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JUDGE MICHAEL NASH (RET.)
EXECUTIVE DIRECTOR

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March 3, 2025

To: Supervisor Kathryn Barger, Chair
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Lindsey P. Horvath
Supervisor Janice Hahn 

From: Judge Michael Nash (Ret.), Executive Director
Los Angeles County Office of Child Protection

REPORT-BACK ON THE DECEMBER 3, 2024, BOARD MOTION (AGENDA ITEM 6)— ENHANCING LINKAGES FOR DCFS-IMPACTED FAMILIES

On December 3, 2024, the Board of Supervisors adopted a motion authored by Supervisors Horvath and Hahn that directed the Office of Child Protection (OCP), in partnership with the Department of Public Health (DPH), Department of Children and Family Services (DCFS), and County Counsel, to assess the feasibility of prioritizing DCFS-impacted families for family support and home-visiting services and develop a draft Memorandum of Understanding (MOU) for data-sharing between DCFS and DPH. Specifically, the Board directed the relevant County departments to report back within 90 days on the following:

1. Provide a feasibility assessment on prioritizing DCFS-impacted families for family support and home-visiting services, including:
 - a) Identifying additional funding needs and potential sources to support expanded access to home-visiting programs
 - b) Assessing the current and needed capacity for different home-visiting models throughout Los Angeles County
 - c) Developing outcome-measurement mechanisms to track the effectiveness of these services for DCFS clients
2. Develop a draft MOU, in consultation with County Counsel, between DCFS and DPH for a data-sharing agreement aimed at streamlining referrals and linkages, as well as measuring program impact

This report is a coordinated response on these Board directives from the OCP that reflects work carried out by DPH, DCFS, and OCP, in consultation with County Counsel.

The findings in this report-back reinforce these County departments' commitment to a holistic and collaborative child and family well-being system that effectively bridges child-welfare and public-health systems to ensure that families with young children receive the support they need to thrive.

Feasibility Assessment on Prioritizing DCFS-Impacted Families for Home-Visiting and Family Supports

Four models of home-visiting programs funded through DPH and DCFS for families with children ages 0 to 5 are active in Los Angeles County and are included in our feasibility assessment. Three of those models—Parents as Teachers (PAT), Nurse-Family Partnership (NFP), and Healthy Families America (HFA)—are evidence-based programs offered through DPH that provide comprehensive support for families with children from age zero (prenatal) to five years; each has unique attributes, including program goals, educational focus, age of program conclusion, and eligibility.

Partnerships for Families (PFF), originally a First 5 Los Angeles (F5LA) initiative, is a home-visiting program implemented by DCFS to offer home-based supports by masters-level clinicians to community-referred families as well as to families whose situations were called in to the DCFS Child Protection Hotline and investigated by DCFS emergency-response staff, but for whom formal cases were not opened because of 'inconclusive' or 'unsubstantiated' findings of possible child abuse or neglect. Our primary assessment focuses on PAT, NFP, and HFA; PFF is discussed as a support program that can benefit families called in to and investigated by the Hotline but for whom no formal case is opened.

A point-in-time count from December 2024 shows 8,058 DCFS-involved families with children birth to five years,¹ including those who were the subject of DCFS Hotline calls, open emergency-response investigations, and open DCFS cases. Table 1 shows the total number of slots for PAT, NFP, and HFA.

Table 1. Home-Visiting Slots for Fiscal Year 2024–2025

DPH-funded	
Parents as Teachers (PAT)	1,500
Nurse-Family Partnership	725
Healthy Families America (HFA)	1,448
First 5 LA-funded	
HFA/PAT	1,266
TOTAL	4,939

While a significant number of DCFS-involved families may be eligible for and benefit from PAT, NFP, and HFA, several key factors affect families accessing these services.

¹ This is a family count; families may have more than one child in the DCFS referral and/or in their household, including children older than five.

- As highlighted in the evidence-based home-visiting model summary in Attachment A, PAT, NFP, and HFA have specific eligibility requirements and intended target populations, so not all DCFS-involved families with children birth to five meet these requirements. PAT, NFP, and HFA also have an array of funding sources that further create eligibility requirements for families, which we discuss later in this report.
- Participation in home-visiting programs is **voluntary**. This is true for DCFS-involved families who may have been identified from Hotline calls and/or emergency-response investigations. While DCFS and others may make referrals to home visiting and other support services for these families, we must recognize that not all families may want or need these services.
- Finally, the County and community-based organizations provide a continuum of family support programs beyond home visitation that might be a better fit for families, including those with children birth to five.

Given these considerations, OCP, DCFS, and DPH, along with partners from F5LA and LA Best Babies Network (LABBN), identified two DCFS-involved populations for whom targeting these home-visiting supports can be beneficial: 1) families with open DCFS cases in emergency response (ER) or family maintenance (FM), and 2) families who are called in to the DCFS Hotline but whose investigation does not yield an open case.

Families with Open DCFS Cases

Table 2 summarizes the percentages of reported DCFS-involved home-visiting clients in the month of December 2024, along with client numbers from July through December 2024 from DPH’s HFA/PAT sites and NFP teams across funding sources and service planning areas (SPAs).

Table 2. Percentage of Home-Visiting Clients Who Were DCFS-Involved

	Of active clients in December 2024, how many were DCFS-involved?	Of clients served from July 1 through December 31, 2024, how many were DCFS-involved?
HFA	40 (6%)	55 (7%)
NFP	42 (9%)	77 (11%)
PAT	33 (4%)	45 (4%)
Total	115 (5.83%)	177 (7.06%)

Discussions with DPH and DCFS clarified that DCFS-involved families are already prioritized for these programs, as DCFS involvement is one of the risk factors considered prior to enrollment. At the same time, the percentage of eligible DCFS families who access these services is relatively low—between 6% and 7% of all clients in these programs.

Contributing factors to low enrollment rates for DCFS-involved families in the three home-visiting programs may be due to a combination of:

- ♦ Eligibility requirement challenges
- ♦ Inconsistent understanding among DCFS social workers regarding the value of and mechanism for referring clients to these programs
- ♦ Families being enrolled in other family support programs available through DCFS and other partners
- ♦ The reality that families with open DCFS cases often feel a lack of trust about referrals offered via DCFS; home visiting in particular—with trained professionals inside family homes—can seem intimidating to this population.

The first of these challenges is described and analyzed more fully in the section *Assessment of the Current and Needed Capacity for Home-Visiting Models throughout Los Angeles County* on page 9.

The second factor, inconsistent understanding among DCFS social workers, reflects the reality that Los Angeles has only recently shifted to considering DCFS clients with open cases as a target population for these services. Historically, many efforts to grow these programs in Los Angeles has focused on the prevention space—embedding referrals to these resources within hospitals, health clinics, Women, Infants, and Children (WIC) programs, and other community sites that recommend supportive services so families do not need to come to the attention of the child-welfare system.

It is only more recently, with the implementation of the Family First Prevention Services program (FFPS), that the focus has shifted toward opportunities to connect families with open DCFS cases to these valuable supports. Under FFPS, DCFS, DPH, OCP, Chapin Hall, and LABBN launched pilots last year that focused on DCFS offices in two SPAs as FFPS learning sites—developing trainings, establishing MOUs, and initiating referrals and data tracking specifically for home visiting. DCFS and DPH have plans to bring those efforts to scale countywide over the upcoming four years. Given this context, it is actually not surprising that most clients currently enrolled would be from community referral sources, and that not all DCFS social workers countywide would be familiar with the programs yet.

DCFS, DPH, First 5 LA, LABBN, and the home-visiting consortium are ready to pursue (and in some cases, are already actively pursuing) multiple opportunities to meet this challenge and are working together to increase referrals and enrollment in home-visiting programs and other supports for DCFS-involved families by:

- ♦ Training DCFS social workers, as well as other staff like DPH's child welfare public health nurses, about home-visiting programs and how to refer families for services

- ♦ Partnering with the DCFS FFPS implementation teams to build on the targeted referral pilots that are underway and take them to scale DCFS-wide. These pilots currently train social workers and track the referrals of families with open voluntary family maintenance (VFM) and family maintenance (FM) cases to home-visiting programs in DCFS offices in two SPAs. Over the upcoming four years, DCFS will, with Chapin Hall's support, roll out these practices countywide, including with both emergency-response and FM teams in all DCFS offices. Each of the partners named in this motion has been instrumental in the success of those pilots, and they stand ready to continue that work as these efforts scale to all offices.
- ♦ Partnering with DCFS's Young Children in Care (YCIC) Birth to Five team to provide education, coaching, and follow-up with all DCFS social workers regarding home visiting as part of the toolkit of resources most helpful for families with children birth to five. The YCIC Birth to Five program has:
 - Developed a Birth to Five Policy for DCFS
 - Provided training and educational presentations to a cohort of staff in a quarter of all DCFS regional offices
 - Worked with community partners to begin identifying and expanding local service-provider networks that can be accessed to support families
 - Provided specialized support to 'Birth to Five Champions' in regional offices
 - Developed a consultation framework to improve the appropriate identification of safety worries and ensure that staff are completing balanced and thorough assessments

The YCIC Birth to Five team will be a valuable resource in reinforcing training and making sure that access to resources like home-visiting programs is fully embraced.

As previously mentioned, one crucial dynamic to note is that not all DCFS-involved families with children birth to five may need or want home-visiting services. These services are voluntary by design and model fidelity. While the in-home and high-frequency aspects of these models offer convenience, comprehensiveness, and the customization of support, those same program aspects can be intimidating to families—especially ones who have open DCFS cases, are worried about maintaining parental rights, and are reluctant to invite any additional people into the challenges they are experiencing. For this reason, we cannot realistically expect high rates of referral acceptance by families; the programs are wonderful resources when families are open to them, but more non-DCFS-involved families may be interested in home-visiting programs than DCFS-involved families.

