STRENGTHENING HOME VISITING in Los Angeles County

A PLAN TO IMPROVE CHILD, FAMILY, AND COMMUNITY WELL-BEING

Los Angeles County Department
of Public Health & Health Agency

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Dedication

This report is dedicated to all the mothers and fathers of Los Angeles County, with gratitude for the love and resilience they share with our children each day.

Executive Summary: Plan Purpose, Context, and Overview

This plan represents a collective promise to do better by Los Angeles County's next generation.

We know the health and well-being of Los Angeles County's future community members are deeply influenced by their experiences as children. While growth and development occur throughout childhood, the prenatal and early years are a critical period for early childhood intervention. The strategies laid out within this document embody more than just "next steps." They embody a commitment by the County of Los Angeles, the County's Department of Public Health, First 5 LA, and their community partners to provide the timely, powerful supports needed for our families and communities to thrive.

An optimal system of family supports would strategically layer an array of effective evidence-based, innovative, and community-responsive resources that assists in achieving strong outcomes for all families. In addition to offering high-quality interventions, this full suite of supports would be offered in a coordinated manner that would facilitate access for families to the full set of community resources each family may need. This plan focuses on the unique role of home visiting[1] within this system of care.

Home-based parenting support, termed "home visiting," has received local, state, and national attention as an effective prevention strategy. It has been proven through research to be a valuable intervention for helping families to be strong, healthy, nurturing, and successful.[2] It has even been lauded as "transformative" in local parent focus groups.[3] In general, home visiting improves family outcomes directly through coaching parents on topics such as parent-child relationships, maternal health, and child development. It also can play a key role as a connector within the broader human service delivery system, facilitating the efficient utilization of a full range of human services and basic community supports. When implemented with quality and fidelity, home visiting is a resource that helps families connect with health-promoting resources, nurtures relationships, promotes safety, and supports socioeconomic stability. In addition, it contributes to the health of the broader social support system by bridging clients to other needed services, identifying service gaps, and advocating for critical supports.

> "[The staff] always has great advice and resources! I like the visits and the activities we do according to my child's age and development. Even though I'm not a first-time mom, there's things I've learned that help me be a better parent and have new experiences with the baby."
>
> —Andrea, Child Care Resource Center PAT

Evidence-based home visiting has been a resource woven into our local landscape for over 30 years, with various home visiting programs being funded by a range of local and federal, public and private sources. Yet within Los Angeles County, there has never been a "system" that strategically connects these resources. Despite its strong models, Los Angeles has lacked the coordination needed to ensure that resources are allocated equitably and are sufficiently available throughout the region. The need to navigate among multiple home visiting programs with varied entry requirements, catchment areas, and service models has made it challenging for parents and professionals to link families to the programs that best meet their needs. This lack of coordination has impeded the most effective use of resources where they do exist. A better system of coordination and referral can increase the equitable allocation of resources and address existing gaps in home visiting services, especially for high-risk populations.[4] It can help improve access for populations at higher risk of poor outcomes resulting from multi-generational marginalization by strengthening linkages to home-based support and other family support services.

Home visiting functions optimally within a larger system of family supportive services. A fundamental component of home visiting is assisting families to connect with additional specialized resources so that their comprehensive needs and goals may be met. As one prevention model, home visiting will not necessarily be the full solution for families at highest risk. Some families will need more focused interventions depending on the nature and severity of family challenges. Families in which there is a prevalence of substance abuse, for example, will need more intensive mental and behavioral health interventions that are directly linked

[1] For purposes of this report, home visiting is defined as follows: Perinatal and early childhood home visiting is a family-centered support and prevention strategy with services delivered by trained staff in the home that: (1) is offered on a voluntary basis to pregnant women and/or families with children through the age of five; (2) provides a comprehensive array of holistic, strength-based services that promote parent and child physical and mental health, bonding and attach¬ment, confidence, and self-sufficiency, and optimizes infant/child development by building positive, empathetic, and supportive relationships with families and reinforcing nurturing relationships between parents and children; and (3) is designed to empower parent(s) to achieve specific outcomes that may include healthy pregnancy, birth, and infancy; optimal infant/child development; school readiness; self-sufficiency; and prevention of adverse childhood and life experiences. This definition was based on a definition established by the LA County Perinatal and Early Childhood Home Visitation Consortium and vetted by County leadership.

[2] See Appendix A | Summary of Outcomes for full details of the research relating to home visiting outcomes.

[3] See Appendix B | Excerpts from Focus Group Analysis for focus group findings.

[4] High-risk may be defined in many ways, and in some cases has particular meaning specific to context. In keeping with the Board of Supervisors' motion and collective County departmental priorities, the term "high-risk," when used generally in this report, is inclusive of both risk of involvement with the child welfare system and risk of adverse health outcomes.

> "You helped me so much when I needed it the most. Being pregnant and depressed was something I never imagined I'd find myself feeling. Your visits got me through. Thank you for understanding me and knowing that I wasn't losing my mind … I learned how to be strong and take care of myself. And thanks to you and me, I feel better again and have my life back."
>
> —Candice, Northridge Hospital Medical Center Welcome Baby

with their needs, beyond the scope of the home visiting program. Yet, while home visiting alone may not address all the needs of all families, building out a universal home visiting system is an innovative strategy for supporting both high- and low-risk families. Establishing a universal system helps foster a norm of parents seeking and accessing supports, which increases the identification and acceptance rates of families that may need intensive supports at the same time that it provides resources to all families. In addition, home visiting can help high-risk families navigate to the additional supports they need. In a large urban area like Los Angeles, understanding how to access existing early childhood education health and social service systems can be a challenge even for the most experienced. Families with young children need access to different kinds of help as their children grow and change. In addition, when home visitors identify those additional resources to be in short supply, their voices can proactively inform policy and system changes (as this report illustrates via the example of mental health resources).

Recognizing the opportunities for improvement, the Board of Supervisors unanimously passed a motion on December 20, 2016, instructing the Department of Public Health (DPH), in collaboration with First 5 LA, the LA County Perinatal and Early Childhood Home Visitation Consortium (the Consortium), the Office of Child Protection (OCP), the Children's Data Network (CDN), and the departments of Health Services (DHS), Mental Health (DMH), Public Social Services (DPSS), Children and Family Services (DCFS), and Probation, to "develop a plan to coordinate, enhance, expand, and advocate for high-quality home visiting programs to serve more expectant and parenting families so that children are healthy, safe, and ready to learn." Specifically, the Board directed DPH to:

I. Assess how national models and best practices, including those with a single entry portal, may inform or be adapted to improve outcomes for Los Angeles County.
II. Create a coordinated system for home visitation programs that includes a streamlined referral pathway and outreach plan to ensure maximum program participation, especially in Los Angeles County's highest-risk communities. A single responsible department or organization may be identified to maintain the coordinated referral system.
III. Identify gaps in services for high-risk populations based on a review of effective national models, existing eligibility requirements, and cultural competencies. The plan should develop strategies to address these gaps.
IV. Increase access to voluntary home visitation for families at high risk of involvement with the child welfare system, consistent with the recommendations of the Los Angeles Blue Ribbon Commission on Child Protection.
V. Collect, share, and analyze a standardized and consistent set of outcome data leveraging the Consortium's Los Angeles County Common Indicators pilot project.
VI. Include a framework to maximize resources by leveraging available funding, and, where possible, identify new and existing, but not maximized, revenue streams (through state and Federal advocacy, and opportunities for local investments) to support home visiting expansion.

The value of an enhanced home visiting system was affirmed in the Los Angeles County 2016–2020 Strategic Plan, Objective I.1.6, which directs the county to "support the leadership of First 5 LA, in partnership with the County, the Home Visitation Consortium, and others, to build a universal voluntary system of home visitation services through a streamlined system of referrals and improved integration of services." Similarly, the OCP prevention plan, *Paving the Road to Safety for Our Children* (Appendix C), identified home visiting as one of its seven core strategies for preventing child abuse. The OCP emphasized home visiting as part of an inclusive network of family supports, alongside early childhood education, prevention and aftercare services, and other systemic solutions. Home visiting also plays a role in meeting several priority areas and goals outlined in the 2015–2020 Los Angeles County DPH Community Health Improvement Plan (CHIP).

This home visiting system-building work is also intertwined with the County's focus on reducing health disparities. In 2017, in response to stark disparities in health outcomes among African-American families and other Angelenos, the Los Angeles County Health Agency launched the Center for Health Equity. As referenced in the Center for Health Equity's 2018 document *A Pathway to Equity: The Five-Year Plan to Close the Black-White Gap in Infant Mortality*, home visiting services can play an important role in reducing disparities in infant mortality and maternal and child health. Culturally responsive, high-quality home-based programs can help ensure that families are able to access needed health and social services and supports. In so doing, they can help to reduce the risk of preterm birth and other adverse health outcomes.[5] The potential for synergy between home visiting and other efforts makes the current report particularly timely: we have a unique opportunity to make home visiting an important component in a coordinated, comprehensive system of care serving families from preconception through early childhood.

> "If I didn't have this program, I wouldn't know what to do. When I first got pregnant, I was so scared ... I was going to end up having an abortion … But all the stuff that [she] has been teaching me, learning how to stop being stressed out … stuff to bring me and my daughter closer together … learning how to help [my daughter with] her language development. I never knew that until she taught me about it."
>
> —Eniya, Child and Family Guidance Center HFA

This report addresses each of the elements listed in the December 2016 motion, laying out a plan for transforming the home visiting landscape in Los Angeles that is comprehensive in scope, integrated with other systems, and responsive to community challenges.

In response to Board motion directive I, the report summarizes key lessons learned from the review of national systems, including those related to single-entry portals and opportunities to expand home visiting capacity by better leveraging funding. These lessons are outlined in the "What National Research and Local Gap Analysis Taught Us" section of this report starting on page 14.

The "What National Research and Local Gap Analysis Taught Us" section also identifies current service capacity and gaps (directive III in the Board motion) using quantitative analysis and stakeholder input. Opportunities identified include (a) building new referral partnerships and infrastructure to support broader and easier entry into home visiting; (b) filling service gaps by expanding the accessibility and volume of both targeted universal (offered regardless of individual risk status to all residents in communities facing elevated population risk) and programs designed for more specific high-risk groups; (c) improving perinatal mental health support; and (d) piloting innovative models to better serve high-priority populations (including families at risk of child welfare involvement or imminent adverse health outcomes). Discussions of the current local home visiting landscape highlight gaps in services that are a function of multiple causes. As the volume of home visiting services has grown, funds have been prioritized to identify and serve high-risk populations based on criteria set by models and by various funding sources. While availability and access has grown for these populations, limitations still exist based on geography, age, and enrollment period.

Gaps also exist related to disproportionately poor outcomes among segments of the county population that have historically been disenfranchised and could benefit significantly from improved outreach and inclusion. Most notably, there are opportunities to improve outreach and responsiveness to the African-American community and other racial or ethnic minorities who suffer from higher infant mortality rates and preterm births. It is crucial to the success of the Los Angeles County Health Agency equity initiatives to acknowledge that African-American maternal and infant health outcomes remain significantly worse compared to other racial and ethnic groups, and that these differences are not explained by traditional "high-risk" characteristics— income, education, health insurance access, for example. The deeply rooted structural racism that continues to pervade the culture explains much of this problem, and addressing that underlying social determinant is essential to the ultimate success of these efforts. As a result of this uneven playing field, while this report describes a vision and a plan to create a system that provides universal access to a spectrum of home visiting services for all families in the county, it is appropriate and important to include strategies that recognize and target the disproportionate need among African-American families and that ensure that population is being adequately reached and served. With those caveats, home visiting as part of an

[5] Published research demonstrating reductions in low birthweight, preterm birth, and infant mortality affiliated with home visiting programs include:

1) Lee, E., Mitchell-Herzfeld, S., Lowenfels, A., Greene, R., Dorabawila, V., DuMont, K. (2009). Reducing Low Birth Weight Through Home Visitation A Randomized Controlled Trial. American Journal of Preventive Medicine, Volume 36, Number 2, 154–160.
2) Olds, D. L., Kitzman, H., Hanks, C., Cole, R., Anson, E., Sidora-Arcoleo, K., Luckey, D.W., Henderson, C.R., Holmberg, J., Tutt, R.A., Stevenson, A.J., Bondy, J. (2007) Effects of nurse home visiting on maternal and child functioning: age-9 follow-up of a randomized trial," Pediatrics, 120 (4), e832–845.
3) Olds, D.K. (2014). Effects of home visiting by nurses on maternal and child mortality: Results of a 2-decade follow-up of a randomized clinical trial. JAMA Pediatrics, 168(9): 800–806.
4) Kitzman, H.O., et al. (1997). Effects of prenatal and infancy home visitation by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing: A randomized controlled trial. Journal of the American Medical Association, 278(8), 644–652.

integrated support network can enhance health and social equity for all families.

Responses to the challenges of improved countywide coordination (Board motion directive II) and improved access for families at high risk of child welfare involvement (Board motion directive IV) are addressed in the final section of this report. That section lays out steps to develop a more coordinated and effective system that is responsive to community needs, easy to access and navigate, and anchored in community-level partnerships. The proposed home visiting system includes new referral partnerships for high-priority populations, an enhanced electronic referral infrastructure, perinatal mental health supports, and expansions both of current evidence-based and of innovative services. Recommended areas for investment include coordinated referral technology, the development of new pathways that increase linkages from County programs to home visiting services for families at high risk of involvement with the child welfare system, and a commitment to universal screening and parent coaching in the prenatal and early postpartum period to improve timely access to needed services. A universal approach is recommended to help foster a norm of perinatal parent support, both to improve outcomes for the entire population and to reduce stigmatization based on what may be perceived as a deficit approach to targeting.

To address the need for improved data standardization (Board motion directive V), the plan proposes a multi-pronged approach in the "Our Proposed Solutions | Data" section on page 22 that includes (1) a long-term evaluation to assess program outcomes (including healthy births, child safety, family well-being, and cost-avoidance); (2) an annual analysis of program metrics, including but not limited to common indicators shared across all programs (Appendix D | Consortium Data Indicators); and (3) the ongoing measurement of community need and subpopulation need, available capacity, and utilization, to inform continuous improvement of the overall system.

Strategies for better use of current funding and to add new resources (Board directive VI) are discussed in the "Our Proposed Solutions | Funding" section on page 27. These strategies can increase capacity for the more intensive home visiting models that are most appropriate for high risk families, as well as less intensive programs intended for universal use.

This proposed plan addresses two additional issues that are not explicitly mentioned in the Board directive but are closely linked to achievement of the aims that are addressed: 1) reinforcing linkages between home visiting and other family support system elements; and 2) recommendations regarding workforce development. The "Home Visiting's Role in Our Broader System of Care" section (page 7) explores ways in which home visiting services work with other key community

investments to support strong, healthy families. The "Our Proposed Solutions | Workforce" section (page 26) lays out important activities related to strengthening the home visiting workforce capacity that are essential to ensure optimal support for families. Many of the recommendations in this section (such as the creation of a perinatal mental health clinical support team and countywide training in implicit bias), are directly responsive to the current gaps identified in our system. Others relate to ensuring long-term workforce strength. In the closing section, the plan outlines recommended next steps, including commitments that County departments and partners have made to implementation, recommendations for countywide collaborative oversight, and opportunities for ongoing County support.

This plan, *Strengthening Home Visiting in Los Angeles County*, was developed at a time of widespread commitment to supporting families and improving outcomes for young families. It is intended to serve as a blueprint for transformation—a guide for building coordination and strategic investment that our families and future generations deserve. It will serve as a core framework on which to develop and layer more detailed implementation plans for County departments and partners to execute wherein universal home visiting may play a crucial role in a comprehensive set of strategies designed to maximize outcomes for young children and their families.

Acknowledgments

This report is the culmination of intense work and broad contributions by diverse stakeholders within the Los Angeles and national home visiting landscapes. A deep debt of gratitude is owed to all who helped to define our path toward the "North Star" of optimal family support in our community. This section attempts to capture our heartfelt thanks.

The leadership of all County departments and organizations named in the December 20, 2016, motion convened monthly to build a common vision for planning and collaboration, informed by the results of research and stakeholder input. Along with DPH leadership, participants included directors, deputy directors, and other leaders from the departments of Children and Family Services, Public Social Services, Mental Health, Health Services, Probation, the Los Angeles County Office of Education, the CDN, First 5 LA, the OCP, the Center for Strategic Public-Private Partnership (CSPPP) and the Consortium, represented by staff from its backbone agency, Los Angeles Best Babies Network (LABBN). Through these convenings, County departments established a shared commitment to collaborating with provider agencies, community members, and one another to achieve an optimal and integrated system of high-quality home visiting support in Los Angeles County. Without such leadership, this plan would not have been possible.

