CEO

Chief Executive Office

COUNTY OF LOS ANGELES

Framework Table Meeting

Prevention Services Task Force

September 16, 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. Overview of Task Force and subject area updates

COORDINATION TABLE

Problem Statement -

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

COORDINATION TABLE

II. PRESENTATIONS & DISCUSSION

6. VISION STATEMENT

Vision Statement Options

1

~~LA County is a model for **equitable, community-based, and connected** prevention that enables everyone to thrive.~~
- ~~**Equitable:** addressing underlying factors that cause inequitable life outcomes~~
- ~~**Community-based:** reflecting the vision and priorities of the people who are served~~
- ~~**Connected:** coordinating across disciplines to support the well-being of individuals, families, and communities at every stage of life~~

2

LA County delivers an **equitable, community-driven, and holistic** prevention and promotion model to enable a safer, stronger, thriving, and more connected community.
- **Equitable:** addressing root causes that lead to inequitable life outcomes
- **Community-driven:** sharing decision-making and co-creating solutions in partnership with community members, with particular emphasis on lived expertise and marginalized communities
- **Holistic:** breaking down silos to provide a continuum of support and ensure everyone thrives across every stage of life

APPROVED by Framework Table on 9/16

Poll: which of these 2 vision statements would be your top choice?

September 16 Framework Table Meeting of the Prevention Services Task Force							
4. Roll Call						Motion to adopt Vision Statement (Lee/Alley)	
Organization	**Member Name**		**P**	**Alternate Name**	**P**	Vote	Absent
DPH	Deborah	Allen	X				ABSENT
OCP	Rochelle	Alley	X			YES	
CM w/ LExpertise	LaRae	Cantley	X			YES	
LAHSA	**Meredith**	**Berkson**	X			YES	
DPSS	Luther	Evans, Jr.	X			YES	
DMH	Andrea	Garcia	X			YES	
DMH	Geraldine	Gomez	X			YES	
Casey	Justin	Lee	X			YES	
DEO	Kelly	LoBianco	X			YES	
CM w/ LExpertise	Diana	Mata					ABSENT
DCFS	**Angela**	**Parks-Pyles**		Ramona Merchan	X	YES	
CEO-ARDI	D'Artagnan	Scorza	X			YES	
MVA	Stephanie	Stone	X			YES	
CM w/ LExpertise	Latia	Suttle					ABSENT
USC/ZERO	Reggie	Tucker-Seeley					ABSENT
First5LA	John	Wagner		Anna Potere	X	ABSTAIN	
		TOTAL	**11**		**2**	**12**	**4**
		Total Present	13	out of 16		**YES votes**	11
		QUORUM MET				YES %	92%
						MOTION PASSES	

7. SYSTEMS MODELS

Slide from previous Framework table meeting

PRIOR CONSIDERATIONS

Our previous conversations surfaced many of the following considerations and ideas:

- How to incorporate social conditions and their root causes (e.g., structural barriers/supports), which often aren't adequately acknowledged in many existing prevention models
- Given how "negative outcomes" can look very different across domains, how can the model consider **restoration vs. healing vs. reversal vs. risk mitigation**?
- Questioning and clarifying the language of "interventions" and "services" and "resources," especially whether they are structurally- or individual-focused
- How many tiers should we have for the "risk" category (e.g., secondary/tertiary, multiple layers depending on risk?)
- How to best use creative visual representations and geometry to communicate this information but also underlying values

Slide from previous Framework table meeting

COMMON FEATURES ACROSS ALL OPTIONS

To incorporate the feedback received from Task Force and table members, all of the models presented below share the common features:

- Explicit emphasis on **social conditions** (i.e., structural and systemic factors including racism) and how they impact levels of risk and thus the supports and resources folks require. In addition, we note that Prevention and Promotion can decrease risk – but so can addressing social conditions, and that **together they can provide healing, restoration, and justice**.
- Instead of interventions, we use "**supports and resources**" to indicate we are discussing services provided to individuals; however, we note that these can and should occur alongside changes to social conditions
- Creative use of geometry and consideration on how the presentation can un/intentionally impact messaging
- In addition to social conditions, four primary tiers for prevention/promotion: primary, secondary, and tertiary, in addition to **Remedy**, which reflects cases where individuals are already experiencing outcomes
  - Note: depending on the situation, an "outcome" for a similar situation can look different and impact whether the framing is tertiary or remedy. E.g., are we preventing getting a disease, or preventing death?
  - Remedy was chosen as a more flexible term rather than other similar options including reversal, regeneration, healing, because not all outcomes can be fully healed, reversed, etc.

LA County's Model for Prevention and Promotion

Social Conditions

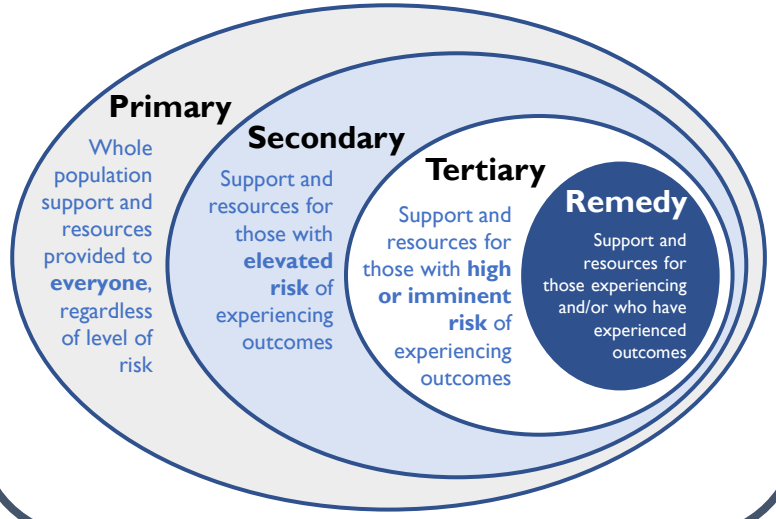
The intersecting structures and systems that shape our lives and influence our likelihood of experiencing positive and negative outcomes (i.e., level of risk).

These conditions are often created by and/or reinforced through government policy, resulting in both positive resources (e.g., public health, parks) and negative forms of harm and control (e.g., racism, ableism, concentrated poverty, environmental hazards, etc.).

Equitable Decision-Making & Community Agency

Policies and practices to ensure community voices (especially those with lived expertise) inform and shape how we deliver support and resources, especially to historically marginalized communities.

Levels of Risk & Prioritized Support



Prevention

Support and resources to stop the occurrence and/or worsening of negative population outcomes, harm, and suffering.

Promotion

Support and resources to strengthen the occurrence of positive population outcomes, well-being, and thriving.

Prevention and promotion can decrease individuals' level of risk, as can addressing and mitigating harmful social conditions through equitable decision-making and community agency. Together, this can cultivate healing, restoration, and justice.

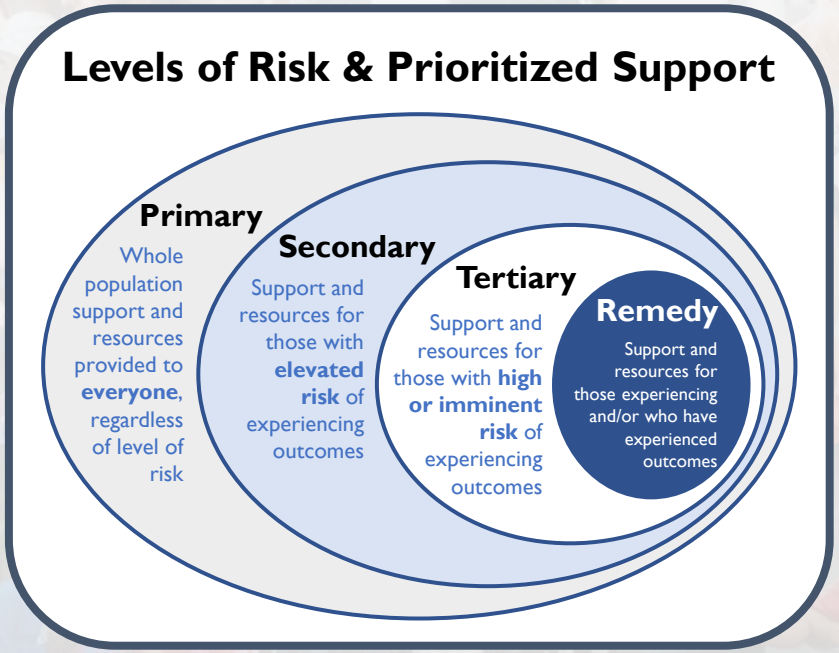
RECONCILING VARYING DEFINITIONS FOR PREVENTION TIERS

The definitions and tiers for prevention and promotion **vary widely** across and *even within* domains. Given the lack of consensus, **LA County must establish its own definitions and common understanding.**

Based off table conversations and member feedback, we recommend the adoption of the following four tiers, to ensure all County services are operating across a continuum of support and resources that address needs at varying levels of risk.

Source	Primary	Secondary	Tertiary	Remedy – ADDED	Notes
LA County Prevention Services Task Force – Framework Table Proposal	Whole population support and resources provided to everyone, regardless of level of risk	Support and resources for those with elevated risk of experiencing outcomes	Support and resources for those with high or imminent risk of experiencing outcomes	Support and resources for those experiencing and/or who have experienced outcomes	See following slide
CDSS: Framework for Preventing Child Abuse by the Promotion of Healthy Families & Communities; March 2022 ACL on CPP	"Directed at the **general population** to strengthen communities and improve child well-being by focusing on SDoH"	"Offered to populations that have one or more **risk factors** associated with compromised well-being"	"Focus on families where child **maltreatment has occurred**"		Missing imminent risk category; jumps from secondary elevated risk to already having the outcome
Children's Bureau (ACF/HHS): Framework for Prevention of Child Maltreatment	**Universal:** "directed at general population to prevent maltreatment before it occurs"	**High risk: "**targeted to individuals/families in which maltreatment is more likely"	**Indicated: "**targeted toward families in which maltreatment has already occurred"		Missing distinctions within secondary (very large range of risk – how much is "more likely?); tertiary skips to those with outcomes
National Institute on Drug Abuse (NIH): Diagnosis and Treatment of Drug Abuse in Family Practice (2022)	"Helping **at-risk** individuals avoid the development of addictive behaviors"	"Uncovering potentially harmful substance use prior to the onset of [problems]"	"Treating the medical consequences of drug abuse and facilitating entry into treatment"		Missing true primary / universal resources; very large gap between secondary and tertiary
CDC: Picture of America – Prevention (2016)	"**Intervening** before health effects occur"	"**Screening** to identify diseases in the earliest stages, before onset of [symptoms]"	"**Managing** disease post diagnosis to slow or stop disease progression through [treatment]"		Based around interventions/actions, rather than risk level
U.S. Interagency Council on Homelessness, Attachment to Federal Strategic Plan (2010)	"Initiatives [that] prevent new cases" but also may go downstream for those "very likely to become homeless without assistance"	"Identifies and addresses a condition at its earliest stages" – "does not reduce number of cases, but treats conditions [early on]"	"Slow the progression or mitigate the effects of a particular conditions"		Missing true primary / universal resources; primary is already basically "imminent risk"
LA County Commission for Children and Families: Prevention Workgroup Comprehensive Plan (2005)	**Universal:** "Target the general population," "support families so they can provide the best possible care for their children"	**High risk/inconclusive:** "Target families who may have a special need for supportive services or who have been identified as being at higher risk for maltreatment"	**Substantiated cases of maltreatment:** "Target families when abuse/neglect has already occurred;" "try to prevent further maltreatment and reduce [its] negative consequences"		Missing risk level between primary and secondary (or somewhat vague); implies that to be secondary level individuals need to be system-tagged
LA County DCFS/Casey: Prevention Initiative Demonstration Project (2009)	"Families not known to DCFS"	"Families known, but with no open case"	"Families already part of the system"		Based around relationship with DCFS, rather than level of risk or need
Children's Data Network: LA County Dual System Report for **DCFS and Probation** (2021)	"Community-based supports for families"	"Services to mitigate and address risk"	"Continuing services for families during and after their involvement with [systems]"		Defines the services, but not risk level. Tertiary only includes people involved with systems, versus at risk of outcomes
Health Impact Evaluation Center for **DPH/CEO-Homeless Initiative** Measure H: Assessment (2017)	"Seeks to prevent onset of health conditions before they occur" (but uses "at-risk" examples e.g., benefits advocacy/eviction services)	"Seeks to detect health conditions in their earliest stages"	"Seeks to minimize the consequences of established health conditions"		Does not center risk – secondary already includes individuals experiencing outcomes (albeit at early stages)

ADDITIONAL INFO ABOUT TIERS



The definitions and tiers for prevention and promotion **vary widely** across and *even within* domains. Given the lack of consensus, **LA County must establish its own definitions and common understanding.**