Furthermore, through the FFPS Learning Site pilots, DCFS, DPH, OCP and others have been able to perceive additional dynamics influencing whether the HFA, PAT, and NFP

models ended up being the right fit for each family. For example, because many families with children birth to five also have older siblings needing support, social workers frequently felt that referral to DCFS's Family Preservation program might be a better fit. Family Preservation is a home-based support program that offers frequent visits and support for family goals (similar to the home-visiting evidence-based practices, or EBPs), but the program focuses on the birth-to-18 age range and is specifically for families with FM and VFM cases. Family Preservation can be ideal for families whose children are older, who might be struggling with teen conflict, academic challenges, etc. In some cases, social workers are referring to Family Preservation in lieu of HFA, PAT, or NFP because they are more familiar with that program; in other cases, it is because that program is truly the better fit for the family's needs. As a result, the DCFS team plans these next steps:

- ♦ Following up with social workers to assess whether any of the families referred to Family Preservation might actually have been better served by organizations with true birth-to-five expertise
- ♦ Providing follow-up coaching with regional staff to ensure that referrals are being made to the right-fit program for each family (in partnership with both the FFPS roll-out and YCIC Birth to Five efforts)
- ♦ Continuing to train regional staff to build familiarity and reiterate the value of home-visiting programs as part of the broader set of community supports available for children birth to five

Families Called In To the Hotline For Whom the Call Does Not Yield an Open Case

For families who are called in to the DCFS Hotline but for whom no case is opened, two subpopulations exist: 1) those 'evaluated out' from further investigation at the Hotline; and 2) those whose emergency-response investigations yield 'inconclusive' or 'unsubstantiated' results, leading to case closure.

For families called in to the DCFS Hotline but evaluated out, the Hotline to Helpline practice uses the Multi-Disciplinary Team (MDT) process to partner with Prevention and Aftercare Network (P&A) community-based agencies to offer families comprehensive resources. These agencies have expertise in and strong track records of both directly delivering services and of referring to birth-to-five resources, including home visiting and much more. The MDT consists of a phone call between the Hotline social worker and a P&A agency representative. The P&A agency specialist attends the MDT and provides support in awareness, referral, and connection to a suite of birth-to-five resources, including home visiting.

As all Hotline to Helpline participants are DCFS-involved, they are by default fully prioritized already for these supports. DCFS data shows that in December 2024, about 200 families with children birth to five were referred to the P&A through the Hotline to Helpline process.

For those whose emergency-response investigations yield inconclusive or unsubstantiated results, leading to case closure, DCFS has historically made referrals to Partnerships for Families (PFF), as well as other services like Family Preservation/Alternative Response Services. PFF was specifically designed to offer home-based supports by masters-level clinicians to DCFS- and community-referred families; PFF currently can serve 1,599 families per year. By its nature, PFF prioritizes DCFS families, so, again, no change is needed in prioritization.

Partner discussions did reveal two opportunities to broaden and reinforce the options offered to families who are evaluated out at the Hotline or whose emergency-response investigations are closed as inconclusive or unsubstantiated:

- ♦ Re-engaging with the Hotline to Helpline P&A teams to assess if their staff could benefit from (re)training regarding referrals into home visiting, and to confirm that they are utilizing their existing data-sharing and tracking mechanisms to monitor the volume and efficacy of these referrals
- ♦ As DCFS rolls out trainings developed through the FFPS learning sites to improve referrals to HFA, PAT, and NFP throughout regional offices, emergency-response workers can be trained to add HFA, PAT, and NFP to the set of resources offered to families upon case closure.

Summary of Feasibility Assessment Findings

In consultation with DPH leadership and its technical assistance provider, LABBN, it was clarified that all three evidenced-based home-visiting models included in our feasibility assessment (PAT, NFP, HFA) already have a policy in place that prioritizes families being referred by DCFS.

DCFS and DPH, as well as partners like F5LA and LABBN, are committed to growing the number of referrals and the subsequent enrollment of DCFS-involved families through the following measures:

- ♦ Training DCFS social workers, as well as other countywide staff like DPH's child-welfare public health nurses (CWPHNs), about home-visiting programs and how to refer families for services
- ♦ Partnering with the DCFS FFPS implementation team to build on the targeted home-visiting referral pilots that are underway and help take them to scale DCFS-wide
- ♦ Partnering with DCFS's Young Children in Care (YCIC) Birth to Five team to provide education, coaching, and follow-up with all DCFS social workers regarding home visiting as part of the toolkit of resources most helpful for families with children birth to five

- ♦ Following up with social workers to assess whether any of the families referred to Family Preservation might actually have been better served by organizations with the birth-to-five expertise
- ♦ Providing follow-up coaching with regional staff to ensure that referrals are being made to the right-fit program for each family (in partnership with both the FFPS roll out and YCIC Birth to Five efforts); continuing to build familiarity with home-visiting programs as part of the broader set of community supports available for families with children birth to five
- ♦ Re-engaging the Hotline to Helpline P&A teams to assess if they could use (re)training regarding referrals and tracking related to home visiting
- ♦ Training ER workers to add HFA, PAT, and NFP to the set of resources offered to families upon ER case closure

Lastly, it is important to reiterate that these programs are voluntary by design, and not all DCFS-involved families with children birth to five may need or want home-visiting services. It is important that we center families' needs and interests when referring them to resources that are the right fit for them at any point in time.

Identification of Additional Funding Needs and Potential Funding Sources

The first three home-visiting models discussed above (PAT, NFP, HFA) are currently funded via DPH using a variety of funds including from the California Home Visiting Program (CHVP)², Department of Public Social Services' CalWORKs, Medi-Cal Enhanced Case Management (ECM), Medi-Cal Targeted Case Management, DCFS's State Block Grant (SBG), American Rescue Plan (ARP), and some Net County Cost (NCC) dollars. In addition, two of the programs, PAT and HFA, also are funded via F5LA.

F5LA will reduce its funding beginning in July 2025, eliminating contracts with three HFA and PAT sites. ARP funds sunset in June 2025, while SBG funds are projected to be fully expended by February 2026. To have sufficient capacity to serve additional DCFS referrals, new funding may be needed to fill those gaps. Two potential funding sources that may help include FFPS and NCC.

Key Analysis Findings

- In the future, these models could be eligible for matching funds through DCFS's FFPS funds—however, the FFPS Title IV-E match applies only as a 50% reimbursement on non-federal dollars. Infusions of these potential funds are also tied to a 'payer of last resort' requirement and will not be realized before summer 2027, as counties must wait for the rollout of the new statewide child-welfare case-management system, CARES, for FFPS data submission. Many of the non-federal funding sources currently being used for these programs (e.g., SBG), as mentioned, are anticipated to sunset or

² CHVP includes Maternal, Infant, and Early Childhood Home Visiting (MIECHV) and State General Fund Evidence-Based Home Visiting (SGF EBHV) funds.

decline (e.g., First 5 LA), leaving only CHVP and a reduced level of First 5 LA funds available to access FFPS matching resources.

- It is notable that ECM is a Medi-Cal managed care benefit. Not all DCFS-involved families are enrolled in managed care, a fact that may reduce the importance of ECM as a meaningful avenue for home-visitation providers to pursue for reimbursement in this population.
- In the past, NCC funds were used to fund NFP, but NCC is not currently being used to support that program.

Assessment of the Current and Needed Capacity for Home-Visiting Models throughout Los Angeles County

As of December 2024, DPH-managed funding for evidence-based home-visiting programs (HFA, NFP, PAT) supported a total capacity of 180 home visitors and a maximum theoretical caseload of 3,673 families (the highest potential number who could be served by the model's parameters if all staff positions were filled and all staff were working to capacity). F5LA is funding an additional capacity of 77 home visitors with a maximum caseload of 1,266 families across HFA and PAT, for a total systemic capacity of 4,939 EBP home visiting slots.

As of December 2024, 2,018 total families were being served as active clients in DPH home-visiting programs: 691 in HFA, 462 in NFP, and 865 in PAT. In addition, 353 families were being served by HFA and 456 by PAT using F5LA funds. Together, this totals 2,827 families actively being supported through those three EBP home-visiting models in Los Angeles.

Once ARP funds sunset in June 2025 and SBG dollars are fully expended by February 2026, 880 slots within that maximum capacity will be eliminated: 600 HFA slots, 80 PAT slots, and 200 NFP slots. The elimination of three F5LA-funded HFA and PAT contracts in July 2025 will further reduce capacity by 63 slots across HFA and PAT. Combined, these changes will reduce the maximum capacity within the system by nearly a thousand, to 3,996.

It is crucial to note that the eligibility restrictions set by different funding sources have a direct impact on the County's ability to maximize external funds. In addition, the sunseting funding sources are among the least restrictive, while the largest remaining funding source, CalWORKs, has some of the most challenging restrictions—which are a major driver of unfilled slots: 1,810 of current and anticipated slots are funded via CalWORKs, but only 1,009 are filled because of these restrictions.

How Much Additional Capacity Is Needed If We Increase Home-Visiting Referrals Offered to DCFS-Involved Families?

DCFS FFPS Learning Site results can help us estimate the potential future capacity needed to serve at-risk families through community pathway *and* newly referred DCFS families, as DCFS rolls out trainings and referrals countywide. As shown in Table 3, in

the two learning sites combined, which cover two SPAs, 113 families were referred to home-visiting programs between July and December 2024. By annualizing the referral estimate to 226 and scaling that across the remaining six SPAs, we estimate an annual referral count of about 904 families who are at risk of DCFS involvement or are already DCFS-involved.