In addition, DPH convened a biweekly cross-agency research and advisory team to support the integration of best practices and broader stakeholder engagement within the planning. This team included representatives from DPH, First 5 LA, OCP, the Consortium, LABBN, CSPPP and CDN. The guidance, time, and hard work of this group were invaluable to this plan's development.

Numerous home visiting provider agencies shared their wisdom and perspectives during the planning process, both through their participation at Consortium meetings and through their Community Roundtable participation (see page 17). Parents shared their perspective via focus groups.

Big Orange Splot, LLC, provided facilitation, research, and technical expertise to inform and support optimal planning. Ongoing national expertise was provided by Chapin Hall Senior Research Fellow Dr. Deborah Daro. The Doris Duke Fellows from Chapin Hall and doctoral students from the CDN and the Consortium contributed research on national models and the local home visiting landscape, respectively. This support was essential to ensuring that our plans integrated best practices and were responsive to local needs.

The health, business, and philanthropic communities also played important supporting roles. Senior leadership from Care First, Health Net, LA Care, and Health Care LA IPA lent their expertise both in individual interviews and as joint participants with DHS and DPH in Maternal Model of Care meetings hosted by First 5 LA. The Partnership for Early Childhood Investment funded the Consortium's local landscape research. The Reissa Foundation supported the DPSS pilot in SPA 6. The Blue Shield Foundation and First 5 LA co-funded technical assistance support for the rollout of DMH expansion funding. The Carl and Roberta Deutsch Foundation underwrote DHS's MAMA's Neighborhood focus groups. Representatives from the California Endowment, the Partnership for Early Childhood Investment, the Crail-Johnson Foundation, the W.M. Keck Foundation, the Reissa Foundation, and First 5 LA also lent their expertise as ambassadors for the philanthropic sector as part of an ad-hoc funders workgroup convened by CSPPP. This group helped develop and vet the proposals coming out of the County's planning efforts, such as requests for data infrastructure and capacity-building. Collaborative partners also met with staff from the Los Angeles County Economic Development Corporation and the Los Angeles Area Chamber of Commerce, who lent guidance and expressed willingness to partner in support of future home visiting workforce development.

We deeply thank each of these entities for their contributions to this greater whole.

Vision and Guiding Principles

To frame the development of this plan, the leadership of each of the County departments and organizations named in the motion began by articulating a shared commitment to building an optimal home visitation system in Los Angeles County. Together, these collaborators developed a vision statement and guiding principles to serve as the foundation for inter-departmental and cross-sector collaboration around home visiting services for Los Angeles County families.

Fundamental to these discussions was a recognition not only of the value of effectively connecting families to home visiting, but also of doing that in a way that is integrated within the broader set of family support programs available to parents. These tenets are reflected both in the Guiding Principles that stakeholders adopted (below) and the plans they collectively developed.

OUR VISION

Together, we aspire to achieve the following vision of high-quality home visiting supports for Los Angeles County families:

A system of voluntary, culturally responsive, home-based family-strengthening services available to all Los Angeles families with children prenatally through age five that

- Optimizes child development
- Enhances parenting skills and resilience
- Safeguards maternal and infant health
- Prevents costly crisis intervention
- Reduces adverse childhood experiences
- Demonstrates improved educational and life outcomes

Under this vision, all Los Angeles families with young children would have access to trusted support and coaching in their homes, matched appropriately to their needs, so that they and their children may thrive.

OUR GUIDING PRINCIPLES

1. Universal access to effective prenatal and early childhood support is beneficial for all children's health and development, for maternal health, for enhancing parental capacity, and for our community as a whole.
2. Some families can also benefit from intensive home visiting support to address complex sets of challenges.
3. Home visiting has been proven through research to be an effective perinatal resource; it attains key family well-being and health outcomes, reduces the need for crisis intervention, and triages families to the appropriate level of additional resources and community activities.
4. Home visiting is not the only effective perinatal and early childhood resource and it is not the sole or optimal fit for all parents; however, for parents who voluntarily participate in home visiting services, research shows it is among the most impactful.
5. Families will have the opportunity to access resources through multiple paths. To maximize families' access to home-based support, we commit to building and refining referral pathways:
   a. That are attractive and easy to navigate from the family perspective (provided efficiently via trusted community providers)
   b. That are effective in finding and attracting "at-risk" and prenatal families in particular
   c. That are informed by process design principles so they work both for families and for staff in the involved departments.
6. Effective data collection and coordination is essential to ensure the highest quality services and optimal resource allocation.
7. Improving coordination can result in even better outcomes for our families and our community by ensuring that (a) resources are maximized and (b) system connections are efficient and effective. Home visiting system coordination efforts should support, leverage, and be pursued in alignment with other change initiatives underway in Los Angeles County, including but not limited to the County Strategic Plan, the Office of Child Protection's prevention plan, Help Me Grow, and other early childhood systems-change initiatives.
8. There is a fundamental shortage of resources to meet the full potential need for home-based support in Los Angeles County. Expanded and more flexible financing is needed. Adjustments also should be made to current program recruitment and collaboration to ensure that existing funds are fully utilized, particularly for prenatal women, at-risk parents, and marginalized families.

Home Visiting's Role in Our Broader System of Care

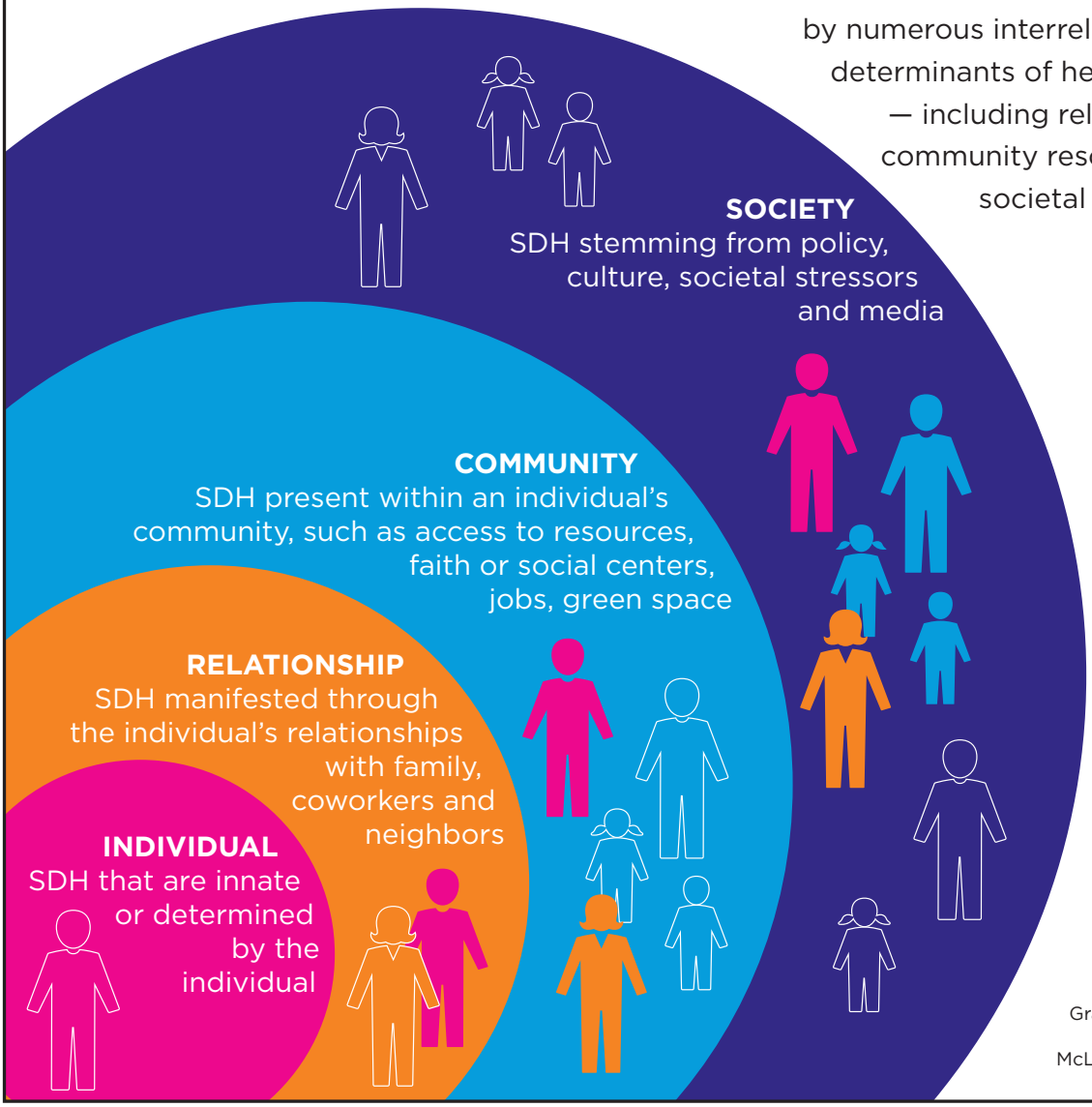
The County's home visiting system coordination efforts will support, leverage, and be pursued in alignment with other change initiatives underway in Los Angeles County, including but not limited to the Health Agency's health inequity initiatives, the County Strategic Plan, the Office of Child Protection's prevention plan (Appendix C), Help Me Grow, and other early childhood systems-change initiatives.

As highlighted earlier, one of the guiding principles of this planning has been the knowledge that home visiting, while an important resource, is one of many valuable resources for families in Los Angeles. Family health and success are influenced by broad socioeconomic determinants,[6] including environmental factors (such as access to safe housing, nurturing early care and education, parks, and nutritious foods) and experiences with trauma (including violence, abuse, and racism). At a systemic level, it is important that we are addressing all of these factors in balance—ensuring both service-level resources and a community-level ecosystem that supports universal well-being.

Other County investments are being pursued in parallel with this home visiting expansion. The alignment of these investments—particularly aligning resources to be timely, clear, and easily accessible from the family's perspective—is crucial for our success.

SOCIAL-ECOLOGICAL HEALTH PROMOTION FRAME

The Social-Ecological Health Promotion frame illustrates how health outcomes are influenced by numerous interrelated social determinants of health (SDH) — including relationships, community resources and societal influences.

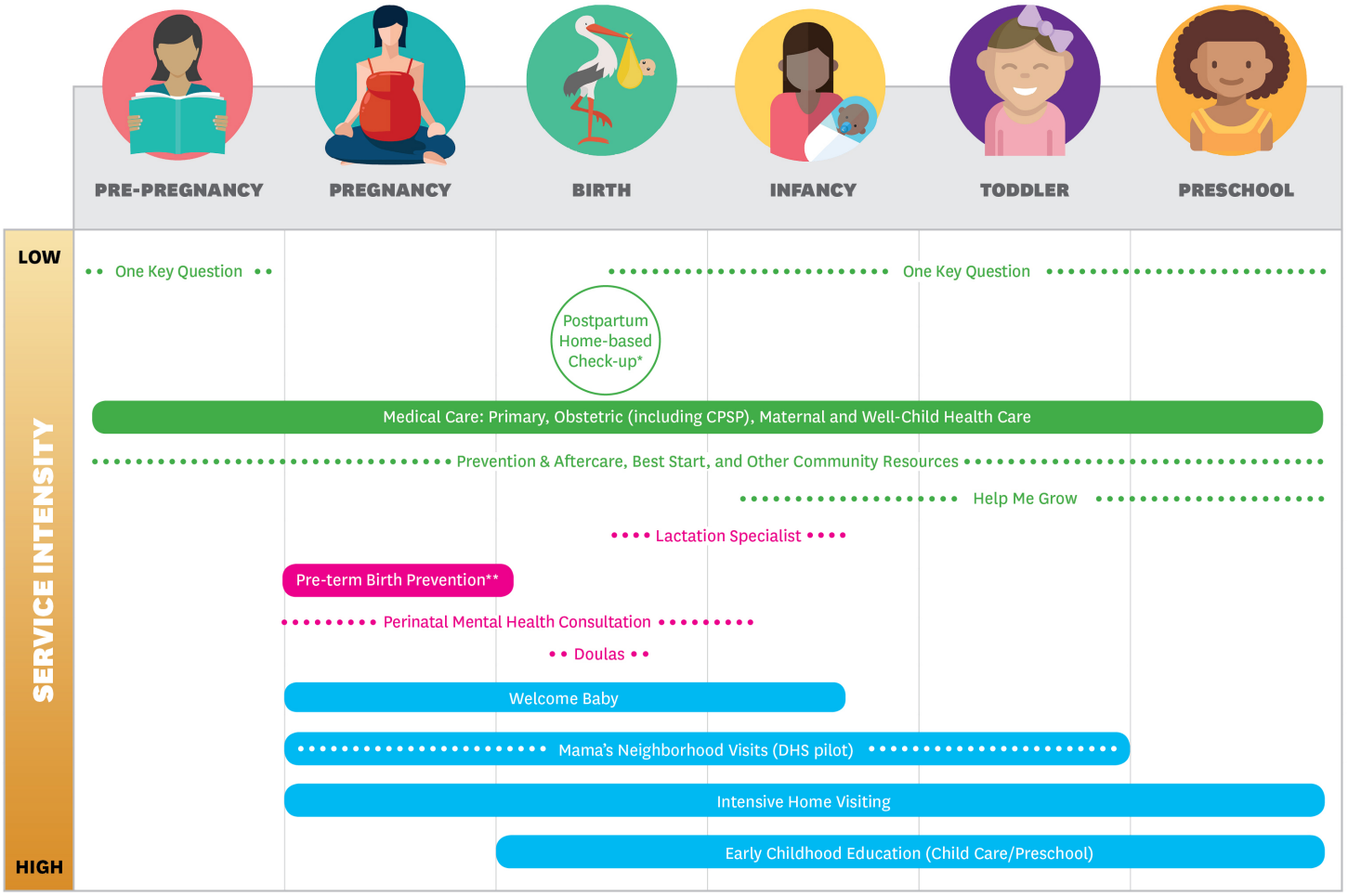


Graphic informed by the research of McLeroy, Steckler and Bibeau.

[6] Social-ecological health promotion concepts and graphic were informed by McLeroy, K. R., Steckler, A. and Bibeau, D. (Eds.) (1988). The social ecology of health promotion interventions. Health Education Quarterly, 15(4), 351–377.

The graphic on this page illustrates how home visiting investments will align with some of these other investments to support families through their life course. It captures how home visiting models work together and in parallel with other prominent County, First 5 LA, and health sector resources to provide a spectrum of service options for families that spans from low-intensity, universal resources to high-intensity, long-term supports. It maps mainstream resources—primary health care (including the universal use of One Key Question®), early childhood education, and community supports (such as DCFS- and DMH-funded prevention and aftercare services, First 5 LA–funded Best Start Community resources, and Help Me Grow child development resources)—alongside interventions geared to address specific parenting scenarios (such as lactation specialists, doulas, pre-term birth interventions, and mental health consultation). It illustrates the piece of the puzzle that intensive home visiting models provide in the context of this whole—long-term, relatively more intensive support for families ready to engage with a trusted, trained coach to achieve family goals. It also maps how proposed concepts, such as a universal post-partum home-based check-up, fit within into health and service landscape.

It is important to note that the full set of dynamics and resources that influence family success extends far beyond what is captured in this chart.



LEGEND			
.....	Programs that may be accessed once or as needed/desired during a time period.		Universal Resources
			Specialized Supports
	Programs that provide ongoing, longer-term support.		Home Visiting and Other High-Dosage Family Resources

*Post-partum home-based check-up is a one-time home visit that takes place within 2 weeks after birth.

**Pre-term birth prevention includes smoking reduction, progesterone and aspirin.

These supports represent a web of mutually reinforcing resources connected by referral bridges. Home visiting both welcomes families from and ushers families to other system hubs within that web.

Because of these relationships, home visiting plays a valuable role in assessing the extent to which these resources are coming together to support families. If the balance of resources is off, home visiting agencies can be among the first to recognize which other resources are suffering capacity shortages most acutely.