Based off table conversations and member feedback, we recommend the adoption of the following four tiers displayed to the left, with the following considerations:

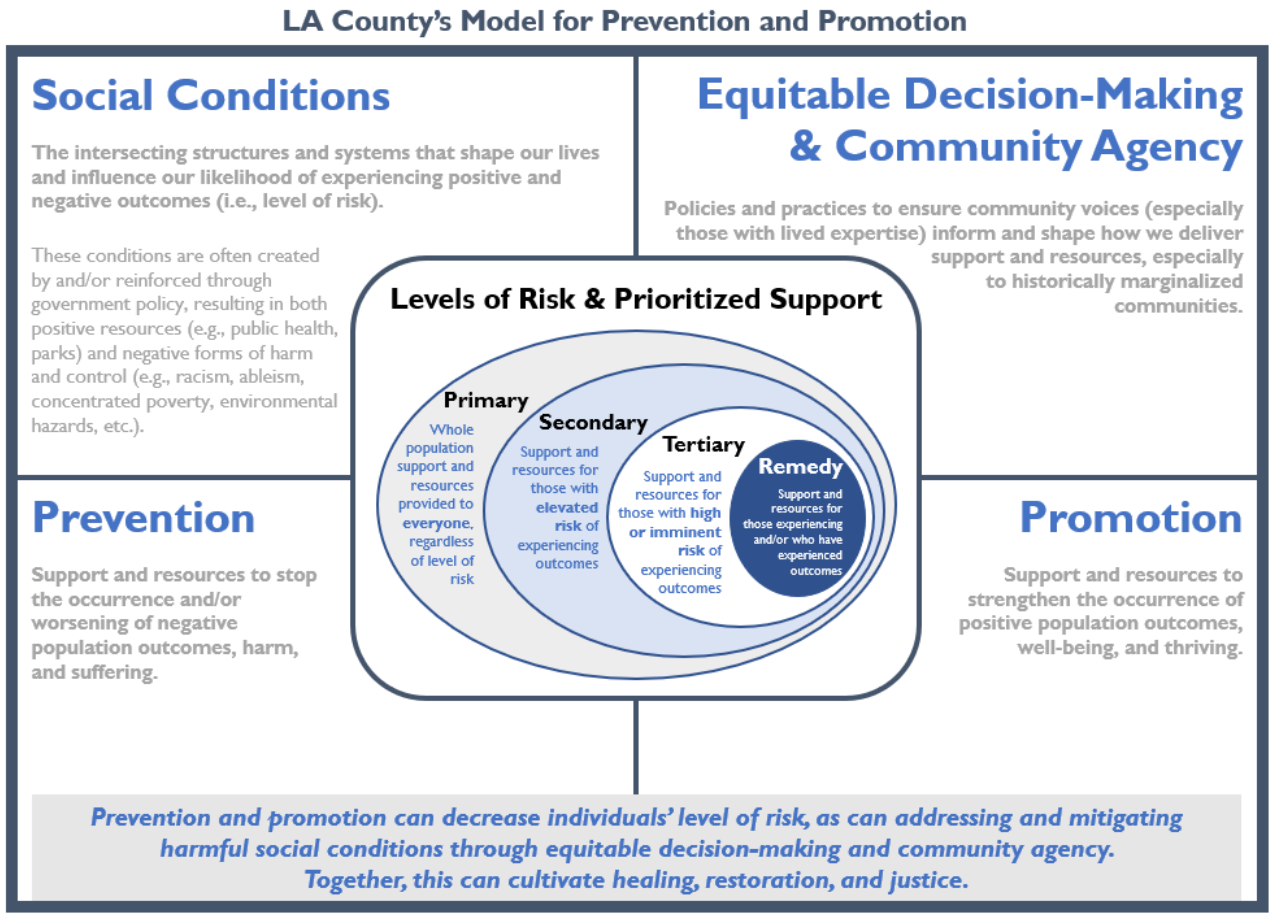
- **These definitions are not intended to be rigid or overly prescriptive:** many individuals can "exist" at multiple levels of risk depending on their outcome or personal situation. Instead, we delineate and name these levels of risk and prioritized support, *so that we can ensure all County services are operating across a continuum of support and resources that address needs at varying levels of risk* (including those determined largely by social conditions).

- **Explicit inclusion of primary, whole population resources,** which is missing from some models – we note that all individuals can benefit from whole population supports, including some cases where individuals at imminent risk or who are already experiencing outcomes can benefit from whole population services.

- **Intentional distinction between levels of risk:** Some models lump elevated and high/imminent risk together, but we believe that these populations require distinctly different resources and supports:
  - Secondary refers to those with "**elevated risk**," including those with elevated lifetime risk due to social conditions and systemic factors (e.g., racism, ableism, intergenerational poverty)
  - This is contrasted with Tertiary, which includes folks who demonstrate indicators proximate to the outcomes (i.e., likely that something might happen soon; **imminent risk**)
  - Rather than drawing strict lines between these two levels of risk, we leave it to individual departments/program providers to use their best judgment between what services are required at either level

- **Additional of Remedy:** Some models only cover "prevention," which can fail to acknowledge needs or unaddressed trauma from outcomes that are currently occurring or previously occurred.

- **We recommend maintaining the Primary/Secondary/Tertiary grouping to avoid confusion about tiers.** (E.g., although California's CDSS framework adopts a Universal/Targeted/Indicated model, it still uses the Primary/Secondary/Tertiary nomenclature.)



Additional Notes:

- The four grounding quadrants provide the context to our levels of risk & prioritized support.

  Per member feedback, we are explicitly leading with **social conditions** and how they shape our lives and influence risk (in previous models, these have often been omitted or inadequately named)

- The circles for the tiers are less hierarchal than other models, and are literally "inclusive"
  - People in the inner circles can still receive support/resources in the outer circles
  - We are simultaneously symbolically centering those with greatest need of support and resources

- **We name both prevention and promotion –** because both can provide support and resources for folks across all levels of risk

APPROVED by Framework Table on 9/16

LA County's Model for Prevention and Promotion

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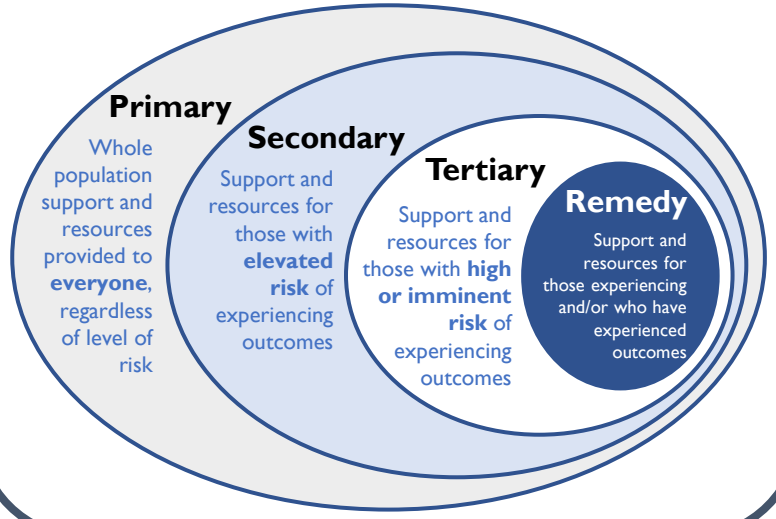
Policies and practices to ensure community voices (especially those with lived expertise) inform and shape how we deliver support and resources, especially to historically marginalized communities.

Levels of Risk & Prioritized Support



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September 16 Framework Table Meeting of the Prevention Services

4. Roll Call						Motion to adopt Systems Model (Cantley/Evans)	
Organization	**Member Name**		**P**	**Alternate Name**	**P**	Vote	Absent
DPH	Deborah	Allen	X				ABSENT
OCP	Rochelle	Alley	X			YES	
CM w/ LExpertise	LaRae	Cantley	X			YES	
LAHSA	**Meredith**	**Berkson**	X			YES	
DPSS	Luther	Evans, Jr.	X			YES	
DMH	Andrea	Garcia	X			YES	
DMH	Geraldine	Gomez	X			YES	
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USC/ZERO	Reggie	Tucker-Seeley					ABSENT
First5LA	John	Wagner		Anna Potere	X	YES	
		TOTAL	**11**		**2**	**13**	**3**
		Total Present	13	out of 16		**YES votes**	13
		QUORUM MET				YES %	100%
						MOTION PASSES	

8,9. GOVERNANCE STRUCTURE

Agenda Topics for the Governance Models

1. Process overview and methodology overview
2. Refresher on the 3 governance archetypes
3. Discussion on tradeoffs and key dimensions
4. Deep-dives into case studies
5. Next steps

The primary goal for today is to gain a better understanding of the governance model options and align on governing priorities for LA County

Meeting Objectives

September 16

- **Understand** the dimensions of governance and how they are reflected in other geographies
- **Discuss** tradeoffs for each model
- Begin to **align** on what functions need to be assigned
- Identify the **next steps and process** to arrive at a final recommended governance structure

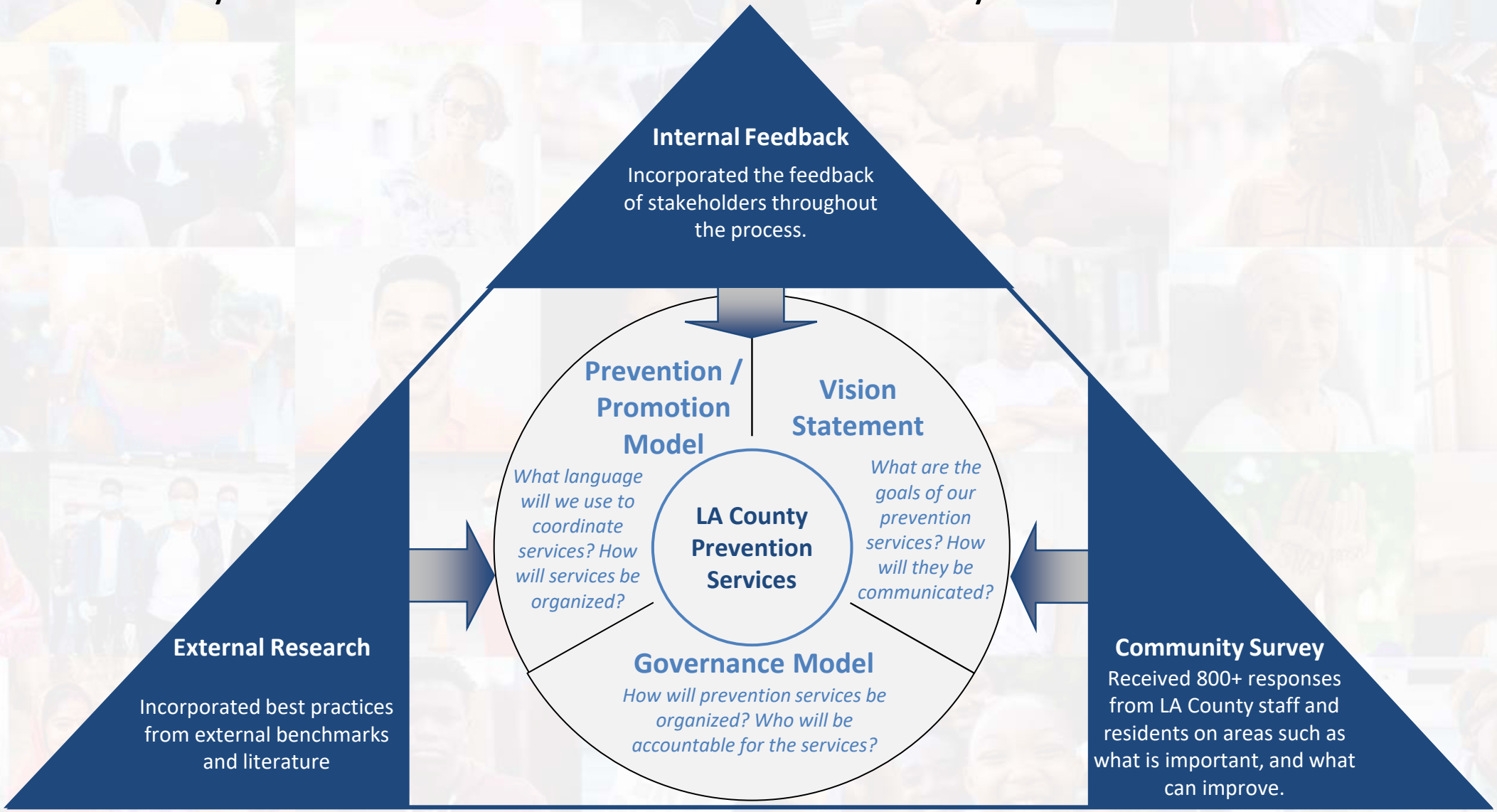
September 23

- Come to a **final decision** on the recommended governance structure
- Assign **accountability** for functions
- Prepare **additional considerations** (e.g., dimensions, tradeoffs, etc.) surrounding the governance structure based on feedback from the Framework Table

