



Chief Executive Office  
COUNTY OF LOS ANGELES

# Coordination Table Meeting

Prevention Services Task Force

August 18, 2022



# I. OPENING AND ADMINISTRATIVE MATTERS

1. Instructional information, disclosures, land acknowledgment
2. Welcome and Call to Order
3. Roll Call
4. Public comment for specific agenda items

# 5. INTRODUCTIONS

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



# 6. TASK FORCE INTERDEPENDENCIES AND UPDATES



July	August	September	October
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**FEEDBACK AND FINAL AUTHORITY**

Receive, provide feedback on, and formally affirm intermediate deliverables created by the tables (e.g., those listed in the white rectangles on this page)

Review and Adopt Preliminary Report (Recommendations/Findings) for the Board

Begin work on next phase of recommendations, including receiving community feedback on preliminary report, approving table deliverables, and other overarching items

**Task Force level**

**FUNDING STREAMS ANALYSIS**

Collection and analysis of program budget data      Funding streams analysis      Recommendations and findings for funding streams/programs

**OVERARCHING VISION STATEMENT** (Per TF request, portions of this were moved to the TF to ensure adequate feedback/input)

Collect Task Force, table, benchmarks, and community feedback on vision and vision statement (including survey of community members and County staff)      Adopt vision statement

**Framework Table**  
(launched 8/5)

**DETAILED VISION, FRAMEWORK, AND GOVERNANCE**

Adopt Guiding Principles for Prevention/Promotion      Clarify and affirm range of domains covered under Prevention/Promotion      Adopt Prevention/Promotion Countywide Systems Model      Identify recommended governance structure (potentially prolonged)

Ongoing: Resolve and further clarify vision and governance recommendations

**Disproportionality Table**  
(launched 7/22)

**PREVENTION METRICS**

Identify Life Course Outcomes      Identify Ecological/Institutional Factors      Adopt Metrics

Ongoing: Data Analytics and Targeted Policies to Address Racial Disproportionality, including across LCOs and Ecological/Institutional Factors

**Coordination Table**  
(launched 6/16)

**PROBLEM ANALYSIS: OPERATIONAL BARRIERS AND OPPORTUNITIES TO ADDRESS THEM**

Identify operational barriers hindering coordination, including those relating to data systems, user journey mapping, and cross-agency collaboration. When possible, identify policy recommendations/solutions to address these barriers, including pilot programs, County policy advocacy at the state/federal level, and/or Board action

Ongoing: Continue to coordinate implementation, including data systems integration and user journey mapping



# COMPONENTS OF INITIAL BOARD DELIVERABLES

- **Vision and Governance Structure**

- Guiding Principles
- Vision Statement
- Affirmation of Domains covered
- Recommended Prevention/Promotion Countywide Systems Model
- Overarching Governance Structure (*may need to be postponed or further fleshed out after October*)

- **Community Engagement Process**

- Detailed process plan, including components that may occur later

- **Prevention Metrics**

- Metrics informed by Equity-centered Framework (Life Course model)
  - Life Course Outcomes
  - Ecological/Institutional Factors

- **Operational Barriers/Recommendations**

- Identified barriers and policy solutions, including pilots for consideration, policy advocacy necessary at state/federal level, Board action, etc.

- **Funding Streams Analysis**

- Program Inventory
- Overarching Findings
- Funding Streams for Further Study/Action