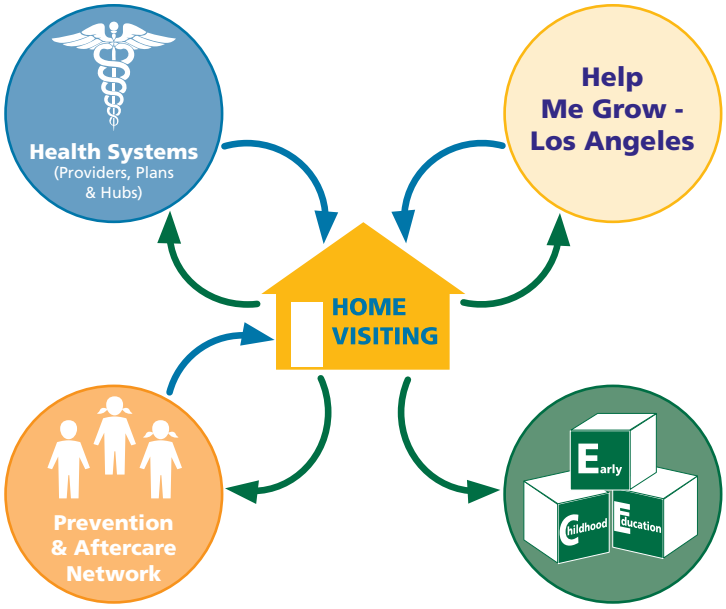
ALIGNMENT OF HOME VISITING WITH COUNTY HEALTH EQUITY INITIATIVES

Strategies that address health disparities and enhance home visiting investments will be mutually reinforcing. By strategically expanding access to home visiting, and by increasing the training and mental health resources available to home visitors, the County will be strengthening the impact that home visiting can have on infant mortality and birth disparities. At the same time, as the County's Center for Health Equity deepens its focus on reducing infant mortality, it will be rolling out additional resources and trainings that strengthen the knowledge and skills of home visitors and other key workforce groups (medical providers, educators, agency staff). Home visitors will serve as an ongoing resource for disseminating knowledge about these new resources and helping families access them in a timely manner.

The chart on page 10 outlines some of the many ways in which home visiting investments are anticipated to support the County's strategic initiatives on infant mortality, as outlined in its Pathway to Equity report.

ALIGNMENT AMONG HOME VISITING, EARLY IDENTIFICATION AND EARLY CARE AND EDUCATION SYSTEMS

In well-coordinated early childhood systems, home visiting connects and refers families to health services, social services, and other family support systems. As part of this important connector role, home visitors can refer families to early identification and intervention (EII) supports to address a child's developmental delays and behavioral concerns. It can also provide parent education on how to identify high-quality early care and education (ECE) options, and can assist families in navigating the significant complexities of ECE program enrollment—something that is essential both for child development and economic stability.



There is significant alignment between home visiting and EII's desired outcomes, such as promoting healthy child development and school readiness. Approximately 1 in 4 children ages from birth through age six are at risk for developmental and behavioral delays.[7] Despite this prevalence, only 21% of young children receive timely developmental and behavioral screenings in California.[8] Home visitors help remedy this challenge. Home visitors monitor children's development, conduct screenings at the recommended periodicity, and refer to appropriate intervention services when needed. They equip families with tools to encourage healthy development and knowledge to monitor developmental milestones. In addition, they encourage them to talk to their child's health provider about healthy development. Home visiting programs can also act as an intervention support for children with or at risk for delays. Risk factors that prioritize families for more intensive home visiting (such as child maltreatment/neglect and parental substance use) are also predictors of developmental/behavioral delays in children. This presents an opportunity for home visitors to monitor these risk factors as early as pregnancy, identify children who may be at risk for developmental/behavioral delays, and provide more intensive supports as needed. Evidence indicates that high-quality home visiting programs can improve child development.[9]

The strong alignment between home visiting and EII efforts has been strengthened through federal policy and funding. In 2017, the U.S. Department of Education (which administers the Individuals with Disabilities Education Act–Part C, or IDEA Part C, funding for early

[7] Bethell, C.D., et al. (2011). A National and State Profile of Leading Health Problems and Health Care Quality for US Children: Key Insurance Disparities and Across-State Variations. Academic Pediatrics, 11(3 Suppl), S22–33.
[8] Children Now (2018). 2018 California Children's Report Card. https://www.childrennow.org/files/9015/1975/3343/RC18_FINALonlineSPR.compressed.pdf
[9] Supplee, L. & Adirim, T. (2012). Evidence-based home visiting to enhance child health and child development and to support families. American Psychological Association. http://www.apa.org/pi/families/resources/newsletter/2012/07/home-visiting.aspx

Pathway to Equity Strategy	How Home Visiting Helps
One Key Question®	Home visitors will be trained on OKQ, enabling them to offer a reflective space for families to discuss family planning concerns or options, including dynamics between caregivers (including contracep-tive coercion) that may be affecting family planning health.
Risk reduction	Home visitors provide ongoing referrals and support for smoking cessation and other risk-reduction goals (including stress management support).
Universal access to effective medical interventions	Home visitors associated with DHS's MAMA's Neighborhood Visits pilot will deliver medical interventions shown to reduce preterm births (including progesterone and low-dose aspirin) to patients for whom those treatments are indicated but inaccessible. In addition, all home visitors will help mothers become self-advocates in relation to perinatal health care and will support women in carrying out medically advised regimens.
Enhanced mental health services	Home visitors act as front-line mental health support for pregnant and parenting mothers, providing direct consultation for families (with the support of the enhanced mental health team described below), screening parents for depression and other perinatal mood disorders, and building bridges to more intensive therapeutic supports when appropriate.
Early referral to services	All home visitors in Los Angeles will be helping families use the validated instruments of the ASQ-3 and the ASQ-SE2 to assess child development, and will connect families in need of specialized services to the appropriate resources. Home visitors help families obtain transportation, child care, linguistic/cultural understanding, and other resources needed to attend appointments and follow through on medical or other advice.
Improving parent support, stress awareness, and self-confidence	In addition to providing direct support, home visitors play important roles in educating parents regarding the impacts of stress, stress reduction techniques, breastfeeding/parenting techniques, and community engagement activities so that parents feel confident and connected.

intervention services for infants and toddlers with disabilities) and the U.S. Department of Health and Human Services (which funds Maternal Infant Early Childhood Home Visiting), released joint guidance[10] encouraging their grantees to better coordinate and collaborate across the two programs. The guidance recognizes that both funding sources require grantees to be embedded in a centralized or coordinated early identification, intake, screening, and referral system so that program providers are positioned to refer families to needed services in an appropriate and timely manner. The guidance also calls for integrated funding across early childhood sectors. One national example of this type of integrated funding in action is in Connecticut, which in 2013 established an Office of Early Childhood by combining programs and funding from five separate agencies including IDEA Part C, child abuse and prevention, EII, and home visiting.

In Los Angeles County, there have been many efforts to strengthen and better coordinate EII. DPH and First 5 LA are currently planning for the implementation of Help Me Grow (HMG) in Los Angeles County, a model that promotes local cross-sector collaboration to bolster the early screening and surveillance of developmental and behavioral delays for all young children. HMG seeks to coordinate existing systems that serve children with or at risk for delays and their families—such as home visiting—to ensure that families receive appropriate intervention services and supports. As of 2018, DPH has been recognized as the organizing entity for HMG–LA, which means it will be responsible for providing fiscal and administrative oversight for the long-term sustainability of HMG–LA and for facilitating cross-sector coordination to strengthen early identification and intervention in Los Angeles County.

[10] U.S. Department of Education & U.S. Department of Health and Human Services. (2017). Collaboration and Coordination of the Maternal, Infant, and Early Childhood Home Visiting Program and the Individuals with Disabilities Education Act Part C Programs. https://sites.ed.gov/idea/files/ed-hhs-miechv-partc-guidance.pdf

DPH's role as both the organizing entity for HMG and the lead agency for home visiting within Los Angeles County provides a unique opportunity for leveraging and aligning these two systems. For example, one prominent opportunity for synergy includes the potential to bridge referral technologies related to both efforts into one "go-to" resource for families and professionals. Another is the opportunity to support the maximization of federal and state funding streams to support both efforts.

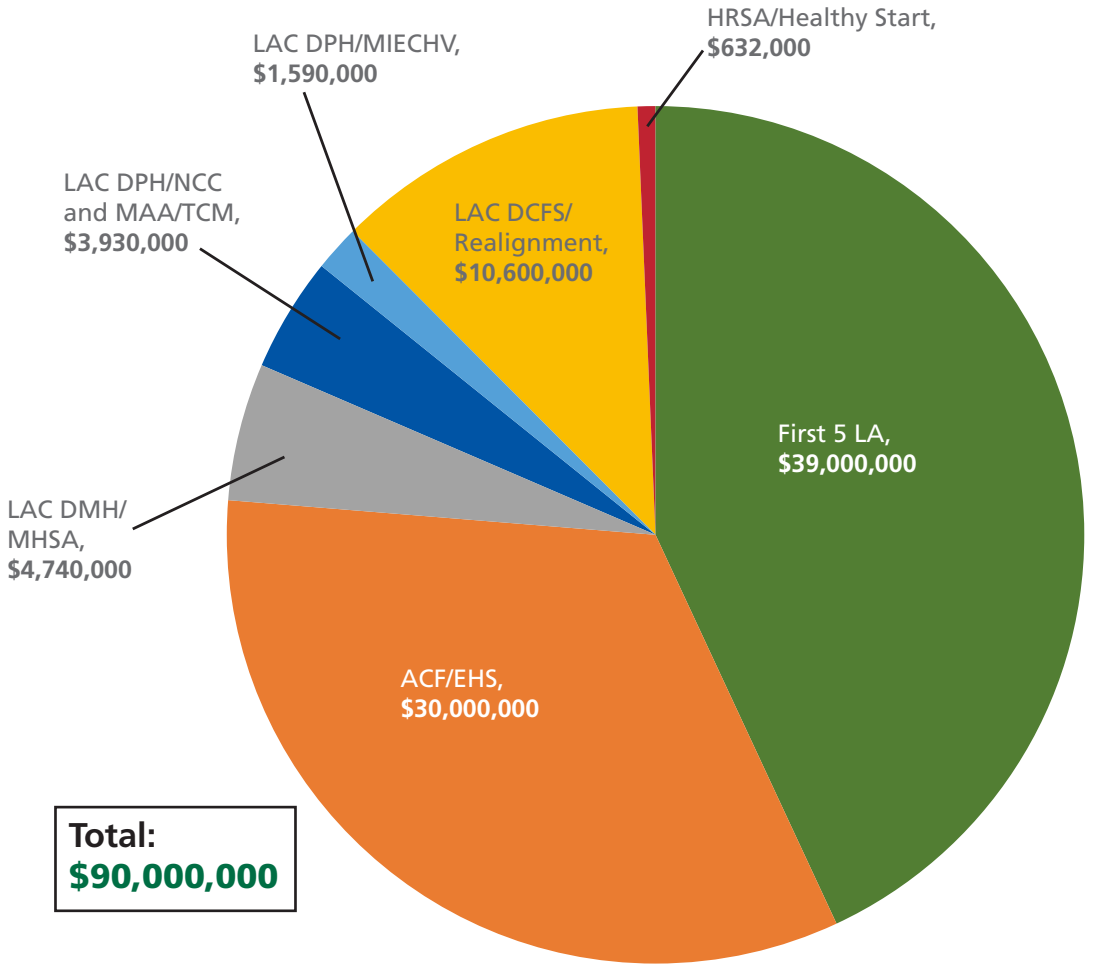
Similarly, DPH is uniquely positioned to support synergy between these initiatives and early childhood education resources in Los Angeles, as a result of its new role overseeing the Los Angeles County Office for the Advancement of Early Care and Education. DPH's position at the nexus of these three systems opens opportunity for cross-sector training, technological integration, financial leveraging, and other reforms to improve how these parts of our broader family support network come together to help families. These shifts present new opportunities to realign these systems to be more accessible, easier to navigate, more effective, and more responsive to families. In these three significant roles, DPH is uniquely positioned to help transform and better coordinate referral services and supports for the early childhood population.

Baseline Los Angeles County Home Visiting Investments

At the outset of this planning process, the baseline state of home visiting included a strong but disconnected foundation of publicly funded programs. As of 2017, publicly funded home visiting programs in Los Angeles were funded through the contributions of five local governmental entities, plus numerous contracts awarded by the federal government to local nonprofit organizations. The graph below illustrates these major public funding sources.[11,12]

Collectively, these funding streams enable 55 local nonprofit organizations plus DPH Maternal Child and Adolescent Health (MCAH) to provide home visiting services with a total capacity for helping approximately 24,500 families per year, including intensive services to approximately 9,500 high-risk families per year. In addition, a handful of smaller home visiting programs are run by nonprofit agencies using philanthropic or grant dollars.[13]

Governmental Funding of Home Visiting in Los Angeles County, 2017 Estimates



[11] Family interventions provided in the home (such as home-based therapeutic interventions) are not reflected here because they do not match the preventative home visiting definition above. Nonetheless, it is worth noting that a substantial amount of funding is also available for such services in Los Angeles, and comes alongside the funding displayed here to meet the full needs of our families, as may be appropriate based on each family's situation.

[12] Notes for "Governmental Funding of Home Visiting in Los Angeles County, 2017 Estimates":
*ACF/EHS: The Federal Administration for Children & Families funds Early Head Start programs. This funding is estimated based on an extrapolation of actual capacity using comparative volume and intensity of services.
*LAC DMH/MHSA: DMH supports home visitation programs using Mental Health Services Act (California Proposition 63) Prevention and Early Intervention funds.
*LAC DPH/NCC and MAA/TCM: DPH uses County General Funds (Net County Cost) combined with Federal Title XIX (Medicaid) matching funds that can be claimed via the Medicaid Administrative Activities (MAA) and Targeted Case Management (TCM) programs.
*LAC DPH/MIECHV: DPH also receives funds from the Federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program administered by the Health Resources & Services Administration (HRSA) Maternal Child Health Bureau.
*LAC DCFS/Realignment: DCFS funds home visitation programs using state realignment funds.
*HRSA/Healthy Start: The Health Resources & Services Administration (HRSA) Maternal Child Health Bureau administers the Federal Healthy Start program.
*First 5 LA: First 5 LA receives funding from California's Proposition 10 tobacco tax and makes investments to optimize the health and early life experience of children from before birth through age five, including home visiting.

[13] Based on simple calculations using the figures above, a rough estimate for the average cost of home visiting programs in Los Angeles per family per year is $3,675. However, program costs can vary widely based on the program model implemented with differing staffing patterns, frequency of visits, duration of service, and other factors. Los Angeles County has the opportunity to adjust overall cost and capacity to serve a greater number of families by making strategic decisions regarding which models to invest in primarily.

All publicly funded models in Los Angeles focus their efforts on promoting healthy child development, addressing maternal mental and physical health, supporting nurturing family relationships, and assisting families in achieving self-defined goals (such as improved financial or relational stability). The specific foci, curricula, and restrictions of these programs vary by model. Each model has a defined curriculum, methodologies, staffing requirements, frequency of client contact, service length, entry requirements, intended outcomes, and actual outcomes as demonstrated through research. Eligibility for each model may be limited by model or by local funder to specific risk, income, geographic, and/or age criteria.

The majority of models operating in Los Angeles are restricted to families meeting a "high-risk" threshold based on family characteristics (such as poverty, substance abuse, or geography). Some of these thresholds are set based on national model guidelines; others have been established by local funders seeking to reach particular subsets of the population. These models offer services with high frequency (two to four visits per month) and longer duration (six months to five years). One model, Welcome Baby, screens families for level of risk and offers a lower frequency (six to nine contacts) to families who are identified as being at low or moderate risk, and refers families at higher risk and meeting geographic criteria to more intensive home visiting models. Welcome Baby has been implemented in 14 birthing hospitals delivering babies who live in some of the County's highest-risk communities.

Los Angeles County currently has multiple federally designated "evidenced-based" programs, including Nurse-Family Partnership, Early Head Start, Healthy Families America, and Parents as Teachers (see Appendix E | Executive Summary, Home Visiting in Los Angeles County for more detail). The remainder of Los Angeles' programs may be described as "evidence-informed," as they adapt elements of evidence-based programs and implement them in alternative service models tailored to meet the needs of specific populations.

The following chart summarizes the models and capacity funded by Los Angeles County departments, First 5 LA, and the federal government as of June 2017.[14]

Funding Entity	Models	Families/Year
First 5 LA	Welcome Baby Healthy Families America Parents as Teachers	15,000 general 3,100 high-risk
Federal Office of Head Start	Early Head Start	3,450 high-risk
Los Angeles County Department of Children and Family Services	Partnerships for Families	1,260 high-risk
Los Angeles County Department of Public Health	Nurse-Family Partnership Healthy Families America	1,210 high-risk
Los Angeles County Department of Mental Health		
Federal Health Resources and Services Administration	Healthy Start	500 high-risk

Also noteworthy at the outset of the planning process was the existence of a significant baseline of collaboration and infrastructure. Through the partnership of DPH, First 5 LA, LABBN, and community agencies, the Consortium has been acting as a bridge among programs for several years. Most notably, since 2015, with financial support from the Partnership for Early Childhood Investment and First 5 LA, Consortium members across multiple models have been collaborating to promote quality, coordination, measurement, and sustainability among home visiting agencies. Infrastructure already in place included data systems for each program that performed various types of outcome tracking, demographics, client interactions, and enrollment functionality. The Stronger Families database utilized by First 5 LA–funded programs provided a direct referral connection between hospital teams and home visiting provider agencies. Coordination, training, and technical support is provided to First 5 LA's Stronger Families Network of Welcome Baby and home visiting agencies through the Family Strengthening Oversight Entity, which is managed and delivered by LABBN, Maternal Child Health Access, and PAC/LAC (Perinatal Advisory Council: Leadership, Advocacy, and Consultation). Telephonic support was in place for DPH's Nurse-Family Partnership program. Along with the service investments outlined above, these existing leadership commitments, community collaborative efforts, philanthropic investments, and infrastructure elements contributed to a solid foundation that positioned Los Angeles well for the development and implementation of system-wide plans.