Future Objectives

- Create a detailed projected **budget** and financials
- Design a **staffing plan** for the new office including specific descriptions of roles and responsibilities

The prevention model, vision statement, and governance model are the foundations for LA County Prevention Services and are informed by various activities

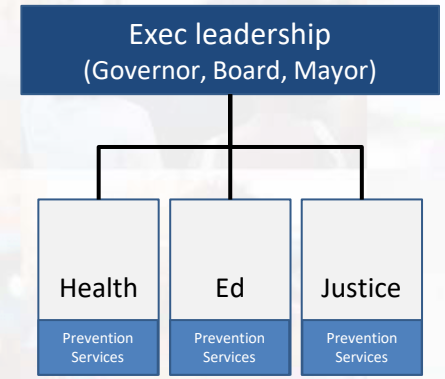


DRAFT

Three governance models for prevention services have been identified based on external research on benchmarked geographies

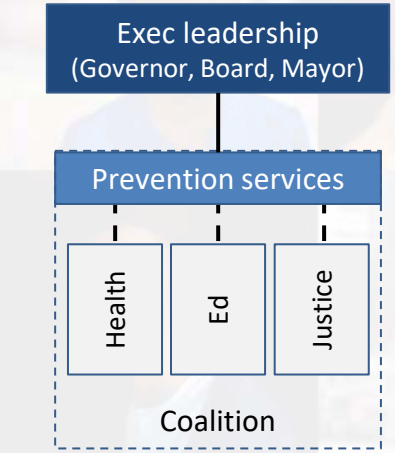
Less coordination across agencies → **More coordination**

Embedded Model



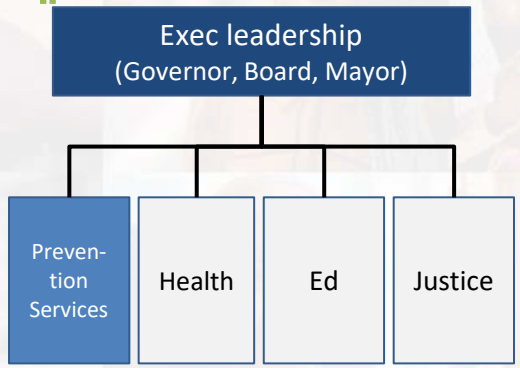
- Prevention services **embedded into individual agencies**, which report to their parent orgs (e.g., HHS, Education)
- Prevention is widespread across all agencies
- Coordination of uniform prevention goals is difficult

Coalition Model



- Responsibilities for prevention services all **housed in one organization**
- Organization reports to exec leadership (e.g., board, mayor, governor)
- Heads of other organizations (e.g., HHS) coordinate with prevention services on goals

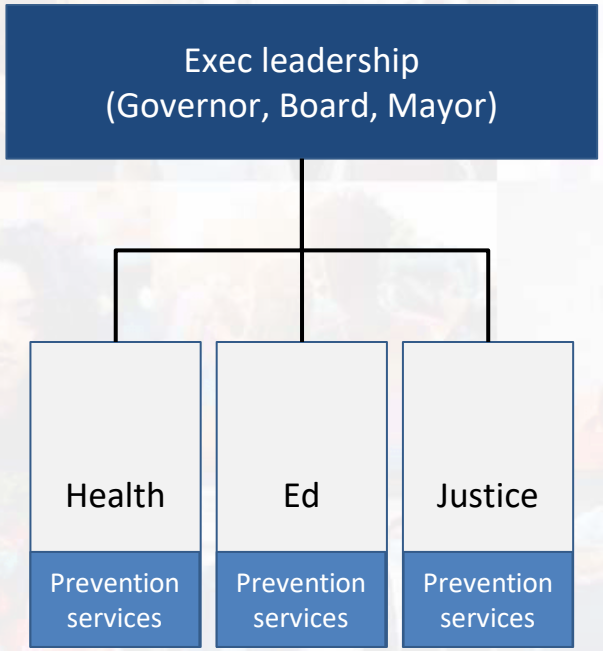
Stand-alone Model



- Prevention services are **carved out from agencies** into one organization
- Dedicated budget for prevention services
- Prevention organization reports directly to executive leadership

Embedded model is easier to implement and offers more community access; however, it lacks strong coordination of outcomes and prevention goals

The embedded model



- Prevention services **embedded into individual agencies**, which report to their parent orgs (e.g., HHS, Education)
- Prevention is widespread across all agencies

Embedded model characteristics

Level of board / executive responsibility

Low — High

- **Decentralized goals:** The decentralized operations may lead to differing goals, products, and how funds are prioritized by agency
- **No central prevention authority:** The embedded model may lead to a lack of executive sponsorship and single voice on prevention

Ease of IT implementation

Low — High

- **Lack of data sharing:** Data sharing may hinder progress unless a separate executive mandated data sharing organization is created (e.g., MD THINK in Maryland)

Ease of operational implementation

Low — High

- **Low cost:** The embedded structure is an adaptation of the existing model and creates minor reorganization, hiring, tech, or process changes
- **Fast to implement:** As the overall governmental structure remains intact, creating an embedded model can be achieved quickly

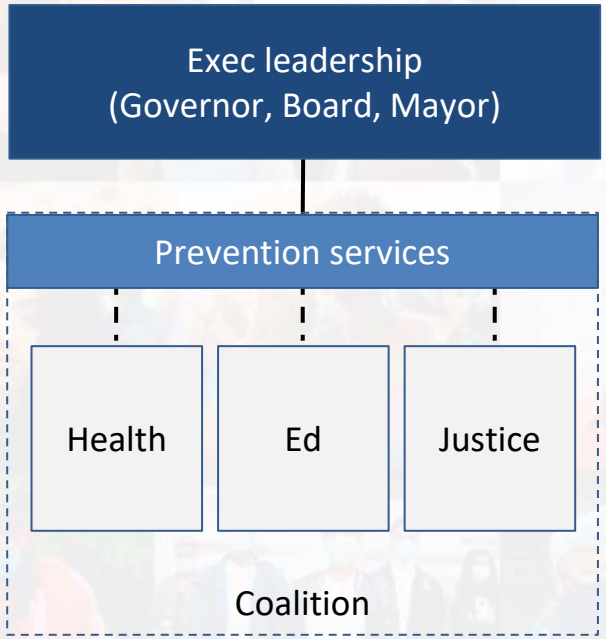
Degree of community input

Low — High

- **Opportunities for close community input:** Prevention services sit within agencies and close to the community; the opportunity to share insights from front line workers is high

Coalition model creates a single voice on prevention services but requires close collaboration with departments

The coalition model



- Responsibilities for prevention services are all housed in one organization
- Organization reports to executive leadership (e.g., board, mayor, governor)

Coalition model characteristics

Level of board / executive responsibility

- **Dependent on strength of funding control / executive sponsorship:** control of prevention funding across departments increases prevention services effectiveness
- **Centralized goals with decentralized implementation:** The coalition provides consistent goals, measures outcomes, and reports externally on prevention with a single voice

Ease of IT implementation

- **Moderate data sharing:** Data sharing will depend on partnerships
- **Moderate cost:** The coalition requires a dedicated budget that includes staff, monitoring technology, and potentially data science

Ease of operational implementation

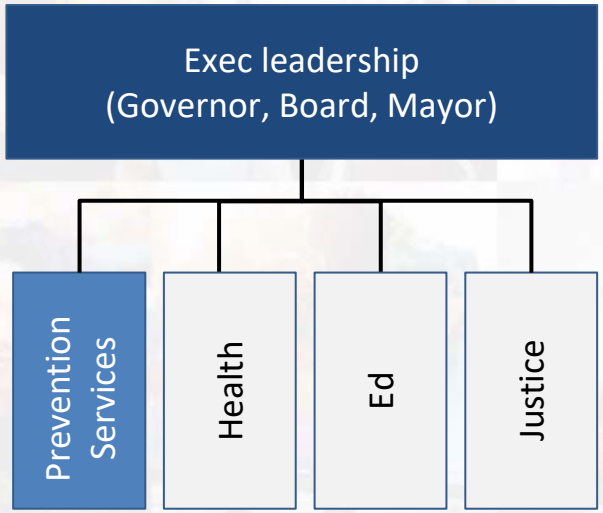
- **Implementation dependent on statutory processes:** Experts across geographies stressed the difficulty and time (e.g., +12 months) required to create legal accountability in prevention services for a new group

Degree of community input

- **Community input requires close partnerships:** Without prevention services dedicated front line workers, the coalition must partner closely with HHS, Education, and other organizations to receive community input
- **Requires collaborative culture**: NGOs and community members must see the coalition as a source for positive impact on their agendas

Stand-alone model fosters follow-through between strategy and implementation but is challenging and time-intensive to implement

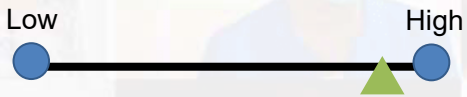
Stand-alone Model



- Prevention services are **carved out from agencies** into one organization
- Prevention org reports directly to executive leadership

Stand-alone model characteristics

Level of board / executive responsibility

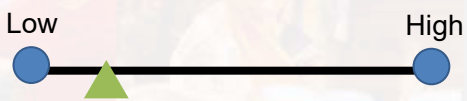


- **Highly centralized goals and implementation:** The standalone model carves out key prevention services into one organization, allowing for alignment between goals, implementation, and outcomes

Ease of IT implementation

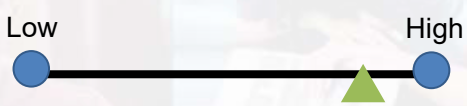
- **High prevention data sharing:** Data agreements will still be required across other organizations
- **High cost:** The stand-alone structure creates a new organization and bears the costs of org redesign including hiring, turnover, tech, and process changes.

Ease of operational implementation



- **Highly difficult to implement:** Experts suggest the standup and carveout process can take up to 3 years, including the legal rights and responsibilities over preventative services, identifying programs to be carved out, and standing up the organization

Degree of community input



- **Opportunities for substantial community input:** Prevention services has relationships with the front-line workers necessary to receive input from community members

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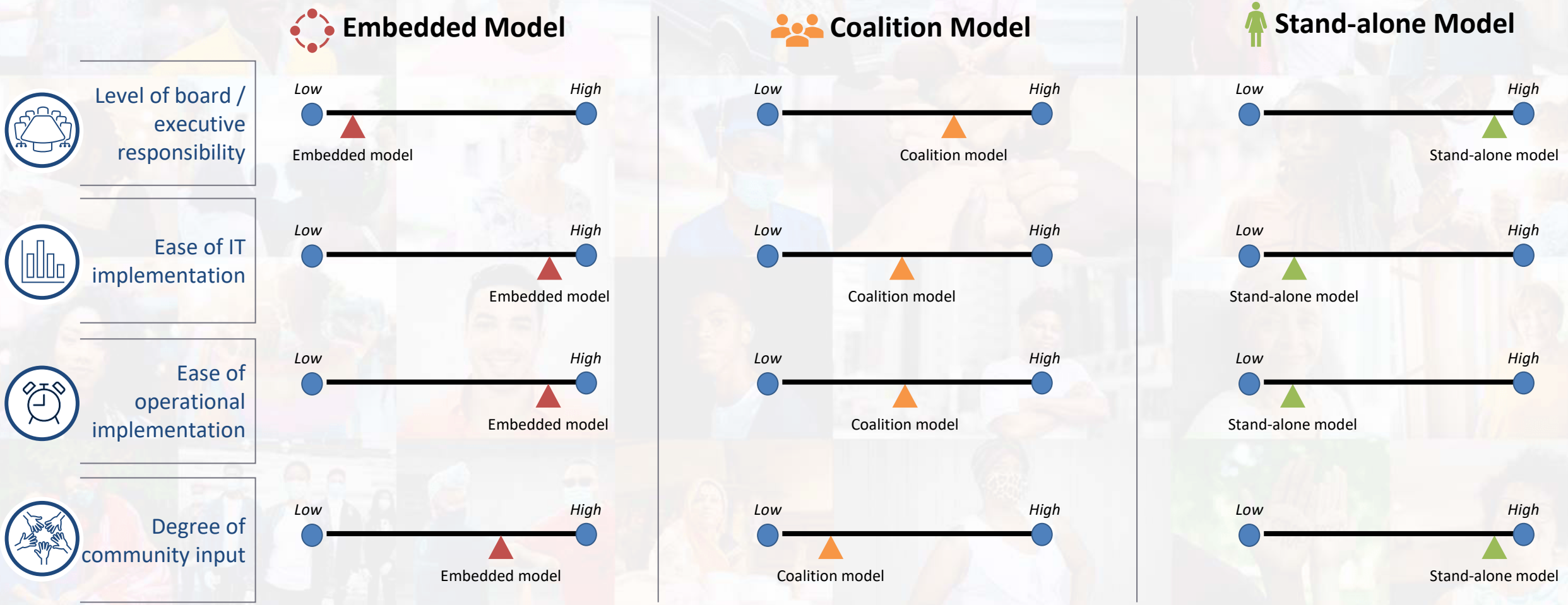
Each governance model has unique characteristics for each of the dimensions



- **Please keep in mind these tradeoffs as we review the following case studies; While no model is perfect, considerations of tradeoffs will help inform our discussion next week**
- Once a governance model has been selected at our next meeting, we will need to articulate the plans and goals for each of these corresponding dimensions

The coordinating entity for prevention and promotion should have the ability to address **role confusion and duplication** across various County domains, to ensure more effective coordination and use of funds.

