



# Chief Executive Office.

## COUNTY OF LOS ANGELES

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### CHIEF EXECUTIVE OFFICER

Fesia A. Davenport

April 17, 2023

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

From: Fesia A. Davenport   
Chief Executive Officer  
FAD (Apr 14, 2023 18:18 PDT)

### **REPORT ON ESTABLISHING THE LOS ANGELES COUNTY OFFICE OF PREVENTION SERVICES (ITEM NO. 23, AGENDA OF SEPTEMBER 15, 2021)**

On September 15, 2021, the Board of Supervisors (Board) adopted a motion directing the Chief Executive Officer to convene a task force, chaired by the Executive Director of Racial Equity, and comprised of, but not limited to, the following County departments and partners: Children and Family Services, Health Services, Mental Health, Public Health, Public Social Services, Workforce Development, Aging and Community Services (now divided into Aging and Disabilities and Economic Opportunity); Office of Child Protection; Justice, Care and Opportunities; the Chief Executive Office's Homeless Initiative and Poverty Alleviation Initiative; the Los Angeles County Development Authority; the Los Angeles County Office of Education; the Los Angeles Homeless Services Authority; First 5 LA; and the University of California, Los Angeles (UCLA) Pritzker Center for Strengthening Children & Families. The motion further directed that the task force report back to the Board on the following:

1. Recommended options for a governance structure designed to coordinate and effectuate a comprehensive community-based prevention services delivery system that includes: a comprehensive community engagement process which highlights and prioritizes the voices of those with lived experiences; and the necessary budgeting, staffing, contracting, and data sharing authorities across relevant departments to effectuate Countywide community-based prevention service delivery;



2. A comprehensive Countywide funding streams analysis, with information provided by impacted departments and reviewed by the Chief Executive Office's Budget Team, detailing existing funding available for Countywide prevention services to support the implementation of a full-scale Countywide coordinated prevention strategy and recommendations for a County-designated central budget entity to coordinate prevention dollars received from all relevant County departments; and
3. A set of guiding prevention metrics, principally informed by an equity-centered framework which reflect how County residents' lives were made better because of prevention services.

### **The Los Angeles County Prevention Services Task Force Report**

The Los Angeles County Prevention Services Task Force (Task Force) developed an Executive Summary (Attachment I), a set of recommendations along with the voting record (Attachment II), and a detailed summary of the Task Force's operations, processes, and findings along with exhibits (Attachment III). Highlights include:

- The 14 recommendations adopted by the Task Force for the Board's consideration;
- A brief overview of the Task Force's scope of work for the next phase of the effort, based on the directives from the original Board motion and ongoing discussions among members;
- The background and context of prevention and promotion efforts in the County; and
- A detailed description of the Task Force's research, operational processes findings, and deliverables within the Task Force and its three working tables.

### **Next Steps**

The Task Force has identified preliminary steps for Phase 2 of its work to continue to meet the Board's directives including, but not limited to, the following:

- Continuing to carry out this Task Force's planned and ongoing community engagement process, including seeking support to ensure culturally relevant outreach, language access, and robust listening and feedback sessions, and utilizing existing efforts across departments and regional organizations;

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- Prioritizing and thoroughly examining domain(s) of focus to strengthen and support through Task Force collaboration and coordinating activities to address policy, funding, and coordination barriers;
- Continuing to develop a user journey experience map, including population-specific user journey mapping across multiple services; and
- Building upon and leveraging subject matter expertise to develop a set of Countywide guiding prevention and promotion metrics for each domain, including additional community engagement and analyses to address disproportionalities and disparities.

A full list of next steps can be found in Attachment III.

Should you have any questions concerning this matter, please contact me or D'Artagnan Scorza, Ph.D., Executive Director of Racial Equity, at (213) 974-1761 or [dscorza@ceo.lacounty.gov](mailto:dscorza@ceo.lacounty.gov).

FAD:JMN:JFO  
DS:HJN:es

#### Attachments

c: Executive Office, Board of Supervisors  
County Counsel  
Aging and Disabilities  
Children and Family Services  
Economic Opportunity  
Health Services  
Justice, Care and Opportunities  
Mental Health  
Office of Child Protection  
Office of Education  
Public Health  
Public Social Services  
Los Angeles County Development Authority

## PREVENTION SERVICES TASK FORCE

# EXECUTIVE SUMMARY

On September 15, 2021, the County of Los Angeles (“County”) Board of Supervisors (“Board”) adopted a [motion](#) directing the Executive Director of Racial Equity to convene a Prevention Services Task Force (Task Force) composed of representatives across County departments, regional partners, community-based organizations, and community members with lived expertise. This body was charged with developing “recommended options for a governance structure designed to coordinate and effectuate a **comprehensive community-based prevention services delivery system**” for Los Angeles County, with the goal of delivering upstream supports and resources to increase well-being and thriving for adults, children, youth, and families.

The Task Force conducted its work and developed recommendations across four main directives:

1: Governance  
Structure and  
Coordinated  
Service Delivery

2: Funding Streams  
Analysis

3: Community-  
Based Service  
Delivery System

4: Prevention  
Metrics and Data  
Integration

To meet these directives, the Task Force formed three working tables – Framework, Coordination, and Disproportionality, respectively – and were supported by the County’s Anti-Racism, Diversity, & Inclusion (ARDI) Initiative team, consultants, and several other County staff and external experts.

