

Appendix Book 1

Prevention Services Task Force

Report on Establishing the Los Angeles County Office of Prevention Services (Item No. 23, Agenda of September 15, 2021)

March 14, 2023

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

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Appendix A: Official Members List



COUNTY OF LOS ANGELES OFFICE OF PREVENTION SERVICES TASK FORCE AND SUBSIDIARY WORKING TABLES

OFFICIAL MEMBERS LIST

Note: Individuals designated as “Community Members with Lived Expertise” are those holding the three allocated spots per body, as detailed in their [Position Description](#) and the Task Force’s [Community Engagement Process](#). This designation is not meant to diminish any work, titles, and leadership held across other organizations, but instead uplift their important contributions in this initiative as individuals. Moreover, multiple additional members hold personal lived expertise and/or represent community-centered organizations and perspectives.

TASK FORCE (named by [Board motion](#), designated by chair)

Chair: D’Artagnan Scorza

	NAME		ORGANIZATION	TITLE
1	Songhai	Armstead	CEO - Alternatives to Incarceration	Executive Director
2	Carlos	Benavides	Community Member with Lived Expertise	
3	Yahniie	Bridges	Community Member with Lived Expertise	
4	Robert	Byrd	Department of Mental Health	Acting Deputy Director, Prevention Division
5	Jackie	Contreras	Department of Public Social Services	Interim Director
6	Barbara	Ferrer	Department of Public Health	Director
7	Alicia L.	Garoupa	Los Angeles County Office of Education	Chief of Wellbeing and Support Services
8	Christina	Ghaly	Department of Health Services	Director
9	Tyrone	Howard	UCLA Pritzker Center for Strengthening Children & Families	Director
10	Tamara	Hunter	Commission for Children & Families	Executive Director
11	Kelly	LoBianco	Department of Economic Opportunity	Director
12	Tracie	Mann	Los Angeles County Development Authority	Chief of Programs
13	Minsun	Meeker	Office of Child Protection	Assistant Executive Director
14	Carrie	Miller	CEO - Poverty Alleviation Initiative	Executive Director
15	Angela	Parks-Pyles	Department of Children and Family Services	Deputy Director
16	Kiara	Payne	Los Angeles Homeless Services Authority	Associate Director, Permanent Housing
17	D’Artagnan	Scorza	CEO - Anti-Racism, Diversity, and Inclusion Initiative	Executive Director
18	Fran	Sereseres	Community Member with Lived Expertise	
19	Tiara	Summers	LA County Youth Commission	Executive Director
20	Cheri	Todoroff	CEO – Homeless Initiative	Executive Director
21	Laura	Trejo	Aging and Disabilities Department	Director
22	John	Wagner	First 5 Los Angeles	Executive Vice President, Center for Child and Family Impact

FRAMEWORK TABLE (designated by co-chairs)

Co-chairs: Meredith Berkson, Angela Parks-Pyles

	NAME		ORGANIZATION	TITLE
1	Deborah	Allen	Department of Public Health	Deputy Director
2	Rochelle	Alley	Office of Child Protection	Consultant
3	Meredith	Berkson	Los Angeles Homeless Services Authority	Director, Systems and Planning
4	LaRae	Cantley	Community Member with Lived Expertise	
5	Luther	Evans, Jr.	Department of Public Social Services	Division Chief
6	Andrea	Garcia	Department of Mental Health	Physician Specialist
7	Geraldine	Gomez	Department of Mental Health	Mental Health Clinical Supervisor
8	Justin	Lee	Casey Family Programs	Senior Director, Strategic Consulting
9	Kelly	LoBianco	Department of Economic Opportunity	Director
10	Diana	Mata	Community Member with Lived Expertise	
11	Angela	Parks-Pyles	Department of Child and Family Services	Deputy Director
12	D'Artagnan	Scorza	CEO - Anti-Racism, Diversity, and Inclusion Initiative	Executive Director
13	Stephanie	Stone	Military and Veterans Affairs	Acting Director
14	Latia	Suttle	Community Member with Lived Expertise	
15	Reggie	Tucker-Seeley	<u>ZERO</u> USC Leonard Davis School of Gerontology	VP, Health Equity Adjunct Assistant Professor of Gerontology
16	John	Wagner	First 5 Los Angeles	Executive Vice President, Center for Child and Family Impact

COORDINATION TABLE (designated by co-chairs)

Co-chairs: Minsun Meeker, Laura Trejo

	NAME		ORGANIZATION	TITLE
1	Sharon	Balmer Cartagena	Public Counsel	Directing Attorney, Children's Rights Project (CRP)
2	Jaclyn	Baucum	Alliance for Health Integration	Chief Operating Officer
3	Robert	Byrd	Department of Mental Health	Acting Deputy Director
4	Nicholas	Ippolito	Department of Public Social Services	Assistant Director
5	Amoreena	Jaffe	Department of Children & Family Services	Deputy Director
6	Peter	Loo	Chief Information Office	Acting CIO
7	Rowena	Magaña	CEO - Homeless Initiative	Principal Analyst
8	Tracie	Mann	Los Angeles County Development Authority	Chief of Programs
9	Megan	McClaire	Department of Public Health	Chief Deputy Director
10	Jacquelyn	McCroskey	University of Southern California Suzanne Dworak-Peck School of Social Work	John Milner Professor of Child Welfare
11	Minsun	Meeker	Office of Child Protection	Assistant Executive Director
12	Jackie	Morris	Community Member with Lived Expertise	
13	Keri	Pesanti	Department of Mental Health	Mental Health Clinical Program Head
14	Anna	Potere	First 5 Los Angeles	Senior Program Officer
15	Vonya	Quarles	Community Member with Lived Expertise	
16	Helen	Romero Shaw	Community Member with Lived Expertise	
17	D'Artagnan	Scorza	CEO - Anti-Racism, Diversity, and Inclusion Initiative	Executive Director
18	Laura	Trejo	Aging and Disabilities Department	Director

DISPROPORTIONALITY TABLE (designated by co-chairs)

Co-chairs: Tamara Hunter, Irene Vidyanti

	NAME	ORGANIZATION	TITLE
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1	Katherine	Buckley	Community Member with Lived Expertise	
2	Reginald	Carter	Department of Children & Family Services	Regional Administrator
3	Charity	Chandler-Cole	CASA of Los Angeles	Chief Executive Officer
4	Leticia	Colchado	CEO - Homeless Initiative	
5	Alicia L.	Garoupa	Los Angeles County Office of Education	Chief of Wellbeing and Support Services
6	Tyrone	Howard	UCLA Pritzker Center for Strengthening Children & Families	Director
7	Tamara	Hunter	Commission for Children & Families	Executive Director
8	Rebeca	Hurtado	Department of Mental Health	Mental Health Program Manager
9	Merry	Meyers	Community Member with Lived Expertise	
10	Mike	Neely	Community Member with Lived Expertise	
11	Frank	Reyes	Department of Public Social Services	Human Services Administrator, Bureau of Contract and Technical Services
12	D'Artagnan	Scorza	CEO - Anti-Racism, Diversity, and Inclusion Initiative	Executive Director
13	Solomon	Shibeshi	Aging & Disabilities Department	Human Services Administrator II, Area Agency on Aging Division
14	Sonya	Vasquez	Department of Public Health	Director, Center for Health Equity
15	Irene	Vidyanti	Chief Information Office	Analytics Center of Excellence

Appendix B: Benchmark Research Case Studies

Benchmark Research

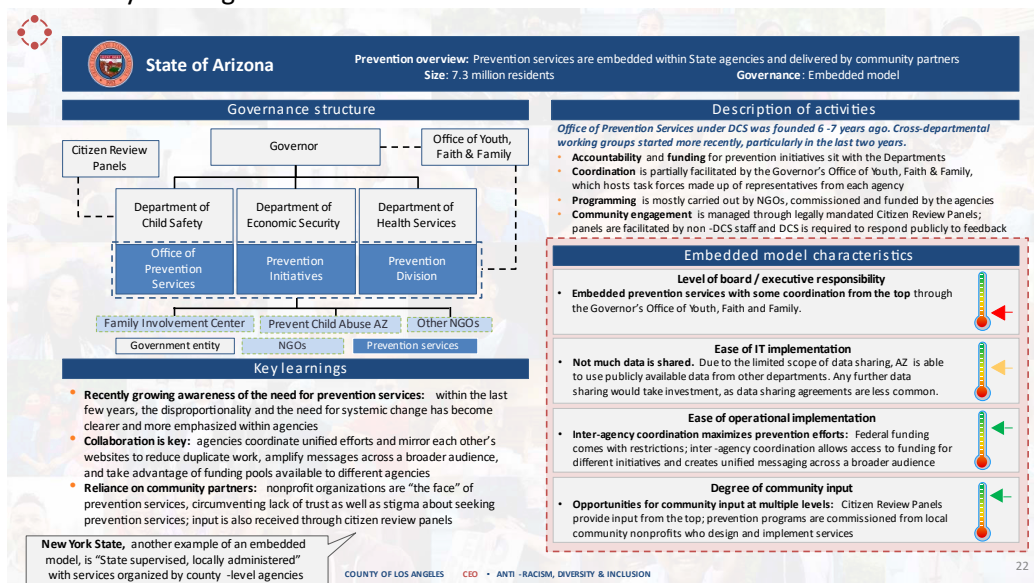
Benchmarking is a useful tool to understand how other geographies and jurisdictions have approached transformation, the processes used, options considered, and how success was measured. While the County of Los Angeles is unique in its scope, size, and vision for its prevention and promotion system, the 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.

State of Arizona: The Arizona prevention services model is embedded in departments and leverages cross-departmental working groups facilitated by the Governor’s Office of Youth, Faith & Family in the last two years to support more coordination and collaboration.

Considerations for LA County:

- **Prevention focus:** Arizona focused on strengthening and clarifying department responsibilities related to prevention. This enhanced focus helps present a more consistent view of the prevention priorities statewide
- **Community empowerment:** The state leverages Citizen Review Panels comprised of external stakeholders groups including child welfare agencies and advocacy organizations, medical providers, current foster parents, researchers, courts, law enforcement, schools, and volunteers. The Panels hold public meetings; they take community questions/comments and post all minutes and recordings on the website. The panels provide recommendations to CDS, which CDS is then required to respond to, publicly (all reports are posted on the website). The Panels do not oversee any funding.



San Diego County: The Office of Strategy & Innovation (OSI) coordinates the broader prevention and promotion scope in San Diego (Live Well San Diego) and builds upon prior successes in the county with collaboration and collective impact.

Considerations for LA County:

- *Governance evolution*: San Diego evolved from an embedded to a coalition model. After massive success of prevention services in HHS, the Office of Strategy and Innovation was created and expanded coordination of prevention services to all agencies – at this time, Live Well San Diego expanded its involvement to all agencies. This transition was enabled by a highly collaborative culture
- *Collaborative service delivery*: Live Well San Diego is a consortium of over 500 community partners which follows the mission statement of “building better health, living safely, and thriving”. Programming decisions primarily come from OSI, but any agency can initiate a prevention activity. In the case an agency seeks to initiate a prevention effort, OSI will help coordinate programming and service delivery, potentially by pulling in other services / agencies / NGOs to help.

San Diego County, CA Mission: "The County of San Diego is committed to building a region that is Building Better Health, Living Safely, and Thriving." Size: 3.3 million residents Governance: Coalition model

Governance structure

Prevention services: Office of Strategy and Innovation (OSI)

HHS leads OSI.

Health & Human Services, Finance and General Government, Land Use & Environment Group, Public Safety Group

Live Well San Diego

Government entity, NGOs, Prevention services

Description of activities

- **The Office of Strategy and Innovation (OSI)** coordinates prevention efforts, including Live Well San Diego, but sits within Health & Human Services Agency, as a subgroup of the Homeless Solutions & Equitable Communities department.
- **The Live Well San Diego Support Team** sits in OSI and "supports the Regional Live Well San Diego vision of Healthy, Safe, and Thriving communities".
- **History of success** : A County employee described 20 -30 organizations collaborating to address student safety near a public -school property.