The Learning Site results also show that uptake from referral to enrollment is about 65 percent. While the home-visiting models may currently have capacity to meet this growing need, as DCFS, DPH, F5LA, LABBN, and home-visiting providers implement the training, targeted referral, and birth-to-five efforts outlined beginning on page 7, referral and enrollment rates may increase and more capacity and flexibility may be needed across the home-visiting system.

Table 3. FFPS Learning Site: SBG-Funded Home Visiting Referrals, July through December 2024

Category	Number Referred	Number Served
Community Pathway	95	67 (71%)
DCFS	18	7 (39%)
Probation	0	0
TOTAL	113	74 (65%)

Outcome Measurement to Track the Effectiveness of Home Visiting for DCFS-Involved Families

All the home-visiting programs discussed in this report have established outcome tracking methods in place. While details can vary by funding source and model, common outcomes tracked across all or most models include maternal depression screening, child developmental delay screening, breastfeeding rates, immunizations, increase in protective factors, and more. LABBN captures many of these outcome metrics in its annual cross-model data analysis, which can be accessed at <https://www.homevisitingla.org/data>.

Developing a Draft MOU for Data Sharing, Streamlining Referrals and Linkages, and Measuring Program Impact

In researching the directive to develop a draft MOU with DCFS, DPH, and County Counsel to streamline referrals/linkages and measure program impact, an existing MOU was identified that addresses data sharing related to referrals, program enrollment, and measuring impact. Specifically, on September 5, 2023, DCFS and multiple agencies, including DPH, signed an MOU (Attachment B) clarifying service provision, referral, data sharing, and outcome tracking for HFA, PAT, and NFP (as well as additional services) that are funded with SBG funds.

As DCFS implements FFPS countywide, it will work with other departments and Chapin Hall to establish additional agreements that build on this existing MOU and incorporate the use of the new statewide child-welfare case-management system, CARES, and other FFPS infrastructure as long-term mechanisms to facilitate smooth referrals, data tracking/sharing, and outcome assessments for these services. It was the consensus of

DCFS, DPH, OCP, and County Counsel that drafting a separate MOU from the SBG MOU and forthcoming FFPS-related data systems and infrastructure was not necessary or recommended.

For families referred to the DCFS Hotline but evaluated out for further investigation, it was similarly confirmed that the existing Hotline to Helpline process already provides what is needed to achieve referrals for families appropriately by using the Multi-Disciplinary Team (MDT) process to refer families to P&A services. The California Welfare and Institutions Code allows for the disclosure and/or exchange of otherwise confidential family information through the formation of an MDT—two or more persons trained in the prevention, identification, and/or treatment of child abuse and neglect and convened to share information pertinent to the involved family. The P&A agency specialist attends that MDT with the Hotline social worker, and then provides support in awareness, referral, and connection to an array of birth to five resources, including home visiting and many more, for families. Once families have been connected to a community-based P&A agency, that agency provides support and outcome tracking.

Effective technology plays a key role in facilitating timely communication around referrals and outcomes. To analyze and share data related to outcomes, DCFS, DPH, F5LA, and LABBN have agreed to use an existing home-visiting data ‘lake’ established by DPH through a contract with LABBN. This data lake pulls in de-identified client-level outcome data from HFA, PAT, and other programs. Management of the data lake will transfer from LABBN to DPH starting July 2025, and DPH plans to add NFP, PFF, and other programs so that DPH can oversee outcomes across all program models. Resources will be needed in the future to maintain this data lake infrastructure and support ongoing outcome measurement. This is an area where the Board could lend support, to ensure that DPH is supported with sufficient funding to manage and potentially expand the data lake beginning July 2025 and beyond.

If you have any questions, please contact me at (213) 893-1152 or by e-mail at mnash@ocp.lacounty.gov, or your staff may contact Minsun Meeker at (213) 952-6147 or by e-mail at mmeeker@ocp.lacounty.gov.

MN: MM: eih

c: Chief Executive Office
Executive Office, Board of Supervisors
County Counsel
Department of Children and Family Services
Department of Public Health
Department of Public Social Services

MCAH Home Visiting Programs FY 24–25



FUNDING SOURCES

1. ARP: Home Visiting HFA*
2. CDPH: CHVP MIECHV
3. CDPH: CHVP SGF EBHV
4. CDSS/DPSS: CalWORKs HVP
5. CDSS/DPSS: FS
6. DCFS: SBG (FFPSA)**
7. Enhanced Care Management (ECM)
8. Net County Cost (NCC)
9. Targeted Case Management (TCM)



HOME VISITING MODELS AND PROGRAMS

1. Family Stabilization (FS) Program***
2. H.O.P.E. (Homeless Pilot) ***
3. Healthy Families America (HFA) – EBP model
4. Nurse–Family Partnership (NFP) – EBP model
5. Parents As Teachers (PAT) – EBP model

**ARP NFP ended June 30, 2024. ARP HV HFA is extended until Dec. 31, 2025.*

***SBG is used in the interim until LA County is able to leverage the FFPS dollars.*

****FS and HOPE Pilots are non-evidenced based.*



EBHV Models in LAC DPH

	HFA	NFP	PAT
Home Visitors	Family Support Specialists	Nurse Home Visitors/PHNs	Parent Educators
Eligibility	Pregnant or postpartum with child < 3 months old Child Welfare Protocol: Can enroll until 2 years old	1st-time pregnant, <28 weeks GA NFPx: Multiparous pregnancy, any GA, late registrants	Pregnant or postpartum with child < kindergarten age, can also be other caretaker of child
Length of Service	3-5 years	Until child is 2 years old	2-3 years
Intended Population	Pregnant and parenting families facing challenges such as single parenthood, low income, childhood history of abuse, and current or previous issues related to substance abuse, mental health issues, and/or domestic violence.	Designed for first-time, low-income, high-risk and high-need pregnancies and their children. <ul style="list-style-type: none"> • Existing health conditions • Young or old maternal age • Multiple gestation • Previous pre-term birth • Genetic conditions in the fetus 	Pregnant and parenting families with need for parenting support and information; highlights parent-child interaction for school readiness recognizing parents are the children's best first teacher.
Capacity (FY 23-24)	1,388 (73 FSSes)	1,075 (43 NHVs)	1,286 (66 PEs)
Capacity (FY 24-25)	680-1,360 (68 FSSes)	750 (30 NHVs)	1,125-1,500 (75 PEs)

Note: Depending on the grant/funder, there are eligibility and tenure of service limitations to the EBHV models.

MOU#: MHMOU252

**MEMORANDUM OF UNDERSTANDING
BETWEEN
THE DEPARTMENTS OF CHILDREN AND FAMILY SERVICES,
MENTAL HEALTH, PUBLIC HEALTH, AND THE OFFICE OF CHILD PROTECTION**

This Memorandum of Understanding (MOU) is entered into this 5th day of September, 2023, by and between the Department of Children and Family Services (hereafter “DCFS”), Mental Health (hereafter “DMH”), Public Health (hereafter “Public Health”), and the Office of Child Protection (hereafter “OCP”).

WHEREAS, the purpose of this MOU is to document the parties' ongoing understanding with respect to funding being provided by the State Block Grant (SBG) through the DCFS for the operation of community pathways and expansion of Evidenced-Based Programs (EBP).

WHEREAS, in 2018, the federal Family First Prevention Services Act (FFPSA) was enacted under Public Law 115-123. Part I of FFPSA allows states the option to access Title IV-E federal reimbursement for the provision of specified evidenced-based mental health, substance use, and in-home parent skilled-based services to children at imminent risk of entry into foster care, their parents or kin caregivers, and pregnant or parenting youth in foster care.

WHEREAS, in July of 2021, California’s Family First Prevention Services (FFPS) program was established by Welfare and Institutions Code (WIC) sections 16585 through 16589. The program encompasses Title IV-E prevention services established under Part I of FFPSA and the continuum of comprehensive prevention services.

WHEREAS, the California Budget Act of 2021 appropriated \$222.4 million state General Funds, currently referred to as the FFPS Program SBG. SBG funding is a one-time appropriation which must be spent by the end of the state fiscal year 2024. The funding will be used to support the FFPS Program and/or expand the continuum of prevention services. SBG is also intended to support counties as they build the infrastructure of services, train the professional workforce to deliver Motivational Interviewing, and train clinicians to deliver prevention services to families whose children are at imminent risk of foster care and to pregnant and parenting youth in foster care. In addition, child welfare agencies and probation departments can use the funds for services that support a comprehensive approach to prevention including services not yet eligible for Title IV-E funding.

WHEREAS, local Title IV-E agencies may opt-in to FFPS, and DCFS submitted a letter of intent to opt-in to the California Department of Social Services (CDSS) on April 8, 2022. Los Angeles County was allocated \$49 million of the SBG, \$43.6 million for DCFS and \$5.4 million for Probation. The funds must be spent by June 30, 2024. In accordance with WIC section 16588, a Title IV-E agency opting into the FFPS Program is required to submit a Comprehensive Prevention Plan (CPP), with components including primary,

MOU#: MHMOU252

secondary, and tertiary prevention and intervention strategies and services that support the ability of parents and families to provide safe, stable, and nurturing environments for their children.

WHEREAS, FFPSA allows access to Title IV-E funding for secondary and tertiary prevention strategies and SBG funds provide flexibility for Title IV-E agencies to implement primary prevention strategies. The SBG funds may also be used to support culturally responsive programs and other secondary and tertiary EBPs, consultation services, as well as evaluation of services not yet rated in the Title IV-E Clearinghouse.