Task Force stakeholders identified challenges with and opportunities to provide seamless, efficient, and comprehensive service delivery across the County’s multiple departments, including:

- **Structural barriers in existing systems** that prevent a collaborative culture where there is shared accountability and coordination where it can be most effective. These include, but are not limited to, bureaucratic hurdles, lack of dedicated staff time and funding for coordination, lack of integration, limited investments in prevention, and ad hoc efforts not supported at scale;
- Lack of capacity and infrastructure across systems to **share and integrate data**, as permissible under existing laws and regulations, to better serve clients;
- **User navigation barriers** that hinder folks from accessing the available array of services;
- **Racial disproportionality**, disparities, and inequities across various population subgroups rooted in the unequal distribution of resources needed for optimal well-being; and
- **Lack of certain tools and capabilities needed to improve coordination.** These include technological tools (e.g., improved budgeting platform, integrated data tools) and in-house staff resources (e.g., dedicated staff to analyze multi-departmental funding opportunities and plan for strategic funding sustainability).

Throughout this initiative, Task Force stakeholders have shared departmental findings and personal testimonials that reveal how the County and its communities possess assets that can be leveraged to reimagine the way the County delivers prevention and promotion services including:

- **Values and commitment:** Many departments agree the County must deepen investment in upstream prevention and promotion with the support of an anti-racist lens, increased community partnerships, and equitable decision making;
- **Collaborative action and strong working relationships within discrete service areas:** Existing efforts have significantly improved coordinated delivery for specific populations (e.g., justice impacted populations, homeless populations, individuals with mental health and substance use disorders, Black women of childbearing age and their families) through a variety of project-specific and relationship-oriented tools; and
- **Community expertise, enthusiasm, and interest:** LA County’s residents, community-based organizations, and philanthropic partners hold a wealth of knowledge, resources, and capabilities that the County can fully integrate into its efforts.

To achieve the shared goals of improving services for community members and promoting well-being in all communities, there is an urgent need for the County to organize around a common vision for prevention and promotion as well as a structure and set of values. The disparities and inequities community members experience further underscores the importance and need to advance a coordinated Countywide prevention and promotion delivery services system. Only a system grounded in equity – with a focus on acknowledging and addressing the impacts of racism and social conditions – can meaningfully connect adults, children, youth, and families to the positive supports necessary to sustain optimal life outcomes and achieve racial equity within our region.

Based on the Task Force’s research, analysis, and collaborative decision-making process over the past several months, a majority of members have voted to approve 14 recommendations listed below for Board consideration. Over the course of multiple meetings, members worked collaboratively to finalize the wording of each recommendation below, considering a diverse range of perspectives and expertise on the Task Force as well as potential tradeoffs, advantages, and disadvantages of each recommendation.

### Directive 1: Governance Structure and Coordinated Service Delivery

#	Recommendation	Status
1a	Adopt the Countywide Vision for Prevention and Promotion as a draft; seek additional community input; and engage widely with staff, service providers, and community.	Adopted by Task Force on 11/4/22
1b	Adopt the Countywide Model for Prevention and Promotion as a draft; seek additional stakeholder input to amend it as needed; and develop a framework to align County stakeholder prevention and promotion efforts with the model.	Adopted by Task Force on 12/16/22
1c	Adopt the Countywide Prevention and Promotion Guiding Principles as a draft; seek additional community input; and disseminate it widely among staff, service providers, and community.	Adopted by Task Force on 11/4/22

<b>1d</b>	Direct CEO to work with County departments to establish and resource a Countywide Prevention and Promotion Coordination Team (PPCT) and departmental implementation teams working with external partners and community stakeholders to increase coordination and collaboration among County departments and initiatives.	Adopted by Task Force on 1/6/23
<b>1e</b>	Direct PPCT to coordinate and consolidate a prevention and promotion policy agenda across departments and initiatives.	Adopted by Task Force on 1/6/23
<b>1f</b>	Direct PPCT to share strategies to address regulatory, legal, and legislative barriers as well as funding constraints to enable an effective community-based service delivery system.	Adopted by Task Force on 1/6/23
<b>1g</b>	Direct PPCT to support and uplift existing initiatives and strategies to improve resource navigation and access, including how their learnings can be applied and implemented across other service areas.	Adopted by Task Force on 1/6/23

## Directive 2: Funding Streams Analysis

#	Recommendation	Status
<b>2a</b>	Direct CEO, in coordination with PPCT, to strengthen the County’s capabilities to conduct multi-departmental budget coordination and strategy, including the ability to braid/blend in order to leverage and maximize funding, and identify spending gaps to assist Board and departmental decision making.	Adopted by Task Force on 1/6/23
<b>2b</b>	Direct CEO to create a Countywide Prevention and Promotion Budget.	Adopted by Task Force on 1/6/23

## Directive 3: Community-Based Service Delivery System

#	Recommendation	Status
<b>3a</b>	Support CIO – in consultation with CEO, County Counsel – to collaborate with departments in developing strategies to further their work on the Countywide information, referral, and connection platform and similar efforts to develop next steps to streamline and address navigation and access barriers across the County’s service portfolio.	Adopted by Task Force on 11/4/22
<b>3b</b>	Direct ARDI to identify barriers to compensating Community Members with Lived Expertise and develop a set of equitable guidelines or recommendations that departments could adopt to increasingly involve members with lived expertise in policy and program development.	Adopted by Task Force on 11/4/22
<b>3c</b>	Direct ARDI to support departments in order to identify opportunities to strengthen and enhance delivery of County prevention and promotion services in partnership with community-based service providers who are better equipped to serve communities.	Adopted by Task Force on 11/4/22

### Directive 4: Prevention Metrics and Data Integration

#6	Recommendation	Status
4a	Adopt a common set of Prevention and Promotion Outcomes to monitor progress (i.e., monitoring both well-being and thriving as well as the efficacy of our prevention and promotion services).	Adopted by Task Force on 12/16/22
4b	Direct CEO to identify dedicated resources to support CIO, County Counsel, and department leads to develop cross-departmental data sharing/integration plans for specific service areas.	Adopted by Task Force on 11/4/22


 PREVENTION SERVICES TASK FORCE

# RECOMMENDATIONS

Based on the discussion, analysis, and findings compiled while meeting the four overarching Directives, the Task Force developed and adopted the following 14 recommendations for consideration to the Board.