Coalition model characteristics

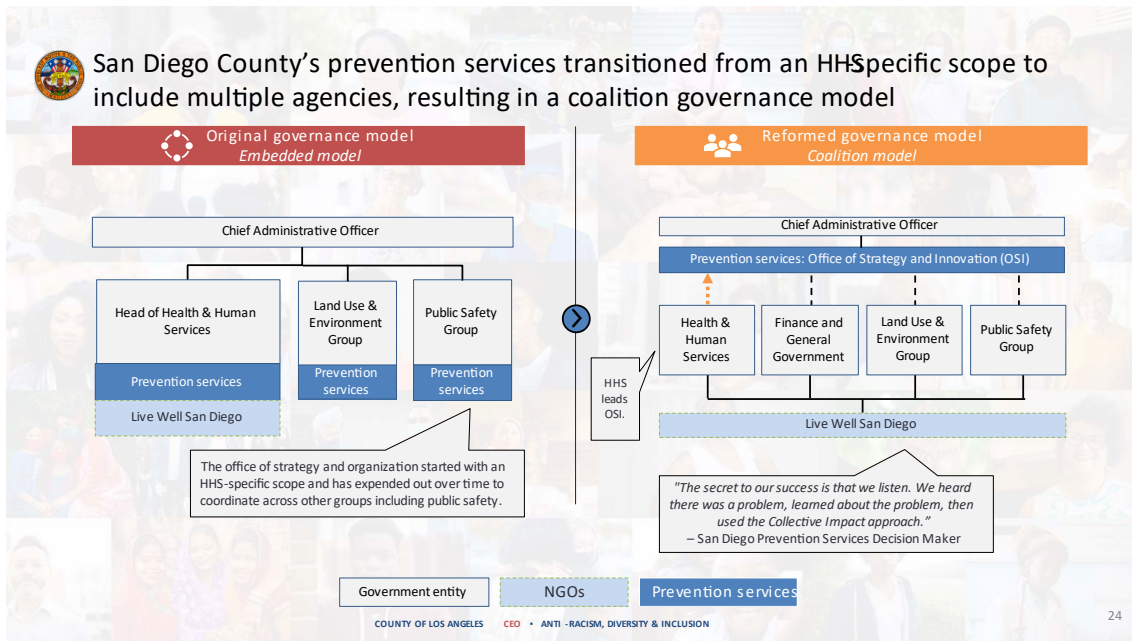
- Level of board / executive responsibility** : ~150 staff members in the Office of Strategy and Innovation coordinate prevention services across all County departments, plus Live Well San Diego partners.
- Ease of IT implementation** : San Diego uses metrics to track progress of individual prevention initiatives : For example, as a result of a 2010 prevention initiative, targeted negative health outcomes were decreased by ~10% over 10 years.
- Ease of operational implementation** : A stakeholder emphasized that a collaborative culture is key : "The secret to our success is that we listen. We heard there was a problem, learned about the problem, then used the collective impact approach."
- Degree of community input** : NGO implementation: In one instance, the County partnered with pastors in majority-Black communities to address high blood pressure concerns in these communities.

Key learnings

- **"Collective impact" as a value**: Individual departments work on prevention efforts through collaboration with other agencies or NGOs.
- **Switch in model**: San Diego County transitioned from an embedded to a coalition model when they realized the impact the Office of Strategy and Innovation had when preventing negative heart health outcomes in the embedded model.
- **Live Well San Diego (LWSD)** is the coalition of 500 prevention partners in SD county, including universities and NGOs. Partnerships with local NGOs help San Diego distribute prevention efforts.

For a coalition model, San Diego has a uniquely high degree of community input due to its culture of collaboration.

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Contra Costa County: Prevention services are more narrowly focused on interpersonal violence prevention. In this smaller scope, a coalition – the Alliance to End Abuse – partners with departments and community partners and supports inter-agency collaboration.

Considerations for LA County:

- **Scope:** Narrower scope supported clearer measurement of goals and accountability. The Alliance is responsible for both grants management and funder reporting as well as metrics tracking. LA County could consider multiple pilots with similar structures to understand how to drive accountability in the desired prevention and promotion vision.

Contra Costa County, CA

Prevention overview: The majority of prevention services in the County focus on interpersonal violence prevention.
Size: 1.15 million residents
Governance: Coalition model

Governance structure	Description of activities
	<ul style="list-style-type: none"> • Alliance to End Abuse is the prevention coordinating body within the County's Department of Human Services, which works with other agencies and NGOs to coordinate prevention. • Inter-agency collaboration: The Alliance coordinates multidisciplinary teams across agencies to discuss high-risk cases and new policies / legislation for the county.
Key learnings	Coalition model characteristics
<ul style="list-style-type: none"> • A 2020 Blue Shield grant initiated the coalition's formation: Development of the coalition is still in -process, two years later. • Mandate from the top: Alliance to End Abuse is a legally -mandated Board initiative. • After its founding, Alliance published a 30 -page Call to Action : The document outlined root causes of interpersonal violence and four measurable goals the Alliance hoped to achieve. • Frequent touchpoints internally and externally : Experts in the County emphasized that frequent collaboration among prevention service providers was a key element of their model. 	<p>Level of board / executive responsibility</p> <ul style="list-style-type: none"> • Accountability sits within agencies: Each agency reports directly to funders and county agency heads; the Alliance can't dictate agency actions but facilitates coordination. <p>Ease of IT implementation</p> <ul style="list-style-type: none"> • Data sharing requires coordination: The Call to Action document recommends developing partnerships and protocols for data sharing; creating clear definitions and measures of successful outcomes is key. <p>Ease of operational implementation</p> <ul style="list-style-type: none"> • Change is slow due to antiquated systems: the 2020 Call to Action is still being implemented in 2022. • Multiple rounds of funding required: The Alliance is requesting a grant renewal. <p>Degree of community input</p> <ul style="list-style-type: none"> • Community input is organized by partner agencies: Table discussions and online surveys identify themes for agencies to address. • Collaboration is a key element: "You need stakeholders at the table."

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Washington State: All prevention services sit under the Dept of Children, Youth & Families (DCYF), with the department head as coordinator for programs, most budgeting, and grants management, triggered by disproportionality in the child welfare system. Programming is implemented and staffed by teams within DCYF.

Considerations for LA County:

- **Data and IT:** WA has a coordinated data and IT system to support performance-based evaluations. It took over a year to establish and facilitates the use of anonymized data from various agencies for performance-based measurement. DCYF is part of an HHS coalition for IT coordination that enabled this successful data collaboration. Two major initiatives – the Master Person Index (MPI), an identity management tool to capture entire care continuum and the Integrated Eligibility and Enrollment Solution (IEES), which provides a single access point for ~75 HHS programs, drive the work of the HHS coalition.

Washington State Prevention overview: Prevention services are embedded in the Department of Children, Youth, and Families (DCYF).
 Size: 7.5 million residents
 Governance: Standalone model

Governance structure

Health and Human Services

- Health Care Authority
- Social & Health Services
- Dept. of Children, Youth & Families
- Medicaid and long-term care

Child Welfare Programs | Early Learning & Adolescent Programs

Family Support Programs | Child Welfare Field Operations

Government entity | Prevention services

Description of activities

- **Focus on child services:** Prevention services in Washington focus on child welfare, juvenile incarceration, and childcare.
- **Reporting structure:** All prevention services report up to one director in DCYF.
- **Funding structure:** DCYF controls a \$2 billion annual budget for its services, although some legal funding decisions go through the Office of Financial Management or the State Legislature.

Standalone model characteristics

Level of board / executive responsibility

- **Importance of leadership:** Experts emphasized the need for a “passionate leadership team” to implement the model, as well as a passionate leader to pioneer the efforts.

Ease of IT implementation

- **Implementation time:** Data sharing procedures took over one year to establish.
- **Infrastructure for assessment:** DCYF client services are performance -based and evaluated as such; data infrastructure supports these requirements.

Ease of operational implementation

- **7 quarters from governance to first milestone:** In Q3 2018, new governance committees were formed for DCYF. After activities like creating a PMO and program inclusion analysis, the MPI roadmap was completed in Q3 2020.

Degree of community input

- **Broad support:** Establishing the model required broad support from stakeholders. A decision-maker emphasized the need for a “diverse range of stakeholder groups” to contribute to services in the standalone model.

Key learnings

- **Challenges triggered the move to a standalone model within DCYF:** Disproportionality in the child welfare system; Lack of high -quality services in lower-income areas; and lack of data sharing and cross -agency outcome analysis.
- **Some prevention services moved to DCYF** from other agencies to establish the standalone model, but data sharing among them is still a key component.
- **Reporting to a single leader**, as compared to a board of supervisors, makes prevention services more effective, according to the decision -maker interviewed.
- **High number of involved agencies:** To support prevention services in DCYF, data sharing occurs among 30 -40 offices / agencies. Data sharing occurs with these agencies, particularly with healthcare -focused agencies, to support DCYF services.

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Appendix 2: Maryland Data & IT Case Study

Data Coordination Case Study Maryland created a cloud data platform called MD THINK to allow for interoperable subsystems and data sharing between agencies

What learnings from Maryland and MD THINK are important for LA County?



Goals

- **Challenges:** Maryland was facing service delivery challenges including lengthy processing and application times. The lack of data interoperability led to decreased coordination and outcomes across the state
- **New system for operational collaboration:** Maryland's Total Human-services Integrated Network (MD THINK) is an interoperable system that unifies subsystems to enable data-sharing between agencies both to improve reporting and to reduce application processing time for eligibility determination



Design and process learnings

- **"No-wrong-door approach":** MD THINK offers a "no-wrong-door" approach to allow access to all services from multiple points of entry
- **~5-year cloud deployment :** Modernization occurred from 2017 -2022, including building the team, switching to agile development, and creating the all-in-one AWS platform for key programs like eligibility
- **Operational data focus:** The cloud platform houses data that is operational in nature (not HIPAA protected) and was already anonymized
- **Statutory default mandate:** An executive order from Gov. Hogan established a statutory mandate to use MD THINK as default for data monetization, decreasing the number of overlapping systems. Agency partners agreed to collaborate in a Memorandum of Understanding
- **Slow process and legislation:** The time-consuming issue was not architecture, but rather the legislative data mandates
- **No external planning systems integrator:** MD THINK acts as its own primary systems integrator, with third-party vendors engaging after-the-fact to conduct in-depth analysis with MD THINK data



Outcomes

- **Leveraging MD THINK architecture:** The Data-Informed Risk Mitigation (DORM) report released in June 2021 merged 17 datasets with MD THINK to examine fatal overdoses and identify overdose risk factors to direct resources and interventions
- **Continuous development of the platform:** After MD THINK launched, in July 2022 Gov. Hogan launched the Center for Excellence on Health and Human Services Analytics and Application. The Center aims to enhance data analytics to prompt decision-making for state agencies



