



**STATEMENT OF PROCEEDINGS
FOR THE REGULAR MEETING OF THE
LOS ANGELES COUNTY
PREVENTION AND PROMOTION
SYSTEMS GOVERNING COMMITTEE**

**500 WEST TEMPLE STREET
LOS ANGELES, CA. 90012**

Wednesday, April 16, 2025

10:00 AM

RECORDING LINK FOR THE MEETING. (25-2317)

Attachments: [VIDEO LINK](#)

1. Call to Order, and Los Angeles County Land Acknowledgement. (25-2198)

Chair Dr. Jackie Contreras read the LA County Land Acknowledgment at 10:07 AM. Member Dr. Wong arrived at 10:14 AM at which point a quorum of in person members was established.

Attachments: [PUBLIC COMMENT/CORRESPONDENCE](#)

Present: Chair Dr. Jackie Contreras, Vice Chair Brandon T. Nichols, Member Peter Loo, Member Dr. D'Artagnan Scorza, and Member Dr. Lisa H. Wong

Absent: Member Fesia Davenport, Member Dr. Barbara Ferrer, Member Karla Pleitéz Howell, and Member Cheri Todoroff

I. ADMINISTRATIVE MATTER

2. Approval of the minutes from the April 2, 2025 SPECIAL meeting. (25-2199)

On motion of Vice Chair Brandon T. Nichols, seconded by Member D'Artagnan Scorza, there being no opposition this item was approved by common consent.

There was no in person, virtual or written public comment.

Ayes: 5 - Chair Dr. Jackie Contreras, Vice Chair Brandon T. Nichols, Member Peter Loo, Member Dr. D'Artagnan Scorza, and Member Dr. Lisa H. Wong

Absent: 4 - Member Fesia Davenport, Member Dr. Barbara Ferrer, Member Karla Pleitéz Howell, and Member Cheri Todoroff

Attachments: [Item 2_040225_PPSGC_SPECIAL_DRAFT_Minutes_PUBLIC_COMMENT/CORRESPONDENCE](#)

II. DISCUSSION AND APPROVAL

3. Discuss and take appropriate action on the food security landscape analysis pertaining to the December 3, 2024 Board Motion “Enhancing Linkages for DCFS Impacted Families”. (25-2200)
- Anna Potere, Project Director, Child Welfare, and Family Well-Being

Ms. Anna Potere provided a background of the Board Motion, directive, and the approach taken to inform the development of a report. The motion directs the Prevention and Promotion Systems Governing Committee (PPSGC) to examine collaborative efforts underway to ensure food security for families with children ages five and under (DCFS-impacted and otherwise) and to develop recommendations for strengthening related efforts via the Community Pathways. And informed that the approach taken is multi-pronged and includes the following:

- Review of available data research literature and analysis
- Engaged family-serving County departments via survey and/or interviews with Subject Matter Experts
- Interviewed leaders of core pillars of the food security safety net and natural touch points for families with young children

She then touched on the Organizations that were engaged via the key informant interviews and/or survey and expressed gratitude to the individuals who lent their time and expertise to the research for the report. And that the research yielded four key pillars for children ages 0-5 and four primary natural touchpoints for families with children in this population. She stated the four pillars are as follows:

- Special Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC)
- CalFresh (i.e., the Supplemental Nutrition Assistance Program – SNAP)
- Head Start/Early Head Start
- Food Banks, Pantries, Farms, and Recovery Programs

Furthermore, that data on participation in the pillars is included in the report and emphasized the pillars are available Countywide and collectively support the food needs of hundreds of thousands of children. And in terms of the touchpoints where families currently engage, and screenings and referrals already take place, these providers were highlighted due to their focus on children ages 0-5. She also stated the providers participated in the research process, and most indicated they, and/or partner agencies conduct food security studies, and food, funding, and/or referrals to resources to meet needs are provided to those who screen positive.

Ms. Potere stated that food security is a significant issue for families with children ages five and under, and utilization of existing resources remains low. She shared the following statistics:

- 26.4% of households with children ages five and under experience food insecurity
- 56% of households with children ages six and under experienced food insecurity
- 24% of households receiving Women, Infants, and Children (WIC) experience food insecurity
- 39% of households receiving CalFresh experience food insecurity

She additionally noted that resources are not being fully utilized and recommended the following strategies:

- Advance data sharing and integration between MediCal and WIC to address barriers to targeted outreach and enrollment
- Leverage natural touchpoints in communities to increase knowledge and awareness of resources to connect families directly with food, e.g., mobile food distribution models
- Address transportation-related barriers through vouchers or food delivery programs