[14] Appendix E | Executive Summary, Home Visiting in Los Angeles County provides additional details regarding the state of home visiting at the outset of our planning process.

What National Research and Local Gap Analysis Taught Us

In keeping with the Board motion's sections I and III, analyses both of national research and of the Los Angeles County home visiting landscape were used to ground this plan in nationwide best practices and current local data. Inputs included:

1) Guidance from national and local experts funded by the Office of Child Protection and First 5 LA
2) Extensive research funded by the Partnership for Early Childhood Investment and First 5 LA on behalf of the Consortium to support system improvement efforts
3) Expertise and insights shared by home visiting provider agencies, advocates, and prospective client families at Consortium-hosted community input sessions and First 5 LA–funded focus groups

Based on these combined sources, seven priority system changes surfaced as opportunities to better meet community needs:

1. Develop a centralized, coordinated referral technology to help families and professionals navigate complex eligibility rules
2. Expand resources by better leveraging existing funding and by identifying new sources
3. Expand eligibility criteria to reach families excluded by criteria built into current evidence-based programs
4. Increase prenatal recruitment and marketing activities to broaden access and improve birth outcomes
5. Explore additional opportunities to ensure that home-based services are optimally supporting health equity, such as by piloting innovative models or strengthening workforce practices, based on data analysis and evaluation results
6. Improve perinatal mental health supports
7. Improve connections with and the leveraging of health care system resources.

Details of the learning garnered from each source are explained more fully below, including the single-entry portal, national best practices, gap analysis, and funding exploration required by the Board motion.

NATIONAL RESEARCH

Our review of national models and best practices included interviews with leading researchers from Chapin Hall (at the University of Chicago) and the University of Southern California. This review affirmed the value of many of the structures already in place and collaborative efforts already underway, such as current data tracking, best-practices adoption, and referral improvement efforts being led by the Consortium.

Research regarding portals of entry helped to inform our recommendations relating to the creation of a coordinated electronic infrastructure to improve access for families. Single-entry portals (mentioned specifically in the Board motion, and sometimes called "centralized intake") that require all applicants to flow through one central application system have been implemented in some jurisdictions. Research found pros and cons to such systems that should be carefully weighed before pursuing such an investment, and that single-entry systems may be better suited to areas with less pre-existing infrastructure and more centralized authority.[15,16] Los Angeles has a number of currently functioning referral pathways and enrollment systems. Requiring programs to fully forgo these existing paths and systems in order to adopt a single, centralized enrollment system poses three concerns: 1) there is a risk that existing working pathways are weakened; 2) the costs of changing enrollment and recruitment procedures to make this large a shift outweigh the anticipated benefits; and perhaps most importantly, 3) Los Angeles County does not have the authority to mandate participation by programs funded via federal or other non-local sources.

Research suggested that the optimal fit for Los Angeles would be a "coordinated" entry system, in which centralized technology and collaboration supports the broad and efficient engagement of families. Under this entry model, Los Angeles would benefit from coordinated referral technology that improves the connection of families from various gateways to the available programs that fit their needs. This type of centrally managed technological tool would help families identify and connect efficiently to the local programs for which they are eligible, so that they may easily choose and access the right resource for their family.

National-level research also identified valuable opportunities to expand funding, including:

- The use of untapped funding streams such as Temporary Assistance to Needy Families (TANF) and Mental Health Services Act—Prevention and Early Intervention (MHSA-PEI)
- The maximization of underutilized streams, such as Medicaid Targeted Case Management (TCM)
- Other health-sector strategies such as Medicaid waivers and the improved leveraging of health benefits available under Medi-Cal and private health plans.

[15] National Evidence-Based Home Visiting Model Alliance. (2017).C-Intake: Lessons Learned and Recommendations.
[16] Maternal Infant and Early Childhood Home Visiting (MIECHV) Technical Assistance Center. (2014). MIECHV Issue Brief on Centralized Intake Systems. https://www.greatstartgeorgia.org/sites/default/files/miechv_issue_brief_centralized_intake.pdf

LOCAL LANDSCAPE ASSESSMENT

The assessment of local data in 2017 revealed three prominent "pain points" that systemic planning might help resolve:

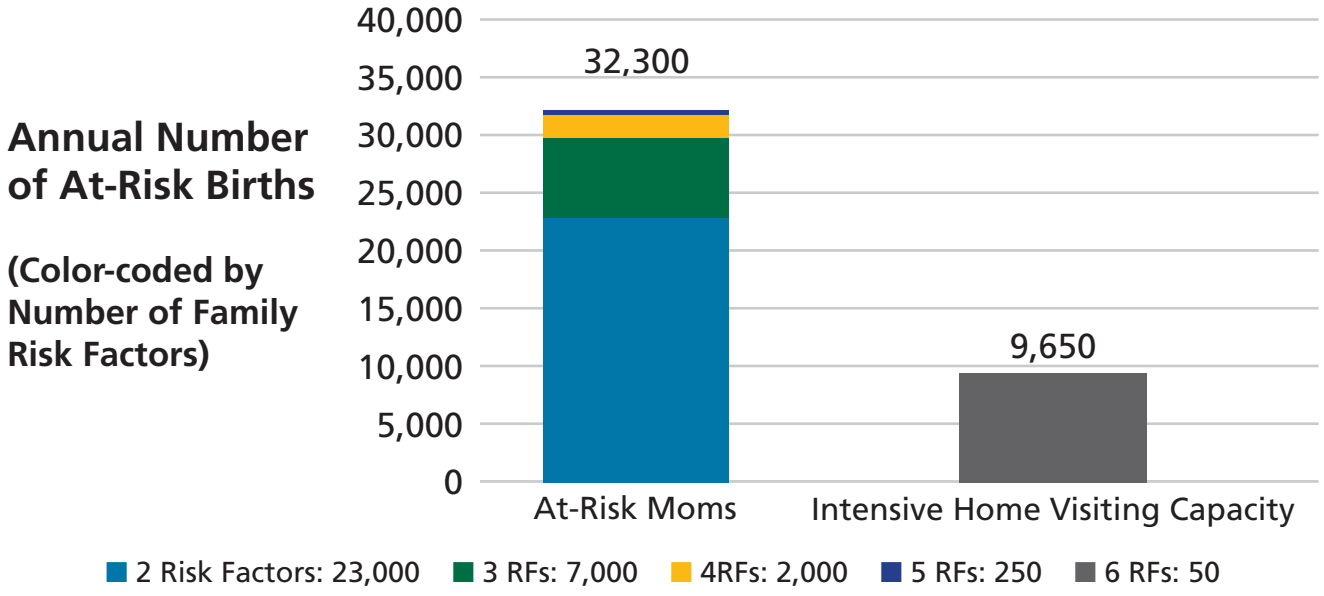
- A lack of funds to meet the full community need
- Overly narrow eligibility criteria that limit access for families who could benefit from home visiting
- Under-developed prenatal recruitment

Funding Gaps

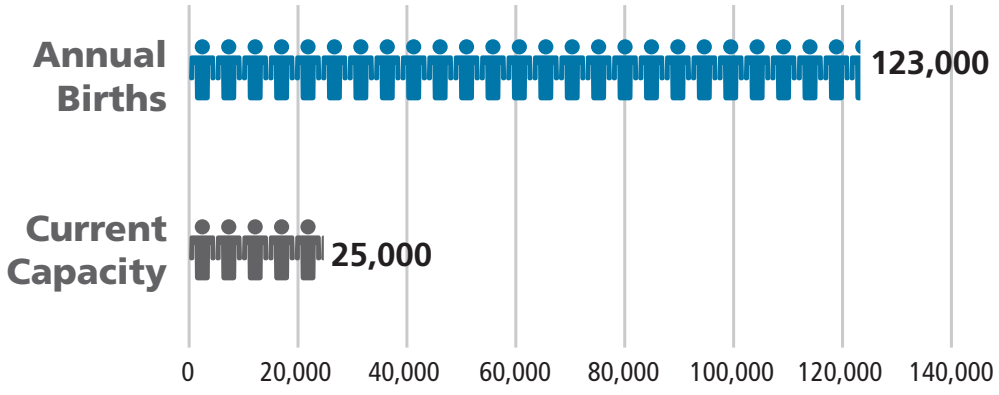
Comparing current home visiting capacity to full community need revealed substantial gaps in services for both high-risk populations and the general Los Angeles County population.

Using 2014 DPH Los Angeles Mommy and Baby project (LAMB) survey data and methodology informed by Children's Data Network research, the number of families giving birth in Los Angeles County each year who exhibit at least two risk factors[17] was estimated to be approximately 32,000. More recent calculations performed by First 5 LA in conjunction with the Children's Data Network estimated that achieving this estimate of 32,000 intensive service slots would correlate to a systemic capacity to reach approximately 60% of all children projected to have a child protective services referral by age 5.[18] Meanwhile, only 9,500 spots currently exist for intensive home visiting for these families in Los Angeles. The graph below illustrates this gap between the number of at-risk families and the volume of intensive services available on an annual basis.

Intensive HV Programs in LA: Need vs. Capacity



Comparing the 15,000 openings for less-intensive home visiting services with the 123,000 births in Los Angeles County in 2016,[19] one can see the substantial gap remaining to achieve a truly universal system. Current funding provides sufficient capacity to serve only 12% of the general population.



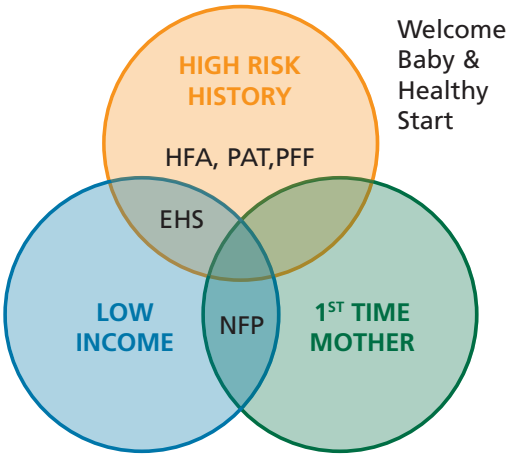
[17] Risk factors in our analysis included: teen mom, depressed while pregnant, used illicit drugs while pregnant, physically abused while pregnant, entered prenatal care after three months, achieved less than a high school education, and being homeless while pregnant. Risk factors were chosen based on a combination of Children's Data Network research regarding child abuse risk factors and the expertise of the Consortium Data Workgroup. Findings from the LAMB survey were extrapolated to the number of women who give birth annually in Los Angeles County for a population estimate.

[18] The full Children's Data Network analysis may be accessed at https://s3.amazonaws.com/childrens-data-network/LA+HV+Consortium+Presentation+4.5.2018.pdf.

[19] Los Angeles County birth rate data source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics.

Eligibility Challenges

Each Los Angeles–based home visiting model has its own eligibility requirements based on geography, age, income, and/or risk profile.[20] In some cases, these eligibility restrictions have been established by the local funding agency to focus resources on particular high-risk subpopulations; in others, by the national fidelity model. The combined impact of these restrictions is that many families are simply not able to access home visiting services because of local eligibility requirements. Substantial subsets of our population are left out of all home visiting programs.



Furthermore, the complexity of eligibility makes it very difficult for professionals and families to know which programs to reach out to for help. Without a centralized mechanism to match resources to family needs, even qualified families frequently miss out on available programs. This challenge will only be exacerbated as additional capacity is added to the system: when more services are available, it will be even more important for the complexity of eligibility to be ameliorated through technology or policy changes so that parents may efficiently connect with the best program for their family and so that resources are fully utilized.

Prenatal Outreach Opportunities and Birth Disparities

Our research also pointed to a need for greater prenatal outreach. Data in early 2017 and interviews with home visiting providers showed that the Los Angeles programs with unused capacity generally required prenatal or at-birth enrollment. Other programs were at full utilization or have since reached full capacity.

Furthermore, prenatal outreach is particularly important because it is key to supporting healthy birth-weights and to improving equity in birth outcomes. Across the lifespan, Los Angeles County exhibits sharp disparities in health and social outcomes among different racial and ethnic subgroups. Most notably, infant mortality in Los Angeles County is 10.4 per thousand live births for African-American residents, compared to 3.9 per thousand for Hispanic residents, 3.2 per thousand for White, and 2 per thousand for Asian/Pacific Islanders. In other words, an African-American newborn in Los Angeles County is more than three times as likely to die in the first year of life as a White newborn, and more than five times as an Asian/Pacific Islander.[21] The following chart, from the Los Angeles County Center for Health Equity, shows these rates from 1996 to 2016. Events and exposure before, during, and following birth affect infant mortality rates.

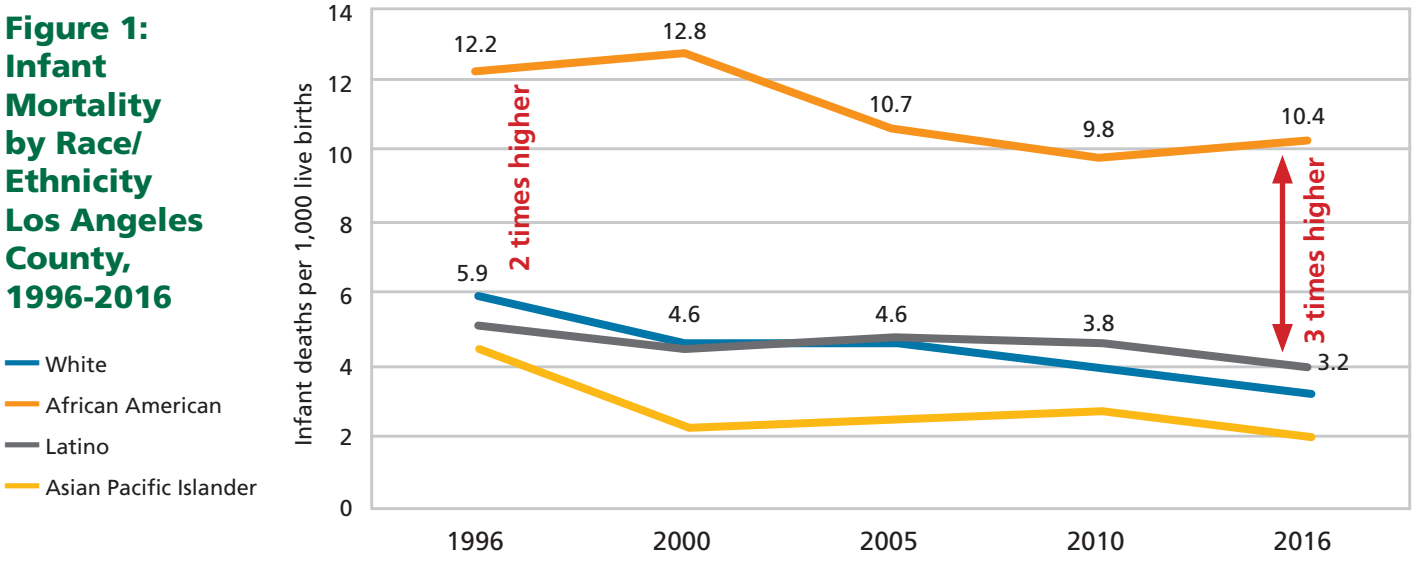
The table on the following page also illustrates this point, comparing rates of low birthweight and very low birthweight neonates in addition to infant mortality rates among different races or ethnicities.[22] The significantly higher rates of both conditions among African-Americans again describe a situation not simply attributable to traditional socioeconomic or environmental risk factors. A growing and consistent body of research points to the toxic effects of chronic stress caused by exposure to pervasive structural racism. A model that measures and sums individual risk factors to assign those who would benefit from more intensive home visiting models may fail to consider this underlying cultural and societal issue, which places African-American women at higher risk for poor birth outcomes regardless of other individual characteristics.