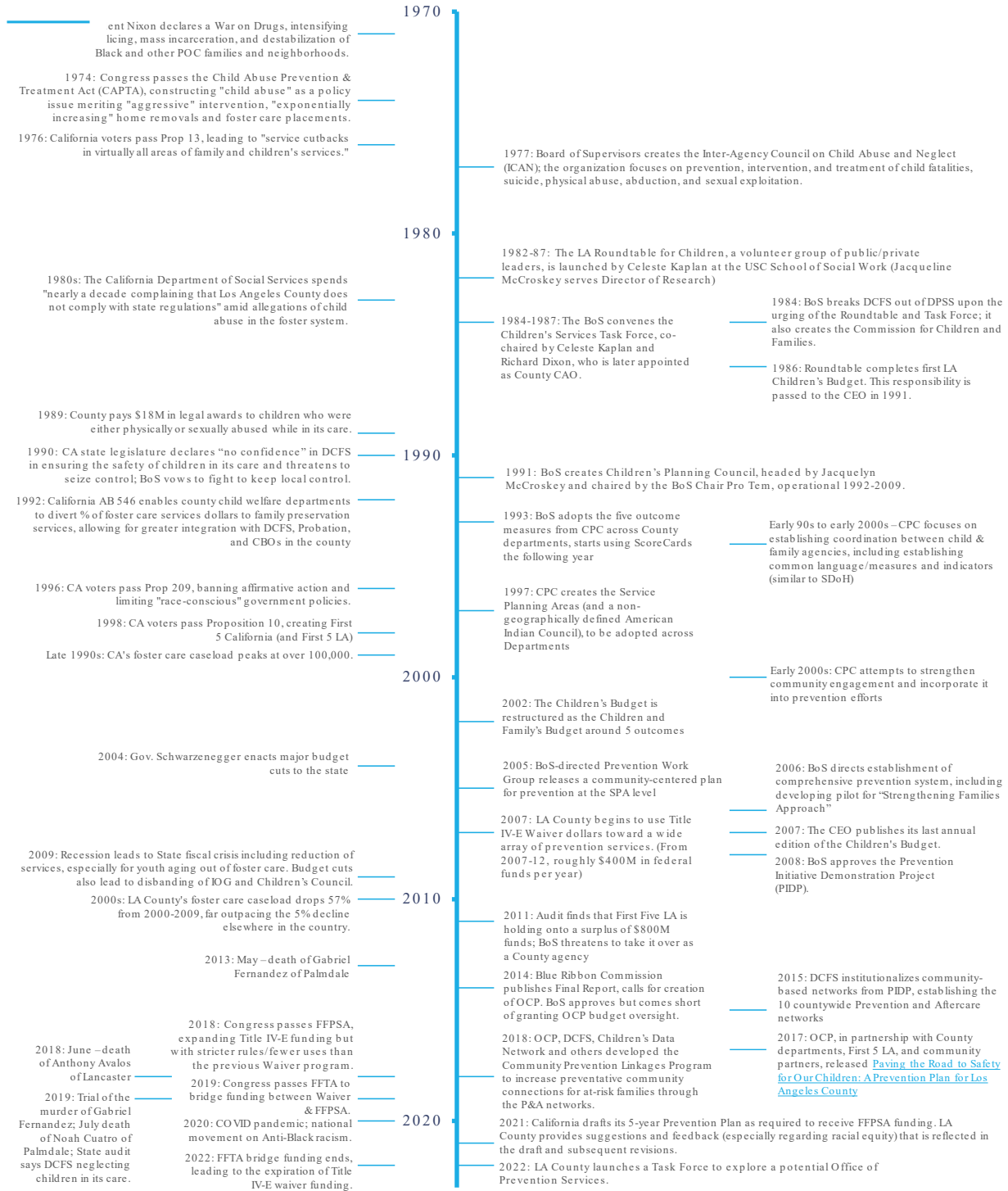
Appendix C: Child Welfare & Prevention Services in Los Angeles County

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



Chief Executive Office
COUNTY OF LOS ANGELES

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OFFICE OF PREVENTION SERVICES TASK FORCE



Appendix D: Full Vision Statement Development Process

To develop a vision statement, the Framework Table of the Task Force led co-creation across multiple channels to solicit feedback and develop vision language with input from hundreds of stakeholders. This process occurred from June to October 2022 and included the following:

Stakeholder	Strategies
Task Force and Framework Table	<ul style="list-style-type: none"> Survey of members to solicit reflections on vision priorities (late June & early July) Public Task Force workshop to identify and iterate on key vision themes (July 16)
Framework Table	<ul style="list-style-type: none"> Table meetings to introduce vision priorities (July 15 and August 16), refine language (September 8), and vote on statement (September 16) Vision workshop comprised of a subset of Table members to collaboratively develop wording and phrasing for the vision statement
Community members and County staff	<ul style="list-style-type: none"> Community survey to inform scope, barriers, and priorities related to prevention and promotion; survey specifically sought feedback on key vision themes. Survey was accessible online and via mobile and was also offered in Spanish (June - September 2022) Table members (including those with lived expertise) participated both the Task Force workshop and vision workshop

Alignment on Vision Setting

The vision setting process was initiated during the July Task Force meeting. The objectives of this meeting were to align on the characteristics of effective statements, surface ideas regarding initial themes and priorities, and kickoff the broader process to be able to refine and develop this statement.

In advance of the July Task Force meeting, members were provided background on vision statements and feedback was sought through a survey of both Task Force and Subject Area Table members – the survey leveraged the expertise of these stakeholders to capture initial priorities for the vision statement and to maximize the impact of a live discussion, all to ultimately build alignment for the ultimate adoption of a shared vision statement.

First, at the meeting, the Task Force met and aligned on what a vision statement is, why it is important, and what makes an effective vision. In particular, the group aligned on the idea that a vision statement should be aspirational statement of where an organization wants to be in the future – one that challenges us to look ahead while being both realistic and ambitious.

The Task Force then reviewed and deliberated the characteristics of effective statements. The most important characteristics identified in discussion were a statement that:

- Imagines a world that does not yet exist and inspires people to make it a reality
- Can be readily understood and shared by the LA community, grounded in a diverse variety of local perspectives
- Can be easy to communicate with language that is accessible

Task Force members also completed a survey that solicited beliefs on the County’s efficacy in providing prevention and promotion services today. On a scale of 1-7, when ranking how effective member think LA County has been in providing comprehensive/coordinated prevention and promotion services, respondents gave LA County an average score of 3.1 for prevention and 3.0 for promotion. Overall, respondents recognized and highlighted specific pockets or initiatives of effective work but indicated the need for improved coordination and focus on prevention and promotion services.

Sample quotes from member survey:

Improved coordination

“In some cases...there has been some excellent work done on these fronts.
But in others, we have lagged where we should be”

“A lot happens in the county but is often siloed or few agencies / representatives are involved”

“To date there has been little coordination across Departments, and perhaps not even a shared vision across board offices...”

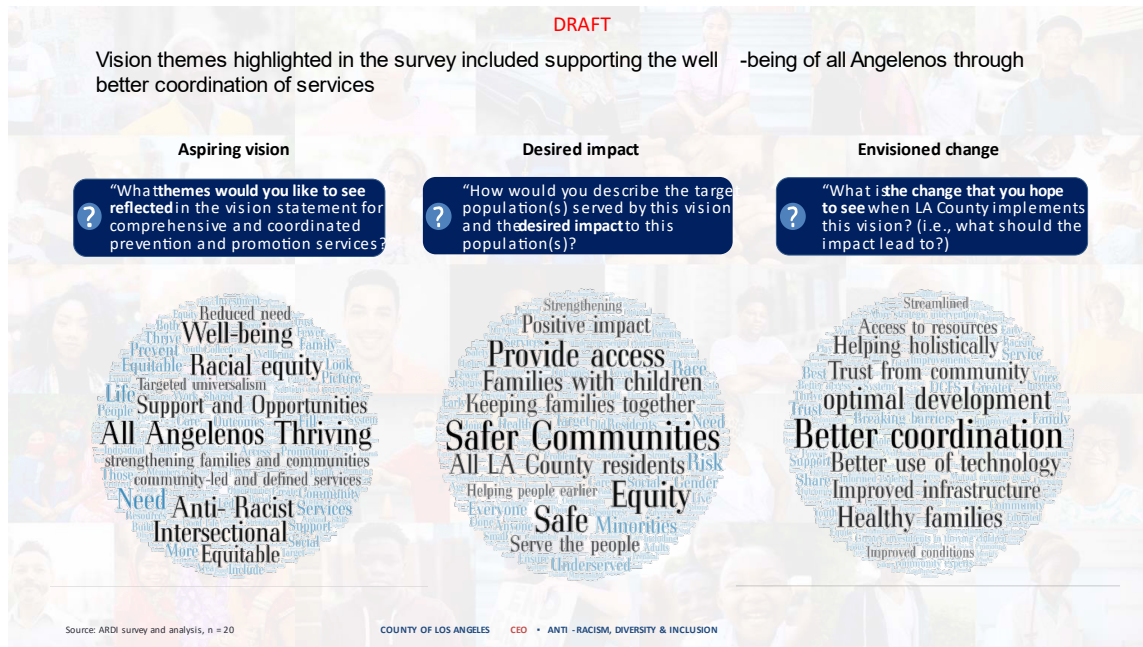
Focus on prevention and promotion

“I believe there is a more pronounced focus on prevention in the county and rarely hear about promotion efforts...”

“...the Task Force's connection of prevention and promotion is exciting to see, as I'm not sure the County has been as strategic in looking at these

“Promotion is rarely discussed or addressed...”

Vision themes highlighted in the survey included supporting the well-being of all Angelenos through better coordination of services: (Figure below)

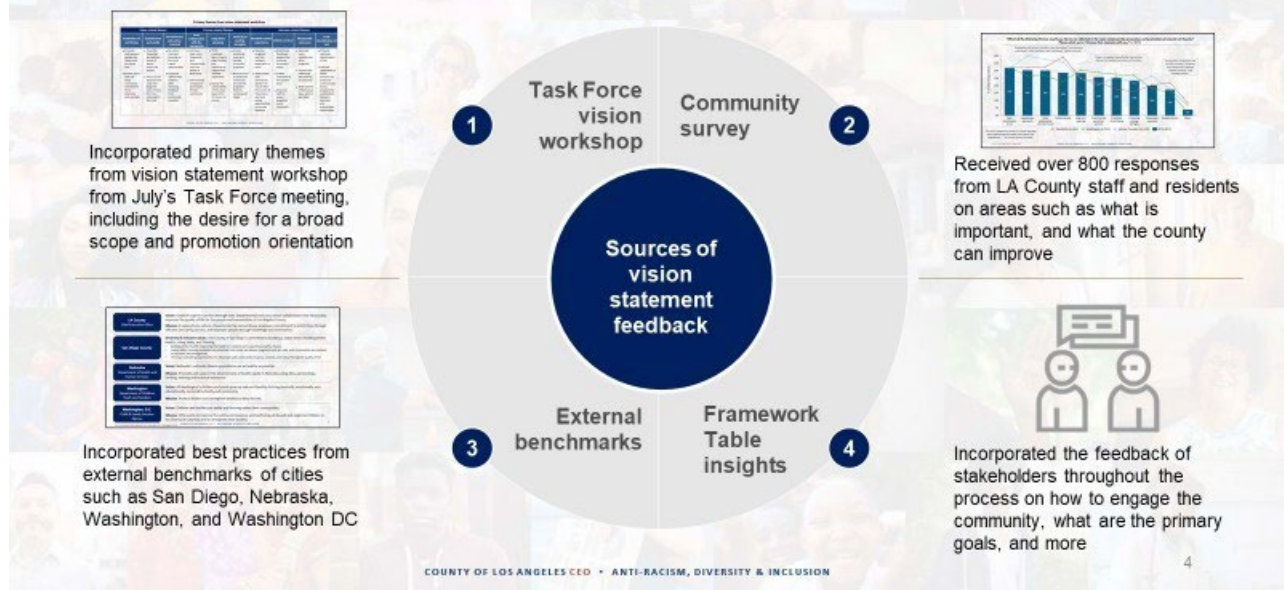


Vision Statement Development

The specifics of the vision statement language and phrasing were informed by four main sources:

- **Task Force vision workshop:** Incorporated primary themes from vision statement workshop from July’s Task Force meeting, including the desire for a broad scope and promotion orientation
- **External research:** Incorporated best practices from external benchmarks of cities such as San Diego, Nebraska, Washington, and Washington, DC
- **Community survey:** Received over 800 responses from LA County staff and residents on areas such as what is important, and what the county can improve
- **Framework Table insights:** Incorporated the feedback of stakeholders throughout the process on how to engage the community, what are the primary goals, and more

The vision statement process has used feedback and insight from multiple sources



Vision workshop: The presentation on best practices in vision development and the survey findings were used to facilitate three breakout rooms to identify key themes to include in the vision statement. The breakouts consistently emphasized the desire for a broad scope and promotion orientation and a focus on equity, along with several process and outcome-related 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"> Promote well-being of people and places with an equity lens Build a vision that will allow community members to thrive physically and mentally 	<ul style="list-style-type: none"> Close the disparities and address issues of equity within the system Focus on the disproportionality and targeted interventions for those who need it the most 	<ul style="list-style-type: none"> Be action-oriented, focusing on the most urgent opportunities Empower staff to take initiative after receiving feedback from community members 	<ul style="list-style-type: none"> Communicate more frequently and transparently with the public to build trust Demonstrate compassion and respect for the community 	<ul style="list-style-type: none"> Think creatively about how to align funding and resources to support the resident experience Bolster the sustainability of this vision beyond the TF time in LA County 	<ul style="list-style-type: none"> Create additional scale and elevate successful programs Build more of a continuum of services around the programs that are working well today 	<ul style="list-style-type: none"> Develop programs with the resident-experience in mind Work closely with community partners to ensure that they are a part of the process and have ample opportunities to provide feedback 	<ul style="list-style-type: none"> Coordinate funding to support the inclusive promotion vision Create incentives at the system-level Empower staff to assess programs more holistically 	<ul style="list-style-type: none"> Generate more visibility into other programs Improve the measuring and tracking of outcomes Build out the infrastructure (e.g., systems and data) 	<ul style="list-style-type: none"> Enhance upstream identification of risk Improve capabilities to better monitor risk areas and communicate across programs for coordination between upstream and downstream stakeholders

Community survey: A wide-reaching community survey of residents and County staff was a critical input to the vision statement – it was developed and shared widely to lift up the voices of the community and ensure those impacted by prevention and promotion services were reflected in the new vision statement.