## Vision & Governance Structure

Component	Description	Utilization	Body / Status
Guiding Principles	<p>Value statements to serve as “guardrails” that help define <i>how</i> and <i>why</i> LA County is establishing a countywide prevention/promotion services system, listed in approximate order of importance to members.</p> <p>Several are drawn from the County’s racial equity strategic plan, with some minor revisions to reflect discussion and learnings from this Task Force effort.</p>	Provides the intent and goals behind recommendations created by the Task Force, especially for TF/table members, County prevention staff, community-based service providers, and residents	Framework table - Adopted
Prevention/Promotion Framework	Definitions for prevention and promotion, including “tiers” (e.g., primary, secondary, tertiary) to indicate levels of support administered by the County for populations with differing needs.	Unifies definition and common usage across departments; informs County departments and staff how to prioritize populations for additional support, services, and intervention based on level of risk or need.	Framework table – in progress (9/8)
Vision Statement	An aspirational statement to describe the desired long-term goals and direction for the future of LA County prevention/promotion services.	Concisely communicates the goals of a reimagined system for multiple stakeholders; intended to be inspiring and uplifting.	Framework table/Task Force – in progress
Affirmed Domains	Domains/service areas discussed by the Task Force to be considered under the umbrella of County prevention/promotion. Process includes analysis of benchmark jurisdictions.	Provides grounding context for what service areas are included in and covered by this initiative, including how they relate to metrics and cut across multiple departments/agencies	Framework table – in progress (9/8)
Governance Structure	Recommendations for a governance structure for prevention/promotion in LA County, including the necessary budgeting, staffing, contracting, and data sharing authorities across relevant departments. Process includes analysis of benchmark jurisdictions.	If adopted by the Board of Supervisors, enables the County to coordinate and effectuate a comprehensive community-based prevention services delivery system.	Framework table – in progress (9/8- )

## Prevention Metrics

Component	Description	Utilization	Body / Status
Life Course Outcomes	<p>Priority outcomes that the County wishes to increase or reduce in people’s lives, especially those connected to major positive or negative outcomes later in life. These outcomes should be broadly prevalent, “inherently good,” and fall within the County’s sphere of influence.</p> <p>The first five outcomes selected are derived from the County’s <a href="#">Racial Equity Strategic Plan</a> and have already been adopted by the Board of Supervisors.</p>	Provides North Star outcomes that the County aims to achieve and focus on as goals of its prevention/promotion system; in combination with identified ecological-institutional factors, they can help inform the development of guiding prevention metrics.	Disproportionality table - Adopted
Ecological-Institutional Factors	Factors relating to systems, structures, and physical and community environments (including those driven from County policy and programs) that directly or indirectly impact life course outcomes. These may include structural racism and other systems that lead to disproportionality and marginalization across specific population groups.	<p>Provides context to why certain populations may have disproportionate prevalence of life course outcomes (both positive and negative), which can form a starting point of County reforms, restructuring, and reimagined resources to address these disproportionalities.</p> <p>This analysis may also form inform concrete policy recommendations to address existing racial disproportionalities across County systems.</p>	Disproportionality table – in progress (8/23, 8/30)
Guiding Prevention Metrics	A set of guiding prevention metrics, principally informed by an equity centered framework which reflect how County residents’ lives were made better as result of receipt of prevention services.	Enables County staff and community members to understand how outcomes and needs may be improving or require greater attention (including in addressing racial disproportionality), to prioritize ongoing and future policy decisions and investments.	Disproportionality table – in progress



## Problem Analysis: Operational Barriers and Opportunities to Address Them

Component	Description	Utilization	Body / Status
Operational Barriers and Opportunities	<p>Recommendations for the Board of Supervisors including:</p> <ul style="list-style-type: none"> <li>Identified problem statement and categories regarding current Countywide prevention/promotion service coordination and delivery (e.g., regulatory barriers, data sharing constraints, funding constraints)</li> <li>Goal outcomes for these categories</li> <li>Recommendations to achieve the goal outcomes for these problem categories (e.g., policy reform, advocacy for changes in state/federal law, funding reprioritization, new technology, etc.)</li> </ul>	<p>Elevates solutions to the existing barriers to Countywide prevention services coordination – <b>especially those that exist today and can be addressed even in the absence of a reimagined system and/or will still need to be addressed even as a reimagined system is implemented.</b></p> <p>These recommendations can simultaneously help inform and build upon the overarching governance structure recommendations coming out of the Framework table.</p>	<p>Coordination table – in progress</p>

## Community Engagement Process

Component	Description	Utilization	Body / Status
Community Engagement Process	<p>Comprehensive <a href="#">community engagement process</a> which highlights and prioritizes the voices of those with lived experiences, including adults, children, youth, and families, and community-based organizations deeply engaged in prevention work. This plan includes:</p> <ul style="list-style-type: none"> <li>Participatory Decision Making and Power Sharing (e.g., voting positions and representation)</li> <li>Gathering Community-Defined Evidence (e.g., listening strategies and user journey mapping)</li> <li>Inclusion, Access, and Communication (e.g., interpretation and multi-language promotion)</li> <li>Community Consultation and Alignment (e.g., community consultation sessions)</li> </ul>	<p>Ensures that end users (i.e., adults, children, youth, and families with varying experiences) and their experiences navigating County prevention services and systems are centered throughout this initiative – and that the recommendations coming out of the Task Force most effectively meet the needs and current realities of LA County residents.</p>	<p>Task Force and all tables, led by ARDI – in progress</p>