And that findings informed that home-based childcare providers, family, friends, and neighbor providers are struggling, and that these strategies aim to address contributing factors to food insecurity with this group and shared additional strategies:

- Develop dedicated resource hubs and access pathways
- Make available food resource access grants and direct cash transfers
- Advocacy for equity in rates

She noted that another finding that emerged early in their research is that no single Coordinating entity exists to address food security among families with young children and shared the following strategy to address this issue:

- Establish a Body to facilitate strategic Coordination and collaboration, shared learning, and collective impact for this population

She also shared that threats exist to federally funded programs and a strategy to mitigate the negative impacts would be to develop actionable plans. She noted the projected cuts of one billion in funding to schools and food banks to purchase locally grown fruits and vegetables and stated a strategy could be to develop and disseminate messaging about the critical role food and nutrition play in healthy brain development in young children. Lastly, she stated the next steps would be as follows:

- Partner with Child Care Alliance to bring together key Stakeholders for a conversation on food security, the need for a Coordinating Body, and explore possibilities for a path forward
- Convene a Community Pathways 2.0 workgroups on Concrete Supports and Economic Well-Being, with food security as the first area of focus
- Ongoing collaboration with County departments, First 5 LA, Office of Food Equity, and other key Stakeholders

Ms. Potere informed that the report is due to the Board on May 19, 2025.

Member Dr. Scorza asked Ms. Potere if she would expand on which families are less likely to take advantage of the programs, and Ms. Potere indicated that because of the timeline they don't have concrete data and it's something they have heard from all of the providers spoken to who say these families do not participate out of fear.

Chair Dr. Contreras additionally noted that a lot of the work being discussed intersects with the Department of Public Social Services (DPSS) work and is a nice drill down in a specific area that offers the next steps to solutions. Ms. Potere informed that she anticipates that the Office of Child Protection (OCP) could be involved in some aspects of the work due to its involvement in Community Pathways 2.0. Chair Dr. Contreras stated it is possible for the OCP to do some of the work however, it is important that the PPSGC Body provide support, and Vice Chair Nichols expressed concern that the PPSGC Body will become a Body that coordinates work across departments rather than a Body that only makes recommendations to the Board of Supervisors and feels a discussion is needed to address this.

Member Dr. Wong agreed that a discussion on the role of the PPSGC regarding this work is important. Chair Dr. Contreras noted that the PPSGC was tasked with making the assessment and providing recommendations and will make sure it is aligned with what is being asked of the PPSGC Body. Chair Dr. Contreras informed that in terms of next steps the Community Pathways 2.0 Coordinating Body can be a part of the implementation aspect and that the language on the report needs to be clear, so everyone understands it.

Ms. Potere indicated that the recommendation of having a multidisciplinary table to address food insecurity and the work that has already been done by the Coordinating Body handling this have been recognized. And noted that what they have heard from the community is a need for different providers to talk to each other about what they are seeing in the food landscape with regard to children under the age of five to coordinate and maximize resources if there is a common theme in terms of challenges for families and to have the ability to move forward with best practices. Member Dr. Scorza asked if there is a correlation between the focus of reducing children entering the welfare system and the food insecurities with children five and under and questioned if there is a relationship with Coordinating efforts between the two where existing resources are in place to assist in obtaining that information to determine where the greatest vulnerabilities are with families who have children ages 0-5 and whether it requires a Coordinating table. Vice Chair Nichols indicated that DCFS was involved in developing these recommendations to food insecurity and indicated that moving forward DCFS will be part of Community Pathways 2.0.

The recommended changes to the report back will be made and provided to the body for review and appropriate action at the May 21, 2025, PPSGC meeting.

There was one in person public comment.

Virtual public comment was provided by Ms. Minsun Meeker, OCP.

There was no written public comment.

Attachments: [December 3, 2024 Board Motion: Enhancing Linkages for DCFS](#)
[Item 3 Report Back-Linkages for DCFS Impacted Families BOS Motion](#)
[Item 3 PPSGC Food Security for Children 0-5 Briefing Apr2025 \(002\)](#)
[Item 3 & 5 PPSGC PPT 04.16.25](#)
[PUBLIC COMMENT/CORRESPONDENCE](#)

4. Discuss and take appropriate action on the PPSGC funding stream and contracting analysis, available resources, and best strategies. (25-2201)
 - Dr. D'Artagnan Scorza, PPSGC Member and Executive Director, of Racial Equity, County of Los Angeles
 - Carlos Pineda, PPCIT Manager, Los Angeles County Anti-Racism, Diversity, and Inclusion (ARDI) Initiative
 - Noha Kikhia, Redstone Strategy Group
 - Micah Park, Redstone Group

Member Dr. Scorza indicated the funding stream analysis is designed to improve the implementation efforts as well as a refinement of the strategies.