NOW, THEREFORE, the parties agree as follows:

1. PURPOSE

This MOU is entered by DCFS, and DMH, Public Health, and OCP to coordinate departmental funding through existing contracts that will be used to fund activities, services, or pilots included in Los Angeles County's CPP for the establishment of the FFPS and FFPSA Programs. A portion of the SBG funds allocated to DCFS will be distributed to the Departments to develop or expand existing services, EBPs, or to reimburse providers one hundred percent (100%) for service delivery, and one hundred percent (100%) for child specific case management activities (i.e., assessment, planning, and ongoing safety monitoring) to support prevention and intervention strategies. Public Health will be reimbursed for the salaries of staff needed to expand the home-visiting EBPs in Service Planning Areas (SPA) 2 and 6, implement pilots, and provide services. The one hundred percent (100%) reimbursement will only be available with SBG funds through June 2024. Funding for this MOU is contingent on expenses being claimable under SBG criteria. In the event the expense is not claimable through SBG, DCFS is not obligated to reimburse other County Departments. FFPSA claiming is contingent upon the launch of the CARES statewide database. Once the statewide database is launched and counties are approved to claim for FFPSA, the reimbursement rate will change to no more than fifty percent (50%) federal FFPSA funds and Departments will be required to provide the remaining fifty percent (50%) of funds for their respective programs.

2. TERM OF MOU

- a. This MOU is effective upon execution through June 30, 2024, unless sooner terminated or extended, in whole or in part, as provided in this MOU. An extension would be possible only if the CDSS grants an extension for the expenditure of the SBG funds past June 30, 2024, or the state allocates additional funding.

MOU#: MHMOU252**3. DCFS RESPONSIBILITIES**

- a. As set forth in the Los Angeles County DCFS' and Probation Child Welfare's CPP, DCFS' primary responsibility is to access funds from the SBG and distribute them to the Departments. DCFS will transfer funding via departmental service order (DSO) to each Department. DCFS will also collaborate with the County Departments in implementing activities, services, and/or pilots funded by the SBG and disseminate information received from CDSS. The Los Angeles County CPP is available online at: <https://www.caltrin.org/wp-content/uploads/2023/07/Los-Angeles-County-Comprehensive-Prevention-Plan.pdf>

4. COUNTY DEPARTMENT RESPONSIBILITIES

- a. Each Department is solely responsible for implementing and monitoring activities and services as described in the CDSS Prevention Plan or the model purveyor provided by their staff or contractor(s) for the implementation of FFPS in Los Angeles County.
- b. Each Department is solely responsible for contracting, as needed, to establish and/or expand EBPs included in Los Angeles' CPP and ensure required data is captured.
- c. As required by the CDSS 5-Year State Prevention Plan, each Department that is providing an EBP shall create and participate in an ongoing Continuous Quality Improvement (CQI) process that involves sharing of quantitative and qualitative service data and appropriate analysis to continually improve services to families in Los Angeles County and prepare for the implementation of FFPSA. There are two focus areas of the work included in the MOU: FFPSA Implementation in SPAs 2 and 6 and Community Pathway Referral Pilots. Each Department and its EBP providers shall initially participate in bi-weekly implementation workgroup meetings to address implementation challenges and questions. The frequency of the implementation workgroups may be modified as implementation progresses and may become less frequent over time. Additional data requirements for each focus area are described below.
 - i. Each Department providing EBPs shall provide DCFS quarterly fidelity and outcomes data generated by purveyor or agency and biweekly capacity, service, and referral data for programs as identified below in SPAs 2 and 6 and in Community Pathway Referral Pilots. Data will be collected uniformly across Departments. DCFS will provide further guidance regarding the collection of data.

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- a. DCFS- or Probation-generated Child Identifier (Indicate the child's record number. This is an encrypted, unique person identification number that is the same for the child across all report periods state/tribal-wide. The child identifier will be generated by DCFS or Probation. DCFS, Probation or Prevention and Aftercare (P&A)/Family Resource Center (FRC) will provide the child identifier to the providers in SPAs 2 and 6).
- b. Service Planning Area and Provider Name.
- c. Service Dates including start and end date.
- d. Cost of Service.
- e. Capacity (total number of slots funded under existing program contract[s] for FY).
- f. Current number of clients with open cases in the last two weeks (in treatment).
 - 1) New slots
 - 2) Existing slots
- g. Immediate number of openings to be filled.
- h. Number of referrals received in the last two weeks from:
 - 1) Family Maintenance (FM) DCFS Children's Social Workers (CSW).
 - 2) Voluntary Family Maintenance (VFM) DCFS CSWs.
 - 3) Probation Officers.
 - 4) Number from Expectant and Parenting Youth (EPY) DCFS CSWs.
 - 5) Number from FRC/P&A.
 - 6) Number from Plan of Safe Care Hospitals.
 - 7) Number from the Los Angeles Unified School District (LAUSD).
 - 8) Number from Childhood Education.
- i. Data for a-e pertains to new teams hired for SPAs 2 and 6 through SBG funds.
- j. Data for f-h pertains to existing teams.
- k. The funding streams for which the referred clients qualify as eligible.
- l. Number of referrals received that were ineligible in the last two weeks for the following reasons:
 - 1) Does not meet age range.
 - 2) Does not meet clinical need.
 - 3) Outside service area.
- m. Number of cases closed in the last two weeks before completing treatment, based on the following:
 - 1) Number who entered foster care.
 - 2) Number that failed to engage after three attempts.

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- 3) Number that declined service.
 - 4) Number that withdrew/dropped-out.
 - n. Number of clients who successfully completed treatment in the last two weeks.
 - o. Number of clients on waitlist, if applicable.
 - p. Total number of clients who successfully completed treatment since pilot start.
 - q. Quarterly EBP-Specific Fidelity Measures & outcomes data as required by the Model Purveyor.
 - r. Additional qualitative measures appropriate to EBP delivery and pilots.
- ii. FFPSA EBPs Implementation in SPAs 2 and 6
- a. Los Angeles County agencies are testing FFPSA through a phased approach in SPAs 2 and 6.
 - 1) Services provided by DMH may provide one hundred percent (100%) service reimbursement and one hundred percent (100%) administrative reimbursement to Parent Child Interaction Therapy provider agencies. The Probation Department will fund the training costs associated with the team expansions for Functional Family Therapy and Multisystemic Therapy in SPAs 2 and 6, and DCFS will not provide any funding for these two EBPs
 - I. Parent Child Interaction Therapy (PCIT) Expansion

Expansion of the PCIT EBP to serve more families in SPAs 2 and 6. Ten (10) clinicians and two supervisors will be added in SPA 2, and 15 clinicians and three supervisors will be added in SPA 6. Each clinician will have the ability to serve up to 30) clients per year.
 - II. Functional Family Therapy (FFT) Expansion

Expansion of the FFT EBP to serve more families in SPAs 2 and 6. Twenty (20) clinicians and five supervisors will be added in SPA 2, and 28 clinicians and seven supervisors will be added in SPA 6. Each clinician will have the ability to serve 40 clients per year.
 - III. Multisystemic Therapy (MST) Expansion

Expansion of the MST EBP to serve more families in SPAs 2 and 6. Eighteen (18) clinicians and three supervisors will be added in SPA 2, and 22

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clinicians and four supervisors will be added in SPA 6. Each clinician will have the ability to serve 12 clients per year.

Services Provided by Public Health

2) Healthy Families America (HFA)

One hundred percent (100%) of staff salary needed for SPAs 2 and 6 expansion and service provision will be reimbursed.

I. EBP Expansion to serve more families in SPAs 2 and 6.

- i. SPA 2: Two HFA Family Support Specialists (FSS) will be added. Each FSS will have the ability to serve a caseload of 10-12 or 15-20 families depending on years of HFA home visiting experience.
- ii. SPA 6: Two HFA FSS will be added. Each FSS will have the ability to serve a caseload of 10-12 or 15-20 families depending on years of HFA home visiting experience.

3) Parents As Teachers (PAT)

One hundred percent (100%) of staff salary needed for SPAs 2 and 6 expansion and service provision will be reimbursed.

I. EBP Expansion to serve more families in SPAs 2 and 6.

- i. SPA 2: Two Parent Educators (PE) will be added. Each PE will have the ability to serve a caseload of 15-20 families dependent on PAT's point system for managing caseload size (point total should be 50 or less).
- ii. SPA 6: Two PEs will be added. Each PE will have the ability to serve a caseload of 15-20 families dependent on PAT's point system for managing caseload size (point total should be 50 or less).

4) Nurse Family Partnership (NFP)

One hundred percent (100%) of staff salary needed for SPAs 2 and 6 expansion and service provision will be reimbursed.

I. Expansion of the NFP EBP to serve more families

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in SPAs 2 and 6.

- i. SPA 2: Four Public Health Nurses (PHN) who are Nurse Home Visitors (NHV) will be added. Each PHN/NHV will have the ability to serve a caseload of 25 active families.
- ii. SPA 6: Four (4) PHNs who are NHVs will be added. Each PHN/NHV will have the ability to serve a caseload of 25 active families.
- iii. Supervision and Support: One Public Health Nursing Supervisor (PHNS), one Research Analyst (RA) I, one Accountant, and one Administrative Support Staff will be added for necessary infrastructure to support and implement the NFP program with fidelity.

5) Motivational Interviewing (MI) Homeless Pregnant and Parenting People Pilot

Develop a pilot to focus on street outreach and support for homeless pregnant and parenting people to offer reproductive and perinatal support in SPAs 2 and 6. SBG funds will be used to reimburse one hundred percent (100%) of the salary of staff needed to implement the pilot. The pilot would include testing the model and sustainability options. A team will be created for the pilot. Staff will be procured utilizing the Allied Health Registry or temporary agreement consisting of the following full-time temporary employees:

- i. SPA 2: One PHN and one Community Health Worker (CHW)/Peer Partner will be hired. Working together, the PHN/CHW partners will have the ability to serve a caseload of 25 active families in a six-month period, with services possibly extending after a reassessment on the sixth month.
- ii. SPA 6: One PHN and one CHW/Peer Partner will be hired. Working together, the PHN/CHW partners will have the ability to serve a caseload of 25 active families in a six-month period, with services possibly extending after a reassessment on the sixth month.

