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October 10, 2017

TO: Each Supervisor

FROM: Barbara Ferrer, Ph.D., M.P.H., M.Ed.  
Director *Barbara Ferrer*

SUBJECT: **UPDATE ON MAXIMIZING AND EXPANDING HOME VISITING SERVICES FOR FAMILIES IN LOS ANGELES COUNTY**

This is in response to the December 20, 2016 Board motion instructing the Department of Public Health (DPH), in collaboration with First 5 LA, the LA County Perinatal and Early Childhood Home Visitation Consortium (Consortium), the Office of Child Protection (OCP), the Children's Data Network, 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 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.

Since the June 21, 2017 Board report, DPH has accomplished the following activities:

- Continued to convene a bi-weekly, cross-agency research and planning team (Planning Team) to support the ongoing cross-departmental collaborative work;
- Hosted a cross-departmental County Home Visiting Workgroup comprised of DPH, DCFS, First 5 LA, Consortium, OCP, Children's Data Network, DHS, DMH, DPSS, Public Library and Probation on a monthly basis, and more frequently as determined to be helpful for coordination and implementation;
- Recruited additional representation from LA County Office of Education (LACOE) to the County Home Visiting Workgroup, to ensure that their Early Head Start programs and resources are integrated into our collaborative work and joint learning;
- Continued to engage the business and philanthropic communities through a series of meetings;
- Continued to engage home visiting provider organizations through the Consortium;
- Worked directly with individual departments, such as DHS, DPSS, DMH, DCFS, and Probation, to support pilot projects and improve initiatives underway to connect their clients more directly to home visiting programs; and
- Established an agreement with OCP to fund three items within DPH to focus more deeply on evaluating long-term opportunities for DPH to provide expanded coordination support and leverage additional federal and State funding for home visiting in Los Angeles County.

In addition, the Home Visiting Planning Team has made significant progress on the six key elements outlined in the Board motion since the June 21, 2017 Board report. Below is an update on this progress and proposed next steps for DPH, partner County Departments, the business and philanthropic community, and other key stakeholders to advance a coordinated system of home visiting programs in Los Angeles County.

### **I. National Models and Best Practices**

Since the last report, the Planning Team continued to study national models and best practices to inform decision-making. Recently, the Planning Team engaged researchers in the Doris Duke Fellows Program to explore Probation-led home visiting efforts in other jurisdictions. These researchers are currently investigating the effectiveness of the programs and the use of Probation funding streams and/or infrastructure to support the connection of teen parents and other Probation families with young children to home visiting programs. We anticipate the results of their research will be available this fall.

In addition, the Planning Team reviewed research relating to using home visiting to reduce racial disparities in infant mortality, and met with Maternal Child Health Access to discuss research from Black Mothers United in Sacramento that shows potential for how the Comprehensive Perinatal Services Program can be leveraged to fund home visiting services that reduce black infant mortality. DPH and partners have reviewed the research and are exploring how the lessons from Black Mothers United may be best applied in Los Angeles County.

Moreover, all County partners operating home visiting programs continued to explore opportunities for implementing national best practices within their programs, including but not limited to looking for opportunities to carry out the Consortium's Best Practice Recommendations

and to ensure excellent training, supervision, and cultural competence. Examples of this work can be found in Attachment I, Appendix A.

## **II. Coordinated System for Home Visitation Programs**

In keeping with the Los Angeles County 2016-2021 Strategic Plan, Objective I.1.6, “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,” the leadership of each of the County Departments and organizations named in the motion continue to meet regularly (along with additional County entities such as the Los Angeles County Office of Education and Public Library) in order to realize the vision of an integrated, coordinated home visiting system in Los Angeles.

Exploration is underway to identify how existing infrastructure investments being underwritten by County Departments, First 5 LA, the Consortium, and others may be expanded to support the teams and practices of all Los Angeles County home visiting models. Examples of this exploration can be found in Attachment I, Appendix B.

