

II. MEETING OUR DIRECTIVES

Directive 1: Governance Structure and Coordinated Service Delivery



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 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 by 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 **Exhibit D.**)

This multidisciplinary and comparative 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 and shape 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.

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Table II.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, followed by a listing of other tiers and their definitions currently in use across the US federal government, the state of California, and other regional entities.

Source	Primary	Secondary	Tertiary	Remedy – ADDED by Task Force	Notes
LA County Prevention Services Task Force (as recommended in this document)	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 document for more information.
CDSS: Framework for Preventing Child Abuse by the Promotion of Healthy Families & Communities; March 2022 ACL on CPP	“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
Children’s Bureau (ACF/HHS): Framework for Prevention of Child Maltreatment	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
National Institute on Drug Abuse (NIH): Diagnosis and Treatment of Drug Abuse in Family Practice (2022)	“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
CDC: Picture of America – Prevention (2016)	“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
U.S. Interagency Council on Homelessness, Attachment to Federal Strategic Plan (2010)	“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”
LA County Commission for Children and Families: Prevention Workgroup Comprehensive Plan (2005)	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
LA County DCFS/Casey: Prevention Initiative Demonstration Project (2009)	“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
Children’s Data Network: LA County Dual System Report for DCFS and Probation (2021)	“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
Health Impact Evaluation Center for DPH/CEO-Homeless Initiative Measure H: Assessment (2017)	“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)

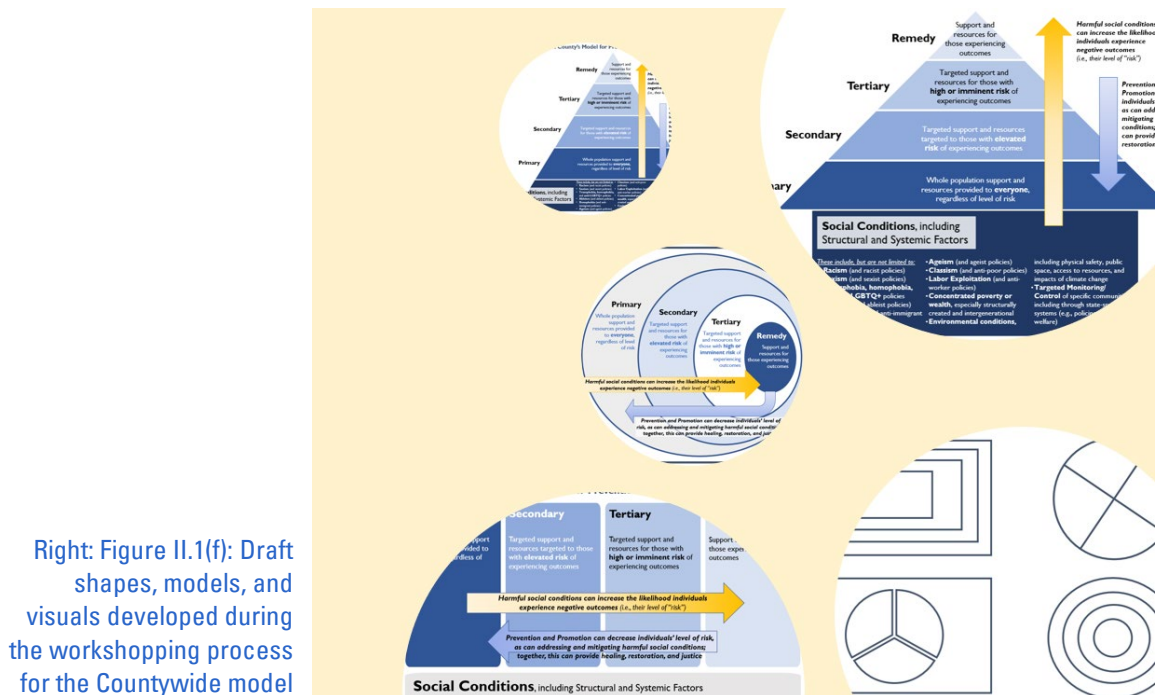
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2. After reviewing the varying definitions and models above, the Framework table workshopped different shapes, visual representations, and language to convey its agreed upon values and ideas most effectively across the County.