	Aging and Independence	Children, Youth and Families	Civic Empowerment & Ownership	Education	Economic Opportunity	Environment and Infrastructure	Food and Nutritional Security	Health	Housing	Human Relations	Justice and Safety
Program examples	✓ Aging veteran support ✓ Caregiver assistance ✓ Elder financial abuse relief / prevention ✓ Group homes ✓ In-home care services for older adults and people with disabilities ✓ Medicaid navigation ✓ Senior employ-ment programs ✓ Special education	✓ Child welfare support ✓ Family assessments ✓ Family stabilization ✓ Foster care support ✓ Mentorship programs ✓ Monitored visitation services for separated at-risk families ✓ Services for children facing abuse / neglect ✓ Therapy for at-risk youth	✓ Community-based intervention ✓ Police-community relations ✓ Support for small businesses ✓ Wage enforcement programs ✓ Zoning regulation advocacy	✓ After-school programs ✓ College preparator y services ✓ Community youth organiza-tions ✓ Early literacy programs ✓ Educational advocacy ✓ Education loans ✓ In-school support services ✓ Sexual health education ✓ Training for educators	✓ Career counseling ✓ City and county internships ✓ Employment training in prisons ✓ Immigrant employment services ✓ Job search services ✓ Post-release job placement for prisoners ✓ Professional health certifications ✓ STEAM outreach and promotion ✓ Tuition aid ✓ Unemploy-ment subsidies	✓ Beach and water safety education ✓ Environ-mental equity initiatives ✓ Equitable land use planning ✓ Free parking lot Wi-Fi ✓ Nature education centers ✓ Public pool programs ✓ Traffic safety education ✓ Transporta-tion safety infrastruc-ture ✓ Youth library programs ✓ Youth park programs	✓ Food donation initiatives ✓ Free meals for low-income individuals ✓ Lead and other toxin poisoning awareness ✓ Nutrition education ✓ Nutritional tests for at-risk infants and seniors	✓ HIV / AIDS prevention ✓ Home visiting programs ✓ Mental health therapies ✓ Oral health programs ✓ Physical health evaluations and therapies ✓ Pre- and post-natal care ✓ Psychiatric evaluations ✓ Sexual assault prevention ✓ Substance disorder treatment	✓ Community shelters ✓ Emergency housing ✓ Homeless-ness case managers ✓ Homeless-ness prevention ✓ Move-in support and subsidies ✓ Rental support and subsidies ✓ Short-term rentals ✓ Transitional housing ✓ Trash collection for the homeless	✓ Antiracism/ discrimina-tion initiatives ✓ Art and cultural programs ✓ Cultural centers for families ✓ Equity and inclusion education ✓ Socialization activities for disabled communities	✓ Bail support ✓ Court-monitored drug treatment ✓ Diversion and re-entry services ✓ Gang violence prevention ✓ Legal aid for immigrants ✓ Pre-trial support ✓ Restorative justice initiatives ✓ Return-to-court reminders ✓ Theft and fraud prevention

Note: Service areas are examples and are not meant to be all inclusive; Source: ARDI, NYC ACS; DC FFPSA Plan; Washington State DCYF; Texas DFPS

To consider as we review case studies: as you envision the governance for prevention & promotion in LA County, where should responsibility lie for key functions?

Functions in the system that will be required to deliver prevention and promotion services

Coordination, Collaboration & Communication	• Spearheading coordination efforts that span multiple agencies, reducing role confusion and duplication, braiding funding opportunities
Budgeting	• Owning and operating a budget to fund the activities articulated in the vision
Policy and Agenda Setting	• Advocacy and lobbying for key initiatives, including additional funding
IT Systems	• Standing up new IT systems and managing existing systems that share data across multiple agencies
Staffing	• Overseeing the HR-needs of the additional FTEs who will be required to coordinate prevention services activities
Funding Acquisition & Management	• Applying for grants, tracking outcomes, and reporting to grantmaking agencies
Community Agency	• Collaborating with community residents to ensure equitable decision making and better tailor programs to their unique needs
Partnering with Community Organizations	• Establishing and managing partnerships with external community-based service providers who facilitate the prevention services programs
Programming Decisions	• Owning programming decisions in the relevant areas of opportunity (e.g., which programs to start, how to manage activities of existing programs)
Data Tracking / Metrics	• Identifying and monitoring key metrics that track progress made towards the successful outcomes for both prevention and promotion services
Service Delivery	• Providing direct services to the community through on-the-ground case workers and others

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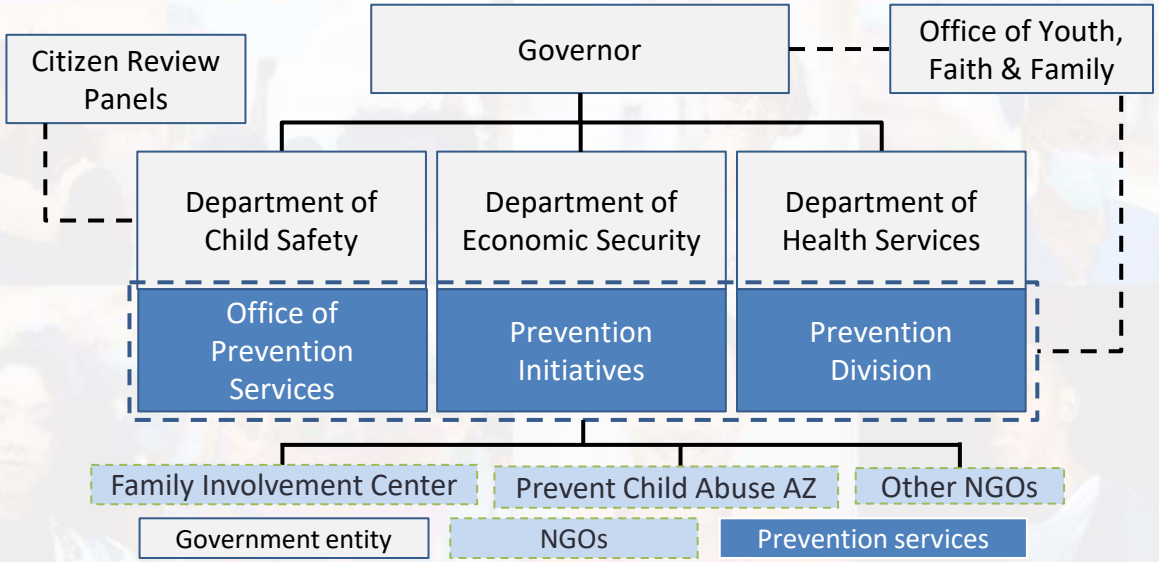
State of Arizona

Prevention overview: Prevention services are embedded within State agencies and delivered by community partners
Size: 7.3 million residents
Governance: Embedded model

Governance structure



Key learnings

- **Recently growing awareness of the need for prevention services:** within the last few years, the disproportionality and the need for systemic change has become clearer and more emphasized within agencies
- **Collaboration is key:** agencies coordinate unified efforts and mirror each other's websites to reduce duplicate work, amplify messages across a broader audience, and take advantage of funding pools available to different agencies
- **Reliance on community partners:** nonprofit organizations are "the face" of prevention services, circumventing lack of trust as well as stigma about seeking prevention services; input is also received through citizen review panels

New York State, another example of an embedded model, is "State supervised, locally administered" with services organized by county-level agencies

Description of activities

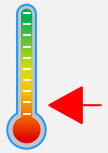
Office of Prevention Services under DCS was founded 6-7 years ago. Cross-departmental working groups started more recently, particularly in the last two years.

- **Accountability** and **funding** for prevention initiatives sit with the Departments
- **Coordination** is partially facilitated by the Governor's Office of Youth, Faith & Family, which hosts task forces made up of representatives from each agency
- **Programming** is mostly carried out by NGOs, commissioned and funded by the agencies
- **Community engagement** is managed through legally mandated Citizen Review Panels; panels are facilitated by non-DCS staff and DCS is required to respond publicly to feedback

Embedded model characteristics

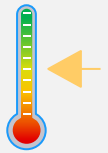
Level of board / executive responsibility

- **Embedded prevention services with some coordination from the top** through the Governor's Office of Youth, Faith and Family.



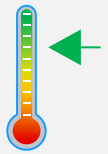
Ease of IT implementation

- **Not much data is shared.** Due to the limited scope of data sharing, AZ is able to use publicly available data from other departments. Any further data sharing would take investment, as data sharing agreements are less common.



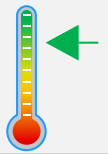
Ease of operational implementation

- **Inter-agency coordination maximizes prevention efforts:** Federal funding comes with restrictions; inter-agency coordination allows access to funding for different initiatives and creates unified messaging across a broader audience



Degree of community input

- **Opportunities for community input at multiple levels:** Citizen Review Panels provide input from the top; prevention programs are commissioned from local community nonprofits who design and implement services



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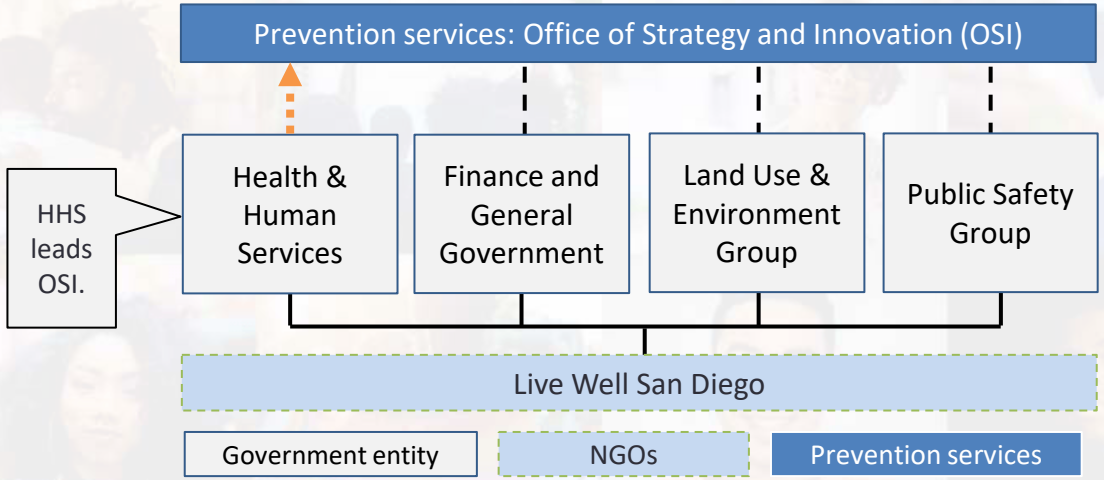
San Diego County, CA

Mission: "The County of San Diego is committed to building a region that is Building Better Health, Living Safely, and Thriving."
Size: 3.3 million residents
Governance: Coalition model

Governance structure



Key learnings

- **"Collective impact" as a value:** Individual departments work on prevention efforts through collaboration with other agencies or NGOs.
- **Switch in model:** San Diego County transitioned from an embedded to a coalition model when they realized the impact the Office of Strategy and Innovation had when preventing negative heart health outcomes in the embedded model.
- **Live Well San Diego** (LWSD) is the coalition of 500 prevention partners in SD county, including universities and NGOs. Partnerships with local NGOs help San Diego distribute prevention efforts.

For a coalition model, San Diego has a uniquely high degree of community input due to its culture of collaboration.

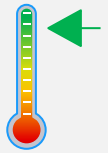
Description of activities

- **The Office of Strategy and Innovation (OSI)** coordinates prevention efforts, including Live Well San Diego, but sits within Health & Human Services Agency, as a subgroup of the Homeless Solutions & Equitable Communities department.
- **The Live Well San Diego Support Team** sits in OSI and "supports the Regional Live Well San Diego vision of Healthy, Safe, and Thriving communities".
- **History of success**: A County employee described 20-30 organizations collaborating to address student safety near a public-school property.

Coalition model characteristics

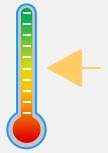
Level of board / executive responsibility

- **~150 staff members** in the Office of Strategy and Innovation coordinate prevention services across all County departments, plus Live Well San Diego partners.