Several Departments have also begun to build referral bridges for their clients into home visiting programs where none existed before. These efforts represent monumental steps toward the realization of a coordinated system of support with a “no wrong door” approach. Examples can be found in Attachment I, Appendix C.

DPH will continue to engage County departments, community members, Consortium workgroups, and home visiting provider agencies as appropriate to develop concrete implementation plans to move forward with these and additional collaborative opportunities.

## **III. Gaps in Services for High-Risk Populations and Strategies to Address Gaps**

As discussed more fully in the June 21, 2017 report, analysis of current home visiting capacity and gaps revealed that Los Angeles County has a strong base of quality home visiting programs, but also has a significant shortage in overall home visiting services available relative to the need within Los Angeles County.

The pilots and exploration being pursued by DPH, DHS, DPSS, DCFS, and DMH, described above in Section II, all represent efforts by County Departments to remedy this challenge. Each represents an opportunity to expand the funding of home visiting for high-risk Los Angeles families, including indigent County hospital patients, CalWORKs family stabilization and supportive-service eligible clients, and DCFS/DMH Medical Hub clients.

Similarly, each also helps to remedy one of the other key gaps identified by our analyses: prenatal referrals. Prenatal referral is valuable both because it is a prerequisite for some Los Angeles models and because research shows we can have a greater positive influence when we connect with families prenatally. DHS, DPSS, and DMH are all aiming to build connections to support prenatal families. DCFS likewise aims to increase prenatal referrals through collaboration with its Hotline and Prevention and Aftercare Network providers.

DPH has also invested intentional focus on increasing its prenatal reach. As a result, and in combination with State funding changes, Nurse-Family Partnership is now operating at full capacity, maximizing its reach. In addition, NFP is piloting the “Multips” model within its portfolio of offerings, increasing the flexibility of its services to meet the needs of families who were previously excluded from the program.

First 5 LA and its funded home visiting providers have a similarly invested intentional focus on maximizing enrollment. As a result, the number of families served through Welcome Baby increased by 19% from FY16 to FY17. First 5 LA and DHS are also both planning focus groups of home visiting families to inform the cultural competence and efficacy of their client recruitment and retention across diverse high-risk populations. DHS is exploring recruitment in relationship to its MAMA’s Neighborhood expansion. First 5 LA is committed to executing market research to inform increased enrollment and retention across the home visiting system. Further, First 5 LA will continue to support early childhood education related to overall family strengthening, as well as home visiting, specifically, in order to increase parent knowledge of high-quality parenting and family strengthening practices and resources, as well as the benefit of home visiting services.

Additionally, the June 17, 2017 Board report also highlighted the need for improved perinatal mental health services for prenatal and postnatal mothers suffering from depression, anxiety, or other mood disorders. In response, DMH and the Consortium have been partnering to increase perinatal mental health cross-training and resource coordination as described above in Section I. DMH is exploring how to leverage its trauma-informed models, screening components, training modules, Regional Navigators, and field-capable, home-based services as tools in these efforts.

#### **IV. Increase Access to Voluntary Home Visitation for High-Risk Families**

As described above in Sections II and III, and consistent with the recommendations of the Los Angeles County Blue Ribbon Commission on Child Protection, multiple County Departments (DPSS, DMH, DHS, DCFS) are working together to explore the process changes that would be required to create intentional referral pathways into home visiting programs for pregnant and high-risk clients. One of the key building blocks in refining these new pathways is the building out of electronic systems as needed to support effective referrals. DPH and the Planning Team intend to explore partnership opportunities with the private sector to support this needed technological infrastructure.

First 5 LA has meanwhile been exploring strategies to add flexibility to the eligibility requirements of programs that they fund, such as opening entry to high-risk families with children up to 3 months of age, or opening entry into select home visitation via transfer from Welcome Baby. Such exploration entails investigating steps required to adapt First 5’s Stronger Families database to support such referral changes, processes required to integrate risk screening with these proposed changes, and analysis of the implications of these proposed changes on cost, availability of intensive services for high risk families identified at birth and maxing out capacity.