The survey included over 800 respondents including three groups: residents, County employees, and community service providers. Two of the three top changes that respondents selected reflected a public desire for stronger coordination across service agencies. Across all groups, “improving connections and referrals between services” was selected notably more than any other category. The opinions of service providers diverge the most from other respondents, with increased funding as the third most important issue, and more weight given to culturally specific resources and reallocating existing funding.

Early identification of risk, inclusiveness and equity, and close collaboration with the community were most frequently selected as desired themes for the vision statement from the Community Survey. Early identification of risk was selected most often by employees. While residents and service providers also selected that as being important, it was not the top choice. Service providers most often selected inclusiveness and equity as their most important them. Residents most often selected holistic services as their most important theme.

These survey themes were discussed and referenced by the Table in crafting the vision statement, particularly with the inclusion of “holistic,” and “connected community.”

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

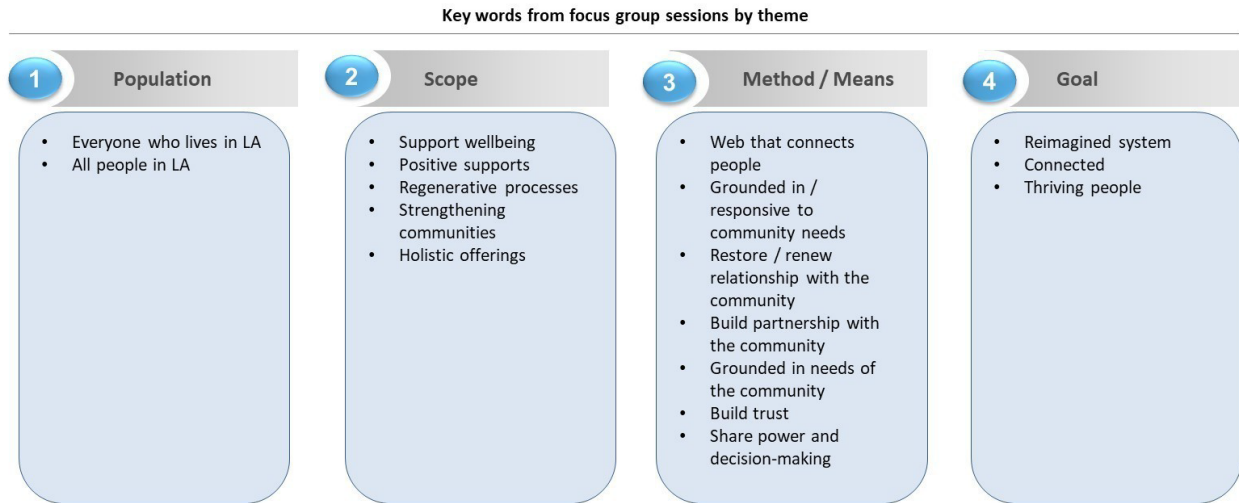
<p>LA County Chief Executive Office</p>	<p>Vision: Establish superior services through inter-Departmental and cross-sector collaboration that measurably improves the quality of life for the people and communities of Los Angeles County. Mission: A value driven culture, characterized by extraordinary employee commitment to enrich lives through effective and caring service, and empower people through knowledge and information.</p>
<p>San Diego County</p>	<p>Diversity & inclusion values: The County of San Diego is committed to building a region that is Building Better Health, Living Safely, and Thriving.</p> <ul style="list-style-type: none"> • Building better health: Improving the health of residents and supporting healthy choices • Living safely: Ensuring residents are protected from crime and abuse, neighborhoods are safe, and communities are resilient to disasters and emergencies • Thriving: Cultivating opportunities for all people and communities to grow, connect, and enjoy the highest quality of life
<p>Nebraska Department of Health and Human Services</p>	<p>Vision: Nebraska’s culturally diverse populations are as healthy as possible. Mission: Promote and support the advancement of health equity in Nebraska using data, partnerships, funding, training and technical assistance.</p>
<p>Washington Department of Children, Youth and Families</p>	<p>Vision: All Washington’s children and youth grow up safe and healthy-thriving physically, emotionally, and educationally, nurtured by family and community. Mission: Protect children and strengthen families so they flourish.</p>
<p>Washington, D.C. Child & Family Services Agency</p>	<p>Vision: Children and families are stable and thriving within their communities. Mission: CFSA works to improve the safety, permanence, and well being of abused and neglected children in the District of Columbia and to strengthen their families.</p>

Sources: San Diego County, Nebraska DHHS, Washington DCYF, Washington, DC CFSA

The Framework Table discussed each of these – they 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. The Framework Table leveraged elements of this structure for LA County’s vision 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 and brought critical perspective to LA County’s vision.

After an introduction to the characteristics of vision statements, five members of the Table volunteered to be in a small group to workshop language. All three table members appointed as community members with lived expertise volunteered to participate. The discussion focused on narrowing in on language related to population, scope, method/means, and goal.



These key themes and phrases served as the base for three vision statements. The small working group and Framework Table edited the language and ultimately voted on the final vision statement on September 16th.

In response to these concerns, the Task Force developed the following vision statement, which defines the purpose and mission we 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

Appendix E: Full Memo on Prevention Frameworks

Defining Prevention and Promotion: A Brief Summary

The idea of prevention has a longstanding history in the health sciences, particularly in the field of public health. Associated with the term public health “prevention” is a specific framework that is in wide use although it has been revised and tweaked for decades. Other fields of practice, including juvenile delinquency and education, have also developed prevention frameworks with elements that are appropriate to those domains. However, there is little development of the concept of “promotion” across different fields of practice.

This brief section outlines the common meaning of “prevention” and “promotion” and its application across practice domains like public health, juvenile delinquency, and education. Its aim is to define the terms “prevention” and “promotion” and to review frameworks from multiple fields of practice to illuminate the building blocks that are needed to create an overarching prevention and promotion framework for Los Angeles County.

In this report, we call attention to the opportunity for the County of Los Angeles to be a thought leader in championing an intentionally anti-racist and equity-centric approach to prevention and promotion. During our multistakeholder research and development process, the Task Force discovered that few existing prevention models meaningfully articulate the central role social conditions (e.g., structural racism, ableism, labor exploitation, classism, etc.) play in shaping both positive and negative downstream outcomes we see in our communities.

“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 meaning of “prevention” and “promotion” is straightforward based on both dictionary definitions and common usage across the prevention fields reviewed below:

Prevention: *to stop the occurrence of undesired population outcomes.*

- Examples include child maltreatment, juvenile delinquency, substance abuse, high school dropout, felony convictions, chronic illness, premature death, etc.

Promotion: *to support the occurrence of desired population outcomes.*

- Examples include good child health, good grades, high school graduation, good paying jobs, stable housing, healthy births, etc.

Prevention Frameworks

Prevention frameworks have developed for different fields of practice over the past few decades, with some of the earliest and most influential having been created in the field of public health. **The section below briefly summarizes prevention frameworks from three fields of practice—Public Health, Juvenile Delinquency and Education—in order to show commonalities and differences that may be useful for defining a prevention intervention framework for LA County.**

Public Health

The public health field has a long record of prevention intervention addressing infectious diseases and mass immunization which have dramatically reduced deaths due to many diseases. Prevention frameworks informing these efforts have evolved over decades since the late 1950s. Table 1 summarizes the key elements of each framework iteration. The original prevention framework in the field of public health was introduced in 1957 by the Commission on Chronic Illness. It provided three levels of prevention interventions whose primary goal was to prevent illness or disorders: **primary, secondary, and tertiary**.¹ This initial classification produced much confusion and disagreement in the field and was not widely adopted. In 1987, Robert S. Gordon proposed a revision to the Commission’s framework that became more influential in the field of public health. It also divided prevention intervention into three levels: **universal, selective, indicated**. In the early 1990s, the Institute of Medicine (IOM) proposed additional revisions to Gordon’s three-level framework while retaining the language used to describe each level of prevention. All three iterations of the public health prevention framework listed in Table 1 are “**intervention**” frameworks in that they are focused on administering preventative interventions to specified groups based upon their risk or presence of an illness or disorder.

Table 1. Public Health Prevention Frameworks

The Commission on Chronic Illness (1957)	Gordon (1987)	Institute of Medicine (1994)	Weisz et al. (2005)
<p>Primary: which seeks to decrease the number of new cases of a disorder or illness</p> <p>Secondary: which seeks to lower the rate of established cases of a disorder or illness in the population (prevalence)</p> <p>Tertiary: which seeks to decrease the amount of disability associated with an existing disorder.</p>	<p>Universal: Interventions that are desirable for everyone in the eligible population if the benefits outweigh the costs</p> <p>Selective: Interventions for those with above average risk of having the undesired outcome</p> <p>Indicated: Interventions for individuals who, on examination, are found to manifest a risk factor or condition that identifies them as being at high risk for the future development of a disease</p>	<p>Universal: interventions are targeted to the whole population that has not been identified on the basis of individual risk.</p> <p>Selective: interventions are targeted to individuals or a subgroup of the population whose risk of developing illness is significantly higher than average. The risk may be imminent or it may be a lifetime risk</p> <p>Indicated: interventions targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing an illness or disorder but who do not meet clinical criteria levels at the current time</p>	<p>Universal: Approaches designed to address risk factors in entire populations of youth without attempting to discern which populations have elevated risk for the undesired outcome</p> <p>Selective: Target population groups identified to share a significant risk factor for the undesired outcome</p> <p>Indicated: Target groups in the early stages of the undesired outcome</p> <p>Treatment/Reversal: Target those who show the undesired outcome to reverse it, minimize it, or mitigate its effects</p>

¹ Commission on Chronic Illness. (1957) Chronic Illness in the United States. Vol. 1. Published for the Commonwealth Fund. Cambridge, MA: Harvard University Press;

Juvenile Delinquency

In the early 1990s, the federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) developed a Comprehensive Strategy Framework for delinquency prevention. The framework consists of six prevention levels ranging from those who have not engaged in delinquency to those leaving secure confinement. **This framework is also an intervention framework** prescribing different interventions based upon risk and protective factors or the seriousness and recurrence of delinquency. The **six levels** include:

- **Level 1:** Prevention of delinquency by reducing risk and enhancing protection
- **Level 2:** Early intervention with predelinquent and child delinquents and their families
- **Level 3:** Immediate intervention for first-time delinquent offenders (misdemeanors and nonviolent felonies) and nonserious repeat offenders
- **Level 4:** Intermediate sanctions for first-time serious or violent offenders, including intensive supervision for serious, violence and chronic offenders
- **Level 5:** Secure corrections for the most serious, violent, and chronic offenders
- **Level 6:** Aftercare or reentry

Multi-Tiered Systems of Support in Schools

[California's Multi-tiered Systems of Support](#) (MTSS) is an integrated, comprehensive framework that focuses on Common Core State Standards (CCSS), core instruction, differentiated learning, student-centered learning, individualized student needs, and the alignment of systems necessary for all students' academic, behavioral, and social success. MTSS has emerged out the integration of prior tiered prevention and intervention frameworks, including Response to Intervention (RtI) and Positive Behavior Interventions and Supports (PBIS). MTSS includes universal screening each school year, ongoing data collection, continual assessment, and the implementation of differentiated supports across three tiers:

- **Tier 1** is primary or universal interventions provided to all students that include core instruction and basic interventions.
- **Tier 2** is a secondary, targeted early intervention level wherein additional supports (on top of Tier 1 supports) are provided for identified group(s) of students. This tier provides additional assistance to help students meet academic and behavioral goals.
- **Tier 3** is a tertiary, individualized level of support and intervention when Tier 1 and Tier 2 supports have failed to result in desired academic, social-emotional, and/or behavioral outcomes. This tier may include individualized supports within the school and/or referrals/support from outside agencies.