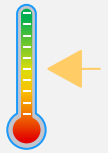
Ease of IT implementation

- **San Diego uses metrics to track progress of individual prevention initiatives**: For example, as a result of a 2010 prevention initiative, targeted negative health outcomes were decreased by ~10% over 10 years.



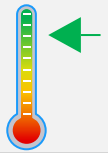
Ease of operational implementation

- **A stakeholder emphasized that a collaborative culture is key**: "The secret to our success is that we listen. We heard there was a problem, learned about the problem, then used the collective impact approach."



Degree of community input

- **NGO implementation:** In one instance, the County partnered with pastors in majority-Black communities to address high blood pressure concerns in these communities.



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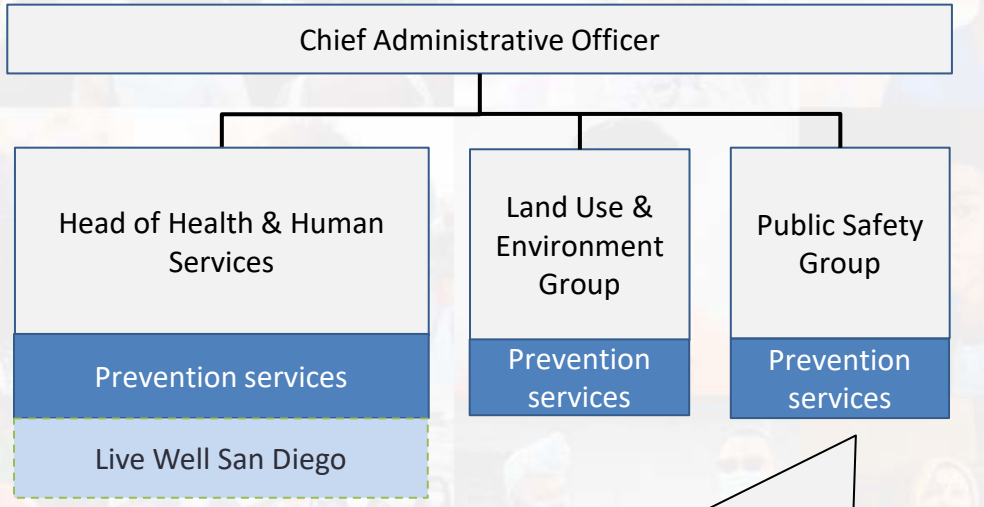
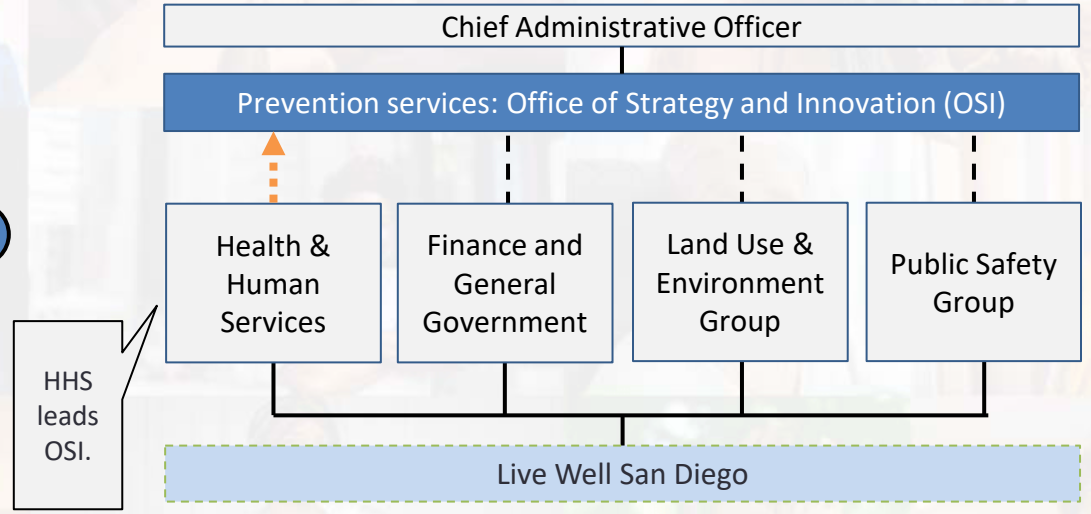
San Diego County's prevention services transitioned from an HHS-specific scope to include multiple agencies, resulting in a coalition governance model

Original governance model
Embedded model



The office of strategy and organization started with an HHS-specific scope and has expended out over time to coordinate across other groups including public safety.

Reformed governance model
Coalition model



"The secret to our success is that we listen. We heard there was a problem, learned about the problem, then used the Collective Impact approach."
– San Diego Prevention Services Decision Maker

Government entity | NGOs | Prevention services

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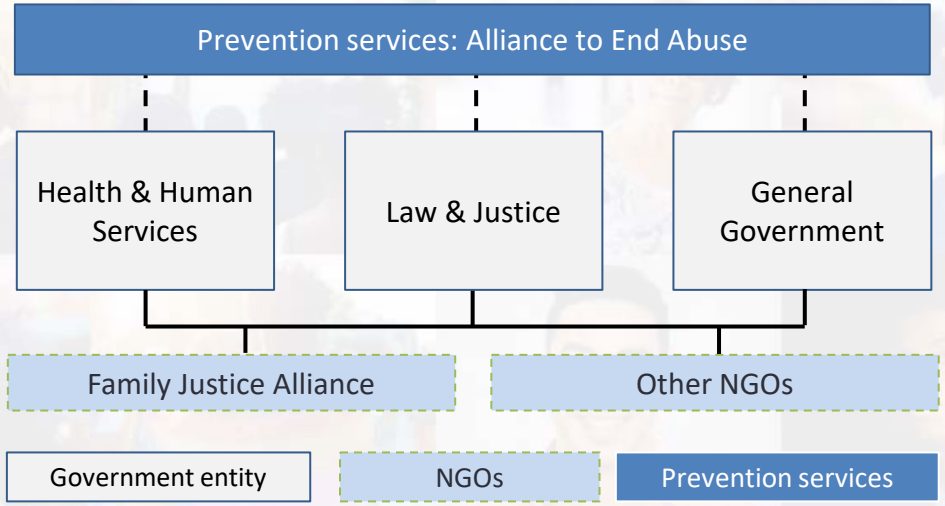
Contra Costa County, CA

Prevention overview: The majority of prevention services in the County focus on interpersonal violence prevention.
Size: 1.15 million residents
Governance: Coalition model

Governance structure



Key learnings

- **A 2020 Blue Shield grant initiated the coalition's formation:** Development of the coalition is still in-process, two years later.
- **Mandate from the top:** Alliance to End Abuse is a legally-mandated Board initiative.
- **After its founding, Alliance published a 30-page Call to Action**: The document outlined root causes of interpersonal violence and four measurable goals the Alliance hoped to achieve.
- **Frequent touchpoints internally and externally**: Experts in the County emphasized that frequent collaboration among prevention service providers was a key element of their model.

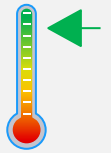
Description of activities

- **Alliance to End Abuse** is the prevention coordinating body within the County's Department of Human Services, which works with other agencies and NGOs to coordinate prevention.
- **Inter-agency collaboration:** The Alliance coordinates multidisciplinary teams across agencies to discuss high-risk cases and new policies / legislation for the county.

Coalition model characteristics

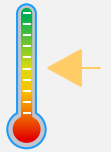
Level of board / executive responsibility

- **Accountability sits within agencies:** Each agency reports directly to funders and county agency heads; the Alliance can't dictate agency actions but facilitates coordination.



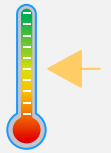
Ease of IT implementation

- **Data sharing requires coordination:** The Call To Action document recommends developing partnerships and protocols for data sharing; creating clear. definitions and measures of successful outcomes is key.



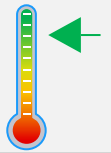
Ease of operational implementation

- **Change is slow due to antiquated systems:** the 2020 Call to Action is still being implemented in 2022.
- **Multiple rounds of funding required:** The Alliance is requesting a grant renewal.



Degree of community input

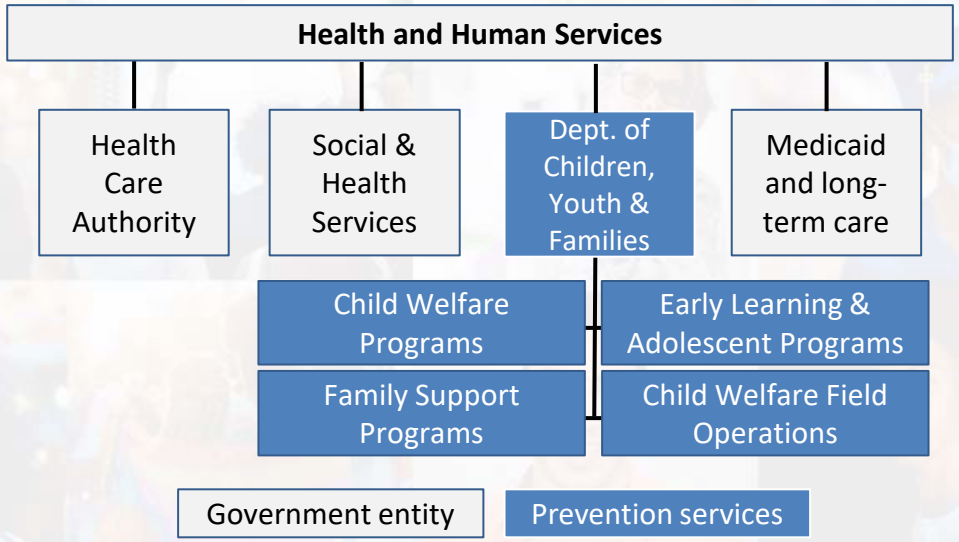
- **Community input is organized by partner agencies:** Table discussions and online surveys identify themes for agencies to address.
- **Collaboration is a key element:** "You need stakeholders at the table."



Washington State

Prevention overview: Prevention services are embedded in the Department of Children, Youth, and Families (DCYF).
Size: 7.5 million residents
Governance: Standalone model

Governance structure



Key learnings

- **Challenges triggered the move to a standalone model within DCYF:** Disproportionality in the child welfare system; Lack of high-quality services in lower-income areas; and lack of data sharing and cross-agency outcome analysis.
- **Some prevention services moved to DCYF** from other agencies to establish the standalone model, but data sharing among them is still a key component.
- **Reporting to a single leader**, as compared to a board of supervisors, makes prevention services more effective, according to the decision-maker interviewed.
- **High number of involved agencies:** To support prevention services in DCYF, data sharing occurs among 30-40 offices / agencies. Data sharing occurs with these agencies, particularly with healthcare-focused agencies, to support DCYF services.

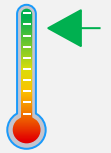
Description of activities

- **Focus on child services:** Prevention services in Washington focus on child welfare, juvenile incarceration, and childcare.
- **Reporting structure:** All prevention services report up to one director in DCYF.
- **Funding structure:** DCYF controls a $2 billion annual budget for its services, although some legal funding decisions go through the Office of Financial Management or the State Legislature.

Standalone model characteristics

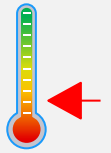
Level of board / executive responsibility

- **Importance of leadership**: Experts emphasized the need for a "passionate leadership team" to implement the model, as well as a passionate leader to pioneer the efforts.



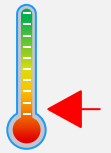
Ease of IT implementation

- **Implementation time:** Data sharing procedures took over one year to establish.
- **Infrastructure for assessment:** DCYF client services are performance-based and evaluated as such; data infrastructure supports these requirements.



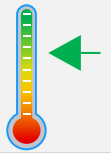
Ease of operational implementation

- **7 quarters from governance to first milestone:** In Q3 2018, new governance committees were formed for DCYF. After activities like creating a PMO and program inclusion analysis, the MPI roadmap was completed in Q3 2020.



Degree of community input

- **Broad support:** Establishing the model required broad support from stakeholders. A decision-maker emphasized the need for a "diverse range of stakeholder groups" to contribute to services in the standalone model.