These data point to opportunities to improve health outcomes through more intentional efforts to engage disenfranchised populations during pregnancy and between pregnancies. For example, building non-stigmatizing pathways into home visiting from medical providers, community-based organizations, health plans, early learning settings, and County Departments could improve our ability to reach such families, and thereby to affect birth outcomes. We also may be able to improve health equity via other efforts, including but not limited to piloting other innovative models. Last but

[20] Geographic Restrictions: Programs restricted to specific Service Planning Areas include Healthy Start and Antelope Valley Healthy Families America. Early Head Start is federally restricted by ZIP Code. Programs restricted to one of the 14 localized Best Start neighborhoods include Welcome Baby, Healthy Families America, and Parents as Teachers per local First 5 LA guidelines.
Age Restrictions: Most intensive programs in Los Angeles require entry at or prior to birth. Nurse-Family Partnership is restricted to families entering before 28 weeks gestation. Healthy Family America and Parents as Teachers are available only to families immediately after hospital delivery per local First 5 LA requirements. Partnerships for Families is restricted to families entering prenatally or up to the child's first year. Welcome Baby is available only to families entering at or prior to birth. Entry into Healthy Start extends from the prenatal period through age two. Early Head Start is available from the prenatal period through age three.
Income and High-Risk Restrictions: Welcome Baby services are available to families of all incomes and risk profiles. Healthy Start is available to families who fit a demographic profile defined in each program's funding application based on a community history of risk. In Los Angeles County, Healthy Families America, Parents as Teachers, and Partnerships for Families are available only to families that have a history of high risk. Early Head Start is available to families that have a high-risk history and who are low income. Nurse-Family Partnership is avail¬able to low-income first-time mothers.

[21] Center for Health Equity, Los Angeles County Bureau of Health Promotion. (2018). A Pathway to Equity: A Framework to Close the Black-White Gap in Infant Mortality. http://paclac.org/wp-content/uploads/2018/06/IM-Brief.pdf

Figure 1: Infant Mortality by Race/ Ethnicity Los Angeles County, 1996-2016



Infant Mortality and Very Low and Low Birthweights Los Angeles County, 2016

	Total Live Births	Infant Mortality		Low Birthweight Less than 2,500 grams		Very Low Birthweight Less than 1,500 grams	
Mother's Race/Ethnicity		Total	Deaths per 1,000 Live Births	Total	%	Total	%
African American	8,425	88	10.4	985	11.7	210	2.5
Asian	19,608	40	2.0	1403	7.2	166	0.8
Latina	67,666	261	3.9	4556	6.7	772	1.1
White	22,808	73	3.2	1429	6.3	194	0.9
County-wide Total	**122,941**	**495**	**4.0**	**8,783**	**7.1**	**1,430**	**1.2**

not least, building a culturally responsive workforce can optimize perinatal and early childhood care and foster health and social equity.

Community Provider Roundtable and Parent Focus Groups

Over 90 local home visiting providers and advocates gathered at a Community Roundtable hosted by the Consortium to share their expertise and input regarding community needs and opportunities for system improvement. Key insights included:

- The need for improved perinatal mental health training, connections, and clinical supports for pregnant and new mothers suffering from perinatal mood and anxiety disorders
- A confirmation of the need for more flexible eligibility and funding to make home visiting services available to all families for whom they are a fit
- Interest in exploring medical billing options
- Interest in technological infrastructure to improve efficiency, outreach/engagement, referrals, billing, and outcome tracking
- A desire to strengthen ties with the medical community

Focus groups of current and prospective home visiting participants were conducted by SocialQuest and First 5 LA to gain community member perspectives. These sessions reaffirmed the themes enumerated earlier (see Appendix B | Excerpts from Focus Group Analysis). Parents cited the transformative impact of home visiting: those who commit to home visiting often experience deep, life-changing benefits and many wish they could have more visits. They also emphasized that home visiting acted as a gateway for them to other needed supports, such as housing and mental health counseling. At the same time, they pointed to the disappointment and frustration of current "leaky" referral pathways and eligibility complexity. They underscored the need for greater social support to counteract isolation and depression during the perinatal period. Parents also identified other opportunities for innovation and improvement, including improving the engagement of families (by better communicating the benefits of home visiting when offering programs and by increasing word-of-mouth promotion), increasing the use of texting, and greater father engagement.

[22] Source: California Vital Statistical Birth and Death files, 2016; created by LACDPH MCAH Programs, Research, Evaluation and Planning Unit

Our Proposed Solutions

Four key areas for system change were identified as key to realizing an optimal system of support in Los Angeles County:

1. **Coordination:** Building new processes, technology, and pathways to improve access
2. **Data:** Establishing common data elements across programs to guide continuous quality improvement, measure results, and convey shared impact
3. **Workforce:** Recruiting, training, and sustaining excellence
4. **Funding:** Expanding the volume, flexibility, and capacity of our funding infrastructure

This section delineates the recommendations of the County Departments and their partners within each of these action areas, and the commitments that stakeholders have made to move those recommendations forward.

COORDINATION

This section delineates recommended strategies for realizing a coordinated system of supports that expectant and parenting mothers can access easily and early, and that provides the right combination and intensity of services to meet families' needs. It outlines key steps to achieving our vision of a system that provides access to families through multiple environments, including but not limited to County, medical, and community environments. It does so recognizing that home visiting services represent one important resource within a broader set of family supports that we seek to coordinate for the benefit of our families.

The concepts proposed herein build on national research on single-entry portal and coordinated entry systems, and the local gap analysis requested by the Board of Supervisors. This section highlights both technological and organizational opportunities. It brings together the strengths of governmental, medical, and community service providers both as referral pathways into home visiting and as resources to meet each family's needs.

The three strategies that emerged as most valuable for improving access to home visiting—especially for those Los Angeles County families who are most vulnerable—were:

- Building a coordinated referral infrastructure that includes centralized technology
- Increasing pathways from County programs into home visiting and other community supports to better meet the needs of high-risk populations
- Embedding universal prenatal and postpartum screening and access to home visiting within the primary health care system, leveraging and building upon existing health supports.

Bringing together the public and private sectors around these three system changes is a critical first step in helping Los Angeles County children and families thrive.

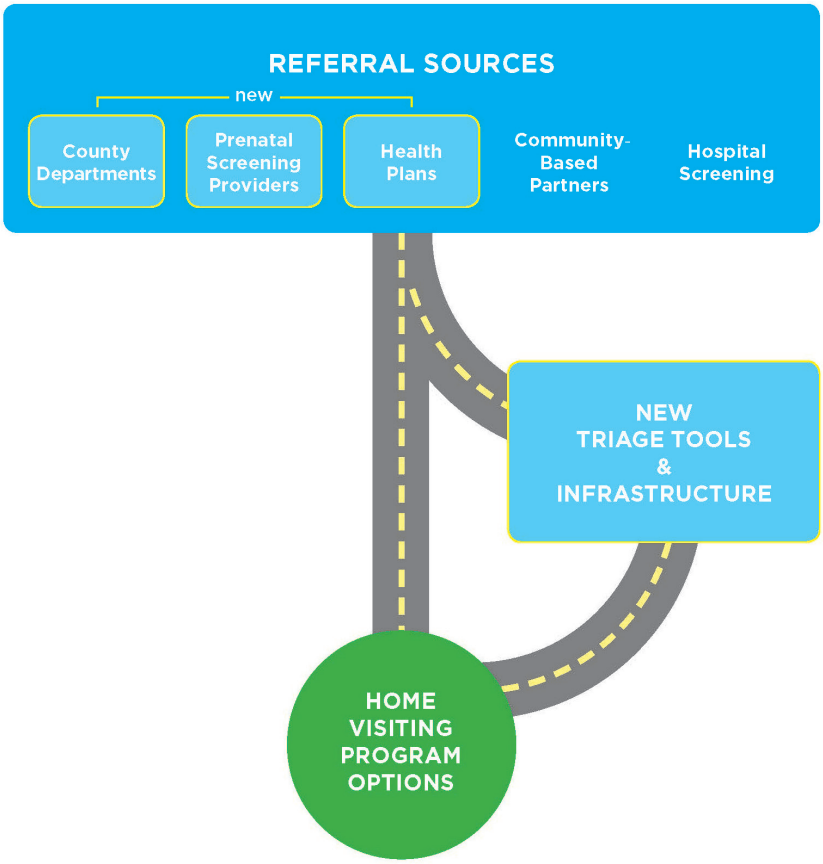
Coordinated Referral Technology

Investments in referral technology and related infrastructure could address the challenges currently faced by providers and families attempting to access appropriate services. Current challenges identified by stakeholders include:

1. The diversity of programs and variability of eligibility criteria across programs make it challenging for referring agencies and health care providers to know which programs to offer families (which programs they are eligible for, which are located in their geography, and which are the appropriate fit for the family's needs).
2. The large volume of provider agencies across the county, along with the insufficient distribution[23] and dynamic nature of programs, makes it hard for referring agencies to maintain the up-to-date contact information and forms required to efficiently connect people with programs.
3. There currently is no shared[24] way for referring agencies to track or check real-time program enrollment or capacity; when programs are full, parents become frustrated, losing momentum and general trust in the resources being offered.

Building a coordinated electronic referral system, with affiliated telephone hotline, would help to resolve these challenges. DPH, the Consortium, and First 5 LA are ready to collaborate to develop and maintain this needed electronic system. This effort is anticipated to take place in two phases. Phase I is the development of electronic eligibility and program information look-up ("triage") functionality. Phase II is the integration of this functionality into broader DPH, First 5, and other electronic and telephonic referral systems.

New Referral Pathways & Tools



[23] Hasenfeld, Chen, Garrow & Parent. (2013) Spread thin: Human service organizations in poor neighborhoods. The State of the Nonprofit Sector in Los Angeles Report. UCLA Luskin School of Public Affairs Center for Civil Society. https://www.socalgrantmakers.org/sites/default/files/resources/The%20State%20of%20the%20Nonprofit%20Sector%20in%20Los%20Angeles%20Report%202013_Human%20Services%20Orgs.pdf

[24] At this time, the Stronger Families database provides this capability for First 5 LA–funded Welcome Baby, HFA, and PAT programs only.

The Consortium, DPH, and the Center for Strategic Public-Private Partnerships (CSPPP) are already collaborating on Phase I, transitioning the Consortium's existing manual referral directory into an electronic format. This electronic build is being made possible through the joint sponsorship of several philanthropic foundations with the coordinating support of the CSPPP. This step will address many of the difficulties professionals have in determining the correct program to meet their client families' circumstances and accessing the contact information and forms needed.

First 5 LA has also committed funding for DPH to engage in a one-year planning process to define the exact scope, system integration, resource requirements, and sustainability plan of Phase II. This planning year will allow sufficient time to clarify the optimal set-up to meet community members' needs, including but not limited to possible integration with Help Me Grow infrastructure, First 5 LA's Stronger Families referral mechanism, and other relevant systems. Such connections could help resolve the third challenge listed above—parent frustration—by enabling parents and referring professionals to know in real time whether or not agencies have the capacity to take on new families, before encouraging parents to enroll.

To accompany this electronic system, a telephonic resource for referral support will be established. Because of DPH's existing commitment to managing a hotline for both Nurse-Family Partnership and Help Me Grow, DPH is well positioned to provide this new resource. In fact, there is a benefit to merging all home visiting resources into existing systems—broadening their purpose rather than creating another stand-alone system. Leveraging and expanding existing resources offers a more streamlined referral system, providing professionals and families seeking services with one central resource rather than multiple numbers to call.

New Pathways and Access for At-Risk Populations

The second key area of focus is the need for increased system-wide capacity to offer home visitation to families at high risk of involvement with the child welfare system, consistent with both the recommendations of the Los Angeles Blue Ribbon Commission on Child Protection and the Board of Supervisors' motion. To address this need, multiple County Departments have committed to pilots, process changes, and investments to create and improve referral pathways into home visiting programs for high-risk, pregnant, and parenting clients.

In response to concerns about narrow eligibility criteria, DPH piloted an expansion of its Nurse-Family Partnership program criteria in Service Planning Areas (SPAs) 1, 3, and 8, accepting not only first-time parents but also parents who are already raising other children. It anticipates spreading this expansion countywide in the upcoming year.

DPSS launched two pilots to explore opportunities to connect its most at-risk families to preventative supports:

- A pilot in SPA 6 that refers Family Stabilization families with children from before birth to age three to the Prevention & Aftercare Network and home visiting supports (with financial support underwritten by First 5 LA)
- A pilot in SPAs 1 and 3 in which a DPH Public Health Nurse is paired with a clinical social worker to offer interventions, referrals, and services, including home visiting, to eligible California Work Opportunity and Responsibility to Kids (CalWORKs) families in crisis

These pilots illustrate creative cross-departmental collaboration and are potential models for the expansion of access to intensive home visiting services for DPSS families. Both pilots demonstrated great success in engaging parents and connecting them with resources. In fact, the SPA 6 pilot was able to fill all funded home visiting spots faster than was anticipated, and provided learning that informed state-level home visiting funding discussions. Building off the early success of these pilots, DPH and DPSS are dedicated to the expansion of these services Countywide in fiscal year (FY) 2018–2019, so that Family Stabilization clients in all SPAs will have access to referrals and health and home visiting support.

DCFS and DMH have committed to utilizing MHSA-PEI funds to help build linkages for families who have had a child abuse report filed that does not meet the statutory criteria for an in-person response, and who would like to be connected to community services. Research has demonstrated that such families are at higher risk for re-reporting and the later removal of children into foster

care. DCFS is working with its Prevention & Aftercare Network partners to build intentional bridges for these families to connect to home visiting agencies and other supports. DMH is funding expanded resources for Prevention & Aftercare Networks to provide these linkages, as well as exploring ways to improve access to home visiting for DCFS-connected families who utilize Los Angeles County Medical Hub Clinics and other community supportive services. In addition, DCFS has collaborated with Early Head Start (EHS) providers to build a "Head Start and Early Education Referral System" to connect DCFS clients to EHS services. DCFS also refers DCFS-supervised pregnant and parenting teens to home visiting services when applicable.

DHS has also launched a pilot funded through its Section 1115 Whole Person Care waiver. The focus of this pilot is the creation of new home visiting offerings for high-risk,[25] Medi-Cal–eligible clientele. This program is being built as an extension of DHS's existing MAMA's Neighborhood, which has set the standard of care for perinatal health support in Los Angeles through its success in recruiting vulnerable women and having an impact on their psychosocial and medical well-being. This pilot enables DHS to fill a gap it had identified in its existing service reach, allowing it to engage a very high-risk population to whom it must bring services to achieve retention in clinical and other supports. DHS is building out connections to these resources in the context of additional comprehensive prenatal and extended post-partum services.

Probation plans to train its investigation, supervision, and triage staff to connect pregnant and parenting families to home visiting supports. It anticipates rolling out training to approximately 500 staff beginning in early FY 2018–2019.

To support the inflow of at-risk families coming from these new County referral pathways, and to ensure more equitable access to services for at-risk families in general, DMH has identified MHSA-PEI funds that it is reallocating to new prevention programming, including funding for home visiting services in FYs 2018–2019 and 2019–2020. The focus of this investment will be the expansion of services for families at risk of child maltreatment and/or adverse birth outcomes. After this initial two-year period, DMH will review and determine future investment plans based on outcomes and on the availability of funding.

The expanded home visiting services funded through MHSA-PEI will be rolled out in collaboration with DPH, with DPH as the program operations and oversight lead. DPH and DMH have chosen the Nurse-Family Partnership, Healthy Families America, and Parents as Teachers models for this expansion because of their fulfillment of MHSA evidence-based criteria specifically in relation to the prevention of child maltreatment. They have also chosen to invest in two new, innovative models that seek to reach specific at-risk populations: MAMA's Neighborhood Visits, which will serve high-risk Medi-Cal eligible families interfacing with the County medical service system, and Family Stabilization Support, which will serve DPSS Family Stabilization clients. DPH, DMH, and DPSS are committed to these services being operational in early FY 2018–2019.

DMH and DPH will use this expansion opportunity to address the eligibility-driven access issues outlined in the "What National Research and Local Gap Analysis Taught Us" section starting on page 14. Healthy Families America and Parents as Teachers programming will be open to families in all areas of the county and will not be restricted to families referred from hospitals (consistent with national model guidelines), as with currently funded programs. Further, it will allow high-risk families living outside First 5 LA–designated Best Start communities to be offered one of these more intensive home visiting programs. MAMA's Neighborhood Visits will also be offered countywide. As mentioned earlier, Nurse-Family Partnership funding will be open not only to first-time parents (the restriction prior to the commencement of this planning process), but also to families expecting additional children. These modifications will add the flexibility needed to connect previously excluded at-risk families to the right home visiting program for their family.

[25] High-risk as defined by DHS includes homeless, at risk of homelessness, incarceration, domestic violence exposure, substance abuse, severe and persistent mental illness, or experiencing a medically high-risk pregnancy.