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- iii. Program Management and Support: One Health Program Analyst (HPA), one Clinical Social Worker (CSW), one Outreach Worker, and one Intermediate Typist Clerk (ITC) will be added for necessary infrastructure to manage, support, and implement the Homeless Pregnant and Parenting People Pilot.

- iii. Community Pathway Referral Pilots

The Community Pathway Referral Pilots are designed to build a referral bridge where it did not exist previously and to gain information about realistic volume of referrals and funding dynamics. Each Department shall provide DCFS the CQI data and analysis as described below for tracking outcomes, programmatic evaluations, engaging in continuous quality improvement, and preparation for the implementation of FFPSA and/or FFPS.

- a. Services Provided by Public Health

- 1) Public Health will provide the de-identified data described in Section 4.c.i to DCFS for HFA, PAT, and NFP providers in SPAs 1, 3, 4, 5, 7, and 8 if they receive a referral from one of the identified pilots. Public Health may provide contracted HFA and PAT agencies receiving referrals of FFPSA eligible clients with administrative reimbursement utilizing SBG funds for child-specific case management activities. Public Health will submit an implementation plan no later than two months after this MOU is executed on how it will conduct the reimbursement. Public Health will utilize this implementation period to finalize the terms of the services and fee for services structure with existing HFA and PAT agencies currently funded by DPSS CalWORKs.
 - 2) FFPS Integration into Home Visiting Program Systems
Public Health will work with subcontractors and staff as needed to develop and pilot FFPS screening, billing, and plan integration into HFA, PAT, and NFP systems to collect required FFPSA reporting data.
 - 3) Referral Infrastructure Work
Public Health will work with subcontractors and staff as needed to develop and pilot FFPS screening, billing, and plan integration into a centralized data system.

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b. Services Provided by OCP

1) Plan of Safe Care (POSC) Pilot Implementation

The OCP will contract with an entity to provide technical assistance and services for implementation of the federally mandated POSC, which may include project management of the cross-agency POSC pilot at Department of Health Services' (DHS) Harbor-UCLA hospital, performance measurement services, outreach, and education on POSC, documentation of workflows and protocols, and analysis of sustainability and expansion of the pilot.

OCP will provide and/or coordinate tracking the following additional data from DHS, DCFS, and service providers, as directed agreed upon with by DCFS:

- I. Number of DHS, DCFS, and other County staff and community stakeholders trained on POSC requirements and process.
- II. Number of POSCs created for substance-affected newborns at Harbor-UCLA Hospital.
- III. Number of POSCs created at Harbor-UCLA Hospital that include referral to FFPSA EBPs.
- IV. Number or percentage of referrals from Harbor-UCLA Hospital's POSC pilot to FFPSA EBPs that were successfully enrolled into services.
- V. Number of parents from the Harbor-UCLA Hospital's POSC pilot enrolled in Medication-Assisted Treatment and/or substance use services/interventions.
- VI. Number of substance-affected newborns identified in the Harbor-UCLA Hospital's POSC pilot called into the Child Protection Services Hotline (CPH).

5. DATA SHARING

a. DCFS and Public Health

- i. DCFS and Public Health will jointly own the de-identified data collected from NFP, HFA, PAT and the Homeless Pregnant and Parenting People pilot. Data will be collected with individual identifiers and be the shared property of DCFS and Public Health. All client-specific data pertaining to individual cases is confidential and will be maintained in accordance with the Health Insurance Portability and Accountability Act (HIPAA)

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regulations and the Los Angeles County Public Health Institutional Review Board Committee requirements. Public Health will request permission from families, via a written authorization form, to share the required individual identifying information necessary for SBG funding. Identifiable data will not be shared without a signed authorization from the client and/or the client's legal representative.

- ii. Data used for other purposes, including research, will require approval by DCFS and Public Health, and must comply with State and federal laws.
- iii. To ensure financial and operational accountability, a completed report or data upload will be provided to DCFS in a HIPAA secure manner with required identifiers included. The data will be the shared property of DCFS and Public Health with the expectation of joint use for future research, publication, or program planning.

b. DCFS and DMH

- i. DCFS and DMH will jointly own the data collected from PCIT, FFT, and MST. Data will be collected with individual identifiers and be the shared property of DCFS and DMH. The confidentiality and privacy of all client-specific data pertaining to individual cases will be maintained in accordance with HIPAA regulations during transmission, processing, and storage.
- ii. Data used for other purposes, including research, will require approval by DCFS and DMH, and must comply with State and federal laws.
- iii. To ensure financial and operational accountability, a completed report or data upload will be provided to DCFS in an encrypted format while in transit, utilizing secure protocols such as TLS 1.2 or higher and at rest using the Advanced Encryption Standard (AES) with a key length of at least 256 bits with required identifiers included. The data will be the shared property of DCFS and DMH with the expectation of joint use for future research, publication, or program planning.

c. DCFS and OCP

- i. DCFS and OCP will jointly own the data collected from POSC. Data will be collected with individual identifiers and be the shared property of DCFS and OCP. All client-specific data pertaining to individual cases is confidential and will be maintained in accordance with HIPAA regulations.

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- ii. Data used for other purposes, including research, will require approval by DCFS and OCP, and must comply with State and federal laws.
- iii. To ensure financial and operational accountability, a completed report or data upload will be provided to DCFS in a HIPAA secure manner with required identifiers included. The data will be the shared property of DCFS and OCP with the expectation of joint use for future research, publication, or program planning.

6. FURTHER TERMS AND CONDITIONS**a. NOTICES**

All notices or demands required or permitted to be given or made under this MOU shall be via electronic mail. Addresses and persons to be notified may be changed by either party giving 10 calendar days' prior email notice thereof to the other party(ies).

Notices to DCFS shall be addressed as follows:

Robert Woolridge
Department of Children and Family Services
Family First Prevention Services Act Manager
woolrr@dcfs.lacounty.gov

Notices to DMH shall be addressed as follows:

Robert Byrd
Department of Mental Health
Deputy Director, Prevention Division
rbyrd@dmh.lacounty.gov

Notices to Public Health shall be addressed as follows:

Deborah Allen
Department of Public Health
Deputy Director for Health Promotion
dallen@ph.lacounty.gov

Notices to OCP shall be addressed as follows:

Minsun Meeker
Office of Child Protection
Assistant Executive Director
mmeeker@ocp.lacounty.gov

7. TERMINATION

- a. Public Health or DMH may terminate participation under this MOU upon written notice to DCFS. The notice shall be provided at least 30 days prior to the termination of activities, services, or pilots, and must include a clear explanation for termination, provide any requirements needed for the grant to account for expended funds, and return unspent funds held by the Department.

8. AMENDMENTS

- a. This MOU represents the entire understanding of the Departments with respect to SBG funds. For substantive changes, this MOU may be amended or modified at any time by mutual written consent of the authorized representatives of the Departments. For non-substantive changes, a Change Notice shall be completed and signed by the authorized DCFS representative prior to distribution to all parties to this MOU. This MOU may not be amended or modified by oral agreements or understandings among the parties, any written documents not constituting a fully executed amendment or Change Notice, or by any acts or conduct of the parties.

9. CONFIDENTIALITY

- a. All parties and their contractors shall maintain the confidentiality of all records, including but not limited to County records and families' information, in accordance with all applicable federal, State, and local laws, regulations, ordinances, and directives relating to confidentiality.

10. COUNTERPARTS AND ELECTRONIC SIGNATURES AND REPRESENTATIONS

- a. This MOU may be executed in two or more counterparts, each of which will be deemed an original but all of which together will constitute one and the same MOU. The facsimile or electronic signature of the parties will be deemed to constitute original signatures and facsimile or electronic copies will be deemed to constitute duplicate originals.

IN WITNESS WHEREOF, the parties hereto have caused this MOU to be executed by their duly authorized representatives as of the dates indicated below:

DEPARTMENT OF CHILDREN AND FAMILY SERVICES:

By: _____ Date: _____

Brandon T. Nichols
Director

DEPARTMENT OF MENTAL HEALTH:

By: Connie D. Drowler for Date: 9/7/2023

Dr. Lisa H. Wong
Director

OFFICE OF CHILD PROTECTION:

By: _____ Date: _____

Judge Michael Nash (ret.)
Executive Director

DEPARTMENT OF PUBLIC HEALTH:

By: _____ Date: _____

Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director

IN WITNESS WHEREOF, the parties hereto have caused this MOU to be executed by their duly authorized representatives as of the dates indicated below:

DEPARTMENT OF CHILDREN AND FAMILY SERVICES:

By: _____ Date: _____

Brandon T. Nichols
Director

DEPARTMENT OF MENTAL HEALTH:

By: _____ Date: _____

Dr. Lisa H. Wong
Director

OFFICE OF CHILD PROTECTION:

By: _____ Date: _____

Judge Michael Nash (ret.)
Executive Director

DEPARTMENT OF PUBLIC HEALTH:

By: *Barbara Ferrer* Date: Aug 22, 2023
Barbara Ferrer (Aug 22, 2023 17:30 PDT)

Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director

Brandon T. Nichols

Director

DEPARTMENT OF MENTAL HEALTH:

By: _____ Date: _____

Dr. Lisa H. Wong

Director

OFFICE OF CHILD PROTECTION:

By:  _____

Date: 6/20/23

Judge Michael Nash (ret.)

