Under the leadership of the District, the Community Coordination Team will:

- Build healthy and collaborative relationships among community service providers in the Santa Monica area;
- Develop and create a set of shared standards, protocols, curricula and assessments for use by the different community service providers in the area;
- Identify better ways to coordinate and integrate services for children and their families in the Santa Monica area;
- Determine how to measure and evaluate the effectiveness of the ECI and its impact on the children and families of Santa Monica;
- Identify any specific “gaps” in service that are occurring within the community and offer recommendations and solutions for improvement;
- Identify and pursue different collaborative and strategic funding opportunities for service providers.

The Community Coordination Team will organize itself into distinct areas such as health, emotional well being, school readiness (early care and education) and resources for economic well being— to gain as much diverse thinking and expertise as possible in the continued planning and implementation of the Santa Monica ECI.

The Santa Monica Lifelong Learning Community Partnership will agree upon and designate selected organization representatives to serve on the Community Coordination Team. (Attachment D - Representatives for the Community Coordination Team) The Santa Monica Lifelong Learning
Community Partnership will provide guidance to the Community Coordination Team and will sustain the Santa Monica ECI vision.

**IMMEDIATE GOALS & TIMELINE**

The immediate goals (1-2 years) for the implementation of this strategy include:

- Secure resources for initial funding of Santa Monica ECI coordination;
- Begin to operationalize the Santa Monica ECI by creating a detailed Statement Of Work over the next 1-5 years;
- Establish specific Memorandums Of Understanding with key collaborative partners in the initiative;
- Identify and implement the Community Coordination Team. Review and assess procedures and protocols for ongoing coordination success. Assess prior year obstacles to effective community coordination and create improved strategies for effective coordination and integration of services;
- Continue the Community Investors Group. Identify additional Investors and Santa Monica ECI Partners.

**Strategy #2: Operations Systems Improvements**

The SMMUSD* Infant and Family Support Program will assume a new focus on linking families to community resources and implementing systems improvements community-wide. The Infant and Family Support Program (IFSP) will coordinate a centralized enrollment process, information and referral service, outreach and public information service, and a coordinated data system for all Santa Monica ECI activities, which will feed into the SMMUSD grade-level data.

**Coordinated Enrollment**

Families may enroll at partnering service organizations or directly to IFSP. Family Resource Specialists will verify and process all enrollment information, and will call all families to welcome them to the Santa Monica ECI.
Through a coordinated enrollment process, IFSP Intake and Family Resource Specialists will begin the process of cultivating strong and interactive relationships with families, and collecting relevant data for continuity, program planning, and outcome measurement. Staff from partner organizations will be invited to participate in shared trainings and protocol for enrolling families so that access will be available throughout the community.

**Information and Referral**

Trained Family Resource Specialists will provide expanded information and referral services to help families make informed choices about community resources and applicable benefits. This service will link to appropriate community-based organizations including Connection for Children’s existing resource and referral service for child-care and Venice Family Clinic's Clinic Coordinator, who provides health information and resource referral to clients.

**Pre-Kindergarten to Kindergarten Coordination**

SMMUSD will expand their Pre-Kindergarten to Kindergarten Transition Workgroup. The workgroup will ensure continuity between public and private early care and education programs and elementary grades through establishing guidelines for communicating kindergarten standards, cross-training of early childhood professionals, and kindergarten teachers, and coordinating outreach to parents of children prior to kindergarten.

**Outreach, Public Information and Education**

In collaboration with partner agencies, IFSP will distribute a comprehensive information packet about Santa Monica ECI, describing its mission, programs, procedures, and key contact information. IFSP will also develop and disseminate Parent/Caregiver educational materials and an up-to-date community resource guide.

Santa Monica ECI public information materials will also include relevant materials from the California Commission for Children and Families, including the *Kit for New Parents*. Materials will be developed initially in both Spanish and English, and in later years, may also be developed in other languages.
Coordinated Data System

With technical assistance from RAND, a preliminary data system will be designed to capture baseline information about participating families and track inquiries, enrollments, referrals, services provided, and consumer feedback. It is anticipated that a more comprehensive data system will need to be developed within several years so that outcomes and indicators may be effectively measured, analyzed, and reported. While institutions will necessarily maintain different types of data about individuals or families served (i.e., the SMMUSD tracks school performance; hospitals track patient health status), planning for the system will look for ways to most effectively share and use information collected by various service providers. Confidentiality rights will be taken into consideration.

