

DRAFT pending Task  
Force adoption

REPORT ON ESTABLISHING THE  
LOS ANGELES COUNTY OFFICE OF

# PREVENTION SERVICES

(Item No. 23, Agenda of September 15, 2021)

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Prepared by the Anti-Racism,  
Diversity, & Inclusion Initiative,  
Chief Executive Office



Chief  
Executive  
Office.

ARDI

County of Los Angeles  
Anti-Racism,  
Diversity,  
& Inclusion

CREATING AN LA COUNTY  
WHERE WE ALL THRIVE



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# ROADMAP TO OUR REPORT

This report summarizes a nearly year-long collaborative process with input from hundreds of stakeholders – community members with lived expertise, service providers, subject matter experts, and departmental staff – who worked toward a common goal of reimagining prevention and promotion in Los Angeles County. To help navigate the wide breadth and scope of this effort, we offer the following roadmap on how to read this report:

- I. The **Executive Summary** provides a brief overview of the Task Force’s directives, findings, and recommendations. | [page 4](#)
- II. The **Introduction** provides the current context of prevention and promotion in Los Angeles County and offers a detailed description of the Task Force’s research and operational processes over the past several months: | [page 8](#)
  - **The Problem We’re Trying to Solve** | [page 10](#)
  - **Our Process** | [page 15](#)
  - **Contextualizing Prevention and Promotion through an Anti-Racist and Historical Lens** | [page 22](#)
- III. **Meeting Our Directives** describes the detailed development process, findings, and deliverables across the Task Force and its three working tables. | [page 32](#)
  1. Governance Model and Coordinated Service Delivery | [page 32](#)
  2. Funding Streams Analysis | [page 65](#)
  3. Community-Based Service Delivery System | [page 78](#)
  4. Prevention Metrics and Data Integration | [page 85](#)
- IV. The **Recommendations** section provides an overview of the Task Force’s 14 adopted recommendations organized across each of its Directives, including a detailed description, rationale, and current status. | [page 95](#)
- V. Additional resources and information are enclosed in the **Appendix** (Books 1 and 2), benchmark research case studies, summarized community survey results, a full prevention metrics summary, and other documentation. | [page 106](#)
- VI. Finally, the **Works Cited** provides sources, documentation, and suggested reading relating to the report section titled “Contextualizing Prevention and Promotion through an Anti-Racist and Historical Lens.” | [page 107](#)

# I. EXECUTIVE SUMMARY

On September 15, 2021, the County of Los Angeles (“County”) Board of Supervisors (“Board”) adopted a [motion](#) directing the Executive Director of Racial Equity to convene a Prevention Services Task Force (Task Force) composed of representatives across County departments, regional partners, community-based organizations, and community members with lived expertise. This body was charged with developing “recommended options for a governance structure designed to coordinate and effectuate a **comprehensive community-based prevention services delivery system**” for LA County, with the goal of delivering upstream supports and resources to increase well-being and thriving for adults, children, youth, and families.

The Task Force conducted its work and developed recommendations across four main directives:

1: Governance  
Structure and  
Coordinated  
Service Delivery

2: Funding Streams  
Analysis

3: Community-  
Based Service  
Delivery

4: Prevention  
Metrics and Data  
Integration

To meet these directives, the Task Force formed three working tables – Framework, Coordination, and Disproportionality, respectively – and were supported by the County’s Anti-Racism, Diversity, & Inclusion (ARDI) Initiative team, consultants, and several other County staff and external experts.

Task Force stakeholders identified challenges with and opportunities to provide seamless, efficient, and comprehensive service delivery across the County’s multiple departments, including:

- **Structural barriers in existing systems** that prevent a collaborative culture where there is shared accountability and coordination where it can be most effective. These include, but are not limited to, bureaucratic hurdles, lack of dedicated staff time and funding for coordination, lack of integration, limited investments in prevention, and ad hoc efforts not supported at scale;
- Lack of capacity and infrastructure across systems to **share and integrate data**, as permissible under existing laws and regulations, to better serve clients;
- **User navigation barriers** that hinder folks from accessing the available array of services;
- **Racial disproportionality**, disparities, and inequities across various population subgroups rooted in the unequal distribution of resources needed for optimal well-being; and
- **Lack of certain tools and capabilities needed to improve coordination.** These include technological tools (e.g., improved budgeting platform, integrated data tools) and in-house staff resources (e.g., dedicated staff to analyze multi departmental funding opportunities and plan for strategic funding sustainability).

Throughout this initiative, Task Force stakeholders have shared departmental findings and personal testimonials that reveal how the County and its communities possess assets that can be leveraged to reimagine the way the County delivers prevention and promotion services including:

- **Values and commitment:** Many departments agree the County must deepen investment in upstream prevention and promotion with the support of an anti-racist lens, increased community partnerships, and equitable decision making;
- **Collaborative action and strong working relationships within discrete service areas:** Existing efforts have significantly improved coordinated delivery for specific populations (e.g., , justice impacted populations, homeless populations, individuals with mental health and substance use disorders, Black women of childbearing age and their families) through a variety of project-specific and relationship-oriented tools; and
- **Community expertise, enthusiasm, and interest:** LA County’s residents, community-based organizations, and philanthropic partners hold a wealth of knowledge, resources, and capabilities that the County can fully integrate into our efforts.

To achieve the shared goals of improving services for community members and promoting wellbeing in all communities, there is an urgent need for the County to organize around a common vision for prevention and promotion as well as a structure and set of values. The disparities and inequities community members experience further underscores the importance and need to advance a coordinated Countywide prevention and promotion delivery services system. Only a system grounded in equity – with a focus on acknowledging and addressing the impacts of racism and social conditions – can meaningfully connect adults, children, youth, and families to the positive supports necessary to sustain optimal life outcomes and achieve racial equity within our region.

Based on the Task Force’s research, analysis, and collaborative decision-making process over the past several months, a majority of members have formally adopted voted to approve 14 recommendations listed below for Board consideration. Each of the recommendation builds upon findings described in their respective directive in section III. **Meeting Our Directives**. Over the course of multiple meetings, members worked collaboratively to finalize the wording of each recommendation below, considering a diverse range of perspectives and expertise on the Task Force as well as potential tradeoffs, advantages, and disadvantages of each recommendation. Detailed descriptions, rationale, and supporting documentation for each can also be found in section IV. **Recommendations**.



### Directive 1: Governance Structure and Coordinated Service Delivery

#	Recommendation	Status
1a	Adopt the Countywide Vision for Prevention and Promotion as a draft; seek additional community input; and engage widely with staff, service providers, and community.	Adopted by Task Force on 11/4/22
1b	Adopt the Countywide Model for Prevention and Promotion as a draft; seek additional stakeholder input to amend it as needed; and develop a framework to align County stakeholder prevention and promotion efforts with the model.	Adopted by Task Force on 12/16/22
1c	Adopt the Countywide Prevention and Promotion Guiding Principles as a draft; seek additional community input; and disseminate it widely among staff, service providers, and community.	Adopted by Task Force on 11/4/22

<b>1d</b>	Direct CEO to work with County departments to establish and resource a Countywide Prevention and Promotion Coordination Team (PPCT) and departmental implementation teams working with external partners and community stakeholders to increase coordination and collaboration among County departments and initiatives.	Adopted by Task Force on 1/6/23
<b>1e</b>	Direct PPCT to coordinate and consolidate a prevention and promotion policy agenda across departments and initiatives.	Adopted by Task Force on 1/6/23
<b>1f</b>	Direct PPCT to share strategies to address regulatory, legal, and legislative barriers as well as funding constraints to enable an effective community-based service delivery system.	Adopted by Task Force on 1/6/23
<b>1g</b>	Direct PPCT to support and uplift existing initiatives and strategies to improve resource navigation and access, including how their learnings can be applied and implemented across other service areas.	Adopted by Task Force on 1/6/23

### Directive 2: Funding Streams Analysis

#	Recommendation	Status
<b>2a</b>	Direct CEO, in coordination with PPCT, to strengthen the County’s capabilities to conduct multi-departmental budget coordination and strategy, including the ability to braid/blend in order to leverage and maximize funding, and identify spending gaps to assist Board and departmental decision making.	Adopted by Task Force on 1/6/23
<b>2b</b>	Direct CEO to create a Countywide Prevention and Promotion Budget.	Adopted by Task Force on 1/6/23

### Directive 3: Community-Based Service Delivery

#	Recommendation	Status
<b>3a</b>	Support CIO – in consultation with CEO, County Counsel – to collaborate with departments in developing strategies to further their work on the Countywide information, referral, and connection platform and similar efforts to develop next steps to streamline and address navigation and access barriers across the County’s service portfolio.	Adopted by Task Force on 11/4/22
<b>3b</b>	Direct ARDI to identify barriers to compensating Community Members with Lived Expertise and develop a set of equitable guidelines or recommendations that departments could adopt to increasingly involve members with lived expertise in policy and program development.	Adopted by Task Force on 11/4/22
<b>3c</b>	Direct ARDI to support departments in order to identify opportunities to strengthen and enhance delivery of County prevention and promotion services in partnership with community-based service providers who are better equipped to serve communities.	Adopted by Task Force on 11/4/22

**Directive 4: Prevention Metrics and Data Integration**

#6	Recommendation	Status
4a	Adopt a common set of Prevention and Promotion Outcomes to monitor progress (i.e., monitoring both well-being and thriving as well as the efficacy of our prevention and promotion services).	Adopted by Task Force on 12/16/22
4b	Direct CEO to identify dedicated resources to support CIO, County Counsel, and department leads to develop cross-departmental data sharing/integration plans for specific service areas.	Adopted by Task Force on 11/4/22



## II. INTRODUCTION

On September 15, 2021, the County of Los Angeles (“County”) Board of Supervisors (“Board”) adopted a [motion](#) directing the Executive Director of Racial Equity to convene a Prevention Services Task Force (Task Force) composed of representatives across County departments, regional partners, community-based organizations, and community members with lived expertise.

This body was charged with developing “recommended options for a governance structure designed to coordinate and effectuate a **comprehensive community-based prevention services delivery system**” for LA County, with the goal of delivering upstream supports and resources to increase well-being and thriving for adults, children, youth, and families. Upstream supports refer to interventions and strategies that focus on improving fundamental social and economic structures to decrease barriers and improve supports that allow people to achieve their full health potential.<sup>1</sup>

The work of the Task Force builds upon decades of advocacy and reform led by County departments and community members, whose work over the years have developed the existing public, private, and non-profit networks of support and resources for our communities. As a result, this interim progress report offers considerations for longer-term implementation as well as key opportunities that the Board can act on immediately and urgently to reimagine prevention and promotion service delivery. Both categories of the proposed recommendations can lead to meaningful and measurable improvements in the County’s ability to reach, serve, and partner with communities.

## BOARD DIRECTIVES

The motion directed the CEO to convene a Task Force, chaired by the Executive Director of Racial Equity, comprised of, but not limited to, the following Los Angeles County (County) departments and partners: Department of Children and Family Services, Departments of Mental Health, Public Health, and Health Services, Department of Public Social Services, Department of Economic Opportunity, Aging and Disabilities Department, Office of Child Protection, CEO – Homeless Initiative, the Los Angeles Homeless Services Authority, the Los Angeles County Development Authority, CEO – Poverty Alleviation Initiative, the Los Angeles County Office of Education, County Counsel, First 5 Los Angeles, the Alternatives to Incarceration Initiative, and the UCLA Pritzker Center for Strengthening Children & Families.

The Task Force was directed to report back to the Board in writing on the following:

- i. Recommended options for a governance structure designed to coordinate and effectuate a comprehensive community-based prevention services delivery system.**
  1. The process for developing a recommended governance structure must include a comprehensive community engagement process which highlights and prioritizes the voices of those with lived experiences, including adults, children, youth, and families, and community-based organizations deeply engaged in prevention work.
  2. The proposed governance structure should possess the necessary budgeting, staffing, contracting, and data sharing authorities across relevant departments to effectuate Countywide community-based prevention service delivery.
- ii. A comprehensive Countywide funding streams analysis, with information provided by impacted departments and reviewed by CEO Budget, that will detail existing funding available for Countywide prevention services to support the implementation of a full-scale Countywide coordinated prevention strategy.**
  1. The funding streams analysis should contain recommendations for a County-designated central budget entity to coordinate prevention dollars received from all relevant County departments.
- iii. A set of guiding prevention metrics, principally informed by an equity centered framework (i.e., life course, racial equity, or social determinants of health) which reflect how County residents' lives were made better as result of receipt of prevention services.**

To meet the Board's directives, the Task Force undertook the tasks and activities, conducted across the Task Force, three subsidiary subject area tables, support staff, and consultants. They are presented in the organized outline below throughout this report:

### **1. Governance Structure and Coordinated Service Delivery**

- Developing a Shared Vision, Guiding Principles and Countywide Model for Prevention and Promotion
- Addressing Operational Barriers to Coordinated Delivery
- Identifying Necessary Coordinating Functions to Inform Governance Structure Formation
- Conceptualizing a Prevention and Promotion Coordination Team (PPCT)

### **2. Funding Streams Analysis**

- Compiling a Program Inventory and Reviewing Funding Streams
- Identifying Barriers to Budget Coordination and Strategic Funding Sustainability

### **3. Community-Based Service Delivery System**

- Community Engagement Process (Ongoing)
- Addressing Operational Barriers to Community-Based Delivery
- User Journey Mapping

### **4. Prevention Metrics and Data Integration**

- Developing Priority Life Course Outcomes and Guiding Prevention Metrics
- Examining and Addressing Racial Disproportionalities and Disparities in Our Systems
- Uplifting Data Systems and Integration

## What is Prevention and Promotion?

As the Task Force conducted research at the start of this effort, it discovered that conceptual frameworks and definitions for prevention and promotion vary widely across institutional agencies at the federal, state and local level. These diverse and, in some cases, conflicting frameworks created the need to develop shared language and a common understanding of prevention and promotion. To help provide clarity, prevention and promotion are defined as the following:

- **PREVENTION:** Support and resources to stop the occurrence and/or worsening of negative population outcomes, harm, and suffering.

For example, it is possible to prevent COVID-related illnesses by providing support and resources so individuals can protect themselves and their loved ones, including equitable access to health care, vaccination, safe workplaces, and COVID leave policies.

- **PROMOTION:** Support and resources to strengthen the occurrence of positive population outcomes, well-being, and thriving.

For example, it is possible promote youth mental health by providing support and resources so young people can manage challenges and live fulfilling lives, including strengthening peer and mentor relationships, increasing access to therapy, and creating affirming school environments.

## THE PROBLEM WE ARE TRYING TO SOLVE

In recent years, multiple County initiatives, elected officials, and community members have elevated the urgent need to acknowledge and address social and economic inequities in our region. The 2017-18 [A Portrait of Los Angeles County](#) drew attention to concerning trends and racial disparities across multiple well-being measures, including high rates of child poverty, growing income inequality, and severe rent burdens.

As reported at the time, Black and Latina/o/x residents were more than twice as likely to live under the federal poverty line than white residents and were heavily overrepresented in the County's incarcerated population and neighborhoods facing the highest levels of environmental pollution. Native American, Black, and Native Hawaiian & Other Pacific Islander (NHOPI) residents held an expected life expectancy between 4.0 and 11.9 years shorter than Asian, Latino, and white residents. White individuals had higher median earnings (\$47,607) than all other race and ethnicity groups, including Latina/o/x (\$22,617), NHOPI (\$31,152) and Black (\$32,433) individuals. In its analysis of these pressing challenges and inequities, the report highlighted the importance of investing in prevention across areas such as housing and homelessness, education, child welfare, public health, and more.

## II. INTRODUCTION

### The Problem We Are Trying to Solve

Meanwhile, as Los Angeles County continues to recover from the COVID health crisis, many have [called attention](#) to the pandemic's disproportionate impact on several population groups. Since January 2020, several health and economic inequities have worsened, widening racial disparities in [life expectancy](#) and straining health resources in [communities](#) that have long experienced poorer health outcomes and limited access to care.

Today, the County of Los Angeles operates programs and provides services that connect adults, children, youth, and families to support and resources, including those central to our region's social "safety net." These programs and services are provided through a network of providers countywide, many delivered directly by County departments as well as in partnership with regional public agencies and community-based organizations. The current role those programs play in supporting residents underscore the positive impact of individually tailored, culturally specific, and trauma- and healing-informed resources across the County's neighborhoods, which can work alongside the organizations and systems that exist in any resident's given community.

Community members, leaders, and advocates have also called upon the County to invest in upstream efforts that may better reduce and/or eliminate homelessness, mass incarceration, involvement in the child welfare system, and other societal challenges. As noted in the [motion](#) forming this Task Force, the County, alongside other local, state, and federal government entities, have taken deliberate steps in recent years to increasingly deliver resources further upstream in the form of both prevention *and* promotion. These program and policies can connect residents with positive supports that they need to thrive, reducing the likelihood of negative interaction with County government systems and increasing well-being across our communities.

The County is also currently leading a few initiatives within its systems aimed at reducing persistent disparities, including intentional investment across communities with concentrated disadvantage. Centering these disparities and applying an anti-racist, equity-driven lens to bolstering the County's network of safety net programs is critical to ensuring that prevention and promotion efforts are provided to residents facing the greatest challenges in our County.

Simultaneously, there is an opportunity to reimagine and deliver services that are culturally-relevant, trauma- and healing-informed, strength-based, affirming, and holistic to better meet whole person needs. However, several County initiatives have faced difficulties in providing a seamless experience to residents navigating services across multiple service areas, including operational, financial, logistical, coordinative, and collaborative structural barriers.

In its analyses of prior initiatives and ongoing efforts, Task Force stakeholders identified the following challenges to achieving comprehensive and coordinated service delivery across the County's system:

- **Structural barriers in existing systems** that prevent a collaborative culture where there is shared accountability and coordination where it can be most effective. These include, but are not limited to, bureaucratic hurdles, lack of dedicated staff time and funding for coordination, limited investments in prevention, ad hoc efforts not supported at scale, and external funding requirements that limit comprehensive and coordinated delivery and dictate service provision;
- Lack of capacity and infrastructure across systems to **share and integrate data**, as permissible under existing laws and regulations, to better serve clients;
- Lack of **common impact goals related to prevention and promotion** that can limit what shared and integrated data and reduced navigation barriers can achieve;

- **User navigation barriers** that hinder folks from accessing the available array of services;
- **Racial disproportionality** and disparities across various population subgroups rooted in the unequal distribution of resources needed for optimal well-being; and
- **Lack of certain tools and capabilities needed to improve coordination.** These include technological tools (e.g., improved budgeting platform, integrated data tools) and in-house staff resources (e.g., dedicated staff to analyze multi departmental funding opportunities and plan for strategic funding sustainability).

These identified resource, coordination and collaboration challenges don't just hinder the County's ability to provide upstream prevention. They also create access barriers that may sustain inequities experienced by residents with marginalized identities or experiences, including communities that may hold distrust or skepticism toward government services due to historical or ongoing harm and trauma. For example, the County's Chief Executive Officer, Executive Director of Racial Equity, and the UCLA Pritzker Center for Strengthening Children & Families released a [2021 report](#) on long-standing racial disproportionalities and disparities within the County's child welfare system. The findings found that despite significant County efforts over the last two decades to increasingly invest in upstream prevention for families at risk of or who were already involved with the Department of Children and Families Services, persistent barriers hindering the County from implementing and effectuating reforms remained.

Fortunately, the County and its communities possess strengths that can be leveraged to reimagine the way the County delivers prevention and promotion. The following assets were identified by Task Force stakeholders across collaborative discussions, personal testimonial, and departmental findings across multiple initiatives:

- **Values and commitment:** Many departments agree the County must deepen investment in upstream prevention and promotion with the support of an anti-racist lens, increased community partnerships, and equitable decision making;
- **Collaborative action and strong working relationships within discrete service areas:** Existing efforts have significantly improved coordinated delivery for specific populations (e.g., , justice impacted populations, homeless populations, individuals with mental health and substance use disorders, Black women of childbearing age and their families) through a variety of project-specific and relationship-oriented tools; and
- **Community expertise, enthusiasm, and interest:** LA County's residents, community-based organizations, and philanthropic partners hold a wealth of knowledge, resources, and capabilities that the County can fully integrate into our efforts.

To achieve the County's shared goals of improving services for community members and promoting wellbeing in all communities, there is an urgent need for departments, regional partners, and service providers to organize around a common vision, structure, and values relating to prevention and promotion. Only a system grounded in equity, with a focus on acknowledging and addressing historical social conditions, will meaningfully connect adults, children, youth, and families to the positive supports necessary to reduce harm and promote wellbeing for all communities in our region.

## THE NEED TO CENTER AND RESOLVE RACIAL DISPROPORTIONALITIES AND DISPARITIES IN OUR SYSTEMS

Los Angeles County continues to see several disparities and disproportionalities across its various systems and populations. The need to address and resolve racial disproportionalities was top of mind for all individuals involved throughout this Task Force. (See the section below titled **Contextualizing Prevention and Promotion through an Anti-Racist and Historical Lens** for more detail.)

Below, ARDI and consultant staff compiled data in Los Angeles County relating to several prevention and promotion outcomes across available data sets for race and ethnicity groups. It is important to emphasize and reiterate that none of these statistics are random: they are deeply connected to longstanding and ongoing harm and trauma across our communities, including some that may have been caused by the intention and design of government systems and entities. Addressing each of them requires intentional investment, especially in upstream supports that have disproportionately been denied to many of our residents across their lives, especially communities of color.

Prevention Outcomes: Across negative life outcomes (i.e., outcomes that the County would seek to prevent), racial gaps are quite large for Black and American Indian/Alaska Native populations as illustrated in Figure II(a) below. Child maltreatment, juvenile arrests and school suspensions show the largest gaps across measured race/ethnicity groups.

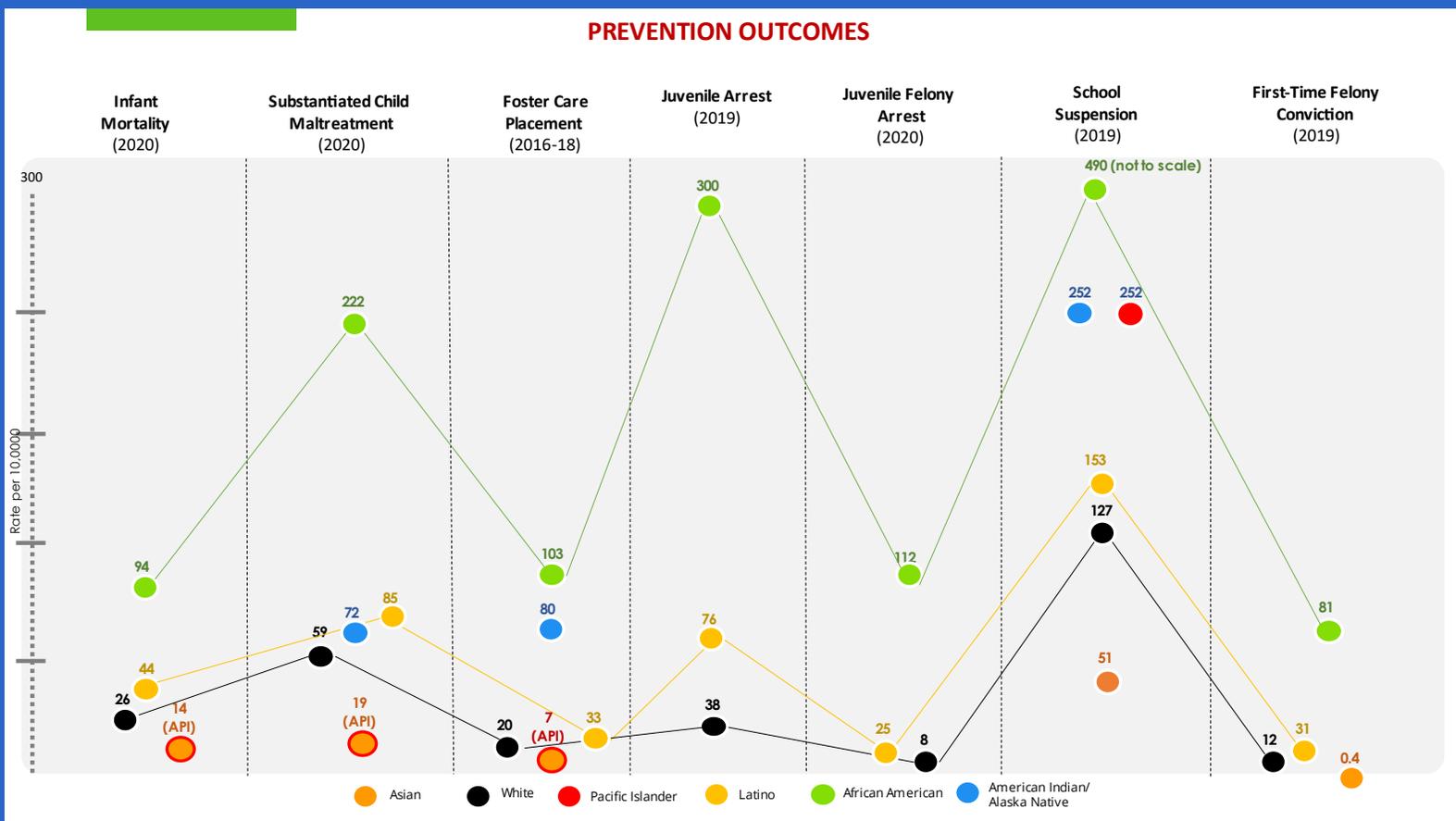
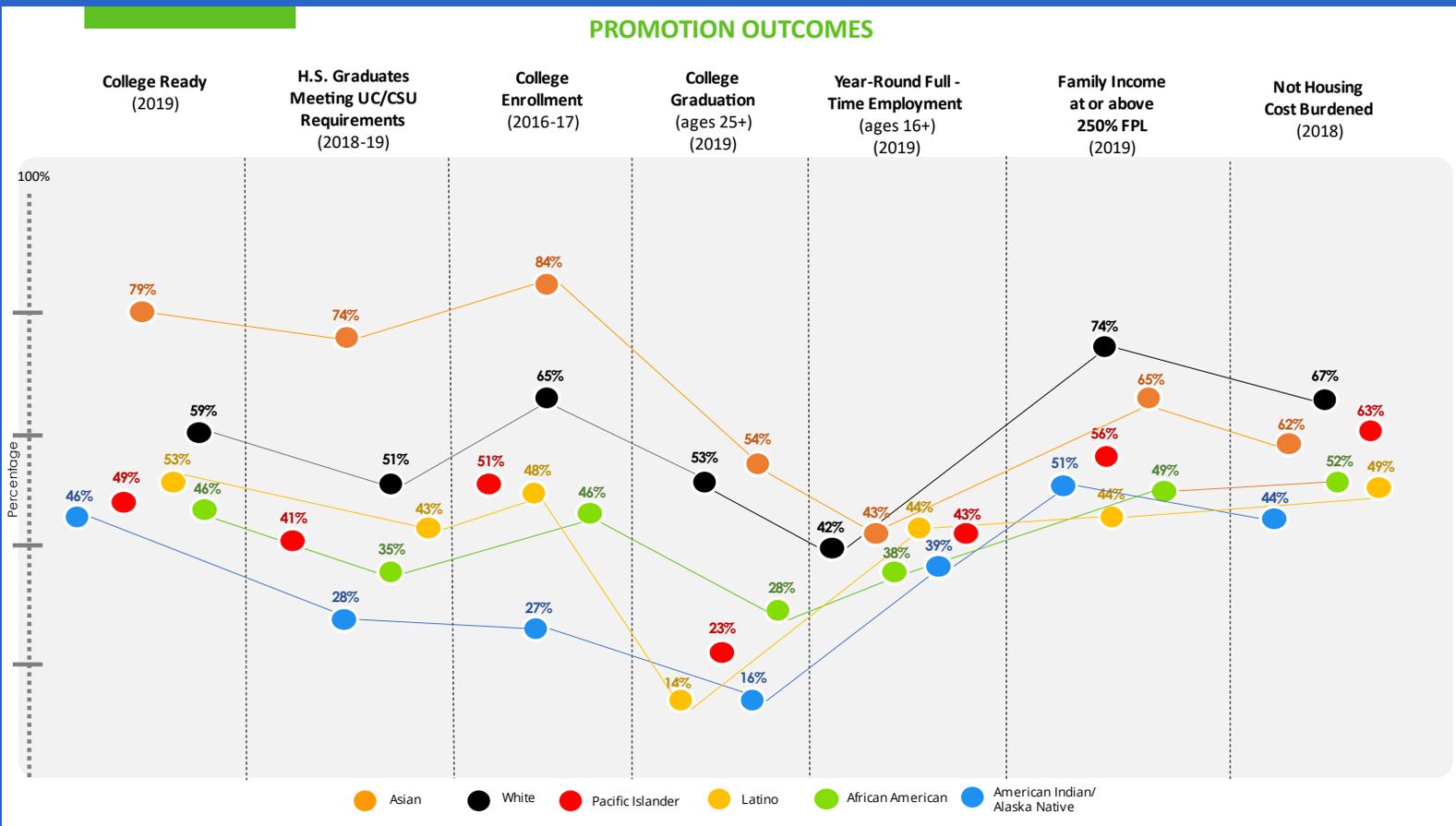


Figure II(a): Racial disparities and disproportionalities in Los Angeles County across Prevention Outcomes

## II. INTRODUCTION

### The Problem We Are Trying to Solve

**Promotion Outcomes:** There are substantial racial disparities in key positive outcomes (i.e., outcomes that the County would seek to encourage and promote) as depicted in Figure II(b) below. There are consistently large racial gaps in educational outcomes including high school graduation, eligibility for UC/CSU, and college enrollment with some of the largest gaps evident for college graduation. Employment outcomes show some of the smallest gaps; however, significantly larger gaps prevail for family income at or above 250% Federal Poverty Level (FPL), suggesting that full-time employment status alone may not be enough to overcome disparities relating to intergenerational wealth and economic security.



**Figure II(b): Racial disparities and disproportionalities in Los Angeles County across Promotion Outcomes**

The Task Force is continuing to study, address, and provide recommendations relating to these disparities and disproportionalities, including across the proposed life course outcomes developed and adopted during this initiative. For more information, please consult the report section titled **Examining and Addressing Racial Disproportionalities in Our Systems** under Directive 4.



## OUR PROCESS

To undertake this work, the Task Force formed **three subsidiary subject area tables** with members representing community members with lived expertise, County staff, subject matter experts, and community-based organizations. These individuals were recruited and appointed based on their specific areas of expertise and personal interest regarding this work.

- The **Framework Table** collaborated to create an overarching vision and model for the County's prevention and promotion services, including laying the groundwork to reimagine a Countywide governance structure;
- The **Coordination Table** identified operational barriers to coordinated service delivery and immediate opportunities to begin addressing them; and
- The **Disproportionality Table** developed a set of guiding prevention metrics and North Star life course outcomes, which will help ensure the County is measurably improving thriving and well-being across all our communities.

The Task Force and table operations were primarily managed by the County of Los Angeles Anti-Racism, Diversity, and Inclusion (ARDI) Initiative with additional consultant support by Ernst & Young, Arnold Chandler, and the UCLA Pritzker Center for Strengthening Children and Families. Throughout the initiative, ARDI staff also sought feedback, thought partnership, and expert guidance from other stakeholders, including County Counsel, CEO Budget and Operations, and staff from organizations represented on the Task Force.

Please see a summary below of the working entities, their leadership, and their scope of work over the past several months.

### Prevention Services Task Force

- Chair: D'Artagnan Scorza (ARDI)
- Membership: Senior leadership representing County departments and regional organizations currently delivering and/or coordinating prevention and promotion services; community members with lived expertise.
- Major activities:
  - Reviewing and providing feedback to shape the direction and outputs of the Task Force directives
  - Formally adopting recommendations to the Board

#### Framework Table

- Co-chairs: Meredith Berkson (Los Angeles Homeless Services Authority), Angela Parks-Pyles (Department of Children and Family Services)
- Membership: Those with expertise, experience, and/or personal interest relating to prevention & promotion frameworks and overall vision-setting with an anti-racist and community-centered lens.
- Major activities:
  - Developing a Shared Vision, Countywide Model, and Guiding Principles
  - Identifying Necessary Coordinating Functions to Inform Governance Structure Formation

#### Coordination Table

- Co-chairs: Minsun Meeker (Office of Child Protection), Laura Trejo (Aging and Disabilities Department)
- Membership: Those with expertise, experience, and/or personal interest relating to (a) multi-departmental initiatives, programs, and services in prevention and promotion in LA County; and/or (b) emergent and urgent opportunities relating to coordinated and community-based service delivery.
- Major activities:
  - Addressing Operational Barriers to Coordinated Delivery and Community-Based Delivery
  - User Journey Mapping
  - Uplifting Data Systems and Integration

#### Disproportionality Table

- Co-chairs: Tamara Hunter (Commission on Children and Families), Irene Vidyanti (Office of the Chief Information Officer)
- Membership: Those with expertise, experience, and/or personal interest relating racial disproportionalities, especially relating to data, evidence-based decision making, and anti-racist policy.
- Major activities:
  - Developing Priority Life Course Outcomes and Guiding Prevention Metrics
  - Examining and Addressing Racial Disproportionalities in Our Systems

#### Task Force Operations

- Backbone staff: Anti-Racism, Diversity, & Inclusion Initiative, with additional consulting support from Ernst & Young and Forward Change Consulting
- Additional support: County Counsel, CEO Budget and Operations, thought partnership with stakeholders across Task Force organizations
- Major activities:
  - Providing general project management and Task Force/table support
  - Conducting benchmark research and information gathering from conversations with stakeholders across County, service providers, and community
  - Developing Community Engagement Process (Ongoing)
  - Compiling a Program Inventory and Reviewing Funding Streams
  - Identifying Barriers to Budget Coordination and Strategic Funding Sustainability

As detailed in the Task Force’s **Community Engagement Process** (see the subsection under Directive 3), the Task Force and all three tables included three officially appointed community members with lived expertise (in addition to staff, service providers, or other members who hold personal expertise accessing and navigating County prevention and promotion services). A full list of members across all four bodies can be found in **Appendix A**.

The Task Force and its three working tables operated as entities covered under the Brown Act. The Task Force has held public monthly meetings from March 2022 to present, with additional meetings scheduled as needed to review recommendations. The three working tables convened between July and November 2022 and held approximately one to three meetings per month as needed to complete the recommendations enclosed in this report. From time to time, members of the Task Force and/or tables also met for special workgroup meetings on specific issues (e.g., workshopping specific wording for the vision statement, reviewing user journey mapping inventories, etc.), which functioned as ad hoc meetings under the Brown Act.

In response to the enduring challenges identified above, the Board passed a [motion](#) on September 15, 2021, to develop a Countywide strategy for coordinated prevention. The motion expressed a desire to not only strengthen individual service areas for specific populations, but for the County to support our communities *holistically* across multiple issues, including, but not limited to, unaffordable housing, lack of employment, food insecurity, physical and mental health, domestic violence, and disordered substance use services.