How the different intervention frameworks conceptualize prevention:

Provide different interventions to different groups based on risk/protection and the imminence of the first instance of an undesired outcome (Public Health): Public health prevention intervention frameworks differentiate the overall population into groups based upon risk and protective factors and

the imminence of an undesired health outcome. Different types of interventions are provided to these different groups.

Impose sanctions and provide supports that match in intensity the seriousness and recurrence of the undesired outcome once it has occurred (Delinquency): The OJJDP model provides for both supports and sanctions that become more intense as the seriousness or recurrence of delinquency increases and becomes less intense as seriousness or recurrence decline. The presence or sanctions as well as supports is an important element in this framework. Risk and protective factors are less important than the seriousness and recurrence of delinquency in determining the intensity of intervention.

Provide increasing service intensity based upon how students respond to less intensive levels of service in addressing the undesired outcome(s). Levels of support and intervention are based on data/response to intervention in terms of desired and undesired outcomes. (MTSS): MTSS bases the intensity of support services not on risk or protective factors, but on whether students respond effectively to less intense forms of intervention delivered in a lower intervention tier.

All of these approaches offer lessons to be considered in how the Prevention Task Force will define its intervention framework.

Appendix F: [MEMO: Coordination Table findings relevant to Governance Structure decision making](#)

Prevention Services Task Force | Prepared: September 20, 2022

Purpose: This memo summarizes issues raised by members during Coordination Table meetings (8/18, 9/15) that may be useful and relevant to the Framework Table and Task Force as they prepare governance structure recommendations for LA County’s Prevention and Promotion services.

Background

- The Coordination Table is currently identifying **Operational Barriers** to coordinated service delivery across County prevention services, as well as recommendations to address these issues to be delivered in the Task Force’s Board Report.
- Many of these Operational Barriers are directly relevant to governance structure decisions, while others may also need to be resolved via other avenues (e.g., external policy change, complementary initiatives beyond prevention)
- Coordination table membership includes several County staff, service providers, and community members with lived expertise, especially those who hold experience leading multidepartmental initiatives and collaboration across prevention and community-facing services.

Operational Barriers: Areas of Focus (Preliminary)

Currently, the Coordination Table has identified the following major categories for Operational Barriers and corresponding recommendations, including potential pilot programs and policy opportunities.

Structural barriers and status quo practices preventing a collaborative culture where there is shared accountability and coordination can be most effective

(e.g., bureaucratic hurdles, lack of dedicated staff time and funding for coordination, ad hoc efforts not supported at scale)

Statutory requirements and regulatory limitations hampering multidepartmental coordination efforts, including braided/blended funding

Lack of capacity across systems in **data sharing and integration** to better serve clients

User navigation barriers hindering folks from accessing the array of services available to them

Lack of services tailored to client needs

(e.g., language access barriers, culturally appropriate and community-specific services)

Community distrust/hesitancy engaging with government systems

(e.g., due to historical and ongoing marginalization and negative lived experiences)

Ad hoc approach to community partnerships, which hinders meaningful relationships, shared decision making, and co-creation of effective solutions

Findings and Considerations Relevant to Governance Structure

As members discussed challenges and solutions to the areas of focus, they suggested several functions and considerations needed to effectuate a comprehensive community-based prevention services delivery system. These in-progress ideas are listed below, but have yet to be officially or formally approved by the table:

Coordinating functions that must be appropriately aligned and resourced across relevant entities to address existing barriers (non-exhaustive):

- Clarified authority and responsibility to coordinate funding and facilitate braided and blended funding – but must also include strategic approach to identify and maximize funding sources and ensure long-term sustainability of prevention and promotion funds across County services
- Data sharing and integration oversight, including responsible use of predictive analytics and alignment/collaboration with state and federal data stakeholders
- Coordinated management to support community stakeholders and sustain County investments in supporting communities:
 - Countywide approach with dedicated funding to compensate Community Members with Lived Expertise involved in policy and program development
 - Countywide approach with dedicated staffing for language access, including translation and interpretation and culturally appropriate communication
 - Countywide approach to partner with community-based service providers (who are already providing holistic services) and facilitate a pipeline for multisystem navigators and other County prevention staff
- Coordinated approach and support for departments to conduct federal, state, and local policy advocacy focused on prevention and promotion (including high level direction, funding, and specific policy changes relating to issues like regulation, forms, and data collection)

Additional Overarching Considerations

- Recommendations must also include dedicated funding and staff time *within departments* to support multidepartment collaboration (e.g., to account for staff/funding needed for technological implementation, braided funding efforts, additional workloads), not only for the coordinating entity.
- In response to some of these issues, multiple members (but not all) mentioned the concept of a “superagency” or strong coordinating body, especially to facilitate accountability, bring departments together, and be responsible for effective collaboration; however, members urge the Framework Table and Task Force to think seriously about the ramifications of more centralized power and authority and ultimately what makes the most sense for LA County.

(Note: while no conclusive vote was taken and members weighed various options, table members appeared to coalesce around and agree that the issues above deserve elevated consideration during governance structure decision making. Simultaneously, the Coordination Table is currently

developing immediate action recommendations that can be taken to address operational barriers under existing systems and structures (e.g., data integration through CIO's InfoHub, piloting initiatives to blend Title IV-E and MediCal funds, priority funding needs identified by community members, etc.)

The preceding memo directly informed the work of the Framework table in identifying some of the essential coordinating functions necessary for a cohesive governance structure:

The C&I Table has discussed multiple functions to be aligned, resourced, and strengthened, including:	The Framework Table has identified the following essential functions that align with the C&I Table's feedback:
<ul style="list-style-type: none"> Facilitating cross-system navigation 	<ul style="list-style-type: none"> Coordination, Collaboration & Communication
<ul style="list-style-type: none"> Clarified authority and responsibility to coordinate and maximize holistic prevention and promotion funding sustainably 	<ul style="list-style-type: none"> Funding Acquisition and Management
<ul style="list-style-type: none"> Data sharing and integration oversight, especially with regard to service delivery and prevention outcomes 	<ul style="list-style-type: none"> Data Tracking/Metrics
<ul style="list-style-type: none"> Coordinated management to support community stakeholders and sustain county investments in supporting communities 	<ul style="list-style-type: none"> Co-Creating Solutions with Community
<ul style="list-style-type: none"> Coordinated approach to policy advocacy for prevention and promotion specifically (e.g., federal/state/local) 	<ul style="list-style-type: none"> Policy and Agenda Setting
<ul style="list-style-type: none"> Dedicated funding and staff time <i>within departments</i> to support multidepartment coordination, not only for the coordinating entity. 	<ul style="list-style-type: none"> Staffing for Coordination

Appendix G: Funding Streams Opportunities

Funding Source Opportunities

After identification of the 148 unique funding sources were reported related to CMS, FSS, PS, HMHS, and Ops, secondary research was performed to understand the nature of the funding source, and related information. After performing secondary research, the following funding sources were identified for further evaluation to (1) understand the current programs and processes related to the funding, (2) understand whether there are opportunities to braid or augment the funding going forward, and/or (3) utilize these sources as examples in discussions going forward regarding how to coordinate funding across departments. The selections were made based on whether the funding source could potentially be utilized for additional uses and larger “Total Budget Amount per FY 2022-23 Final Changes Budget” for the programs associated with the funding source².

As discussed above, consider whether an entity or group could play an oversight and administrative role to be able to evaluate the below funding sources and coordinate efforts across departments that are using or could use the funding. This group could include members of County Counsel to assist from a regulations standpoint, however individuals should be consulted that are familiar with the programs and funding sources and encouraged/pushed to strategically consider how to optimize the below (and other) funding sources.

Importantly, the funding sources below require additional discussion and deliberation with relevant program staff, budget staff, departmental leadership and County Counsel to before taking further action.

<u>Funding Source Name</u>	<u>Department Name</u>	<u>Program Name</u>	<u>Total Budget Amount per FY 2022-23 Final Changes Budget</u>	<u>Analysis</u>
AB109 - Public Safety Realignment	Public Health	Drug Medi-Cal Treatment Services	\$349,137,144	The funding itself appears to be flexible to serve individuals on AB 109 or formerly subject to AB 109 (e.g. Prop. 47 misdemeanants) in the realm of “Public Safety Services” including employing and training public safety officials, including law enforcement personnel and attorneys assigned to criminal proceedings; managing local jails; and providing housing, treatment, and services for, and supervision of, juvenile and adult offenders. The Public Safety Realignment Team (chaired by the Chief Probation Officer) and the Chief Executive Office appears to be responsible for this funding stream and it may be that there are additional logistics (e.g., Board Motions) that would be necessary to augment programs or funding. The overarching questions are (1) what, from the County, would be entailed as it relates to the logistics of new programs and (2) Are there additional programs to providing housing, treatment, and services for, and supervision of, juvenile and adult offenders, aside from those at left, that could tap into AB109 funds?
		Homelessness Services - Recovery Bridge Housing	\$23,353,700	
		Client Navigation and Engagement Services	\$14,317,484	
	Public Defender	Partners For Justice	\$1,977,000	
	Department of Economic Opportunity	Jail Based Program at the Century Regional Detention Facility (CRDF)	\$800,000	
	District Attorney	Youth Pre-Filing Diversion	\$625,000	
Temporary Assistance for	Public Social Services	Housing Supports Program (HSP)	\$54,005,000	TANF indicates that monies can be utilized by states (and state MOE) to meet these 4 goals:

² Please note that the “Total Budget Amount per FY 2022-23 Final Changes Budget” is for the program as a whole and not the related funding source next to which the program is associated. The funding source identified is a part of the total budget, the specific amount of which was not provided in the self-reported information.

<u>Funding Source Name</u>	<u>Department Name</u>	<u>Program Name</u>	<u>Total Budget Amount per FY 2022-23 Final Changes Budget</u>	<u>Analysis</u>
Needy Families (TANF)		CalWORKs Temporary Homeless Assistance (HA)	\$33,249,024	<p>(1) Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives; (2) end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage; (3) prevent and reduce the incidence of out of wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and (4) encourage the formation and maintenance of two parent families.</p> <p>CalWORKs is the program and the County has programs identified as funded by both CalWORKs and TANF. While the source may not be "flexible" in that there are highly established requirements via CalWORKs, this was not removed from this listing as it is a large funding source as it relates to prevention and promotion and consideration can be given to how best evaluate that the tenants of the Prevention Services Task Force are considered around the use of TANF and CalWORKs amounts.</p>
		CalWORKs Home Visit Program (HVP)	\$20,375,000	
		HA Permanent Arrearages	\$0	
Promoting Safe and Stable Families (PSSF) - Title IV-B	Child and Family Services	Alternative Response Services	\$31,767,000	<p>The four PSSF Program components are: (1) family preservation, (2) community-based family support, (3) time-limited family reunification and (4) adoption promotion and support.</p> <p>For the components of community-based family support and time-limited family reunification do the "Prevention and Aftercare (P&A)", "LINKAGES" and "Alternative Response Services" address these components.</p> <p>Are there additional programs that address the PSSF Program components that can utilize PSSF funding, as long as the minimum of 20 percent of the county's total annual PSSF allocation is spent under each of the four components (which multiple programs could address a single component)?</p>
		Family Preservation Assessment Services	\$31,767,000	
		Prevention and Aftercare (P&A)	\$12,500,000	
	Adoption Promotion & Support Services	\$2,984,000		
	Public Social Services	LINKAGES	\$0	
Older Americans Act (OAA)	Aging and Disabilities Department	Elderly Nutrition Program (ENP)	\$52,280,405	<p>The OAA identifies the following areas for funding uses: Supportive Services Congregate Nutrition Home-Delivered Nutrition Disease Prevention and Health Promotion Family Caregiver Support Program Long-Term Care Ombudsman Program Elder Abuse Prevention Program Legal Assistance Senior Community Service Employment Program</p> <p>The programs associated with this funding source are: Elderly Nutrition Program (ENP), Aging Programs and Services and Title V - Senior Employment Program. Does the Aging Programs and Services cover all of the remaining areas aside from employment and nutrition? Otherwise are there additional programs that address these other areas?</p> <p>(Question for Aging and Disabilities Department)</p>
		Aging Programs and Services	\$21,218,139	
		Title V - Senior Employment Program	\$3,444,022	
Community-Based Child		Alternative Response Services	\$31,767,000	Community-Based Child Abuse Prevention Grant's can be utilized for developing, operating, expanding, and enhancing community-