IFSP will implement enrollment procedures, coordinated information and referral services, and an outreach and public information campaign during year one. The completion of centralized enrollment procedures and a community resource guide may take up to two years. Developing a coordinated data system will take between two and five years, depending on its complexity and functionality.

IMMEDIATE GOALS & TIMELINE

The immediate goals (1-2 years) for the implementation of this strategy include:

- Create positions, recruit, and hire personnel to implement the ECI initiative, including Contract Services;
- Establish the new Santa Monica ECI office and secure funding for sustainability;
- Create systems and processes for the Santa Monica ECI including:
  - Database
  - Website
  - Culturally and linguistically sensitive marketing and resource materials
- Create a data collection program to track enrollment and receipt of services;
- Evaluate and review current standard operating procedures and protocols;
- Create shared standard protocols within the ECI and with collaborative partners.
- Begin to disseminate general information, including the Kit for New Parents from California Commission for Children, and locally developed materials.
Strategy #3: Program Development Expansion and Planning Activities

Welcome Baby Visits

IFSP will offer Welcome Baby Visits for all parents with newborn babies at Saint John’s Hospital and Health Center, Santa Monica-UCLA Medical Center, as well as various clinics and Santa Monica families in the community. This service will serve as one point of entry to Santa Monica ECI. Parents may voluntarily sign up for the program prior to delivering or after delivering their baby at both hospitals.

A Family Resource Specialist will call to set up an appointment to visit the family in their home, and provide infant development tips as well as information about community programs, networks, and provider systems within the community, which the family might request.

Families with ongoing and more intensive needs may be referred to existing community-based organizations. In subsequent years, this strategy will be broadened to target newborns born at private homes and other hospitals serving Santa Monica families.

Outreach and Insurance Enrollment Assistance for Low Income-Children

A full-time Venice Family Clinic enrollment worker will collaborate with SMMUSD to expand outreach and enrollment assistance to 120 families per year. The enrollment worker will be responsible for enrolling pregnant women and children, for doing outreach, case management, and organize an annual enrollment event in Santa Monica.

Outreach will be conducted through community events, school events, and community organizations. A special outreach campaign will be developed in collaboration with the Chamber of Commerce. Information and enrollment campaigns for Healthy Families and MediCal will be provided through partner agencies and central community locations.

Health and Dental Care Needs Assessment

The IFSP, in collaboration with the Westside Family Health Center, Saint John’s Health Center, Santa Monica UCLA Hospital, Westside Women’s Health Clinic, and Venice Family Clinic will conduct a Needs Assessment to: 1) assess the availability of pre-natal care to mothers; 2) assess health care needs of children prior to entering kindergarten; 3) determine the number of pediatricians who currently complete developmental screenings and information about those screenings; 4) determine the number of pediatricians and dentists in Santa Monica who currently accept MediCal or provide low cost/free services;
5) assess oral health deficiencies in children under five; 6) assess untreated tooth decay and health needs of their mothers.

Once the needs assessment is completed, the Santa Monica ECI will consider program development options. By year five, the Santa Monica ECI’s goal is to systematically link local pediatricians and dentists with local community organizations (e.g., through agreed upon screening and referral procedures, etc.).

**Professional Development Institute for Early Childhood Care and Education Providers**

A Santa Monica Lifelong Learning Community Partnership participating agency will conduct a planning and design project to determine the professional development needs of care providers and teachers, and make recommendations related to the design and costs of a Professional Development Institute. Service providers and parents will be surveyed. This project could be directed or in partnership with Santa Monica College, Connections for Children, or another LLLCP participating agency.

**Ages and Stages Questionnaires (ASQ)**

The ASQ is a standardized and scientifically validated child monitoring system developed by the University of Oregon. Early care and education program staff, including family child-care homes, will be trained to work with parents to complete ASQ’s. In connection with the new centralized enrollment procedures, IFSP will develop a system to mail the ASQ’s to homes or through the child’s program at regular intervals to assist families in recognizing and monitoring the healthy development of their child and in the early identification of any possible disabilities and special needs.