#### **V. Collect, Share and Analyze Standardized and Consistent Outcome Data**

Having quality capacity and outcome data is essential to ongoing gap assessment and program evaluation. Recognizing the leadership that the Consortium’s Data Workgroup has already

provided in developing common outcome indicators (based on Maternal, Infant, Early Childhood Home Visiting Program and Pew Charitable Trusts' Home Visiting Campaign) for home visiting programs in Los Angeles County, the County Departments have continued exploring the viability of implementing the indicators in all County-funded home visiting programs. The County Departments have also begun discussions with the Children's Data Network regarding opportunities to perform long-term outcome analyses utilizing data-matching with administrative data sets, as well as regarding the connection between the measures of prevention highlighted in the OCP Prevention Plan and desired home visiting measures. Multiple departments are researching additional opportunities for evaluation tailored to their specific program design and needs. Examples of this work can be found in Attachment I, Appendix D.

## **VI. Framework to Maximize Resources by Leveraging Available Funding and Identify New Revenue Streams**

Sustainability remains one of the most pressing challenges facing the network of home visiting programs in Los Angeles County. This point becomes even more salient when taking into account that the revenues of the County's current largest home visiting funder, First 5 LA, are slowly shrinking. In line with the recommendations shared in the June 17, 2017 Board report, the County Departments, Consortium, and Planning Committee partners have been pursuing and implementing multiple sustainability strategies simultaneously.

### *Funding Streams*

First 5 LA and DPH have been pursuing the requisite policy changes and planning needed to further leverage federal Medicaid Targeted Case Management (TCM) and Medicaid Administrative Activities (MAA) funding for LA County. TCM is the most commonly utilized funding by home visiting programs nationwide. A recent policy change within LA County enables non-County organizations to participate in TCM, opening the door for nineteen First 5 LA-funded select home visitation grantees to potentially leverage these funds. Administering TCM can be onerous and require significant fiscal and technological infrastructure. Therefore, F5LA and DPH have been working on ensuring appropriate staffing and resource infrastructure is in place to support the launch of a Targeted Case Management pilot with a cohort of First 5 LA select home visiting grantees in Fiscal Year 2017-18, with the intention to expand to all nineteen grantees in FY 2018-19. Also, preliminary revenue projections on currently funded programs are being developed.

Another funding stream in the process of deeper exploration is Mental Health Services Act-Prevention and Early Intervention (MHSA-PEI). We anticipate having more definitive conclusions on the potential uses of this funding for home visiting to share with your Board in our next update. Temporary Assistance for Needy Families (TANF) funding and Medicaid waivers are additional funding streams being considered as long-term strategies. The results of the pilots currently in development (described in Sections II and III above) and future funding allocations at the State and federal levels will critically inform the viability of these funding streams as long-term resources.

The Planning Team has conducted research on best practices related to programs which connect Temporary Assistance for Needy Families (TANF) recipients to home visiting supports. Currently, 26 states across the nation are implementing this strategy, and utilizing TANF funds to support these efforts. The research included interviewing key experts in several states already

employing this model, including Washington and Minnesota, as well as a representatives from a policy organization conducting research on related efforts nationwide. Best practices in planning, implementation, and evaluation of these types of programs has been documented and the research informs the DPSS pilot discussed in the previous sections of the report.

DCFS' recent adoption of Partnerships for Families using state re-alignment funds serves as an excellent example of internal prioritization in support of sustainable funding. This shift, made official in January 2017, illustrates how funding for such programs may be built into our departmental budgets.