# II. DISCUSSION

## 7. User Journey Mapping Inventory

(Volunteer Ad Hoc Group: Members Balmer Cartagena, Ippolito, Loo, McCroskey)

- |                                  |   |
|----------------------------------|---|
| 1. Justin Lee / Member McCroskey | Thriving Families Safer Children report     |
| 2. DMH (via TF Member Tate)      | Prevention Programs Thematic Analysis       |
| 3. Member Magana                 | Homeless Prevention Board Report Resources  |
| 4. Member Jaffe                  | DCFS CSA Report findings documents          |
| 5. Member Jaffe                  | DCFS at work documents                      |
| 6. Member McCroskey              | CDN reports                                 |
| 7. Co-chair Meeker               | OCP Listening Session/Survey findings       |
| 8. Member McClaire               | DPH External Customer Satisfaction Findings |

# 8. IDENTIFYING COMMON OPERATIONAL BARRIERS/ OPPORTUNITIES

*RIGHT: Sample barriers/ opportunities for brainstorming and discussion (non-exhaustive)*

- 
- *Problem areas*



- *Desired outcomes*



- *Recommendations to achieve*



# JAMBOARD (1 OF 3)

## Problem Statement -

Despite sometimes serving the same clients/residents, our systems are oftentimes working in siloes - which makes it challenging for our clients/residents to easily navigate and access the services they need/want.

lack of coordination leads to mistrust of government solutions

lack of information from trusted entities/messengers in communities

Yes, and the devil is in the details. The particular barriers depend on which services people are trying to access and which departments are involved.

different resources available in different communities, particularly the kinds of supports (not necessarily clinical treatment services) that residents most want

County staff may need training re: what other programs are available through the different County Depts. It would be helpful to have quick screening tools to help with this.

create an integrated committee model of information

our data systems need to be integrated.

Expand ability for systems to speak to each other, or allow for data sharing across departments/entities with the same clients.

difficulty understanding what other departments have to offer that could meet needs of clients

Lack of holistic view/delivery across services prevents agencies from viewing individuals as whole people, versus individuals who need a specific service

Is there a way to define or hone in on clients of concerns? The needs vary.

Sometimes it is hard for the public to know where to go. For example, does the public know there is an eviction prevention program at DCBA? The homeless services system also has an eviction defense program too.

Siloed efforts lead to an unevenness in services/supports offered.

mismatch between available services and what residents say they want and need

too many wrong doors, lack of skills in engaging people in available services

Paucity of culturally appropriate interventions

How do we/could we cross-train workforce across the County systems so that they are equipped to appropriately refer to other Departments and services?

I agree with the statement, I would also highlight that even when programs/departments know about each others services communication/coordination is difficult. Which impacts community receiving

Appreciate the focus on the client experience

It's also important to factor in the context/systems in which our clients live; it drives how they come to our services and what they may need

# JAMBOARD (2 OF 3)

Brainstorming Session - please use sticky notes to share what you think are critical operational barriers to a coordinated delivery system for promotion/prevention services

Lack of framework/focus/correction on the systems and drivers for the inequities we see in prevention services

missing that shared vision and framework in which we evaluate our work

missing strong coordinated connections across systems and out and across those trusted community entities

one way the county has galvanized coordination is by having the BOS identify priority issues with follow up work facilitated through the CEO - what have we learned through that about resourcing such efforts?

Having streamlined process around data. There are many software systems each department use. Not all work well together.

Non-standardized trainings, information sharing, and infrastructure to support service delivery

data integration with more attention to analysis of issues that could be usefully addressed by multiple departments

braided/blended funding

Providers need to be familiar with eligibility requirements of many different programs and how to make referrals

there are also difficulties in contracting that make it hard for contracted CBOs to work together effectively in communities

Bureaucracy oftentimes gets in the way of agencies being able to cross-collaborate for common goals.