A detailed voting record across each recommendation can be found at the end of this document.

Note to readers: The Task Force previously utilized a different numbering system (i.e., 1 to 19, including 4a, 4b, and 4c) during the recommendations review process. To avoid confusion regarding missing numbers, this document utilizes the new numbering system below, which still reflects the same order of recommendations seen previously by Task Force members.

## Directive 1: Governance Structure and Coordinated Service Delivery

#	Recommendation	Status
1a	Adopt the Countywide Vision for Prevention and Promotion as a draft; seek additional community input; and engage widely with staff, service providers, and community.	Adopted by Task Force on 11/4/22
1b	Adopt the Countywide Model for Prevention and Promotion as a draft; seek additional stakeholder input to amend it as needed; and develop a framework to align County stakeholder prevention and promotion efforts with the model.	Adopted by Task Force on 12/16/22
1c	Adopt the Countywide Prevention and Promotion Guiding Principles as a draft; seek additional community input; and disseminate it widely among staff, service providers, and community.	Adopted by Task Force on 11/4/22
1d	Direct CEO to work with County departments to establish and resource a Countywide Prevention and Promotion Coordination Team (PPCT) and departmental implementation teams working with external partners and community stakeholders to increase coordination and collaboration among County departments and initiatives.	Adopted by Task Force on 1/6/23
1e	Direct PPCT to coordinate and consolidate a prevention and promotion policy agenda across departments and initiatives.	Adopted by Task Force on 1/6/23
1f	Direct PPCT to share strategies to address regulatory, legal, and legislative barriers as well as funding constraints to enable an effective community-based service delivery system.	Adopted by Task Force on 1/6/23
1g	Direct PPCT to support and uplift existing initiatives and strategies to improve resource navigation and access, including how their learnings can be applied and implemented across other service areas.	Adopted by Task Force on 1/6/23



## Directive 2: Funding Streams Analysis

#	Recommendation	Status
2a	Direct CEO, in coordination with PPCT, to strengthen the County’s capabilities to conduct multi-departmental budget coordination and strategy, including the ability to braid/blend in order to leverage and maximize funding, and identify spending gaps to assist Board and departmental decision making.	Adopted by Task Force on 1/6/23
2b	Direct CEO to create a Countywide Prevention and Promotion Budget.	Adopted by Task Force on 1/6/23

## Directive 3: Community-Based Service Delivery System

#	Recommendation	Status
3a	Support CIO – in consultation with CEO, County Counsel – to collaborate with departments in developing strategies to further their work on the Countywide information, referral, and connection platform and similar efforts to develop next steps to streamline and address navigation and access barriers across the County’s service portfolio.	Adopted by Task Force on 11/4/22
3b	Direct ARDI to identify barriers to compensating Community Members with Lived Expertise and develop a set of equitable guidelines or recommendations that departments could adopt to increasingly involve members with lived expertise in policy and program development.	Adopted by Task Force on 11/4/22
3c	Direct ARDI to support departments in order to identify opportunities to strengthen and enhance delivery of County prevention and promotion services in partnership with community-based service providers who are better equipped to serve communities.	Adopted by Task Force on 11/4/22

## Directive 4: Prevention Metrics and Data Integration

#	Recommendation	Status
4a	Adopt a common set of Prevention and Promotion Outcomes to monitor progress (i.e., monitoring both well-being and thriving as well as the efficacy of our prevention and promotion services).	Adopted by Task Force on 12/16/22
4b	Direct CEO to identify dedicated resources to support CIO, County Counsel, and department leads to develop cross-departmental data sharing/integration plans for specific service areas.	Adopted by Task Force on 11/4/22

## DIRECTIVE 1: GOVERNANCE STRUCTURE AND COORDINATED SERVICE DELIVERY

Recommended options for a governance structure designed to coordinate and effectuate a comprehensive community-based prevention services delivery system were developed, including the necessary budgeting, staffing, contracting, and data sharing authorities across relevant departments.

#	Recommendation	Description	Rationale	Contributing Sources
1a	<p><b>Adopt the Countywide Vision for Prevention and Promotion as a draft; seek additional community input; and engage widely with staff, service providers, and community.</b></p> <p>Adopted, 11/4/2022</p>	<ul style="list-style-type: none"> <li>An aspirational statement to describe the desired long-term goals and direction for the future of LA County prevention and promotion services.</li> <li>Requires resources, staffing, and outreach expertise to socialize and share among County staff, CBOs, and community members – including through culturally relevant means (age-appropriate, language translation, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Reaffirms County’s commitment to deliver prevention and promotion to enable thriving</li> <li>Conveys how County will do so (equitable, community-driven, holistic)</li> <li>Need to socialize ideas widely so all stakeholders can understand and help meet these goals together</li> </ul>	<ul style="list-style-type: none"> <li>Task Force collaborative session</li> <li>Framework table (+sub working group)</li> <li>Community survey of 800+ residents, staff</li> </ul>
1b	<p><b>Adopt the Countywide Model for Prevention and Promotion as a draft; seek additional stakeholder input to amend it as needed; and develop a framework to align County stakeholder prevention and promotion efforts with the model.</b></p> <p>Adopted, 12/16/2022</p>	<ul style="list-style-type: none"> <li>Overarching model for prevention and promotion, especially articulating how social conditions (e.g., racism) factor into our work and definitions for prevention, promotion, and tiers as well as the importance of equitable decision making and shared power</li> <li>Identify ongoing prevention and promotion efforts underway to inform cross sectoral efforts with updated definitions to enable funding analyses and inform policy priorities (CEO Budget, program staff)</li> <li>Requires resources, staffing, and outreach expertise to socialize and share among County staff, CBOs, and community members – including through culturally relevant means (age-appropriate, language translation, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Unifies definition and common usage across departments</li> <li>Informs County departments and staff how to prioritize populations for additional support, services, and intervention based on level of risk or need</li> <li>Contextualizes “risk” with social conditions and a larger continuum of care</li> <li>Need to socialize ideas widely so all stakeholders can understand and help meet these goals together</li> </ul>	<ul style="list-style-type: none"> <li>Framework table (+sub working group)</li> <li>Task Force meeting discussions</li> </ul>