#### *Policy Innovation*

Policy innovations are critical to long-term sustainability of home visiting efforts. The Planning Team continues to engage with key partners working on the forefront of home visiting policy, advocacy, and sustainability statewide, such as the First 5 Association. On August 3, 2017, representatives from approximately fifteen different First 5 county commissions convened in a working session in Los Angeles to discuss home visiting sustainability, which is a major policy priority for First 5's statewide as they face future declining tobacco tax revenues. The different commission representatives shared lessons learned from their efforts in blending and braiding funding, utilizing non-traditional funding sources to support home visiting, data-sharing, and cross-county departmental coordination. Best practices shared at the convening inform ongoing sustainability planning. Furthermore, the statewide First 5 infrastructure is a key platform the Los Angeles County home visiting effort will continue to leverage, particularly for policy and advocacy purposes.

Other related home visiting policy efforts continue. As noted in the previous report, the Maternal Infant Early Childhood Home Visiting (MIECHV) Program, which represents the largest source of federal investment in home visiting, and a significant source of funding for County programs, is currently facing reauthorization. In response, in May 2017, your Board authored a 5-signature letter to Congress supporting MIECHV reauthorization. MIECHV advocacy has continued through the summer via several avenues including the First 5 LA Policy team and federal advocates in Washington, DC, as well as through the Consortium, which has taken an official position in support of MIECHV reauthorization. In addition, the County Departments remain committed to partnering with the Consortium to track local, state, and national opportunities for advocacy that could increase funding for Los Angeles County programs or could support the maintenance of high-quality home visiting programming in Los Angeles County.

#### *Partnership and Coordination*

All County Departments and organizations involved in this work are committed to continuing to explore opportunities to bring additional resources to support Los Angeles County programs. As part of that exploration, they have re-engaged with the Doris Duke Fellows program to achieve nationwide research regarding use of home visiting by Probation departments in other jurisdictions. Finally, funding streams to be assessed in the next phase include Early Head Start, Healthy Start, and Early Periodic Screening Diagnosis and Treatment (EPSDT).

Many, if not all, of these long-term sustainability strategies will require some up-front investments and partnerships to reach their potential. As an example, programs themselves may need support for improved quality or capacity. Additionally, the systems-level build up that will be required to support and maintain these strategies will itself benefit from cross-sector

partnerships and investments. Finally, communications and advocacy will be key to continued sustainability and increased capacity. The County Departments, through the Center for Strategic Public-Private Partnerships, has been exploring potential partnerships with the philanthropic community in all of these areas. These representatives have expressed that they believe the philanthropic community would be interested in partnering and have encouraged the development of proposals for philanthropy to consider in these areas.

In addition to philanthropy, representatives from the Consortium and Planning Team continue to engage the business sector. Specifically, they have met with staff and leadership of the Los Angeles County Economic Development Corporation and the Los Angeles Area Chamber of Commerce. Both remain engaged and ready to play a supportive role in workforce development if and when needed.

### **Next Steps**

Key to the realization and sustainability of a truly coordinated home visiting system in Los Angeles is a clearly articulated, long-term plan that outlines the needed infrastructure, leadership, and funding requirements. The upcoming three months will involve development of a cohesive plan that enables all of our partners, the Board of Supervisors, County Departments, Consortium members, First 5 LA, and the private sector to share their expertise and clarify roles as we work together to build the system we all envision and that our families deserve. This Phase I plan will be an initial high-level set of recommendations regarding infrastructure, roles, and funding. It will be developed with broad stakeholder input, building out a strategic collaborative infrastructure, including definition of financial need, based on our collective strengths and needs. DPH will submit the Phase I plan in January 2018.

Based on input from your Board, a second phase of planning would subsequently take place, with a targeted completion date of July 2018. This would contain additional recommendations for your Board's consideration. Phase II would augment the initial Phase I framework with deeper operational guidance that builds on the results of the planning being done by DPH in partnership with OCP, as well as related OCP's Prevention Plan implementation work underway. Phase II would act as a blueprint for raising further recommendations to your Board, establishing:

- A target for number of home visiting spaces to be developed to achieve the needed system scale;
- A timeline for achieving scale;
- A long-term financial projection, inclusive of both costs and funding sources, based on short- and long-term opportunities for revenue growth;
- Long-term infrastructure roles;
- Support strategies and policies that will be needed to achieve scale (including associated timelines and costs), such as workforce development, training, technical assistance, data integration and communications.