**Time/capacity to coordinate**

Need to fund peer navigators. For example, people experiencing homelessness may trust referral info from another person experiencing homelessness or peer.

do we need "cultural brokers" to support cross disciplinary, cross departmental understanding? We sometimes use the same words, but mean different things

Communication between departments, not leveraging funding sources, lack of coordination

Access to electronic health records is not always allowed among departments.

**Data systems not being linked**

Funding limitations/restrictions through grants and mandates.

Funding does not always cover "warm-handoffs" between departments and between departments and partner community based organizations.

When a County employee works for one Dept, it is hard to refer a client to another Dept. (i.e. don't want to refer the client to the wrong place, don't know if eligibility criteria has changed, unsure about the intake

Would be helpful to have clear markers for how we show impact. Streamlined evaluation and increased feedback loop.

**the lack of information exchange between top and bottom providers**

We need a radical shift so that collaboration across departments is expected.

inadequate capacity and time in departments for data analysis on shared problems or service needs

Limitations around data sharing. Also not leveraging expertise within departments to share data.

**We need an increased feedback loop**

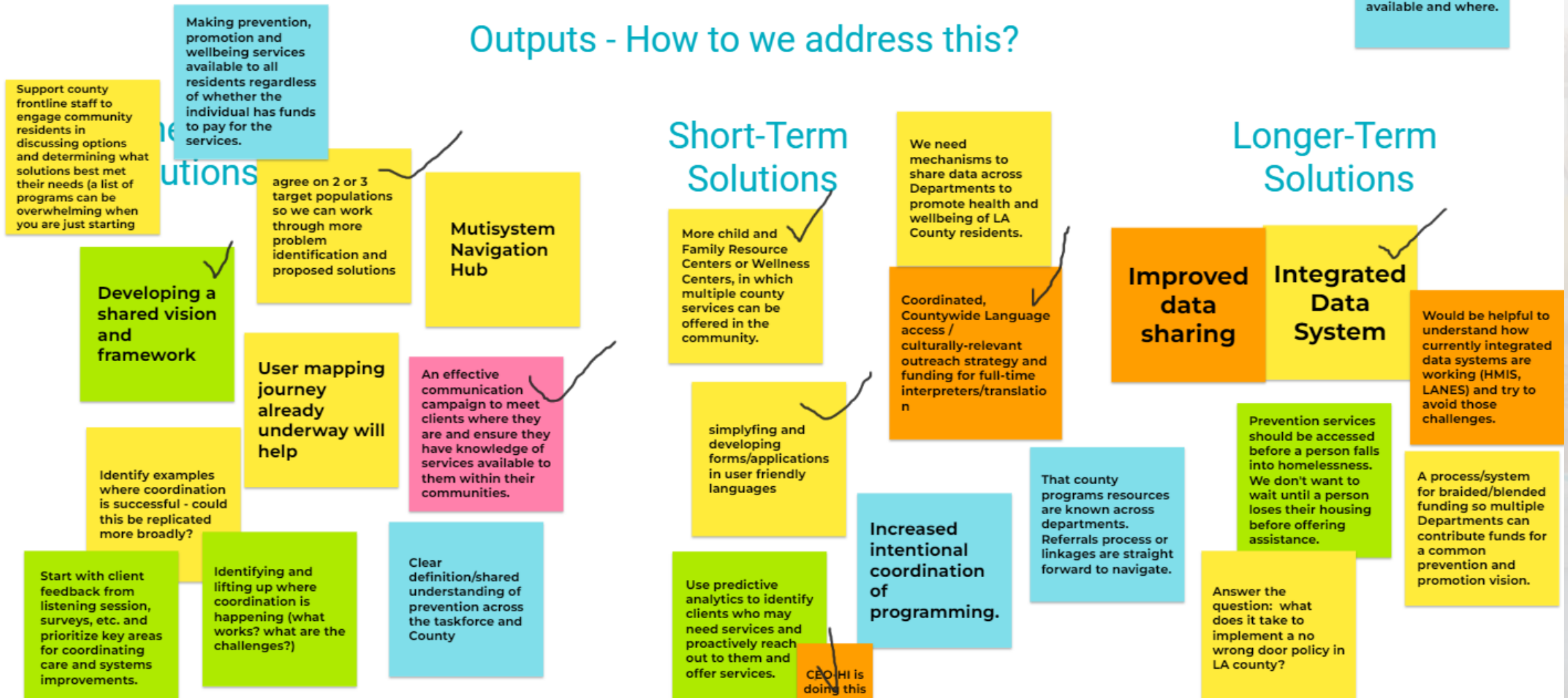
# JAMBOARD (3 OF 3)

What Do We Want Instead? -

Our clients/residents have access to coordinated care when they need/want it.