Universal Screening, Achieved via Medical System Integration

The third pillar of improving access for families is the implementation of universal prenatal and post-partum screening, triaging, and resources. This approach ensures access to the most intensive services for families who would most benefit from these supports, while providing opportunities for all families to get off to a strong start. The goal of this type of "targeted universalism" is to achieve an outcome-driven division of resources, providing each family with the level of assistance they need to succeed.[26,27]

> "When we talk about universal services, we don't talk about giving everybody the same thing. We talk about giving people the level of service that they need. And that service may come from a publicly funded service. It may come from their own informal support system. It may come from their neighbors and friends. It's about linking families up to resources … looking at the context in which families live and asking if we can enrich that context with a set of services and a set of welcoming opportunities to receive services in ways that will really make a difference."
>
> —Dr. Deborah Daro, Chapin Hall

This build-out of universal supports is crucial to ensuring health equity, as it assures that access to strength-based supports are open to all families, including specific populations who may not have had access to or elected to engage in prior service options. It de-stigmatizes maternal support, making key resources (such as lactation, perinatal mental health, and community referrals) part of standard practice.

This effort will have an intentional prenatal outreach emphasis for three reasons: (1) because of the importance of prenatal supports in reducing disparities in infant mortality; (2) because of the research demonstrating women's increased receptiveness to making healthy changes during pregnancy; and (3) because of the immense body of research demonstrating the impact that prenatal health can have on life-long, multi-generational health and other outcomes.

By building partnerships with the health sector, such as with health plans and Comprehensive Perinatal Services Program (CPSP) leadership, we aim to ensure that all mothers are connected with timely prenatal supports. This integration with the medical system will augment the bridges being built between home visiting and social service settings—such as DPSS, DCFS, Women, Infants and Children (WIC), and other pathways referenced above—to ensure universal access for all Los Angeles County families. This connection will include screenings and "warm hand-offs" to appropriate home visiting supports, as well as other important resources such as obstetric care, WIC nutrition supplements, and public assistance options. Pre-existing integrated screening mechanisms in each of these various environments will be leveraged whenever possible to avoid duplicative inquiries regarding sensitive information. These mechanisms will be used in conjunction with the new coordinated infrastructure to efficiently connect families to appropriate resources, using common factors to triage appropriately within the context of each environment.

The second universal outreach point we aim to make is at birth. Under this vision, all families would be offered the opportunity for at least one post-partum home-based coaching session to ensure that the transition into parenting is healthy and successful. This visit, scheduled automatically as part of the hospital discharge process, would include breastfeeding support, connections to pediatric care, maternal mental health screening, trauma screening, and referrals to resources as may be appropriate. Recognizing that family needs and/or interest in participation may change during pregnancy, families would also be (re)screened during this visit for their eligibility for home visiting. Families would then be offered services appropriately matched to their level of need and interest. Families with multiple risk factors could be offered the opportunity for up to five years of intensive home-based support to help realize optimal child development, family well-being, and life goals.

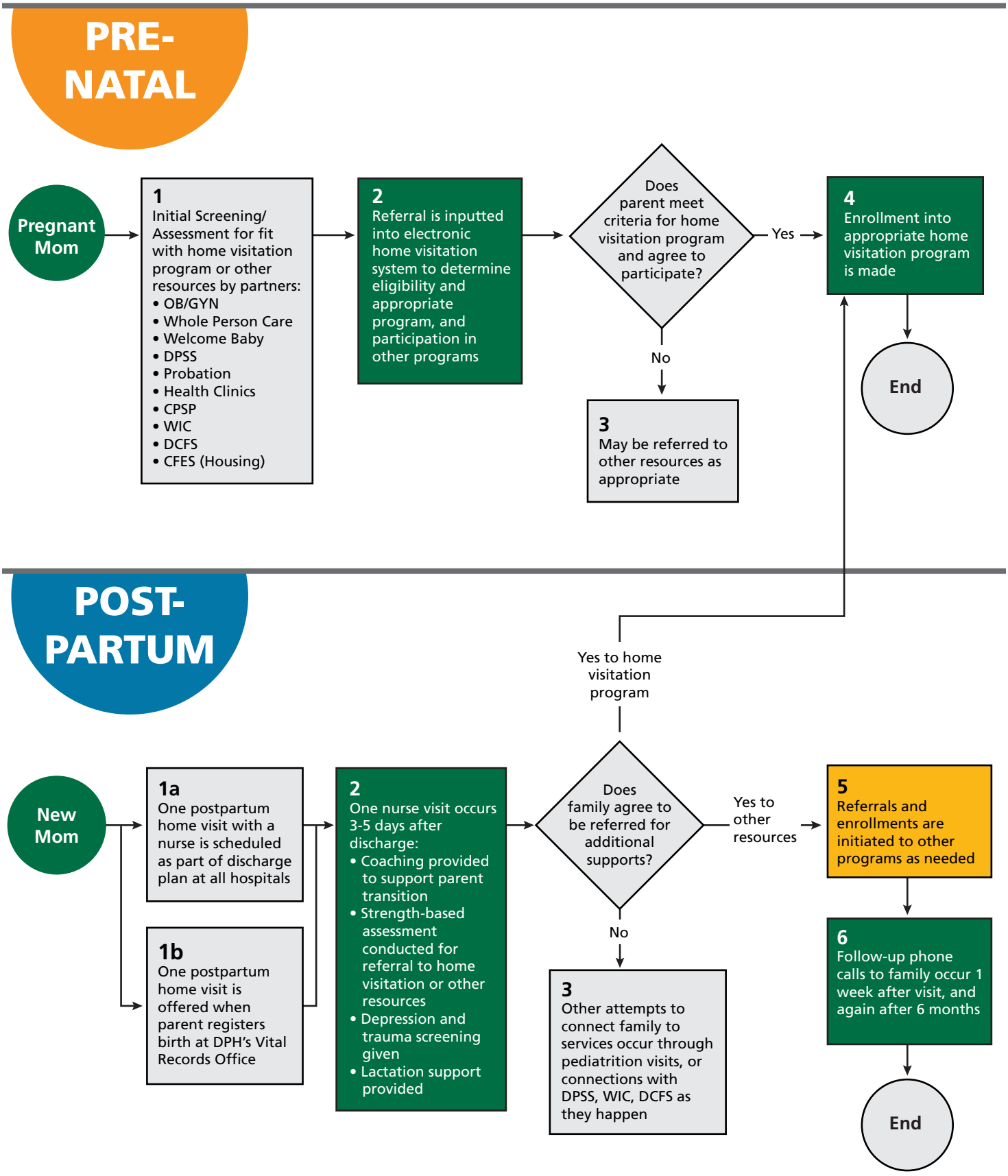
Under this vision, all pregnant women and families with young children in Los Angeles County would have access to trusted professional support and coaching in their homes—right-sized based on their needs and preferences—so that they and their children thrive.

Page 23 illustrates this model for universal access in Los Angeles.

To move this vision forward to reality, County leaders and First 5 LA have developed strategic partnerships with health plan leaders, who are increasingly interested in improving coordination with community-based service providers. First 5 LA has taken the lead on this health sector partnership development. It hosted multiple forums to gain health plan input and leverage their expertise as we build a system of care for mothers and infants that incorporates home visitation. Interviewees and participants included senior-level health plan leaders in health education, care management, and medical services. These interviews and gatherings yielded significant information from the plans on their perspectives regarding the value of home visitation and their current initiatives to provide enhanced pre and post-natal support. In partnership with DPH and DHS, First 5 LA will continue to nurture the relationships with health plan leaders established during this planning process. These efforts will aim to further unite health plan resources and County maternal and child health services under a shared agenda of ensuring timely prenatal care and reducing birth inequities.

[26] Powell, J.A. (2008). Post-Racialism or Targeted Universalism, Denver University Law Review 86, 785. "Targeted universalism" is the strategy of using population-specific interventions to achieve universally desired outcomes.
[27] Powell, J.A., Menendian, S., Reece, J. (2009). The importance of targeted universalism, Poverty and Race, 18 (March-April).

Universal Home Visitation Model for Los Angeles County



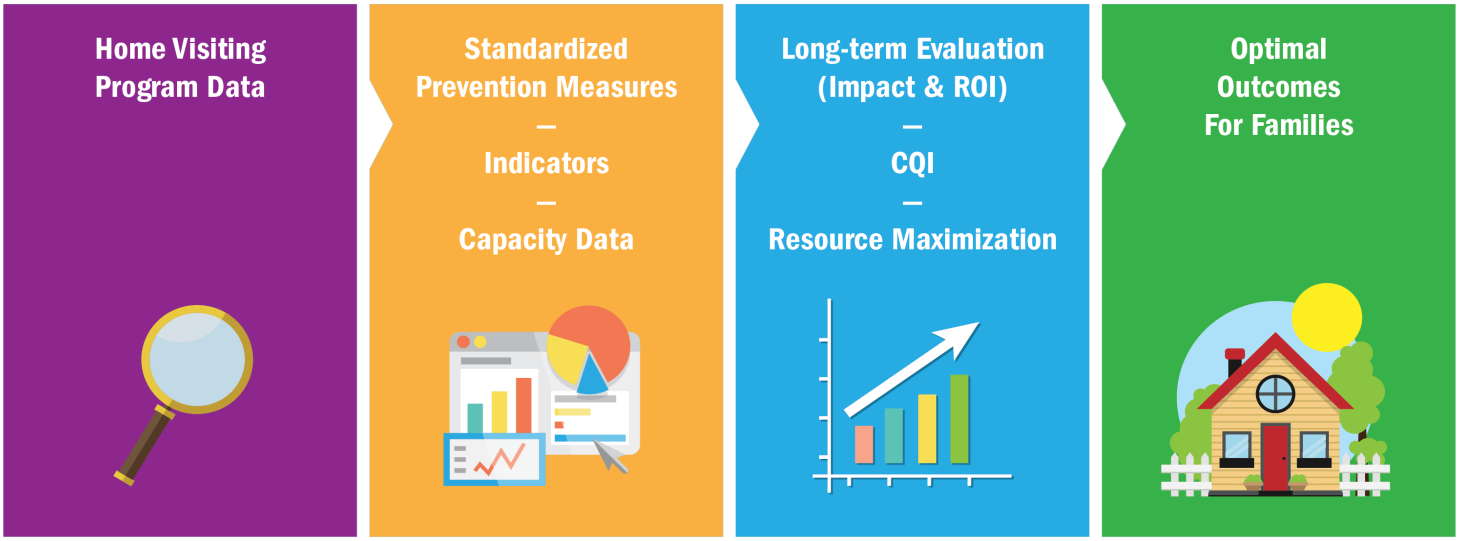
DATA

Three interrelated purposes exist for collecting, analyzing, and reporting data on home visiting: 1) performance measurement; 2) continuous quality improvement; and 3) capacity development and resource planning. Some elements related to each of these purposes are already in place both at the individual program level (as supported by current home visiting funders) and at the countywide collaborative level (led primarily by the Consortium to date). The countywide home visiting system envisioned in this plan will build on these existing data systems. It will also align its efforts with the work underway through the Office of Child Protection to develop a countywide child maltreatment prevention measurement system.

We envision three major outcome domains—healthy births, safe children, and strong families—each of which would include multiple indicators and measures that could be used to understand results at the family, program, community, and system levels. A fourth domain focusing on finance is also proposed to help decision-makers track cost savings and cost avoidance. National research by the respected nonpartisan group Washington State Institute for Public Policy and other academics have found various home visiting models to yield between $0.12 to $20.25 for every dollar invested;[28] by incorporating an ongoing analysis of cross-departmental cost/benefits associated with home visiting programs into the Institute's research and evaluation strategies, we will gain invaluable information to inform future strategic investment and operational planning.

To fulfill this crucial system need, we propose a three-pronged approach to performance measurement and information management:

1. Measurement and reporting on system-wide results in the four key domains—healthy births, safe children, strong families, and cost savings/avoidance
2. Regular tracking of programmatic reporting, including the core set of common indicators developed by the Consortium (Appendix D), as well as other potential standardized measures such as the Protective Factors Survey and parent feedback mechanisms
3. Ongoing analysis of administrative data to map program capacity, track system resource utilization, and assess needs and gaps (e.g., based on geography, underserved groups, and/or program selection criteria).



Roles and Metrics

First 5 LA, in partnership with the Children's Data Network (CDN), has made a commitment to the long-term countywide population-level measurement of results and will be leading our long-term countywide evaluation efforts. Using data-matching with available administrative datasets, partners will analyze the impact that countywide home visiting has on healthy birth, child safety, and family well-being metrics. It will also examine cost savings and cost avoidance achieved via the County's investment in home visitation. This analysis will be directly tied to and aligned with measurement of child abuse prevention efforts within the County, as called for by the Office of Child Protection in its prevention plan (Appendix C).

The Consortium's Data Workgroup has already provided leadership in developing common outcome, process, and descriptive "indicators" for tracking program performance across all home visiting programs in Los Angeles County (based on Maternal, Infant, and Early Childhood Home Visiting, or MIECHV, program data reporting requirements; the Pew Charitable Trusts' Home Visiting Campaign; Healthcare Effectiveness Data and Information Set (HEDIS) quality measures; and the data currently being collected by home visiting programs in

[28] Perrigo, J.L., & McCroskey, J. (2018). "Home visiting models: What do we know about cost effectiveness?" Unpublished manuscript, Suzanne Dworak-Peck School of Social Work, University of Southern California, United States. Detailed WSIPP cost-benefit reports may also be accessed at http://www.wsipp.wa.gov/BenefitCost.

the region). The Board of Supervisors' motion specifically calls for the leveraging of these indicators as a mechanism for achieving a common data platform for all Los Angeles County home visiting programs. In keeping with this directive, these indicators (Appendix D) will serve as a framework for shared outcome reporting and ongoing quality improvement across County, First 5 LA, and other programs. The Consortium will continue to play the lead in this reporting effort, developing an online data visualization platform for easy review and use of the data. The Department of Public Health, First 5 LA, DCFS, and the Los Angeles County Office of Education will meanwhile play key roles in ensuring timely data contribution and the use of the information for quality improvement.

Additional standardized measures of family well-being or program effectiveness may also be adopted as our system evolves, including but not limited to a Protective Factors survey (which will be required for all DMH, DPH, and First 5 LA–funded programs as of July 2018). Each model also utilizes parental feedback loops (including exit surveys, focus groups, and/or parent advisory boards) and model-specific outcome analyses to inform continuous quality improvement.

Outcome Areas	Measurement Method	Sample Suggested Metrics[29]
Healthy Births	Children's Data Network	• Decrease in health disparities among racial subgroups • Reduction in pre-term births [I], low birthweight [H I], infant mortality [I], severe maternal morbidity
Safe Children	Children's Data Network & Consortium Indicators	• Decrease in child protective service referrals [C] • Decrease in substantiated abuse and neglect [C] • Decrease in removals [I C] • Increase in DCFS Hotline referrals to community supports • Decreased emergency room visits [I H]
Strong Families	Consortium Indicators and other measures of *Maternal & Child Health*	• Increase in well-child visits, [I H] post-partum visits, [I H] prenatal visits, [I H] immunizations,H and insurance rates [I] • Increased breastfeeding rates [I] • Increased maternal depression screening [I] • Improved postpartum family planning rates [I] and increased inter-pregnancy intervals • Improvement in California Maternal Quality of Care/ California Maternal Data Center (CMQCC/CMDC) measures
	Protective Factors (*includes Parenting and Family Financial Strength outcomes*)	• Increased parent knowledge of child development [P] • Increased parent resilience [P] • Improved social and emotional competence of children [P] • Improved access to concrete supports in times of need [P] • Increase in parental social support [P]
	Consortium Indicators & Help Me Grow/TBD measures of *Early Childhood Development*	• Increased screening and access to Regional Center services for child developmental delays [I] • Improved 6-year-old math and language scores
Cost Savings/ Avoidance	Children's Data Network and Consortium Indicators	• Exact cost savings and avoidance metrics will be determined by the Prevention Plan Evaluation Team. Metrics will be informed by County input (may include measures such as decrease in ER use and NICU/ICU stays, long-term special education needs, decrease in long-term use of public assistance, decrease in criminal involvement, others) [C]

[C] Indicates outcome that could be part of Children's Data Network evaluation
[I] Indicates outcome or related process measure is tracked as part of LACPECHVC Indicators
[H] Indicates outcome is a HEDIS measure, CHIPRA measure, and/or a health plan priority
[P] Indicates outcome is tracked as part of the Protective Factors survey

[29] For the purposes of this table, suggested metrics include a sample of measures currently collected in different systems. Some focus on service processes and are important for quality improvement, while others reflect program outcomes. Only a subset are currently collected regularly for all families participating in home visiting programs.