#	Recommendation	Description	Rationale	Contributing Sources
1c	<p><b>Adopt the Countywide Prevention and Promotion Guiding Principles as a draft; seek additional community input; and disseminate it widely among staff, service providers, and community.</b></p> <p>Adopted, 11/4/2022</p>	<ul style="list-style-type: none"> <li>▪ Value statements to serve as “guardrails” that help define how and why LA County is establishing a countywide prevention/promotion services system, listed in approximate order of importance to Framework table members. 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.</li> <li>▪ Requires resources, staffing, and outreach expertise to socialize and share among County staff, CBOs, and community members – including through culturally relevant means (age-appropriate, language translation, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Informs the intent and values we hoped to abide by as we engaged in this initiative, but also how PPCT and future County prevention and promotion efforts should conduct their work</li> <li>▪ Need to socialize ideas widely so all stakeholders can understand and help meet these goals together</li> </ul>	<ul style="list-style-type: none"> <li>▪ Framework table</li> </ul>
1d	<p><b>Direct CEO to work with County departments to establish and resource a Countywide Prevention and Promotion Coordination Team (PPCT) and departmental implementation teams working with external partners and community stakeholders to increase coordination and collaboration among County departments and initiatives.</b></p> <p>Adopted, 1/6/2023</p>	<ul style="list-style-type: none"> <li>▪ PPCT would be a diverse, action-oriented coordination team requiring budget and program analysts and consultants to help them dig in and map programs</li> <li>▪ The departmental implementation teams would be resourced to support the implementation and ensure coordination and collaboration</li> <li>▪ Strong leader, departmental liaisons, and staffing support to guide, support, and/or implement several of the action-oriented recommendations listed in this document (e.g., #4b – data integration, #2a,2b – budget and strategic funding analyses, #3a,3b,3c – community-based initiatives)</li> <li>▪ PPCT’s work would inform and help lay the groundwork for longer-term decisions on aligning the 13 coordinating functions</li> <li>▪ PPCT is comprised of high-level representatives from departments and support staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ PPCT can provide the backbone support, staffing, and expertise to carry out and help ensure the success of priority initiatives identified among the 13 coordinating functions</li> <li>▪ Provides capacity and capabilities that currently do not exist in the County, especially on a multi-department basis</li> <li>▪ Focus as an implementing body first and foremost responds to member feedback to initially address most important priorities and learnings</li> </ul>	<ul style="list-style-type: none"> <li>▪ Task Force meetings</li> <li>▪ Stakeholder conversations</li> <li>▪ Framework table</li> <li>▪ Coordination table</li> <li>▪ Benchmark research</li> </ul>

#	Recommendation	Description	Rationale	Contributing Sources
1e	<p><b>Direct PPCT to coordinate and consolidate a prevention and promotion policy agenda across departments and initiatives.</b></p> <p>Adopted, 1/6/2023</p>	<ul style="list-style-type: none"> <li>PPCT will work with departments (and CEO - Legislative Affairs) to identify and consolidate policy advocacy requests at federal, state, and local levels. (This is especially important in light of expiring COVID/state of emergency powers impacting current operations and services.)</li> </ul>	<ul style="list-style-type: none"> <li>County policy agendas are frequently populated with recommendations posed by department staff without a cross-departmental lens or knowledge. Coordination of a prevention and promotion policy agenda would provide an opportunity to consider recommendations holistically, i.e., their potential impact – good and bad – across multiple departments, populations, and issue areas.</li> </ul>	<ul style="list-style-type: none"> <li>Coordination table</li> <li>Framework table</li> </ul>
1f	<p><b>Direct PPCT to share strategies to address regulatory, legal, and legislative barriers as well as funding constraints to enable an effective community-based service delivery system.</b></p> <p>Adopted, 1/6/2023</p>	<ul style="list-style-type: none"> <li>PPCT, in coordination with County Counsel, will share review strategies across departments and convene departmental subject matter experts to come together to review and discuss interpretations of certain rules, regulations, and other processes to ensure consistency across departments, including strategies to support community and organizations more flexibly.</li> <li>PPCT will review and share best practices informed by external jurisdictions.</li> <li>PPCT will document and evaluate the effectiveness of integrated funding pilots and other efforts.</li> </ul>	<ul style="list-style-type: none"> <li>Consistent interpretations of regulatory functions and legal requirements will enable the County to explore opportunities, best practices, and underutilized strategies to leverage funding streams, streamline eligibility and better serve clients, and advocate for policy change when needed.</li> </ul>	<ul style="list-style-type: none"> <li>Coordination table</li> <li>Framework table</li> </ul>
1g	<p><b>Direct PPCT to support and uplift existing initiatives and strategies to improve resource navigation and access, including how their learnings can be applied and implemented across other service areas.</b></p> <p>Adopted, 1/6/2023</p>	<ul style="list-style-type: none"> <li>PPCT would work with departments, initiatives, and external partners (e.g., CIO &amp; SIB information referral services, PAI/DPSS strategy, DCFS state block grant pilot for cross-systems navigation) to document best practices and improve resource navigation and access across multiple service areas, especially relating to priority populations.</li> <li>PPCT would also draw upon and help operationalize findings from the Task Force’s user journey mapping efforts and referral network assessments.</li> </ul>	<ul style="list-style-type: none"> <li>One of the primary purposes of creating a coordinated system of prevention is to streamline access to services and other resources across department program/ service portfolios and their systems of care. Drawing on and applying existing learnings and piloting identified best or emerging practices will help the County improve its service system model to center and serve clients.</li> </ul>	<ul style="list-style-type: none"> <li>Coordination table</li> </ul>