Now that we have discussed governance model options, we will come to a final decision at the next meeting

What we've accomplished

- ✓ Established and reviewed the three governance model archetypes, characteristic, and tradeoffs
- ✓ Performed 12+ interviews of leaders of prevention services at other geographies
- ✓ Examined four case studies to see how other prevention services models work in practice
- ✓ Discussed alignment of LA County's guiding principles with each of the governance model options

What's next

- ❑ **9/23 Framework Table Meeting:** Conduct a final vote or decision on the governance model

Agenda

- Opening and administrative matters
- Vision-statement
- Prevention and promotion models
- Domains for the prevention and promotion models
- Governance models
- Public comment period and closing
- **Appendix**

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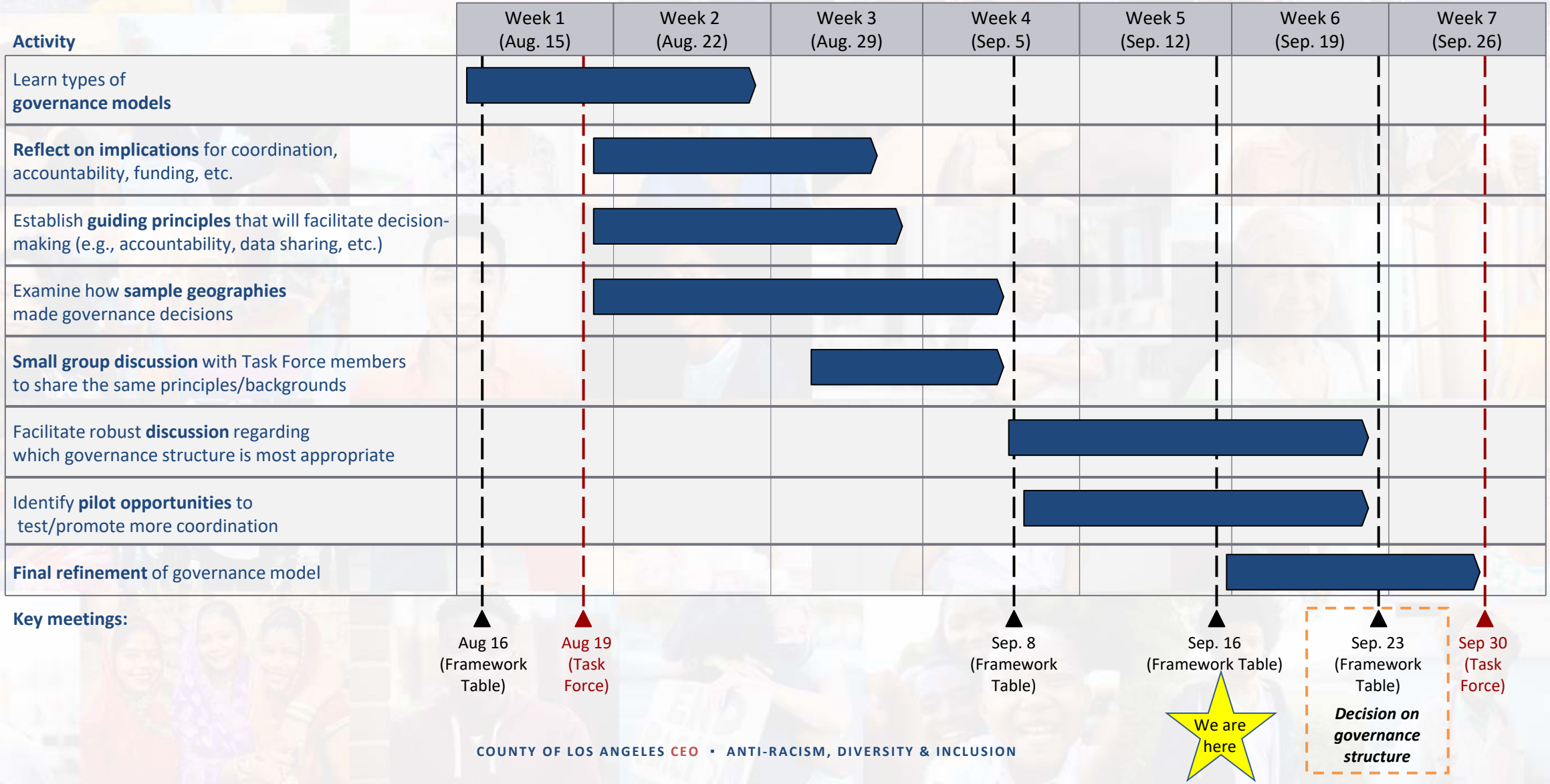
Proposed timeline of developing the governance structure for the Office of Prevention Services



The guiding principles that will be captured in the governance model

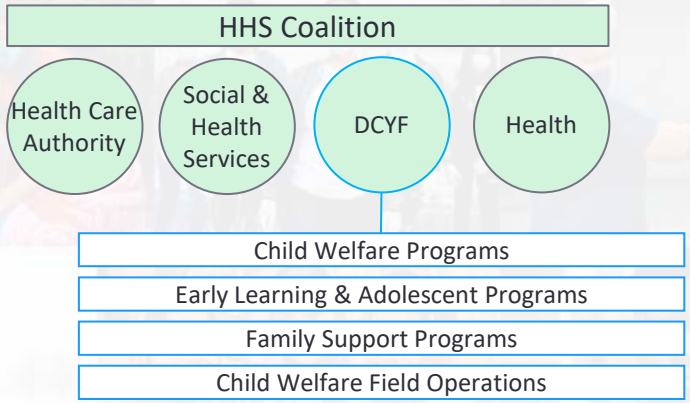
- Reduce racial disparities and increase equitable life outcomes for all races/ethnicities as well as close disparities in public investments to shape those outcomes
- Authentically engage residents, organizations, and other community stakeholders early to inform and determine interventions (e.g., policy and program) and investments that emphasize long-term prevention and promotion
- Develop and implement strategies that identify, prioritize, and effectively support the most disadvantaged geographies and populations
- Collaborate to align funding investments and promote systems change to reduce barriers to achieve effective family-centered services
- Use data and community-defined evidence to effectively assess and communicate equity needs and support timely assessment of progress
- Work collaboratively and intentionally across departments as well as across leadership levels and decision-makers
- Seek to provide early and tailored support to improve long-term outcomes, both intergenerationally (i.e., parent to child) and multi-generationally (i.e., grandparent to grandchildren
- Act urgently, boldly and innovatively to achieve tangible results
- Disaggregate and streamline data collection as well as conduct analysis for different racial/ethnic and other demographic subgroup categories
- Be transparent about our goals and our impact

Data Coordination Case Study: WA created the Dept. of Children, Youth, and Families to streamline welfare efforts; DCYF is part of an HHS coalition for IT coordination

1 Challenges

- Disproportionality in the child welfare system with a high volume of families and children interacting with CPS
- Lack of high-quality services in lower-income areas
- Lack of data sharing and cross-agency outcome analysis

2 Members of coalition



IT Coalition System

How did WA structure its IT modernization program?

- HHS Coalition's two major initiatives are the **Master Person Index (MPI),** an identity management tool to capture entire care continuum, and the **Integrated Eligibility and Enrollment Solution (IEES),** which provides a single access point for ~75 HHS programs
- **HHS leads the coalition and is responsible for the funding**, programs, services, and outcomes that will be tracked through MPI and accessed through IEES

DCYF Data Insights

What learnings from WA are important for LA County?

- **Infrastructure for quality assessment:** All DCYF client services are performance-based and evaluated as such; data infrastructure across HHS supports DCYF's evaluation requirements
- **7 quarters from governance to first major milestone:** In Q3 2018 the three governance committees were formed. After activities include creating a PMO, program inclusion analysis, and investment, the MPI roadmap was completed in Q3 2020
- **Roadblocks from HIPAA protections:** Officials stated agreements around HIPAA protected data can take up to a year to negotiate
- **Outsourcing data management:** Anonymizing protected data inline with all regulations can take years, if not a decade, to fully function. WA chose to use an external provider to lead these efforts

Note: HHS Coalition includes DCYF, Dept. of Health, Department of Social and Health Services, and the Health Care Authority, as well as the state's public-private Health Benefit Exchange; Source: HHS Coalition strategy; Washington Department of Children, Youth, and Families; Washington State Department of Health, Primary Interviews

Data Coordination Case Study: Maryland created a cloud data platform called MD THINK to allow for interoperable subsystems and data-sharing between agencies

What learnings from Maryland and MD THINK are important for LA County?

Goals

- **Challenges:** Maryland was facing service delivery challenges including lengthy processing and application times. The lack of data interoperability led to decreased coordination and outcomes across the state
- **New system for operational collaboration:** Maryland's Total Human-services Integrated Network (MD THINK) is an interoperable system that unifies subsystems to enable data-sharing between agencies both to improve reporting and to reduce application processing time for eligibility determination

Design and process learnings

- **"No-wrong-door approach":** MD THINK offers a "no-wrong-door" approach to allow access to all services from multiple points of entry
- **~5-year cloud deployment**: Modernization occurred from 2017-2022, including building the team, switching to agile development, and creating the all-AWS platform for key programs like eligibility
- **Operational data focus:** The cloud platform houses data that is operational in nature (not HIPAA protected) and was already anonymized
- **Statutory default mandate:** An executive order from Gov. Hogan established a statutory mandate to use MD THINK as default for data monetization, decreasing the number of overlapping systems. Agency partners agreed to collaborate in a Memorandum of Understanding
- **Slow process and legislation:** The time-consuming issue was not architecture, but rather the legislative data mandates
- **No external planning systems integrator:** MD THINK acts as its own primary systems integrator, with third-party vendors engaging after-the-fact to conduct in-depth analysis with MD THINK data

Outcomes

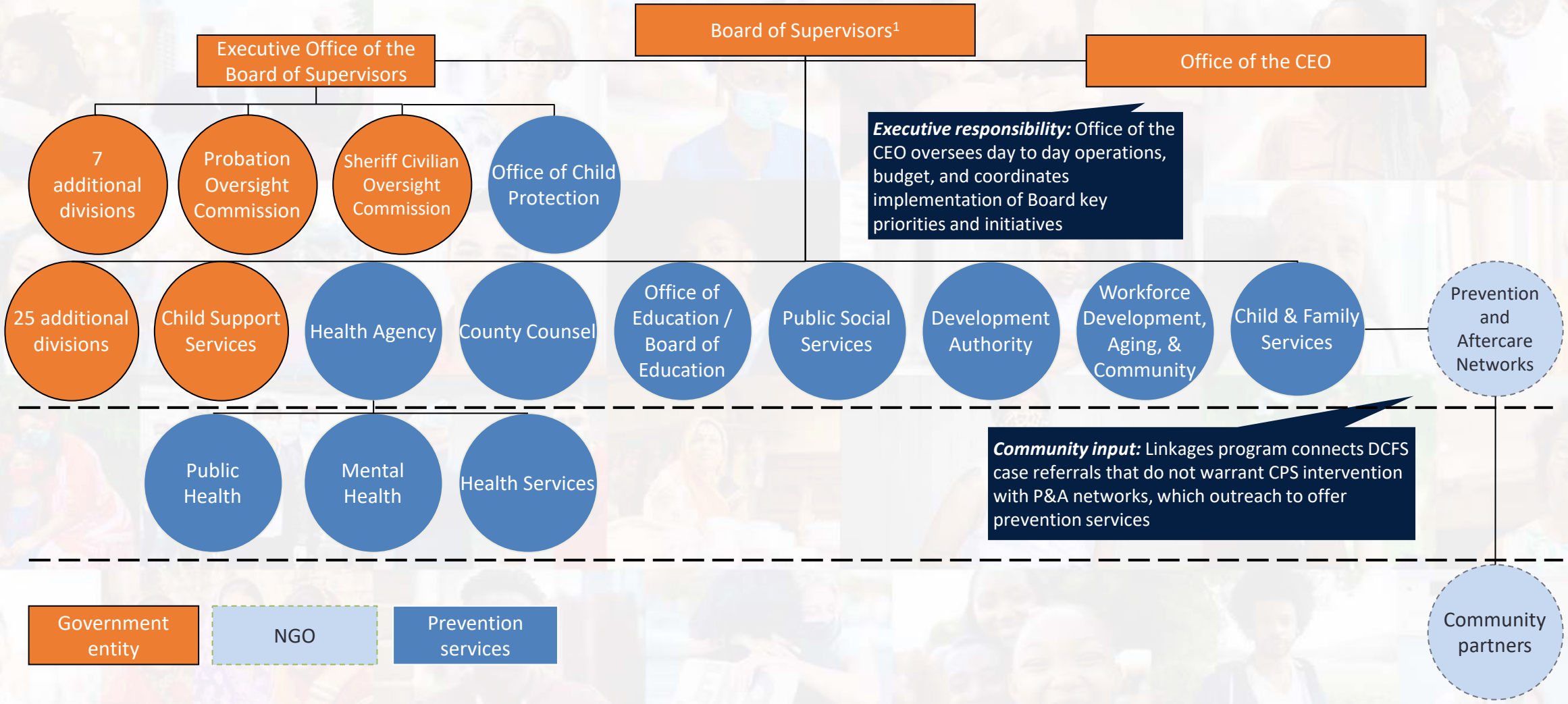
- **Leveraging MD THINK architecture:** The Data-Informed Risk Mitigation (DORM) report released in June 2021 merged 17 datasets with MD THINK to examine fatal overdoses and identify overdose risk factors to direct resources and interventions
- **Continuous development of the platform:** After MD THINK launched, in July 2022 Gov. Hogan launched the Center for Excellence on Health and Human Services Analytics and Application. The Center aims to enhance data analytics to prompt decision-making for state agencies

think
Maryland Total Human-services Integrated NetworK

Source: Maryland.gov; Maryland's Department of Health; Maryland's Department of Human Services, Primary Interviews