<u>Funding Source Name</u>	<u>Department Name</u>	<u>Program Name</u>	<u>Total Budget Amount per FY 2022-23 Final Changes Budget</u>	<u>Analysis</u>
Abuse Prevention Grant (CBCAP)	Child and Family Services	Family Preservation Assessment Services	\$31,767,000	based, and prevention focused programs and activities (there is a list of 7 examples included at left) or start-up, maintenance, expansion, or redesign of specific family resource and support programs or community-based child abuse and neglect prevention program services (there is a list of 9 examples included at left). The grants have been identified as funding Alternative Response Services and Family Preservation Assessment Services.
Measure H	Child and Family Services	Prevention and Aftercare (P&A)	\$12,500,000	Measure H assists with homeless prevention street outreach, interim housing, permanent housing, affordable housing, support services and COVID response. Common forms of homeless prevention assistance are rental assistance, utility arrears, housing-conflict resolution and mediation with landlords and/or property managers, legal assistance, and housing stabilization planning. Participants receive housing stabilization services both prior to and after permanent housing is secured. Are there additional homeless related programs that can utilize Measure H funding?
	Department of Economic Opportunity	Los Angeles: Regional Initiative for Social Enterprises (LA:RISE), Homeless Opportunities for Meaningful Employment (HOME) & Alternative Staffing Organization (ASO)	\$7,700,000	
	Public Social Services	General Relief Housing Subsidy Program	\$9,087,000	
	Sheriff	Measure H - Jail-in Reach - Homeless Initiative	\$494,000	
Mental Health Services Act (MHSA)	Child and Family Services	Prevention and Aftercare (P&A)	\$12,500,000	'MHSA funds are utilized for a number of programs, most notably in the Mental Health department. The funding itself appears to be flexible however it is subject to a community planning process that includes stakeholders and is subject to County Board of Supervisors approval. Additional detail may be needed around the local plan and the ability of the Prevention Services Task Force to be included or coordinate the local plan as it relates to MHSA funding. Are there other programs within other departments that could utilize or should be considered when it comes to MHSA funding.
	Military and Veterans Affairs	Veteran System Navigators Services Program	Not Identified	
	Mental Health	See Footnote ³	See Footnote ¹	
	Public Health	DMH Home Visiting Program Expansion (HVPE)	\$994,000	
		MCAH Home Visiting Programs	\$0	
Supplemental Nutrition Assistance Program (SNAP)	Public Health	Supplemental Nutrition Assistance Program Education (SNAP-Ed)	\$13,274,899	SNAP was not identified as a funding source. Only one program was identified as being related to SNAP. There appear to be programs under CalFresh including: CalFresh Food CalFresh Healthy Living (SNAP-Ed)

³ Programs identified include * 211-Community School Initiative (CSI) *Anti-Hate Initiative *California Mental Health Services Authority (CalMHSA) - Media and Prevention Supports *Center for Strategic Partnership *Didi Hirsch Suicide Prevention Hotline *DMH+UCLA Public Partnership for Wellbeing *Friends of the Children – LA *Home Visiting (Healthy Families America) *LAC-USC Patient Health Navigation *Los Angeles County Office of Education (Community Schools) *Los Angeles Unified School District (Trauma and Resilience Informed Early Enrichment) *Nurse Family Partnership *(PEI) - Evidence Based Practice claims Anxiety Focus" *(PEI) - Evidence Based Practice claims Crisis Focus" *(PEI) - Evidence Based Practice claims Emotional Dysregulation Focus" *(PEI) - Evidence Based Practice claims First Break Focus" *(PEI) - Evidence Based Practice claims Parenting and Family Focus" *(PEI) - Evidence Based Practice claims School Based Services Focus" *(PEI) - Evidence Based Practice claims Severe Behavior/Conduct Focus *(PEI) - Evidence Based Practice claims Step Care Focus" *(PEI) - Evidence Based Practice claims Depression Focus" *(PEI) - Evidence Based Practice claims Trauma Focus" *(PEI) Community Outreach Services *(PEI) Training dollars - Legal Entities *Prevention and Aftercare Network *Promoters (in Anti-Racism, Diversity & Inclusion (ADRI)) *School Based Community Access Platform (SBCAP) *School Threat Assessment & Response Team (START) *Transforming LA (Incubation Academy) *Veterans Peer Access Network Veterans Suicide Review Team *Youth Development and Diversion (BLOOM)

<u>Funding Source Name</u>	<u>Department Name</u>	<u>Program Name</u>	<u>Total Budget Amount per FY 2022-23 Final Changes Budget</u>	<u>Analysis</u>
CalFresh				<p>CalFresh Employment and Training (E&T) CalFresh Disaster Response CalFresh Restaurant Meals Program (RMP) Food Distribution Unit (FDU)</p> <p>These appear to be prevention/promotion focused or adjacent, given the lack of identification, follow up would consist of determining the programs currently utilizing these funds.</p>
AB 2994	Child and Family Services	Prevention and Aftercare (P&A)	\$12,500,000	<p>The funding itself appears to be flexible to fund child abuse and neglect prevention and intervention programs operated by private, nonprofit organizations. There are Board Motions identified which indicate there have been requests to use the funding to retain entities to assist with addressing child abuse and neglect prevention. The question would be the logistics around tapping into this funding (i.e., how decisions are made in terms of where funding is directed). Are there other programs that could utilize this funding. Per discussion with DCFS on 9/21/2022, recurring funding to that department from AB 2994 is ~\$3M.</p>
		Family Visitation Centers/Safe Child Custody Exchange	277,000.00	
		Incarcerated Parents Program	104,000.00	
Juvenile Justice Crime Prevention Act (JJCPA)	Probation	Early Intervention and Diversion Program	\$4,300,778	<p>The funding itself appears to be flexible to curb juvenile delinquency. In LA County, the Juvenile Justice Coordinating Council (JJCC) allocates the JJCPA funding based on its local principals and goals. The overarching questions are (1) what, from the County, would be entailed as it relates to the logistics of new programs via the JJCC and (2) are there additional programs to curb juvenile delinquency that could tap into JJCPA funds?</p>
		Multisystemic Therapy	\$982,641	
		Youth Substance Abuse	\$848,335	
		Commercial Sexual Exploitation of Children	\$462,000	
	Arts and Culture	Youth Development- Arts for Justice Involved Youth	\$2,799,000	
	Department of Economic Opportunity	Juvenile Justice Crime Prevention Act (JJCPA) - Probation Youth	\$1,000,000	
	Public Library	Probation Outreach	\$1,000,000	
	Public Defender	Juvenile Mental Health Court (Court Program)	\$166,000	
	Parks and Rec	Our Spot	Not Identified	
Parks After Dark		Not Identified		
Safe Passages		Not Identified		
Title IV-E Family First Prevention Services Act	Probation	Family Preservation	\$3,085,664	<p>Title IV-E funds were identified in the responses received (the FFPSA was not specifically identified). FFPSA gives states and tribes the ability to claim federal financial participation for providing eligible individuals with an array of approved foster care prevention services to strengthen families and keep children from entering foster care. Provide support for kinship (relative) caregivers through federal funds for evidence-based Kinship Navigator programs that link relative caregivers to a broad range of services and supports to help children remain safely with them. Establish new requirements for youth being placed in residential treatment programs and improves quality and oversight of intensive and trauma-based services. Requires access to family-based aftercare services to children at least six months post-discharge from STRTPs. Improve services to older and transition-age youth. Gives states the ability to provide services to former foster youth, up to age 23, who have aged out</p>
		Functional Family Probation	\$1,658,000	
		Functional Family Therapy	\$1,361,000	
		Commercial Sexual Exploitation of Children	\$462,000	

<u>Funding Source Name</u>	<u>Department Name</u>	<u>Program Name</u>	<u>Total Budget Amount per FY 2022-23 Final Changes Budget</u>	<u>Analysis</u>
				<p>of foster care, as well as expanding eligibility requirements to the Education & Training Voucher (ETV) program.</p> <p>Specific questions include, whether the FFPSA was considered when responding with Title IV-E funds? Second are there additional programs that utilize FFPSA funds for prevention, caregivers, residential treatment programs, etc.</p>
Community Development Block Grant (CDBG) Entitlement Program	Aging and Disabilities Department	LA Found	\$1,205,000	<p>The CDBG Entitlement Program was identified as a potential source. The only two CDBG's that were identified were in LA Found and Senior Programs. CDBG funds can be used for Construction of public facilities and improvements, such as water and sewer facilities, streets, neighborhood centers, and the conversion of school buildings for eligible purposes Public services, within certain limits, Provision of assistance to profit-motivated businesses to carry out economic development and job creation/retention activities. Additionally, the programs must benefit low- and moderate-income persons, prevention or elimination of slums or blight, or address community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community for which other funding is not available. These appear to be prevention/promotion focused or adjacent. Given the lack of identification, follow up would consist of determining whether there are programs currently utilizing these funds or if this source could be monitored/utilized in the future.</p>
	Parks and Rec	Senior Programs	Not Identified	
Social Services Block Grant (SSBG) – State of California				<p>This funding source was identified via secondary research as a potential funding source the County could evaluate. This funding source was not reported to be related to any existing LA County programs and as such the Department Name, Program Name, and Total Budget Amount per FY 2022-23 Final Changes Budget are blank for this funding source.</p> <p>Identify the programs that utilize Community Services Block Grants as the California Department of Community Services and Development states that CSBG is a federally funded investment that aims to reduce poverty in the United States. CSBG is funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Community Services. The services offered through CSBG vary by county. Some examples of the services offered include the following:</p> <ul style="list-style-type: none"> Child/Youth Services Education Services Emergency Services Employment Services Food/Nutrition Services Health Services Homeless Services Housing Services Income Management Services Senior Services Transportation Services

Funding Source Name

Department Name

Program Name

Total Budget Amount per FY 2022-23 Final Changes Budget

Analysis

<u>Funding Source Name</u>	<u>Department Name</u>	<u>Program Name</u>	<u>Total Budget Amount per FY 2022-23 Final Changes Budget</u>	<u>Analysis</u>
				These appear to be prevention/promotion focused or adjacent, given the lack of identification, follow up would consist of determining the programs currently utilizing these funds.

Appendix H: Outcome Based Budgeting

Consider Outcome Based Budgeting. Outcome-based budgeting (OBB) provides a framework for Los Angeles County to better align its spending with the strategic plan, understand that value its services are delivering, and identify opportunities to invest more effectively in equity, sustainability and other important goals.

The table below outlines the standard practices of OBB and suggests steps the County can take to implement the standards.