**As directed, the Task Force reviewed, discussed, and provided recommendations for the following four categories of work:**

**1: Governance Structure and Coordinated Service Delivery**

Recommended options for a governance structure designed to coordinate and effectuate a comprehensive community-based prevention services delivery system, including the necessary budgeting, staffing, contracting, and data sharing authorities across relevant departments. To inform their decision making and set of recommendations, the Task Force researched potential models in use across other state, local, and international jurisdictions and conducted the following activities in response to each directive:

<p><b>Developing a Shared Vision, Guiding Principles and Countywide Model for Prevention and Promotion</b></p>	<p>To coalesce around common terminology, values, and goalsetting to inform strategic planning, the Task Force collaboratively developed Guiding Principles to shepherd planning and collaboration; a Vision Statement to affirm the County’s stated goals for Prevention and Promotion; and a Countywide model to articulate how and why the County must engage in this work. In addition to unifying the diverse portfolio and experiences of dozens of Task Force representatives, these deliverables intend to convey a new Countywide ethos for Prevention and Promotion among all County staff, service providers, and community members.</p>
<p><b>Addressing Operational Barriers to Coordinated Delivery</b></p>	<p>To design a structure that would build upon existing strengths and resolve current challenges, the Task Force conducted an analysis of existing operational barriers to coordinated service delivery across County prevention entities, focusing on logistical, technological, resource, regulatory, and/or other structural challenges.</p>

<p><b>Identifying Necessary Coordinating Functions to Inform Governance Structure Formation</b></p>	<p>From conversations with various stakeholders, research on external jurisdictions, and analyses of operational barriers to coordination, the Task Force identified a set of Coordinating Functions relating to multi-departmental governance for prevention and promotion services. The Task Force then developed recommendations on necessary next steps to align these coordinating functions across the appropriate entities. How responsibility and/or authority may be placed across existing departments, County initiatives, or community-based organizations will directly inform how Countywide prevention and promotion efforts will be governed.</p>
<p><b>Conceptualizing a Prevention and Promotion Coordination Team (PPCT)</b></p>	<p>Through learnings from Task Force and table discussions, as well as feedback from key stakeholders, the Task Force staff developed a proposal for a Prevention and Promotion Coordination Team (PPCT) intended to guide, support, and/or implement several of the action-oriented recommendations listed in this interim progress report. This proposal was refined and adopted by a majority of the Task Force members as a recommendation to immediately strengthen the County’s coordinating capabilities relating to prevention in partnership with County departments. However, over the long term, members acknowledged that they need to continue to discuss recommendations for governance structure, consistent with the Board motion, to help build capacity for prevention and promotion coordination across departments and domains.</p>

updated

**2: Funding Streams Analysis:**

A comprehensive Countywide funding streams analysis was conducted with information provided by impacted departments and reviewed by CEO Budget. The analysis details existing funding available for Countywide prevention services to support the implementation of a full-scale Countywide coordinated prevention strategy. The process included the following activities in response to the directives:

<p><b>Compiling a Program Inventory and Reviewing Funding Streams</b></p>	<p>The Task Force worked with staff from CEO Budget, departments, and coordinating initiatives to compile a program inventory of the County’s existing prevention and promotion services. Departments self-reported budget data, program descriptions, and information on funding sources, which were additionally analyzed to identify potential opportunities for further study.</p>
<p><b>Identifying Barriers to Budget Coordination and Strategic Funding Sustainability</b></p>	<p>Over the course of the funding streams analysis, ARDI staff and consultants identified structural barriers to County efforts to manage budget coordination and strategic funding sustainability of multi-departmental prevention and promotion services. These findings were further validated by conversations with County staff and consultants with expertise in these functions in multiple service areas and departments, and the Task Force has provided recommendations to address challenges.</p>

### 3: Community-Based Service Delivery System:

The Task Force conducted multiple activities to develop recommendations for how the County can strengthen, effectuate, and center community-based service delivery across its prevention and promotion system. These efforts are ongoing in response to the Board directives:

<p><b>Launching a Community Engagement Process (Ongoing)</b></p>	<p>To further build out community-focused recommendations, as well as the work of the Task Force writ large, the Task Force developed a comprehensive community engagement process. This ongoing process is intended to highlight and prioritize the voices of community members with lived expertise and organizations deeply engaged in prevention work.</p>
<p><b>Addressing Operational Barriers to Community-Based Delivery</b></p>	<p>The Task Force examined barriers hindering existing and future community-based delivery of prevention and promotion services, especially due to widely varying County policies on community outreach, access, distrust regarding government systems, and community partnerships.</p>
<p><b>Initiating User Journey Mapping</b></p>	<p>The Task Force compiled an inventory of existing user journey and service navigation experiences previously collected by County departments and initiatives. In addition to continued analyses on this inventory, the Task Force plans to conduct additional user journey mapping, focus groups, and consultation with community-based organizations to better understand individual and archetypal experiences accessing multiple County services. This work will especially focus in on priority populations that may currently face greater barriers to services and/or have the greatest need for preventive and promotive resources.</p>

### 4: Prevention Metrics and Data Integration

The Task Force developed a set of guiding prevention metrics to reflect how County residents’ lives would improve after receiving prevention and promotion services. Relatedly, the Task Force also identified current challenges in data sharing and integration as an operational barrier hindering both coordinated and community-based service delivery.

<p><b>Developing Priority Life Course Outcomes and Guiding Prevention Metrics</b></p>	<p>Using the Life Course Framework, the Task Force identified a set of 12 key outcomes across the lifespan which the County can use to track and monitor well-being and thriving over time. The Task Force also conducted a scan of academic literature to develop a preliminary set of metrics that can inform strategic planning and decision making, including relating to coordination of and investments in prevention and promotion services.</p>
<p><b>Examining and Addressing Racial Disproportionalities in Our Systems</b></p>	<p>The Task Force also conducted preliminary analyses relating to disproportionalities in our County systems, including across the 12 life course outcomes. These include important information and background on why the 12 outcomes were selected, including what disproportionality considerations members had in mind when examining contributing outcomes and ecological-institutional factors. The Task Force intends to deepen this analysis with the support of subject matter experts (including lived expertise) in the next phase of its work.</p>

### **Uplifting Data Systems and Integration**

Several times during this initiative, stakeholders elevated the importance of data sharing and integration (especially across departments and service areas) in facilitating operations and decision making relating to coordinated service delivery, community-based service delivery, and funding priorities. While the Task Force did not conduct extensive analysis on this topic during the initial phase of this work, this interim progress report does offer brief recommendations to advance these issues, including in the next phase of the Task Force.

## **CONDUCTING BENCHMARK RESEARCH**

Benchmarking is a useful tool to understand how other geographies and jurisdictions have approached transformation, the processes used, options considered, and how success was measured. While the County of Los Angeles is unique in its scope, size, and vision for its prevention and promotion system, the Task Force engaged external consults to help conduct benchmark research to identify best practices from other governments engaged in similar initiatives.

Extensive secondary research was conducted into twelve U.S. communities (states, counties, cities) and three international geographies to understand their visions for prevention services and their approaches to governance. This secondary research was supplemented with fourteen interviews across twelve geographies to understand the nuances of their design and transformation process. A subset of these interviews was referenced as part of the vision setting process and four of these communities were chosen for deep dive case study to help illuminate the tradeoffs and tensions in governance model decisions. In addition to the findings interspersed throughout this report, more information and detailed case studies can be found in **Appendix B**.

## **STAKEHOLDER AND COMMUNITY ENGAGEMENT AND INTERVIEWS**

The Task Force also conducted multiple fact-finding and stakeholder engagement processes to inform our work. These processes helped to identify challenges and opportunities relating to the County's approach to prevention and promotion, while also simultaneously allowing staff and Task Force/table leadership to foster relationships and receive candid feedback from a variety of stakeholders:

To help achieve the Board's directives to develop a community-based prevention services delivery system, the Task Force developed a community engagement process with multiple strategies to reach, partner with, and co-create solutions with community members and community-based service providers. This included appointing Community Members with lived expertise to the Task Force and each of its subject area tables to help shape the deliverables presented in this report, especially relating to the Task Force's vision, model, guiding principles and other recommendations regarding the experience of community members when navigating County systems.

A full overview of the ongoing community engagement process planned for this initiative can be found in **Section III, Directive 3: Community-Based Service Delivery System**, which describes why this process is critical to effectuating a community-based prevention and promotion delivery system. The principles and strategies laid out are subject to change as the Task Force, other County entities, and community stakeholders continue to advance this initiative.

In addition, the Task Force staff launched this initiative by meeting with County staff, community-based service providers, and community members with detailed knowledge of prior or ongoing County efforts and continued to conduct regular meetings with stakeholders to receive feedback and ensure alignment. In total, staff conducted face-to-face meetings with more than **100 stakeholders** with knowledge and expertise (both lived and professional) relating to this initiative, including:

- All **22 Task Force members**,
- Over **50 tables members** across the three subject area tables, and
- Over **50 community representatives**, including individuals with lived expertise, community-based organizations, advocacy coalitions, and subject matter experts. These included meetings with 30 residents who indicated personal interest in the 12 appointed Community Member with Lived Expertise positions on the Task Force and three tables.

# CONTEXTUALIZING PREVENTION AND PROMOTION THROUGH AN ANTI-RACIST AND HISTORICAL LENS

Public agencies and non-profit organizations have a long history of delivering prevention and promotion services in this country, with efforts occurring across numerous agencies, communities, and at all levels of government. With the Board's support, ARDI studied and applied an anti-racist lens upon the range of services that many consider to be our society's "safety net." Background research included analyzing how programs have historically been designed to provide supports or resources, or unfortunately, to exacerbate social disparities and codify racism into our systems.

This historical analysis informs the Task Force members' approach to this work in their various roles as County representatives, service providers, and community members. Importantly, the Task Force recognizes that many residents have lived through, remember, and continue to feel the impacts of the historical and ongoing policy decisions described below.

The numbered citations in this section can be found in **Section VI. Works Cited** at the end of this report.

**In recent years, historians, researchers, activists, and community members have increasingly elevated the ways in which structural racism has been embedded into federal, state, and local government policies.**<sup>2345</sup>

As this country's modern safety net was established, much of its overarching policy was set at the federal level. Simultaneously, states have often been given additional leeway to make selective policy choices regarding access, quality, and eligibility. These [choices](#), often influenced by [racial bias](#),<sup>6</sup> have often led to the increased marginalization, control, or policing of Black and brown families.<sup>7</sup>

As the federal government developed and updated the nation's welfare programs following the Second World War, Southern segregationists and their Northern allies intentionally portrayed Black motherhood as an economic "[pathology](#),"<sup>89</sup> an ideology utilized to justify incarceration, denial of benefits, and [sterilization](#) of "illegitimate" mothers:<sup>10</sup>

- The Aid to Dependent Children (ADC) program was initially envisioned for white single, non-working mothers; Black women were disproportionately ineligible under its program rules.<sup>1112</sup>
- ADC's successor program, Temporary Assistance for Needy Families (TANF), imposed strict work requirements and time limits, the result of lobbying and policy crafting by (disproportionately white, wealthy, and male<sup>1314</sup>) politicians who explicitly sought to target Black "[dependency](#)."<sup>15</sup>
- Certain elected officials popularized and further entrenched the "[welfare queen](#)", leveraging racialized narratives about deservingness to justify cuts to resources and aid largely impacting Black and brown women and their families.<sup>16</sup>

In contrast to white motherhood and the depicted sanctity of white nuclear families, Black motherhood and childrearing were characterized under economic terms – a burden for taxpayers, and thus a funding item to be limited and minimized.<sup>17</sup>



A 1939 poster advertising changes to the Social Security Act, which created the Aid to Dependent Children program. Image source: [Social Security Administration History Archives](#).

## Similarly racist and discriminatory stories undergird the foundational structure of other programs or government benefits that currently serve many of the most marginalized in our society.



In 1965, U.S. Assistant Secretary of Labor Daniel Patrick Moynihan published *The Negro Family: The Case For National Action*, an influential and controversial report written on behalf of the U.S. Department of Labor under President Lyndon B. Johnson.<sup>18</sup> The report decried the “deterioration of the Negro family” and has been noted for its significant role in shaping public discourse and subsequent government policy relating to poverty, including in its characterization of a “tangle of pathology” leading to the “steady disintegration of the Negro family structure.”

Although Moynihan acknowledged of the enduring impacts of enslavement and discrimination on Black Americans, many have criticized the report for “blaming the victim” and for providing conservative legislators justification for social policies intentionally targeting Black family structures.<sup>19</sup> Image source: [CSPAN](#).

Several examples exist today of policies that largely exclude communities of color and other marginalized communities, often having a compounding effect for individuals with intersecting identities. These include, but are not limited to the following:

- TANF (known as CalWORKs in California), CalFresh (also known as SNAP or food stamps), Medicaid, and the Children’s Health Insurance Program (CHIP) are inaccessible to undocumented applicants under federal policy.<sup>2021</sup>
- An abundance of government programs, tax codes, and policies selectively recognize and provide advantages to those with legally recognized marriages and nuclear family structures<sup>222324</sup> – two familial statuses that have historically excluded many [multiracial](#), [LGBTQ+](#), [mixed immigration status](#), intergenerational, and [chosen families](#).<sup>252627282930</sup> These marriage-related benefits (including significant and [racialized tax benefits](#)<sup>31</sup>) directly descend from a time when Black, brown, Indigenous, and multiracial couples could not access marriage licenses, [including in California](#).<sup>32</sup> Attempts to do so often led to [violence](#) or even [incarceration](#).<sup>3334</sup>
- Medicaid’s existing [state-by-state structure](#) was created through a political compromise to allow Southern elected leaders to deny access to low-income Black people,<sup>35</sup> a consistent policy choice that [persists](#) to this day.<sup>36</sup> Today, the State of California has one of the most expansive policies for Medicaid access relative to other states, and approximately [one-third](#) of Californians rely on Medi-Cal coverage.<sup>37</sup> However, Medi-Cal still operates under a national health system without universal coverage that also applies a multitude of exclusionary and onerous rules [disproportionately](#) burdening Black, brown, disabled and/or undocumented individuals.<sup>38</sup> Even today, individuals insured by Medi-Cal cannot access [roughly 40%](#) of the state’s doctors,<sup>39</sup> as our systems are set up to allow doctors and [clinics](#) to [selectively deny care](#) to this low-income population if they wish.<sup>4041</sup>

Representatives from all the major “safety net” departments in Los Angeles County serve on the Prevention Services Task Force, and all County staff and community members must all grapple with these historical truths when considering the ways in which prevention and promotion have been selectively prioritized and deprioritized across our diverse communities.

Today, it is rare for state and local governments in the United States to have formalized budgeting practices organizing primary prevention and promotion spending across multiple service areas.<sup>42</sup> Localities that do attempt to fund these services often face challenges due to politicized and volatile budget cycles, especially as the U.S. [underfunds](#) social expenditures relative to other Organization for Economic Co-operation and Development (OECD) countries.<sup>4344</sup>

To support individuals with immediate needs under limited budgets, many local governments [prioritize](#) crisis response services that fall under secondary and tertiary prevention, including hospital care, mental health services, emergency housing for unhoused individuals, or even law enforcement response.<sup>4546</sup> Simultaneously, many of the same jurisdictions have historically [underprioritized](#) and [missed opportunities](#) to fund upstream supports and resources within and across several domains,<sup>474849</sup> such as policies to ensure [stable housing](#), [public health initiatives](#), and affirmative youth programming that can prevent a wide array of negative outcomes later in life.<sup>5051</sup> Some of these investment choices are influenced by federal and state policy priorities, but many others are decided at the local level. Ultimately, the uneven investment in preventative and crisis services can exacerbate regional and racial inequality, especially in places where governments [underserve](#) the lowest income residents.<sup>52</sup>

No matter the reason for these investment decisions, the outcomes remain the same: marginalized communities continue to have the least access to upstream resources than other communities with the wealth and power to access these resources privately.

**In Los Angeles County and many other places across this country, this has often meant less investment in prevention for Black and brown individuals, families, and communities – further exacerbating and reinforcing racial disparities.**

These racial disparities in public and private investment are even more stark when looking at promotive supports and resources. As covered in Section III of this report (see **LA County’s Model for Prevention and Promotion**), the Task Force discovered that few existing academic and government frameworks for prevention meaningfully acknowledge, define, or even reference promotion as a concept. As a result, the Task Force’s explicit inclusion of promotion alongside prevention already sets the County of Los Angeles as a thought leader in pushing the bounds and traditional thinking in this space.

**Secondary prevention** refers to support and resources for those with elevated risk of experiencing outcomes, while **tertiary prevention** refers to support and resources for those with high or imminent risk of experiencing outcomes.

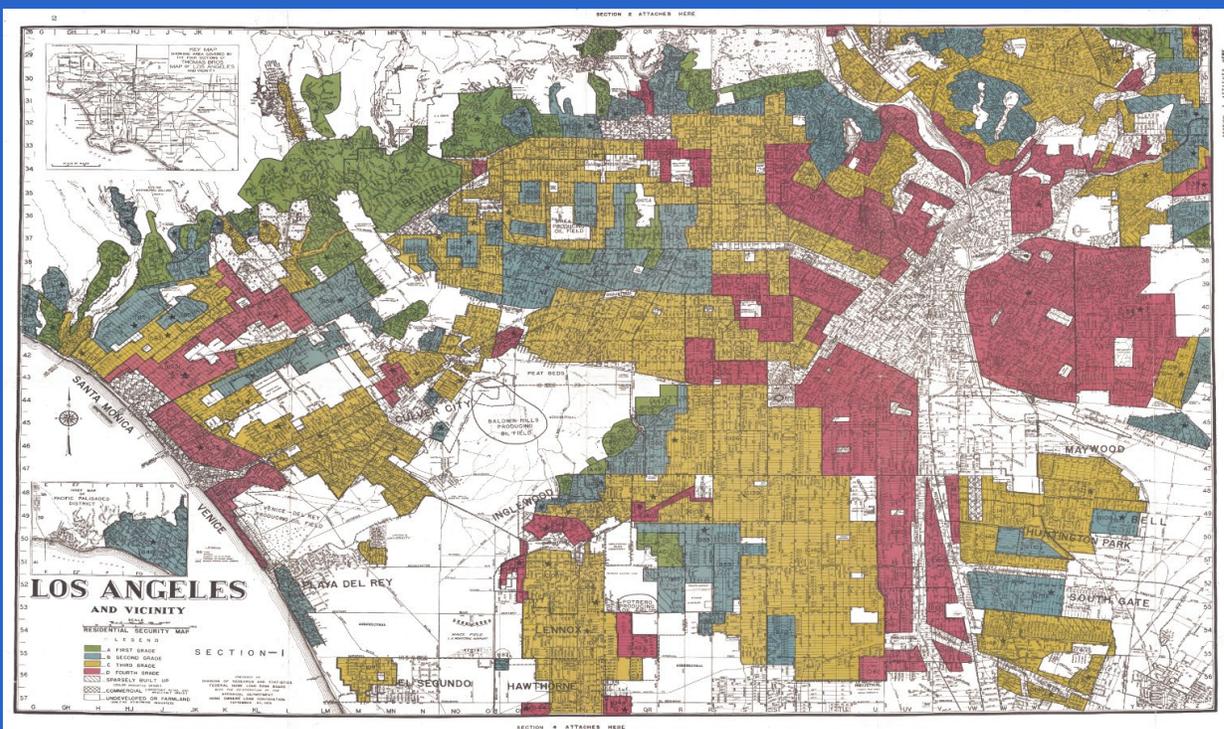
For more information on the Task Force’s recommendations relating to prevention tiers and definitions, please see the subsection titled “**Developing a Shared Vision, Guiding Principles, and Countywide Model for Prevention and Promotion**,” under Section III. Meeting Our Objectives.

## II. INTRODUCTION

### Contextualizing Prevention and Promotion through an Anti-Racist and Historical Lens

**However, promotive resources to increase well-being and thriving aren't new in this country – they simply have been given to some communities but not others, whether through explicit policy design or as an unintentional consequence:**

- Consider [U.S. housing policy](#) across the 20th Century.<sup>53</sup> Over the past century, federal, state, and local government systems have [subsidized](#) segregated suburbs and actively promoted homeownership for white families,<sup>54</sup> including through [mortgage tax breaks](#), [credit score systems](#), and [loan terms](#) that disproportionately favor white homebuyers<sup>55</sup> (i.e., the beneficiaries of the same [redlining](#) that has harmed communities of color).<sup>58</sup>
- This country's labor laws and economic system ensure that "white collar" workers (who are [disproportionately white](#)) generally have better employee benefits and protections relative to other workers, including superior [health insurance](#), [sick leave](#), safer working conditions, and wages that enable people to afford high-quality food and living conditions.<sup>59</sup>



A historical redlining map utilized by the federal government's Homeowners' Loan Corporation, which assigned color-coded grades to residential neighborhoods reflecting the alleged "safety" of loan investments; staff often included explicitly racist annotations relating to various ethnic and racial communities. Neighborhoods receiving the lowest grade of "D," were deemed "hazardous" and denied mortgage financing and thus the ability to become homeowners and access a significant method of wealth accrual.

Source: [Mapping Inequality](#)<sup>64</sup>

- [Municipal incorporation](#) and school redistricting policies additionally lead to an abundance of promotional resources for youth in predominantly white communities,<sup>65</sup> who are more likely to have access to [high quality public schools](#), [activities](#), and [recreational spaces](#).<sup>67</sup> These same municipal policies – which carry a long legacy of racial segregation both in [LA County](#) and beyond<sup>70</sup> – result in wealthy, affluent communities that can invest in [public parks](#), pools, physical activity spaces, and public events more than other communities.<sup>71</sup> **All of these are government policies, and all are promotion.**

## II. INTRODUCTION

### Contextualizing Prevention and Promotion through an Anti-Racist and Historical Lens

As detailed in the examples above, U.S. national and local governments have a well-documented record of providing promotive resources on a selective and racially segregated basis. But to make matters worse, many of the same government systems providing support to some residents also have a history of harming and reducing living conditions for other residents – especially communities of color and other marginalized communities.

- In contrast to the supportive housing policies for disproportionately white communities, many Black and brown neighborhoods have seen their homes and livelihoods seized by [racially targeted](#) eminent domain and divided by [freeways](#) largely utilized by higher-income vehicle owners and commuters.<sup>7374</sup>
- Instead of an abundance of promotive resources, multiple generations of Angelenos and Americans have experienced the school-to-prison pipeline and the selective [criminalization](#) of [Black and brown youth](#), including in allegedly [public spaces](#).<sup>757677</sup>
- And despite meaningful efforts to expand health insurance coverage in this state, many [Californians](#) still do not have the ability to take time off to see the doctor, work in safe living conditions, or access the same quality or quantity of doctors as those on private insurance.<sup>78</sup>



Pictured: The “Sunkist Garden” residences in 1950 in southeast Los Angeles was subsidized by the Veterans Administration and made available to white veterans only.<sup>72</sup> Image courtesy of the California Eagle Photograph Collection, Southern California Library, Los Angeles, California. Source: [Facing History, Uprooting Inequality: A Path to Housing Justice in California \(PolicyLink\)](#)

**Examining prevention and promotion services through an anti-racist and community-centered lens offers crucial insight and perspective that must inform any effort to reimaging LA County’s existing systems. We must all be explicit in acknowledging the historical root causes of today’s [ongoing inequities](#),<sup>79</sup> including the government’s role in creating them – and now resolving them.**

**Moreover, it is long overdue for governments to increasingly prioritize prevention and promotion, as it is communities of color who have largely been denied these supports throughout this nation’s history due to racist and exclusionary policy decisions.**

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# CONTEXTUALIZING LA COUNTY'S PREVIOUS EFFORTS IN CHILD WELFARE

One important domain the Task Force emphasized during its analysis of prior prevention initiatives included LA County's child and family systems. The findings and context learned from informational interviews and secondary research assisted in determining best practices for the Task Force, as well as informing its operating structure and guiding principles when developing the overarching recommendations in this report.

As noted specifically in the Board motion, some of the County's most extensive and impactful prevention initiatives over the last several decades have occurred in the child welfare space. This includes several efforts that have prioritized upstream supports and pioneered community-based delivery of services, including Countywide home visitation programs, early care and pre-school education programs, and community-level child abuse prevention efforts aimed at increasing whole family support. These initiatives have provided important case studies and learnings for efforts in other domains, while also progressively increasing the likelihood that children can remain safe and thrive in their own families and communities.

The County of Los Angeles in recent years has significantly shifted its practices in the child welfare space to increasingly feature preventative supports.

**Despite these ongoing developments, it is imperative to grapple with the racist history of these systems and draw parallels in other spaces – in order to enact change and reduce racial disproportionality seen across multiple sectors.**

As noted in the preceding section, several 20th century public programs providing resources to families were designed to primarily serve white communities and extol white motherhood, even as Black and other parents of color were described as "pathological" and deemed less worthy of state-sponsored support. Today, communities of color – and especially Black and [American Indian/Alaska Native](#) communities – remain far overrepresented in the child welfare system, both in [Los Angeles County](#) and elsewhere in the United States.<sup>808182</sup>

### **There is longstanding and far-reaching precedence for these racial disproportionalities, rooted in our nation’s history of enslavement, genocide, and state-sponsored control of communities of color.**

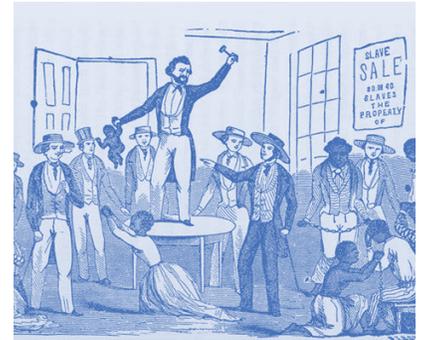
For several centuries, individuals and local agencies (with direct support by U.S. governments) utilized the threat of child removal to [exert control](#) over communities of color.<sup>83</sup> Throughout the period of enslavement, Black parents lived under a recurring fear that their children could be [ripped apart](#) from them and sold to other enslavers for profit, as it was a common “punishment” under chattel slavery and fully legal under the laws of the land.<sup>84</sup>

Meanwhile, Indigenous parents were [forcibly compelled](#) to send their children to government, religious, and/or privately sponsored “residential schools,” where children were taught to [assimilate](#) into American culture, learn English instead of their ancestral languages, and shed traditional customs, often in the face of physical abuse and harm, including [death](#).<sup>858687</sup> In [Southern California](#), these harmful practices exemplify forms of cultural and physical [genocide](#) against local Native American Indian communities.<sup>8889</sup> They also draw disturbing parallels with brutal assimilationist policies elsewhere on the continent and the atrocities committed under the [Spanish colonial missions](#) established here a century prior.<sup>909192</sup>

When reviewing these seldom-shared histories and grappling with the gravity of their impact, it makes clear just how relatively nascent government efforts to provide true support and resources to children and family are in this country.

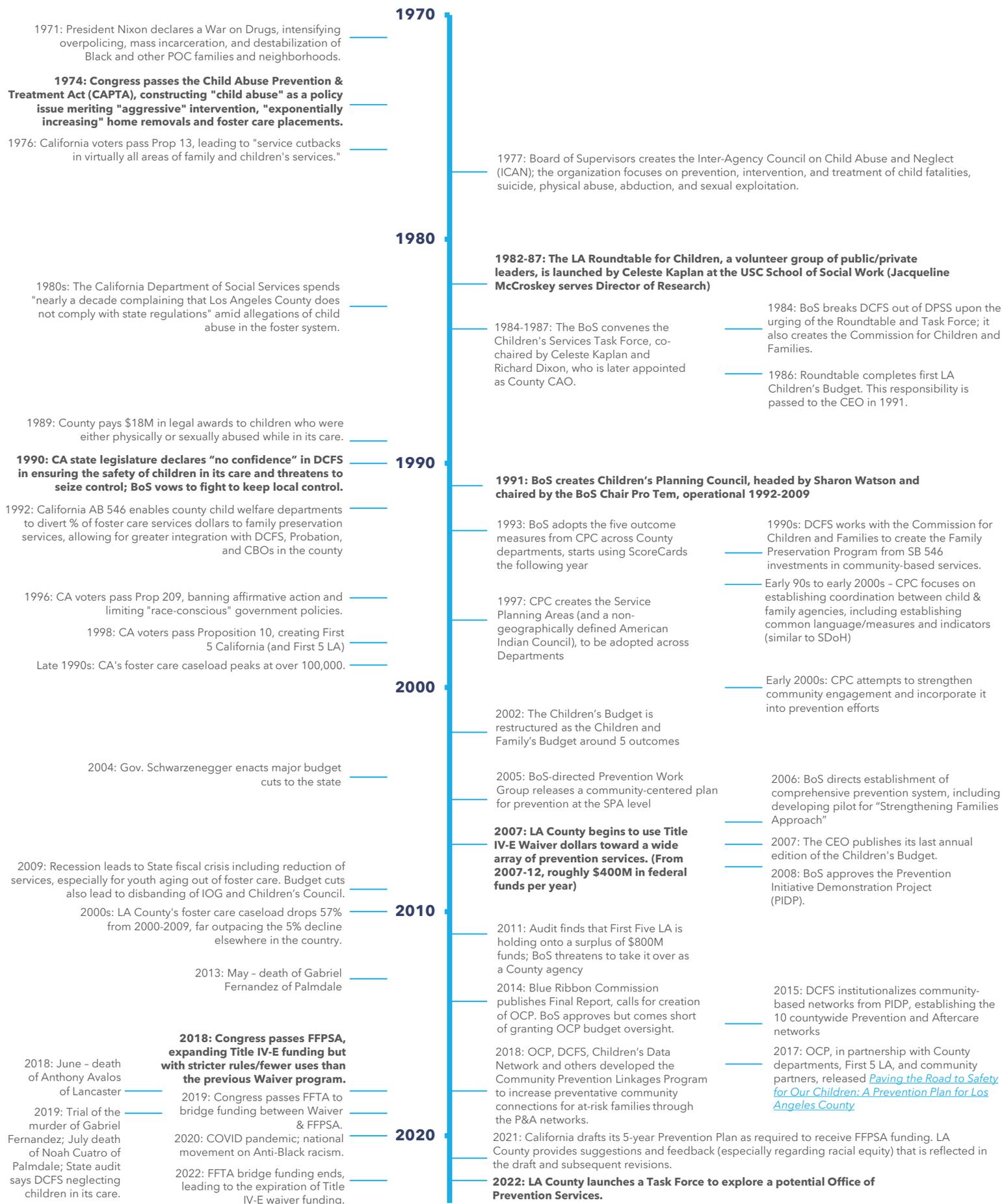
When launching this initiative, ARDI staff compiled research to unearth learnings and identify patterns across child and family-oriented prevention initiatives over the last 50 years in the County of Los Angeles. These lessons learned provide context on how the County can draw on strengths, avoid pitfalls, and anticipate future challenges in prevention and promotion.

[See the next page for a timeline summarizing our research on prior LA County initiatives and historical events.](#)



A drawing of a slave auction of a baby. Image source: Slave narrative published in 1849 (under public domain), uploaded by the [New York Times](#).

# Child Welfare & Prevention Services in Los Angeles County, 1970-2022



Under the modern era, County efforts to study and address harm in the child and family space track back to the late 1970s. For the following decade, the [LA Roundtable for Children](#) and the [Children’s Planning Council](#) identified and urged the Board of Supervisors to address issues in the County that parallel today’s challenges relating to insecure funding, disconnected departmental efforts, and an emphasis on upstream prevention.<sup>9394</sup> This included the [creation](#) of what is now called the Department of Children and Family Services, which was spun out of the Department of Public Social Services in 1984.<sup>95</sup> Subsequent efforts in the late 1990s and 2000s led to several crucial [pilot initiatives](#) that have shaped today’s prevention landscape in Los Angeles and influenced policy elsewhere in the United States.<sup>96</sup>

From 2000 to 2009, the County’s foster care caseload dropped [57 percent](#), far outpacing the 5 percent decline elsewhere in the country.<sup>97</sup> Simultaneously, the County expanded prevention efforts dramatically, advocating for and leveraging [block grant funds](#) from the federal government to strengthen community-based supports, including the [Prevention & Aftercare \(P&A\) networks](#).<sup>9899100</sup>

At the same time, it’s impossible to ignore [external events](#) and [specific tragedies](#) that have significantly shaped the County’s ability to provide support and resources.<sup>101102103</sup> Multiple times over the past 50 years, nationwide recessions and [austerity measures](#) by federal and state leaders have drastically cut funding to [child welfare](#) and other social services, leading to impacts felt multi-generationally.<sup>104105</sup> Although the State legislature and Board have at times attempted to mitigate the impact of these cuts, the sustainability of prevention funding in the region is a recurrent problem amid an increasingly polarized political climate and volatile economic forecast. This includes recent changes under the [Family First Prevention Services Act](#) (FFPSA), a policy which expands prevention funding for many other jurisdictions but may pose challenges in LA County, where departments have in the past leveraged federal funding to go beyond what will be reimbursable under FFPSA.<sup>106</sup>

The Task Force also takes pause to note that thousands of families in Los Angeles County continue to face challenges navigating and engaging with the child welfare system. Countless others still live with ongoing memories of the trauma and harm they may have experienced under multiple systems, whether as children or as parents.

**Despite the progress made over recent years, nowhere is the need for change and action more attenuated than when County mourns the deaths of multiple children under its care. Their stories continue to call attention to the urgent need to reimagine government systems to provide care and support the journey to healing and justice for victims, survivors, and our communities.**



# III. MEETING OUR DIRECTIVES

The following section summarizes the Task Force’s activities, deliberation, and intermediate deliverables over the past several months across four overarching directives. Each respective section describes the intensive development process, multistakeholder analysis, and key lessons learned from collaborative efforts across the Task Force its three working tables, which in turn helped to inform the full list of **Recommendations** in section IV of this report.



## DIRECTIVE 1: GOVERNANCE STRUCTURE AND COORDINATED SERVICE DELIVERY

This directive describes the Task Force’s efforts to provide recommended options for a governance structure designed to coordinate and effectuate a comprehensive community-based prevention services delivery system, including the necessary budgeting, staffing, contracting, and data sharing authorities across relevant departments. In addition to researching potential models in use across other state, local, and international jurisdictions, the Task Force conducted the following activities to inform decision making:

- Developing a Shared Vision, Countywide Model, and Guiding Principles for Prevention and Promotion
- Addressing Operational Barriers to Coordinated Delivery
- Identifying Necessary Coordinating Functions to Inform Governance Structure Formation
- Conceptualizing a Prevention and Promotion Coordination Team (PPCT)

## DEVELOPING A SHARED VISION, GUIDING PRINCIPLES, AND COUNTYWIDE MODEL FOR PREVENTION AND PROMOTION

**“Prevention and promotion can decrease individuals’ level of risk, as can addressing and mitigating harmful social conditions through equitable decision-making and community agency. Together, this can cultivate healing, restoration, and justice.”**

- Excerpt from the Task Force’s model for Prevention and Promotion

The County of Los Angeles can be a thought leader in championing an intentionally anti-racist and equity-centric approach to prevention and promotion. The Framework working table of the Task Force led the creation of the enclosed Vision Statement, Guiding Principles, and Countywide Model to foster shared understanding and a common language for prevention and promotion, including conveying these foundational equity tenets. As described in the recommendations relating to these deliverables, the Task Force requests that the County delegate resources to widely share and socialize these concepts, including through community-specific, culturally relevant, and openly accessible media to reach across diverse ages, languages, and walks of life. This table-setting can help staff, service providers, and residents understand how individual programs and services contribute to a holistic continuum of care and promote thriving across the County.