## DIRECTIVE 2: FUNDING STREAMS ANALYSIS

A comprehensive Countywide funding streams analysis was conducted with information provided by impacted departments and reviewed by CEO Budget. The analysis details existing funding available for Countywide prevention services to support the implementation of a full-scale Countywide coordinated prevention strategy.

#	Recommendation	Description	Rationale	Contributing Sources
2a	<p><b>Direct CEO, in coordination with PPCT, to strengthen the County’s capabilities to conduct multi-departmental budget coordination and strategy, including the ability to braid/blend in order to leverage and maximize funding, and identify spending gaps to assist Board and departmental decision making.</b></p> <p>Adopted, 1/6/2023</p>	<ul style="list-style-type: none"> <li>Need to update technological tools for budgeting and expand out County’s budget management capabilities</li> <li>Resource and staff County departments to partner with CEO to conduct creative funding stream analysis (e.g., braiding and blending across departments) AND longer-term funding sustainability strategy</li> <li>Utilize findings from recommendation 4c activities to inform the budget coordination strategy</li> </ul>	<ul style="list-style-type: none"> <li>CEO budget staff and several County departments currently lack the technological and logistical abilities to easily organize and analyze annual budget data across multiple programs, hindering collaborative and long-term planning.</li> <li>While some strategic efforts exist surrounding a few specific funding sources or issue areas (e.g., FFPSA, CalAIM, CEO-HI), the County overall does not have the full expertise, capacity, and/or capability to conduct creative funding analyses – including uncovering underutilized sources and blending funding to extend their use, especially across departments.</li> </ul>	<ul style="list-style-type: none"> <li>Funding Streams Analysis</li> <li>Stakeholder conversations (including CEO Budget and dept staff; CEO-HI)</li> </ul>
2b	<p><b>Direct CEO to create a Countywide Prevention and Promotion Budget.</b></p> <p>Adopted, 1/6/2023</p>	<ul style="list-style-type: none"> <li>Utilizing the program inventory in developed through the Task Force’s funding streams analysis, direct CEO Budget and/or PPCT to compile an off-cycle prevention budget to analyze and plan how the County funds across the array of prevention and promotion services</li> <li>Needs to plan for, anticipate, and help the Board act on changes in funding (e.g., due to federal or state policy or an economic recession), including risks and opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Enables departments, CEO, PPCT, and other relevant coordinating bodies to identify, plan, and advocate for policy, programmatic, and funding changes to address under resourced prevention and promotion needs</li> <li>An endeavor of this size requires a longer-term and sustainable cycle beyond just annual budget reviews across individual departments</li> </ul>	<ul style="list-style-type: none"> <li>Funding Streams Analysis</li> <li>Stakeholder conversations</li> </ul>

## DIRECTIVE 3: COMMUNITY-BASED SERVICE DELIVERY SYSTEM

The Task Force conducted multiple activities to develop recommendations for how the County can strengthen, effectuate, and center community-based service delivery across its prevention and promotion system.

#	Recommendation	Description	Rationale	Contributing Sources
3a	<b>Support CIO – in consultation with CEO and County Counsel – to collaborate with departments in developing strategies to further their work on the Countywide information, referral, and connection platform and similar efforts to develop next steps to streamline and address navigation and access barriers across the County’s service portfolio.</b>	<ul style="list-style-type: none"> <li>Apply findings (technological, logistical, and equity-related) to strengthen communication platforms and systems that can support client referrals to programs/services that meet their unique needs.</li> <li>PPCT can assist CIO in documentation of these lessons learned and consolidate them with findings from the Task Force’s community engagement process and user journey mapping.</li> </ul>	<ul style="list-style-type: none"> <li>Current referral systems that exist do not always meet the needs of clients (e.g., due to quickly outdated, solely online platforms, limited language capacity).</li> <li>This is an opportunity to gather and apply lessons learned for the procurement or creation of innovative solutions, including but not limited to call center, online, and/or navigator (e.g., Promotoras, cultural brokers) models.</li> </ul>	<ul style="list-style-type: none"> <li>Coordination table</li> </ul>
Adopted, 11/4/2022				

