

REVISED MOTION BY SUPERVISOR HILDA L. SOLIS
AND HOLLY MITCHELL

MAY 18, 2021

Ensuring Continued Home Visitation, including Nurse Family Partnership and Healthy Families America, Services to Vulnerable Families and Expectant & Parenting Youth in Foster Care

In December 2016, the Board of Supervisors passed a motion instructing the Department of Public Health (DPH), working with various entities, 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.” The Motion included six directives. Directive IV instructed DPH and its partner entities to “[i]ncrease 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.” Directive VI required “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.”

MOTION

MITCHELL	_____
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In response to the Motion, DPH developed a multi-year plan, documented in the 2018 report *Strengthening Home visiting in Los Angeles County: A Plan to Improve Child, Family, and Community Well-Being*. The report contained commitments to implement certain initial steps, including a commitment by the Department of Children and Family Services (DCFS) and the Department of Mental Health (DMH) to utilize MHSA-PEI funds to build bridges to home visitation programs for families at risk of child welfare system involvement, including expectant and parenting youth who are in foster care. The report also recommended several existing and potential funding streams to support the expansion of home visiting programs in Los Angeles County, including CalWORKs funds, Medi-Cal and health system opportunities, existing health plan benefits, and WIC.

There are now nearly ~~4,000~~ 1,700 families currently benefitting from the DPH's County's robust home visiting programs. Families enrolled in these home visiting programs are among the most vulnerable, difficult to reach, and at risk of experiencing social and structural inequities in the County. Data also show that these same families have been disproportionately harmed by COVID-19's health and economic impacts.

Given COVID-19's devastating effects, now is not the time limit essential, safety-net services for the most vulnerable families in the County. Yet, ~~900~~ 1,430 families could ~~will~~ lose home visiting services like the Nurse Family Partnership (NFP) and Healthy Families America (HFA) when funding from the Department of Mental Health (DMH) sunsets with this fiscal year. To date, there is no plan for sustaining these programs, with neither long-term funding to prevent the loss of these services, nor a plan for stop-gap funding to prevent lapses in services if a long-term funding source is

identified.

Home Visiting Programs for Expectant and Parenting Youth in Foster Care

In the years prior to the 2016 Board Motion expanding home visiting programs across the county, DCFS had recognized the value of evidence-based home visiting programs to expectant and parenting youth (EPY) living in foster care. DCFS works collaboratively with child advocates to support EPY, and ensure that they can transition to independence and parent successfully, with the overall goal of reducing the intergenerational cycle of foster care.

In addition, DCFS established a Memorandum of Understanding with the Department of Public Health to deliver Nurse Family Partnership (NFP) program services to EPY in foster care. NFP provides a comprehensive array of services beginning in pregnancy and continuing until a baby is two years old. It is a well-established, evidence-based program that has served mothers and their babies for over 40 years with positive outcomes including: fewer behavioral and intellectual problems in children at age six, fewer convictions of mothers, more consistent employment, and 35 percent fewer hypertensive disorders during pregnancy. For young parents in foster care, NFP is associated with a 48 percent reduction in reports for child abuse and neglect among nurse-visited families compared to families who did not receive nurse home visits.

The expertise and experience brought by specially trained NFP nurses is key to gaining the trust and confidence of new mothers, and this nurse-mother relationship is the primary tool used for each family's learning and growth. NFP's client-centered program is strengths-based, supporting NFP mothers in building on their own

knowledge, strengths, and successes. In Los Angeles, advocates and social workers also support this program, having seen firsthand the breadth of assistance and support that NFP provides to expectant and parenting youth, as well as the extensive training and clinical knowledge of the nurses who conduct holistic assessments to identify behavioral, physical, and mental health needs, social support systems, and environmental risks, including comprehensive health assessments that are unique to NFP.

Reducing NFP resources to EPY would be a grave disservice to these youth and their babies and would contravene the express objectives of the 2016 Board Motion and the subsequent commitments made by the Department of Public Health in its 2018 report.

Funding Opportunities under the Family First Prevention Services Act (FFPSA)

Part I of the federal Family First Prevention Services Act (FFPSA) creates new flexibilities in federal foster care funding to allow for child welfare agencies to draw down federal funds for certain evidence-based prevention services for children at imminent risk of entering foster care. California must submit a state plan implementing FFPSA by October 1, 2021. Nurse Family Partnership and Healthy Families America—key components of LA County’s home visiting continuum—are both approved as well-supported evidence-based programs eligible for federal reimbursement under the new law. Additionally, EPY in foster care are categorically eligible for FFPSA prevention services, even if their babies are not at imminent risk of entering foster care. FFPSA presents an opportunity to provide holistic primary prevention services to this vulnerable population.

WE, THEREFORE, MOVE that the Board of Supervisors direct the Department of Public Health, in partnership with the Department of Mental Health, the Department of Health Services, and the Department of Children and Family Services, to report back in fourteen (14) days, and once monthly thereafter for the next three month period, with a report on the following:

- Any anticipated changes (increases or reductions) in total amount of funding committed to Los Angeles County essential home visitation programs, and plans to mitigate the reduction in funding to reduce the impact on eligible families;
- Any anticipated changes (increases or reductions) in the amount of funding committed to home visiting programs for expectant and parenting youth in foster care, and plans to mitigate the reduction in funding to reduce impact on expectant and parenting youth in foster care;
- The Department's plan to access additional local, state, or federal funding, including prevention funds expected under Part I of the FFPSA to continue and expand home visiting programs to families at risk of child welfare system involvement as well as EPY in foster care;
- Any anticipated need for and sources of stopgap funding to continue home visiting services, including services for EPY in foster care, while the Department secures additional long-term funding; and
- A plan to stabilize funding to ensure highest risk populations are eligible for home visiting supports, including prioritizing pregnant and new moms as a target population for the Enhanced Care Management benefit.

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