Noha Kikhia, Redstone Strategy Group, spoke on the funding stream analysis and the implementation infrastructure eco system between the PPSGC and PPCIT which consists of, Forming, Storming/Norming, Consultant Support, and Performing/Next Steps. She noted that the funding stream analysis has been focused on the three primary services noted below.

- 1. Collect Prevention and Promotion program and funding data**
- 2. Validate, synthesize, and supplement data**
- 3. Conduct targeted analysis**

She additionally indicated that they are in the middle of the validations and analysis phases with the three items of discussion being data request and collection, data validation, and data analysis and recommendations. And the norms that guided their process were as follows:

- 1. Respect the hard work of each department or agency to allocate, spend, and track budgets for maximum impact**
- 2. Approach questions with curiosity and openness to many possible answers**
- 3. Engage as a collaborative partner, sharing transparently and iterating on results**
- 4. Share the data we have, knowing that it is imperfect and will improve through iteration**
- 5. Center the client and the need for equity in delivering services**

She also indicated that the PPCIT, and the Los Angeles County Anti-Racism, Diversity, and Inclusion (ARDI) sent the program and funding inventory to 38 County departments and agencies to collect program, funding, contract, and staffing data.

22 departments responded with program and funding data and six responded they do not operate programs relevant to the PPSGC framework. She noted the following as important to the inventory data.

1. The self-reported data is looking in the rear-view mirror
2. Departments shared overall budget information and many of the programs include prevention as only a portion of its total services or activities
3. County staff expressed differing opinions and understanding of how their work fits into the prevention definitions

Ms. Kikhia spoke on the shared program and funding data that is aligned with the PPSGC framework which includes the Domain, Population, and Population Level Indicators/Metrics. She also spoke on submitted programs that were spread across the PPSGC and the funding in the inventory was mostly tagged for primary prevention and came from Federal and State sources. Ms. Kikhia indicated that the decision to classify the funding was self-reported by departments. She also indicated there are opportunities to leverage the data and stated the next step is to work with Coordinating Bodies to identify opportunities to inform program and spending plans, and passed the conversation to Mr. Bill Pitkin, independent Consultant, who indicated the following are questions they can help answer.

1. To what extent are the current funding sources for priority existing programs likely to be sustainable? Where are the one-time funding sources that are going away or State/Federal sources that are at risk?
2. To what extent does recent data show us there is opportunity to further maximize funding in specific programs across domain areas?
3. What opportunities are there to use existing money differently to achieve programmatic priorities? Are other jurisdictions using funding sources differently in ways that could inform the work of the Coordination Bodies?

Mr. Pitkin recommended a partnership with Coordination Bodies to understand priorities and make recommendations such as the following.

1. Implement secondary prevention interventions to disrupt abuse cycles among young people who have been exposed to domestic violence and intimate partner violence (DV/IPV)
2. Identify relevant programs from the program and funding inventory
3. Assess underlying funding sources and budget outlook
4. Provide recommendations and iterate with Coordination Bodies

He also added that conducting the funding analysis in the next four months is the goal and shared the next steps as follows.

1. Partner with Coordination Bodies and departments as needed to review and refine program tagging across the PPSGC and PPSGC framework.
2. Meet with PPSGC, PPCIT, and Coordination Bodies leadership to discuss opportunities to leverage this data to inform plans
3. Conduct targeted analysis and offer recommendations to Coordination Bodies to inform program and policy plans

Member Dr. Wong stated that it's important to look at how funding is being spent and whether funding for important programs for the community will be available. Mr. Pitkin indicated that based on the efforts to safely reduce the number of children entering the welfare system and there being a shift in funding that can affect other programs that discussions with other departments, themselves, and consultants will need to take place as well as looking at examples and jurisdictions that have already done this work. Ms. Kikhia stressed that a need to look at top funding sources and budgets is important to bring to the Coordination Bodies so they have a better understanding and recognition of which specific programs may be impacted and how it affects the Coordination Bodies. Member Dr. Wong indicated they are currently doing a lot of modeling and evaluating programs and feels it is important to share with other groups. Also, that they are looking at how money can be allocated and not be subjected to Prop 1 rules and stressed that Prop 1 removed prevention completely from the department. And confirmed that prevention is not going away.

And in terms of the best way for departments to work with the PPCIT it is important to get together as a department and advocate at the State level for technical assistance because some providers will need to become Medi-Cal certified. Member Dr. Scorza indicated that obtaining technical assistance for the projects could be one way to support the efforts. Ms. Kikhia asked Member Dr. Wong if behavioral health is the primary focus for the Department of Mental Health (DMH) or will it intersect with other elements and Member Dr. Wong indicated they would need to see how good the fit is and how impactful the programs are, and will they serve the population.