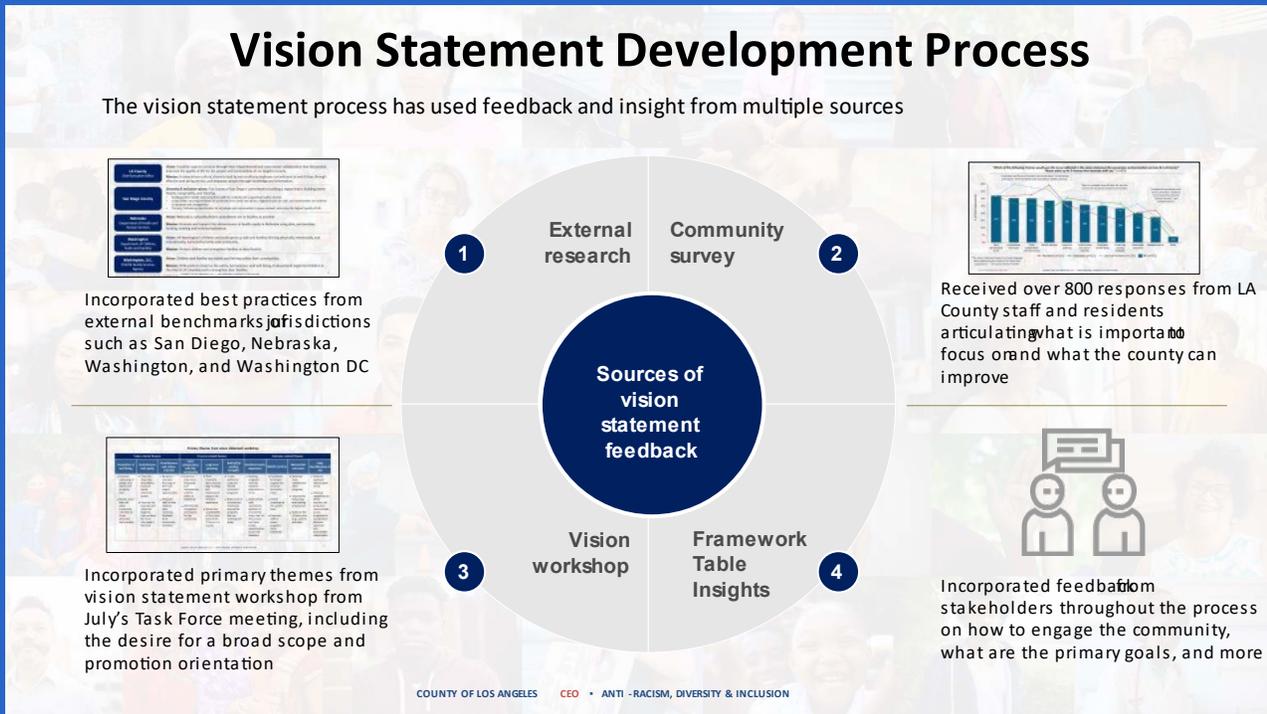
### OUR VISION FOR PREVENTION AND PROMOTION IN LOS ANGELES COUNTY

To develop a vision statement, the Task Force Framework Table solicited feedback and developed vision language with input from hundreds of stakeholders. This section provides an abbreviated summary of this extensive process. To read the full process, please review **Appendix D**.

Beginning during the Task Force’s July 2022 monthly meeting, members met and aligned on the purpose, importance, and substance of an effective vision statement. Members agreed that a vision statement should be an aspirational statement of where an organization wants to be in the future – one that challenges us to look ahead and is both realistic and ambitious. The specific language and phrasing of the Vision Statement were informed by the process points outlined in Figure III.1(a) below. These included the Task Force vision workshop, external research, community surveys, and Framework Table insights.

### III. MEETING OUR DIRECTIVES

#### Directive 1: Governance Structure and Coordinated Service Delivery



**Figure III.1(a): Vision Statement Development Process and Sources**

See below for more details on each process source.

**Vision workshop:** Ahead of the July meeting, Task Force members completed a survey that solicited beliefs on the County's efficacy in providing prevention and promotion services today. At the July Task Force meeting, members reviewed the results of the Task Force member survey. Staff facilitated three breakout rooms to further discuss important ideas and narratives, leading to the following primary themes:

### Primary themes from vision statement workshop

Value-related themes			Process-related themes			Outcome-related themes			
Promotion of well-being	Inclusiveness and equity	Proactiveness and action-oriented	Close collaboration with the community	Long-term planning	Built off of existing strengths	Resident-centric experience	Holistic services	Measurable outcomes	Early identification of risk
<ul style="list-style-type: none"> <li>▶ Promote well-being of people and places with an equity lens</li> <li>▶ Build a vision that will allow community members to thrive physically and mentally</li> </ul>	<ul style="list-style-type: none"> <li>▶ Close the disparities and address issues of equity within the system</li> <li>▶ Focus on the disproportionality and targeted interventions for those who need it the most</li> </ul>	<ul style="list-style-type: none"> <li>▶ Be action-oriented, focusing on the most urgent opportunities</li> <li>▶ Empower staff to take initiative after receiving feedback from community members</li> </ul>	<ul style="list-style-type: none"> <li>▶ Communicate more frequently and transparently with the public to build trust</li> <li>▶ Demonstrate compassion and respect for the community</li> </ul>	<ul style="list-style-type: none"> <li>▶ Think creatively about how to align funding and resources to support the resident experience</li> <li>▶ Bolster the sustainability of this vision beyond the TF time in LA County</li> </ul>	<ul style="list-style-type: none"> <li>▶ Create additional scale and elevate successful programs</li> <li>▶ Build more of a continuum of services around the programs that are working well today</li> </ul>	<ul style="list-style-type: none"> <li>▶ Develop programs with the resident-experience in mind</li> <li>▶ Work closely with community partners to ensure that they are a part of the process and have ample opportunities to provide feedback</li> </ul>	<ul style="list-style-type: none"> <li>▶ Coordinate funding to support the inclusive promotion vision</li> <li>▶ Create incentives at the system-level</li> <li>▶ Empower staff to assess programs more holistically</li> </ul>	<ul style="list-style-type: none"> <li>▶ Generate more visibility into other programs</li> <li>▶ Improve the measuring and tracking of outcomes</li> <li>▶ Build out the infrastructure (e.g., systems and data)</li> </ul>	<ul style="list-style-type: none"> <li>▶ Enhance upstream identification of risk</li> <li>▶ Improve capabilities to better monitor risk areas and communicate across programs for coordination between upstream and downstream stakeholders</li> </ul>

**Figure III.1(b): Primary themes from vision statement workshop held during the July 15, 2022 Task Force meeting**

### III. MEETING OUR DIRECTIVES

#### Directive 1: Governance Structure and Coordinated Service Delivery

**Community survey:** The Task Force deployed a wide-reaching community survey of residents and County staff which served as a critical input to the vision statement. This survey was developed and shared widely to highlight community perspectives and ensure those impacted by prevention and promotion services were represented in the new vision statement.

The survey included over 800 respondents across three groups: residents, County employees, and community service providers. In response to sharing themes and desired changes to prevention and promotion services in LA County, respondents reflected a public desire for stronger coordination across service agencies, including “improving connections and referrals between services.” Community respondents also selected early identification of risk, inclusiveness and equity, and close collaboration with the community as desired themes for the vision statement.

However, there were some variances in stakeholder responses. For example, the opinions of community-based service providers diverged the most from other respondents by citing increased funding as their third most important issue and giving more weight to culturally specific resources and reallocation of existing funding. County employees most often selected early identification of risk, while it was not the top choice for service providers and residents. Instead, service providers most often selected inclusiveness and equity as the most important themes. Residents most often selected holistic services.

**External benchmarks:** Research was conducted into benchmarked geographies to provide inspiration for vision statements, develop a baseline of what a strong vision statement for prevention and promotion looks like, and stimulate ideas for the statement format.

**Prevention service agencies across counties and states have differing visions, missions, and values:**



**Figure III.1(c): Official vision statements on prevention and other related coordinating initiatives from other benchmark jurisdictions**

### III. MEETING OUR DIRECTIVES

#### Directive 1: Governance Structure and Coordinated Service Delivery

During Framework Table discussions, members were particularly drawn to the language of equity reflected in multiple statements, as well as the scope and structure of San Diego County's vision, which has a top-line statement followed by three bullet points to explain and expand upon the themes from the main statement.

Framework Table insights: The final key input to the vision statement was feedback from the Framework Table members, many of whom have several years of experience relating to County systems and services which brought critical perspective to LA County's vision. A small ad hoc working group, which included all three community Table members with lived expertise, convened to consider the desired themes and workshop the language. The Framework Table collaboratively edited the language proposed by the ad hoc working group and ultimately voted on the final vision statement on September 16, 2022.

**On November 4, 2022, the full Task Force voted to officially adopt the following vision statement, which defines the purpose and mission members wish to convey to all LA County residents and staff:**

LA County delivers an **equitable, community-driven, and holistic** prevention and promotion model to enable a safer, stronger, thriving, and more connected community.

- **Equitable:** addressing root causes that lead to inequitable life outcomes
- **Community-driven:** sharing decision-making and co-creating solutions in partnership with community members, with particular emphasis on lived expertise and marginalized communities
- **Holistic:** breaking down silos to provide a continuum of support and ensure everyone thrives across every stage of life

This vision statement led to **Recommendation #1a: Adopt the Countywide Vision for Prevention and Promotion as a draft; seek additional community input; and engage widely with staff, service providers, and community.** This recommendation was formally adopted by the Task Force on November 4, 2022; see Section IV for more information.

### III. MEETING OUR DIRECTIVES

#### Directive 1: Governance Structure and Coordinated Service Delivery

Table III.2(d) below displays how various LA County programs and initiatives can be connected to the Task Force’s Countywide vision for prevention and promotion and an integrated continuum of support and resources. Each cell listed is an example and non-exhaustive; for instance, there are multiple outcomes and populations of focus to address within the domain of child and family services, but only one set of examples is listed below.

**Table III.2(d): Connecting a Continuum of Care for Prevention and Promotion**

Domain or Service Area	<u>Child and Family Services</u>	<u>Homelessness</u>	<u>Justice and Safety</u>	<u>Aging and Independence</u>
<b>Targeted Outcome or Issue to Address (Examples)</b>	<u>Task Force Life Course Outcome</u> : Decrease Child Maltreatment (within Family & Systems)	<u>Example</u> : Decrease Homeless Mortality Rate	<u>Racial Equity Strategic Plan and Task Force Life Course Outcome</u> : Decrease Adult First-Time Felony Convictions	<u>Task Force Life Course Outcome</u> : Increase Aging in Place with Safety, Dignity & Independence
<b>Population(s) of Focus</b>	Children ages 0-18, especially those served by DCFS and/or at greater risk of child maltreatment	Unhoused residents of LA County and those at greatest risk of becoming unhoused (housing insecure)	Individuals at greatest risk of coming into contact with criminal justice system	Older adults, individuals with disabilities
<b>Lead Entities &amp; Subject Matter Experts</b>	DCFS, OCP	CEO-HI, LAHSA, DHS, DPH, DMH	JCOD, DMH, DPH, DEO	Aging and Disabilities, DHS, DMH, DPSS
<b>Programmatic Examples</b>	<ul style="list-style-type: none"> <li>• Primary: Youth development, parenting courses</li> <li>• Secondary: Childcare and family support services, Mandatory supporter programs</li> <li>• Tertiary: Family preservation efforts</li> <li>• Remedy: Support for survivors of maltreatment/abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Primary: Affordable housing, physical and mental health resources</li> <li>• Secondary: Transitional housing and shelters, health clinics, safe use and needle exchange sites, mental health crisis support services</li> <li>• Tertiary: Emergency housing, emergency healthcare</li> </ul>	<ul style="list-style-type: none"> <li>• Primary: Youth development, quality educational and recreational activities, economic opportunity</li> <li>• Secondary: Diversion services</li> <li>• Tertiary: Mental health crisis support resources</li> <li>• Remedy: Reentry and rehabilitation support services</li> </ul>	<ul style="list-style-type: none"> <li>• Primary: Quality health care/insurance, safe neighborhoods, accessible transportation</li> <li>• Secondary: Resource navigation support, health resources, traveling health clinics, recreational programming for older adults</li> <li>• Tertiary: Mental health &amp; transitional support</li> <li>• Remedy: Long-term care support, hospice care</li> </ul>
<b>Performance Indicator Examples</b>	<ul style="list-style-type: none"> <li>• # of cases of maltreatment and abuse (within both families and systems) along with % decrease in disparities/disproportionalities</li> <li>• # of families provided support and referrals to resources</li> </ul>	<ul style="list-style-type: none"> <li>• # of deaths along with % decrease in disparities/disproportionalities</li> <li>• # of unhoused or housing insecure individuals provided support and referrals to resources</li> <li>• # of individuals with successful transition to permanent housing and well-being upon exiting system</li> </ul>	<ul style="list-style-type: none"> <li>• # of adult felony convictions along with % decrease in disparities/disproportionalities</li> <li>• # of individuals engaging in non-violent crime provided support and referrals to resources</li> <li>• # of individuals referred to mental health crisis support resources</li> </ul>	<ul style="list-style-type: none"> <li>• % of older adults at any given age range live independently with safety and dignity, with % decrease in disparities/disproportionalities</li> <li>• # of older adult riders on public transit or accessing public services and amenities (e.g., parks, libraries)</li> <li>• # of individuals enrolled and connected to resources and life planning services</li> </ul>

## GUIDING PRINCIPLES FOR PREVENTION AND PROMOTION

The Framework table also developed the following 10 guiding principles that were collaboratively established to help guide the Task Force’s work in prevention and promotion. Several of these guiding principles were drawn from the principles adopted by the [Countywide Racial Equity Strategy Plan](#), although members recommended and approved minor revisions to these statements. The 10 principles are listed below by importance as indicated by Task Force members.

- Reduce racial disparities and increase equitable life outcomes for all races/ethnicities, as well as close disparities in public investments to shape those outcomes.
- Authentically engage residents, organizations, and other community stakeholders early to inform and determine interventions (e.g., policy and program) and investments that emphasize long-term prevention and promotion.
- Develop and implement strategies that identify, prioritize, and effectively support the most disadvantaged geographies and populations.
- Collaborate to align funding investments and promote systems change to reduce barriers to achieve effective family-centered services.
- Use data and community-defined evidence to effectively assess and communicate equity needs and support timely assessment of progress.
- Work collaboratively and intentionally across departments as well as across leadership levels and decision-makers.
- Seek to provide early and tailored support to improve long-term outcomes, both intergenerationally (i.e., parent to child) and multi-generationally (i.e., grandparent to grandchildren).
- Act urgently, boldly, and innovatively to achieve tangible results.
- Disaggregate and streamline data collection as well as conduct analysis for different racial/ethnic and other demographic subgroup categories.
- Be transparent about our goals and our impact.

These guiding principles led to **Recommendation #1c: Adopt the Countywide Prevention and Promotion Guiding Principles as a draft, seek additional community input; and disseminate it widely among staff, service providers, and community.** The recommendation was formally adopted by the Task Force on November 4, 2022; see Section IV for more information.



## LA COUNTY'S MODEL FOR PREVENTION AND PROMOTION

### **Why establish a new Countywide framework for Prevention and Promotion?**

Early in the Task Force's background research process, members learned that terminology and usage of prevention and promotion models vary widely, both in LA County and elsewhere. However, the further the County desires to move upstream, the more the County's various entities need to align under a common understanding of the overarching goals of prevention and promotion services.

Moreover, the Task Force discovered that that few, if any, existing models meaningfully articulate an explicitly anti-racist and/or structural lens to prevention, including the central role social conditions (e.g., structural racism, ableism, labor exploitation, classism, etc.) play in shaping both positive and negative downstream outcomes seen in communities. This omission is important to rectify, as the disproportionalities relating to "risk" and suffering experienced in communities aren't random – but largely the result of public and private systems that have often produced intergenerational poverty and concentrated disadvantage. Many Task Force and Framework table members also emphasize that LA County residents don't need top-down "interventions," but solutions co-created with community that offer preventive and promotive support, as all stakeholders collectively work to resolve ongoing systemic harms and root causes of suffering.

To honor the guiding principles and the lived expertise of Task Force members and residents, LA County has an opportunity to establish a new model that challenges, further contextualizes, and builds upon existing notions regarding prevention and promotion.

#### **Development Process**

The process for developing the Countywide model for prevention and promotion can be summarized in three main activities:

- 1. First, ARDI staff researched, analyzed, and compared existing prevention models in use across federal, state, and local agencies.** With the support of consultant staff, the Task Force also conducted academic research on prevention frameworks across three fields of practice: Public Health, Juvenile Delinquency, and Education. (A full memo summarizing this scholarly analysis can be found in **Appendix E.**)

This research process yielded the following findings:

- While many prevention models use similar language (e.g., terms like primary, secondary, tertiary), definitions and conceptual structures vary widely. For instance, some models are defined by level of risk, while others organized prevention tiers by level of involvement with systems or the degree to which a disease has progressed in a patient.
- Few models acknowledge social conditions (e.g., structural and systemic racism and other -isms) and how they heavily influence an individual's level of risk. Similarly, it was difficult to find any model that acknowledged how resolving social conditions at a community-wide level could minimize or eliminate risk of some outcomes altogether, rendering prevention unnecessary or irrelevant.
- Few models explicitly incorporate promotion beyond a passing mention. Even fewer consider how the prevention of negative, undesired outcomes can complement and mutually reinforce the promotion of positive, desired outcomes.
- Models are often framed around paternalistic *interventions*, rather than solutions co-created with community that provide *support and resources* to help people thrive.

### III. MEETING OUR DIRECTIVES

#### Directive 1: Governance Structure and Coordinated Service Delivery

**Table III.1(e): Reconciling Varying Definitions for Prevention Tiers**

The definitions and tiers for prevention and promotion **vary widely** across and even within domains. Given this lack of consensus, **LA County must establish its own definitions and common understanding.**

As a result of collaborative discussions and review of various options, the Task Force and its subsidiary Framework table recommend the adoption of four prevention tiers (primary/secondary/tertiary/remedy), to ensure all County services are operating across a continuum of support and resources that address needs at varying levels of risk. These tiers are highlighted and briefly defined in the first row of the table below, presented above other tiers and their definitions currently in use across the US federal government, the state of California, and regional entities.

Source	Primary	Secondary	Tertiary	Remedy – ADDED by Task Force	Notes
<b>LA County Prevention Services Task Force</b>	Whole population support and resources provided to everyone, regardless of level of risk	Support and resources for those with elevated risk of experiencing outcomes	Support and resources for those with high or imminent risk of experiencing outcomes	Support and resources for those experiencing and/or who have experienced outcomes	See following section of this report for more information.
<b>CDSS: Framework for Preventing Child Abuse by the Promotion of Healthy Families &amp; Communities; March 2022 ACL on CPP</b>	“Directed at the general population to strengthen communities and improve child well-being by focusing on SDoH”	“Offered to populations that have one or more risk factors associated with compromised well-being”	“Focus on families where child maltreatment has occurred”		Missing imminent risk category; jumps from secondary elevated risk to already having the outcome
<b>Children’s Bureau (ACF/HHS): Framework for Prevention of Child Maltreatment</b>	Universal: “directed at general population to prevent maltreatment before it occurs”	High risk: “targeted to individuals/families in which maltreatment is more likely”	Indicated: “targeted toward families in which maltreatment has already occurred”		Missing distinctions within secondary (very large range of risk – how much is “more likely”?); tertiary skips to those already with outcomes
<b>National Institute on Drug Abuse (NIH): Diagnosis and Treatment of Drug Abuse in Family Practice (2022)</b>	“Helping at-risk individuals avoid the development of addictive behaviors”	“Uncovering potentially harmful substance use prior to the onset of [problems]”	“Treating the medical consequences of drug abuse and facilitating entry into treatment”		Missing true primary / universal resources; very large gap between secondary and tertiary
<b>CDC: Picture of America – Prevention (2016)</b>	“Intervening before health effects occur”	“Screening to identify diseases in the earliest stages, before onset of [symptoms]”	“Managing disease post diagnosis to slow or stop disease progression through [treatment]”		Based around interventions/actions, rather than risk level
<b>U.S. Interagency Council on Homelessness, Attachment to Federal Strategic Plan (2010)</b>	“Initiatives [that] prevent new cases” but also may go downstream for those “very likely to become homeless without assistance”	“Identifies and addresses a condition at its earliest stages” – “does not reduce number of cases, but treats conditions [early on]”	“Slow the progression or mitigate the effects of a particular conditions”		Missing true primary / universal resources; primary is already basically “imminent risk”
<b>LA County Commission for Children and Families: Prevention Workgroup Comprehensive Plan (2005)</b>	Universal: “Target the general population,” “support families so they can provide the best possible care for their children”	High risk/inconclusive: “Target families who may have a special need for supportive services or who have been identified as being at higher risk for maltreatment”	Substantiated cases of maltreatment: “Target families when abuse/neglect has already occurred;” “try to prevent further maltreatment and reduce [its] negative consequences”		Missing risk level between primary and secondary (or somewhat vague); implies that to be secondary level individuals need to already be system-tagged to be elevated
<b>LA County DCFS/Casey: Prevention Initiative Demonstration Project (2009)</b>	“Families not known to DCFS”	“Families known, but with no open case”	“Families already part of the system”		Based around relationship with DCFS, rather than level of risk or need
<b>Children’s Data Network: LA County Dual System Report for DCFS and Probation (2021)</b>	“Community-based supports for families”	“Services to mitigate and address risk”	“Continuing services for families during and after their involvement with [systems]”		Defines the services, but not risk level. Tertiary only includes people involved with systems, versus at risk of outcomes
<b>Health Impact Evaluation Center for DPH/CEO- Homeless Initiative Measure H: Assessment (2017)</b>	“Seeks to prevent onset of health conditions before they occur” (but uses “at-risk” examples e.g., benefits advocacy/eviction services)	“Seeks to detect health conditions in their earliest stages”	“Seeks to minimize the consequences of established health conditions”		Does not center risk – secondary includes individuals already experiencing outcomes (albeit at early stages)

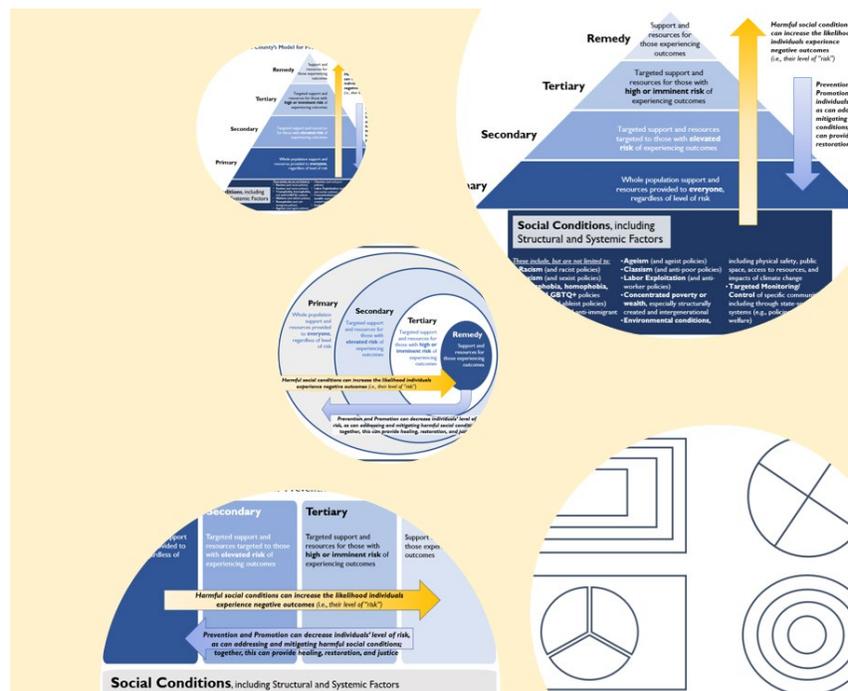
### III. MEETING OUR DIRECTIVES

#### Directive 1: Governance Structure and Coordinated Service Delivery

2. After reviewing the varying definitions and models above, the Framework table workshopped different shapes, visual representations, and language to convey its agreed upon values and ideas most effectively across the County.

During this process, Framework table members raised several key considerations that they hoped to see in the County’s new model. These included:

- The need to center social conditions and their root causes, while acknowledging how factors like racism, sexism, ageism, labor exploitation, and environmental harms determine many of the outcomes and levels of risk seen in communities.
- A model inclusive of various life experiences and outcomes, especially to provide support to folks experiencing diverse challenges across homelessness, substance use disorder, mental health, physical diseases, child abuse, youth delinquency, unemployment, and more.
- The number of tiers the County’s prevention model should feature and whether the use of more common primary/secondary/tertiary framing and other nomenclature (e.g., universal/selective/indicated, etc.) were appropriate.
- The model’s visual representation, including its geometric figures. This required breaking free from “traditional” models of prevention, which often depict prevention tiers in a hierarchal pyramid. Members considered multiple model variations designed to convey more inclusive and community-centered values. Figure III.1(f) below depicts some of the shapes, models, and visuals the Task Force workshopped and considered.



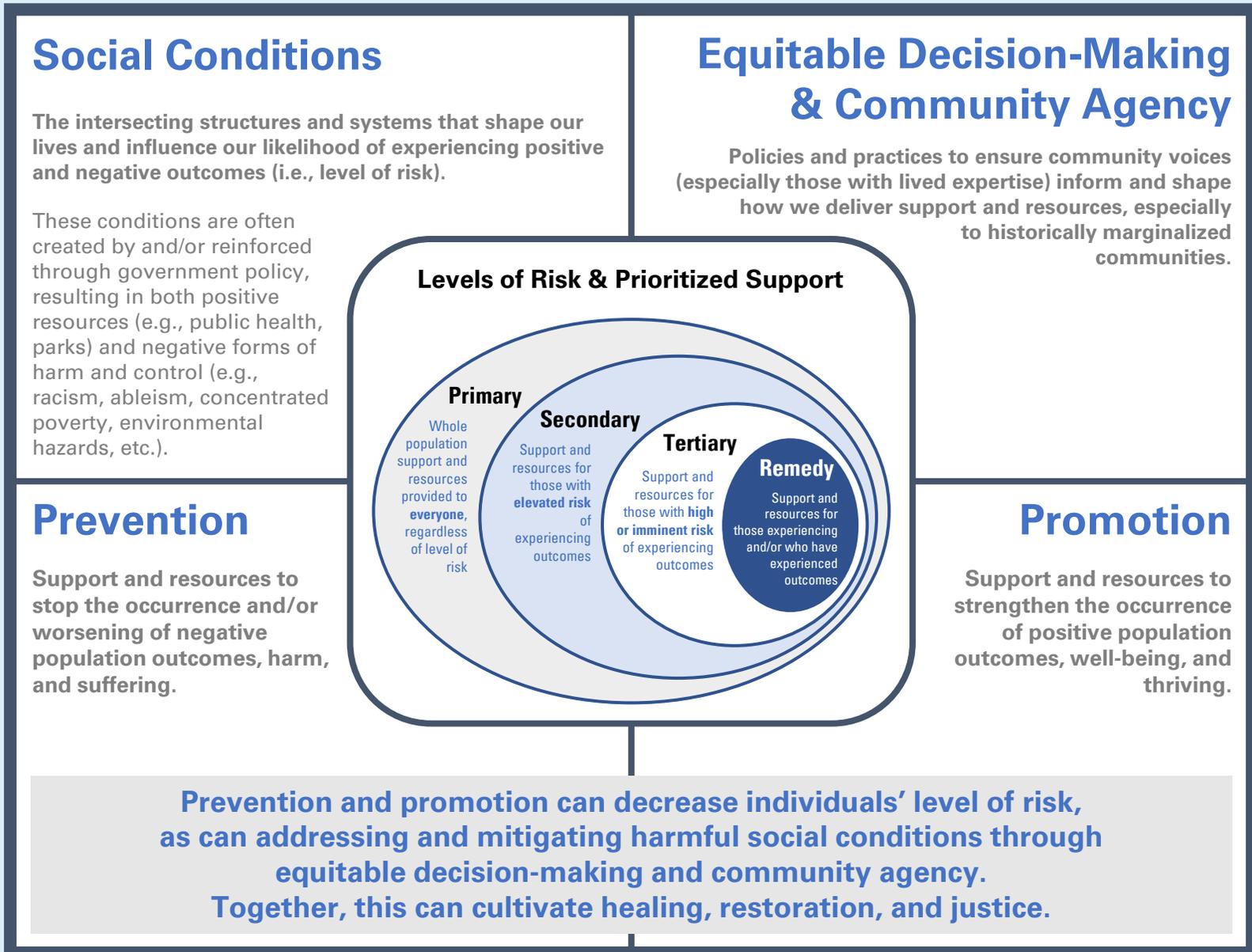
Right: Figure III.1(f): Draft shapes, models, and visuals developed during the workshopping process for the Countywide model

### III. MEETING OUR DIRECTIVES

#### Directive 1: Governance Structure and Coordinated Service Delivery

3. Finally, the Task Force collaboratively revised and finalized a new recommended framework for Los Angeles County shown in Figure III.1(g) below.

Figure III.1(g): LA County's Model for Prevention and Promotion



The above model was unanimously adopted by the Framework table on September 16, 2022. The Task Force voted to officially adopt the model on December 16, 2022.

### III. MEETING OUR DIRECTIVES

#### Directive 1: Governance Structure and Coordinated Service Delivery

The model incorporates the considerations discussed above in a few important ways. First, it is organized around four of the key concepts the Task Force hopes to convey and clearly define when it comes to County services: Social Conditions; Equitable Decision-Making & Community Agency; Prevention and Promotion. It also connects all four concepts through a unifying statement:

**“Prevention and promotion can decrease individuals’ level of risk, as can addressing and mitigating harmful social conditions through equitable decision-making and community agency. Together, this can cultivate healing, restoration, and justice.”**

**Social Conditions** was specifically phrased to be expansive and inclusive of many of the structural and systemic issues in our society that shape lives and harm some people even while they may benefit others. These include, but are not limited to:

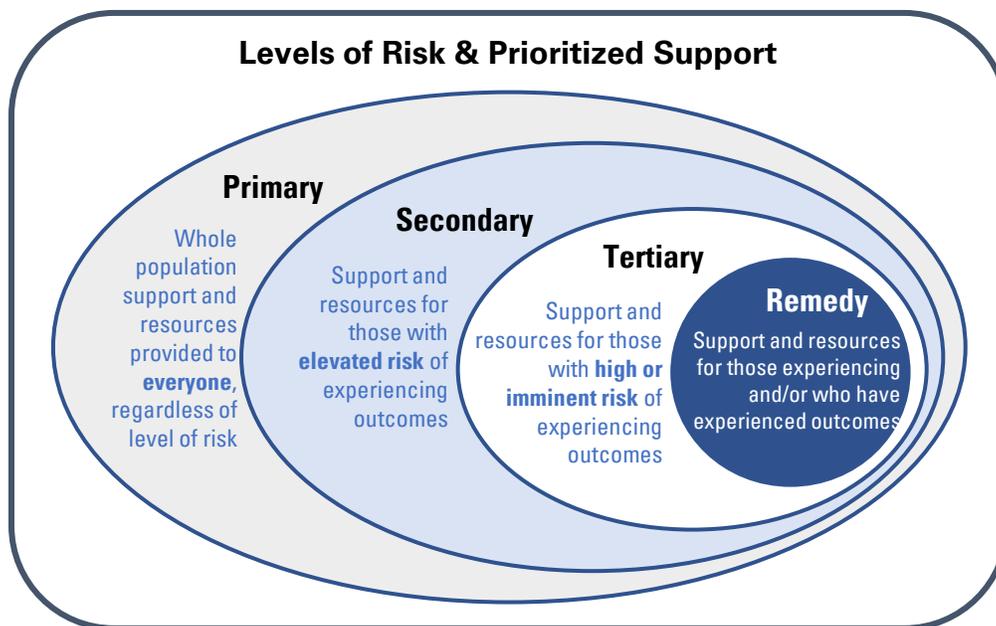
- **Racism** (and racist policies)
- **Sexism** (and sexist policies)
- **Transphobia, homophobia, and anti-LGBTQ+** policies
- **Ableism** (and ableist policies)
- **Xenophobia** (and anti-immigrant policies)
- **Ageism** (and ageist policies)
- **Classism** (and anti-poor policies)
- **Labor Exploitation** (and anti-worker policies)
- **Concentrated poverty or wealth**, especially structurally created and intergenerational
- **Environmental conditions**, including physical safety, public space, access to resources, and impacts of climate change
- **Targeted Monitoring/Control** of specific communities, including through state-sponsored systems (e.g., policing, child welfare)

**Equitable Decision-Making & Community Agency** acknowledges that the solutions for our communities must be co-created in partnership with community. To truly achieve equity, it is necessary to dismantle paternalistic systems and top-down government practices that aim to control, rather than truly serve communities.

The model intentionally places **Prevention** and **Promotion** as two complementary pieces, rather than the latter being an afterthought or a “bonus” priority. Framework table and Task Force members specifically discussed how every negative outcome the County hopes to prevent (e.g., homelessness, high school dropout, or sexual assault) usually has its own complementary positive outcome that can be encouraged (e.g., stable housing, high school graduation, and personal safety/bodily autonomy, respectively).

### ADDITIONAL INFORMATION ABOUT TIER LEVELS

Prevention models typically include tiers to convey how to tailor supports and resources to individuals based on their level of need. The tiers in the model are presented in the center of the visual and presented as concentric ovals. This represents a more inclusive approach by showing that individuals at “higher risk” can still benefit from whole population primary prevention supports. Additionally, those who are in greatest need are literally placed in the center of the model, which reminds readers that we must all focus our attention to support those who are the most marginalized and face the greatest challenges in society.



The following information about the tiers may also be helpful:

- **The Framework table developed and named a new innermost tier, Remedy:** Some models only cover “prevention,” which can fail to acknowledge needs or unaddressed trauma from outcomes that are currently occurring or already have happened. The Task Force’s proposed model defines remedy as “support and resources for those experiencing and/or who have experienced outcomes.” Many of these supports can also serve to prevent additional or future harm or trauma because of prior or ongoing experiences.

The Framework table brainstormed several different names or terms for this new tier, including restoration, healing, justice, recovery, mitigation, reversal, and other words. Members grappled with how some outcomes can be reversed (e.g., homelessness), while others may be irreversible (e.g., certain diseases or traumatic experiences). Ultimately, the members landed on “remedy” as an expansive and inclusive term to acknowledge that every person’s individual circumstances deserve support and resources that offer a remedy and path forward, whatever that may look like.

- **These definitions are not intended to be rigid or overly prescriptive:** Many individuals can “exist” at multiple levels of risk depending on their outcome or personal situation. Instead, the model delineates and names these levels of risk and prioritized support, so that the County can ensure all its services are operating across a continuum of support and resources that address needs at varying levels of risk, including those determined largely by social conditions.

### III. MEETING OUR DIRECTIVES

#### Directive 1: Governance Structure and Coordinated Service Delivery

- **Framework table members were intentional in how they distinguished the various tiers:**
  - Members wanted to be clear that primary prevention is for **everyone** – the oval for the Primary tier wraps around all the other tiers, indicating that folks facing greater challenges may still benefit from whole population supports and resources.
  - Some models lump elevated and high/imminent risk together, but the proposed model emphasizes how these populations require distinctly different resources and supports:
    - The Secondary tier refers to individuals facing “**elevated risk**,” including those with elevated lifetime risk due to social conditions and systemic factors (e.g., racism, ableism, intergenerational poverty).
    - This is contrasted with the Tertiary tier, which includes folks who demonstrate indicators proximate to the outcomes (i.e., it’s likely that something harmful might happen soon, and someone is at **imminent risk** of experiencing that harm).
  - Rather than drawing strict lines between levels of risk, the model intentionally leaves it to individual departments/program providers to use their best judgment and proximity to programs and populations to decide what services are required at a given level.
- **The Framework Table voted on maintaining the Primary/Secondary/Tertiary nomenclature to avoid confusion about tiers.** Although there is no standard definition for tiers, the Task Force’s research discovered that most existing models use a Primary/Secondary/Tertiary naming system. Moving away from this naming might cause greater confusion when aligning around one unified Countywide set of definitions. Similarly, the California Department of Social Services prevention framework utilizes definitions drawn from what some academics call the Universal/Targeted/Indicated model; however, CDSS still uses Primary/Secondary/Tertiary nomenclature for these tiers, likely to avoid confusion among stakeholders.