Last but not least, to ensure that our investments are being optimally distributed over time, we propose that DPH, First 5 LA, CDN, and the Consortium partner to provide an ongoing assessment of home visiting program availability and usage compared to community needs. This assessment will entail monitoring the geographic, demographic, and linguistic distribution of community need and comparing that need to local home visiting program capacity and utilization. It also may include the assessment of additional measures of system health, such as the need for linkage to other resources, the success rates of such linkages, and participant retention. Having this type of high-quality capacity, utilization, community need, and gap assessment data is essential to achieving optimal resource allocation—not only for home visiting services, but also for related community-based family supports. By monitoring this pulse of resource availability and utilization, we will have the information we need to make informed future decisions about where resource adjustments and innovation may be needed.

Outcome Framework

Through commitment to the approaches outlined above, the County will be able to keep an ongoing watch on how well County home visiting programs are contributing (as part of the larger family support system) to crucial community-level outcomes, including ensuring healthy births, safe children, strong families, and cost savings/avoidance.

The following overarching outcome framework was developed to cross-walk how both long-term and annual data tracking efforts may come together to help us track, evaluate, and learn from our home visiting system. This framework was informed by input from the aforementioned County partners and developed in collaboration with the OCP Prevention Plan Evaluation Team and Children's Data Network leadership. Because the OCP countywide prevention measurement system with which we hope to align our home visiting evaluation work is not yet in place, this section describes an overall approach to measurement and data management rather than specifying a finalized measurement plan.

The chart on page 25 illustrates our four outcome domains, with proposed measurement methodologies and sample suggested metrics that could be affiliated with each outcome area. Steps needed before a specific measurement scheme is adopted would include system mapping, the analysis of existing data sets, and a cross-validation of possible measures.

WORKFORCE

Crucial to the success of these systems-change efforts is the recruitment, training, and preservation of a strong workforce. This domain is particularly important as we seek to activate home visiting as a resource for achieving health equity. To optimally help our diverse community, including high-risk, marginalized communities, we must be intentional about building a diverse and culturally humble workforce. As we expand funding for services, we need to simultaneously expand the volume and skills of our workforce. Quality is essential; we must provide support to our teams to ensure that they are able to thrive and mature amid all these dynamic changes. As we launch new models, referral pathways, clinical resources, billing mechanisms, and data practices, we need to provide ample support to our staff.

Five workforce investments will be pursued to meet these needs:

1. Increased perinatal mental health cross-training and clinical support
2. Capacity-building and practice improvements to increase cross-cultural humility, improve engagement, and reduce implicit bias
3. Recruitment of additional home visitors and program leadership from communities that mirror the diversity of our families
4. Investigation into turnover and salary rates, accompanied with solutions to address any challenges identified
5. An analysis of long-term opportunities to bolster the home visiting field by exploring opportunities for community members, students, and others to access career ladders and roles in the home visiting workforce

Perinatal Mental Health Capacity Building

The first of these efforts is already underway. DMH has committed to partnering with the Consortium, DCFS, and other home visiting networks to increase perinatal mental health cross-training and resource coordination. DMH and the Consortium have already launched trainings and training needs-assessments in four SPAs, and will be rolling resources out to all SPAs over the upcoming year. DMH will leverage its trauma-informed models, screening components, training modules, regional navigators, and field-capable home-based services as tools in these efforts. This work will build and strengthen the bridges between these resources and home visiting networks in Los Angeles County.

DPH and DMH have also committed to utilizing DMH-PEI funds to establish a centralized team of clinical social workers to provide therapeutic supports to home visiting clients and staff, as well as other professionals. With this improved perinatal mental health training, referral, and direct clinical support, home visitors will have a stronger capacity to help prenatal and post-partum mothers who are experiencing depression or other perinatal mood and anxiety disorders. Through the enhanced capacity these efforts will build, home visiting programs will be better positioned to achieve the desired outcomes of reducing the risk of adverse childhood experiences, of improving maternal health, and of improving parental capacity to provide nurturing, developmental stimulation, and economic well-being to their families.

Improving Cultural Humility, Engagement, and Implicit Bias

To address the inequities in our current health and social service delivery system, we must recognize and ameliorate the implicit bias and lack of cultural humility that have acted as barriers to effective family support. We will train and transform our workforce from leadership to front-line so that our full approach—including model structure, family connection/outreach, engagement, and ongoing service relationships—are more responsive to and respectful of the diverse perspectives, histories, and cultures of our population.

In 2017, the Los Angeles County Health Agency launched the Center for Health Equity (CHE), which is housed within DPH.[30] CHE's mission is to ensure that everyone in Los Angeles County has the resources and opportunities needed for optimal health and well-being throughout their lives; it strives to advance racial, social, economic, and environmental justice in partnership with committed County partners, local organizations, and community members. CHE includes the Institute for Cultural and Linguistic Inclusion and Responsiveness, which aims to improve cultural humility and respect, particularly within the County's health care delivery system. The principles, tools, trainings, and other resources offered by the Institute align with broader initiatives to improve cultural and linguistic respect and can inform efforts to improve the responsiveness of the home visiting workforce.

DPH, DMH, First 5 LA, and other partners are committed to providing training for the home visiting workforce on cultural humility, implicit bias, and other health equity related topics. The partners are also committed to identifying policy changes that may be needed to support our staff teams in providing optimal support. One step that has already been taken to support this effort has been the funding by First 5 LA of research and focus groups to inform future efforts. The results from focus groups of African-American mothers regarding the perceptions of service delivery systems and programs, and of research regarding how African-American women engage with clinical services, will be used to inform future program design and policy efforts that will frame the services our workforce delivers.

Recruitment

The third of these efforts is also already underway. The departments of Public Health, Mental Health, Health Services, and Public Social Services are in the process of rolling out a substantial expansion of Nurse-Family Partnership, Healthy Families America, Parents as Teachers, MAMA's Neighborhood, and Family Stabilization services in Los Angeles. As part of this effort, DPH will provide direct hiring and training for new Nurse-Family Partnership, Family Stabilization, and MAMA's Neighborhood Visits staff, and will also underwrite recruitment and training resources for Healthy Families America and Parents as Teachers. Los Angeles Best Babies Network will coordinate and deliver trainings and technical assistance to support high-quality practice during this staff expansion. To further health equity goals, there will be targeted efforts to increase

[30] http://publichealth.lacounty.gov/CenterForHealthEquity/

diversity in the home visiting workforce, such as the inclusion of more people of color and individuals with a variety of language skills. This create not only more equitable employment opportunities for persons from many different communities, but a better alignment of the workforce with the population of clients being served can improve trust, bonding, effectiveness of communication, and overall outcomes for these families.

Human Capital Management

The fourth workforce investment is being led by First 5 LA, which is underwriting research on turnover and salaries among Los Angeles County home visitors, informed by the efforts of the Consortium. This research will then be utilized by the Consortium, DPH, First 5 LA, and partnering agencies to assess the adequacy of current workforce salaries and supports. Where systemic concerns or opportunities are identified, partners will work collaboratively to implement solutions that will guarantee a secure, dedicated, and well-maintained workforce.

Career Pathway Development

The Consortium, County, First 5 LA, and community partners are additionally interested in developing long-term workforce development opportunities. These explorations would include opportunities to create intentional career pathways into and within the home visiting field, opportunities to integrate pathways for community members into the field, and potential partnerships with higher education institutions. With sufficient investment, the Consortium is particularly well positioned to lead this type of system-wide workforce development, as it operates as a strong platform for cross-model exploration, collaboration, and high-quality workforce support.

DPH is especially interested in the paraprofessional components of this exploration as an opportunity to improve engagement with and outcomes among disenfranchised community members. During the upcoming year, DPH will be examining opportunities to expand on the paraprofessional workforce in the system by increasing investments in the promotora, doula, and/or family partner–based models that employ trained paraprofessionals and community members in various perinatal support roles. These paraprofessional options are intended to provide more diverse resources to better meet the unique preferences of our community. These models would offer lower-intensity alternatives—provided by trusted community members—to "hard-to-reach" families who might otherwise not accept assistance. Focusing primarily on prenatal and post-partum health outcomes, they represent an opportunity for Los Angeles to innovate and reduce health disparities. They also have the additional benefit of providing career-ladder opportunities for community members who may not have a post-secondary or graduate education but who have valuable lived experience.

FUNDING

A key directive of the Board motion is "to identify a framework to maximize resources by leveraging available funding, and where possible, identify new and existing, but not maximized, revenue streams to support home visiting expansion." To this end, current research was reviewed and key experts interviewed on the types of financing strategies used by home visitation efforts in other states and localities. National resource-maximization strategies were assessed with an eye toward what may be feasible in Los Angeles County. Based on this work, several opportunities were identified.

Achieving scale is indeed one of the most pressing challenges facing the network of home visiting programs in Los Angeles County. As delineated above, research comparing the capacity of home visiting in the region to community need revealed a shortage of resources for both intensive and universal services. Furthermore, sustainability is a challenge. First 5 LA is currently the largest funder of home visiting in Los Angeles County, having invested approximately $39 million in FY 2016–2017. First 5 LA funding continues to decline with the loss of tobacco revenue, however, jeopardizing the long-term sustainability of existing service capacity in the system.

Opportunities identified to maximize resources in Los Angeles included:

- Leveraging previously untapped local funding streams, such as MHSA-PEI
- Improving the leveraging of federal funding streams by augmenting current billing and contracting mechanisms

- Ensuring that service providers have the appropriate training and technical assistance to participate successfully in federal fund leveraging
- Pursuing new or untapped state and federal sources, such as TANF funds and Medicaid Waivers
- Implementing multiple financing strategies simultaneously, in a blended and/or braided fashion
- Implementing advocacy strategies in parallel to sustainability efforts to ensure long-term outcomes are met
- Coordinating investments across funders in an intentional manner to maximize impact—including synchronizing how home visiting investments are utilized in concert with other health and social sector investments

Because of the varying levels of "readiness" of these opportunities, our framework recommends these opportunities be pursued in two phases.

Phase I: Immediate Term Opportunities to Expand Funding for Home-Based Services

To realize our vision for home visiting in Los Angeles, it will be necessary to both maximize available leveraging opportunities and identify new sustainable revenue streams. Strategies for expansion that are currently in various stages of execution include:

- DMH Mental Health Service Act (MHSA) investment
- Medicaid Targeted Case Management (TCM) expansion
- Temporary Assistance for Needy Families (TANF) investment
- Medicaid waivers

As explained earlier, DMH MHSA fund allocation is a major strategy that partners have committed to support both intensive services and innovative pilots in 2018. DPH and DMH will be utilizing MHSA-PEI dollars in FYs 2018–2019 and 2019–2020 to expand funding for evidence-based Nurse-Family Partnership, Healthy Families America, and Parents as Teachers models and for new MAMA's Neighborhood Visits and Family Stabilization services. They anticipate services launching July 2018. After this initial two-year period, DMH will review and determine investment based on availability of funding.

Targeted Case Management expansion is a key strategy being implemented in 2018 to maximize federal revenue for home visiting. TCM uses a combination of local funds (such as First 5 tobacco tax revenue) to leverage Federal Title XIX (Medicaid) funds. TCM services are the most commonly billed services by home visiting programs in the nation, but this strategy had not been fully maximized in Los Angeles County because of local restrictions. The Department of Public Health, recognizing that federal funds were being left on the table, has now made the requisite policy adjustments to enable participation by non-County entities including community-based organizations. In early 2018, First 5 LA and DPH partnered on a pilot with five First 5 LA–funded home visiting grantee sites to test the applicability of this strategy. The results of the pilot, which ended in April, demonstrate a strong alignment between home visiting models and TCM. The early financial projections also point to a considerable TCM federal return. Based on these promising findings, the pilot will be expanded to the remaining 16 First 5 LA grantee sites in a phased approach throughout the course of FY 2018–2019.

In 26 states across the nation, TANF is a source of funding for home visiting programs. This past year there were multiple bills and proposals to similarly dedicate TANF funds to home visiting at the California state level, thanks in no small part to the advocacy of First 5 LA and its partners. Multiple local entities, including DPSS, took part in educating state-level decision-makers regarding the valuable role home visiting can play in strengthening families and helping parents to access benefits. As proposals were discussed, a collective voice from Los Angeles County informed policymakers. Numerous organizations, including the Consortium, adopted official support positions. The pilots launched in Los Angeles County by DPSS (described in the Coordination section) helped pave the way for state-level investment by demonstrating the viability and value of such investment. As a result, a set-aside has been included in the 2018–2019 California Budget for a two-year pilot of TANF-funded home visiting across the state. This new state funding increases home visiting resources in California substantially; Los Angeles County is well positioned to draw a significant portion of these funds. Los Angeles

County's tracking and communication of results from this first-time state investment will be critical to supporting long-term sustainability.

Medicaid waivers represent both a short- and long-term strategy. As discussed earlier, DHS identified the Medicaid Section 1115 waiver's Whole Person Care program as an opportunity to expand home visitation in Los Angeles County over the next four years. In partnership with DPH, the program will serve as a mechanism to test a blend of programs in an evidence-informed effort to reach some of the region's most vulnerable pregnant and parenting families. The expansion of the DHS prenatal program MAMA's Neighborhood will not only fill short-term gaps in the existing home visiting landscape, but will also serve as a demonstration that can inform future state plan amendment proposals to secure sustainable medical funding streams.

In addition to expanding funding for home visiting programs, it will also be important to leverage County departmental supports to augment home visiting during Phase I. For example, although DCFS's Partnerships for Families program is included among the home visiting models described in this report, other DCFS family-centered services programs are not. It would be worthwhile to assess whether or not DCFS programs such as Family Preservation, Child Abuse and Neglect Prevention, Intervention and Treatment (CAPIT) , Adoption Promotion and Support Services, and Relative Support Services could be better aligned with evidence-based home visiting models. A recent analysis of funding for DCFS family-centered services contracts in 2016–2017 showed annual expenditures of over $50 million dollars. Lessons learned from evidence-based home visiting models could help to improve results for participating families, and extend the current system. Similarly, DMH programs (such as Wraparound, Full Service Partnership, Parent-Child Interaction Therapy, and Triple P) and health-focused programs led by the Health Agency offer additional supports in parallel to and/or layered on top of home visiting. Optimizing linkage and synergy among these programs will be important to fully maximizing the impact of our resources in Los Angeles.

Phase II: Additional Opportunities to Offset Costs and/or Expand Equitable Universal Perinatal Support

Over the next year, while Phase I implementation is underway, the partners will continue to explore additional opportunities to expand the resources available to support all families universally in their prenatal health and post-partum well-being. Such exploration will include an examination of partnerships that may provide new access ports, potential venues for screening/assessment, and/or potential cost offsets.

These potential Phase II opportunities include:

- Comprehensive Perinatal Services Program (CPSP)
- Women, Infants and Children (WIC)
- Private and public health plan partnership
- Expansion of state-approved extended health benefits for perinatal care
- Medicaid reimbursement
- Hospital community benefits funding
- Other potential Medi-Cal and health system–sponsored opportunities

The first three of these are leveraging and relationship-building opportunities. CPSP, health plan benefits, and WIC are all resources currently available to low-income families in Los Angeles, but they are not utilized by all families who are eligible. CPSP providers offer prenatal screening, prenatal and postnatal health education, and resources to Medi-Cal families, including in the home. WIC offers lactation, nutrition, and referral services. Health plans offer telephone referrals and other supports. Two health plans also offer home visiting specifically. Health Net has been piloting home visiting services in the Antelope Valley. Molina Health Plan's Care Connections program offers free in-home postpartum visits by a nurse practitioner. The providers who deliver these services all are well positioned to provide prenatal screening and referrals to intensive home visiting where appropriate. They also each provide valuable low- and medium-intensity perinatal support services (such as lactation, nutrition, coaching, and resources), with CPSP in particular having the capacity to provide those services in the home environment.

TCM and hospital community benefits are both monetary resource opportunities. Similar to the expansion of TCM for intensive services, described above, TCM may be utilized to expand the funding of low- or medium-intensity programs such as Welcome Baby. Hospital community benefits are another potential funding source to underwrite low-intensity perinatal supports.

An important part of our plan will be partnerships with health sector and other players to deeply analyze and build upon these opportunities. Engaging health plan leadership, WIC leadership, and hospital leadership is a crucial step to ensuring that the home visiting system we build both fully leverages and smoothly integrates with health sector and other existing perinatal resources. In partnership with these leaders, we will further clarify the optimal prenatal screening and referral mechanisms, the suite of services available to low- to moderate-risk families, and the alignment of funding streams that will best finance those resources.

In late FY 2018–2019, learning from Phase I implementation will be integrated with learning about these potential Phase II partnership and funding opportunities. Phase I implementation is anticipated to garner important knowledge that will help inform Phase II implementation priorities—including but not limited to a clarification of workforce needs (through the salary and career-ladder studies), a clearer definition of Los Angeles County's birth disparities investments, and a more accurate quantification of cost savings/avoidance related to certain strategies (such as TCM billing expansion). This knowledge will be combined with learning about the health sector and other opportunities listed above as next steps are determined.