#	Recommendation	Description	Rationale	Contributing Sources
3b	<p><b>Direct ARDI to identify barriers to compensating Community Members with Lived Expertise and develop a set of equitable guidelines or recommendations that departments could adopt to increasingly involve members with lived expertise in policy and program development.</b></p> <p>Adopted, 11/4/2022</p>	<ul style="list-style-type: none"> <li>▪ In partnership with the Stakeholder Engagement Workgroup, develop a policy for Countywide adoption that builds upon the <i>Los Angeles County Stakeholder Compensation Guidance</i> and directs minimum standard practices for the procurement and deployment of resources needed to compensate and support community members; implement adopted policy.</li> <li>▪ Importantly, any policies developed should be considered as minimum practices, to ensure that departments continue to have the flexibility to creatively partner and work with their community members in novel and most robust ways.</li> <li>▪ Guidelines should include considerations for appropriate and equitable compensation relating to varying levels of activity, intensity, and requirements for participation, including consideration toward individuals who may relive traumatic experiences, etc.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Stakeholder compensation is a necessary component of democratizing a participatory government.</li> <li>▪ A Countywide approach would standardize and provide departments with minimum expectations and a process to engage residents and other community stakeholders in the co-creation of policies, programs, and services and appropriately and fairly compensate them for their participation across a spectrum of activities and intensity levels.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Coordination table</li> <li>▪ Framework table</li> </ul>
3c	<p><b>Direct ARDI to support departments in order to identify opportunities to strengthen and enhance delivery of County prevention and promotion services in partnership with community-based service providers who are better equipped to serve communities.</b></p> <p>Adopted, 11/4/2022</p>	<ul style="list-style-type: none"> <li>▪ Identify and catalog the County's and community provider's capacity to provide culturally appropriate prevention and promotion programs/services; make recommendations based on findings.</li> <li>▪ Examine the most effective pathway(s), delivery entities, and administration of programs and services in collaboration with community service providers to achieve positive outcomes.</li> <li>▪ This includes identifying best practices to support CBOs doing the work (e.g., resources, etc.).</li> </ul>	<ul style="list-style-type: none"> <li>▪ CBOs may be better positioned than County to provide services, particularly to communities that County may be ill equipped to serve due to language access issues, geographic isolation, heightened distrust of government, etc.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Coordination table</li> <li>▪ Framework table</li> </ul>

## DIRECTIVE 4: PREVENTION METRICS AND DATA INTEGRATION

The Task Force developed a set of 12 prevention and promotion outcomes to reflect how County residents’ lives would improve after receiving prevention and promotion services. Relatedly, the Task Force also identified current challenges in data sharing and integration as an operational barrier hindering both coordinated and community-based service delivery.

#	Recommendation	Description	Rationale	Contributing Sources
4a	<p><b>Adopt a common set of Prevention and Promotion Outcomes to monitor progress (i.e., monitoring both well-being and thriving as well as the efficacy of our prevention and promotion services).</b></p> <p>Adopted, 12/16/2022</p>	<ul style="list-style-type: none"> <li>Twelve 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.</li> <li>These outcomes should be broadly prevalent, “inherently good,” and fall within the County’s sphere of influence</li> <li>These should build upon and integrate existing efforts underway to measure prevention and promotion throughout the County</li> <li>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.</li> <li>Identify resource needs at the department and community level to better track and implement metrics</li> <li>Begin to utilize these outcomes (+ their contributing outcomes) by identifying new and existing programs or services to invest in in order to improve the outcomes (related to Recommendations 2a,2b on strategic funding/budgeting on prevention)</li> </ul>	<ul style="list-style-type: none"> <li>Desire to measure progress over time ensure that LA County residents’ lives are improving over time on a macro-scale</li> <li>Enhances our ability to measure whether County residents’ lives are improving upon receipt of prevention services – potentially at both macro and micro level</li> <li>Further informs budget and funding priorities based on which outcomes are seeing improvement or decline</li> </ul>	<ul style="list-style-type: none"> <li>Disproportionality table</li> </ul>



#	Recommendation	Description	Rationale	Contributing Sources
4b	<p><b>Direct CEO to identify dedicated resources to support CIO, County Counsel, and department leads to develop cross-departmental data sharing/integration plans for specific service areas.</b></p> <p>Adopted, 11/4/2022</p>	<ul style="list-style-type: none"> <li>▪ These data sharing/integration plans could build on existing CIO initiatives and learnings, and would:</li> <li>▪ Identify specific use cases for data and information sharing, as well as examples of missed opportunities, within the current state, where data sharing/integration could benefit our clients</li> <li>▪ Strengthen use of CIO platforms to integrate client-level data across systems for shared metrics &amp; outcomes tracking</li> <li>▪ Develop policy advocacy agenda to push for changes in data/information regulations at the federal/state levels, as needed</li> <li>▪ Identify data and outcomes needed to enable cost-benefit analyses of the County for specific programs and investments</li> <li>▪ SOC initiative may pilot this with CIO to launch a data sharing/integration plan for children and families</li> </ul>	<ul style="list-style-type: none"> <li>▪ As it stands, limited data sharing and integration significantly hinders County’s ability to assist individuals to navigate across services, including accessing the programs that may support them and that they are eligible to receive.</li> <li>▪ Especially if County services and programs are increasingly contracted or implemented through community-based service providers, we need to have robust technological capabilities to ensure individuals are fully connected to a holistic system of care.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Coordination table</li> <li>▪ Stakeholder conversations (e.g., CIO)</li> </ul>