The Countywide model led to **Recommendation #1b: Adopt the Countywide Model for Prevention and Promotion as a draft; seek additional stakeholder input to amend it as needed; and develop a framework to align County stakeholder prevention and promotion efforts with the model.** This recommendation was adopted by the Task Force on December 16, 2022; see Section IV for more information.

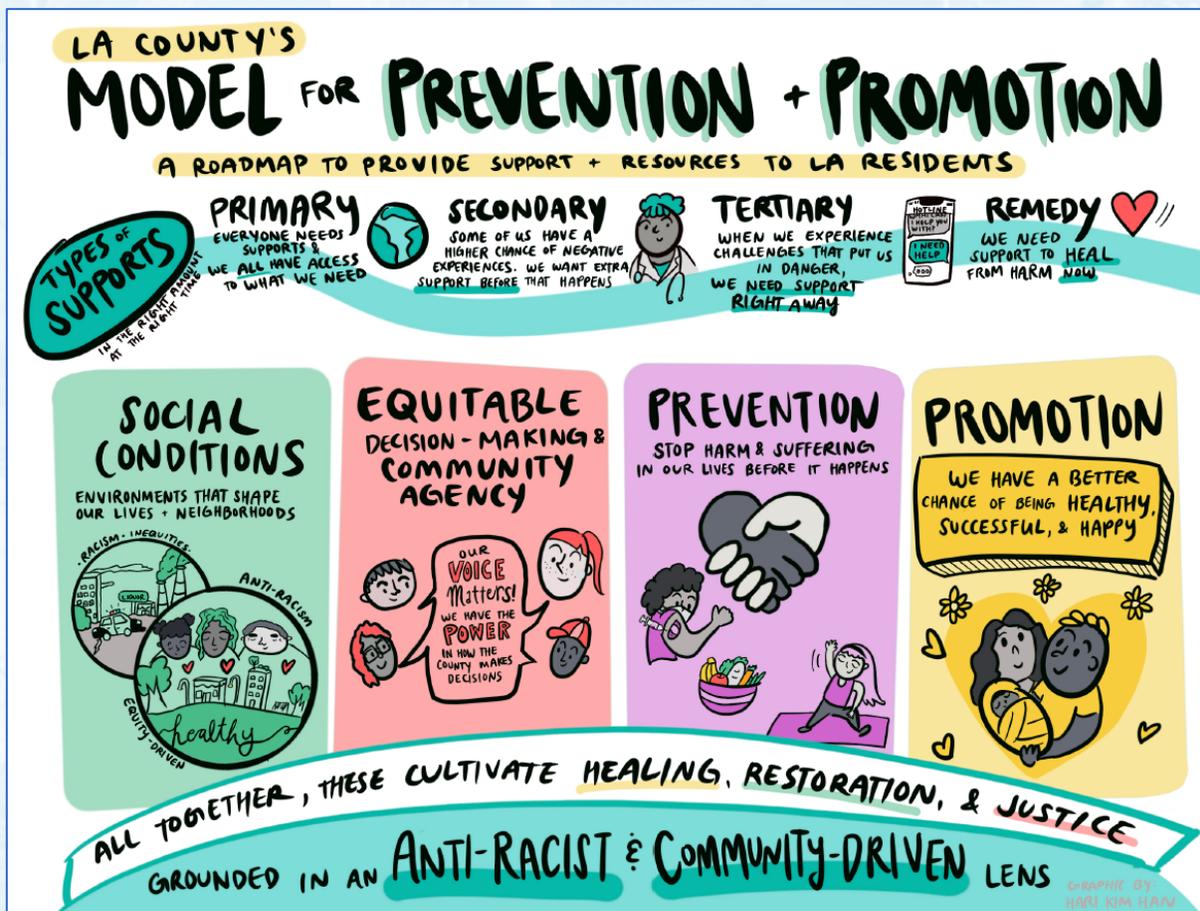
# Socializing the Vision Statement, Guiding Principles, and Countywide Model for Prevention and Promotion

The Task Force emphasizes that this report condenses nearly a year's worth of intensive research and in-depth conversations. This is especially true for this prior section of the report, as stakeholders from various departments or community spaces contributed their diverse opinions and thinking on prevention and promotion. The Countywide model proposed in this report reflects how every participant in its creation process was challenged to unlearn, learn, and/or relearn ideas and develop solutions in collaboration with one another.

Just as the County's Anti-Racism, Diversity, and Inclusion (ARDI) Initiative has been charged to redefine, implement, and systematically educate staff and community members about the County's anti-racist principles and equity goals, the Task Force urges that all County departments communicate and infuse a prevention lens among stakeholders. However, this socialization process can't simply be sharing and duplicating the graphics or language in this report. **Just like with anti-racism, diversity, and inclusion materials, the County needs to develop creative, inclusive, and accessible materials to communicate these new ideas to a variety of audiences.**

Figure III.1(h) below shares one example of how the County can accessibly communicate the ideas and concepts in this report with community members across the County who may be unfamiliar with prevention, promotion, and/or language commonly used in government spaces. The Task Force thanks local artist HaRi Kim Han for developing this community-centered visual for this initiative. Members also hope it inspires any readers of this report to think about how the County can utilize diverse media, inclusive outreach, and interpersonal communication strategies to share these prevention and promotion values across all County staff, service providers, and community members.

Figure III.1(h): Example graphics to socialize the Countywide model in an accessible, welcoming way



## ADDRESSING OPERATIONAL BARRIERS TO COORDINATED DELIVERY

To design a governance structure that would build upon existing strengths and resolve current challenges, the Task Force conducted an analysis of existing operational barriers to coordinated service delivery across County prevention entities. The review focused on logistical, technological, regulatory, and/or other structural challenges.

This analytical work occurred simultaneously across two different subject area tables to leverage the strengths and expertise across both stakeholder groups. The Framework table studied overarching governance principles and how they impact joint decision making and strategic planning, including analyzing LA County’s existing governance structure and other structures implemented across benchmark jurisdictions. Meanwhile, the Coordination table conducted a deeper dive on operational barriers that have hindered or prevented the full effectiveness of prior and existing initiatives in the County, including how these barriers often result in silos with limited collaboration and coordination depicted in Figure III.1(h) below.

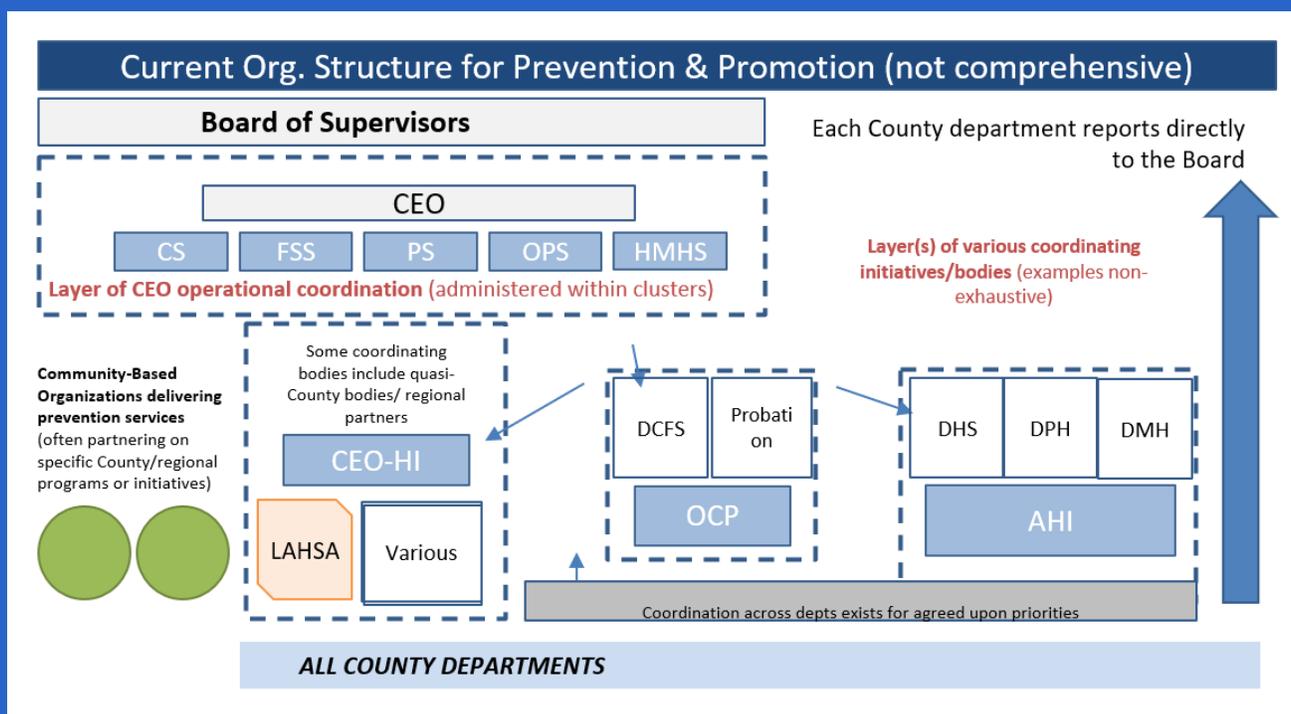


Figure III.1(h): LA County’s current organizational structure for Prevention & Promotion

When analyzing governance structure models, including the County’s existing systems, the Framework table identified several key tensions and lessons learned:

- **Coordination and programming:** There is an inherent tension between providing enough accountability, power, and responsibility to a coordinating body, while also maintaining the same level of autonomy for any single department. The lessons learned ultimately surfaced that clarity on specific functions and the level of centralization could help build buy-in, but these recommendations may need to be further developed by the department heads.

### III. MEETING OUR DIRECTIVES

#### Directive 1: Governance Structure and Coordinated Service Delivery

- Budgeting, funding, contracting and legal:** Research of existing coordinating bodies revealed that a collaborative budgeting process and ability to coordinate funding – both existing and identifying new funding – is perceived as key to success, while also recognizing there may be some statutory requirements and regulatory limitations to the extent of shared funding. The case studies also elevated the importance of bringing community members in as co-decision makers related to funding.
- Staffing and delivery:** A key challenge in prior County coordination efforts was to not center the view of community “users” – namely, using other factors than the users’ needs and barriers to inform staffing decisions and the delivery for coordinated programming. The lessons learned elevated the importance of taking a holistic view to service design, along with applying a lens of anti-racism, equity, and inclusion.
- Community partnerships and co-creation:** There was a shared recognition that despite multiple efforts to truly share power and co-create with community members, many past coalition efforts engaged the community “in name only”. Stakeholders emphasized the importance of embedding community members and partners in design and implementation efforts on an ongoing basis.
- Data and IT:** Across all coordination efforts, data sharing to track progress towards agreed-upon outcomes is seen as a key success driver.

#### Keys to success in interagency collaboration based on prior coordinating initiatives in LA County

Sources: 1:1 interviews with Task Force/table members, Coordination & Framework table discussions, secondary research

	 <b>Best Practices</b>	 <b>Challenges from Prior Efforts</b>
<b>Function Group #1</b> <b>Coordination and programming</b>	<ul style="list-style-type: none"> <li>Alignment on the vision and goals (e.g., holistic prevention lens)</li> <li>Clarity on activities/communication to involved departments</li> <li>Subcommittees or teams to coordinate across agencies</li> <li>Flexibility in adapting governance based on stakeholder input</li> <li>Outline clear long-term priority areas for programming</li> </ul>	<ul style="list-style-type: none"> <li>Programming agendas created in silos or by individual departments, rather than with a Countywide/cross-domain lens</li> <li>Disempowerment of departments/agencies (reporting, ability to advocate for needs)</li> <li><i>[Tradeoff with prior point]</i> Insufficient accountability / power / functional responsibility given to coordinating body / leader</li> </ul>
<b>Function Group #2</b> <b>Budgeting, funding, and contracting</b>	<ul style="list-style-type: none"> <li>Clear and achievable funding objective</li> <li>Joint ownership of funding with the community to avoid the perception that an initiative/program is a fundraising arm</li> <li>Economic incentives for agencies</li> </ul>	<ul style="list-style-type: none"> <li>Lacking visibility into funding across agencies</li> <li>Lack of funding autonomy for individual offices / departments</li> <li>Ignoring effects of statutory requirements and regulatory limitations</li> </ul>
<b>Function Group #3</b> <b>Staffing and delivery</b>	<ul style="list-style-type: none"> <li>Community nonprofit contribution to service delivery</li> <li>Specific scope for service offerings</li> <li>Expertise and experience with anti-racism, equity, and inclusion</li> <li>Fostering cross-agency relationships is essential but not sufficient</li> <li>Coordination with local officials for delivery solutions</li> </ul>	<ul style="list-style-type: none"> <li>Service delivery controlled exclusively by one body</li> <li>Disregarding unique coordination / communication needs for each service delivery worker group</li> <li>Lack of services tailored to residents’ needs</li> <li>User navigation barriers hindering service access</li> </ul>
<b>Function Group #4</b> <b>Community partnerships and co-creation</b>	<ul style="list-style-type: none"> <li>Dedicated organization for community input and NGO partnership, including dedicated funding for those involved in program development</li> <li>Community relationships with agency leadership</li> <li>Shared vision to draw support and excitement</li> <li>Understanding how to incorporate existing community initiatives</li> </ul>	<ul style="list-style-type: none"> <li>Excluding community partners from design/ implementation efforts</li> <li>Lack of “phased transitions” in governance models to familiarize the departments and community with change</li> <li>Limited connections among community stakeholders themselves</li> <li>Ad hoc approach to community partnerships</li> </ul>
<b>Function Group #5</b> <b>Data and IT</b>	<ul style="list-style-type: none"> <li>Dedicated system for data coordination</li> <li>Developing agreed-upon measures of success that are data-driven</li> <li>Using data to create resource guides and informational materials for stakeholders</li> <li>Identifying gaps in data sharing / monitoring that would be helpful</li> </ul>	<ul style="list-style-type: none"> <li>Lack of metrics that indicate progress</li> <li>Lack of data sharing across agencies</li> <li>Relying on publicly available agency / department data</li> </ul>

Figure III.1(i): Best practices and challenges gathered through Task Force members, stakeholders, and staff across prior prevention, promotion, and/or multi-departmental coordination initiatives.

### III. MEETING OUR DIRECTIVES

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These lessons learned reflect many of the same themes elevated by the Coordination table in their research and discussions relating to common operational barriers that staff, service providers, and community members often encounter in the delivery of multi-departmental prevention services.

The work of the Framework and Coordination tables, in combination with extensive stakeholder interviews, inform the Task Force's identified challenges and opportunities for improvement when it comes to coordinating service delivery:

- **Structural barriers in existing systems** that prevent a collaborative culture where there is shared accountability and coordination where it can be most effective. These include, but are not limited to, bureaucratic hurdles, lack of dedicated staff time and funding for coordination, limited investments in prevention, ad hoc efforts not supported at scale, and external funding requirements that limit comprehensive and coordinated delivery and dictate service provision;
- Lack of capacity and infrastructure across systems to **share and integrate data**, as permissible under existing laws and regulations, to better serve clients;
- Lack of **common impact goals related to prevention and promotion** that can limit what shared and integrated data and reduced navigation barriers can achieve;
- **Lack of certain tools and capabilities needed to improve coordination.** These include technological tools (e.g., improved budgeting platform, integrated data tools) and in-house staff resources (e.g., dedicated staff to analyze multi departmental funding opportunities and plan for strategic funding sustainability).

The Coordination table also identified several capabilities that the County can better align, resource, and strengthen to overcome existing barriers. This information was relayed from the Coordination table to the Framework table and Task Force to inform governance decisions. To learn more about the Coordination table's detailed findings, please review a relevant memo in **Appendix F**.

## IDENTIFYING NECESSARY COORDINATING FUNCTIONS TO INFORM GOVERNANCE STRUCTURE FORMATION

From conversations with various stakeholders, research on external jurisdictions, and analyses of operational barriers to coordination, the Framework table identified a set of Coordinating Functions relating to multi-departmental governance for prevention and promotion services. Members then developed recommendations on necessary next steps to align these coordinating functions across the appropriate entities. How responsibility and/or authority may be placed across existing departments, County initiatives, or community-based organizations will directly inform how governance for prevention and promotion will be led across LA County.

### GOVERNANCE ARCHETYPES

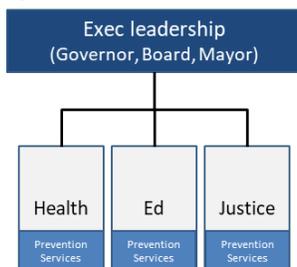
Through informational interviews, secondary research, and external consulting support, the Task Force conducted benchmark research on domestic and international jurisdictions that have organized similar collaborative efforts relating to prevention.

Fourteen (14) interviews with leaders of prevention services in other geographies, along with significant secondary research, were performed to understand governance decisions. Using this information, three governance model archetypes and four case studies were identified to guide discussion on choosing the right governance structure for LA County. The three archetypes exist along a spectrum of coordination. While governance models chosen and implemented in other geographies do not fall neatly into one category or another, the archetypes can be used to understand the tradeoffs of each model.

Less coordination across agencies

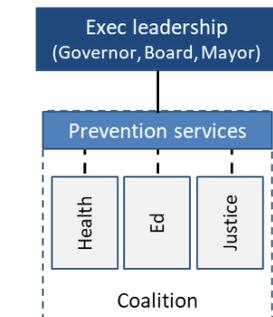
More coordination

#### Embedded Model



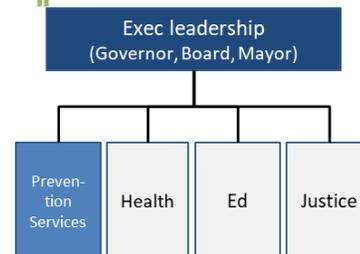
- Prevention services **embedded into individual agencies**, which report to their parent orgs (e.g., HHS, Education)
- Prevention is widespread across all agencies
- Coordination of uniform prevention goals is difficult

#### Coalition Model



- Responsibilities for prevention services all **housed in one organization**
- Organization reports to exec leadership (e.g., board, mayor, governor)
- Heads of other organizations (e.g., HHS) coordinate with prevention services on goals

#### Stand-alone Model



- Prevention services are **carved out from agencies** into one organization
- Dedicated budget for prevention services
- Prevention organization reports directly to executive leadership

Figure III.1(j): Three major governance archetypes identified from research on benchmark jurisdictions also engaging in prevention coordination initiatives

### III. MEETING OUR DIRECTIVES

#### Directive 1: Governance Structure and Coordinated Service Delivery

In an **embedded model**, responsibility for prevention and promotion is distributed throughout the departments. This is the model that is closest to LA County’s existing approach to prevention and promotion, though the County has not specifically clarified these responsibilities in a department-by-department, coordinated way. In this model, most key functions (service delivery, budgeting, community partnerships, etc.) lie within the departments. This model would have the lowest potential degree of coordination or central accountability, but it would be the easiest of the three models to implement because the County would be using preexisting structures. The other main potential concern with this model is that data sharing must be explicitly mandated and resourced, as coordinated data was consistently uplifted as a key function to enable LA County’s prevention and promotion vision. Figure III.1(k) below describes Embedded model characteristics in greater detail.

#### Embedded model characteristics

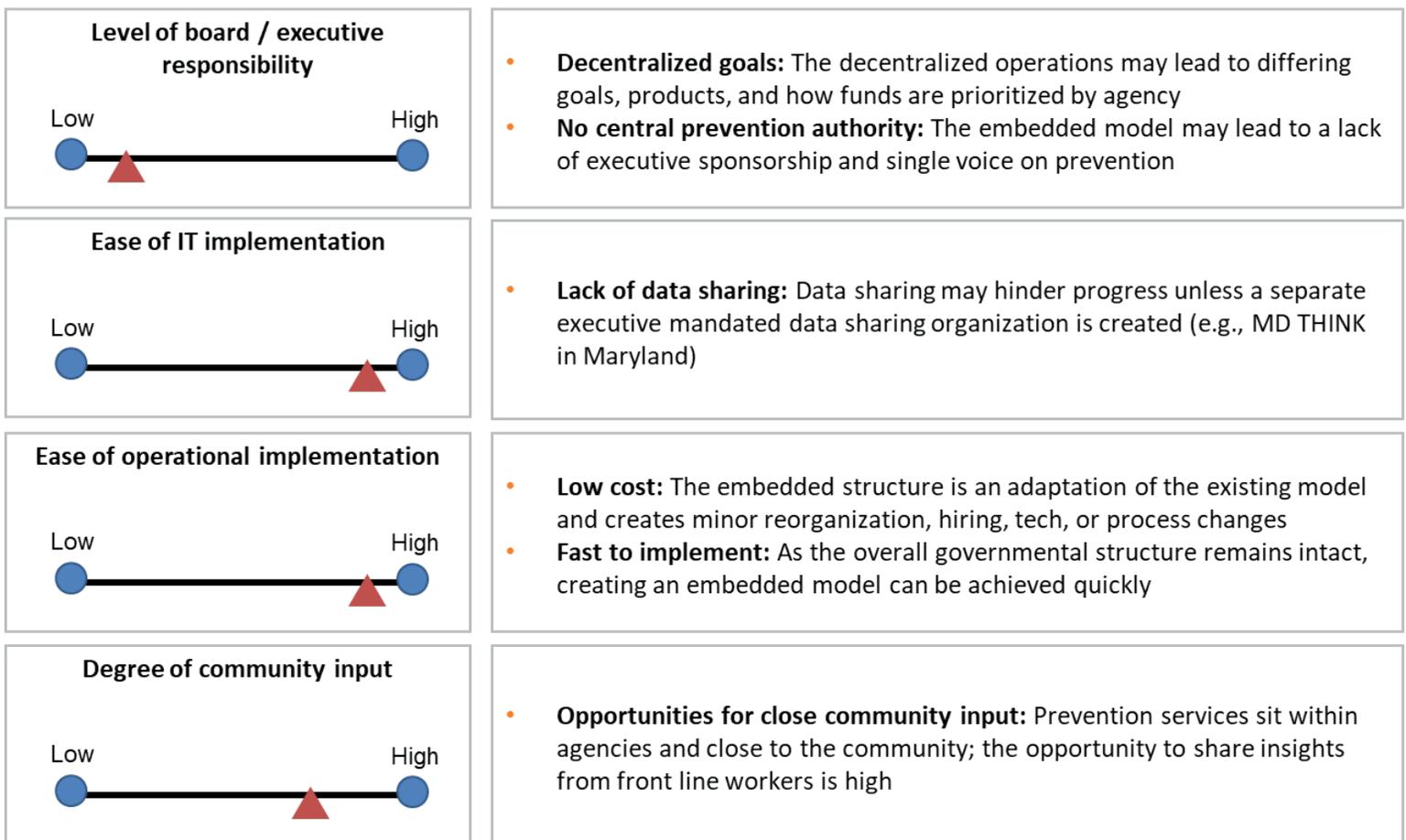


Figure III.1(k): Embedded model characteristics

### III. MEETING OUR DIRECTIVES

#### Directive 1: Governance Structure and Coordinated Service Delivery

In a **coalition model**, responsibility for prevention and promotion services is shared between the Departments and a coordinating body that supports collaboration across the entities. In this model, key functions are distributed between the coordinating body and the departments – one might have “primary” and the other might have “secondary” responsibility. This model offers some level of coordination across services and would take a moderate amount of time to set up but lacks the high degree of coordination in the standalone model. Success in this model is dependent on department head cooperation to enable a unified Countywide approach on prevention and promotion services. Figure III.1(l) below describes Coalition model characteristics in greater detail.

#### Coalition model characteristics

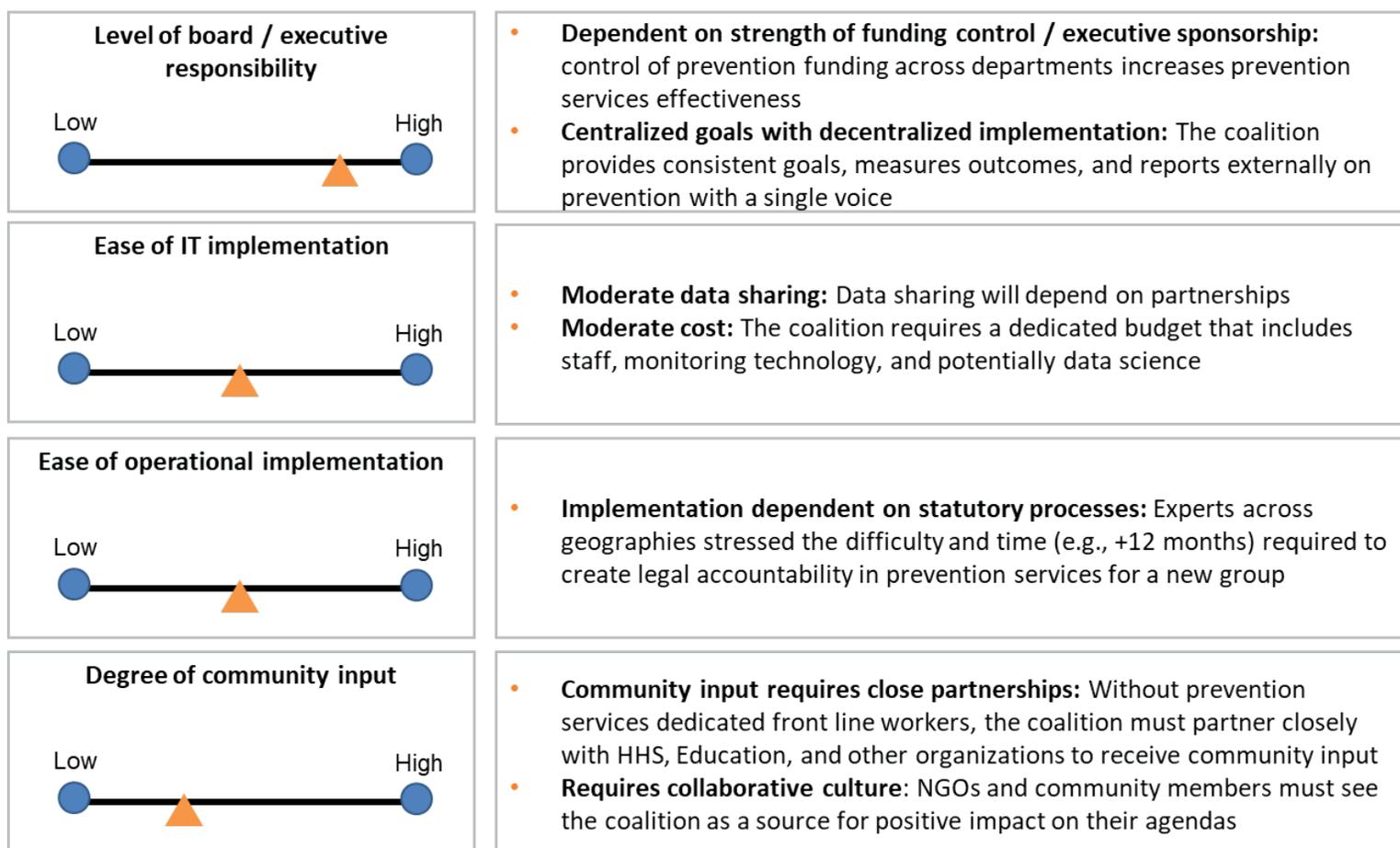


Figure III.1(k): Coalition model characteristics

### III. MEETING OUR DIRECTIVES

#### Directive 1: Governance Structure and Coordinated Service Delivery

In a **standalone model**, all prevention and promotion services would be carved out of existing departments and consolidated into one new standalone agency. In this model, most key functions lie within the standalone agency. On the one hand, it would provide centralized authority and accountability for holistic prevention services. On the other hand, it would likely take multiple years to realign prevention in every single department in LA County and stand up a new entity. Figure III.1(m) below describes Standalone model characteristics in greater detail.

#### Stand-alone model characteristics

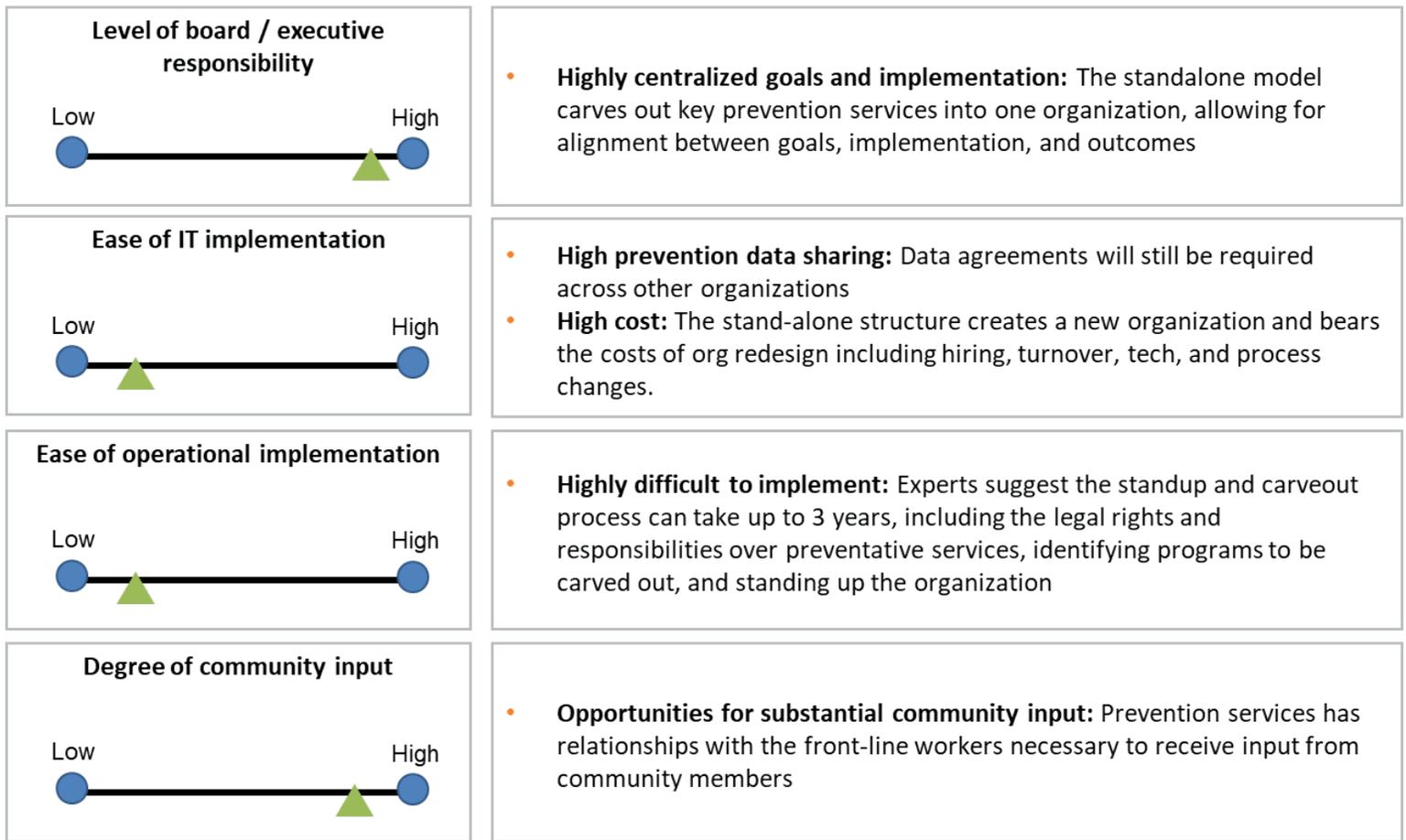


Figure III.1(k): Standalone model characteristics

To further analyze the strengths and tradeoffs of these models, four benchmark case studies were discussed at length. See **Appendix B** for more detail on these case studies.

The Framework table considered each of the three archetypes and discussed whether they would be suitable for Los Angeles County. However, the County's population, community diversity, expansive geography, and structure are unique, and few similarly situated jurisdictions have scoped their prevention efforts across their systems at the scale involved in this initiative. Moreover, formally establishing any of these archetypes in LA County – and codifying roles and responsibilities – would be a multi-year process requiring additional study and deliberation. As a result, rather than recommending a specific archetype, the Task Force focused on specific functions that would strengthen the County's coordinating capabilities for prevention. This eventually led to the development of the recommendation for a Prevention and Promotion Coordinating Team (PPCT) to develop some of these capabilities, which is described later in this section.

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### III. MEETING OUR DIRECTIVES

#### Directive 1: Governance Structure and Coordinated Service Delivery

## COORDINATING FUNCTIONS

With feedback and learnings from both the County’s current structure and benchmark jurisdictions, the Framework table then focused on identifying key **coordinating functions** and discussing the relative level of centralization to reveal the governance model preferences.

**Members identified the following 13 key coordinating functions listed in Figure III.1(n) below that the County can align and assign to the appropriate entities to build a governance structure that makes the most sense for the County of Los Angeles.**

Function Group #1	Coordination, Collaboration & Communication	<ul style="list-style-type: none"> <li>Spearheading coordination efforts that span multiple agencies, reducing role confusion and duplication, braiding funding opportunities</li> </ul>
	Policy and Agenda Setting	<ul style="list-style-type: none"> <li>Advocacy and lobbying for key initiatives, including additional funding, and conducting federal, state, and local policy advocacy</li> </ul>
	Programming Decisions	<ul style="list-style-type: none"> <li>Owning program decisions in the relevant areas of opportunity (e.g., which programs to start, how to manage activities of existing programs)</li> </ul>
Function Group #2	Budgeting	<ul style="list-style-type: none"> <li>Operating a strategic approach to identify and maximize funding sources that will support the activities articulated in the vision</li> </ul>
	Funding Acquisition & Management	<ul style="list-style-type: none"> <li>Applying for grants, tracking outcomes, reporting to grantmaking agencies, and coordinating braided and bended funding</li> </ul>
	Contracting	<ul style="list-style-type: none"> <li>Leading contract efforts with partner organizations (e.g., NGOs and service providers) in addition to contracts with vendors and other parties</li> </ul>
	Legal	<ul style="list-style-type: none"> <li>Advising all functions on legal and compliance matters (e.g., funding restrictions, data sharing agreements)</li> </ul>
Function Group #3	Staffing for Coordination	<ul style="list-style-type: none"> <li>Overseeing staffing allocation and HR support for prevention services staff who oversee coordination efforts</li> </ul>
	Service Delivery	<ul style="list-style-type: none"> <li>Providing direct services to the community through on-the-ground case workers and community-based service providers</li> </ul>
Function Group #4	Co-Creating Solutions with Community	<ul style="list-style-type: none"> <li>Providing equitable support and compensation for community members who are co-creating policy and programming</li> </ul>
	Partnering with Community Organizations	<ul style="list-style-type: none"> <li>Establishing and managing partnerships with external community-based service providers who already provide holistic prevention services</li> </ul>
Function Group #5	Data Tracking / Metrics	<ul style="list-style-type: none"> <li>Identifying and monitoring key metrics that track progress made towards the successful outcomes for both prevention and promotion services</li> </ul>
	IT Systems	<ul style="list-style-type: none"> <li>Standing up new IT systems and managing existing systems that share data across multiple agencies</li> </ul>

**Figure III.1(n): 13 key coordinating functions identified by the Framework table and Task Force as necessary to achieve successful coordination and collaboration in a prevention and promotion system**

### III. MEETING OUR DIRECTIVES

#### Directive 1: Governance Structure and Coordinated Service Delivery

Both the Framework table and Task Force dedicated multiple working meetings to discussing several of these functions and reviewed case studies on how other jurisdictions chose to align them. Members also weighed the tradeoffs from a heavily centralized approach (i.e., a superagency) to more distributed models that distributes responsibility across departments. This included conducting a survey of Task Force and table members to understand ongoing hypotheses and perceptions regarding the relative centralization of these functions.