**Santa Monica Accreditation Support Program**

Connections for Children will expand their currently funded Proposition 10 Accreditation Support Program to target Family Child Care providers undertake and complete the National Association of Family Child Care (NAFCC) Accreditation process.

This expansion will increase the quality choices for families participating in the Santa Monica Child Care and Family Support program.
Connections for Children will coordinate monthly support group meetings, workshops, staff development stipends, quality improvement grants, and on-site technical assistance to become accredited. Connections For Children will add Spanish support group meetings and workshops as needed.

**Early Care and Education Site Based Prevention and Early Intervention Program**

A Santa Monica Lifelong Learning Community Partnership participating agency will develop a prevention and early intervention program for early care and education providers and parents. This program will provide site-based consultation to early-care and education centers, including family child care homes.

Agency staff will work with center directors and teachers to help them understand, assist, and make appropriate referrals for young children who may require special attention to help them remain in programs in which they are already enrolled.

These include children who 1) are excessively shy/withdrawn or aggressive with poor impulse control; 2) appear to be very anxious or depressed; 3) have poor peer-adult relationships; 4) may suffer from conditions such as family violence, drug and alcohol issues, abuse and neglect; 5) have endured a recent loss or is undergoing a major change such as divorce or death of a parent. Parent support, including counseling, education, and support groups will also be provided. Family Services of Santa Monica or another Santa Monica Lifelong Learning Community Partnership participating agency could perform this strategy.

**Head-Start Expansion**

In 2001, The SMMUSD will forge a new partnership with Head Start and their current state preschool and general child development program. This new partnership benefits the community by offering full day, full-year early care and education for children in Head Start and for some children currently enrolled in State Preschool. It also expands the economic diversity of children enrolled in child development programs and Head Start. In addition, Head Start will strengthen the District's child development program by offering a range of Head Start services and resources such as mental health, new parent involvement activities, and staff development opportunities.
Pre-Kindergarten to Kindergarten Readiness Assessments and Activities

Through the Early Childhood Initiative, the preschool psychosocial family interviews now occurring at SMMUSD's four Title I elementary schools will be expanded to include pre-kindergartners attending all Santa Monica elementary schools. Pre-kindergarten to kindergarten materials and activities will also be developed to provide parents with the necessary information that their children will need prior to their arrival at kindergarten. This project will be coordinated with El Nido, Family Services of Santa Monica and the Santa Monica Malibu School District.

RAND Civic Center

Community planning will begin for a new early childhood facility that will include infant/toddler services. This is an estimated seven-year project with an initial cost between $2.9 and $4 million dollars. Estimated completion is set for 2007. (The costs for the RAND Civic Center are not included in the estimated budget for years 1-5 listed below.)

Birth to Five Assessment and Intervention Program

A Santa Monica Lifelong Learning Community Partnership participating agency will provide comprehensive multidisciplinary developmental and mental health assessments and intervention for infants, toddlers and preschoolers who are potentially at-risk for serious mental health and developmental problems, and their families. The purpose will be to identify and provide appropriate supports to uniquely facilitate the development of the child and family with the expectation that this will remove major obstacles to later school success.

Evaluations will look at cognitive, language, motor, sensory patterns, and social and emotional competencies of both the child and the family.

Parents will be recognized as active partners in the assessment and treatment process, which will be conducted in a therapeutic setting by a multi-disciplinary team of early childhood experts, including psychologists, clinical social workers, psychiatrists, pediatricians, physical/occupational therapists, and speech/language therapists.

Saint John’s Child and Family Development Program or another Santa Monica Lifelong Learning Community Partnership participating agency could direct this project.
Assessment and Expanded Marketing of Parent Support and Parent/Caregiver Education Community Programs

Parent support groups are designed to utilize available psychological and material resources to help families or individuals. For example, a parent support group may focus on particular stressors related to parenting.

Parent education programs, generally are viewed as a subset of parent support, and designed to help parents and other caregivers obtain information on specific child-rearing skills to enhance parent-child interaction, such as appropriate and recommended discipline practices or more general topics in child growth and development. One example for expansion of a Parent/Caregiver Education program is NuParent currently being held in several Santa Monica locations.