Both phases would attempt to extend beyond at-risk services to include promising solutions for universal perinatal screening and support, such as expanded integration with the medical field. Further, both plans would also give full consideration to the promising intersection between home visiting work and related work within Los Angeles County to reduce infant birth disparities.

Each Supervisor  
October 10, 2017  
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If you have questions or need additional information, please let me know.

BF:la

Attachment

c: Chief Executive Officer  
Executive Office, Board of Supervisors  
County Counsel

Appendix A
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**I. National Models and Best Practices – County Department Updates**

- **Nurse-Family Partnership:** DMH and DPH have worked extensively on the Nurse-Family Partnership program, training the nursing staff on how to engage with families with regard to mental health issues and collecting outcome measures.
- **Home Visiting Provider Trainings:** DMH and the Consortium have been collaborating to provide trainings for home visiting providers (home visitors) in mental health assessment, support, and referrals. DMH presented on medical necessity flexibility for referrals at the Consortium's July Quarterly Membership Meeting. DMH also asked the Consortium to present on Home Visiting at the quarterly ICARE (Infancy, Childhood and Relationship Enrichment) meeting on September 18, 2017. The Consortium is working with DMH to schedule a Mental Health First Aid training for home visitors in SPA 1 in October 2017, and will subsequently offer this training throughout the County on a regional basis. DMH has committed to offering additional trainings once DMH and the Consortium have gathered further guidance on training needs and optimal curriculum via a home visitor post-training survey.
- **Training Collaboration Pilot:** First 5 LA and LA Best Babies Network have committed to offering their non-model-specific trainings to home visitors representative of all models, regardless of funding source, beginning with its fall training cohort. They are one of the Consortium members participating in the Consortium's ongoing Training Collaboration Pilot, an effort to test the feasibility of and encourage cross-agency collaboration and hosting of trainings for home visitors.
- **Funding for Trainings:** The philanthropic community has supported training efforts in other arenas and we will seek their support for these efforts in LA County.
- **Summit on Reducing African American Infant Mortality:** The Consortium and other County Departments participated in the June 28, 2017 DPH Summit on Reducing African American Infant Mortality in Los Angeles County, a community convening bringing local agencies and community members together to address racial disparities in African American infant health outcomes.
- **African American Infant Mortality Workgroup:** As an outcome of the June 28, 2017 convening, DPH formed an internal workgroup to continue addressing these disparities, with discussions involving a focus on home visitation services.
- **County Program Self Assessment Tool:** The Consortium has developed a program self-assessment to understand Los Angeles County programs' current level of implementation of its Best Practice Recommendations, and is in the process of engaging all home visiting programs in utilizing the tool so that it may strategically plan and collaborate with the County partners for ongoing quality improvement and peer support.
- **Partnerships With Families:** DCFS supported its Partnerships with Families providers in launching the first of many Touchpoints trainings on August 2-4, 2017 and in scheduling Reflective Supervision training for November 7-8, 2017.

Appendix B
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## **II. Coordinated System for Home Visitation Programs – County Department Updates**

### *Expansion of Existing Infrastructure Efforts*

- **Implementation of Planning Grant:** OCP has provided DPH with a planning grant to analyze the ways in which DPH may be able to expand its long-term role in supporting coordination, quality and sustainability of home visiting programs in Los Angeles.
- **Grant Seeking Opportunities:** The Consortium has begun grant-seeking for funding to convert its Resource Directory into an electronic format.
- **Data Collection & Analysis:** The Consortium has developed recommendations for the improved coordination of ancillary services for home visiting clients, based on a survey it administered to home visitors at provider agencies throughout the County. Building off its survey results and other member inputs, it has been engaged in action planning to support work around mental health support, housing connections, domestic violence resources, and other elements, including sharing the survey findings with DMH directly so that the department and the Consortium can work to improve women's and children's receipt of mental health services when referred by home visitors.
- **Pilot Project:** The Consortium is also engaged in a pilot involving the sharing of trainings across home visiting models, and in the administration of the best practice self-assessment, as mentioned above.