# Prevention Services Task Force

## DETAILED VOTING RECORD

■ = Absent

\*Asterisks indicate votes by alternate members

	Vision	Model	Guiding Principles	PPCT	PPCT: policy agenda	PPCT: reg/legal barriers	PPCT: resource navigation	Enhanced Countywide budget capabilities	Prevention/Promotion Budget	CIO - info/referral platform	Community Member compensation & guidelines	Partnerships with community-based orgs	Prevention/Promotion life course outcomes	Data sharing and integration	Motion by Ghaly/McClaire (see details below table) <sup>1</sup>	Motion by Sereseres/Miller (see details below table) <sup>2</sup>	Motion by McClaire/Bridges (see details below table) <sup>3</sup>
Recommendation	1a	1b	1c	1d	1e	1f	1g	2a	2b	3a	3b	3c	4a	4b	Motions relating to submissions to the Board		
Meeting Date	11/4/22	12/16/22	11/4/22	1/6/23	1/6/23	1/6/23	1/6/23	1/6/23	1/6/23	11/4/22	11/4/22	11/4/22	12/16/22	11/4/22	3/10/23	3/10/23	3/10/23
Justice, Care, & Opportunities Department <b>Songhai Armstead</b> *Gina Eachus **Shelby King	YES*	YES**	YES*	YES*	YES*	YES*	YES*	YES*	ABSTAIN*	YES*	YES*	YES*	YES**	YES*	YES*	YES*	ABSTAIN*
Community Member with Lived Expertise <b>Carlos Benavides</b>	YES	■	YES	■	■	■	■	■	■	YES	YES	YES	■	YES	ABSTAIN	YES	YES
Community Member with Lived Expertise <b>Yahniie Bridges</b>	YES	ABSTAIN	YES	■	■	■	■	■	■	YES	YES	YES	ABSTAIN	YES	NO	YES	YES
Department of Mental Health <b>Robert Byrd</b>	YES	YES	YES	YES	YES	YES	YES	YES	ABSTAIN	YES	YES	YES	YES	YES	ABSTAIN	YES	YES
Department of Public Social Services <b>Jackie Contreras</b>	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES
Department of Public Health <b>Barbara Ferrer</b> *Megan McClaire	YES*	ABSTAIN*	YES*	ABSTAIN*	ABSTAIN*	ABSTAIN*	ABSTAIN*	ABSTAIN*	ABSTAIN*	YES*	YES*	YES*	YES*	YES*	YES*	YES*	NO*
LA County Office of Education <b>Alicia L. Garoupa</b>	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES
Department of Health Services <b>Christina Ghaly</b> *Nina Park	YES	ABSTAIN	YES	NO*	NO*	NO*	NO*	ABSTAIN*	ABSTAIN*	YES	YES	YES	YES	YES	YES	YES	NO
UCLA Pritzker Center <b>Tyrone Howard</b>	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Commission for Children & Families <b>Tamara Hunter</b> *Jacquelyn McCroskey	YES	YES*	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES*	YES	NO	YES	YES
Department of Economic Opportunity <b>Kelly LoBianco</b>	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES
LA County Development Authority <b>Tracie Mann</b> *Darlene Aikens **Myk'I Williams	YES*	YES*	YES*	ABSTAIN**	ABSTAIN**	ABSTAIN**	ABSTAIN**	ABSTAIN**	ABSTAIN**	YES*	YES*	YES*	YES*	YES*	■	■	■
Office of Child Protection <b>Minsun Meeker</b>	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	ABSTAIN	YES	YES
CEO - Poverty Alleviation Initiative <b>Carrie Miller</b>	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES
Department of Children and Family Services <b>Angela Parks-Pyles</b> *Ramona Merchan	YES*	YES	YES*	YES	YES	YES	YES	YES	ABSTAIN	YES*	YES*	YES*	YES	YES*	ABSTAIN	YES	YES
Los Angeles Homeless Services Authority <b>Kiara Payne</b>	■	YES	■	■	■	■	■	■	■	■	■	■	YES	■	■	YES	YES
Youth Commission <b>Erica Reynoso</b> (up to 1/6/23) <b>Tiara Summers</b> *Tery Ton	■	■	■	ABSTAIN*	ABSTAIN*	ABSTAIN*	ABSTAIN*	ABSTAIN*	ABSTAIN*	■	■	■	■	■	■	■	■
CEO - Anti-Racism, Diversity, & Inclusion Initiative <b>D'Artagnan Scorza</b>	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES
Community Member with Lived Expertise <b>Fran Sereseres</b>	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	ABSTAIN	YES	YES
CEO - Homeless Initiative <b>Cheri Todoroff</b> *Ashlee Oh	YES	YES	YES	YES*	YES*	YES*	YES*	YES*	ABSTAIN*	YES	YES	YES	YES	YES	NO*	YES*	YES*
Aging & Disabilities Department <b>Laura Trejo</b> *Solomon Shibeshi	YES*	YES	YES*	YES	YES	YES	YES	YES	YES	YES*	YES*	YES*	YES	YES*	YES	YES	ABSTAIN
First 5 Los Angeles <b>John Wagner</b> *Anna Potere	YES	ABSTAIN*	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	ABSTAIN*	YES	NO	YES	YES
<b>YES %</b> (of present members)	<b>100%</b>	<b>84%</b>	<b>100%</b>	<b>78%</b>	<b>78%</b>	<b>78%</b>	<b>78%</b>	<b>78%</b>	<b>56%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>79%</b>	<b>100%</b>	<b>22%</b>	<b>100%</b>	<b>79%</b>

- 3/10/23 Motion by Member Ghaly (seconded by Alternate Member McClaire) to only present the 14 recommendations, voting record, and executive summary.
- 3/10/23 Motion by Member Sereseres (seconded by Member Miller) to submit a report back to the Board, inclusive of 3 attachments: 1) the executive summary, 2) recommendations with detailed voting record, and 3) remaining context and its associated exhibits after the group agreed to content changes in the 3/10/23 meeting.
- 3/10/23 Motion by Alternate Member McClaire (seconded by Member Bridges) to accept and approve the Third Attachment with the content changes discussed during 3/10/23 meeting.