A Santa Monica Lifelong Learning Community Partnership participating agency will oversee a needs assessment to compare the various parent support and parent education programs, including curriculum, goals and objectives, their linguistic and cultural responsiveness. The needs assessment will also determine how existing community parent support and parent education programs function in the community including coordination among community providers. The assessment will consider costs, subject matter, schedules, and qualification of facilitators or teachers, attendance rates.

A Santa Monica Lifelong Learning Community Partnership participating agency will develop and maintain a telephone and Internet directory of parenting support and parenting education programs in the community including a plan to increase the marketing of these programs through their outreach efforts. Connections for Children could expand their website to direct this project. Another possibility to direct this project is the Infant and Family Support Program.

Expansion of Home Visiting Programs

Home visiting is a strategy for delivering parent education and parent support services to families. The health care staff insures that health care appointments are kept and that health recommendations are followed. The home visitor discusses health issues and facilitates the use of the health care system.
Under the guidance of the home visitor, who has helped define the family's needs, community based advocates further insure comprehensiveness by access to community resources such as daycare, job opportunities, legal aid, WIC, and preschool providers.

The IFSP will expand staff for their home visiting component to families with young children. Prior to expansion, the IFSP will evaluate current home visiting practices to determine their goals and objectives related to home visiting, and what home visiting is expected to accomplish. Written guidelines will be established to help the IFSP specify their goals and to determine when to collaborate with other community resources to support young children and their families.

**Parent Involvement Programs Needs Assessment**

Parent involvement programs are designed to provide parent/caregiver and child activities such as those offered at the park through the City Of Santa Monica Community Classes or at the Library. They could be viewed as a strategy for delivering parent education and parent support services to families.

A Santa Monica Lifelong Learning Community Partnership participating agency will oversee a needs assessment to compare the various models, and determine how existing parent involvement programs function within the community. The assessment will consider costs, subject matter, schedules, staff qualifications, attendance rates, and potential barriers to attendance. This project could be combined with the above needs assessment project.

**Expansion of Family Resource Centers**

Families and community members will participate together in a design process to identify the services for a Family Resource Center such as Virginia Avenue Park and/or other Centers. The Family Resource Center will integrate family support principles in early childhood development and school readiness programs. Essential to the planning effort over the next five years will be how the Family Resource Center will link to all the above strategies for improved transition to kindergarten, professional development of early childhood teachers, parent education, and parent -support and parent involvement programs.
IMMEDIATE GOALS & TIMELINE

Welcome Baby Visits will be initiated and serve approximately 80 newborns (an estimated 10% of live births) in year one. By year five, up to 400 newborns (or 50% of live births) will receive Welcome Baby Visits. Expanded outreach and enrollment campaigns will be implemented in year one.

The Needs Assessment will begin in year one and complete in year two.

The immediate goals (1-2 years) for the implementation of this strategy include:

- Review current hospital and clinic protocols to enhance coordination mechanisms for Family Resource Specialists to disseminate and conduct Welcome Baby Visits in coordination with hospital personnel;
- Schedule cross-training of Family Resource Specialists and hospital personnel conducting Welcome Baby Visits;
- Implement Welcome Baby Visits to provide families with information about the Santa Monica ECI and to begin to develop a personal relationship with a Family Resource Specialist;
- Enroll families in the Santa Monica ECI in order to receive ongoing educational materials and family support;
- Increase access to information for families about child development and community early childhood programs, health information, community events, library services, and park programs;
- Establish relationships with additional hospitals to include Welcome Baby Visits;
- Expand outreach for participating families in the Healthy Families/Medi-Cal program;
- Continue outreach (and expand) for health and dental care needs within the Santa Monica ECI.
- Implement Ages and Stages Questionnaires. Desired Results Profile in community child development programs;
- Implement Concepts About Print assessment in all SMMUSD - Santa Monica elementary schools;
- Expand pre-kindergarten assessment to all SMMUSD elementary schools;
- Create a mechanism for hosting and facilitating leadership training and professional development for care providers and teachers;
- Recruit and hire a Project Leader to fully plan the Professional Development Institute program;
Expand the *Accreditation Support Program* to target Family Child Care providers;

Begin to develop a prevention and early intervention program for early care and education providers and parents.