The survey yielded 32 responses which revealed a few key themes:

- **Interest in centralization:** Based on the average score of responses, there was broad interest in centralizing at least some functions to strengthen the County’s abilities to serve residents, increase efficiency, and overcome barriers to collaboration. Most respondents preferred centralizing data tracking and IT systems but recognized that it would require significant staffing (e.g., legal, implementation) and capacity needs. In contrast, there was the least amount of interest in centralizing programming decisions. Departments and community agencies are widely acknowledged to have the expertise needed for program and service delivery. However, as displayed in the summary charts below, members had a wide range of responses for each function, chiefly informed by the various roles, responsibilities, and structures in place across their respective organizations or domains.
- **Range of perspectives:** There were wide response ranges for almost all functions, which indicated less consensus on these functional decisions.



Figure III.1(o) below shows a high-level summary of responses to the survey.

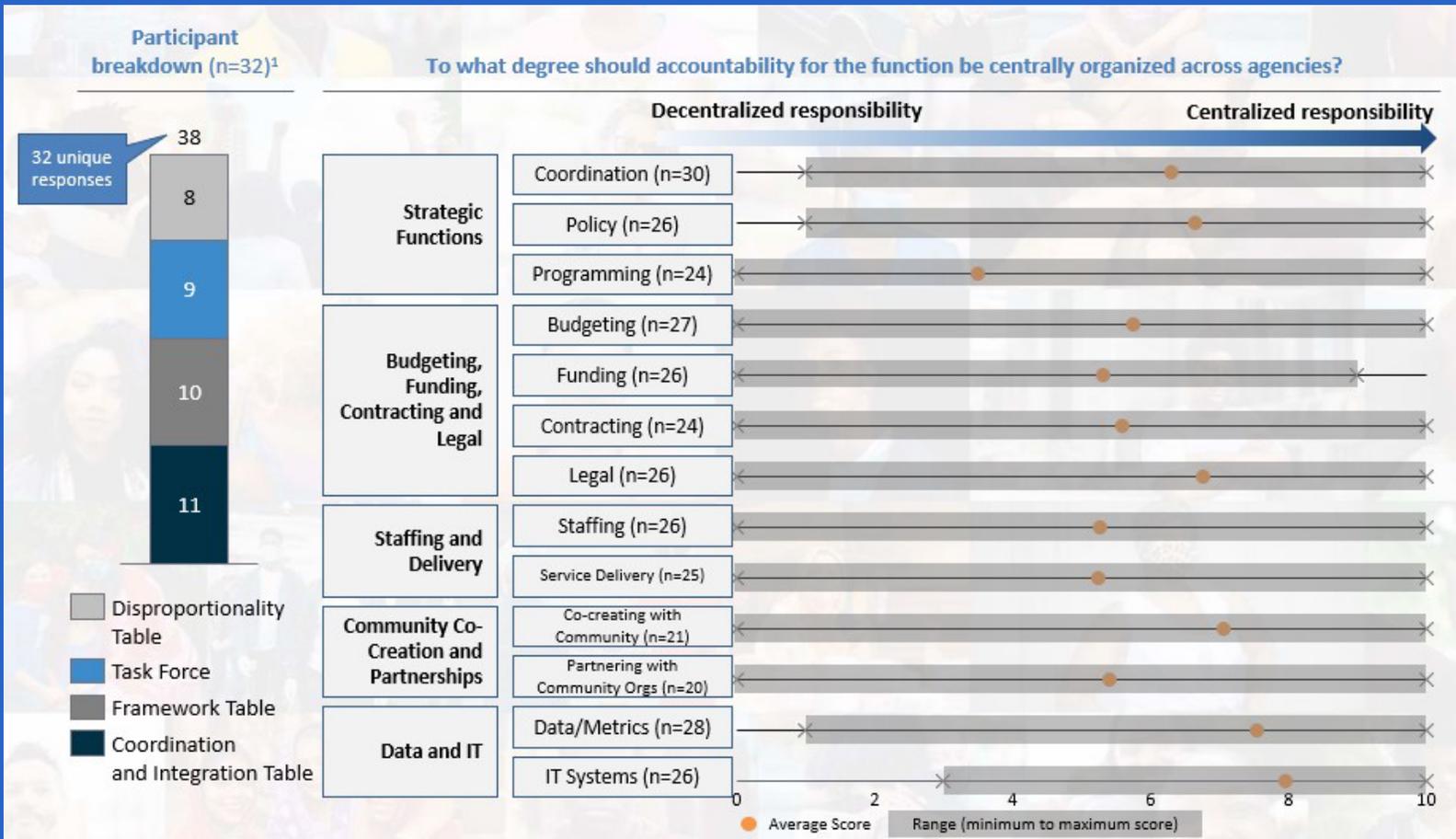


Figure III.1(o): Task Force and table member survey responses to the question “To what degree should accountability for the function be centrally organized across agencies?,” n=32.

### III. MEETING OUR DIRECTIVES

#### Directive 1: Governance Structure and Coordinated Service Delivery

Task Force and tables provided a diverse range of written comments in the survey, some of which are highlighted and organized into categories in Figure III.1(p) and III.1(q) below:

Aligning efforts and reducing duplication

**By coordinating efforts, the County can better leverage its size for advocacy, and deliver more efficient, equitable services.**

“ All departments are in a unique position to and have their own expertise... but aligning on issues of shared interest will allow for stronger voice to push at every necessary lever”

*Disproportionality Table Member*

“ ... it is clear there are a lot of overlapping programs across Departments. In light of this, improved coordination is critical to ensure that the services are equitably distributed and available.”

*Coordination and Integration Table Member*

Building on the expertise of those closest to the work

**The people closest to the community and to service delivery are best positioned to make programming and other decisions.**

“ A centralized entity will not be close to the ground to know how to coordinate a community-based service delivery. These decisions should be made by the agencies themselves who have a better understanding of what is happening on the ground and the needs of the community.”

*Framework Table Member*

Promoting a clear leadership role for the community

**Given current and historic challenges with co-creating community solutions, this piece needs to be prioritized and clarified.**

“ By and large county staff are not very good at engaging community and not good at all in co-creating solutions (because many professionals have difficulty trusting that residents really do know what their problems are and how to solve them).”

*Coordination and Integration Table Member*

“ The process may be more time consuming, but I believe it will be much more effective if we include community members in the designing of services that will be provided to community members... rather than multiple meetings by individual departments where community members are asked similar questions and the rollout of programs is delayed.”

*Coordination and Integration Table Member*

There is no need to “reinvent the wheel”

**There is a desire to utilize and strengthen successful existing initiatives and coordinating bodies.**

“ We already have CEO LAIR - I think we can strengthen/build capacity for them to coordinate across systems.”

*Coordination and Integration Table Member*

“ To what extent are some departments doing this 'really well' already, and other departments not doing this at all. What pockets of engagement might be mandated already (e.g., MHSA).”

*Framework Table Member*

Regulatory and administrative barriers will need to be addressed

**Bureaucracy, staff capacity, as well as regulatory, contracting and legal requirements, pose significant barriers.**

“ Departments know what is best for their clients and capacities. Having to seek approval can create unnecessary delays that can, in turn, further burden the community ”

*Disproportionality Table Member*

“ ...a detailed fiscal analysis of funding streams looking at the unique interplay of LA, California, and the Feds is required because while “braided and blended funding” is easy to say, it is much more difficult to do.”

*Framework Table Member*

“ To facilitate the coordination that should go on across agencies we need to think about how we build time and funding into program staffing and job descriptions.”

*Framework Table Member*

Current cultural barriers and power dynamics also need to be addressed

**Any structural change that does not also address cultural barriers between departments and the CEO/Board is likely to fail.**

“ ... we've seen in multiple examples when one partner is made the lead, others check out of the conversation... I think we want to create an environment where [departments] want to come to the table and share in the responsibility of these things.”

*Task Force Member*

“ If CEO doesn't fund and organize around Board mandates then Department heads can either “hide” and do their own thing or get stuck in the middle and continue status quo.”

*Framework Table Member*

Figures III.1(p) and III.1(q) above: Task Force and table member open-ended responses throughout the survey on coordinating functions.

### III. MEETING OUR DIRECTIVES

#### Directive 1: Governance Structure and Coordinated Service Delivery

The functional survey themes and the September and October Task Force and Table meetings suggest a few needs to arrive at governance decisions.

- **Continuing this collaborative work in a Phase 2:** There is interest in continuing the Task Force's efforts to achieve several goals to: 1) work as a group to reflect on what can be done within existing structures; 2) enable change management; and 3) give enough time to evaluate legal and regulatory requirements. Although many members agree with the need to strengthen collaboration and coordination across County departments, there remains a wide range of perspectives on how to achieve functional, policy, budgetary, and programmatic alignment. Additionally, some members are eager to pilot and implement new coordinating structures, while several others cautioned against moving too quickly given experiences from previous Countywide initiatives intended to achieve similar outcomes. Regardless, there was a broad recognition that cultural change to support collaboration in LA County would be necessary and require additional time to examine the steps needed to implement strategies that strengthen coordination and collaboration.
- **Engaging and holding department heads accountable for collaboration decisions:** While the existing Task Force structure is collaborative, it lacks accountability for participation and decisions, in part because of existing decentralized reporting and accountability structures in the County. There is consensus among Task Force and Framework table members that departments heads must be drivers in creating an appropriate collaborative governance and functional structure.
- **Developing a meaningful, respectful, and empowering role for staff and community:** While a guiding principle for the Task Force, the structures to enable participation from community members with lived expertise have been slower to develop. Articulating how community members will participate and investing in dedicated staff capacity to execute on a governance decision process will be critical for support and success. In addition, departmental representatives at multiple levels emphasized that County staff must be appropriately resourced and supported to take on coordination and collaboration responsibilities, rather than having these duties simply be added to their existing full-time roles.
- **Addressing current cultural barriers:** Any governance/structural change that does not also address the cultural and decision-making barriers between departments and the CEO/Board is unlikely to fully succeed. Directly focusing on improving these power-sharing dynamics will facilitate an environment that will help key stakeholders overcome the status quo and impediments to positive change.
- **Identifying pilot opportunities:** While process is ongoing, the Tables – particularly the Coordination & Integration Table – have elevated the importance of pilots to demonstrate progress with collaboration and coordination and inform staffing needs. These pilots should be grounded in the enabling functions to deliver on a vision of collaboration and coordination.

updated

### III. MEETING OUR DIRECTIVES

#### Directive 1: Governance Structure and Coordinated Service Delivery

The analysis of operational barriers to coordinated service delivery and the identification of necessary coordinating functions contributed to multiple recommendations in this report relating to overarching governance decisions and immediate and actionable opportunities to newly establish or strengthen capabilities the County has not fully maximized to date across the 13 coordinating functions.

These include the following recommendations that have been adopted by the Task Force:

- **Recommendation #2a: Direct CEO, in coordination with PPCT, to strengthen the County’s capabilities to conduct multi-departmental budget coordination and strategy, including the ability to braid/blend in order to leverage and maximize funding, and identify spending gaps to assist Board and departmental decision making.**
- **Recommendation #3a: Support CIO – in consultation with CEO, County Counsel – to collaborate with departments in developing strategies to further their work on the Countywide information, referral, and connection platform and similar efforts to develop next steps to streamline and address navigation and access barriers across the County’s service portfolio.**
- **Recommendation #4b: Direct CEO to identify dedicated resources to support CIO, County Counsel, and department leads to develop cross-departmental data sharing/integration plans for specific service areas.**

See Section IV for more information about these recommendations, as well as detailed descriptions and rationale that Task Force members worked collaboratively to finalize.

Finally, the findings and learnings from both processes also led to the creation of Task Force recommendations relating to the Prevention and Promotion Coordination Team and its proposed scope of work, which are detailed in the next section.

## CONCEPTUALIZING A PREVENTION AND PROMOTION COORDINATION TEAM (PPCT)

Through learnings from Task Force and table discussions, as well as feedback from key stakeholders, the ARDI staff developed a proposal for a Prevention and Promotion Coordination Team (PPCT) intended to guide, support, and/or implement several action-oriented recommendations listed in this report. A majority of Task Force members have voted to adopt four recommendations relating to PPCT and supporting the creation of this team.

The Task Force notes that this recommendation is not intended to serve as a long-term governance structure solution for the County's prevention system. Instead, this recommendation was designed to strengthen key coordinating capabilities that Task Force members identified and agreed could improve the County's ability to serve residents holistically across prevention and promotion domains.

While a strong majority of the Task Force members voted to adopted each of the recommendations relating to PPCT, there were some concerns related to this recommendation that are important to note. For example, some members:

- Emphasized that their support for the PPCT recommendations below were contingent on simultaneously investing resources in departments to work alongside PPCT staff (via the departmental leads and implementation teams described below); and/or
- Agreed that strengthening coordinating functions could improve the County's ability to deliver prevention and promotion services but preferred that the investments be directed to strengthen capacity within departments rather than creating a new centralized body.

To see a detailed voting record across each recommendation, please see **Appendix J** in a separate attached document.

updated

### PPCT: A COORDINATION TEAM TO SUPPORT IMMEDIATE OPERATIONAL NEEDS

#### What is the Prevention and Promotion Coordination Team (PPCT)?

PPCT would be a small diverse, action-oriented coordination team providing leadership with departmental leads and staffing support to guide and support the implementation of action-oriented recommendations in this report. PPCT would include staff focused on increasing coordination and collaboration among relevant County departments and initiatives.

- PPCT staff would include budget, program, and policy analysts with expertise to support a county system for prevention and promotion.
- Departments would be given additional resources to support specific leads on implementation teams charged with moving forward the various Task Force recommendations.

### III. MEETING OUR DIRECTIVES

#### Directive 1: Governance Structure and Coordinated Service Delivery

PPCT would hold dedicated staff at the Countywide level who would work collaboratively and offer capacity and capabilities needed to support multi-departmental efforts to implement Task Force recommendations. Together, these staff, along with departmental implementation team leads, would provide the backbone support and expertise to carry out and help ensure the success of priority initiatives within the 13 coordinating functions identified by the Task Force in the prior section. PPCT would also work with external partners and community stakeholders to support coordination and collaboration among County departments and initiatives. This may mean consistently evaluating who should lead and actively participate in tackling intersectional challenges and opportunities to optimize collaborative efforts on effective prevention and promotion initiatives. This may be based on funding, existing infrastructure, expertise, jurisdiction, and other realities among County departments and between County and external stakeholders.

The team would initially focus on immediate operational needs to support better coordination **across County systems** including:

- **Centralized goals with decentralized implementation:** PPCT would support the development of shared goals and metrics, reporting externally on progress.
- **Function accountability:** functions are distributed or **shared** between the PPCT and Departments (i.e., PPCT and Departments may have either primary or secondary responsibility)
- **Prevention data sharing:** Help support efforts to share data and implement data agreements across other organizations. Identifying and monitoring key metrics that track progress made towards the successful outcomes for both prevention and promotion services
- **Strategic budget and funding analyses:** Strengthen the County's capabilities to conduct multi-departmental budget coordination and strategy through **identification of investment gaps, increased prevention and promotion investment, and opportunities for funding sustainability**. Regular meetings are held with department leads to review data and determine funding and service planning.
- **Ease of operational implementation:** Liaise with existing department initiative teams and elevate departmental best practices. Help identify urgent and emergent needs to better triage challenges so families can connect to services more effectively by increasing coordination with partners.

PPCT would additionally partner with the Department of Public Health for:

- **Assessment and evaluation:** Refine and advance the guiding prevention metrics and outcome measures to align with Countywide prevention/promotion efforts, including additional community engagement and analyses to address disproportionality; consolidate, share, and identify best practices that can be incorporated in collaborative efforts.

### III. MEETING OUR DIRECTIVES

#### Directive 1: Governance Structure and Coordinated Service Delivery

In addition to recommending the formation of PPCT, a majority of Task Force members voted to adopt three major functions/activities that PPCT will undertake:

- **Recommendation #1e: Direct PPCT to coordinate and consolidate a prevention and promotion policy agenda across departments and initiatives.** PPCT will work with departments (and CEO – Legislative Affairs) to identify and consolidate policy advocacy requests at federal, state, and local levels.
- **Recommendation #1f: Direct PPCT to share strategies to address regulatory, legal, and legislative barriers as well as funding constraints to enable an effective community-based service delivery system.** PPCT, in coordination with County Counsel, will convene departmental subject matter experts to come together to review and discuss interpretations of certain rules, regulations, and other processes to ensure consistency across departments, including strategies to support community and organizations more flexibly.
- **Recommendation #1g: Direct PPCT to support and uplift existing initiatives and strategies to improve resource navigation and access, including how their learnings can be applied and implemented across other service areas.** PPCT would work with departments, initiatives, and external partners to document best practices and improve resource navigation and access across multiple service areas, especially relating to priority populations. This work would draw upon and help operationalize findings from the Task Force’s (ongoing) user journey mapping efforts and referral network assessments.

### III. MEETING OUR DIRECTIVES

#### Directive 1: Governance Structure and Coordinated Service Delivery

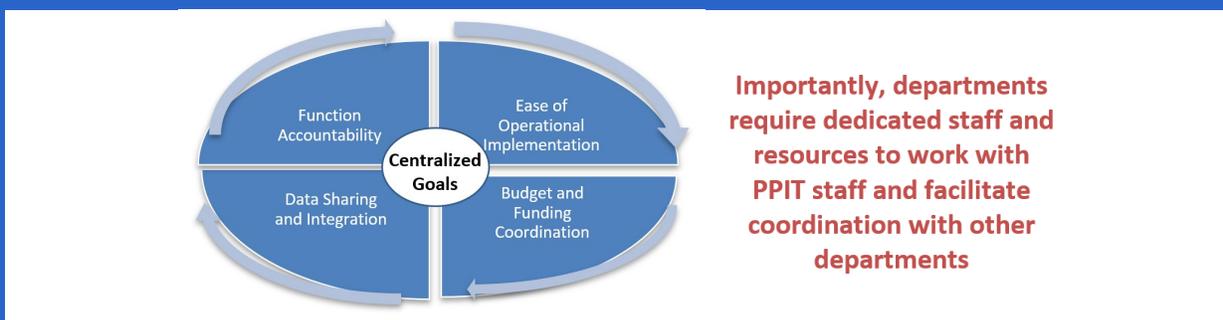


Figure III.1(r): PPCT’s Organizational Design

A majority of Task Force members also included PPCT as a key stakeholder in multiple other recommendations in this report, including:

- **Recommendation #2a:** Direct CEO, in coordination with PPCT, to strengthen the County’s capabilities to conduct multi-departmental budget coordination and strategy, including the ability to braid/blend in order to leverage and maximize funding, and identify spending gaps to assist Board and departmental decision making.
- **Recommendation #2b:** Direct CEO to create a Countywide Prevention and Promotion Budget. (A majority of Task Force members noted in the description of the recommendation that PPCT could potentially lead or partner with CEO to compile this in partnership with departmental staff.)
- **Recommendation #3a:** Support CIO – in consultation with CEO and County Counsel – to collaborate with departments in developing strategies to further their work on the Countywide information, referral, and connection platform and similar efforts to develop next steps to streamline and address navigation and access barriers across the County’s service portfolio. (A majority of Task Force members noted in the description of the recommendation that PPCT could assist CIO in documentation of lessons learned and consolidate them with findings from the Task Force’s community engagement process and user journey mapping.)

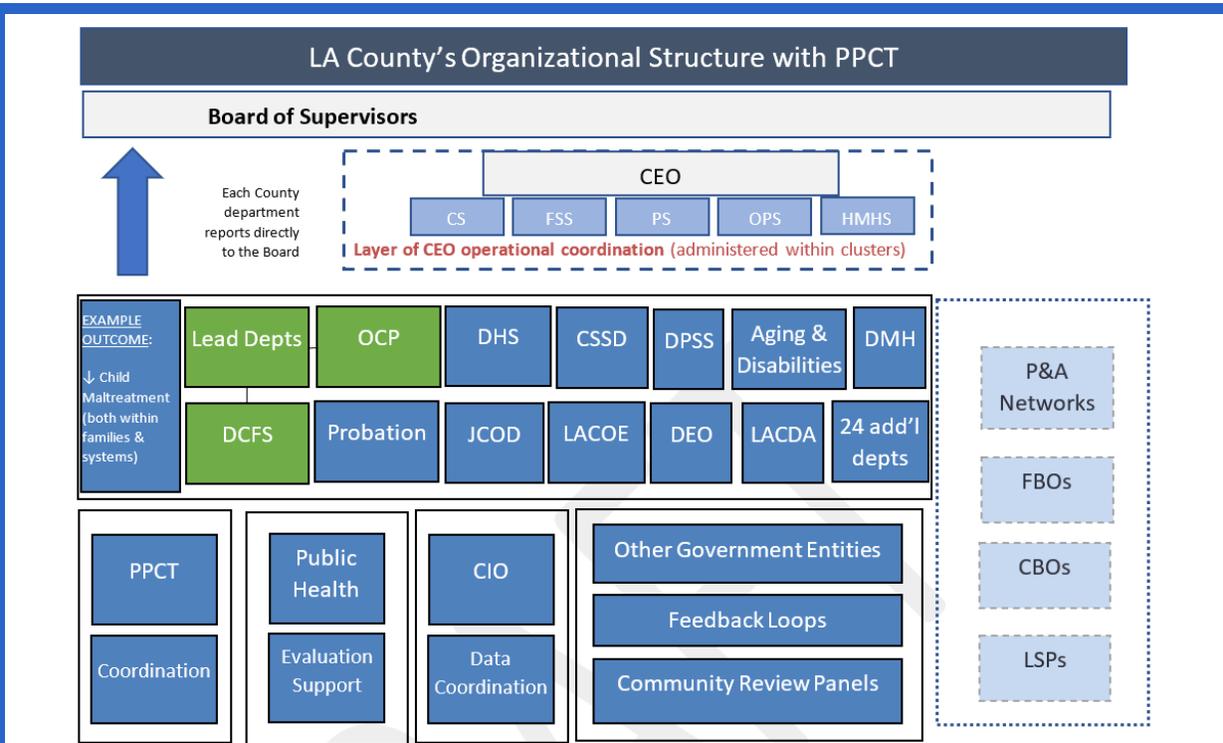


Figure III.1(s): LA County’s organizational structure with a Prevention and Promotion Coordination Team (PPCT)

##### **PPCT can support departments in addressing many of LA County's existing challenges in prevention and promotion:**

- **Filling in service gaps and sharing best practices:** There is an opportunity for PPCT to compile and share best practices currently occurring across existing coordinating initiatives and suggest how they can be used by other departments and service areas currently disconnected from the County's strongest prevention efforts. This will strengthen clarity of roles across prevention initiatives.
- **Taking on key organizational needs:** PPCT addresses several "floating" and under-addressed concerns, providing the necessary staffing to do so. As an action team, it can focus on supporting implementation of Task Force recommendations to improve coordination across prevention and promotion departments.
- **Respond to under addressed needs of priority populations:** PPCT (and the Task Force/ARDI) can also facilitate User Journey Mapping to address the needs of priority populations that may currently be underserved because they require support and resources from multiple departments and agencies.
- **Track progress toward outcomes:** PPCT can assess progress toward achieving prevention goals and outcomes. This will allow departments to identify funding gaps, support risk sharing, resource pooling, outcome monitoring, staff training, and collaboration implementation.
- **Ensure the County has the tools and capabilities needed to improve coordination:** PPCT can offer support to the roll out of key technological tools (e.g., improved budgeting platform, integrated data tools) and enhance county capacity to pursue multi-departmental funding opportunities.

##### **PPCT also can build on existing strengths:**

- **Helps the County apply the Task Force's values and commitment:** Equipped with the Task Force vision and model for prevention and promotion, PPCT can support wide dissemination of a common language for prevention & promotion to contextualize relevant County efforts.
- **Builds on collaborative action and strong working relationships:** PPCT can assist in sharing out the best practices that have already developed, while also supporting initiatives that require additional dedicated staffing at departments to take on new coordination responsibilities.
- **Connecting community expertise, enthusiasm, and interest to County efforts:** PPCT can support immediate strategies and facilitate the development of a longer-term plan to ensure that the County is authentically involving residents and workers across the county in the provision of a community-based prevention and promotion delivery system.
- **Supporting the County's commitment across the spectrum of community partnerships:** PPCT will assist departments in the strategic development of several community-centric recommendations from the Task Force, helping ensure the County fully leverages the wealth of knowledge, expertise, and resources of this region to support prevention and promotion.

This proposal for a Prevention and Promotion Coordination Team led to multiple report recommendations adopted by a majority of Task Force members on January 6, 2023, chiefly:

- **1d: Direct CEO to work with County departments to establish and resource a Countywide Prevention and Promotion Coordination Team (PPCT) and departmental implementation teams working with external partners and community stakeholders to increase coordination and collaboration among County departments and initiatives.**

Please see Section IV for more information.



# DIRECTIVE 2: FUNDING STREAMS ANALYSIS

To meet this directive, the Task Force conducted a comprehensive Countywide funding streams analysis, with information provided by impacted departments and reviewed by CEO Budget, that details existing funding available for Countywide prevention services to support the implementation of a full-scale Countywide coordinated prevention strategy. This process included:

- Compiling a Program Inventory and Reviewing Funding Streams
- Identifying Barriers to Budget Coordination and Strategic Funding Sustainability

## COMPILING A PROGRAM INVENTORY AND REVIEWING FUNDING STREAMS

In late 2021, ARDI staff collaborated with CEO Budget and departmental staff to send a Countywide survey form across the five County departmental clusters: Health and Mental Health Services (HMHS), Community Services (CMS), Family and Social Services (FSS), Operations (OPS) and Public Safety (PS). (A full listing of the County departments contained within each of the five clusters can be found in Table III.2(d) in the section below).

Departmental staff were asked to self-report their organization's existing prevention programs and provide related funding information for each listing. At the time, because the Task Force and Framework table had yet to formally adopt definitions for prevention and promotion (see prior section), **staff were provided the following preliminary definitions to organize programs by prevention tier:**

- Primary prevention: directed at the general population to prevent negative outcomes before they occur (universal),
- Secondary prevention: targeted to individuals or families in which negative outcomes are more likely (high risk), and
- Tertiary prevention: targeted towards individuals or families in which harms have already occurred in an effort to prevent further harm (indicated)

The surveys requested program level information including:

- Program Name
- Program Description
- Prevention Level (under the preliminary definitions listed above)
- FY 2020-21 Actual Expenditures
- FY 2021-22 Budgeted Amount
- Funding Source(s) Name
- Identification of whether the funding is restricted and point of view on how the funding is restricted

### III. MEETING OUR DIRECTIVES

#### Directive 2: Funding Streams Analysis

In the initial responses, 272 programs were self-identified across 28 departments under HMHS, CMS, FSS, OPS and Public Safety. In July 2022, a follow up survey was issued requesting updated information related to the programs reported, as well as identification of any additional programs that may have been missed in the first scan or that were newly created in the interceding months. The second survey was also sent to organizations that were not previously asked to respond but whose members sit on the Task Force (i.e., First 5 Los Angeles (First5LA), CEO-Homeless Initiative, Los Angeles County Development Authority (LACDA), and Los Angeles County Office of Education (LACOE)). The second survey requested information including:

- FY 2022-23 Budgeted Amount
- Detail related to each funding source including
  - Funding type (e.g., Grant, Federal, State, etc.)
  - Official name(s) of any grant(s)/program(s)
  - Approximate amount of the FY 2022-23 BUDGETED AMOUNT funded
  - Nature of funding (e.g., single allocation, cost reimbursement, etc.)”

Using the responses across the surveys, a comprehensive inventory was created to track programs and related funding sources for further analysis. Secondary research was conducted to better understand requirements and restrictions for each of the reported funding sources to identify funding sources for evaluation as to whether funding could be utilized in a flexible nature going forward.

In addition to the survey responses, key informant interviews were conducted with members of CEO Budget, the Office of Child Protection, the Alliance for Health Integration, Auditor-Controller, DCFS, and County Counsel. These discussions focused on the current budgeting/reporting processes, information availability and accuracy, specifically as it relates to funding for prevention and promotion efforts, and suggestions or recommendations for consideration when performing a comprehensive funding streams analysis.

### FINDINGS AND ANALYSIS

The County has a strong commitment to prevention and promotion services across its departments. To capture the current state, departments were asked to self-report associated programs, budget and funding information, and the life stages served (e.g., children, youth, adult, seniors) and number of individuals served, in addition to the funding data requested. Below are observations from the self-reported information provided in response to the Countywide survey:

- In total, 415 programs were identified across the five overarching County departmental clusters, First5LA, CEO-Homeless Initiative, LACDA, and LACOE)
  - 287 programs were identified across CMS, FSS, PS, HMHS, and Ops
    - 217 (75%) programs identified one sole funding source
    - 71 (25%) programs identified multiple funding sources
    - 148 unique funding sources were reported across the five County departmental clusters. See further discussion in the **Funding Source Opportunities** section below.
  - 128 programs were identified across First5LA, CEO-Homeless Initiative, LACDA, and LACOE
- Total Budget Amount per FY 2022-23 Final Changes Budget (self-reported) was \$2,361,701,798.

### III. MEETING OUR DIRECTIVES

#### Directive 2: Funding Streams Analysis

Staff reported that most County prevention programs have restricted funding sources:

- 61 programs self-responded to the question “Is the Funding Source Restricted?” with “No” (totaling \$191,086,912 or 8% of total)
- 192 programs reported funding was ongoing
- 91 programs reported funding was one-time
- 24 programs reported funding comprised both ongoing and one-time funding
  - Remaining 108 programs either did not provide the breakout or provided an alternative explanation/response

Roughly half of programs (190 of 415) shared information on population metrics (i.e., description of populations served) and 61% (254 of 415) shared information on life stages served (i.e., what approximate age group(s) to which the services were delivered). Response rate to questions of population metrics and life stage likely varied based on multiple factors, including, but not limited to, data availability, feasibility of collection, relevance of individuals to program goals (e.g., specific programs may have delivered items to individuals), capacity to respond, and quality of data.

Programs that provided population data indicated that approximately 174 million “customers” are served across the 251 programs, suggesting that many County residents receive support or services from multiple programs. In addition, several programs served the entire LA County population.

**Table III.2(a): Individuals served through programs across the five County departmental clustered (self-reported, many populations are counted multiple times over due to individuals being served by multiple programs).**

<u>Departmental Cluster</u>	<u>Individuals served across prevention and promotion programs (based on reported data; not all programs provided this information)</u>
Community Services (CMS)	250,378
Family and Social Services (FSS)	259,734
Health and Mental Health Services (HMHS)	172,714,966
Operations (OPS)	493,175
Public Safety (PS)	9,012
Other (i.e., program not within one of the 5 County departmental clusters)	192,440

Some department staff completed life stage data indicating which population age range(s) their programs currently serve. Across LA County, there are prevention and promotion programs supporting people across the lifespan from birth to older adulthood, as illustrated in Figure III.2(b). This underscores the importance of focusing on life course outcomes and looking across an individual’s life to consider the scope of relevant services. In fact, the Framework Table identified a set of domains detailed in Figure III.2(c) that should be included in the scope of the prevention and promotion vision for the county. Mapping the programs to these domains indicates that the County has a rich base of programs and services to build upon that supports these goals across life stages.

### III. MEETING OUR DIRECTIVES

#### Directive 2: Funding Streams Analysis

#### LA County Prevention Programs (illustrative, not comprehensive)

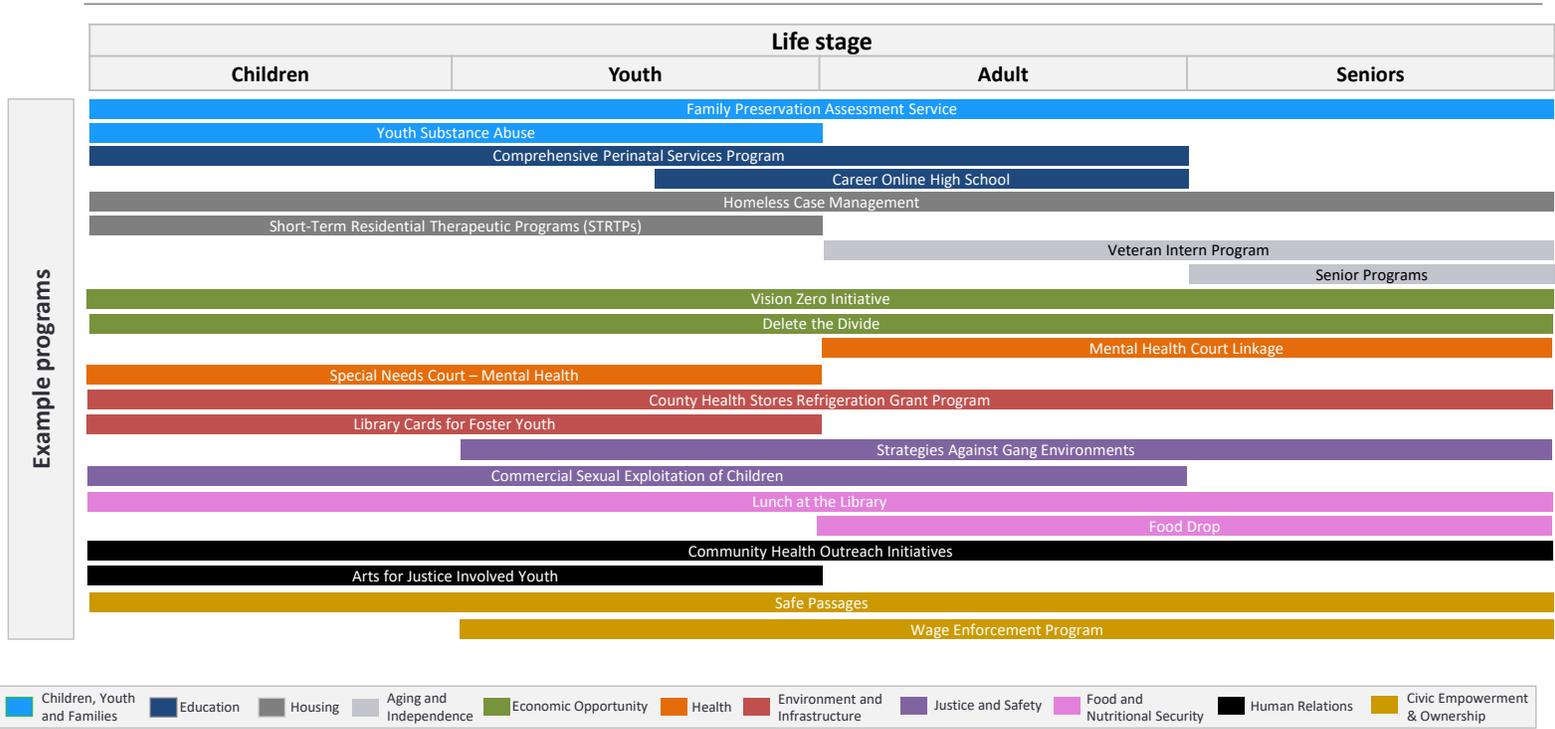


Figure III.2(b): Illustrative listing of example LA County prevention programs across life span groups.

