

MOTION BY SUPERVISORS SHEILA KUEHL AND JANICE HAHN      December 20, 2016

**Voluntary Home Visitation**

The birth of a child is a joyous occasion, but the demands of parenthood can also be a struggle. For many families, these challenges are further exacerbated by poverty, housing instability, social isolation, domestic violence or health and mental health issues—adverse circumstances that can disrupt child development or sometimes result in tragic outcomes. These impacts often fall hardest on our youngest children. Adversity during the earliest years can have life-long influence on children’s health, well-being and educational achievement. Further, those under five are at the greatest risk of death as a result of abuse or neglect, and fatality rates are highest among infants under age one.<sup>1</sup>

Rigorous research is showing that voluntary home visiting programs are among the few truly effective approaches for preventing child maltreatment, including primary, secondary and tertiary prevention. In these programs, expectant and new parents are paired with trained professionals to receive ongoing information and support services right in their homes during pivotal times of pregnancy and a child’s early years. These high quality and

**MOTION**

|               |       |
|---------------|-------|
| SOLIS         | _____ |
| KUEHL         | _____ |
| HAHN          | _____ |
| BARGER        | _____ |
| RIDLEY-THOMAS | _____ |

---

<sup>1</sup> Los Angeles County Blue Ribbon Commission on Child Protection, *The Road to Safety for our Children: Final Report*, April 18, 2014, 20.

tested programs are shown to increase positive parenting practices, school readiness, family self-sufficiency and maternal and child health, while reducing child maltreatment, low-weight births, child cognitive delays, child mortality, juvenile delinquency and crime.<sup>2</sup>

Not surprisingly, research has repeatedly shown that, by reducing negative outcomes, home visiting programs also prove to be strategic investments that can yield \$2.73 to \$5.70 for every dollar invested. A California-specific analysis of Nurse-Family Partnership calculated net public savings of \$39,129 per family.<sup>3</sup>

Although 65 percent of California's children ages birth to three have one or more risk factors indicating that they could greatly benefit from home visitation, home visiting programs reach only 3 percent of all families with young children.<sup>4</sup> Thirty-seven states dedicate state funds for home visiting; but California is not one of them. As a result, our State funding is fragile and fragmented.

In Los Angeles, however, we have a spectrum of home visiting models supported through a variety of locally and federally funded programs.<sup>5</sup> Evidence-based models such as Nurse-Family Partnership (NFP), Parents as Teachers (PAT) and Healthy Families America (HFA) together can form a system that addresses multiple challenges of families. Administered by the LA County Department of Public Health, NFP has been shown to reduce child maltreatment by 48 percent.<sup>6</sup> PAT has demonstrated methods for early detection and treatment of developmental delays, and significantly increased school readiness and academic performance. HFA studies site substantially increased health benefits for mothers and babies. Other programs include First 5 LA's Welcome Baby, as

---

<sup>2</sup> Children Now, *Policy Brief-Early Childhood Home Visiting in California: The Right Place at the Right Time*, September 2014, 3.

<sup>3</sup> Children Now, *Policy Brief-Early Childhood Home Visiting in California: The Right Place at the Right Time*, 4.

<sup>4</sup> American Community Survey 2009-2011, as cited in National Center for Children in Poverty, Young Child Risk Calculator, accessed August 2014.

<sup>5</sup> Children Now, *Voluntary Home Visiting in Los Angeles County*, 2016, 2.

<sup>6</sup> Olds, David et al, "Long-term Effects of Home Visitation on Maternal Life Course and Child Abuse and Neglect: Fifteen-Year Follow-up of a Randomized Controlled Trial," *Journal of the American Medical Association*, 1997.

well as Healthy Start operated by SHIELDS for Families, and Early Head Start. Although they vary in design, intensity and eligibility, they share common elements, and together, their program diversity ensures that they are well-matched to the needs of the populations we serve.

Given the wide gap between need and service capacity, Los Angeles home visiting programs must constantly struggle to sustain limited resources, as well as maximize partnerships, data and resources to effectively and efficiently serve families.<sup>7</sup> By supporting families from the start, voluntary home visiting programs provide a foundation for the rest of a child's life and help ensure families are equipped to raise the next generation of healthy and productive adults.

**WE, THEREFORE, MOVE** that the Board of Supervisors direct the Los Angeles County Department of Public Health, in partnership with First 5 LA, the LA County Perinatal and Early Childhood Home Visitation Consortium, the Office of Child Protection, the Children's Data Network, and the Departments of Health Services, Mental Health, Public Social Services, Children and Family Services, and Probation, to report back in 180 days with 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 plan shall:

- Assess how national models and best practices, including those with a single entry portal, may inform or be adapted to improve outcomes for LA County.
- Create a coordinated system for home visitation programs that includes a streamlined (and, if possible, electronic) referral pathway and outreach plan to ensure maximum program participation, especially in LA County's highest risk communities. A single responsible department or organization may be identified to maintain the coordinated

---

<sup>7</sup> Children Now, *Voluntary Home Visiting in Los Angeles County*, 2016, 2.

referral system.

- 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.
- 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.
- Collect, share and analyze a standardized and consistent set of outcome data leveraging the Consortium's LA County Common Indicators pilot project.
- 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.