Secure funding and implement a comprehensive multidisciplinary developmental and mental health assessment program for infants, toddlers and preschoolers who are potentially at-risk for serious mental health and developmental problems, and their families;

Create and implement a needs assessment to compare the various parent support and parent education programs, including curriculum, goals and objectives, and linguistic and cultural responsiveness;

Continue to provide and expand relationship-based home visiting services to families with the greatest need, and those where previous research has shown that early family intervention effects a significant and meaningful change;

Design and implement a needs assessment to compare the various models, and determine how existing parent involvement programs function within the community;

Begin to identify the services for a potential Family Resource Center in Santa Monica.

**Strategy #4: Advocacy for Secure Resources For Living, Policy Change, and Leadership Development**

The Community Coordination Team will collectively assume a leadership role in advocating for government and business to do their fair share towards securing Santa Monica families with adequate resources for living. Towards this end, the Community Coordination team will develop and implement a lobbying and educational campaign targeting the city, state, and federal government, as well as local businesses, service providers, and religious organizations to:

- Increase the number of affordable housing units in Santa Monica;
- Provide job training and employment services;
- Create job opportunities;
- Provide adequate wages and benefits to employees;
- Increase public awareness of existing benefits, resources and services in the community.
Efforts will also focus on advocacy for more integrated policies, greater resources for young children citywide, and support for a statewide agenda to improve child health and development.

At the neighborhood level, these goals will be achieved by building stronger partnerships with providers, parents, and other community leaders. On the city and state levels, partnerships will be created to develop a process for building and sustaining interdisciplinary teams that work together to plan and advocate on behalf of improved services for families with young children.

**IMMEDIATE GOALS & TIMELINE**

The immediate goals (1-2 years) for the implementation of this strategy include:

- Develop a model system for comprehensive, community-based support at the neighborhood level for families with young children;
- Increase parent leadership in planning, action, training, and advocacy across the city by providing comprehensive leadership training;
- The Community Coordination Team will work with existing advocacy groups such as the Santa Monica Child Care Task Force and Westside Health Coalition to get support for improved city, state, and federal policies for young children and their families.

**Funding Implications**

In recapping the four strategies for the Santa Monica ECI, implementation over a five-year period would require approximately 3.2 million annually in new funding.
Section Five
Evaluation
Evaluation
RAND, a private, nonprofit corporation that helps improve policy-making through research and analysis, will conduct the project evaluation. The proposed research will be conducted by RAND’s Labor and Population Program and Child Policy Project, which conducts a range of research on U.S. Labor and demography, welfare policy, aging, and social issues in developing countries. RAND’s research includes children from prenatal to 18, addressing issues such as child health, education, childcare, substance abuse, juvenile justice and much more.

The development and implementation of an effective data base system and information sharing among service providers, process and program evaluations will also be developed with assistance from RAND. This process will include developing a shared system to capture baseline information about participating families and track requests for information, enrollment, referrals, and consumer feedback, while respecting legal and ethical rights to confidentiality. The database will serve as the basis for long-term project evaluation by correlation with indicators to school success at future intervals, such as kindergarten entry.

Evaluations will assess the effectiveness of individual programs and the system as a whole, through developing relevant base line data and reports on services provided, outcomes for individual families and/or demographic and user groups, and aggregate measures of child and family well-being. Qualitative evaluation methods will include focus groups and interviews with program staff and participants. Annual reports will document outcomes and the extent to which the new system of early childhood and early prevention services is improving outcomes for young children and their families in Santa Monica.

**IMMEDIATE GOALS & TIMELINE**
The immediate goals (1-2 years) for the implementation of this strategy include:
- Create indicators for each outcome based on the specific Santa Monica ECI activities;
- Collect data on these indicators and then analyze the data. Analyses will be both ongoing, to provide feedback about interim progress, baseline information, and conclusive to describe lessons learned;
- Report evaluation findings to the Santa Monica ECI staff and the public at large.
Section Six

Attachments
Attachment A: Background and Early Planning Process

In 1998, a broad based coalition of Santa Monica residents; organizations and business leaders established the Santa Monica Lifelong Learning Community Partnership (SMLLCP) to strengthen learning opportunities for all residents no matter their age and stage of life. Santa Monica is known for the impact that citizen activism has on the decision-making process at all levels. Because Santa Monica Lifelong Learning Community Partnership was shaped by several years of intensive community planning efforts (e.g., formal community dialogues, focus groups, community-wide conferences, surveys, etc.), it truly reflects broad-based support from government, business, agency staff, schools, and existing community networks, all of which have a history of honoring the essential role of grassroots participation in determining needs and solutions.