#### Illustrative mapping of programs to domains

Aging and Independence	Children, Youth and Families	Civic Empowerment & Ownership	Economic Opportunity	Education	Environment and Infrastructure	Food and Nutritional Security	Health	Housing	Human Relations	Justice and Safety
<ul style="list-style-type: none"> <li>• <b>Aging Programs and Services</b> – in-home and Alzheimer’s day care</li> <li>• <b>Elderly Nutrition Program (ENP)</b> – provides nutritious meals to seniors in community centers and residences</li> <li>• <b>LA Found</b> – assists caregivers of individuals with cognitive impairments</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Family Preservation Assessment Services</b> – evaluation of high-risk cases of domestic violence or substance abuse in homes</li> <li>• <b>MCAH Home Visiting Programs</b> – supports high need pregnant families</li> <li>• <b>Prevention and Aftercare (P&amp;A)</b> – protective services to reduce likelihood of child mistreatment</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Green Zones Program</b> – environmental justice program for land use strategies and zoning enforcement</li> <li>• <b>Safe Passages</b> – addresses violence and strategies of healing through community engagement</li> <li>• <b>Wage Enforcement Program</b> – ensures labor forces in unincorporated areas are paid wages they are owed</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Delete the Divide</b> – provide small businesses, youth and adults with resources</li> <li>• <b>Jail Based Program</b> – career preparation services at Century Regional Detention Facility</li> <li>• <b>Wage Enforcement Program</b> – conducts investigations into allegations of minimum wage ordinance violations</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Antiracism Diversity and Inclusion Initiative</b> – fights against racism that systemically and systematically affects Black residents</li> <li>• <b>Comprehensive Perinatal Services</b> – health education services up to 60 days after delivery</li> <li>• <b>Prevention Education Program</b> – inform individuals on risks associated with substance use</li> </ul>	<ul style="list-style-type: none"> <li>• <b>County Health Stores Refrigeration Grant Program</b> – provides small corner stores in low-income communities healthy food</li> <li>• <b>Recreation Programming</b> – operates programs at community parks and nature centers</li> <li>• <b>Vision Zero Initiative</b> – eliminates traffic collisions on county roadways</li> </ul>	<ul style="list-style-type: none"> <li>• <b>County Health Stores Refrigeration Grant</b> – provides low-income communities with free refrigeration units</li> <li>• <b>Food Drop</b> – connects food businesses with recovery agencies for donating leftovers</li> <li>• <b>Lunch at the Library</b> – free breakfast and lunch for those meeting income requirements</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Communicable Disease Control and Management</b> – preventative interventions to improve health outcomes</li> <li>• <b>Drug Medical Treatment Services</b> – substance use disorder services like medication and recovery support</li> <li>• <b>Tuberculosis Control Program</b> – early detection and effective treatment</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Permanent Arrearages</b> – prevent eviction for CalWORKs families with financial hardship</li> <li>• <b>Homeless Case Management</b> – facilitate homeless families’ access to services and permanent housing</li> <li>• <b>People Experiencing Homelessness</b> – trash collection services provided at no cost</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Arts for Justice Involved Youth</b> – provides arts-based youth development services in juvenile detention centers</li> <li>• <b>Community Health Outreach Initiatives</b> – healthcare enrollment in underserved communities</li> <li>• <b>Promotores</b> – mental illness and disease prevention for underserved communities</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Complaint Investigation</b> – resolves identity theft and real estate fraud</li> <li>• <b>Office of Immigrant Affairs</b> – protects the rights and advances of all immigrants</li> <li>• <b>Strategies Against Gang Environments</b> – reduce gang violence through abatement of narcotics-related activities</li> </ul>

Figure III.2(c): Illustrative listing of example LA County prevention programs across prevention and promotion domains.

As a follow-up to this analysis, staff developed a list of funding streams opportunities meriting additional study for their potential to help support additional prevention and promotion services. This preliminary list can be found in **Appendix G**.

**Table III.2(d): Detailed Summary Tables and Charts across Departmental Clusters**

The following tables and charts summarize the information shared to the Task Force with the support of CEO Budget and departmental staff. **(NOTE: all data is self-reported data by the individual departments)<sup>a</sup>**

**Number of Programs per the FY 2022-23 Final Changes Budget by Department**

Branch	Department	Number of Programs
Community Services (CMS)	Animal Care and Control	2
	Beaches and Harbors	1
	Parks and Rec	8
	Public Library	19
	Public Works	7
	Regional planning	11
Family and Social Services (FSS)	Aging and Disabilities Department	6
	Child and Family Services	9
	Child Support Services	1
	Department of Economic Opportunity	13
	Military and Veterans Affairs	2
	Public Social Services	20
Health and Mental Health Services (HMHS)	Health Services	4
	Mental Health	31
	Public Health	79
Operations (OPS)	Arts and Culture	1
	Auditor- Controller	1
	Consumer and Business Affairs	6
	Human Resources	10
	Internal Services	4
	Treasurer and Tax Collector	2
Public Safety (PS)	Alternate Public Defender	8
	District Attorney	16
	Medical Examiner	1
	Probation	10
	Public Defender	14
	Sheriff	1
<b>Subtotal</b>		<b>287**</b>
Other	First 5 LA	14
	CEO-Homeless Initiative	4
	LACDA	89
	LACOE	20
	CEO-Poverty Alleviation Initiative	1
<b>Total</b>		<b>415</b>

<sup>a</sup> Information was self-reported as opposed to coming from a central or complete repository of information. There were gaps in requested versus provided information (i.e., 10 programs did not provide data on budgeted amount for 2022-23). There were gaps across each of the programs regarding level of detail in the survey's responses (i.e., many programs provided the names of funding sources but did not break the funding sources down by dollar amount).

<sup>b</sup> Increase in programs from the initial survey response is due to the identification of additional programs by departments.

**COUNTY DEPARTMENTAL DATA (ACROSS FIVE COUNTY CLUSTERS)**

This page summarizes data gathered from official County departments managed under each of the five County clusters, Community Services (CMS), Family and Social Services (FSS), Health and Mental Health Services (HMHS), Operations (OPS), and Public Safety (PS). Data from other Task Force organizations are listed on the following page.

**Table III.2(e): Summary of Programs with Restricted Funding Sources – COUNTY DEPARTMENTS ONLY**

**Number of Programs and Total Budget Amount per the FY 2022-23 Final Changes Budget Based on Response to the Question “Is the Funding Source Restricted?”**

Self-Reported “Is the Funding Source Restricted?” by Program	Number of Programs	Total Budget Amount per FY 2022-23 Final Changes Budget
Yes	184	\$1,776,307,551
No	55	\$172,649,912
Partial <sup>c</sup>	26	\$86,954,176
No Budgeted Amount Or Restriction Not Reported	21	\$1,148,483
Multiple <sup>d</sup>	1	\$12,044,806
Total	287	\$2,049,104,928

<sup>c</sup> Partial restriction occurred when there are multiple funding sources reported and the self-reported information indicated some are restricted and some are not.

<sup>d</sup> Multiple line items reported for the program, different restriction types identified.

**Number of Programs by Prevention Level – COUNTY DEPARTMENTS ONLY**

- 115 programs reported as “Primary” prevention level
- 79 programs reported as “Secondary” prevention level
- 90 programs reported as “Tertiary” prevention level
- 4 programs reported with multiple prevention levels

**Table III.2(f): Summary of Programs Across Funding Duration – COUNTY DEPARTMENTS ONLY**

**Number of Programs Based on Responses to the Requests for “Ongoing Budgeted Amount” and “One-Time Budgeted Amount”**

Self-Reported Responses to Request for “Ongoing Budgeted Amount” and “One-Time Budgeted Amount”	Number of Programs
Ongoing	141
One-Time	55
Both	24
Other Response	16
N/A or No Budgeted Amount	13
Blank	37
Multiple <sup>e</sup>	1
Total	287

<sup>e</sup> Multiple line items reported for the program, different restriction types identified.

### DATA ON OTHER TASK FORCE ORGANIZATIONS

This page summarizes data gathered from other Task Force organizations, including First5LA, the Los Angeles County Development Authority, the Los Angeles County Office of Education, and CEO initiatives such as the Homeless Initiative and Poverty Alleviation Initiative. Please see the preceding page for information on County departments managed under the 5 clusters.

#### Table III.2(g): Summary of Programs with Restricted Funding Sources – OTHER TASK FORCE ORGANIZATIONS ONLY

Number of Programs and Total Budget Amount per the FY 2022-23 Final Changes Budget Based on Response to the Question “Is the Funding Source Restricted?”

Self-Reported “Is the Funding Source Restricted?” by Program	Number of Programs	Total Budget Amount per FY 2022-23 Final Changes Budget
Yes	100	\$294,159,870
No	6	\$18,437,000
Partial <sup>f</sup>	-	\$0
No Budgeted Amount Or Restriction Not Reported	22	\$0
Multiple <sup>g</sup>	1	\$0
Total	128	\$312,596,870

<sup>f</sup> Partial restriction occurred when there are multiple funding sources reported and the self-reported information indicated some are restricted and some are not.

<sup>g</sup> Multiple line items reported for the program, different restriction types identified.

#### Number of Programs by Prevention Level – OTHER TASK FORCE ORGANIZATIONS

- 99 programs reported as “Primary” prevention level
- 8 programs reported as “Secondary” prevention level
- 18 programs reported as “Tertiary” prevention level
- 2 programs reported with multiple prevention levels

#### Table III.2(f): Summary of Programs Across Funding Duration – OTHER TASK FORCE ORGANIZATIONS ONLY

Number of Programs Based on Responses to the Requests for “Ongoing Budgeted Amount” and “One-Time Budgeted Amount”

Self-Reported Responses to Request for “Ongoing Budgeted Amount” and “One-Time Budgeted Amount”	Number of Programs
Ongoing	51
One-Time	36
Both	-
Other Response	-
N/A or No Budgeted Amount	-
Blank	39
Multiple <sup>h</sup>	2
Total	128

<sup>h</sup> Multiple line items reported for the program, different restriction types identified.

III. MEETING OUR DIRECTIVES  
 Directive 2: Funding Streams Analysis

**SELF-REPORTED PREVENTION BUDGET, FY 2022-23 FINAL CHANGES BUDGET BY ORGANIZATION**

DPH (\$1.36B) comprises 57% of reported County prevention funding and was removed for readability

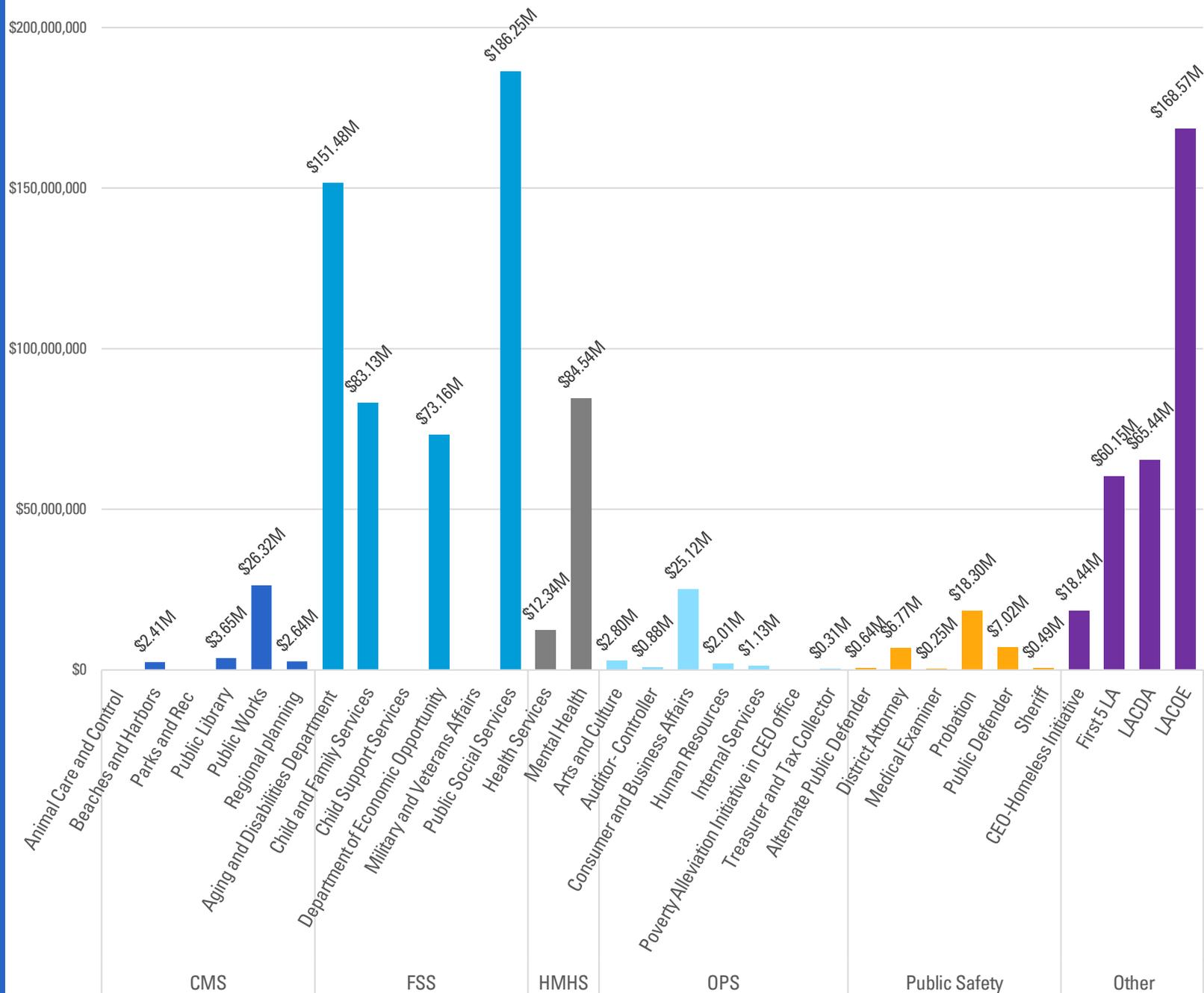


Figure III.2(j): Self-Reported Prevention Budget, FY 2022-23 Final Changes Budget by Organization. Note: DPH comprises 57% (\$1.36 billion) of reported County prevention funding and was removed from this chart for readability.

III. MEETING OUR DIRECTIVES  
 Directive 2: Funding Streams Analysis

**NUMBER OF SELF-REPORTED PREVENTION PROGRAMS BY ORGANIZATION**

Prevention levels were self-identified (October 2022)

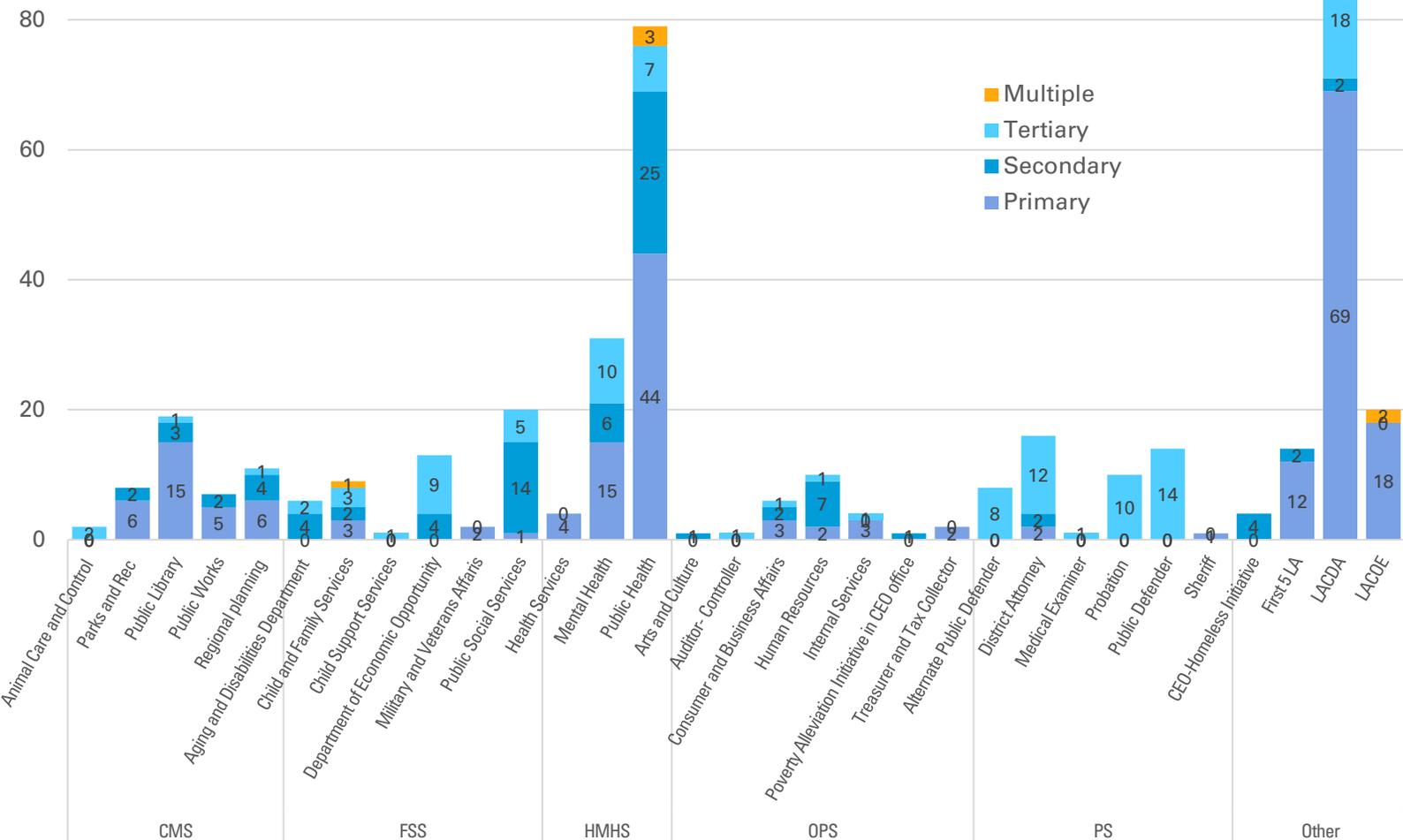


Figure III.2(k): Number of self-reported prevention programs by organization (Oct 2022); Prevention levels were self-identified.

**BUDGETED SPENDING BY PREVENTION LEVEL**

Prevention levels were self-identified, FY 2022-23 Final Changes Budget

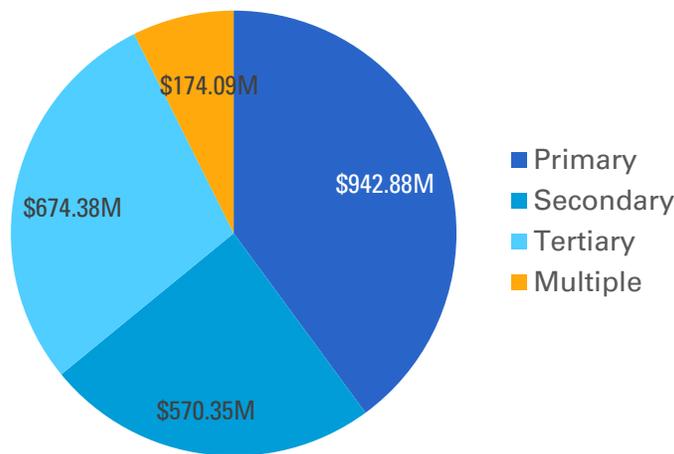


Figure III.2(l): Budget spending by Prevention Level, FY 2022-23 Final Changes Budget. Note: Prevention levels were self-identified by departmental/entity staff.

## IDENTIFYING BARRIERS TO BUDGET COORDINATION AND STRATEGIC FUNDING SUSTAINABILITY

Over the course of the funding streams analysis, the ARDI staff and consultants identified several structural barriers to managing budget coordination and strategic funding sustainability across multi-departmental prevention and promotion services. These findings were further validated by conversations with County staff and consultants with budgeting expertise in multiple service areas and departments. Below are barriers identified throughout this process, which have complicated the Task Force's ability to complete a fully informed funding streams analysis.

**The County currently lacks several technological, logistical, and staff capabilities needed to conduct multi-departmental budget analysis and strategic planning for prevention and promotion programs:**

### DATA AND INFORMATION LIMITATIONS

- During discussions on braiding and blending funding with CEO Budget, departmental staff, and initiative staff, the ARDI team identified a need to strengthen reporting mechanisms to increase visibility on programmatic uses of funds.
- The County's technology platform for budget tracking by CEO budget staff doesn't currently track programs or funding streams to their specific functional uses. For example, CEO budget staff do not currently tag programs as "prevention" or "promotion" services. Additionally, while the County budget staff currently require a tag for ATI funding in the system, this tag doesn't extend to prevention and promotion related programs. As a result, the information compiled in this funding streams analysis was self-reported on a department-by-department basis.
- Because this was a new request to departments, gaps exist in requested versus provided information. For instance, ten (10) programs did not submit data on the budgeted amount for 2022-23, and some departments may have varied in their interpretation of which programs are considered to be prevention-oriented. There were also gaps regarding level of detail in the survey's responses. Many programs provided the names of funding sources but were unable to break the funding sources down by dollar amount.

### CHALLENGES WITH FUNDING STREAMS EXPERTISE

- Currently, subject matter expertise relating to various aspects of budgeting, funding, and their uses are fractured among different individuals.
  - For example, CEO Budget is able to provide information on programmatic level budgets, but may not always have the line item detail related to specific program activities.
  - Program analysts within departments understand the funding sources applicable to their department but may be unaware of funding streams at other departments that may be available for similar activities. They also may be unaware of additional funding, billing, or claiming opportunities that have not customarily been used by their department. When trying to identify situations to braid funding, department budget analysts are familiar with their own funding sources and requirements; however, they may be unfamiliar with the funding sources and requirements of other departments or other programs within their own department.

- Some of the County's greatest successes with managing multi-departmental funding and budget collaboration have come from specific County initiatives and/or requirements from the funding source itself, (e.g., Title IV-E funding requirements between DCFS and Probation, the California Department of Social Services State Block Grant). However, outside of these specific instances, funding source requirements often create siloes that make it difficult to identify inter-department collaborations.

#### FUNDING LIMITATIONS AND OPPORTUNITIES

- According to the Task Force's program survey, well over 90% of the funds currently paying for the County's prevention services have funding restrictions. This estimate was further corroborated through conversations with other County budget stakeholders. At the same time, some stakeholders expressed that there may be underutilized opportunities even within some restricted funding sources, as the range of restrictions across funding sources vary quite widely. Ultimately, there is limited capacity to conduct the analyses needed to identify potential opportunities beyond a handful of initiatives (e.g., CEO-Homeless Initiative). This is largely due to the broad scope of prevention and promotion and the restrictions frequently placed on prevention and promotion funding.

#### CONTRACTING AND OTHER BUREAUCRATIC PROCESSES SLOW DOWN COLLABORATION

- Requirements mandated by funding sources can further complicate the County's existing processes and slow down efforts to collaborate across departments. Delays and complexities relating to contracting, reporting, claiming, payment, and implementation of new programming can prevent efforts from fully taking off, even if stakeholders across departments have the will and desire to act.
- In previous instances when a joint ability to use, braid, or coordinate funding is identified, the departments will enter a Memorandum of Understanding (MOU). MOUs are used as mechanisms to allocate source funding from one department to another. However, these processes require Board approval and are usually designated for very specific activities. From the Task Force's analysis and conversations with stakeholders regarding multi-departmental MOUs for funding and other coordinated prevention, MOUs are usually implemented on an ad hoc basis and the County does not appear to centrally track or manage existing MOUs regarding shared funding sources. Additionally, there is no known centralized tracking to identify opportunities where MOUs or other formalized coordination of shared funding sources could occur. While MOUs may not be the most appropriate method to facilitate coordination across departments, these current practices point to the challenges and inconsistent approach Countywide that create challenges to organizing around overarching funding priorities.
- The lengthy or complex processes listed above don't just hinder County departments from coordinating and collaborating around funding; they also potentially prevent the County from engaging with smaller community-based organizations to contract, procure, and partner on service delivery. Smaller organizations may not have the in-house expertise or infrastructure to participate in the County's bidding processes, which often favor lowest cost bidders with low administrative costs and the budget reserves needed to successfully operate under a cost-reimbursement model.

## CONSIDERATIONS FOR CAPABILITY AND CAPACITY BUILDING

In response to the challenges outlined above, the Task Force has provided the recommendations below to address these challenges.

### The County requires increased visibility at both the CEO and departmental level into funding streams for and across programs.

- Stakeholders with budget management authority at the CEO, departmental, and coordinating initiative level all express the lack of visibility into County programs and funding streams across varying levels.
  - At the departmental level, staff may have visibility into their own programs but are limited in their ability to braid funding streams with funds that are restricted by the funder. Many departments relying primarily on multiple non-County dollars have neither the infrastructure nor the staff to manage the complexity of dozens of different funding streams.
  - At the coordinating initiative level, staff may have some visibility into specific funding streams but otherwise face similar challenges in reviewing and obtaining the necessary information to conduct analyses. Some stakeholders express concern that the County's current budget technology and practices may not provide the same level of detail that other jurisdictions have in order to make coordinated, fully informed budget and strategic planning decisions.

### A governance structure for prevention and promotion should include the ability to coordinate across department-specific programs and identify strategies to leverage and maximize both restricted and unrestricted funding sources. These include guidelines for coordination, collaboration, and decision-making authority.

- Some funding sources identified in the program inventory are currently utilized across multiple departments and branches. Other sources had more narrow uses defined by the funder or payor and often fell under a single department's purview. In both scenarios, the ability to coordinate between departments and agencies often rely on time consuming and ad hoc processes such as MOUs applied on a case-by-case scenario.
- **Streamlined processes are needed to adeptly identify, coordinate, and report on funding sources as a County**, as opposed to on a programmatic or department level. This should allow for greater opportunities to braid, allocate, and manage County funds to achieve the goals of the Prevention Services Task Force.

**Based on the current limitations in capability and capacity, there may be an opportunity for the CEO Budget Office to work with departments to play a more strategic role in tracking and coordinating across funding streams for prevention.**

- The County needs to build capacity to coordinate funding sources across departments and ensure the County is maximizing their use. For example, the CEO – Homeless Initiative has worked to **develop strategic analytical capabilities to sustain funding and coordinate housing related funds across multiple departments.**
- The effectiveness of the recommendations contained in this section rely on the collective goals of transparency, collaboration, and accountability. Key stakeholders will need to agree to share information, reports, and other details to promote the County’s overall goal of maximizing the use of existing and potential grant funds. Additionally, as seen in the American Rescue Plan Act (ARPA) and Inflation Investment and Jobs Act (IIJA), cohesive and coordinated applications have been increasingly encouraged at the State level for federally allocated funding. As a result, the County may benefit from further coordinated applications across multiple departmental agencies to source additional prevention funding as they become available.
- Many grant programs require regular programmatic and financial reporting to the funding grantors. **CEO Budget staff may want to explore the feasibility and benefit of establishing a process to track these reports,** which may include detailed information on outcomes and activities supported by the selected grants. Obtaining this information would allow CEO Budget to perform additional analysis on the activities supported by the selected grants. It may also facilitate the creation of a coordinated strategy on how to leverage existing County funding sources to match and draw down funding across priorities.
- **The PPCT must work closely with the departments to understand who is being served by which programs and where departments have identified unmet needs and/or gaps in resources, including who serves whom and what departments or County entities are responsible.** The PPCT can work with department leads to develop an overarching strategy and help consolidate funding requests across service areas for specific populations or prevention needs (e.g., with CEO-Legislative Affairs to the state government). This type of work may require additional investments to navigate potential funding sources, understand the regulations, and build out additional prevention services needed to deliver upstream supports. There may be an additional opportunity to explore how to best track and monitor use of funds to address the life course outcomes and metrics developed in Directive 4 and apply outcome-based budgeting principles (see **Appendix H** for best practices assembled by staff on this topic). As detailed in the recommendation for the PPCT, multiple Task Force members emphasized that any implementation of PPCT is contingent on increased investment in departmental resources to ensure that staff can most effectively partner with PPCT staff and other departments.

updated

The findings from the above Funding Streams Analysis led to the following recommendations adopted by the Task Force on January 6, 2023:

- **Recommendation #2a: Direct CEO, in coordination with PPCT, to strengthen the County’s capabilities to conduct multi-departmental budget coordination and strategy, including the ability to braid/blend in order to leverage and maximize funding, and identify spending gaps to assist Board and departmental decision making.**
- **Recommendation #2b: Direct CEO to create a Countywide Prevention and Promotion Budget.**

See Section IV for more information.



# DIRECTIVE 3: COMMUNITY-BASED SERVICE DELIVERY SYSTEM

This directive describes the multiple activities the Task Force conducted to develop recommendations for how the County can strengthen, effectuate, and center community-based service delivery across its prevention and promotion system.

- Community Engagement Process (Ongoing)
- Addressing Operational Barriers to Community-Based Delivery
- User Journey Mapping

## COMMUNITY ENGAGEMENT PROCESS

Community perspectives have been and will continue to be essential for the success and efficacy of this initiative. To help achieve the Board's charge of a community-based prevention services delivery system, the Task Force developed a community engagement process with multiple strategies to reach, partner with, and co-create solutions with community members and community-based service providers who hold lived expertise.

The following provides an overview of the community engagement principles and varied strategies laid out by this process, many of which are ongoing and subject to change as the Task Force, other County entities, and community stakeholders continue to advance this initiative.

The Task Force collaboratively developed a set of community engagement principles, which were adapted from and developed with the consultation of members, County staff, and community members<sup>i</sup>:

- **Practice Humility** to foster true and mutual co-learning.
- **Acknowledge History**, including policies, systems, and structures and the populations they have harmed or benefitted.
- **Invite In**, by identifying relevant stakeholders and making it easy for them to engage.
- **Demonstrate Respect** for those with differing perspectives, including by incorporating feedback and considerations.
- **Communicate** to set clear expectations for timelines, objectives, and outcomes.

<sup>i</sup> We particularly acknowledge Manuel Carmona, Deputy Director of the City of Pasadena Public Health Department, for sharing and allowing us to adapt several of his best practices.

The Task Force additionally organized community engagement activities into four overarching categories:



**Figure III.3(a): Overarching categories of the Task Force’s community engagement process**

### PARTICIPATORY DECISION MAKING AND POWER SHARING

Reimagining government services toward a prevention and promotion approach requires acknowledging, uplifting, and centering the lived expertise of those who have contact with existing public systems. Task Force directly incorporated community perspectives by appointing Community Members with lived expertise as voting members and instituting power sharing practices to ensure their voices were appropriately considered as part of this initiative. A minimum of three Community Members served on both the Task Force and each of the three working tables; their names and the public facing position description for these roles are listed in the full member rosters in the **Appendix A**. This ensured a greater accountability to community beyond threshold Brown Act practices, which promote transparency but not necessarily true inclusion in the process.

To ensure the Community Members’ voices were fully heard and deeply considered as the Task Force developed recommendations, the working tables used the facilitation and collaboration strategies below:

- Table co-chairs and other meeting facilitators were encouraged to call upon Community Members to share their perspective before any vote was called, especially in advance of key decision votes and when any such members expressed hesitation or strong opinions on a prospective motion. Simultaneously, table co-chairs facilitated conversations to ensure that a range of Community voices and Community-centric considerations were centered and elevated throughout any discussion.
- Staff, co-chairs, and meeting facilitators were encouraged to review resources including the [Gradients of Agreement](#) as well as [Resources for Collaboration and Power Sharing](#), to manage relationships and co-creation among County, community organizations, and community members during this initiative.

### III. MEETING OUR DIRECTIVES

#### Directive 3: Community-Based Service Delivery System

- The ARDI team and table co-chairs supported Community Members with information, tools, and mutual learning opportunities, so their contributions and unique expertise and perspective would be heard. This included instituting the following practices:
  - Providing Community Members with the option of attending pre-meeting briefings with ARDI staff and/or co-chairs each month;
  - Offering additional meeting times or “office hours” to receive feedback, answer questions, and help arrange connections with other Task Force and table members; and
  - Upon request, compiling and sharing learning resources and media relevant to the Prevention Services Task Force to help inform and prepare Community Members.

#### GATHERING COMMUNITY-DEFINED EVIDENCE WITH PRIORITY POPULATIONS

The Task Force developed multiple strategies to help gather community-defined evidence, which must complement other sources of evidence (e.g., academic research, data, and policy analysis) to inform program design and coordinated service delivery. This includes multiple listening strategies, such as focus groups, user journey mapping, panels, and other documented testimonials from community members who have experience navigating and accessing County services. To this end, ARDI staff identified a tentative list of priority populations to be the focus of these strategies:

- Foster/Transition Aged Youth (TAY)
- Parents/guardians impacted by the child welfare system
- Older adults
- People with disabilities
- People who have accessed physical health services
- People who have accessed behavioral health services (including disordered substance use service)
- Unhoused individuals/people who have experienced homelessness
- Low-income individuals (general group)
- Justice impacted individuals
- Limited English proficiency communities

#### COMMUNITY CONSULTATION AND ALIGNMENT

In addition to opportunities to provide input during the development of the recommendations during this report, the Task Force developed a proposed approach to hold consultation sessions with community to create additional space for members to share their reactions, comments, and questions regarding the Task Force’s preliminary recommendations. These sessions would be held in multiple formats and spaces, to help lower barriers to accessing both physical and online spaces, as well as honor community member preference to engage in spaces where they feel most comfortable.

#### INCLUSION, ACCESS, AND COMMUNICATION

Approximately 1 in 4 LA County residents over the age of 5 have limited English Proficiency.<sup>j</sup> Language accessibility is essential to Task Force efforts, especially as it identifies challenges that residents face when navigating prevention & promotion services. All main Task Force meetings have live Spanish⇌English interpretation and live CART or close captioning. The Task Force will continue to explore strategies to offer additional languages and interpretation for the diverse language communities in LA County. More resources are also needed to support translation of Task Force materials.

<sup>j</sup> U.S. Census Bureau, 2009-2013 American Community Survey.

## ADDRESSING OPERATIONAL BARRIERS TO COMMUNITY-BASED DELIVERY

When analyzing operational barriers to coordinated service delivery, the Coordination table simultaneously identified barriers hindering community-based delivery of the County's existing prevention services. ARDI staff and consultants also recorded additional barriers identified from other Task Force discussions, stakeholder interviews, and the Task Force's community survey (see **Appendix I**).

The barriers identified include:

- **User navigation barriers**, which hinder multi-departmental coordination across services, currently prevent many residents from accessing the array of available services. These barriers include, but are not limited to, accessible physical locations, varied application processes, internet access, and language access, and don't just make it difficult for individuals to obtain the resources they need; they also make it difficult for service providers – both County and community organizations – to support residents holistically and ensure continuity of care. According to the Task Force's community survey, 66% of residents say it is "extremely hard" or "somewhat hard" to access the prevention and promotion services they need, as opposed to 36% of surveyed County staff who believed it was extremely or somewhat hard for LA County residents to access these services. This disconnect speaks to the need to explore how to address barriers to accessing county prevention and promotion services
- Whether due to constraints in program design and/or budget limitations, there is a need to **tailor services to client needs**, especially across languages spoken and culturally-appropriate and community-specific services. Of the 873 participants who completed the Task Force Survey, forty-six percent (46%) of residents indicated that they desired more culturally or community-specific resources. Fifty-two percent (52%) said that they wanted to see more staff who reflect and can serve community needs through better training, increased language access, and represented lived experience.
- Among many communities, including communities of color, there may be **distrust of and/or hesitancy to engage with government systems**. This is often rooted in historical and ongoing marginalization and negative lived experiences, including unresolved harm or trauma that may have been caused by County government entities and/or policies.
- Although several departments have developed relationships and partnerships with residents, workers and community organizations in recent years, there is still an **ad hoc approach to community partnerships** when looking at practices Countywide. Departments may have their own community engagement, contracting, and relationship building processes. This often means residents and community-based service providers must navigate across multiple systems and policy guidelines when interacting with different departments and programs. resulting in confusion, frustration, and limited reach. It also privileges a small cadre of residents and providers who are savvy and/or more experienced in navigating County complexities.