Ensuring access to services, including access to information about what services are available and where.

## Outputs - How to we address this?





# 9. ADDITIONAL EMERGENT OPPORTUNITIES



**STATE BLOCK  
GRANT  
PILOT IDEAS**



# BACKGROUND

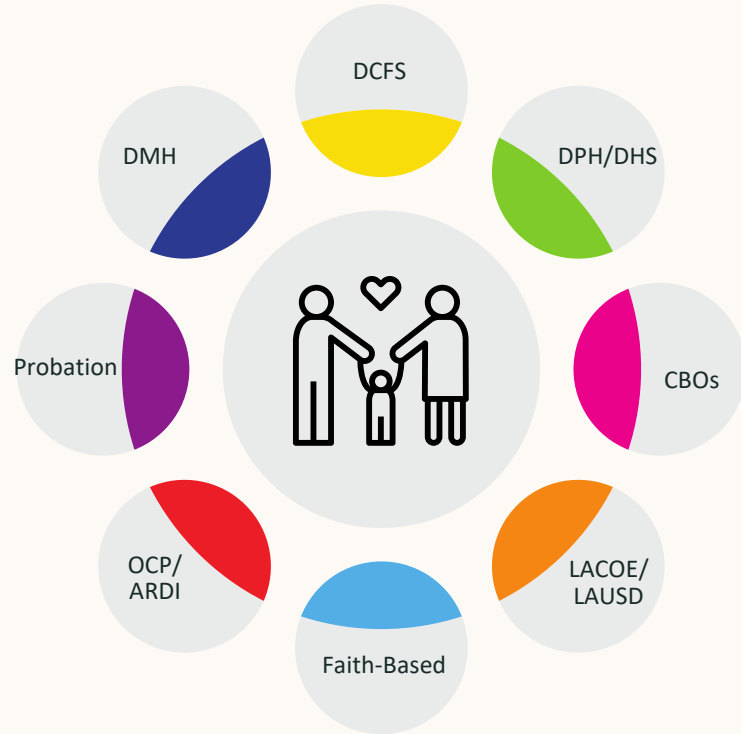
State Block Grant (SBG) of \$49M over three years allocated to Los Angeles County (through Department of Children and Family Services and Probation Department)

SBG can be used for implementation of the Family First Prevention Services program, as well as the delivery of comprehensive prevention services

DCFS and Probation working with partners to identify potential community pathways pilots to support with SBG



**COMMUNITY  
PATHWAYS**



Thoughtful implementation of Family First's Community Pathway may present an opportunity to link families to resources without being in the child welfare system, address the need for enhanced prevention efforts to provide a recourse to children suffering from or at risk of neglect/abuse, and to integrate improvements to resource and service linkage.