Just at the time that the Santa Monica Lifelong Learning Community Partnership was taking shape, Proposition 10, the California Children and Families Initiative was passed. The perfect alignment between the LLLCP and Prop 10 was immediately apparent. In order to further its own goals and, eventually, to participate in the Proposition 10 application and funding process, it was clear the LLLCP would need to dig deeply to evaluate the community’s assets, identify the community’s particular needs, and determine how those needs could be addressed.

In March 1999, the Santa Monica Lifelong Learning Community Partnership hosted a community conference on brain development. Over 250 residents heard Dr. Daniel Siegel, speak about how a community together can influence the early years of a child’s development. In October 1999, the creators of Hampton, Virginia’s Healthy Families Partnership shared their community collaboration model with over 150 members of the Santa Monica community.
The Hampton conference provided Santa Monica an excellent starting point to begin creating a collaborative community model. Both conferences offered participants’ opportunities to give first hand information on needed community services and furthered the concept of Lifelong Learning.

Immediately following the Hampton conference, members of the Santa Monica Lifelong Learning Community Partnership organized a Santa Monica Community Investors Group to focus on what our city’s key institutions can do together to meet the needs of its young children and families. The Santa Monica Community Investors Group is an impressive alliance of Santa Monica’s primary institutional leaders who have come together in service to ensure that every child is born healthy, enjoys learning, and enters school ready and eager to succeed.

Principal investors include the City of Santa Monica, Saint John’s Health Center, Santa Monica/UCLA Medical Center, Santa Monica College, RAND, Santa Monica-Malibu Unified School District, Santa Monica Chamber of Commerce, Westside Women’s Health Center, Connections for Children, Venice Family Clinic, and the Los Angeles County Department of Health Services West Service Planning Area.

The role of the Santa Monica Lifelong Learning Community Investors Group is:

- To contribute resources to the work of the ECI;
- To represent their respective institution and resources in the Partnership;
- To keep the issues of children and their families age 0-5 “on the table” and before every aspect of leadership in the community;
- To provide a venue for community leadership to strengthen relationships, share information and opinions, and to accomplish greater good for the constituents of the community at large;
- To consider issues and strategies internally, collectively and cooperatively;
- To provide the vision and strategic direction for the Partnership;
- To champion the effort of the Santa Monica Lifelong Learning Community Partnership and provide leadership and energy to its efforts;
- To create, refine, implement and measure the effectiveness of the community-wide outcomes for Santa Monica;
- To set, evaluate and monitor the long-term strategic direction of the Santa Monica Lifelong Learning Community Partnership;

During the creation of the Santa Monica Lifelong Learning Community Partnership, the Santa Monica Child Care Task Force, an established network of early care and education providers and interested community leaders, also began planning for future Proposition 10 funds. In the summer and fall of 1999, the Task Force hosted a series of meetings to review existing community needs, gaps, resources, and priorities in preparation for developing a model to support families with young children.
In addition, in 1999-2000, the City of Santa Monica, in collaboration with RAND, conducted an intensive; interactive needs assessment and planning process. Known as Community Voices, it involved over 1,500 residents, community leaders, and service providers in identifying and discussing the salient issues and human service needs of the Santa Monica community.

During the yearlong project, the City surveyed residents, service providers, and conducted various meetings and focus groups with community groups. Original data were collected through a demographic analysis by the RAND and through four surveys. Through these efforts, community members – including parents, parent groups, and organization representatives – prioritized issues facing Santa Monica including the need to increase public awareness of programs and services, expand prevention approaches (e.g., outreach and home visiting to new families, parenting classes and support), and improve coordination and communication (e.g., increased collaboration among service providers in the areas of planning, service delivery, fundraising, and information exchange).