## II. Coordinated System for Home Visitation Programs – County Department Updates

### *Development of Referral Bridges*

- **Whole Person Care:** DHS is in the process of developing new home visiting programming as an integral element of its Whole Person Care initiative. DHS is currently implementing the program as an expansion of its MAMA's Neighborhood prenatal program, offering extended post-partum services to its highest-risk clients. Expansion of home visiting enrollment through the Whole Person Care infrastructure will be operational on January 1, 2018.
- **Family Stabilization and GAIN Pilot:** DPSS has been developing the protocols and infrastructure to support its Region V (SPA 6) pilot, which will refer Family Stabilization and GAIN-eligible clients who are pregnant and who have children up to age three to First 5 LA funded evidence-based home visiting services and DCFS-funded Prevention and Aftercare Network resources. First 5 LA will allocate 50 home visiting slots to the pilot and will lift certain eligibility requirements to enable a broader cross-section of families to participate. The pilot is anticipated to be operational in November 2017.
- **Family Stabilization Project Expansion:** DPSS has been working closely with DPH to implement the Family Stabilization Project in service areas one and three. A DPH Public Health Nurse is paired with a clinical social worker to offer interventional support, referrals, and services to eligible CALWORKs families in crisis as well as home visitation services for additional support of these high-risk families.
- **Medical Hub:** DMH is exploring opportunities to pilot the referral of Medical Hub clientele to newly funded evidence-based model providers as well identifying ways to improve referral and access to services.
- **Probation Referral Projects:** Probation is exploring ways in which it can open up greater access to home visitors who are working with justice involved individuals so that they may be an active part of the Probation assessment, case planning, and case management process. More specifically, it hopes to build effective community-based support teams that aid the reduction of delinquency/recidivism. Probation is also exploring the optimal touchpoints for collaboration between the home visiting resources in LA County and its existing juvenile and adult-serving programs.
- **Partnerships for Families Expanded Access:** DCFS has begun discussions with both its Hotline staff and Prevention and Aftercare Network providers to initiate referrals of families who do not have open cases or active investigations into its Partnerships for Families home visiting program. Referral protocols to use with these families are in development to strengthen these links.
- **Early Head Start Referrals:** DCFS has also been encouraging Children's Social Workers to enroll eligible young children in Early Head Start programs (with the consent of their caregivers) in order to promote their social and cognitive development and kindergarten preparedness. To streamline the referral process, DCFS automated the Head Start Referral System and plans to add Home Visitation as an additional selection within the menu of services available to families with young children. DCFS aims to take full advantage of any Home Visitation service available through the Early Head Start program that can be made available to DCFS-involved families, if the family is determined eligible.

## Appendix D

### **V. Collect, Share and Analyze Standardized and Consistent Outcome Data – County Department Updates**

- **Children's Data Network:** The Children's Data Network has begun work bridging the following three elements for which their expertise is central: 1) the development of the OCP Prevention Plan evaluation framework, 2) their current home visiting data-matching analyses, and 3) mapping home visiting programs to highlight specific gaps by geographic regions and eligibility criteria, an approach that includes data-matching and ties directly with the OCP Plan.
- **Outcome Indicators:** The Consortium has continued to expand its Countywide Home Visiting Program Outcome Indicators collection efforts (Appendix F of June Report), adding descriptive data elements and engaging new agencies in data sharing. It is currently pursuing funding to develop an online data visualization platform, to share aggregate home visiting outcome and descriptive data and speak to the impact of home visiting on the County.
- **Outcome Evaluation:** DCFS and DHS are exploring opportunities to implement additional outcomes evaluations of their Partnerships for Families program and Whole Person Care pilot respectively.