# COMMUNITY PATHWAY OPPORTUNITIES

## HOSPITALS/HEALTHCARE

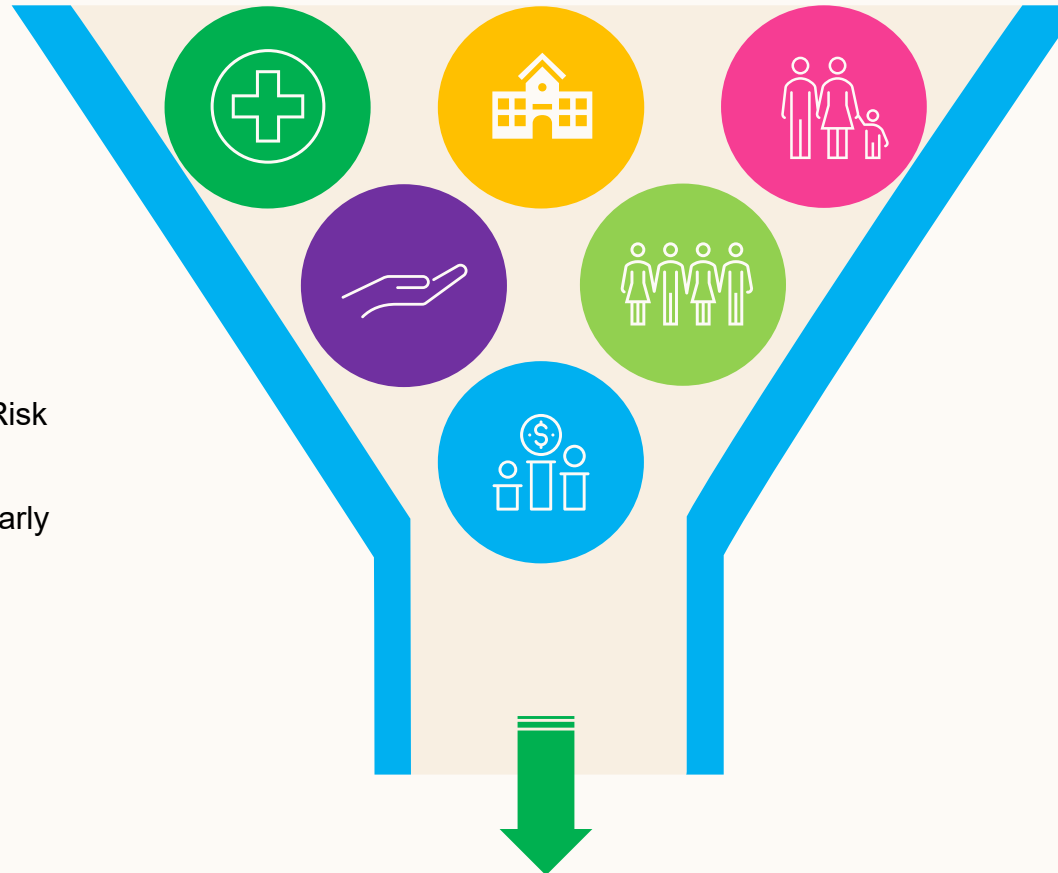
- **Plan of Safe Care referral of Substance Exposed Infants**
- Help me Grow from pediatricians

## SCHOOLS

- LAUSD (Homeless Students, 0-5 At-Risk Children, TRiEE Teams)
- LACOE (Family Support Specialist, Early Childhood Education Programs)

## COUNTY DEPARTMENTS

- DCFS (Hotline Community Response, Unsubstantiated Investigation, Aftercare, & Post-Adoption referral)
- PROBATION YOUTH
- DMH, DPH, DPSS, County Resource Hub



## LOCAL FAMILY RESOURCE CENTERS (FRCs)

- FRCs including Candidate Specialists (SUD Treatment, DV, etc) and local networks

## COMMUNITY

- Self Referrals, Faith-Based & Community Referrals, One Degree, 211
- **Multisystem navigation**

## BLENDED/BRAIDED FUNDING

- Each of these offers opportunities to partner with other departments and agencies to expand implementation

# COMMUNITY PATHWAYS REFERRALS THROUGH HOSPITALS/HEALTHCARE



SBG Pilot Opportunity – Coordinate with County’s Plan of Safe Care for substance-exposed newborns pilot and First 5 LA’s Welcome Baby hospital partnership to fund a **coordinator/trainer/navigator position** to build capacity/collaboration across these partners and assess the need for a long-term position to support systems and care coordination.

# MULTISYSTEM NAVIGATOR

## PILOT COMMUNITY-BASED NAVIGATOR

- Navigator housed in community-based organization
- Identify promotion and prevention services across systems for children and families and link them
- Coordinate with FFPSA community pathways funding if appropriate

## TEST IMMEDIATE SOLUTIONS TO OPS BARRIERS

Examples:

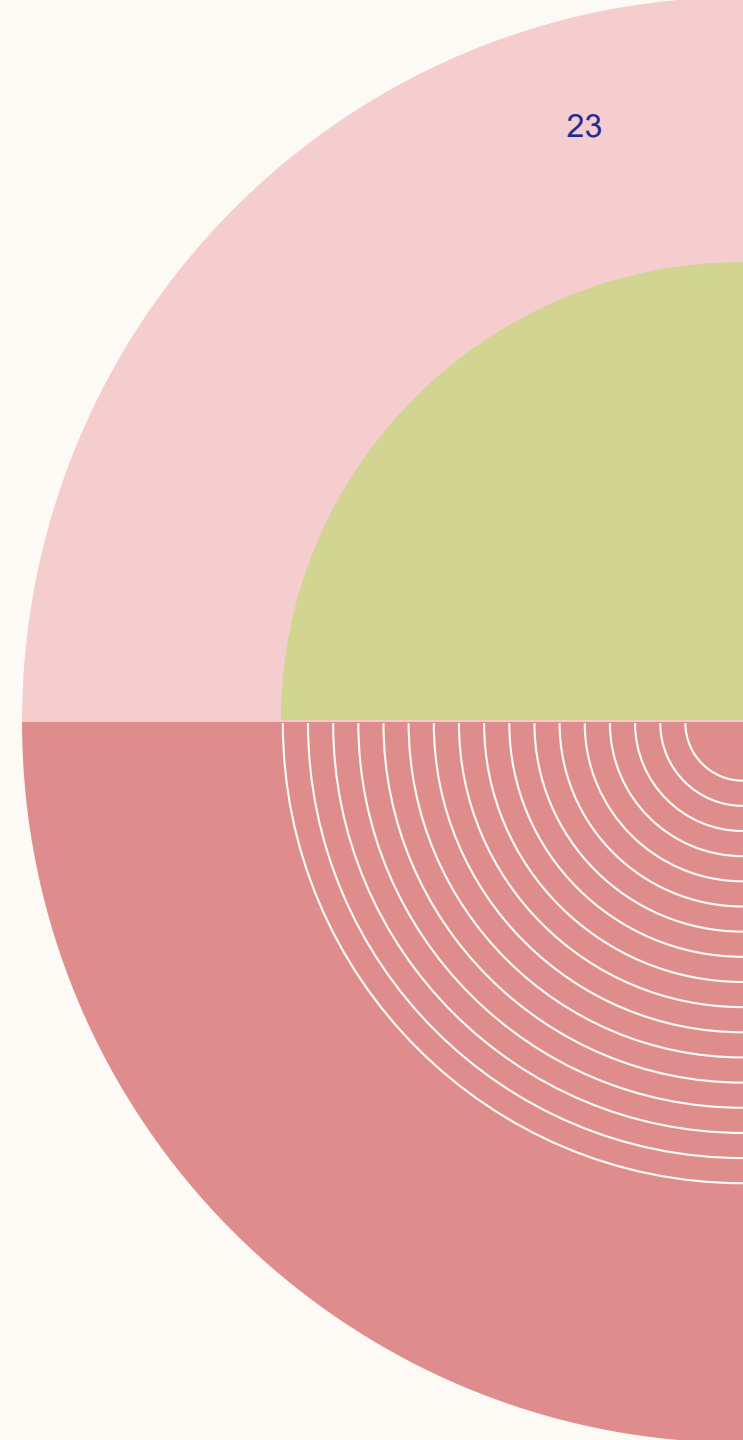
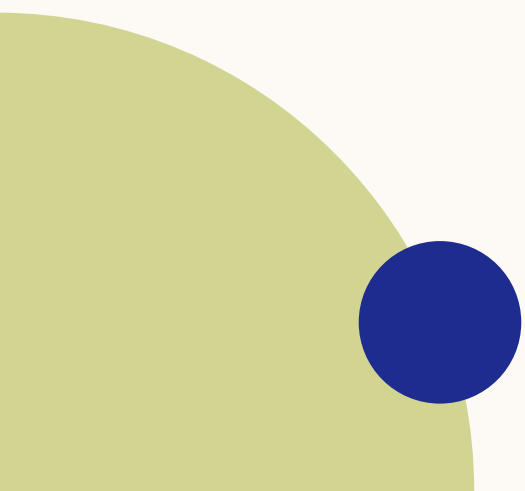
- Blending funding
- Providing flexible, individualized supports
- Sharing data and integrating data systems
- Testing teaming/collaboration strategies

## IDENTIFY ADDITIONAL SOLUTIONS TO OPS BARRIERS

Examples:

- Legislative changes
- Program changes
- Fiscal changes
- Data/technology needs

# QUESTIONS & FEEDBACK



# III. PUBLIC COMMENT PERIOD AND CLOSING

10. General Public Comment

11. Adjournment