In LA County, multiple offices are responsible for prevention services, although there is no coordinating body

LA County organizational structure



1. Board of Supervisors reports to electorate alongside Grand Jury, Sheriff, District Attorney, and Assessor; Source: LA County government website; DCFS; OCP; 2-1-1

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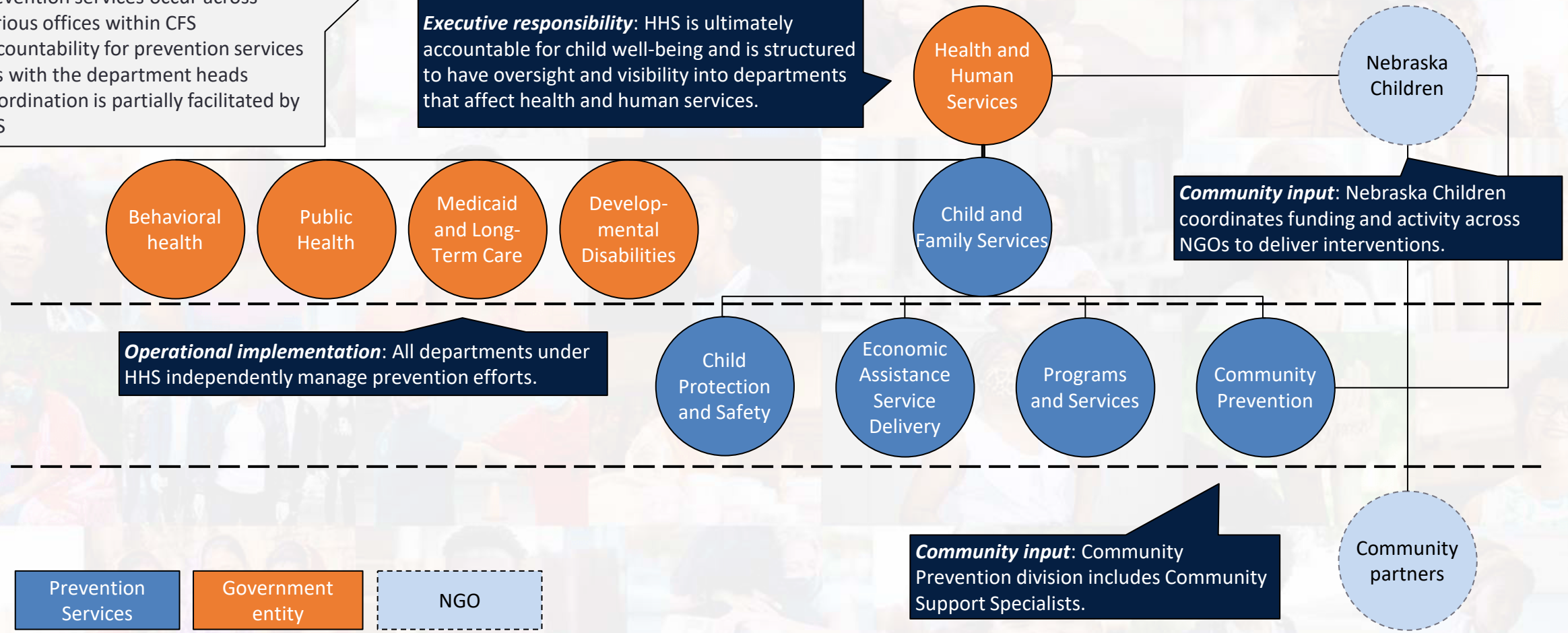
Nebraska Child and Family Services reports to HHS alongside other departments; HHS coordinates with an NGO, Nebraska Children, to organize and deliver prevention

Nebraska organizational structure: Embedded Model[1]

Embedded model activities
- Prevention services occur across various offices within CFS
- Accountability for prevention services sits with the department heads
- Coordination is partially facilitated by CFS

Executive responsibility: HHS is ultimately accountable for child well-being and is structured to have oversight and visibility into departments that affect health and human services.



Community input: Nebraska Children coordinates funding and activity across NGOs to deliver interventions.

Operational implementation: All departments under HHS independently manage prevention efforts.

Community input: Community Prevention division includes Community Support Specialists.

Prevention Services | Government entity | NGO

1. Other divisions within DCFS not pictured include finance, policy and legislative affairs, research and evaluation, capacity and workforce planning; Source: Nebraska HHS website; Child and Family Services; Nebraska Children website; Casey Family Programs; Source: Nebraska HHS website; Child and Family Services; Nebraska Children website; Casey Family Programs

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Nebraska leverages a partnership with the Nebraska Children foundation to coordinate prevention efforts and allocate funding based on community level outcomes

Challenges and root causes

1 Identify challenges

- Poor health outcomes for children and youth
- Disproportionality within child welfare and health outcomes

2 Analyze root causes

- Decentralized / poorly documented data around community needs and resources

3 Determine urgent and emergent needs

- Consolidate and streamline data around community needs and resources in a publicly accessible system

Model characteristics

Executive responsibility

- DCFS coordinates protection and prevention services and reports to Health and Human Services

IT implementation

- Nebraska Children developed the opportunity map data system to collect, track, and disseminate data on community-level outcomes, needs, and resources
- Prevention program data is utilized by DCFS and NGOs to align and allocate funding based on progress/ impact and highest areas of need

Community input

- Community Prevention Division within DCFS works alongside Nebraska Children and Bring Up Nebraska to report data and fund community partners
- Non-govt. partners consolidate state protection data, NGO prevention data, and community resources in an opportunity map to determine programs, services, & funding allocation
- NGOs also use the map to determine targeted programming needs

Source: Desktop research

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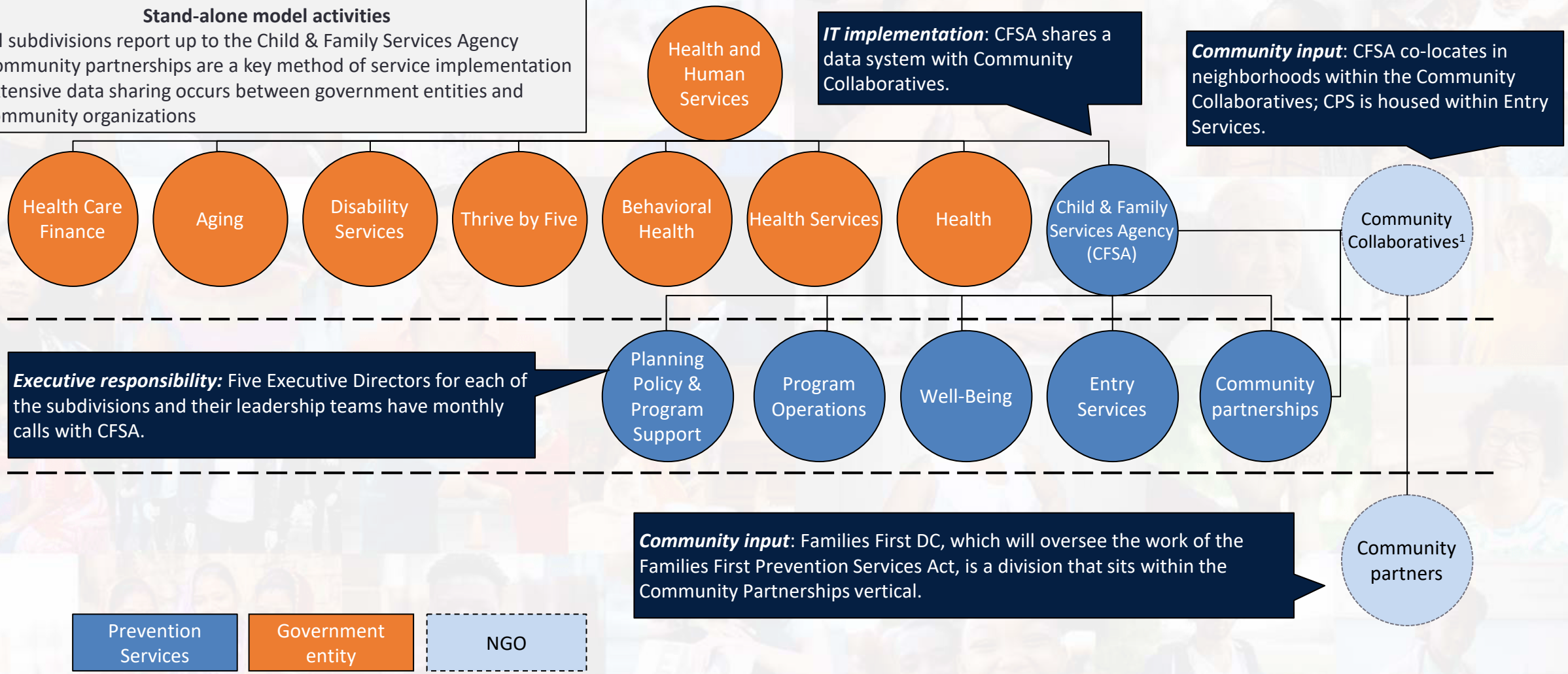
Washington, DC Child and Family Services Agency co-locates with NGOs to coordinate secondary and tertiary prevention services

Washington DC organizational structure: Stand-alone model

Stand-alone model activities

- All subdivisions report up to the Child & Family Services Agency
- Community partnerships are a key method of service implementation
- Extensive data sharing occurs between government entities and community organizations



Note: Other divisions not pictured within CFSA include general counsel, fiscal operations, attorney general, public information, and chief of staff; Source: Casey Family Programs; DC CFSA website, DC HHS website

DRAFT

Washington, DC delivers protection and prevention services together at the community level through co-location of Child and Family Services Agency (CFSA) and partners

Challenges and root causes

1 Identify challenges

- Increase in volume and bad outcomes of families and children interacting with Child Protective Services

2 Analyze root causes

- Failure to identify families' needs and provide families with the least invasive and aligned resources

3 Determine urgent and emergent needs

- Triage / refer families to services more effectively by increasing coordination with partners

Model characteristics

Executive responsibility

- CFSA ultimately responsible for child welfare, while HHS is responsible for population well-being
- CFSA adjusts funding, priorities, and strategy alongside collaboratives based on child welfare and program outcomes, measured through a shared data system
- CFSA reports to HHS

IT implementation

- CFSA and Community Collaboratives share a data system and enter child welfare data, in addition to program participation / utilization of services
- CFSA collects metrics aligned with Four Pillars strategic framework; metrics include both protection and prevention indicators using CFSA and Community Collaboratives data input

Operational implementation

- Monthly meetings are held to review data and determine funding and service planning

Community input

- Community Partnerships Division within CFSA coordinates with non-governmental partners, including Community Collaboratives, including co-location in neighborhoods

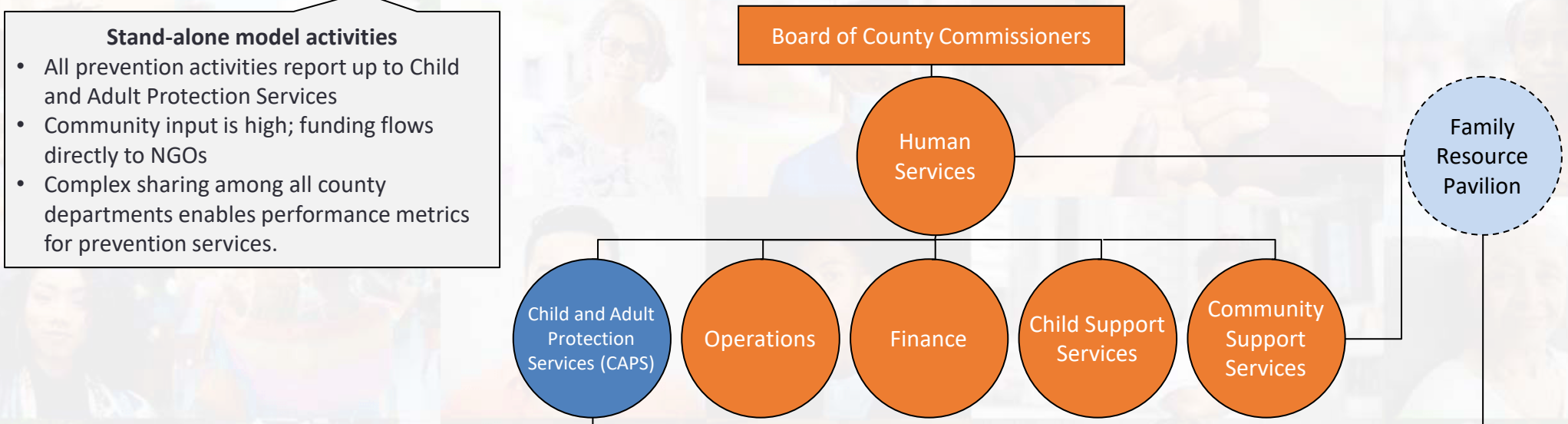
Source: Desktop research

DRAFT

Arapahoe County in Colorado oversees child welfare at the county level; the Board of County Commissioners created a performance management program with all depts.