Another effort in Santa Monica shaping the Santa Monica ECI has been the SMMUSD Preschool to Kindergarten Articulation Project. Initiated in 1998, this project has been working on how to improve the personal relationship between the district preschool and kindergarten teachers, and developing some results-based evaluation measures to determine children’s readiness for kindergarten. A Pre-Kindergarten Skills Checklist designed to assess children twice yearly during their pre-kindergarten year is now used as the starting point to promote communication between the district preschool and kindergarten teachers about children’s progress.

Throughout all of these efforts, community members identified the need to expand prevention approaches to assist families with young children and improve access to services for these families. This year and last, the Santa Monica City Council has responded to the community’s calls. The City Council identified “education” as a key budget priority, increasing support for child care subsidies, sustaining an infant—preschool program, improving infant-care quality, ensuring staff time, and funding to further advance this ECI.

In October of 2000, the Santa Monica Lifelong Learning Community Partnership created an ad-hoc committee called the Project Advisory Team (PAT), which is comprised of community service providers and community leaders representing a specific area of expertise (See Attachment D for PAT membership). From the beginning, members of the Project Advisory Team wrestled with the scope of this community initiative, how much structure would be needed to coordinate existing programs, and who should provide oversight.

Using the research of Mark Friedman and his Results-Based Accountability approach to community planning as a benchmark, the Project Advisory Team, on behalf of the Santa Monica Community Investors, established a set of comprehensive outcomes and indicators for the community.
These outcomes and indicators, as listed in this plan, are global in nature, and take into account the community as a whole, focusing specifically on children and their families ages 0-5.

In moving toward the next step of design and implementation, the Project Advisory Team agreed that the goal for the Santa Monica ECI is to use as much of the existing infrastructure as possible, recognizing that local organizations may need to expand, redesign, or design new programs. Once the infrastructure for the Santa Monica ECI is developed, programs will have the capacity to meet the health; education; family support and early care and education needs of all young children, families and providers of care.

The following graphic is an historical timeline of the early planning process and evolution of the Santa Monica Lifelong Learning Community Partnership and the Santa Monica ECI.
Attachment B: Focus Groups and Need Assessment Summary

The Santa Monica ECI partners have conducted a number of focus groups, studies, and surveys with service providers, policy makers, and parents. These efforts elicited information from participants about their perceptions of the needs of young children and their families. The list below highlights some of the dominant priorities and findings identified.

**City of Santa Monica, Community Voices: A Community Profile and Planning Project (March 2000)**
- Establish and expand early childhood and family support programs that focus on the healthy development of children from prenatal to five years of age, and on their parents/caregivers
- Create Family Resource Centers on school campuses, in parks, or in other community settings
- Expand programs addressing teen pregnancy
- Increase public awareness of programs and services
- Increase access to services
- Expand prevention approaches
- Improve service quality and consistency
- Improve coordination and communication
- Develop community capacities

**Lifelong Learning Community Conferences (March, 1999 and October, 1999)**
- Use small neighborhood centers for education, networking
- Emphasize early reading and story telling to children
- Provide cross-cultural experiential learning
- Provide empathy training for teachers and caregivers
- Connect with infancy/pre-school through life long learning education starting with infancy
- Improve nutrition and nutritional education for children
- Provide intergenerational tutoring
- Identify at-risk children at a very young age
- Expand training/education for parents
- Identify existing resources for young children and their families
- Provide information packets at hospitals to parents/infants upon birth
- Extend infant family project to all schools (“Healthy Start” for all)
- Improve outreach to link with parents who are not involved/connected to community
- Inform parents about classes/services to improve parenting skills
- Place more value on the importance of childcare
- Allocate additional funds to support prevention programs
- Improve community collaborations
- Develop home visiting program for newborns city-wide
- Consider non-verbal, experiential ways of learning and teaching
- Enhance use/access to library programs and services
- Increase business and government support of preschool and early childhood programs
- Investigate the philosophy and practices of Reggio Emilio
- Meet the need and demand for early childhood programs

**Childcare in Santa Monica (September, 2000)**

- Need to expand the supply of infant care to meet demand
- Child care centers report they face space and staffing barriers to expansion
- Subsidies are not always sufficient to cover full time child care fees as they can consume between 23% and 28% of a family’s budget
- Family child care homes report that they do not receive enough referrals to justify serving more children
- Barriers to including children with special needs and disabilities in programs are difficulties hiring and training staff, concerns about liability
- Need further analysis to determine: needs of nonresident parents who work in Santa Monica, characteristics of those waiting for child care, need for and supply of care for children with special needs and disabilities, and barriers to accessing and providing early care and education
Santa Monica Child Care Task Force Proposition 10 Planning (July - September 2000)