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 or 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 II.1(f) below depicts some of the shapes, models, and visuals the Task Force workshopped and considered.

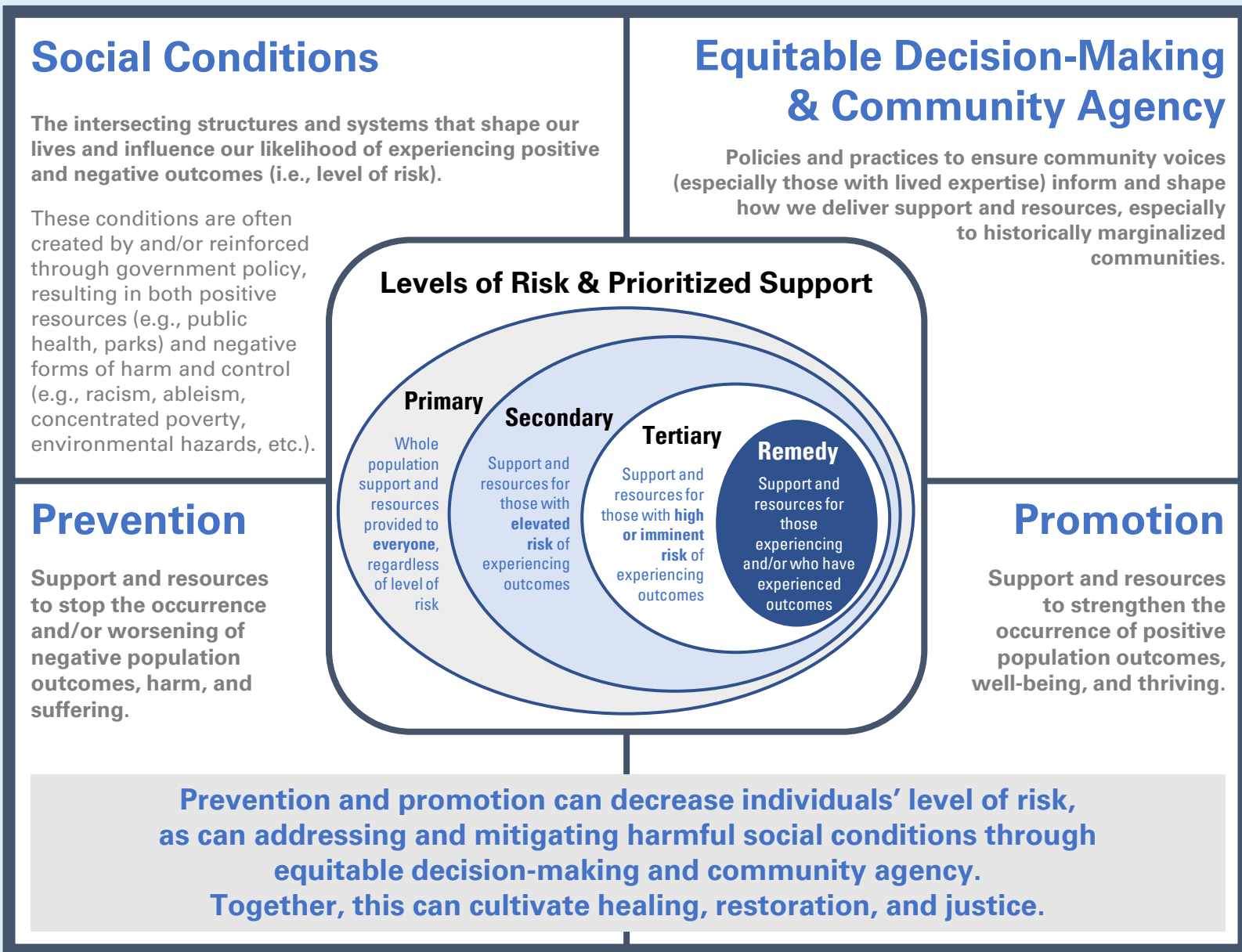


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3. Finally, the Task Force collaboratively revised and finalized a new recommended framework for Los Angeles County shown in Figure II.1(g) below.