Member Loo indicated there might be an opportunity when looking at funding to align some of the programs under the same umbrella of programs and services particularly when common disparities are identified.

Member Dr. Scorza indicated that the next steps for the funding stream are for the Redstone Strategy Group and the PPCIT to work with the Coordination Bodies to review and refine the program tagging and meet with those Coordination Bodies to discuss opportunities to leverage the data and conduct targeted analysis and offer recommendations for program and policy plans. He additionally stated they want to use the information to help Coordination Bodies proposed strategies that could potentially be implemented.

There was no in person, virtual, or written public comment.

Attachments: [Item 4 Funding Analysis Update PPT](#)
[PUBLIC COMMENT/CORRESPONDENCE](#)

5. Discuss and take appropriate action to update the PPSGC/PPCIT Strategies, Planning Process, Activities, and Next Steps. (25-2203)
- Dr. Jackie Contreras, PPSGC Chair and Director of the Department of Public Social Services, County of Los Angeles
 - Dr. D'Artagnan Scorza, PPSGC Member and Executive Director, of Racial Equity, County of Los Angeles
 - Carlos Pineda, PPCIT Manager, Los Angeles County Anti-Racism, Diversity, and Inclusion (ARDI) Initiative

Chair Dr. Contreras informed that the progress on developing the plans for domains, populations, and outcomes has already been discussed but clarified that what currently exists have been labeled as Coordinating Bodies and includes representatives from the PPSGC, and PPCIT staff that partner on these efforts but are not exclusive to this Body. Member Dr. Scorza outlined the next steps in developing the plans as follows.

1. Select Proposed Strategies (Board Report)
2. Review Proposed Strategies (Board Report)
3. Secure inputs for Plan Development

He indicated that these strategies will be discussed at the May meeting. Chair Dr. Contreras stated four Coordinating Bodies have been identified and they want to work with each of the committees and if discussions do

not begin in May they can begin in June through September where they will update the Bodies on progress. Member Dr. Scorza stressed that it is important to choose strategies that the County has influence over and that these strategies are rooted in efforts that work. He then informed that the next steps to implement the plans are as follows.

1. Identify implementation resources
2. Secure policy changes needed/establish policy agenda
3. Operational management plan
4. Program delivery plan

Vice Chair Nichols stressed that he doesn't want to hide from the Board what the true issues are and feels the Board needs to hear a candid assessment of what prevention looks like, what it would take, and what hard decisions need to be made. Member Dr. Scorza added that a line should be added to number five that states there are implementation barriers. Chair Dr. Contreras stated the importance of not restarting things and allocating resources to achieve the outcomes desired. Additionally, that although there are programs to support communities, engagement is an issue when trying to connect with individuals or families.

Member Dr. Scorza stated there are other activities that the PPSGC and PPCIT are charged with and listed them as follows.

1. Communicate and disseminate the Prevention and Promotion model Countywide
2. Incorporate the Prevention and Promotion Model within departments
3. Work with Board offices to determine where the PPCIT should ultimately reside
4. Formalize the County's "no wrong door" referral and service delivery framework

He went over upcoming efforts which include the TAY Table Kick-off and User Journey Mapping, both scheduled to take place on April 30, 2025. Followed by next steps and timelines with activities and timelines and statuses. And informed that one of the things that came up in discussions with Ernst & Young, the Coordination Bodies, and other departments is the urgency to identify the Personas and to make sure the Personas match the needs. Furthermore, that the PPCIT will be reaching out to members via email to identify the Personas they should move forward with.

There was no in person, virtual, or written public comment.

Attachments: [Item 3 & 5_PPSGC PPT 04.16.25](#)
[PUBLIC COMMENT/CORRESPONDENCE](#)

III. MISCELLANEOUS

Public Comment

6. Opportunity for members of the public to address the PPSGC on items of interest that are within the jurisdiction of the PPSGC. (25-2204)

There was no in person, virtual, or written public comment.

Attachments: [PUBLIC COMMENT/CORRESPONDENCE](#)

Adjournment

7. Closing Remarks and Adjournment. (25-2205)

Chair Dr. Jackie Contreras announced that the next PPSGC meeting is scheduled for May 21, 2025. She then informed that members of the public who wish to contact the Body to receive materials or agendas may do so by contacting Commission Services at contact@ppsgc.lacounty.gov. She then adjourned the meeting of Wednesday, April 16, 2025, at 11:46 AM.