Together, these two components will inform a second potential rollout of investments that could begin as early as FY 2019–2020.

The following table summarizes these Phase I and Phase II opportunities.

Current Funding	Phase I Expansion	Phase II Opportunities
• DCFS • DMH • DPH • First 5 LA • Federal Administration for Children & Families (Early Head Start) • Federal HRSA (Healthy Start)	• DMH MHSA-PEI funds • Expanded Title XIX TCM billing • DHS/Whole Person Care Medicaid waiver • CalWORKs funds	• Medi-Cal and health system opportunities • Hospital community benefits • CPSP • Existing health plan benefits • WIC • Probation

Where Do We Go From Here?

The Department of Public Health and its partners (County departments, First 5 LA, the Consortium, the Children's Data Network, health sector leaders, and home visiting providers) are ready to implement the key elements outlined in the attached plan—building centralized referral tools, bolstering the strength of our workforce, solidifying common data practices, and rolling out new funding streams. These elements, including the specific commitments enumerated below, are anticipated to be completed during FY 2018–2019, with the exception of the Phase II referral technology build-out anticipated in FY 2019–2020. The partners will also continue to look for connections to integrate this home visiting work with other nascent related work underway in the county, such as prevention plan implementation, reduction in birth disparities, Help Me Grow, and early childhood education efforts.

COUNTY DEPARTMENTAL COMMITMENTS

The following are commitments made by each department to support the implementation of this plan.

Department of Public Health

- Building and maintaining coordinated telephonic and electronic referral infrastructure (including supporting a Phase I eligibility tool build being led by the Consortium and leading the Phase II integrated build)
- Launching DMH-PEI funded evidence-based service expansion
- Providing public nursing staff to be part of integrated teams in both the DHS MAMA's Neighborhood Visits pilot and DPSS's Family Stabilization program
- Expanding the Nurse-Family Partnership program to provide greater support in SPA 6 (in line with the Center for Health Equity's goals) and to enlarge the geographic reach of its expansion pilot so that non–first-time parents may access services throughout the county
- Collaborating with DMH to provide centralized clinical perinatal mental health services to home visiting clients
- Exploring and piloting innovative models for supporting highest-risk families and communities experiencing adverse health equity outcomes, including but not limited to infant mortality
- Ensuring that training resources are in place for the full home visiting workforce related to implicit bias and the smooth ramp-up of newly funded services
- Partnering with First 5 LA to expand TCM billing to First 5 LA–funded Healthy Families America and Parents as Teachers providers
- Pursuing an ongoing assessment of community need and service utilization, in partnership with First 5 LA, the Consortium, Children's Data Network, and other stakeholders

Department of Mental Health

- Funding service and infrastructure expansions using DMH-PEI funds during FYs 2018–2019 and 2019–2020
- Establishing a centralized perinatal mental health clinical support team
- Ensuring that training resources are in place for the full home visiting workforce related to trauma-informed care and perinatal mental health

Department of Health Services

- Fully launching MAMA's Neighborhood Visits, including establishing an evaluation for the program and realizing strong workforce development for its new teams
- Establishing a multidisciplinary collaborative care model for case management that includes a partnership with DMH and expanded paraprofessional roles within its home visiting teams
- Exploring the implementation in DHS of a doula program for women delivering babies, in partnership with community-based doula organizations
- Unifying DHS's prenatal care delivery with the Office of Diversion and Reentry, the Los Angeles County Sheriff's Department, Juvenile Court Health Services, and Probation to minimize care gaps and maximize engagement in home visiting programs

Department of Public Social Services

- Expanding the Family Stabilization pilot countywide, in partnership with DPH and DMH
- Pursuing new state funding, as may be approved in the Governor's budget, to support expansion of home visiting services for CalWORKs beneficiaries

Department of Children and Family Services

- Ensuring that Partnerships for Families home visitors are trained to administer ASQ and PHQ-9 screenings, to align screening and data practices with countywide efforts
- Modifying data-tracking system to capture countywide data indicators
- Participating in countywide data-sharing to support a cross-model, collective evaluation
- Integrating home visiting referrals into the suite of community resources made available to families through Prevention & Aftercare network navigators, both for families within the general population and for families who have been the subject of DCFS Child Abuse Hotline calls

Probation

- Providing training for probation staff to connect pregnant and parenting families to home visiting support and to recognize this as an essential component of case planning efforts
- Integrating home visiting referrals into the array of services made available to adult probationers, probation youth, and their families
- Combining resources and efforts with County stakeholders to explore new and innovative models for supporting parents/pregnant youth detained in probation facilities or in short-term residential treatment programs (STRTPs)

LACOE

- Participating in countywide data-sharing to support cross-model, collective evaluation
- Continuing to partner to bridge Early Head Start and other home visiting–related resources

Office of Child Protection

- Supporting coordination across departments as home visiting system changes roll out
- Continuing to support the alignment of home visiting data initiatives with other County child abuse prevention evaluation efforts
- Continuing to support alignment of home visiting with other prevention strategies such as ECE and Prevention & Aftercare Network investments
- Providing consulting support for plan implementation as needed

PARTNER COMMITMENTS

In addition, the following commitments have been made by partnering entities:

First 5 LA

- Continuing state and federal advocacy to expand resources and support for home visiting in Los Angeles County
- Leading health sector engagement, developing clarity on how health systems and social systems can best partner to support family well-being
- Funding focus groups and research to help partners better understand the experiences and perspectives of African-American families when interfacing with the health and social sectors
- Partnering with DPH to ensure that home visiting providers are supported in a smoothly coordinated expansion of Healthy Families America and Parents as Teachers
- Partnering with DPH to expand Targeted Case Management participation countywide in 2018; providing necessary capacity-building and technical assistance support for 21 First 5 LA grantee agency sites to join the TCM platform
- Providing funding to support SHIELDS for Families, Inc., to provide home visiting to 50 DPSS clients via the pilot mentioned above, and support future expansion of home visiting services that may be funded through state budget allocation
- Partnering with DPH to explore optimal integrated referral system development, including evaluating opportunities to integrate community resources, home visiting, Help Me Grow, and other family resources into existing and/or new infrastructure
- Providing funding for Children's Data Network–led long-term evaluation and actively participating in countywide data-sharing to support a cross-model, collective evaluation
- Providing state- and federal-level education to policymakers
- Funding Los Angeles Best Babies Network as a critical body for enhancing quality and workforce development for existing and new programs
- Funding a home visiting workforce salary and turnover analysis

LA County Perinatal and Early Childhood Home Visitation Consortium

- Providing timely ongoing feedback from home visiting providers and advocates regarding system gaps and needs (both within home visiting and within the broader community)
- Leading the data-indicator collection and analysis
- Leading the development of the Phase I online home visiting eligibility functionality
- Partnering with other entities to support best practices and a high-quality workforce
- Continuing to support the home visiting workforce through training, advocacy, and support
- Working with DMH to coordinate perinatal mental health training and referral supports for home visitors across programs

Children's Data Network

- Leading long-term evaluation efforts, including an integration with the OCP Prevention Plan Evaluation

Los Angeles Best Babies Network

- Leading workforce development and program quality initiatives
- Coordinating trainings for new MAMA's Neighborhood Visits, Healthy Families America, and Parents as Teachers staff
- Providing backbone staffing for the Consortium to help coordinate its data, best-practice, referral, and advocacy efforts

Center for Strategic Public-Private Partnerships

- Leading the integration of philanthropic expertise and resources into ongoing implementation
- Coordinating the sponsorship of the electronic referral eligibility technology build-out
- Coordinating the sponsorship of DMH expansion technical assistance by the Blue Shield Foundation

GUIDANCE BODY AND COUNTY LEADERSHIP

To support ongoing systems-level coordination and quality improvement efforts, DPH proposes to initiate and host a long-term home visiting system guidance body. This body would include the following types of representation: home visiting clients, County departments that fund or refer into home visiting, nonprofit provider agencies (including representation across models and levels within these organizations), Consortium members, evaluators, independent advocates, health plans, hospitals, and other partners (such as WIC, housing, disability, employment, education, or philanthropy). In addition to this direct representation, the guidance body will also leverage existing resources (such as parent advisory boards, exit surveys, focus groups, Consortium workgroups, and other provider groups) to garner and integrate parent and provider voices. This body would be responsible for ongoing system monitoring, adjustment, and advocacy, as well as the identification of opportunities to deepen the connections between this home visiting work and other nascent related work underway in the County (such as prevention plan implementation, reduction in birth disparities, Help Me Grow, and early childhood education efforts).

DPH will also monitor and pursue system improvements outside of this guiding body, not only within DPH's own programs, but also as a champion and coordinator with its County partners.

RECOMMENDATIONS FOR CONSIDERATION BY THE LOS ANGELES COUNTY BOARD OF SUPERVISORS

- Adopt the policy that all County-funded home visiting programs will utilize validated screenings for maternal depression and infant-toddler development.
- Support the establishment of a countywide electronic referral system.
- Adopt the policy that all County-funded home visiting programs will participate in countywide data-sharing and analysis, as outlined above.
- Consider piloting universal postpartum support for mothers delivering at Los Angeles County birthing hospitals in FY 2018–2019, including requiring that a home and/or virtual visit be offered as part of the postpartum discharge of all mothers delivering at a piloting County DHS-operated hospitals.
- Consider establishing linkages between all County prenatal medical providers and home visiting family supports.

Appendix A | Summary of Outcomes

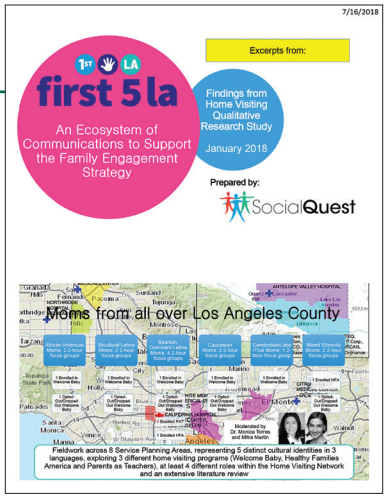
Mission:
To coordinate, measure and advocate for high quality home-based support to strengthen all expectant and parenting families so that the children of Los Angeles County are healthy, safe and ready to learn.

SUMMARY OF OUTCOMES:
What Research Proves Home Visiting Impacts

Report as of June 19, 2017

Home-based support: Begin early, Impact a lifetime

Appendix B | Excerpts from Focus Group Analysis



7/16/2018

Excerpts from:

first 5 la

An Ecosystem of Communications to Support the Family Engagement Strategy

Findings from Home Visiting Qualitative Research Study

January 2018

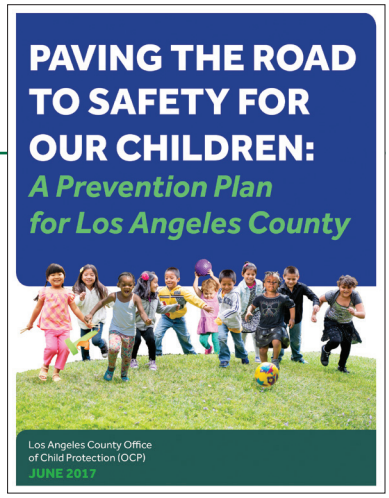
Prepared by:

SocialQuest

Moms from all over Los Angeles County

Fieldwork across 8 Service Planning Areas, representing 5 distinct cultural identities in 3 languages, exploring 3 different home visiting programs (Welcome Baby, Healthy Families America and Parents as Teachers), at least 4 different roles within the Home Visiting Network and an extensive literature review

Appendix C | Paving the Road to Safety for Our Children



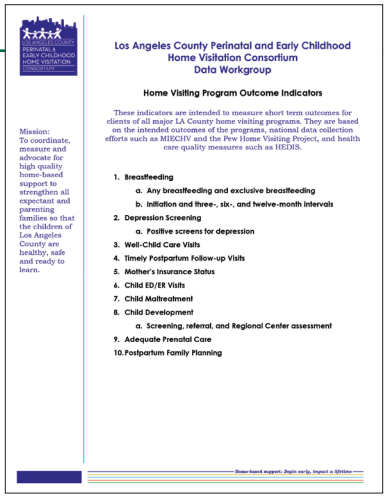
PAVING THE ROAD TO SAFETY FOR OUR CHILDREN:

A Prevention Plan for Los Angeles County

Los Angeles County Office of Child Protection (OCP)

JUNE 2017

Appendix D | Consortium Data Indicators



Mission:
To coordinate, measure and advocate for high quality home-based support to strengthen all expectant and parenting families so that the children of Los Angeles County are healthy, safe and ready to learn.

Los Angeles County Perinatal and Early Childhood Home Visitation Consortium
Data Workgroup

Home Visiting Program Outcome Indicators

These indicators are intended to measure short term outcomes for clients of all major LA County home visiting programs. They are based on the intended outcomes of the programs, national data collection efforts such as MIECHV and the Pew Home Visiting Project, and health care quality measures such as HEDIS.

1. Breastfeeding
   a. Any breastfeeding and exclusive breastfeeding
   b. Initiation and three-, six-, and twelve-month intervals
2. Depression Screening
   a. Positive screens for depression
3. Well-Child Care Visits
4. Timely Postpartum Follow-up Visits
5. Mother's Insurance Status
6. Child ED/ER Visits
7. Child Maltreatment
8. Child Development
   a. Screening, referral, and Regional Center assessment
9. Adequate Prenatal Care
10. Postpartum Family Planning

Home-based support: Begin early, Impact a lifetime

Appendix E | Executive Summary, Home Visiting in Los Angeles County

Executive Summary
Home Visiting in Los Angeles County:
Current State, Gaps & Opportunities

Home visiting[1] is a form of family support that includes parent coaching and comprehensive resource referrals provided by trained professionals in the home and community environment. It has been proven through research to be effective in reducing child abuse and neglect, improving child development, reducing preterm births, improving maternal and child health, increasing school readiness, reducing reliance on public financial benefits, and reducing crime. It is an invaluable model for improving family outcomes, preventing expensive crisis-based intervention, and triaging families to appropriate and needed services.

The Los Angeles Partnership for Early Childhood Investment and First 5 Los Angeles engaged Big Orange Splot, LLC, on behalf of the Los Angeles Perinatal and Early Childhood Home Visitation Consortium ("LACPECHVC"), to perform a deep analysis of the current home visiting landscape in Los Angeles, including current models, capacity, gaps and maximization opportunities. The purpose of this analysis was to provide a solid foundation of data with which to ground future planning and advocacy. This executive summary provides an overview of the key findings from that research.

Acknowledgments

Many thanks to our funders, LA Partnership for Early Childhood Investment and First 5 LA, without whom this research would not have been possible, as well as to Michaela Ferrari (LACPECHVC Coordinator); LACPECHVC Data, Referrals and Advocacy Workgroups; LA Department of Public Health MCAH; Gina Airey Consulting; and LA Best Babies Network, for their respective data and design contributions.

What home visiting models do we have here in LA?

Los Angeles County has both "universal" & intensive home visiting models. ***Universal home visiting models*** are shorter-term, less frequent models that focus on perinatal well-being, including preventing adverse health, parenting, and developmental outcomes, and screening to identify individuals in need of more intensive support. They are offered to all expectant and new parents in a community, regardless of family risk attributes. In Los Angeles County, one "universal" program —Welcome Baby—is active, but it is currently only available to mothers delivering at 14 of the County's hospitals.

Intensive models are longer term and more frequent. While the specific focus varies by program, intensive models typically include an emphasis on healthy child development, the prevention of child abuse or neglect, mental health, maternal health, and self-sufficiency. Intensive models are only available to parents who meet specific risk, income, geographic, and/or age criteria. The various intensive models have different curricula/methodology, staff requirements, frequency of client contact, length of services, entry requirements, intended outcomes, and actual outcomes as demonstrated through research. The LACPECHVC document "Program Details for LA County Home Visitation Programs" summarizes many of these differences.

healthy families america | Partnerships for Families | Nurse-Family Partnership | Parents as Teachers | Early Head Start

[1] We define home visiting as follows: "Perinatal and early childhood home visiting is a multi-disciplinary, family-centered support and prevention strategy with services delivered by trained professionals in the home that: (1) is offered on a voluntary basis to pregnant women and/or families with children through the age of 5; (2) provides a comprehensive array of holistic, strength-based services that promote parent and child physical and mental health, bonding and attachment, confidence and self-sufficiency, and optimizes infant/child development by building positive, empathetic, and supportive relationships with families and reinforcing nurturing relationships between parents and children; and (3) is designed to empower parent(s) to achieve specific outcomes which may include: healthy pregnancy, birth and infancy; optimal infant/child development; school readiness; and prevention of adverse childhood and life experiences."

Home-based support: Begin early, Impact a lifetime