### III. MEETING OUR DIRECTIVES

#### Directive 3: Community-Based Service Delivery System

- **Racial disproportionality and disparities** across various population subgroups persist. Even when some County departments or service areas are working to address these inequities, this work is often siloed and disconnected from efforts in other departments. This limits the County's ability to organize across sectors and around upstream supports that may address disproportionate downstream outcomes.
- Given the root causes of inequities in resource allocations and outcomes, improving coordination of efforts to address racism, power imbalances, and economic injustices can support the transformative change needed.

Additional community input will be required to fully capture and co-create solutions to address these challenges, including the feedback mechanisms described in the prior section regarding the ongoing community engagement process. In the meantime, the Coordination table identified three key coordinating initiatives that members believe could have immediate impact in supporting community stakeholders and sustaining County investments in supporting communities:

- A Countywide approach to dedicated department funding and administrative mechanisms, when it makes sense, to compensate Community Members with Lived Expertise involved in policy and program development;
- A Countywide approach with dedicated department staffing to support and expand language access, including the provision of translated, interpreted, and culturally appropriate communications; and
- A Countywide approach to partner with community-based service providers who already provide needed services and facilitate a pipeline for multisystem navigators and other County prevention staff.

During discussions related to community engagement functions for governance, members of the Framework table also concurred that these three initiatives listed above have the potential to resolve several of the barriers hindering community-based service delivery.

### III. MEETING OUR DIRECTIVES

#### Directive 3: Community-Based Service Delivery System

On October 26, 2022, five volunteer members from both Framework and Coordination tables conducted a joint working meeting to brainstorm considerations and requirements for these three initiatives, leading to their following suggestions:

Initiative	Important Recommendations for Consideration
<p><b>Countywide approach with dedicated funding to compensate Community Members with Lived Expertise involved in policy and program development</b></p>	<ul style="list-style-type: none"> <li>▪ Compile and build on existing practices and learnings across departments, including guidelines currently being developed by the ARDI Stakeholder Engagement Workgroup.</li> <li>▪ Dedicate funding and staff support to ensure that all departments can co-create solutions with community members when conducting program design, outreach, and strategic planning.</li> <li>▪ Provide minimum guidelines and standards to ensure community members are adequately compensated without hindering innovative efforts by County departments to strengthen their outreach efforts. This must include considerations for the potential impact on means-tested benefits and potential advocacy by the County to obtain waivers from relevant public benefits programs or state and federal governments to minimize any inadvertent harm, including individuals losing their benefits due to their compensated participation.</li> <li>▪ Ensure support and guidance from County Counsel to ensure legal compliance, as currently there can be conflicting guidance across departments or organizations.</li> <li>▪ Develop guidelines and best practices relating to recruitment, onboarding, sustainable pipeline, mentorship, and support for community members</li> <li>▪ Develop guidelines and best practices for power sharing, facilitation, and support, including physical location access, transportation, and refreshments for in-person events.</li> <li>▪ Develop guidelines and best practices to consider degree of community input as a component of consideration during program evaluation and review.</li> </ul>
<p><b>Countywide approach with dedicated staffing for language access, including the provision of translated, interpreted, and culturally appropriate communications</b></p>	<ul style="list-style-type: none"> <li>▪ Compile and build on existing practices and learnings across departments, including guidelines developed by the Office of Immigrant Affairs.</li> <li>▪ In addition to access, translation, and interpretation requirements, address significant unmet needs relating to community-specific outreach, engagement, and relationship building across communities who speak languages other than English. This includes experts with knowledge relating to language-specific media, design, writing, public relations, and other communications.</li> <li>▪ Solve current County processes for contracting translators and interpreters that may not support the accurate translation of complex topics and novel ideas. For instance, the newer concepts mentioned in this report may be difficult to translate with nuance and could be translated very differently by different interpreters.</li> <li>▪ Develop a cadre of translators who have familiarity with specific fields or County initiatives and programs to convey the work most effectively, just as there is this need with English speaking staff.</li> <li>▪ Find opportunities to partner with community-based organizations and residents to create a pipeline for translators and interpreters. This could entail developing pathways to part-time or full-time employment, which could help expand the County's ability to conduct community engagement and facilitate multisystem navigation, especially with limited English proficiency communities.</li> </ul>
<p><b>Countywide approach to partner with community-based service providers</b></p>	<ul style="list-style-type: none"> <li>▪ Proactively identify opportunities to increase partnerships with community-based organizations (CBOs), especially as many of these organizations may already currently be providing holistic services and/or helping to connect individuals with County and other public programs. Moreover, members noted that residents often may have more trust and/or comfort engaging with these providers in their own communities than with County entities.</li> <li>▪ Just as the County can create standardized best practices for policy and program development that intentionally include Community Members with Lived Expertise, the County can also develop similar practices to include community-based providers in policy and program development, as these organizations often serve hundreds or thousands of clients and have extensive knowledge relating to community needs.</li> <li>▪ Develop pipelines for community-based multi-service navigators who are community members with lived expertise.</li> <li>▪ Explore new and novel practices relating to contracting, including community participation on review panels for funding proposals and other input mechanisms that influence selection, awarding block grants or mini grants, and other practices to support community partners. Members elevated the need for greater flexibility in contracting processes, especially to support smaller organizations that may not have the in-house resources or expertise to navigate prolonged application and bidding processes. Some of this work may be connected to current efforts by the Equity in County Contracting initiative.</li> <li>▪ As the County considers delivering programs and services through community-based organizations, it must also address technological and data systems to ensure that providers have all data and information they need to support clients.</li> </ul>

The above information also contributed to the development of the following Task Force recommendations:

- **Recommendation #3a: Support CIO – in consultation with CEO, County Counsel – to collaborate with departments in developing strategies to further their work on the Countywide information, referral, and connection platform and similar efforts to develop next steps to streamline and address navigation and access barriers across the County’s service portfolio.**
- **Recommendation #3b: Direct ARDI to identify barriers to compensating Community Members with Lived Expertise and develop a set of equitable guidelines or recommendations that departments could adopt to increasingly involve members with lived experience in policy and program development.**
- **Recommendation #3c: Direct ARDI to support departments in order to identify opportunities to strengthen and enhance delivery of County prevention and promotion services in partnership with community-based service providers who are better equipped to serve communities.**

All three recommendations were formally adopted by the Task Force on November 4, 2022. See Section IV for more information.

## USER JOURNEY MAPPING

As mentioned in the Community Engagement Process section, the Task Force plans to conduct user journey mapping in the next phase of its work. This effort will especially focus on priority populations (e.g., populations experiencing heightened challenges and/or disproportionalities) and their experiences navigating programs and services across multiple County departments and service areas.

To launch this effort, the Coordination table compiled an inventory of existing user journey and service navigation experiences previously collected by County departments and initiatives. This includes materials shared by the Thriving Families Safer Children initiative, Department of Mental Health, CEO – Homeless Initiative, Department of Children and Family Services, the Children’s Data Network, Office of Child Protection, and Department of Public Health. As part of this process, the Task Force will build on the findings from this inventory and conduct additional user journey mapping through focus groups, listening sessions, and consultation with residents and community-based organizations to better understand individual and archetypal experiences accessing multiple County services.



# DIRECTIVE 4: PREVENTION METRICS AND DATA INTEGRATION

To meet this directive, the Task Force developed a set of guiding prevention metrics to reflect how County residents' lives can be made better due to prevention and promotion services received. Relatedly, the Task Force also identified current challenges in data sharing and integration as an operational barrier hindering both coordinated and community-based service delivery.

- Developing Priority Life Course Outcomes and Guiding Prevention Metrics
- Examining and Addressing Racial Disproportionalities in Our Systems
- Uplifting Data Systems and Integration

## DEVELOPING PRIORITY LIFE COURSE OUTCOMES AND GUIDING PREVENTION METRICS

### PREVENTION AND PROMOTION METRICS

The development of the following prevention and promotion metrics involved a rigorously deliberative process that included extensive consultation with the research evidence on predictors of key life course outcomes. Informing the design of this process was the “The Life Course Framework” that provided grounding in key analytical concepts.<sup>k</sup> Identifying the 169 prevention and promotion metrics listed in **Appendix Book 2** involved the following four-step process:

- **Step 1: Identify “North Star” population outcomes.** The Disproportionality table convened multiple times and used research, expertise – both lived and professional, and other planning materials from Los Angeles County to develop a set of “North Star” population outcomes primarily focused on prevention and promotion efforts. County efforts would ideally be organized to improve these population metrics over time. A total of 13 North Star outcomes were identified.
- **Step 2: Identify population outcomes that may contribute to changes in North Star outcomes.** Consulting the peer-reviewed research literature and with support from consultants, the Disproportionality table identified population outcomes that were shown in “prospective” longitudinal studies to predict or cause changes in North Star outcomes.<sup>l</sup>

<sup>k</sup> Arnold Chandler (2022), “The Life Course Framework for Improving the Lives of Disadvantaged Populations.” Forward Change. Retrieved from [www.fwdchange.org](http://www.fwdchange.org)

<sup>l</sup> Prospective longitudinal studies are ones that follow population cohorts over long periods of time (i.e. decades) identifying factors earlier in the life course that predict changes in later life course outcomes.

- **Step 3: Identify factors in the ecological-institutional environment that may contribute to changes in North Star outcomes.** After consulting the peer-reviewed literature, the Disproportionality table identified ecological-institutional factors that were shown in prospective longitudinal studies to predict or cause changes in North Star outcomes.
- **Step 4: Identify metrics for all population outcomes and ecological-institutional factors.** Once North Star outcomes, Contributing Outcomes, and Ecological-Institutional factors were identified, detailed research and analysis were conducted to consider recommended ways of measuring each item. In total, there are 169 recommended metrics compiled in **Appendix Book 2**.

Each step of the research and planning process is described below in greater detail:

#### **Step 1: Identify North Star Population Outcomes.**

Drawing upon current and historical data, planning documents from LA County, and relevant research studies, the Disproportionality Table identified 13 “North Star” population outcomes that correspond to different age spans of the life course. Following multiple brainstorming, discussion, and refinement, the Table applied the following criteria to select the final list of 13 North Star outcomes:

- Does changing the outcome represent an “inherent good?”
- Does the outcome show broad prevalence within the population?
- Does the outcome reflect the influence of several important outcomes achieved earlier in life, or will it affect several important outcomes later in life?
- Does the outcome show significant racial disproportionality?
- Is the outcome substantially within the sphere of County influence? In other words, does the County have the levers to effectively influence change in the outcome?
- Does the outcome reflect a key success milestone in the life course?

As visually depicted in Figure III.4(a) below, the thirteen North Star outcomes included:

- |  |  |
|--|--|
| ▪ Decrease Infant Mortality  | ▪ Decrease adult first-time felony convictions   |
| ▪ Improve socioemotional/cognitive readiness as children approach school age   | ▪ Increase the attainment of a postsecondary credential w/ significant labor market value        |
| ▪ Increase age-appropriate socioemotional/cognitive proficiency for grades 1-6 | ▪ Increase stable affordable housing   |
| ▪ Decrease child maltreatment (within families and systems)                    | ▪ Increase stable full-time employment among individual adults with incomes at or above 250% FPL |
| ▪ Improve physical & behavioral health/wellbeing                               | ▪ Increase family income at 250% FPL (pegged to a family of 4)                                   |
| ▪ Improve financial wellbeing  | ▪ Increase “aging in place” with safety, dignity and independence                                |

### III. MEETING OUR DIRECTIVES

#### Directive 4: Prevention Metrics and Data Integration

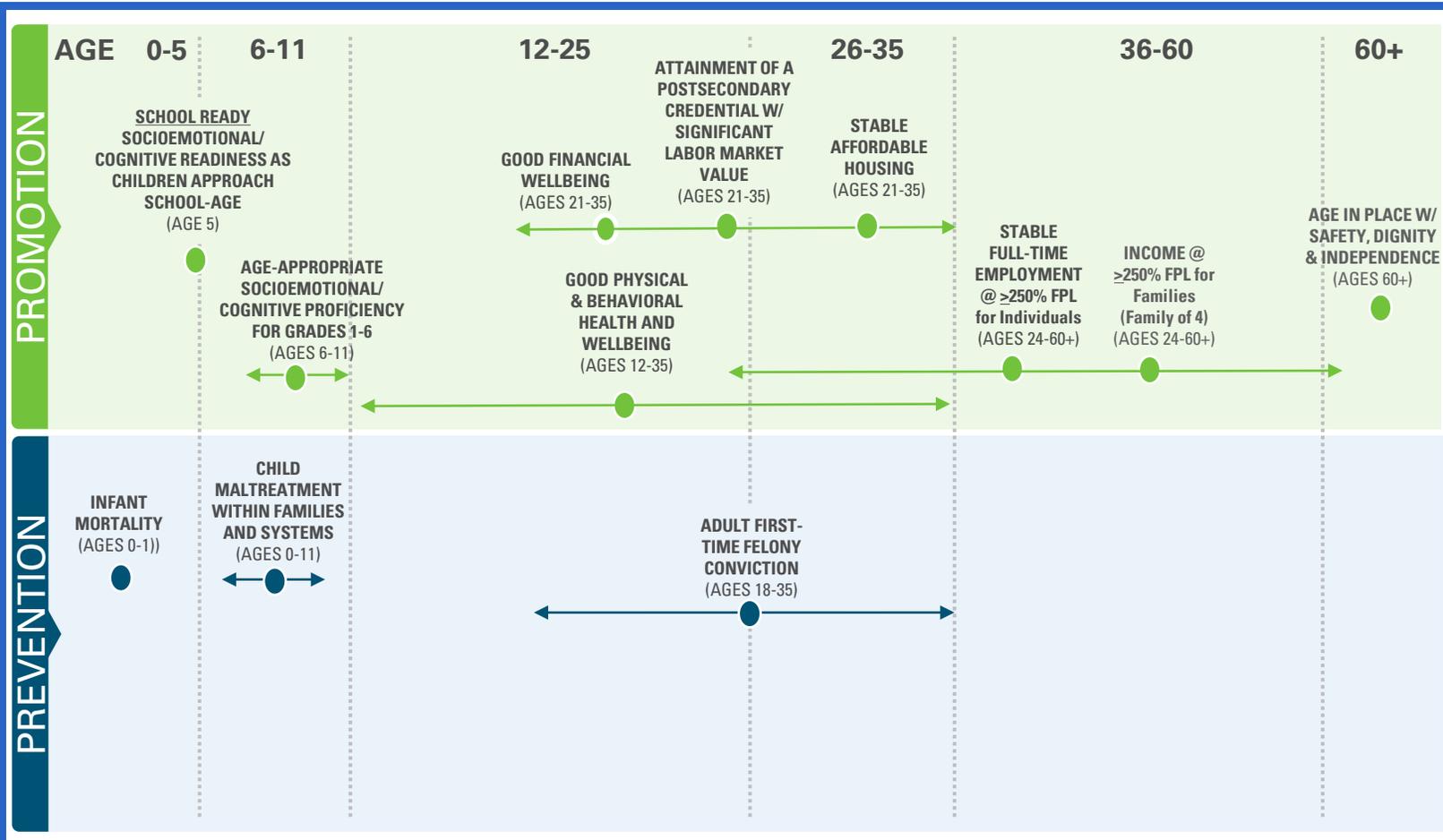


Figure III.4(a): North Star Population Outcomes (N=13)

#### Step 2: Identify population outcomes that may contribute to changes in North Star outcomes.

Upon identifying North Star outcomes, the Disproportionality Table consulted longitudinal research studies to identify “contributing outcomes,” that may influence the likelihood that a North Star outcome will change in a desired direction. For example, increasing high school graduation is a potentially important contributing outcome to the goal of increasing college enrollment. An extensive scan of the research literature was conducted for population outcomes shown in rigorous quantitative studies to cause or predict changes in one or more of the North Star outcomes. This scan yielded 75 contributing outcomes that could become targets for strategic intervention. These outcomes may either promote or detract from influencing North Star outcomes in desired ways. Identifying these contributing outcomes helps to identify potential targets for early intervention to either increase the likelihood that a positive population outcome will occur or decrease the likelihood that a negative one will result.

While the academic scan above provides actionable information supported by peer-reviewed studies, Disproportionality Table members noted the potential limitations of relying on academic literature as the sole sources of information. Many of the current issues impacting communities have yet to be, or only recently been, studied or analyzed by academic institutions, despite being known as salient social issues for generations by the communities closest to the problems.

### III. MEETING OUR DIRECTIVES

#### Directive 4: Prevention Metrics and Data Integration

Table members – especially those with lived expertise and/or significant experience supporting community members – emphasized the need to consider **community-defined evidence** when conducting analyses on what measures may be appropriate to include in the metrics. As the Task Force or any future County prevention entity advances and implements these metrics, it will be important to continue expanding and updating these metrics appropriately.

#### Step 3: Identify factors in the ecological-institutional environment that may contribute to changes in North Star outcomes.

Ecological and institutional environments play critical roles in shaping population outcomes. Research scans were conducted to identify potential ecological-institutional factors that might promote or constrain the desired changes in North Star outcomes. A focus on rigorous longitudinal studies helped to identify a candidate list of 81 environmental and institutional factors that have shown to influence positive change in the North Star outcomes. Examples of **ecological-institutional factors (EIFs)** include family poverty, neighborhood disadvantage, and environmental pollutants.

Figures III.4(b), (c), (d), (e), and (f) below depict all North Star outcomes, Contributing Outcomes and EIFs grouped by four age spans: early childhood (ages 0-5), middle childhood (ages 6-11), adolescence (ages 12-20), adulthood (ages 21-60) and older adulthood (ages 60+), respectively.

## North Star, Contributing Outcome, and Ecological-Institutional Metrics: Ages 0-5

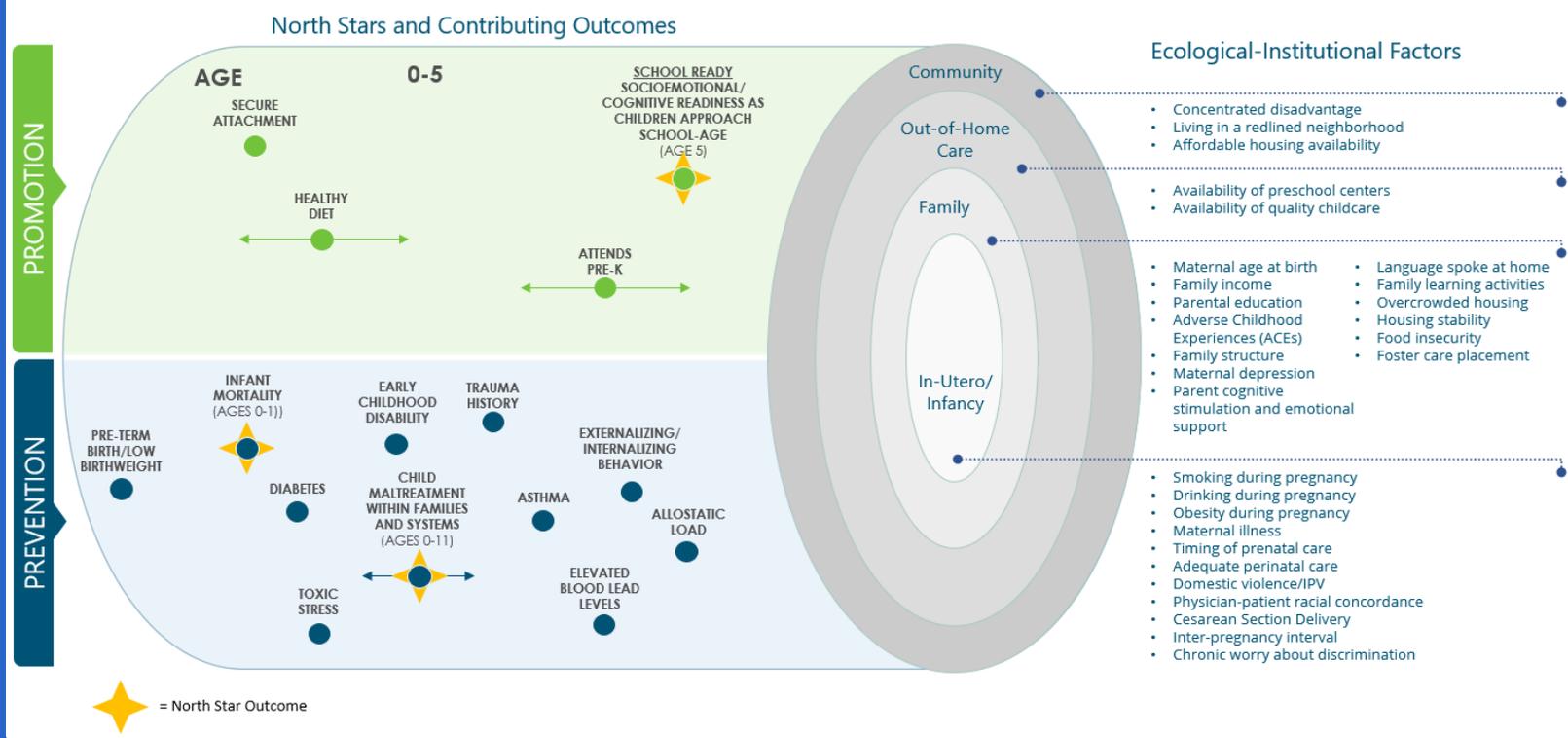


Figure III.4(b): Early Childhood North Stars, Contributing Outcomes and Ecological-Institutional Factors

### III. MEETING OUR DIRECTIVES

#### Directive 4: Prevention Metrics and Data Integration

## North Star, Contributing Outcome, and Ecological-Institutional Metrics: Ages 6-11

### North Stars and Contributing Outcomes

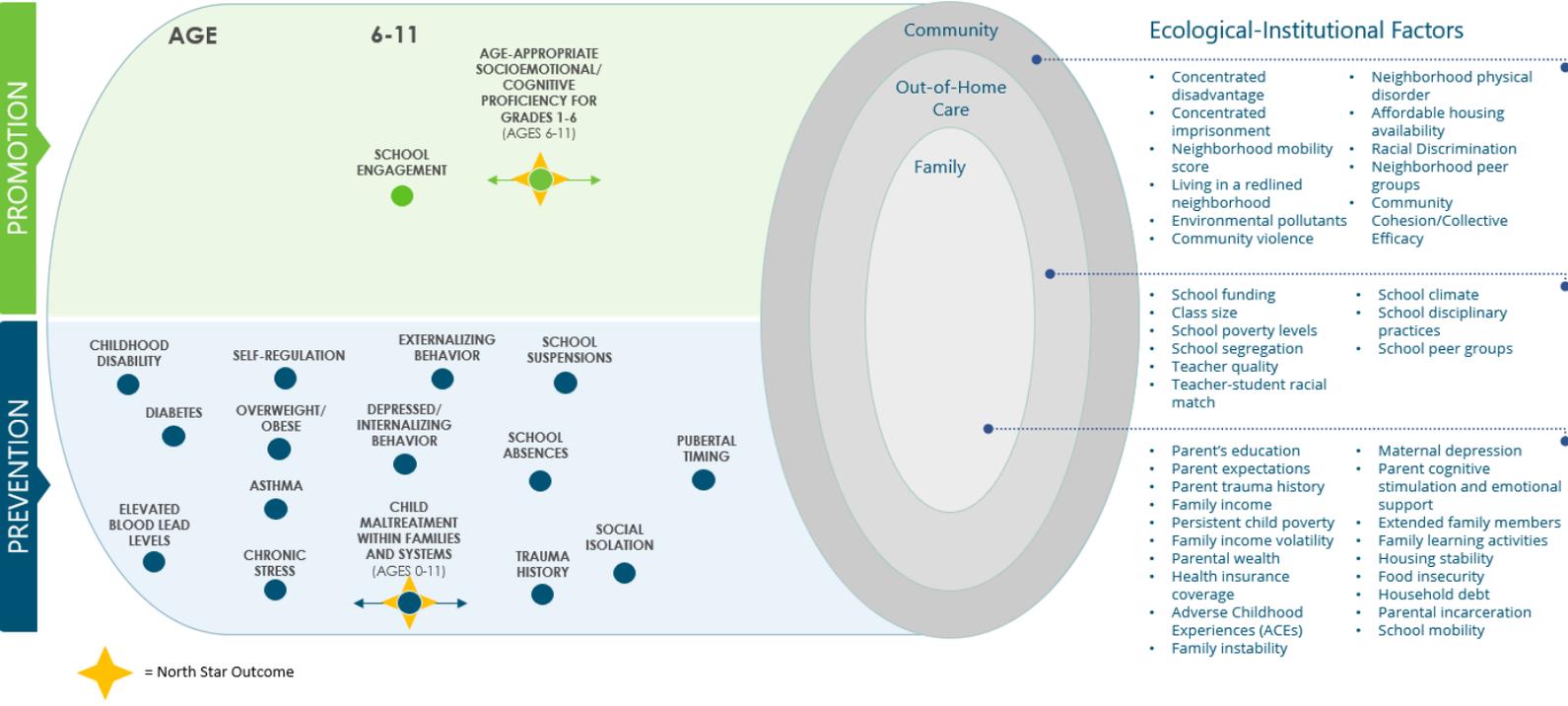


Figure III.4(c): Middle Childhood North Stars, Contributing Outcomes and Ecological-Institutional Factors

## North Star, Contributing Outcome, and Ecological-Institutional Metrics: Ages 12-20

### North Stars and Contributing Outcomes

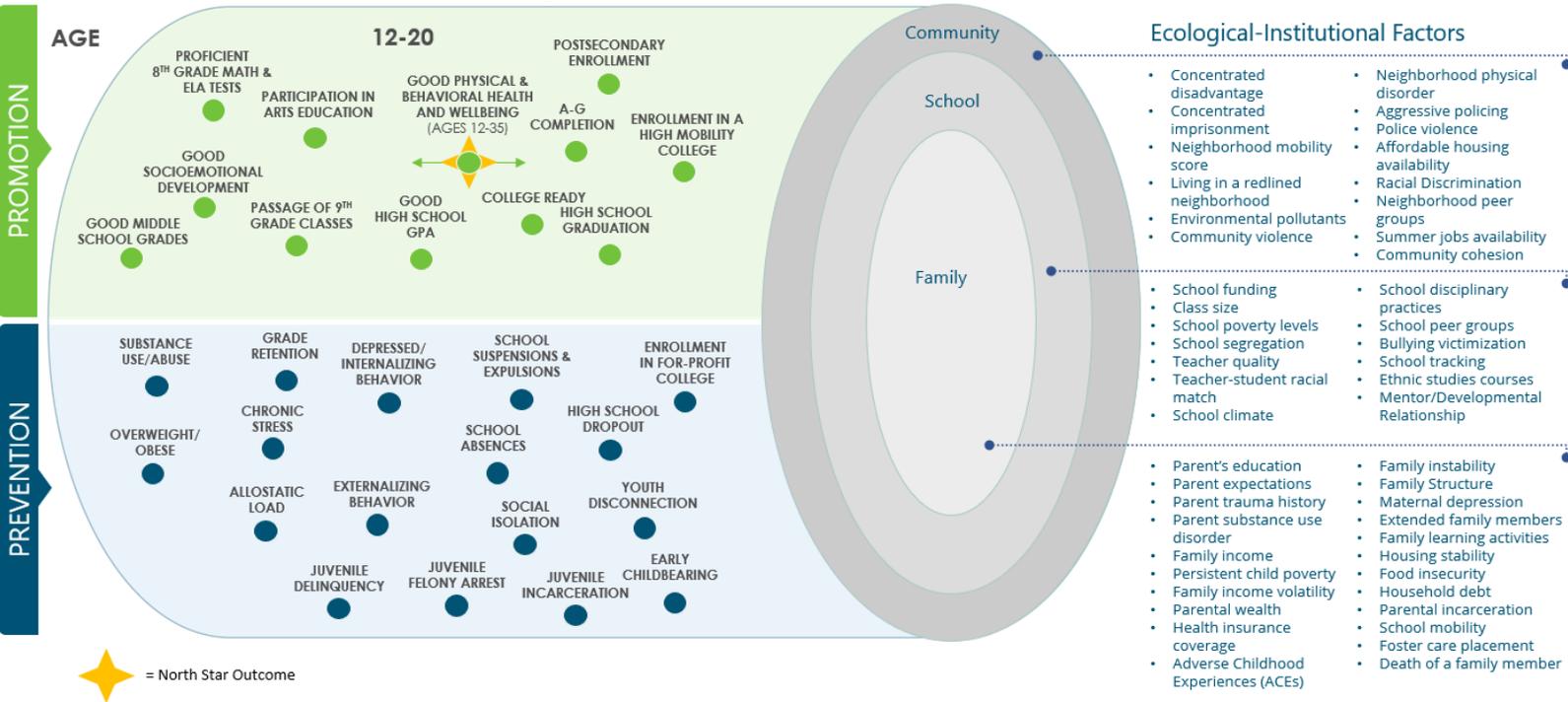


Figure III.4(d): Adolescent North Stars, Contributing Outcomes and Ecological-Institutional Factors

### III. MEETING OUR DIRECTIVES

#### Directive 4: Prevention Metrics and Data Integration

## North Star, Contributing Outcome, and Ecological-Institutional Metrics: Ages 21-60

### North Stars and Contributing Outcomes

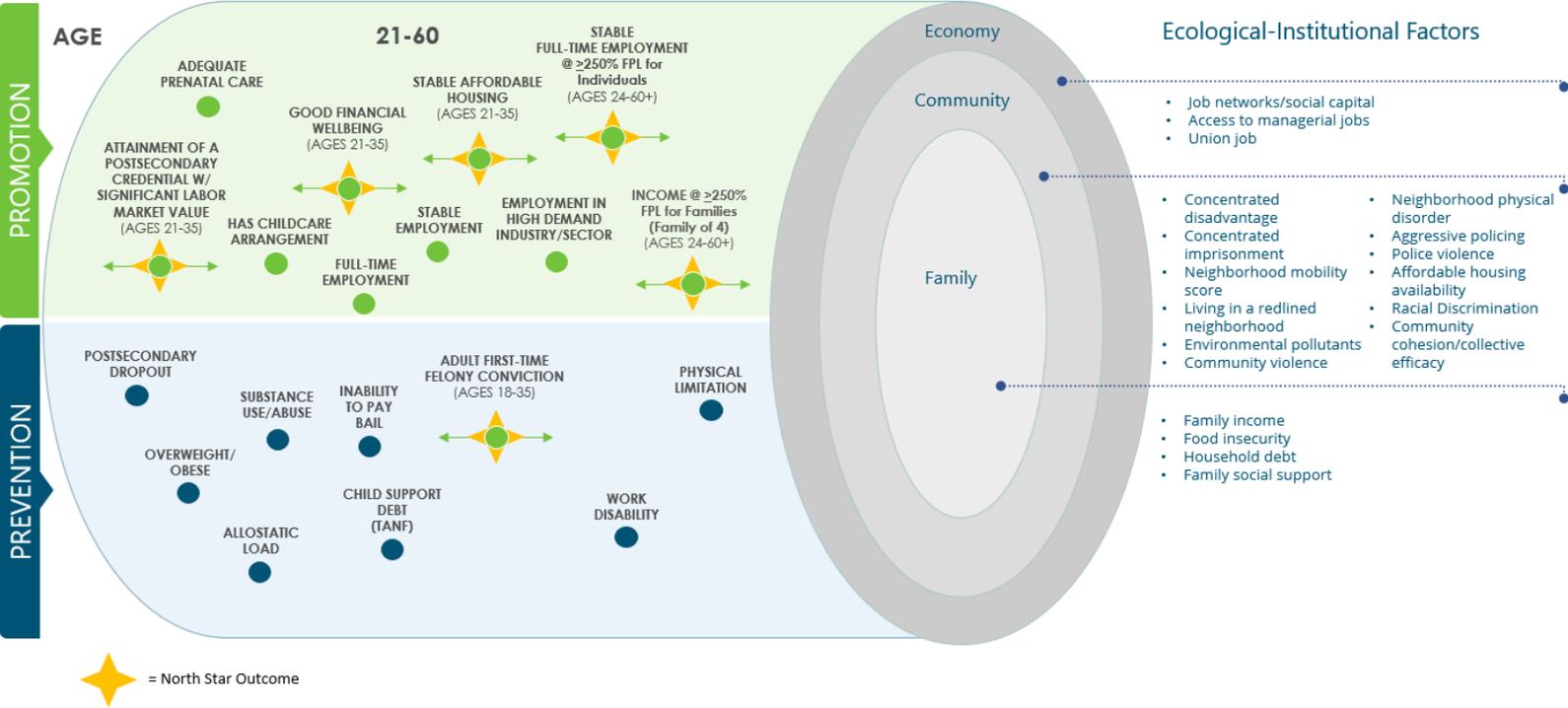


Figure III.4(e): Adulthood North Stars, Contributing Outcomes and Ecological-Institutional Factors

## North Star, Contributing Outcome, and Ecological-Institutional Metrics: Ages 60+

### North Stars and Contributing Outcomes

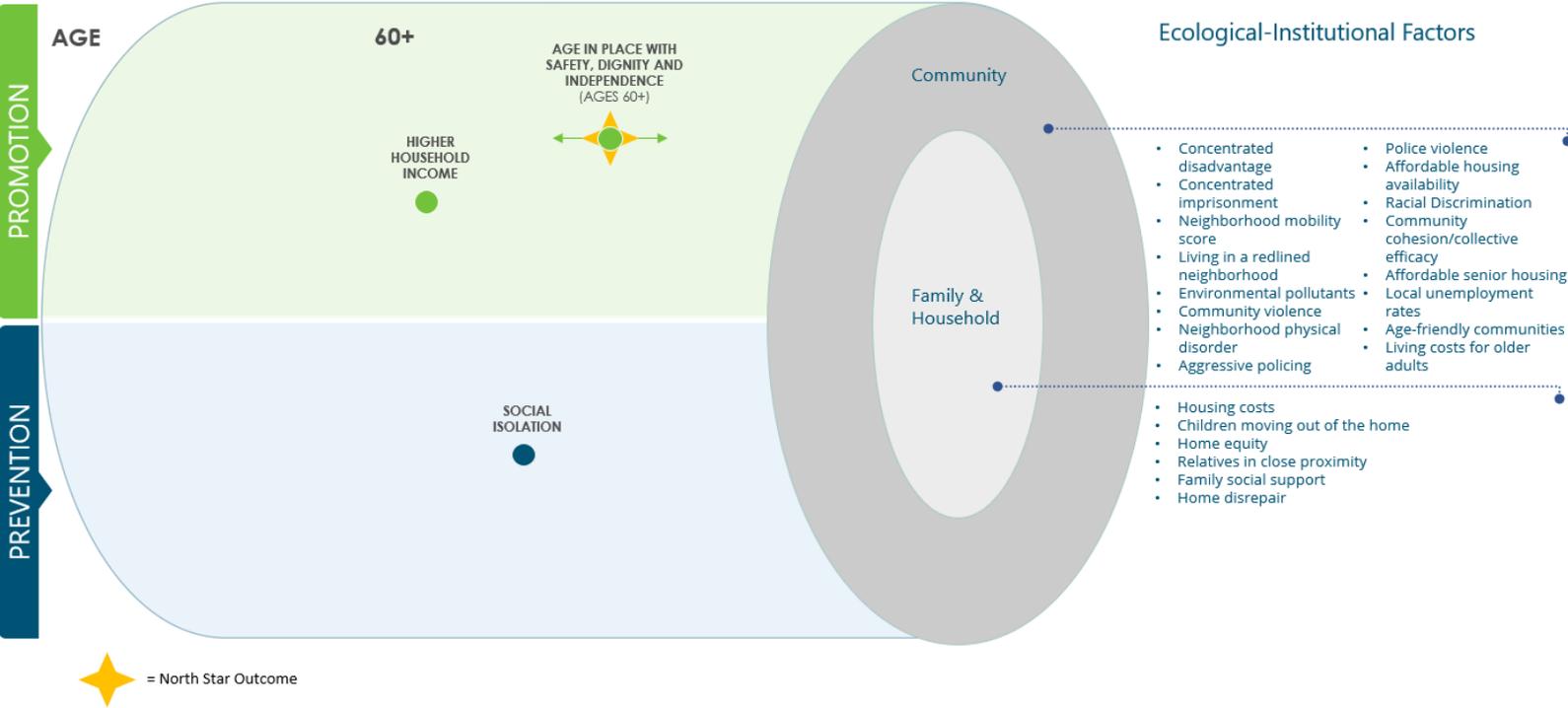


Figure III.4(f): Older Adulthood North Stars, Contributing Outcomes and Ecological-Institutional Factors

### III. MEETING OUR DIRECTIVES

#### Directive 4: Prevention Metrics and Data Integration

Table members – especially those with lived expertise and/or significant experience supporting community members – emphasized the need to consider **community-defined evidence** when conducting analyses on what measures may be appropriate to include in the metrics. As the Task Force or any future County prevention entity advances and implements these metrics, it will be important to continue expanding and updating these metrics appropriately.