Figure II.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.

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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 our lives and harm some people even while they may benefit others. These include, but are not limited to:

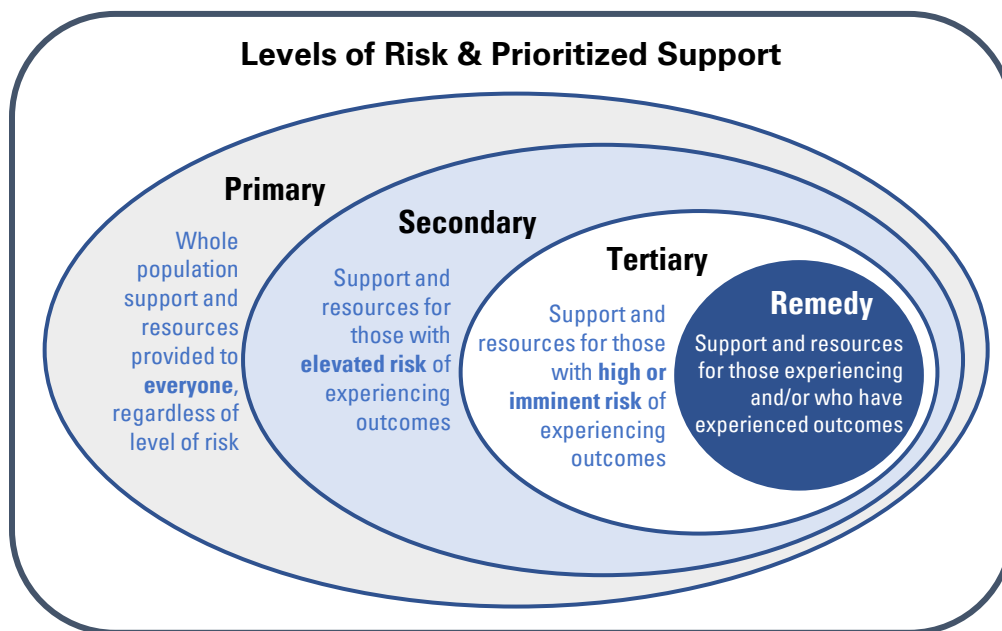
- **Racism** (and racist policies)
- **Sexism** (and sexist policies)
- **Transphobia, homophobia, and anti-LGBTQ+** policies
- **Ableism** (and ableist policies)
- **Xenophobia** (and anti-immigrant policies)
- **Ageism** (and ageist policies)
- **Classism** (and anti-poor policies)
- **Labor Exploitation** (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, deportation systems)

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 prevent additional or future harm or trauma due to prior or ongoing experiences.

The Framework table brainstormed several different names 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. This model aims to name and organize these levels of risk and prioritized support, so that the County can ensure all its services are operating across a comprehensive continuum of support with resources that address needs at varying levels of risk, including those determined largely by social conditions.

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- **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 system might cause greater confusion when aligning around one unified Countywide set of definitions. Similarly, the California Department of Social Services prevention framework utilizes definitions for its tiers that are more closely aligned to a 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.

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

The Task Force emphasizes that this document condenses a year’s worth of intensive research and in-depth conversations. This is especially true for the prior section, as stakeholders from various departments or community spaces contributed their diverse perspectives. The Countywide model proposed in this document 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 document. **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 II.1(h) below shares one example of how the County can accessibly communicate the ideas and concepts in this document 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 document 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 II.1(h): Example graphics to socialize the Countywide model in an accessible, welcoming way

