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June 2, 2025

TO: Supervisor Kathryn Barger, Chair
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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;

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.

- 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,
- 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.

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, 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.
- 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

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>.

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 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

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

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.

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

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

with consistency and data collection. Additionally, previous Board-directed efforts to 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 for increasing the supply of infant formula available to families with infants through the key food security pillars and other resources. 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:ap

- c: Executive Officer, Board of Supervisors
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- 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

DRAFT

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 Medi-Cal Managed Care Plans)	
Home Visiting Collaborative Leadership Council	
Los Angeles Best Babies Network	

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