Standards	Steps
<p>Establish community-wide priority outcome goals and key indicators. These goals and indicators are the starting point for OBB.</p>	<p>In updating its strategic plan, the County should choose 7-10 goals that clearly articulate a desired “future state.” Examples might include A Safer County, A Growing Economy, and Effective and Accountable Government.</p> <p>For each goal, the County should select 3-4 key indicators that measure progress toward the goal.</p> <p>The indicators will play a critical role in guiding budget proposals and decisions. As such, they should reflect leadership’s priorities, such as reducing racial and other disparities/gaps.</p> <p>For A Growing Economy, these indicators might include:</p> <ul style="list-style-type: none"> - Number of new business starts - Employment rate gap - Value of exports by county businesses <p>Ideally, the County would adopt long-term (5-year) targets for each indicator, giving focus to planning and budgeting.</p>
<p>Develop a “Request for Results” (RFR) for each goal. An RFR, like an RFP, provides details about the strategies and actions needed to achieve the goal. It informs budget proposals and decisions.</p>	<p>Instead of a single strategic plan, the County should develop a RFR for each of the goals it chooses. RFRs can be updated regularly as new data and evidence is available and priorities evolve.</p> <p>The goals, indicators, and RFRs should reflect a priority-setting process and not attempt to encompass everything the County does. Focusing resources on what is most important is the way to measurable impact.</p> <p>Just as the County has adopted the Sequential Intercept Model to evaluate budget requests related to criminal justice, RFRs provide criteria to evaluate requests against all the countywide goals.</p>
<p>Define the programs/services the County funds and delivers. Each program should have clearly identified purpose, customers, cost, performance measures, and lines of authority.</p> <p>The purpose of defining programs is to provide leadership and the public with visibility into the County’s base budget and enable an assessment of the value of each program – the results per dollar spent.</p>	<p>The County should integrate program budget and performance data.</p> <p>Program budgets should, to the extent possible, reflect the full cost of service delivery. Full cost includes, among other things, pay and benefits, contractual services, supplies and materials, space utilization, IT, fleet, debt service, workers’ compensation, direct overhead, etc.</p> <p>Each program should have five “headline” performance measures that collectively answer three questions:</p> <p>How much did we do? (Outputs)</p>

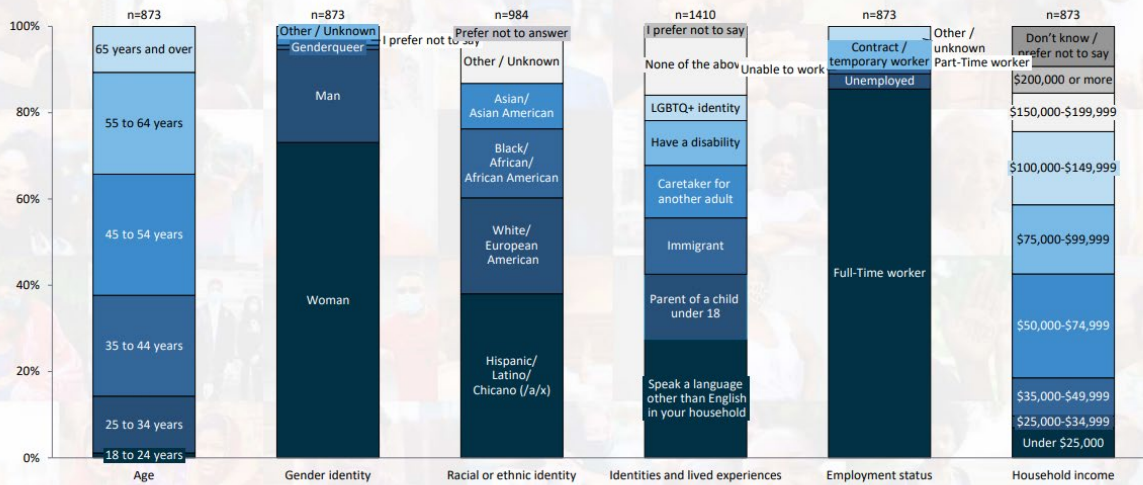
Standards	Steps
	<p>How well did we do it? (Effectiveness, Efficiency) Is anyone better off? (Outcomes)</p> <p>Where applicable, programs should also measure equity.</p> <p>For each program performance measure, the County should report prior year target and actual values and target levels for the current and budget years.</p>
<p>Allocate available funding to countywide goals, instead of giving departments funding targets.</p> <p>Available funding for OBB is based on the revenue forecast and excludes fixed costs such as debt service, pension contribution, OPEB, etc.</p> <p>Shifting from siloed department targets to funding pools around goals is intended to encourage collaboration and competition for available resources.</p>	<p>After developing an updated set of countywide goals, the County should prepare a budget planning allocation by goal.</p> <p>The first step in the allocation process is to map programs to goals and determine a baseline allocation.</p> <p>Leadership sets the allocation for the budget year to provide planning guidance for the budget process. The allocations are subject to change based on decisions made later in the process.</p> <p>The allocation process can be used to determine the tradeoffs necessary to increase investment in priority areas, such as combating climate change and reducing health disparities.</p>
<p>Write budget proposals for each program. The proposals should answer the following questions:</p>	<p>The County should require departments to submit program-level budget proposals. Each proposal would indicate the primary goal it supports.</p> <p>What is the purpose of the program? How is the program delivered? What evidence do you have of the program’s impact? How does the budget proposal help advance countywide goals? How is the program’s performance measured? How does the budget proposal improve the program’s value?</p>
<p>Program budget proposals are reviewed by “Results Teams” of employees and community members, one team for each county-wide goal.</p> <p>The teams evaluate program budget proposals based on alignment with goals (responsiveness to RFRs) and value (considering cost, performance, and evidence).</p> <p>Results Teams are able to identify opportunities for collaboration and innovation as well as gaps in proposals vs. RFRs. They are empowered to ask departments to modify proposals and even go back to the drawing board.</p> <p>The teams are given budgets based on the leadership’s funding allocation and make recommendations for how the funding should be spent to optimize results.</p>	<p>The County should use Results Teams as part of its budget review process. The teams provide a valuable new perspective, as they are focused on how budget proposals support countywide goals.</p> <p>Results Team recommendations to the Chief Executive will inform discussion about how to improve program performance and how funding could be repurposed across programs to support progress toward countywide goals.</p> <p>Ideally, the Board of Supervisors would organize its budget hearings by goal in order to get an understanding of how departments work collaboratively to advance the strategic plan.</p>

Standards	Steps
<p>An OBB summary budget publication is organized by goal instead of department.</p> <p>Each goal chapter includes:</p> <ul style="list-style-type: none"> - Overview of the goal and related strategies - Summary funding table - Highlights of how the budget supports the goal - Sub-sections for each key indicator, including a trend chart, budget highlights, and related program performance data - Table listing programs included in the goal budget and their funding levels for prior, current and budget years <p>A separate volume provides program detail organized by department.</p> <p>The program sections of the detail volume include program description, summary budget and FTE by fund, performance measures and analysis, proposal highlights, change table, object detail, and position detail.</p>	<p>A goal-oriented budget presentation would help the County better communicate to residents how their taxes are being used to improve outcomes they care about. It enhances transparency and accountability.</p> <p>Over time, County leaders will be able to determine if their funding strategies are working or not.</p> <p>Adding program-level financial detail, such as budget by fund source, can facilitate blending and braiding funds across programs with similar outcomes.</p>

Appendix I: Community Survey Results

The majority of community survey respondents were women and full-time workers; respondents represented a variety of ages incomes, racial or ethnic identities, and lived experiences

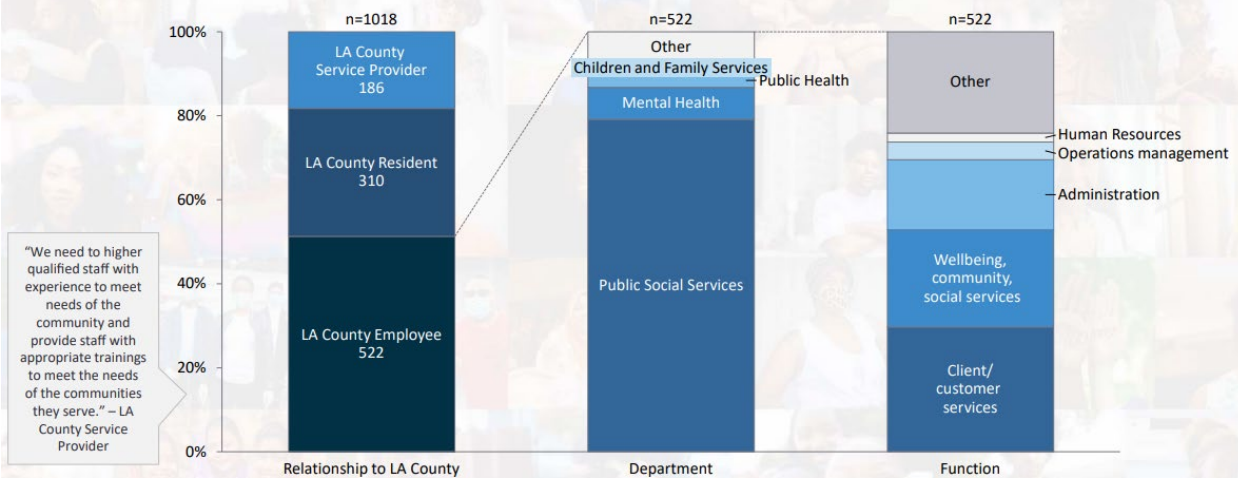
Community survey respondent demographics (n=873)¹



Note: 11,873 distinct people completed the survey, but certain questions received more responses as they were "Select All that Apply" question-types. Source: Community Survey - August 2022

Public Social Services is the most represented department among LA County employee respondents, while client / customer services is the highest represented function

Respondent relationships to LA County (n=873)¹

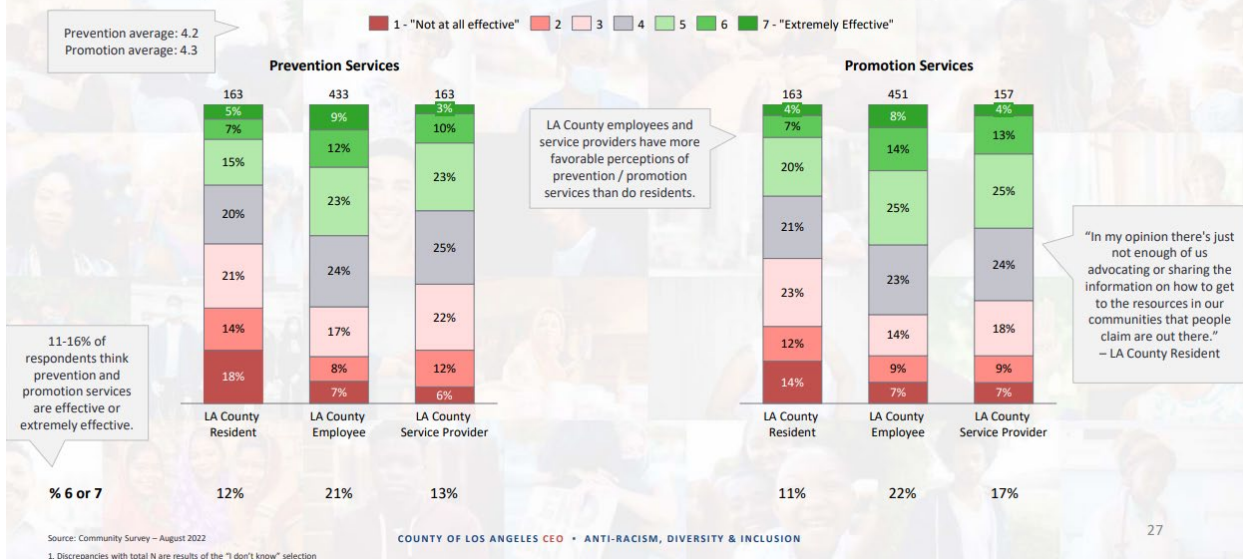


"We need to higher qualified staff with experience to meet needs of the community and provide staff with appropriate trainings to meet the needs of the communities they serve." - LA County Service Provider

Note: 11,873 distinct people completed the survey, but certain questions received more responses as they were "Select All that Apply" question-types. Source: Community Survey - August 2022

Scores for prevention services and promotion services are highly similar, and both received more negative responses than positive responses, indicating room for improvement

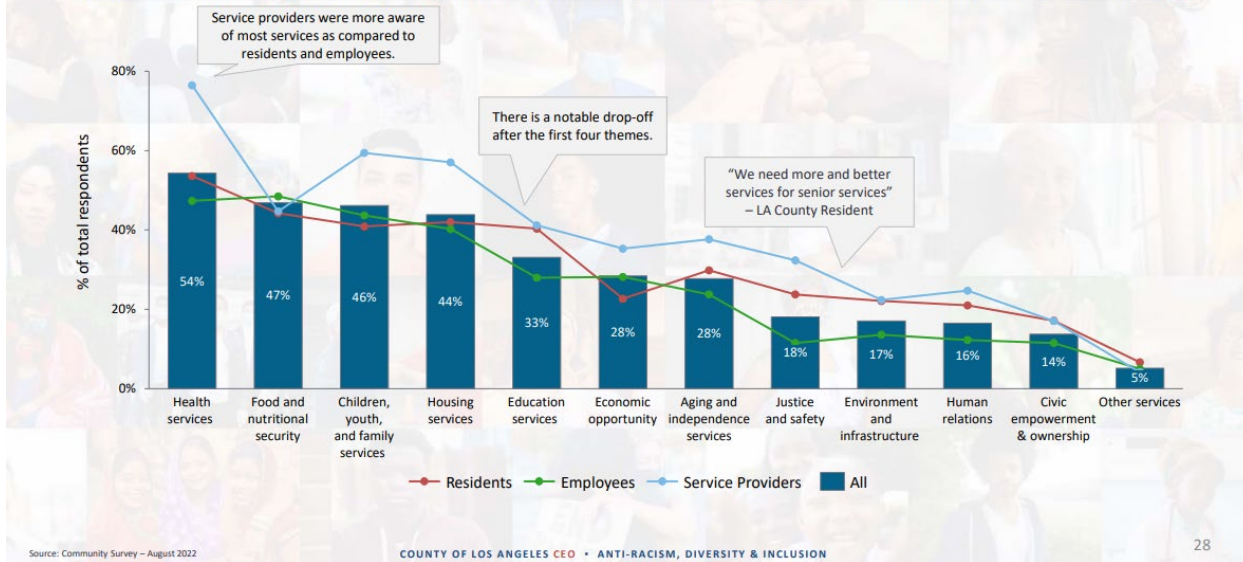
"How effective do you think LA County has been in providing comprehensive and coordinated prevention and promotion services?"¹



Respondents are most familiar with health services, food and nutritional security services, and children, youth, and family services in LA County

"Which of the following categories of LA County prevention and/or promotion services are you broadly familiar with?"