- Improve teacher retention in early care and education programs
- Increase parent education classes and attendance of parents
- Increase the number of accredited centers and family child care homes
- Increase use of parks for early childhood activities
- Increase number of programs that will include children with special needs
- Reduction of wait lists for families in need of subsidy
- Improve teacher compensation
- Increase opportunities for professional development
- Increase in number of employers who will provide child care as a benefit
Santa Monica Childcare Master Plan (1991)

While much of the work outlined in the Master Plan has been accomplished, policy makers and service providers continue to advocate for and promote the priority strategies that remain relevant today.

- Continue and expand collaborative child-care planning and advocacy efforts
- Create a nucleus of private sector supports and advocates
- Increase the quality of child-care programs
- Increases the affordability of child-care programs
- Increase the supply of qualified child care professionals
- Maintain and expand the supply of quality, affordable infant care
- Protect current sites and identify new locations for child-care facilities; create “safe harbors”
- Provide additional resources to help families with special needs
- Coordinate existing and create new resources for parent education and outreach to support working families
- Create supportive land use and housing policies and permit procedures
Attachment C: Project Advisory Team Members

In October of 2000, the Santa Monica Lifelong Learning Community Partnership created an ad-hoc committee called the Project Advisory Team (PAT), which is comprised of community service providers and community leaders representing a specific area of expertise. This is the roster for the Project Advisory Team as of this printing.

<table>
<thead>
<tr>
<th>Name</th>
<th>Representation</th>
</tr>
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<tbody>
<tr>
<td>Marilyn McGrath</td>
<td>SMMUSD – Family Support</td>
</tr>
<tr>
<td>Giselle Graves</td>
<td>SMMUSD – Family Support</td>
</tr>
<tr>
<td>Kathy McTaggart</td>
<td>SMMUSD – School Age</td>
</tr>
<tr>
<td>Betsy Hiteshew</td>
<td>Cal. Association for the Education of Young Children – Early Childhood</td>
</tr>
<tr>
<td>Judy Brunk</td>
<td>Hill &amp; Dale Family Learning Center – Early Childhood</td>
</tr>
<tr>
<td>Allison Pinto</td>
<td>Saint John’s – Child and Family Development</td>
</tr>
<tr>
<td>Louise West</td>
<td>Saint John’s - Healthcare</td>
</tr>
<tr>
<td>Jill Cannon</td>
<td>RAND - Evaluation</td>
</tr>
<tr>
<td>Tessa Kaganoff</td>
<td>RAND - Evaluation</td>
</tr>
<tr>
<td>Nancy Tallerino</td>
<td>Family Services of Santa Monica – Community Linkages</td>
</tr>
<tr>
<td>Ana Friendly</td>
<td>Venice Family Clinic – Integrated Services</td>
</tr>
<tr>
<td>Julie Taren</td>
<td>City of Santa Monica – Human Services Division</td>
</tr>
<tr>
<td>Julie Rusk</td>
<td>City of Santa Monica – Human Services Division</td>
</tr>
<tr>
<td>Lupita Tannatt</td>
<td>Santa Monica College</td>
</tr>
<tr>
<td>Lynn Sullivan</td>
<td>Santa Monica/UCLA Medical Center – The BirthPlace</td>
</tr>
<tr>
<td>Kathy Van Tassell</td>
<td>Van Tassell Consulting, Inc. – Independent Consultant</td>
</tr>
</tbody>
</table>
Attachment D: Representatives For Community Coordination Team

Members of the Community Coordination Team shall include, but not be limited to the following individuals:

- Healthcare Providers including Public Health
- Early Childhood Professionals
- Research, Evaluation and Measurement Experts
- Mental Health Professionals
- Public Education Representatives (School District, Community College)
- Government
- Business
- Community-Based Organizations
- Parents
- Community Representatives
- Networks – Child Care Task Force/Westside Health Coalition
Attachment E: Services Matrix

A matrix of community programs and their related services, as well as a comprehensive list of licensed Early Childhood Programs can be found on the following pages.