Arapahoe organizational structure: Stand-alone model[1]

Stand-alone model activities
- All prevention activities report up to Child and Adult Protection Services
- Community input is high; funding flows directly to NGOs
- Complex sharing among all county departments enables performance metrics for prevention services.



Community input:
- The Department of Human Services (ACDHS) co-locates at Family Resource Pavilions (FRP)
- ACDHS liaison assists in determining what services are most appropriate for a family that is referred or seeks voluntary support

- CAPS provides several services including both secondary and tertiary prevention
- Services include Child Protection, Adult Protection, Collaborative Foster Care Program, Adoption Program, Adolescent/Youth in Conflict Services, Child Support Services, Classes and Workshops, Listening to the Needs of Kids (LINKS)

Operational implementation:
- All County departments (including Human Services) collaborate on the Align Arapahoe[2] initiative, a performance management program that was spearheaded by the Board of County Commissioners
- All departments meet ~1x/quarter to review internal performance and display data publicly

Community partners

Community input: The Core Services Program is funded by the govt. and offers additional non-IV-E prevention services through collaboration with community partners and providers

Prevention services | Government entity | NGO

1. Community Support Services and Child Support Services both are part of the Community & Child Support Services; 2. There are at least 10 mandated departments for Align Arapahoe

DRAFT

Arapahoe County, CO Department of Human Services co-locates in communities at NGOs to support service coordination for both referred and voluntary support families

Challenges and root causes

1 Identify challenges

- Underutilization of community-based programs across social services

2 Analyze root causes

- Lack of shared investment in community coordination

3 Determine urgent and emergent needs

- Develop shared health and well-being outcomes with supporting structures to connect citizens with services

Levers of change and accountability

Executive responsibility

- Align Arapahoe is the county's performance management program that allows all departments and elected officials to share ownership over strategic framework goals and review and share data to measure performance
- Department of Strategy and Performance oversees Align Arapahoe

Operational implementation

- The Department of Human Services (ACDHS, reports to board) oversees child welfare efforts and is comprised of five divisions that oversee protection and (secondary and tertiary) prevention services

IT implementation

- Requires all county departments to meet on a monthly/ quarterly basis to report and review data and progress internally before being publicly displayed on data dashboards

Community input

- ACDHS co-locates in communities at Family Resource Pavilions (FRP)
- FRP offers support to families as early as possible, whether the family was referred or voluntarily seeking services
- ACFHS has a liaison in the FRP to determine what services are most appropriate for the family seeking assistance, and coordinates referral to community-based services

Note: Arapahoe County is the third most populous county in Colorado; Source: Colorado Family First Prevention Plan; Arapahoe County Website, Clearpoint Strategy

Garfield County, CO's implementation of The Collaborative Management Program (CMP) improved the delivery of services through the coordination of resources across agencies

Challenges and root causes

1 Identify challenges

- Duplication of efforts and fragmented service provision

2 Analyze root causes

- Lack of collaboration between agencies serving families

3 Determine urgent and emergent needs

- Standardized collaboration structures that incentivize cooperation

Levers of change and accountability

Operational implementation

- Individual Services and Support Team (ISST) members develop an individualized plan using a standard procedure for short-term intervention that includes services across agencies with goals / outcomes
- Collaborative Management Programs (CMPs) coordinate cross-agency communication for service delivery for families involved with multiple systems
- CMPs include 10 mandatory partners to systematize collaboration, reduce duplicative efforts, increase cost sharing, and increase active family advocate participation

Executive responsibility

- Progress toward outcomes is tracked by an Interagency Oversight Group (IOG) that determines eligibility to receive incentives funding
- IOGs assess progress toward CMP goals of 10+ mandatory partners' performance toward risk sharing, resource pooling, outcome monitoring, staff training, and ISST implementation

IT implementation

- Employ multi-disciplinary Individual Services and Support Teams (ISSTs) to develop an integrated service delivery plan based on data and needs identified by and inclusive of family members

Source: Social Work Research Center; Colorado Family First Prevention Plan

Broward County, FL equity workgroups designed a pilot program involving frontline worker racism and equity training aimed at minimizing interpersonal racism

Challenges and root causes

1 Identify challenges

- Disproportionality
- Interpersonal racism
- Lack of training resources

2 Analyze root causes

- Hypothesis was lack of engagement with systems and services

3 Determine urgent and emergent needs

- Town halls with community to understand needs

Levers of change and accountability

Executive responsibility

- A pilot group of Child Protective Services workers were educated on history of racism, power, and collective action to facilitate reflection toward culturally responsive community engagement

IT implementation

- Protective Factors Survey is used to measure positive impact of authentic relationships on families
- Disproportionality index by race is measured; showed Black child home removals decreased by ~36% in the target zip codes, vs. ~28% for all children entering foster care

Operational implementation

- A values-based assessment tool was developed and used in coaching conversations regarding racism and racial bias within county

Community input

- Formed a race equity workgroup in partnership with community-based organizations to explore the root of racial disparities and facilitate inclusive conversations / listening sessions at community “cafes”

Note: The hypothesis is “treating people different truly matters”; The Core implementation team was within Broward County Sherriff’s Office; Source: Casey Family Programs

Hillsborough County, Florida unified a decentralized social service data systems onto a predictive analytics platform to support frontline workers in children services

Challenges and root causes

1 Identify challenges

- Lack of visibility into efficacy of interventions
- High maltreatment, injury, and fatality rates

2 Analyze root causes

- Decentralized data systems

3 Determine urgent and emergent needs

- Unified data-sharing platform with clear metrics

Levers of change and accountability

IT implementation

- The Family Preservation and Assessment System (FPSA) is a county wide data-sharing platform that provides real-time prevention and diversion data access by bringing together data from multiple "touch points" of a family under stress
- Departments enter relevant participation and utilization data in subsystems
- Interoperable platform enables predictive analytics and integrated service delivery across related social services
- FPSA was created and is overseen by the children services sector

Community input

- Caseworkers in community prevention centers implement early interventions using algorithm prediction flags that indicate households potentially under stress
- Community program funding determined by data on community need and efficacy of intervention programs

Note: Multiple touchpoints of data collection include the Department of Children's Services, Clerk of Court, the Crisis Center of Tampa Bay (211) and the Department of Children and Families Abuse Hotline; Source: EY data; Hillsborough County Children's Services ; Hillsborough Department of Human Services

NYC's borough-based Divisions of Child Protection coordinate protection and prevention, allowing them to work alongside staff to re-route lower-risk referrals

Challenges and root causes

1 Identify challenges

- High percentage of cases entering CPS from referrals
- Need for re-routing lower-risk referrals

2 Analyze root causes

- Intake process for referrals

3 Determine urgent and emergent needs

- Structure and aligned process to re-route lower-risk referrals to community prevention

Levers of change and accountability

Executive responsibility

- The Administration for Children's Services (ACS) oversees protection (CPS) and prevention (Division of Prevention, or DPS) through a coordinated service delivery model
- DPS oversees prevention in Divisions of Child Protection (DCP) at the borough level

IT implementation

- ACS Provider Agency Measure System evaluates service delivery partner performance using a scorecard
- System-wide data is shared with agencies for transparency, to examine practice, and to make improvements in provider agencies in the communities

Operational implementation

- DCP referral managers use the guided ACS Service Connect Instrument (SCI) to determine the best services for a family along a need and risk continuum
- A Family Team Conference model is used to determine plan

Community input

- Ongoing prevention services and case management is fully provided through community-based providers, following connection from the DCP referral manager

Source: Casey Family Programs

Nassau County, NY implemented a blind removal process to reduce bias in the home removal process and decrease foster care disproportionality

Challenges and root causes

1 Identify challenges

- Disproportionality in the foster care system and disparity of race amongst children entering care[1]

2 Analyze root causes

- Implicit bias in screening

3 Determine urgent and emergent needs

- Reduce opportunity for bias to impact decision making

Levers of change and accountability

IT implementation

- Data collected by Child and Family Services showed that the blind removal practice considerably reduced the number of black children removed from their families
- Comparative data of family impact used to encourage staff support
- Process success led to development of a toolkit to be used for statewide implementation

Operational implementation

- Blind removal practice was implemented in child welfare removal meetings to reduce likelihood of biased decision making[1]
- Risk level assessment meetings do not mention demographics such as names, races, ethnicities, or addresses
- An implementation team provided oversight and structured feedback protocols to facilitate internal conversations related to the change, including about racism and perceptions of blame

1. NY OCFS provided Disproportionate Minority Representation grants to counties and Nassau county focused reducing the removal of children from families; 2. The removal committee meetings is where decisions are made regarding home removals and the grant aimed to address bias in regards to race and frequent/ multigenerational involvement in child welfare; Source: Casey Family Programs

In Ontario, the government outsources child protective services to NGOs, but it is responsible for deciding on funding/policies and is accountable for child well-being

Challenges and root causes

1 Identify challenges

- Lack of consistency of shared information across NGOs

2 Analyze root causes

- Privacy laws made it difficult to share confidential child protection information across the different aid societies

3 Determine urgent and emergent needs

- An integrated system that would allow information sharing to happen easier without the barriers for consistency

Levers of change and accountability

Executive responsibility

- The ministry is accountable for the well-being of children and youth receiving child welfare services
- The ministry collects indicators that reflect the performance of aid societies and decides funding based on outcomes

IT implementation

- Implemented CPIN (Child Protection Information Network) is an integrated financial and document management system
- CPIN helps aid societies (NGOs) access key information to make more consistent decisions when assessing legal requirements for initial and ongoing interventions

Operational implementation

- While the government does not directly provide child protective services, it is responsible for CPS policies/funding and monitoring

Community input

- Aid societies (NGOs) provide child protective services and report directly to The Ministry of Children, Community and Social Services
- The Eligibility Spectrum is a tool designed to assist the aid societies' staff in making consistent and accurate decisions about eligibility for service at the time of referral

Source: Ontario Ministry of Children, Community and Social Services

New South Wales designed a unified, "child-centric" data system with predictive analytics to support early intervention and delivery of outcomes-based service contracts

Challenges and root causes

1 Identify challenges

- Increase in children needing protection services, including out-of-home care

2 Analyze root causes

- Lack of evidence-based investment by the government and poor use of data

3 Determine urgent and emergent needs

- Collect and integrate data in a new system that captures all inputs related to a child's welfare
- Connect program funding to outcomes

Levers of change and accountability

Executive responsibility

- Department of Communities and Justice was created in 2019; oversees former Family and Community Services responsibilities, alongside other social services (housing, justice, etc.)
- Department of Communities and Justice accountable for overall child welfare and allocation of resources across social services based on unified data system

IT implementation

- New "ChildStory" System connects 14 prior systems onto a single cloud platform, or "child-centric source of truth"
- Advanced analytics identifies red flags that allow frontline staff to identify highest risk children and families

Community input

- Department of Communities and Justice aligns service investment expenditures at NGOs to performance against outcomes measured in ChildStory
- CPS responsible for using dashboard to identify children and families and determine an appropriate case management plan
- CPS and NGOs enter data into system

Source: EY Data; NSW Communities and Justice

London Borough of Barking and Dagenham (LBBD) developed a "single view" data system with predictive modeling to enable earlier intervention and prevent escalation

Challenges and root causes

1 Identify challenges

- Community Solutions unable to identify vulnerable and underserved residents

2 Analyze root causes

- Household information was stored in several different case management systems

3 Determine urgent and emergent needs

- A system to bring together disconnected datasets for better provision of services

Levers of change and accountability

IT implementation

- One View is a master data-sharing platform that unifies datasets to provide a holistic view of individuals / households to caseworkers
- Predictive modeling system flags higher risk cases to Community Solutions to provide earlier intervention and prevent escalation
- Outcomes of One View are tracked by the LBBD Council Leadership to assess efficacy and speed of interventions based on risk level, as well as cost savings
- Community Solutions and other service providers are accountable for execution using One View

Operational implementation

- LBBD restructured people-based services into a model organized around prevention, called Community Solutions
- Serves as a "front door" for all people-based services, with units organized by complexity of need and intervention

Community input

- Multi-disciplinary and multi-agency teams collaborate closely with partners to deliver early intervention and preventative support for residents

Note: London Borough of Barking and Dagenham is abbreviated as LBBD; LBBD socio-economic outcomes are behind London and UK averages; Source: Desktop research, Community Solutions Update Report