Executive Director

DEPARTMENT OF PUBLIC HEALTH:

By: _____ Date: _____

Dr. Barbara Ferrer

Director

DEPARTMENT OF CHILDREN AND FAMILY SERVICES:

By: _____  _____ Date: 7/1/2023 _____
Brandon T. Nichols
Director

DEPARTMENT OF MENTAL HEALTH:

By: _____ Date: _____
Dr. Lisa H. Wong
Director

OFFICE OF CHILD PROTECTION:

By: _____ Date: _____
Judge Michael Nash (ret.)
Executive Director

DEPARTMENT OF PUBLIC HEALTH:

By: _____ Date: _____
Dr. Barbara Ferrer
Director

EXECUTIVE OFFICE



BOARD OF SUPERVISORS

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BOARD OF SUPERVISORS

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MEMBERS OF THE BOARD

HILDA L. SOLIS

HOLLY J. MITCHELL

LINDSEY P. HORVATH

JANICE HAHN

KATHRYN BARGER

May 30, 2025

TO: Supervisor Kathryn Barger, Chair
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Lindsey P. Horvath
Supervisor Janice Hahn

FROM: Jackie Contreras, Ph.D.
Chair, Los Angeles County Prevention and Promotions Systems
Governing Committee

SUBJECT: **REPORT BACK ON THE DECEMBER 3, 2024 ENHANCING LINKAGES
FOR DCFS-IMPACTED FAMILIES BOARD OF SUPERVISORS MOTION**

On December 3, 2024, the Los Angeles County Board of Supervisors (Board) adopted the [Enhancing Linkages for DCFS Impacted Families motion](#) (motion), authored by Supervisors Horvath and Hahn, which directed the Los Angeles County Prevention and Promotion Systems Governing Committee (PPSGC), in collaboration with the Los Angeles County Office of Food Equity, the Department of Children and Family Services (DCFS), the Department of Public Social Services (DPSS), the Department of Public Health (DPH), First 5 LA, and other relevant County departments and external stakeholders to report back in writing to the Board in 120 days on existing practices and collaborative efforts underway to facilitate food security for families with children aged 0-5. The motion directed the PPSGC to include:

- Information on how these entities currently work together;
- Other stakeholders who should be partners in this work;
- Strategies for improving the County's Linkages Program; and,
- Strategies for facilitating food security for families with young children via community pathways.

To achieve the Board's directives, the PPSGC conducted extensive review of available literature, research, data, and analysis; engaged all family-serving County departments via survey and/or interviews with subject matter experts; and, interviewed leaders of the

Linkages Partnership Program, programs and organizations that serve as core pillars of the food security safety net, and natural touch points for families with young children in Los Angeles County (see Appendix). This report synthesizes our research and analysis and includes a series of recommendations to address and mitigate barriers to food security and strengthen the overarching landscape for families with young children, aged 5 and under. The Community Pathway 2.0 Coordinating Body plans to establish a workgroup focused on Concrete Supports and Economic Well-Being with food security as its first area of focus. This body, with support from the PPSGC and Prevention and Promotion Coordination Implementation Team (PPCIT), will develop a plan for operationalizing these recommendations, including how to leverage existing related efforts and whether any additional funding is needed to advance these recommendations.

SNAPSHOT OF THE FOOD SECURITY LANDSCAPE FOR FAMILIES WITH YOUNG CHILDREN (UNDER AGE 5)

Food insecurity is a significant challenge for Los Angeles County families with children under age 5, also referred to as families with young children in this report. According to the 2023 Los Angeles County Health Survey, 26.4% of households with young children experienced food insecurity¹, with 15.4% of those experiencing low food security, and 11% of those experiencing very low food security². A 2024 RAPID Survey, conducted by the Stanford Center on Early Childhood found that between November 2022 and May 2024, 56% of Los Angeles County families with children under age six experienced food insecurity.

Additionally, even for families who are participating in food safety net programs, such as the Special Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC) and CalFresh (i.e., the Supplemental Nutrition Assistance Program – SNAP), food insecurity remains a challenge. For example, in October 2024, 24% of WIC participants and 39% of CalFresh participants reported experiencing food insecurity³.

Deepening food insecurity for this population can be attributed to several factors, which include, but are not limited to:

- Roll back of pandemic-era benefits;
- Increasing costs of food, especially healthy food;
- General lack of awareness of and means to access available food resources;
- Chilling effects of current federal policies (resulting in families with young children disengaging from programs where food resources are available - including schools, child care programs, and food pantries); and,

¹ “Food Insecurity (individual level) – Overall.” 2023 LA County Health Survey, Child Survey. Los Angeles County Department of Public Health.

² “Food Insecurity (individual level) – Very Low or Low Food Insecurity.” 2023 LA County Health Survey, Child Survey. Los Angeles County Department of Public Health.

³ Understanding America Study, University of Southern California.

- The Los Angeles County wildfires, which displaced residents and increased the need for food-related resources.

Further, cuts to and pausing of federally funded food safety net programming are a looming threat. For example, as of this writing, projected cuts of \$1 billion in funding to schools and food banks to purchase locally grown fruits and vegetables was recently announced by the United States Department of Agriculture. Soon after, an additional \$500 million of funding cuts allocated to food banks were announced. One potential impact of these threats, such as the reconciliation bill being considered at the federal level at the time of this writing, is that some costs to ensure food security for young children may shift to the State and County levels. At the same time, there are a multitude of efforts underway to address food insecurity among families in Los Angeles County, including collaboration amongst an array of County, non-profit, faith-based, philanthropic, and private stakeholders. These efforts include but are not limited to: food banks and pantries, food recovery programs, community farms and farmers markets, nutrition programs, guaranteed basic income programs, subsidies, and federal entitlement programs. Collectively, these programs and initiatives comprise the food security safety net for families with young children. Similarly, several food-focused collaborative bodies exist in the County, including, but not limited to:

- Los Angeles County Office of Food Systems
- Los Angeles Food Funders Network
- Food is Medicine Task Force (DPH-led)
- Nutrition Access LA (DPH and LAFPC-led)
- Los Angeles Food Policy Council
- Los Angeles County Food Rx Collaborative (DPH and DHS-led)

Given the volume of efforts underway at the County level, combined with the threats to food security resources from the federal level, it is critical that the County increase coordination and collaboration, monitoring closely potential new sources of funding. For example, at the time of this writing it was recently announced that the LA Food Equity Fund made \$10 million dollars of community grants to 31 nonprofits in LA County working to transform the region's disconnected food system and improve resident food access.

This report focuses on and uplifts major initiatives specifically focused on families with children under age 5. Targeted efforts generally fall into three areas: 1.) nutrition education, 2.) food provision, 3.) referrals to food resources. The Community Pathway 2.0 Concrete Supports and Economic Well-Being workgroup, with support from the PPSGC and PPCIT, will develop an implementation plan that includes identifying where these and other existing entities can move forward the recommendations included in this report.

Pillars of the Food Security Landscape for Families with Young Children

WIC, Head Start/Early Head Start, CalFresh, and Medi-Cal are core pillars of the food security safety net for this population. Collectively, these initiatives provide food to hundreds of thousands of vulnerable families with young children in Los Angeles County.

- WIC provides nutrition education, breastfeeding support, healthy foods via a California WIC Card, and referrals to supportive services to low-income pregnant individuals and families with young children. In 2023, there were 212,619 children who received 5 WIC benefits in Los Angeles County⁴. Based on U.S. Census data along with the American Community Survey (ACS), WIC served 45% of all Los Angeles County children under age 5 in 2023, the majority of whom were infants under the age of one⁵. There are seven agencies that implement WIC, each with multiple clinic sites in Los Angeles County.

All enrollees in Medi-Cal, CalFresh, and CalWORKS automatically meet the WIC income eligibility requirements. While there is some variation across Service Planning Areas (SPAs), age, and race/ethnicity, in every SPA, young low-income children were more likely to be enrolled in WIC than CalFresh or CalWORKs⁶. In 2021, there were at least 115,000 low-income children in Los Angeles County who were eligible for, but not enrolled in, WIC⁷.

- Head Start/Early Head Start provides early childhood education programs and supportive services for low-income children, from birth to age 5. As of this writing, there were 38 Head Start/Early Head Start programs in Los Angeles County⁸. The Los Angeles County Office of Education's (LACOE) Head Start program is the largest in the State of California, serving nearly 9,000 children annually. Each individual Head Start/Early Head Start program is required to operate a nutrition program and provide meals and snacks that make up 1/3 of a child's daily nutritional needs for part-day services, and 1/2 to 2/3 of a child's daily nutritional needs for full-day services.
- CalFresh is an entitlement program that provides monthly benefits to low-income families that can be used to purchase food. As of February 2025, 154,260 children aged 5 and under were receiving CalFresh benefits.

⁴ "Los Angeles County Overview." L.A. County WIC Data. Los Angeles County Overview. Accessed 2025.

⁵ Ibid

⁶ "Characterizing the Cross-Program Involvement of Young CalHHS Clients in Los Angeles County." Children's Data Network.

⁷ "Characterizing the Cross-Program Involvement of Young CalHHS Clients in Los Angeles County" Children's Data Network Presentation for First 5 LA. June 11th, 2024.

⁸ Head Start Agencies by CA County. California Head Start. <https://headstartca.org/wp-content/uploads/2024/12/Head-Start-Agencies-by-CA-County-for-web-12-9-24.pdf>.

- Medi-Cal provides medically supportive food and nutrition services to vulnerable children with special dietary needs as part of the California Advancing and Innovating Medi-Cal (CalAIM) waiver. These food and nutrition services include medically tailored meals and groceries, produce, prescriptions and food pharmacies, and cooking and nutritional education services. According to California Health and Human Service Agency records, in 2021, there were nearly 350,000 young children (ages 0-4) in Los Angeles County enrolled in Medi-Cal⁹. Statewide, in Quarter 2 of Calendar Year 2024, medically tailored meals and groceries were the most utilized CalAIM benefit¹⁰.