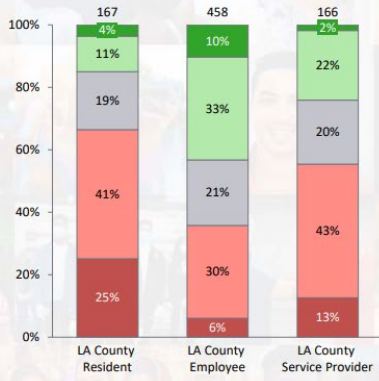
(For example, you previously received these services, managed these services as a service provider, or assisted others in accessing these services, etc.)



46% of respondents stated that it is somewhat hard or extremely hard to access prevention and promotion services they need, while 41% said that LA County delivers services poorly or very poorly

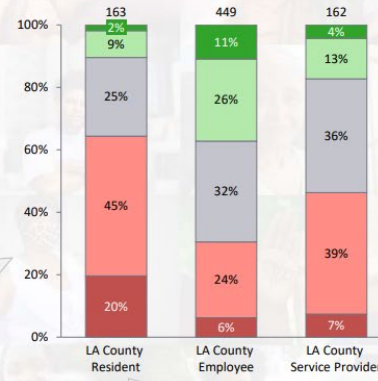
"How easy it for LA County residents to access prevention and promotion services that they need?"¹

Extremely easy Somewhat easy Neither easy nor hard Somewhat hard Extremely hard



"How well is LA County delivering prevention and promotion services?"¹

Very well Well At an acceptable level Poorly Very poorly



LA County Employees made up 58% of respondents and have a more favorable opinion of both access and delivery than residents and providers

"Programs have too many hoops and funding is hard to access."
— LA County Service Provider

"The world has changed so much over the two years. We have to find ways to reach community members and deliver services in new ways."
— LA County Resident

Source: Community Survey – August 2022

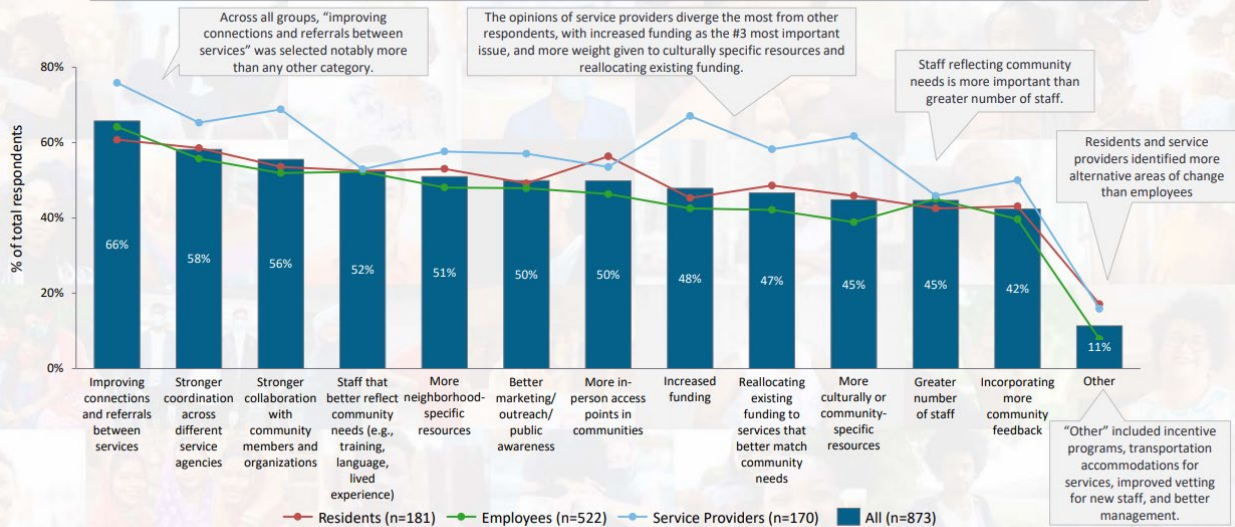
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1. Discrepancies with total N are results of the "I don't know" selection

29

Two of the three top changes that respondents selected reflected a public desire for stronger coordination across service agencies

"What do you think is needed to make LA County's prevention and promotion services more effective? Please select all that apply." (n=873)



Across all groups, "improving connections and referrals between services" was selected notably more than any other category.

The opinions of service providers diverge the most from other respondents, with increased funding as the #3 most important issue, and more weight given to culturally specific resources and reallocating existing funding.

Staff reflecting community needs is more important than greater number of staff.

Residents and service providers identified more alternative areas of change than employees

"Other" included incentive programs, transportation accommodations for services, improved vetting for new staff, and better management.

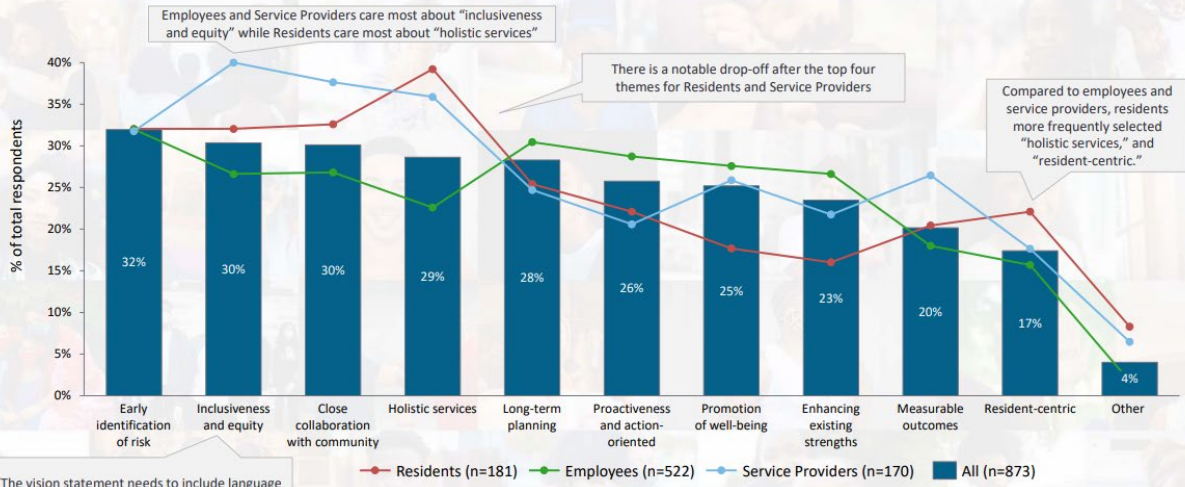
Source: Community Survey – August 2022

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Early identification of risk, inclusiveness and equity, and close collaboration with the community were most frequently selected as desired themes for the mission statement

"Which of the following themes would you like to see reflected in the vision statement for prevention and promotion services for LA County? Please select up to 3 themes that resonate with you." (n=873)



"The vision statement needs to include language about addressing the needs of all values and populations." – LA County Service Provider

Source: Community Survey – August 2022

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Appendix J: Detailed Voting Record

■ = Absent

**Italics indicate votes by alternate members*

Recommendation	Meeting Date	Vision	Model	Guiding Principles	PPCT	PPCT: policy agenda	PPCT: reg/legal barriers	PPCT: resource navigation	Enhanced budget capabilities	Prevention/Promotion Budget	CEO - info/referral platform	Community Member compensation	CBO partnerships	Prevention/Promotion Outcomes	Data sharing
		1a	1b	1c	1d	1e	1f	1g	2a	2b	3a	3b	3c	4a	4b
		11/4/22	12/16/22	11/4/22	1/6/23	1/6/23	1/6/23	1/6/23	1/6/23	1/6/23	11/4/22	11/4/22	11/4/22	12/16/22	11/4/22
Justice, Care, & Opportunities Department	Songhai Armstrong <i>*Gina Eachus</i> <i>**Shelby King</i>	YES*	YES**	YES*	YES*	YES*	YES*	YES*	YES*	ABSTAIN*	YES*	YES*	YES*	YES**	YES*
Community Member with Lived Expertise	Carlos Benavides	YES	■	YES	■	■	■	■	■	■	YES	YES	YES	■	YES
Community Member with Lived Expertise	Yahnii Bridges	YES	ABSTAIN	YES	■	■	■	■	■	■	YES	YES	YES	ABSTAIN	YES
Department of Mental Health	Robert Byrd	YES	YES	YES	YES	YES	YES	YES	YES	ABSTAIN	YES	YES	YES	YES	YES
Department of Public Social Services	Jackie Contreras	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Department of Public Health	Barbara Ferrer <i>*Megan McClaire</i>	YES*	ABSTAIN*	YES*	ABSTAIN*	ABSTAIN*	ABSTAIN*	ABSTAIN*	ABSTAIN*	ABSTAIN*	YES*	YES*	YES*	YES*	YES*
LA County Office of Education	Alicia L. Garoupa	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Department of Health Services	Christina Ghaly <i>*Nina Park</i>	YES	ABSTAIN	YES	NO*	NO*	NO*	NO*	ABSTAIN*	ABSTAIN*	YES	YES	YES	YES	YES
UCLA Prizker Center	Tyrone Howard	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Commission for Children & Families	Tamara Hunter <i>*Jacquelyn McCroskey</i>	YES	YES*	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES*	YES
Department of Economic Opportunity	Kelly Lo Bianco*	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
LA County Development Authority	Tracie Mann <i>*Darlene Aikens</i> <i>**Myk'Il Williams</i>	YES*	YES*	YES*	ABSTAIN**	ABSTAIN**	ABSTAIN**	ABSTAIN**	ABSTAIN**	ABSTAIN**	YES*	YES*	YES*	YES*	YES*
Office of Child Protection	Minsun Meeker	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CEO - Poverty Alleviation Initiative	Carrie Miller	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Department of Children and Family Services	Angela Parks-Pyles <i>*Ramona Merchant</i>	YES*	YES	YES*	YES	YES	YES	YES	YES	ABSTAIN	YES*	YES*	YES*	YES	YES*
Los Angeles Homeless Services Authority	Kiara Payne	■	YES	■	■	■	■	■	■	■	■	■	■	■	YES
Youth Commission	Erica Reynoso <i>*Tery Ton</i>	■	■	■	ABSTAIN*	ABSTAIN*	ABSTAIN*	ABSTAIN*	ABSTAIN*	ABSTAIN*	■	■	■	■	■
CEO - Anti-Racism, Diversity, & Inclusion Initiative	D'Artagnan Scorza	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Community Member with Lived Expertise	Fran Sereseres	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
CEO - Homeless Initiative	Cheri Todoroff <i>*Ashlee Oh</i>	YES	YES	YES	YES*	YES*	YES*	YES*	YES*	ABSTAIN*	YES	YES	YES	YES	YES
Aging & Disabilities Department	Laura Trejo	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
First 5 Los Angeles	John Wagner <i>*Anna Potere</i>	YES	ABSTAIN*	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	ABSTAIN*	YES
	YES % (of present members)	100%	84%	100%	78%	78%	78%	78%	78%	56%	100%	100%	100%	79%	100%