#### Step 3: Identify factors in the ecological-institutional environment that may contribute to changes in North Star outcomes.

Ecological and institutional environments play critical roles in shaping population outcomes. Research scans were conducted to identify potential ecological-institutional factors that might promote or constrain the desired changes in North Star outcomes. A focus on rigorous longitudinal studies helped to identify a candidate list of 81 environmental and institutional factors that have shown to influence positive change in the North Star outcomes. Examples of **ecological-institutional factors (EIFs)** include family poverty, neighborhood disadvantage, and environmental pollutants.

Figures III.4(b), (c), (d), (e), and (f) below depict all North Star outcomes, Contributing Outcomes and EIFs grouped by four age spans: early childhood (ages 0-5), middle childhood (ages 6-11), adolescence (ages 12-20), adulthood (ages 21-60) and older adulthood (ages 60+), respectively.

## North Star, Contributing Outcome, and Ecological-Institutional Metrics: Ages 0-5

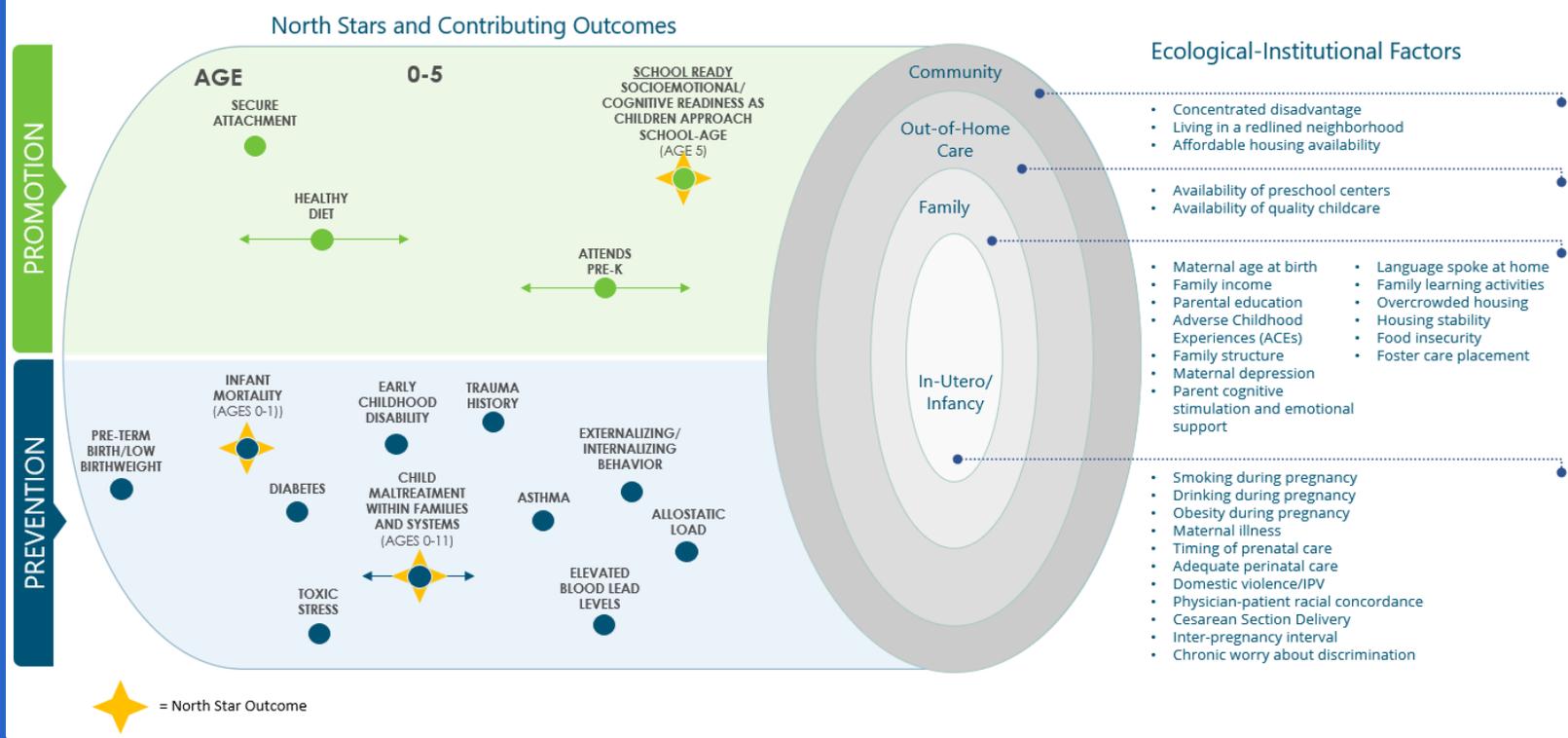


Figure III.4(b): Early Childhood North Stars, Contributing Outcomes and Ecological-Institutional Factors

#### **Step 4: Identify Metrics for all population outcomes and ecological-institutional factors.**

Detailed research and analysis were conducted for all 13 North Star outcomes, 75 contributing outcomes and 81 ecological-institutional factors to develop ways of measuring each concept. Measures used in public data systems, as well as validated survey scales, were often used as the basis for recommended metrics. In total, 169 metrics were identified that are listed in Appendix Book 2. For contributing outcomes and ecological-institutional factors listed in the appendix, the relevant North Star they may influence, the age span when the outcome of an Ecological-Institutional Factor (EIF) is measured, and the relevant studies that demonstrate the predictive or causal relationship between the outcome or EIF and the relevant North Star outcome are also included.

#### **Potential Use of these Prevention and Promotion Metrics**

The metrics presented in this report offer guidance for the development of an integrated data system with the potential to support the prevention of undesired outcomes and the promotion of desired ones in Los Angeles County. Each metric can be used to inform the tabulation of data in publicly available data sets, used as a guide for selecting proxy measures available in administrative data sets, or perhaps incorporated into surveys administered to county residents.

The Priority Life Course Outcomes and Guiding Prevention Metrics led to **Recommendation #4a: Adopt a common set of Prevention and Promotion Outcomes to monitor progress (i.e., monitoring both well-being and thriving as well as the efficacy of our prevention and promotion services)**. This recommendation was adopted by the Task Force on December 16, 2022; see Section IV for more information.

## **EXAMINING AND ADDRESSING RACIAL DISPROPORTIONALITIES IN OUR SYSTEMS**

The Disproportionality table supplemented their work relating to the Life Course Outcomes and Guiding Prevention Metrics through preliminary discussions elevating concerns and patterns relating to disproportionalities across the outcomes and metrics. Through those conversations, the Disproportionality table identified a preliminary list of disproportionately impacted population categories, including groups that the members identified for elevated focus across the life course outcomes:

- Race, ethnicity, racialization
- Disability (inclusive of physical, cognitive, learning, etc.)
- Sexual orientation, gender identity, gender expression (SOGIE)
- Language fluency and access, including populations with limited English proficiency
- Immigrant and/or foreign-born status (including careful strategies to support undocumented or communities without exacerbating risk or harm)
- Unhoused/have experienced homelessness/housing insecure
- Justice impacted
- Single parents
- Age (focus on data on older adults, particularly those living alone and/or low-income)
- Foster/Transition Aged Youth (TAY)
- Severe mental illness
- Substance use disorder populations

### III. MEETING OUR DIRECTIVES

#### Directive 4: Prevention Metrics and Data Integration

The Disproportionality table also began to develop elevated considerations relating to disproportionality across the 12 life course outcomes, including known or suspected concerns requiring action (e.g., additional study, analyses, and/or development of solutions) and actionable solutions for further exploration.

**Figure III.4(g): Example elevated considerations relating to disproportionality across life course outcomes developed by the Disproportionality table relating to two of the life course outcomes relating to aging and middle childhood.**

Life Course Outcome	Known concerns and/or suspected concerns requiring additional study	Actionable solutions for further exploration
<p>↑ Aging in Place with Safety, Dignity, &amp; Independence</p>	<ul style="list-style-type: none"> <li>• Language/cultural isolation and ability for POC elders/immigrants to access safe living spaces</li> <li>• Financial stability/wealth gap shaped by structural and systemic racism, etc.</li> <li>• Disparate access to transportation/transit due to vehicle costs or ableism</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing affordable senior housing, including for culturally and linguistically specific communities</li> <li>• Disability resource centers</li> <li>• Programs to promote social connectedness for older adults, including through broadband access and digital literacy</li> <li>• Enhanced transit and transportation services for older adults, especially those with disabilities</li> </ul>
<p>↑ Age-Appropriate Socioemotional/Cognitive Proficiency in Middle Childhood (Ages 6-11)</p>	<ul style="list-style-type: none"> <li>• Impact of social media, especially related to harmful content/messages, inappropriate or predatory content, and cyberbullying especially targeted toward marginalized young people (includes racial digital divide issues)</li> <li>• Exclusionary and unsupportive (e.g., anti-LGBT, racist, ableist, etc.) school environment interfering with education and well-being</li> <li>• Limited English proficiency students facing intersectional challenges, often compounded with limited parental access to resources due to language access, immigration concerns, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensuring access and visibility of role models and stable adult presence for youth with marginalized identities/experiences</li> <li>• Increasing availability of after school programs in specific neighborhoods with culturally relevant and affirming programming</li> <li>• Bridge digital divide and ensure communities of color in LA County have access to technology (e.g., laptop/computer access) and quality internet service</li> <li>• Expansion of dual language immersion, additional language learning programming</li> <li>• Ensuring inclusive and explicitly anti-racist, LGBTQ-affirming school environments</li> </ul>

Over the coming months, the Task Force aims to conduct a more thorough and comprehensive analysis across the 12 life course outcomes (and their contributing outcomes and ecological-institutional factors), including soliciting input, guidance, expertise, and feedback from community members with lived expertise, relevant service providers, and subject matter experts.

## EXPLORING DATA SYSTEMS AND INTEGRATION

While data systems and integration were not a central directive in the Board motion for the Task Force's consideration, this topic regularly emerged throughout discussions and conversations across the Task Force and all three working tables.

In the Coordination and Disproportionality tables, multiple stakeholders elevated the importance of integrated data systems and data sharing for three key purposes: (a) enabling both County and external providers to assist residents in navigating and accessing benefits available to them; (b) offering these providers additional information about clients so they can better serve them; and (c) enabling the County to monitor life course outcomes across County service areas/populations and conduct strategic planning to address trends and disparities across populations. Meanwhile, the Framework table briefly discussed governance considerations relating to data, including across these three use cases.

In the next phase of its work, the Task Force intends to continue uplifting these efforts and connecting them with current or planned initiatives by relevant County entities, including the Chief Information Office.

Based on the above, the Task Force officially adopted **Recommendation #4b: Direct CEO to identify dedicated resources to support CIO, County Counsel, and department leads to develop cross-departmental data sharing/integration plans for specific service areas.** See Section IV for more information on this recommendation, which was adopted on November 4, 2022.

# IV. RECOMMENDATIONS

Based on the discussion, analysis, and findings compiled while meeting the four overarching Directives, the Task Force developed and adopted the following 14 recommendations for consideration to the Board.

To see a detailed voting record across each recommendation, please see **Appendix J** in a separate attached document.

Note to readers: The Task Force previously utilized a different numbering system (i.e., 1 to 19, including 4a, 4b, and 4c) during the recommendations review process. To avoid confusion regarding missing numbers, this report utilizes the new numbering system below, which still reflects the same order of recommendations seen previously by Task Force members.

## Directive 1: Governance Structure and Coordinated Service Delivery

#	Recommendation	Status
1a	Adopt the Countywide Vision for Prevention and Promotion as a draft; seek additional community input; and engage widely with staff, service providers, and community.	Adopted by Task Force on 11/4/22
1b	Adopt the Countywide Model for Prevention and Promotion as a draft; seek additional stakeholder input to amend it as needed; and develop a framework to align County stakeholder prevention and promotion efforts with the model.	Adopted by Task Force on 12/16/22
1c	Adopt the Countywide Prevention and Promotion Guiding Principles as a draft; seek additional community input; and disseminate it widely among staff, service providers, and community.	Adopted by Task Force on 11/4/22
1d	Direct CEO to work with County departments to establish and resource a Countywide Prevention and Promotion Coordination Team (PPCT) and departmental implementation teams working with external partners and community stakeholders to increase coordination and collaboration among County departments and initiatives.	Adopted by Task Force on 1/6/23
1e	Direct PPCT to coordinate and consolidate a prevention and promotion policy agenda across departments and initiatives.	Adopted by Task Force on 1/6/23
1f	Direct PPCT to share strategies to address regulatory, legal, and legislative barriers as well as funding constraints to enable an effective community-based service delivery system.	Adopted by Task Force on 1/6/23
1g	Direct PPCT to support and uplift existing initiatives and strategies to improve resource navigation and access, including how their learnings can be applied and implemented across other service areas.	Adopted by Task Force on 1/6/23

**Directive 2: Funding Streams Analysis**

#	Recommendation	Status
2a	Direct CEO, in coordination with PPCT, to strengthen the County's capabilities to conduct multi-departmental budget coordination and strategy, including the ability to braid/blend in order to leverage and maximize funding, and identify spending gaps to assist Board and departmental decision making.	Adopted by Task Force on 1/6/23
2b	Direct CEO to create a Countywide Prevention and Promotion Budget.	Adopted by Task Force on 1/6/23

**Directive 3: Community-Based Service Delivery**

#	Recommendation	Status
3a	Support CIO – in consultation with CEO, County Counsel – to collaborate with departments in developing strategies to further their work on the Countywide information, referral, and connection platform and similar efforts to develop next steps to streamline and address navigation and access barriers across the County's service portfolio.	Adopted by Task Force on 11/4/22
3b	Direct ARDI to identify barriers to compensating Community Members with Lived Expertise and develop a set of equitable guidelines or recommendations that departments could adopt to increasingly involve members with lived expertise in policy and program development.	Adopted by Task Force on 11/4/22
3c	Direct ARDI to support departments in order to identify opportunities to strengthen and enhance delivery of County prevention and promotion services in partnership with community-based service providers who are better equipped to serve communities.	Adopted by Task Force on 11/4/22

**Directive 4: Prevention Metrics and Data Integration**

#	Recommendation	Status
4a	Adopt a common set of Prevention and Promotion Outcomes to monitor progress (i.e., monitoring both well-being and thriving as well as the efficacy of our prevention and promotion services).	Adopted by Task Force on 12/16/22
4b	Direct CEO to identify dedicated resources to support CIO, County Counsel, and department leads to develop cross-departmental data sharing/integration plans for specific service areas.	Adopted by Task Force on 11/4/22

## DIRECTIVE 1: GOVERNANCE STRUCTURE AND COORDINATED SERVICE DELIVERY

Recommended options for a governance structure designed to coordinate and effectuate a comprehensive community-based prevention services delivery system were developed, including the necessary budgeting, staffing, contracting, and data sharing authorities across relevant departments.

#	Recommendation	Description	Rationale	Contributing Sources
1a	<p><b>Adopt the Countywide Vision for Prevention and Promotion as a draft; seek additional community input; and engage widely with staff, service providers, and community.</b></p> <p>Adopted, 11/4/2022</p>	<ul style="list-style-type: none"> <li>An aspirational statement to describe the desired long-term goals and direction for the future of LA County prevention and promotion services.</li> <li>Requires resources, staffing, and outreach expertise to socialize and share among County staff, CBOs, and community members – including through culturally relevant means (age-appropriate, language translation, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Reaffirms County’s commitment to deliver prevention and promotion to enable thriving</li> <li>Conveys how County will do so (equitable, community-driven, holistic)</li> <li>Need to socialize ideas widely so all stakeholders can understand and help meet these goals together</li> </ul>	<ul style="list-style-type: none"> <li>Task Force collaborative session</li> <li>Framework table (+sub working group)</li> <li>Community survey of 800+ residents, staff</li> </ul> <p><a href="#">See page 33 of this report for additional details regarding the Vision Statement.</a></p>
1b	<p><b>Adopt the Countywide Model for Prevention and Promotion as a draft; seek additional stakeholder input to amend it as needed; and develop a framework to align County stakeholder prevention and promotion efforts with the model.</b></p> <p>Adopted, 12/16/2022</p>	<ul style="list-style-type: none"> <li>Overarching model for prevention and promotion, especially articulating how social conditions (e.g., racism) factor into our work and definitions for prevention, promotion, and tiers as well as the importance of equitable decision making and shared power</li> <li>Identify ongoing prevention and promotion efforts underway to inform a cross sectoral efforts with updated definitions to enable funding analyses and inform policy priorities (CEO Budget, program staff)</li> <li>Requires resources, staffing, and outreach expertise to socialize and share among County staff, CBOs, and community members – including through culturally relevant means (age-appropriate, language translation, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Unifies definition and common usage across departments</li> <li>Informs County departments and staff how to prioritize populations for additional support, services, and intervention based on level of risk or need</li> <li>Contextualizes “risk” with social conditions and a larger continuum of care</li> <li>Need to socialize ideas widely so all stakeholders can understand and help meet these goals together</li> </ul>	<ul style="list-style-type: none"> <li>Framework table (+sub working group)</li> <li>Task Force meeting discussions</li> </ul> <p><a href="#">See page 39 of this report for additional details regarding the Countywide Model for Prevention and Promotion.</a></p>

## IV. RECOMMENDATIONS

#	Recommendation	Description	Rationale	Contributing Sources
1c	<p><b>Adopt the Countywide Prevention and Promotion Guiding Principles as a draft; seek additional community input; and disseminate it widely among staff, service providers, and community.</b></p> <p>Adopted, 11/4/2022</p>	<ul style="list-style-type: none"> <li>Value statements to serve as “guardrails” that help define how and why LA County is establishing a countywide prevention/promotion services system, listed in approximate order of importance to members. Several are drawn from the County’s racial equity strategic plan, with some minor revisions to reflect discussion and learnings from this Task Force effort.</li> <li>Requires resources, staffing, and outreach expertise to socialize and share among County staff, CBOs, and community members – including through culturally relevant means (age-appropriate, language translation, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Informs the intent and values we hoped to abide by as we engaged in this initiative, but also how PPCT and future County prevention and promotion efforts should conduct their work</li> <li>Need to socialize ideas widely so all stakeholders can understand and help meet these goals together</li> </ul>	<ul style="list-style-type: none"> <li>Framework table</li> </ul> <p><a href="#">See page 38 of this report for additional details regarding the Guiding Principles.</a></p>
1d	<p><b>Direct CEO to work with County departments to establish and resource a Countywide Prevention and Promotion Coordination Team (PPCT) and departmental implementation teams working with external partners and community stakeholders to increase coordination and collaboration among County departments and initiatives.</b></p> <p>Adopted, 1/6/2023</p>	<ul style="list-style-type: none"> <li>PPCT would be a diverse, action-oriented coordination team requiring budget and program analysts and consultants to help them dig in and map programs</li> <li>The departmental implementation teams would be resourced to support the implementation and ensure coordination and collaboration</li> <li>Strong leader, departmental liaisons, and staffing support to guide, support, and/or implement several of the action-oriented recommendations listed in the report (e.g., #4b – data integration, #2a,2b – budget and strategic funding analyses, #3a,3b,3c – community-based initiatives)</li> <li>PPCT’s work would inform and help lay the groundwork for longer-term decision on aligning the 13 coordinating functions</li> <li>PPCT is comprised of high-level representatives from departments and support staff</li> </ul>	<ul style="list-style-type: none"> <li>PPCT can provide the backbone support, staffing, and expertise to carry out and help ensure the success of priority initiatives identified among the 13 coordinating functions</li> <li>Provides capacity and capabilities that currently do not exist in the County, especially on a multi-department basis</li> <li>Focus as an implementing body first and foremost responds to member feedback to first focus on most important priorities and learnings</li> </ul>	<ul style="list-style-type: none"> <li>Task Force meetings</li> <li>Stakeholder conversations</li> <li>Framework table</li> <li>Coordination table</li> <li>Benchmark research</li> </ul> <p><a href="#">See page 60 of this report for additional details regarding the Prevention and Promotion Coordination Team (PPCT).</a></p>

## IV. RECOMMENDATIONS

#	Recommendation	Description	Rationale	Contributing Sources
1e	<p><b>Direct PPCT to coordinate and consolidate a prevention and promotion policy agenda across departments and initiatives.</b></p> <p>Adopted, 1/6/2023</p>	<ul style="list-style-type: none"> <li>PPCT will work with departments (and CEO - Legislative Affairs) to identify and consolidate policy advocacy requests at federal, state, and local levels. (This is especially important in light of expiring COVID/state of emergency powers impacting current operations and services).</li> </ul>	<ul style="list-style-type: none"> <li>County policy agendas are frequently populated with recommendations posed by department staff without a cross-departmental lens or knowledge. Coordination of a prevention and promotion policy agenda would provide an opportunity to consider recommendations holistically, i.e., their potential impact – good and bad – across multiple departments, populations, and issue areas.</li> </ul>	<ul style="list-style-type: none"> <li>Coordination table</li> <li>Framework table</li> </ul>
1f	<p><b>Direct PPCT to share strategies to address regulatory, legal, and legislative barriers as well as funding constraints to enable an effective community-based service delivery system.</b></p> <p>Adopted, 1/6/2023</p>	<ul style="list-style-type: none"> <li>PPCT, in coordination with County Counsel, will share review strategies across departments and convene departmental subject matter experts to come together to review and discuss interpretations of certain rules, regulations, and other processes to ensure consistency across departments, including strategies to support community and organizations more flexibly.</li> <li>PPCT will review and share best practices informed by external jurisdictions.</li> <li>PPCT will document and evaluate the effectiveness of integrated funding pilots and other efforts.</li> </ul>	<ul style="list-style-type: none"> <li>Consistent interpretations of regulatory functions and legal requirements will enable the County to explore opportunities, best practices, and underutilized strategies to leverage funding streams, streamline eligibility and better serve clients, and advocate for policy change when needed.</li> </ul>	<ul style="list-style-type: none"> <li>Coordination table</li> <li>Framework table</li> </ul>
1g	<p><b>Direct PPCT to support and uplift existing initiatives and strategies to improve resource navigation and access, including how their learnings can be applied and implemented across other service areas.</b></p> <p>Adopted, 1/6/2023</p>	<ul style="list-style-type: none"> <li>PPCT would work with departments, initiatives, and external partners (e.g., CIO &amp; SIB information referral services, PAI/DPSS strategy, DCFS state block grant pilot for cross-systems navigation) to document best practices and improve resource navigation and access across multiple service areas, especially relating to priority populations.</li> <li>PPCT would also draw upon and help operationalize findings from the Task Force’s user journey mapping efforts and referral network assessments.</li> </ul>	<ul style="list-style-type: none"> <li>One of the primary purposes of creating a coordinated system of prevention is to streamline access to services and other resources across department program/service portfolios and their systems of care. Drawing on and applying existing learnings and piloting identified best or emerging practices will help the County improve its service system model to center and serve clients.</li> </ul>	<ul style="list-style-type: none"> <li>Coordination table</li> </ul>

## DIRECTIVE 2: FUNDING STREAMS ANALYSIS

A comprehensive Countywide funding streams analysis was conducted with information provided by impacted departments and reviewed by CEO Budget. The analysis details existing funding available for Countywide prevention services to support the implementation of a full-scale Countywide coordinated prevention strategy.

#	Recommendation	Description	Rationale	Contributing Sources
2a	<p><b>Direct CEO, in coordination with PPCT, to strengthen the County’s capabilities to conduct multi-departmental budget coordination and strategy, including the ability to braid/blend in order to leverage and maximize funding, and identify spending gaps to assist Board and departmental decision making.</b></p> <p>Adopted, 1/6/2023</p>	<ul style="list-style-type: none"> <li>Need to update technological tools for budgeting and expand out County’s budget management capabilities</li> <li>Resource and staff County departments to partner with CEO to conduct creative funding stream analysis (e.g., braiding and blending across departments) AND longer-term funding sustainability strategy</li> <li>Utilize findings from recommendation 4c activities to inform the budget coordination strategy</li> </ul>	<ul style="list-style-type: none"> <li>CEO budget staff and several County departments currently lack the technological and logistical abilities to easily organize and analyze annual budget data across multiple programs, hindering collaborative and long-term planning.</li> <li>While some strategic efforts exist surrounding a few specific funding sources or issue areas (e.g., FFPSA, CalAIM, CEO-HI), the County overall does not have the full expertise, capacity, and/or capability to conduct creative funding analyses – including uncovering underutilized sources and blending funding to extend their use, especially across departments.</li> </ul>	<ul style="list-style-type: none"> <li>Funding Streams Analysis</li> <li>Stakeholder conversations (including CEO Budget and dept staff; CEO-HI)</li> </ul> <p><a href="#">See page 74 of this report for additional details regarding Barriers to Budget Coordination and Strategic Funding Sustainability</a></p>
2b	<p><b>Direct CEO to create a Countywide Prevention and Promotion Budget.</b></p> <p>Adopted, 1/6/2023</p>	<ul style="list-style-type: none"> <li>Utilizing the program inventory in developed through the Task Force’s funding streams analysis, direct CEO Budget and/or PPCT to compile an off-cycle prevention budget to analyze and plan how the County funds across the array of prevention and promotion services</li> <li>Needs to plan for, anticipate, and help the Board act on changes in funding (e.g., due to federal or state policy or an economic recession), including risks and opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Enables departments, CEO, PPCT, and other relevant coordinating bodies to identify, plan, and advocate for policy, programmatic, and funding changes to address under resourced prevention and promotion needs</li> <li>An endeavor of this size requires a longer-term and sustainable cycle beyond just annual budget reviews across individual departments</li> </ul>	<ul style="list-style-type: none"> <li>Funding Streams Analysis</li> <li>Stakeholder conversations</li> </ul>

## DIRECTIVE 3: COMMUNITY-BASED SERVICE DELIVERY SYSTEM

The Task Force conducted multiple activities to develop recommendations for how the County can strengthen, effectuate, and center community-based service delivery across its prevention and promotion system.

#	Recommendation	Description	Rationale	Contributing Sources
3a	<b>Support CIO – in consultation with CEO and County Counsel – to collaborate with departments in developing strategies to further their work on the Countywide information, referral, and connection platform and similar efforts to develop next steps to streamline and address navigation and access barriers across the County’s service portfolio.</b>	<ul style="list-style-type: none"> <li>Apply findings (technological, logistical, and equity-related) to strengthen communication platforms and systems that can support client referrals to programs/services that meet their unique needs.</li> <li>PPCT can assist CIO in documentation of these lessons learned and consolidate them with findings from the Task Force’s community engagement process and user journey mapping.</li> </ul>	<ul style="list-style-type: none"> <li>Current referral systems that exist do not always meet the needs of clients, e.g., quickly outdated, solely online platforms, limited language capacity.</li> <li>This is an opportunity to gather and apply lessons learned for the procurement or creation of innovative solutions, including but not limited to call center, online, and/or navigator (e.g., Promotoras, cultural brokers) models.</li> </ul>	<ul style="list-style-type: none"> <li>Coordination table</li> </ul>
Adopted, 11/4/2022				

#	Recommendation	Description	Rationale	Contributing Sources
3b	<p><b>Direct ARDI to identify barriers to compensating Community Members with Lived Expertise and develop a set of equitable guidelines or recommendations that departments could adopt to increasingly involve members with lived expertise in policy and program development.</b></p> <p>Adopted, 11/4/2022</p>	<ul style="list-style-type: none"> <li>▪ In partnership with the Stakeholder Engagement Workgroup, develop a policy for Countywide adoption that builds upon the <i>Los Angeles County Stakeholder Compensation Guidance</i> and directs minimum standard practices for the procurement and deployment of resources needed to compensate and support community members; implement adopted policy.</li> <li>▪ Importantly, any policies developed should be considered as minimum practices, to ensure that departments continue to have the flexibility to creatively partner and work with their community members in novel and most robust ways.</li> <li>▪ Guidelines should include considerations for appropriate and equitable compensation relating to varying levels of activity, intensity, and requirements for participation, including consideration toward individuals who may relive traumatic experiences, etc.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Stakeholder compensation is a necessary component of democratizing a participatory government.</li> <li>▪ A Countywide approach would standardize and provide departments with minimum expectations and a process to engage residents and other community stakeholders in the co-creation of policies, programs, and services and appropriately and fairly compensate them for their participation across a spectrum of activities and intensity levels.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Coordination table</li> <li>▪ Framework table</li> </ul>
3c	<p><b>Direct ARDI to support departments in order to identify opportunities to strengthen and enhance delivery of County prevention and promotion services in partnership with community-based service providers who are better equipped to serve communities.</b></p> <p>Adopted, 11/4/2022</p>	<ul style="list-style-type: none"> <li>▪ Identify and catalog the County’s and community provider’s capacity to provide culturally appropriate prevention and promotion programs/services; make recommendations based on findings.</li> <li>▪ Examine the most effective pathway(s), delivery entities, and administration of programs and services in collaboration with community service providers to achieve positive outcomes.</li> <li>▪ This includes identifying best practices to support CBOs doing the work (e.g., resources, etc.).</li> </ul>	<ul style="list-style-type: none"> <li>▪ CBOs may be better positioned than County to provide services, particularly to communities that County may be ill equipped to serve due to language access issues, geographic isolation, heightened distrust of government, etc.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Coordination table</li> <li>▪ Framework table</li> </ul>

## DIRECTIVE 4: PREVENTION METRICS AND DATA INTEGRATION

The Task Force developed a set of guiding prevention metrics to reflect how County residents’ lives would improve after receiving prevention and promotion services. Relatedly, the Task Force also identified current challenges in data sharing and integration as an operational barrier hindering both coordinated and community-based service delivery.

#	Recommendation	Description	Rationale	Contributing Sources
4a	<p><b>Adopt a common set of Prevention and Promotion Outcomes to monitor progress (i.e., monitoring both well-being and thriving as well as the efficacy of our prevention and promotion services).</b></p> <p>Adopted, 12/16/2022</p>	<ul style="list-style-type: none"> <li>▪ Priority outcomes that the County wishes to increase or reduce in people’s lives, especially those connected to major positive or negative outcomes later in life.</li> <li>▪ These outcomes should be broadly prevalent, “inherently good,” and fall within the County’s sphere of influence</li> <li>▪ These should build upon and integrate existing efforts underway to measure prevention and promotion throughout the County</li> <li>▪ The first five outcomes selected are derived from the County’s <a href="#">Racial Equity Strategic Plan</a> and have already been adopted by the Board of Supervisors.</li> <li>▪ Identify resource needs at the department and community level to better track and implement metrics</li> <li>▪ Begin to utilize these outcomes (+ their contributing outcomes) by identifying new and existing programs or services to invest in in order to improve the outcomes (related to Recommendations 2a,2b on strategic funding/budgeting on prevention)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Desire to measure progress over time ensure that LA County residents’ lives are improving over time on a macro-scale</li> <li>▪ Enhances our ability to measure whether County residents’ lives are improving upon receipt of prevention services – potentially at both macro and micro level</li> <li>▪ Further informs budget and funding priorities based on which outcomes are seeing improvement or decline</li> </ul>	<ul style="list-style-type: none"> <li>▪ Disproportionality table</li> </ul> <p><a href="#">See page 85 of this report for additional details regarding the Disproportionality Table’s proposed Life Course Outcomes</a></p>

## IV. RECOMMENDATIONS

#	Recommendation	Description	Rationale	Contributing Sources
4b	<p><b>Direct CEO to identify dedicated resources to support CIO, County Counsel, and department leads to develop cross-departmental data sharing/integration plans for specific service areas.</b></p> <p>Adopted, 11/4/2022</p>	<ul style="list-style-type: none"> <li>▪ These data sharing/integration plans could build on existing CIO initiatives and learnings, and would:</li> <li>▪ Identify specific use cases for data and information sharing, as well as examples of missed opportunities, within the current state, where data sharing/integration could benefit our clients</li> <li>▪ Strengthen use of CIO’s InfoHub to integrate client-level data across systems for shared metrics &amp; outcomes tracking</li> <li>▪ Develop policy advocacy agenda to push for changes in data/information regulations at the federal/state levels, as needed</li> <li>▪ Identify data and outcomes needed to enable cost-benefit analyses of for the County for specific programs and investments</li> <li>▪ SOC initiative may pilot this with CIO to launch a data sharing/integration plan on for children/families</li> </ul>	<ul style="list-style-type: none"> <li>▪ As it stands, limited data sharing and integration significantly hinders County’s ability to assist individuals to navigate across services, including accessing the programs that may support them and that they are eligible to receive.</li> <li>▪ Especially if County services and programs are increasingly contracted or implemented through community-based service providers, we need to have robust technological capabilities to ensure individuals are fully connected to a holistic system of care</li> </ul>	<ul style="list-style-type: none"> <li>▪ Coordination table</li> <li>▪ Stakeholder conversations (e.g., CIO)</li> </ul>

## NEXT STEPS

In addition to developing potential implementation processes for the recommendations adopted above, the Task Force is currently building out the scope of work for the next phase of its work. Activities that have been identified for a phase 2 body of work include:

- Continuing to carry out this initiative’s planned and ongoing community engagement process, including seeking support to ensure culturally-relevant outreach, language access, and hold robust listening and feedback sessions and utilizing existing efforts across departments and regional organizations;
- Prioritizing domain(s) of focus to strengthen and support through Task Force collaboration and PPCT activities to address policy, funding, and coordination barriers;
- Continuing to develop a user journey experience map, including population-specific user journey mapping across multiple services;
- Building upon, updating, and expanding, the Prevention and Promotion program inventory developed through this process;
- Supporting parallel and related County initiatives relating to language access, equitable contracting, and supporting community-based service providers;
- Supporting ongoing efforts to improve County partnerships and equitable contracting with community-based service providers, including strategies to support smaller providers who may face challenges navigating County contracting processes; and
- Refining and advancing the guiding prevention metrics for further alignment with Countywide governance decisions relating to prevention, including additional community engagement and analyses to address disproportionality.

updated



# V. APPENDIX

Please see attached Books 1 and 2 of the Appendix in separate documents:

## **BOOK 1:**

- Appendix A: Official Members List
- Appendix B: Benchmark Research Case Studies
- Appendix C: Child Welfare & Prevention Services in Los Angeles County
- Appendix D: Full Vision Statement Development Process
- Appendix E: Full Memo on Prevention Frameworks
- Appendix F: Memo: Coordination Table findings relevant to Governance Structure decision making
- Appendix G: Funding Streams Opportunities
- Appendix H: Outcome Based Budgeting
- Appendix I: Community Survey Results

## **BOOK 2:**

- Appendix J: Prevention Metrics Summary Document

## VI. WORKS CITED

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