County Departments and First 5 LA Efforts to Address Food Insecurity Among Families with Young Children

The PPSGC reached out to the family-serving County departments listed in the Appendix via interview and/or survey to learn about targeted efforts to address food insecurity among this population. Most departments indicated that they and/or partner agencies conduct some type of food security screening. Typically, food, funding, and/or referrals to resources to meet needs are provided to those who screen positive. Departments also uplifted the importance of collaboration with trusted non-profit, faith-based, and other community partners to address food insecurity, particularly in the current federal environment, which is causing fear. In addition to screening and resource referrals, notable efforts include:

- DCFS' Child Protection Hotline implements a standardized process when reports regarding food insecurity are made. This process involves referring families to community-based resources via the Prevention and Aftercare Program. Community-based organizations then screen families and address food-related needs.

Among the surveyed respondents from DCFS regional offices, most indicated that they conduct food security screenings and link families to support services, but do not utilize a standardized screening tool or process. Some DCFS regional offices noted families' fear of having their child removed from their care due to being food insecure is a barrier to screening and resource linkage.

DCFS is also establishing a Birth to 5 Program, which will focus on helping DCFS staff to meet the unique needs of families with young children.

Finally, the Los Angeles County Linkages Partnership (see below for additional information) is a collaborative effort between DCFS and DPSS, which includes co-located DPSS staff in DCFS regional offices to help identify and refer potentially

⁹ "Characterizing the Cross-Program Involvement of Young CalHHS Clients in Los Angeles County." Children's Data Network.

¹⁰ "Chart 3.9.3 Total Number of Members Who Utilized Community Supports by MCP and County by Service by Quarter." California Department of Health Care Services. Chart 3.9.3 Total Number of Members Who Utilized Community Supports by MCP and County by Service by Quarter | DHCS GIS Data Hub

eligible families for DPSS administered services and help with navigating both systems.

- DPH's administration of the County's CalFresh Healthy Living Program, which is implemented in partnership with 18 organizations to improve access to healthy food and prevent diet-related chronic diseases among Los Angeles County's low-income families. The Children's Collective, Inc., the funded partner for the early childhood education sector, works to increase access to healthy foods and leads activities and strategies targeting young children and their families. DPH's Maternal, Child, and Adolescent Health (MCAH) Program funds several efforts countywide that screen and address food insecurity and its root causes, including Family Stabilization and Evidence-based Home Visiting Programs, Black Infant Health, Project HOPE (support for pregnant individuals who are unhoused), Abundant Birth Guaranteed Income Program, and Doula Programs. Through MCAH's Community Health Outreach Initiative, agencies are funded to assist individuals and families with access to free and low-cost insurance as well as with navigating various public benefits and resources, including those that provide food assistance. DPH's MCAH is also developing a universal home visiting billing system, and resource and referral system to help ensure maximization of available home visiting program slots and enable families to be matched to programming more efficiently.
- First 5 LA funds a network of home visiting programs implemented through hospitals and community-based agencies that focus on young children, which conduct food security screenings and referrals. First 5 LA also provides grants to community-based organizations in the five "Best Start" regions, which also address food insecurity. Finally, First 5 LA has prioritized food and nutrition security in its recently approved Strategic Plan.
- DPSS' CalFresh Nutrition Program (CFNP) staff administer the CalFresh program for Los Angeles County. CFNP has long identified the need to bridge the gap between DPSS and local communities in need of nutritional assistance. The CFNP has made extensive efforts to connect underserved and low-income populations to food benefits through the CalFresh Program, with the goal of reducing overall food insecurity as well as increasing the health and well-being of County residents by raising their levels of nutrition.

CFNP staff actively engage in CalFresh outreach efforts through various approaches, including partnering and supporting community-based organizations faith-based organizations, local educational institutions, other departments, including the Department of Children and Family Services, and other entities. CFNP staff provide educational presentations on the CalFresh Program to local community partners, including underrepresented populations (e.g., LGBTQIA+, students, Transitional Age Youth, etc.) to expand CalFresh awareness and access. For the CalFresh

presentations, in-person or online options are available, and basic CalFresh Program eligibility and use of the BenefitsCal access portal are covered topics. These presentations are custom-tailored to the agencies/organizations and customers that request this service (i.e., students, foster youth, general population, elderly, etc.).

CFNP also provides outreach by offering monthly virtual CalFresh Application Assisters Training to local community partners as a tool to educate and aid in application submission. CFNP also has a public presence through the DPSS Food and Nutrition webpage: [Food and Nutrition](#). In addition, the DPSS Medical Outreach District (MOD) assists with facilitating community requests for DPSS in-person presence and taking applications on-site at public events, fairs, and other public occasions. CFNP has two dedicated email inbox accounts to keep open lines of communication between DPSS and community partners to answer inquiries and provide guidance related to the CalFresh Program and other public assistance resources.

DPSS Promotional Materials

DPSS provides a comprehensive outreach toolkit that includes promotional materials such as posters, flyers, and fact sheets to raise awareness about the various programs offered by DPSS. In addition, the outreach toolkit is available on the public-facing DPSS website for community partners to access and utilize in their own targeted outreach efforts.

Resources Available

The public-facing DPSS website provides other food resource information such as a listing of food pantries, food distribution centers, and Meals on Wheels America, which is an organization that is dedicated to addressing elderly/senior isolation and hunger. Additional nutrition assistance resources include food incentive programs such as Market Match which provides matching dollars (up to a certain amount) to CalFresh customers who use their EBT at select farmers markets.

STRATEGIES FOR IMPROVING THE DCFS-DPSS LINKAGES PROGRAM

The Los Angeles County Linkages Partnership (Linkages) centers around CalWORKs, the federal Welfare-to-Work (WtW) program. Linkages is a collaborative effort between DCFS and DPSS that involves multidisciplinary teaming to address the common barriers that limit parents' ability to parent effectively and participate in the workforce. As part of the program, DPSS staff are co-located in DCFS regional offices and, together, staff work to:

- Ensure that CalWORKs-eligible and interested families are enrolled in the program;
- Help families navigate two complex systems; and,

- Engage in coordinated case planning to help parents provide a safe and stable home for their children while working toward economic self-sufficiency.

CalWORKs-eligible families can receive:

- Family Stabilization Services/Crisis Support
- Employment Services
- Transportation (without duplication)
- Child Care
- Ancillary/Work-Related Expenses
- Vocational Education/Training
- Specialized Supportive Services: Domestic Violence, Mental Health and Substance Use Disorder
- Diaper Payments
- Screening for General Relief (GR), Medi-Cal, and CalFresh

In calendar year 2024:

- The co-located Linkages GAIN Social Workers (LGSWs) attended 543 child and family team (CFT) meetings and conducted 16,033 case consultations outside of CFT meetings.
- 2,745 families/individuals/caretaker relatives were assessed for eligibility for DPSS aid programs and referred to a CalWORKs/GR Office for further assessment and enrollment, as appropriate.

Both DCFS and DPSS reported that Linkages is a successful program that is working well. The departments are planning the following enhancements to the program:

- Co-location of DPSS LGSW at the Child Protection Hotline to assist families who are identified for service needs but are not clients of either DCFS or DPSS. The LGSW will assess the family for eligibility for CalWORKs, CalFresh, and other programs administered by DPSS and assist with initiating an aid application using the established BenefitsCal application.
- Collaboration with Los Angeles County Chief Executive Office-Chief Information Office on the reinstatement of the Linkages Match Report, which identifies mutual cases to DCFS and DPSS. This report can be used for outreach and engagement of CalWORKs shared families.

FINDINGS AND RECOMMENDATIONS

The Community Pathway 2.0 Concrete Supports and Economic Well-Being workgroup, with the support of the PPSGC and PPCIT will develop an implementation plan for the following recommendations in partnership with County Departments and community-based organizations, and in alignment with existing related efforts.

1. Access Barriers Contribute to Underutilization of Available Resources

Finding: Despite the prevalence of food insecurity among families with young children, family underutilization of available resources, such as WIC, remains a challenge. Families who receive Medi-Cal are categorically eligible for WIC. However, in 2021, only two-thirds (66.9%) of Los Angeles County children enrolled in Medi-Cal were also enrolled in WIC. Furthermore, at the SPA level, that percentage ranged from a high of 73.8% in SPA 6 to a low of 55.1% in SPA 2¹¹. This indicates that there may be geographic differences in underutilization that should also be considered.

As previously described, several factors are contributing to underutilization. Additional factors include, but are not limited to:

- the administrative burden of enrolling in multiple programs, e.g. each program has a separate application requiring paperwork and confirmation of eligibility, which can be time consuming;
- the lack of standardization of screening and resource linkage processes at natural touchpoints; and,
- inadequate data sharing between WIC and Medi-Cal, which limits targeted outreach.

Recommendations:

- a) Test data sharing, matching, and integration data, as legally permissible, between WIC, CalFresh, and Medi-Cal at the local and State levels to increase enrollment.
- b) Work with partners to explore opportunities to develop and implement universal enrollment forms and expand existing enrollment processes to include multiple services, where possible, to reduce burdens for completing forms on families who qualify for multiple services and improve data collection.
- c) Increase knowledge and awareness of food-related resources, eligibility, and access pathways at natural touchpoints, such as early education centers, child care providers, and health care providers.
- d) Improve access to healthy foods by leveraging natural touchpoints in under-resourced communities. This could include partnerships between mobile food distribution units and schools, healthcare organizations, child care centers, faith-based organizations, and others that pair food distribution with nutrition education and enrollment in programming such as WIC and CalFresh. Access issues could also be addressed through increased provision of transportation support (e.g., transportation vouchers, food delivery programs, etc.).
- e) Implement targeted strategies for especially vulnerable populations, such as DCFS-impacted families, immigrants, those living in geographies with higher rates of underutilization, and community college students.

¹¹ "Characterizing the Cross-Program Involvement of Young CalHHS Clients in Los Angeles County." Children's Data Network.

- i. Partner with providers and families to address DCFS-involved families' fear of having their child removed from their care if they share that they are experiencing food insecurity. This could include implementing one or more of the following strategies:
 - Explore this issue and the root causes more thoroughly with DCFS providers and DCFS-involved families.
 - Ensure providers are aware that the presence of food insecurity does not necessarily constitute abuse or neglect, which could be facilitated through the County's Mandated Supporting Initiative.
 - Ensure families are aware that sharing that they are experiencing food insecurity is not in and of itself a cause to have their child removed from their care.
- ii. Partner with trusted institutions in communities to provide food, disseminate clear, consistent, and accurate information about food-related resources, eligibility, and access for marginalized communities in ways that assuage fears and facilitate engagement. Implement strategies for safe provision of food resources, such as moving food distribution events indoors to prevent the need to congregate outside.
- iii. Conduct additional qualitative and quantitative research on the differences in utilization of food-related resources across geographies, beginning with SPAs, and the reasons for those differences, in order to create proposed strategies for addressing these differences.
- iv. Partner with community colleges to identify effective strategies for engaging parenting students in screening and linkages to food-related resources. California community colleges are required by law to provide basic needs services to this at-risk population, including food security, transportation, technology, health and mental health, housing security, and child care¹².

2. Screening, Resource Linkage, and Follow-Up

Finding: Although many organizations screen and refer families to resources, improvements are needed, particularly as it relates to ensuring that families are actually linked to and receive the intended services and supports, including ensuring availability of needed resources such as infant formula and breastfeeding supports.

Subject matter experts emphasized the importance of ensuring that there are sufficient staff available to assist families who screen positive with accessing resources and to follow up on any referrals made. Successful models exist, such as HealthySteps, which brings resources to clinic environments to help screen families for a variety of needs, including food, and navigate to resources.

There are no standardized screening tools utilized across County departments. In fact, some departments use a variety of different tools internally, which poses challenges with consistency and data collection. Additionally, previous Board-directed efforts to

¹² "Basic Needs Services Center 2023 Report." California Community Colleges Chancellor's Office. August 2, 2023.

institute Countywide screening and linkages processes did not focus exclusively on the unique needs of families with young children.

Recommendations:

- a) Strengthen screening, linkages, and resource navigation processes at family-serving County departments and community touchpoints for this population.

Explore the feasibility of replicating successful models, such as HealthySteps, to improve providers' ability to screen young children for food insecurity and support them in accessing resources to meet their needs.

Leverage Enhanced Care Management (ECM) and Community Health Workers through Medi-Cal to help facilitate linkages to food and other supportive resources and provide follow-up support to families.

- b) Explore the feasibility of developing and implementing Countywide standardized screening tools and linkages processes – at a minimum standardized tools and processes should be established within County departments - based on best and most effective practices for this population. Standardization should prioritize natural touchpoints, such as home visitors, child care, and healthcare providers.

- c) Identify strategies to help families with young children access feeding supports for their young children, including increasing the supply of infant formula available to families with infants through the key food security pillars and other resources, and ensuring that families with young children are provided with breastfeeding supports. For example, according to the Los Angeles Regional Food Bank, infant formula is often in high demand but donations are uncommon, so availability is low.

3. Home-Based Child Care Providers

Finding: Home-based child care, which includes family, friend, and neighbor care (FFN), is the most common type of subsidized child care utilized by families facing systemic barriers in Los Angeles County. Child care providers offering subsidized child care must purchase meals and snacks for children in their care and home-based child care providers, FFN in particular, receive the lowest rates for service provision. Home-based child care providers serving low-income families often are low-income themselves or are poverty adjacent and struggling to meet their own basic needs. As such, purchasing food is one of the most significant challenges that home-based child care providers experience. Many FFN providers report having insufficient food for children in their care and 82% reported that food is the highest cost they experience¹³.

¹³ The Landscape of Home Based Child Care in Los Angeles County: A Framework for Future Planning, 2023. CCALA-HBCC-Landscape-Analysis-2023.pdf.

Recommendations:

- a) Develop dedicated food resource hubs and pathways to access resources for home based child care providers.
- b) Make available food resources grants and direct cash transfers for purchasing food.
- c) Leverage flexible funding and advocacy to address administrative barriers to utilization of the federal Child and Adult Food Care Program.
- d) Advocate to increase reimbursement rates for child care providers offering subsidized child care.

4. Additional Policy Advocacy

Finding: Strengthening some aspects of the food security safety net for families with young children will require policy advocacy to institute regulatory, administrative, and legislative shifts. In addition to the opportunities described above for policy advocacy, the following strategies are recommended.

Recommendations:

- a) Advocate with the California Department of Health Care Services (DHCS) to add food security for children as an accountability measure through the Managed Care Accountability Set for Medi-Cal Managed Care Plans to elevate the importance of and prioritize this issue.
- b) Work with DHCS CalAIM to advocate for household food insecurity as an eligibility criterion for medically supportive food and nutrition programs, such as produce prescription programs.
- c) Explore the feasibility of expanding eligibility for the CalFresh Restaurant Meals Program beyond homeless households, 60 or over, or people with disabilities, to include families with children aged 0-5.

5. Young Child-Focused Collaboration

Finding: Although many food security collaboratives exist, including those that meet the needs of families with young children, there is a need for targeted focus on this population. Key leaders in this area, such as WIC, Head Start/Early Head Start, and child care resource and referral agencies spoke to the critical need for a young child centered collaborative body focused on addressing food insecurity. Bringing together key leaders and organizations would allow for improved coordination, strategic collaboration, problem solving, policy advocacy, and collective impact.

Recommendation:

Establish a multi-disciplinary coordinating table focused on addressing food insecurity among this population.

6. Linkages Partnership Program

Finding: Utilization of the CalWORKs Home Visiting Program has historically been low. Families who are eligible for CalWORKs may be eligible for CalWORKs Home Visiting.

Recommendation:

Include targeted recruitment for CalWORKs Home Visiting Work in the array of programs elevated through Linkages. Explore the feasibility of leveraging Community Health Workers, DCFS Parent Partners, health insurance navigators, and/or home visiting staff to conduct targeted outreach to families.

7. Mitigation Strategies

Finding: Threats to federal funding of the food security safety net for families with young children are clear and present.

Recommendation:

Stakeholders should proactively develop actionable strategies to mitigate the negative impacts to this vulnerable population should these threats be actualized.

NEXT STEPS

Several next steps are underway.

- The PPSGC and Community Pathway 2.0 will collaborate with the Child Care Alliance of Los Angeles and other partners to bring together key stakeholders for a conversation on food security, the need for a coordinating body, and exploration of a possible path forward.
- A Community Pathway 2.0 workgroup on Concrete Supports and Economic Well-Being, with food security as the first area of focus, is being established. This body, with the support of the PPSGC and PPCIT, will develop an implementation plan to operationalize the recommendations outlined above.
- The PPSGC and Community Pathway 2.0 will continue to collaborate with the Los Angeles County Office of Food Equity, First 5 LA, DPH, DCFS, DPSS, and other County Departments and key stakeholders working to ensure food security for families with young children in Los Angeles County.

JC:TH

- c: Executive Officer, Board of Supervisors
- Chief Executive Office
- Chief Information Office
- County Counsel
- Director, Los Angeles County Department of Children and Family Services
- Director, Los Angeles County Department of Mental Health
- Director, Los Angeles County Department of Public Health
- Director, Los Angeles County Department of Public Social Services
- Executive Director, Los Angeles County Office of Child Protection
- Executive Director, Center for Strategic Partnerships
- Executive Director, Anti-Racism, Diversity, and Inclusion Initiative
- Executive Director, First 5 Los Angeles
- Executive Director, CEO-Homeless Initiative
- Social Services Deputies, Board of Supervisors
- Education Deputies, Board of Supervisors
- Health Deputies, Board of Supervisors
- Homeless Deputies, Board of Supervisors

APPENDIX: ORGANIZATIONS ENGAGED

Los Angeles County Commission for Public Social Services	Los Angeles Food Funders Network
Los Angeles County Department of Children and Family Services <ul style="list-style-type: none"> • Child Protection Hotline • Regional Offices • Community Based Support Division (Linkages) 	Los Angeles Food Policy Council
Los Angeles County Department of Health Services	Los Angeles Regional Food Bank
Los Angeles County Department of Public Health <ul style="list-style-type: none"> • Nutrition and Physical Activity Program, Los Angeles County Food Rx Collaborative • Office for the Advancement of Early Education • Division of Chronic Disease and Injury Prevention, Nutrition and Physical Activity Program 	No Kid Hungry
Los Angeles County Department of Public Social Services	Providence Holy Cross Medical Center Welcome Baby Program
Los Angeles County Office of Education	Public Health Foundation Enterprise (PHFE) WIC
Los Angeles County Office of Food Equity	Rio Hondo College
Los Angeles County Office of Immigrant Affairs	The Children's Collective
Antelope Valley Partners for Health	University of Southern California Food Systems Institute
Child Care Alliance of Los Angeles	Zero to Three
Child Care Planning Committee	
Child Care Resource Center	
Children's Hospital Los Angeles	

First 5 LA	
Health Care Coordination for Youth in Child Welfare Workgroup (including Medical Managed Care Plans)	
Home Visiting Collaborative Leadership Council	
Los Angeles Best Babies Network	