COUNTY OF LOS ANGELES  
PREVENTION SERVICES TASK FORCE

# DETAILED SUMMARY, BACKGROUND, AND EXHIBITS

March 14, 2023

Prepared by the Anti-Racism,  
Diversity, & Inclusion Initiative,  
Chief Executive Office



County of Los Angeles  
Anti-Racism,  
Diversity,  
& Inclusion

CREATING AN LA COUNTY  
WHERE WE ALL THRIVE



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# A ROADMAP FOR READERS

This document summarizes a year-long collaborative process with input from hundreds of stakeholders – community members with lived expertise, service providers, subject matter experts, and departmental staff – who worked toward a common goal of reimagining prevention and promotion in Los Angeles County. To help navigate the wide breadth and scope of this effort, we offer the following roadmap:

I. The **Introduction** provides the current context of prevention and promotion in Los Angeles County and offers a detailed description of the Task Force’s research and operational processes over the past several months: | [page 4](#)

- **The Problem We’re Trying to Solve** | [page 6](#)
- **Our Process** | [page 11](#)
- **Contextualizing Prevention and Promotion through an Anti-Racist and Historical Lens** | [page 18](#)

II. **Meeting Our Directives** describes the detailed development process, findings, and deliverables across the Task Force and its three working tables. | [page 28](#)

1. Governance Model and Coordinated Service Delivery | [page 28](#)
2. Funding Streams Analysis | [page 61](#)
3. Community-Based Service Delivery System | [page 74](#)
4. Prevention Metrics and Data Integration | [page 81](#)

III. The **Next Steps** section provides a preliminary overview of the Task Force’s scope of work for the next phase of this effort, based off of directives from the original Board motion and ongoing discussions among members. | [page 90](#)

IV. The **Works Cited** provides sources, documentation, and suggested reading relating to the section titled “Contextualizing Prevention and Promotion through an Anti-Racist and Historical Lens.” | [page 91](#)

V. Finally, additional resources and information are enclosed in the exhibits A through I in the **Appendix**, including benchmark research case studies, summarized community survey results, a full prevention metrics summary, and other documentation. | [page 99](#)

Readers may also find it informative to refer to two other documents submitted to the Board by this body, titled **Prevention Services Task Force Executive Summary** and **Prevention Services Task Force Recommendations**, respectively.



# I. INTRODUCTION

On September 15, 2021, the County of Los Angeles (“County”) Board of Supervisors (“Board”) adopted a [motion](#) directing the Executive Director of Racial Equity to convene a Prevention Services Task Force (Task Force) composed of representatives across County departments, regional partners, community-based organizations, and community members with lived expertise.

This body was charged with developing “recommended options for a governance structure designed to coordinate and effectuate a **comprehensive community-based prevention services delivery system**” for Los Angeles County, with the goal of delivering upstream supports and resources to increase well-being and thriving for adults, children, youth, and families. Upstream supports refer to strategies that focus on improving fundamental social and economic structures to decrease barriers and improve supports that allow people to achieve their full health potential.<sup>1</sup>

The work of the Task Force builds upon decades of advocacy and reform led by County departments and community members, whose work over the years have developed the existing public, private, and non-profit networks of support and resources for our communities. The Task Force offers considerations for longer-term implementation as well as key opportunities that the Board can act on immediately and urgently to reimagine prevention and promotion service delivery. Both categories of the proposed recommendations can lead to meaningful and measurable improvements in the County’s ability to reach, serve, and partner with communities.

## BOARD DIRECTIVES

The motion directed the CEO to convene a Task Force, chaired by the Executive Director of Racial Equity, comprised of, but not limited to, the following Los Angeles County (County) departments and partners: Department of Children and Family Services, Departments of Mental Health, Public Health, and Health Services, Department of Public Social Services, Department of Economic Opportunity, Aging and Disabilities Department, Office of Child Protection, CEO – Homeless Initiative, the Los Angeles Homeless Services Authority, the Los Angeles County Development Authority, CEO – Poverty Alleviation Initiative, the Los Angeles County Office of Education, County Counsel, First 5 Los Angeles, the Alternatives to Incarceration Initiative, and the UCLA Pritzker Center for Strengthening Children & Families.

The Task Force was directed to report back to the Board in writing on the following:

- i. Recommended options for a governance structure designed to coordinate and effectuate a comprehensive community-based prevention services delivery system.**
  1. The process for developing a recommended governance structure must include a comprehensive community engagement process 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.
  2. The proposed governance structure should possess the necessary budgeting, staffing, contracting, and data sharing authorities across relevant departments to effectuate Countywide community-based prevention service delivery.
- ii. A comprehensive Countywide funding streams analysis, with information provided by impacted departments and reviewed by CEO Budget, that will detail existing funding available for Countywide prevention services to support the implementation of a full-scale Countywide coordinated prevention strategy.**
  1. The funding streams analysis should contain recommendations for a County-designated central budget entity to coordinate prevention dollars received from all relevant County departments.
- iii. A set of guiding prevention metrics, principally informed by an equity centered framework (i.e., life course, racial equity, or social determinants of health) which reflect how County residents' lives were made better as result of receipt of prevention services.**

To meet the Board's directives, the Task Force undertook the tasks and activities, conducted across the Task Force, three subsidiary subject area tables, support staff, and consultants. This scope of work is presented in the outline below:

## 1. Governance Structure and Coordinated Service Delivery

- Developing a Shared Vision, Guiding Principles, and Countywide Model for Prevention and Promotion
- Addressing Operational Barriers to Coordinated Delivery
- Identifying Necessary Coordinating Functions to Inform Governance Structure Formation
- Conceptualizing a Prevention and Promotion Coordination Team (PPCT)

## 2. Funding Streams Analysis

- Compiling a Program Inventory and Reviewing Funding Streams
- Identifying Barriers to Budget Coordination and Strategic Funding Sustainability

## 3. Community-Based Service Delivery System

- Community Engagement Process (Ongoing)
- Addressing Operational Barriers to Community-Based Delivery
- User Journey Mapping

## 4. Prevention Metrics and Data Integration

- Developing Priority Life Course Outcomes and Guiding Prevention Metrics
- Examining and Addressing Racial Disproportionalities and Disparities in Our Systems
- Uplifting Data Systems and Integration



## What is Prevention and Promotion?

As the Task Force conducted research at the start of this effort, it discovered that conceptual frameworks and definitions for prevention and promotion vary widely across institutional agencies at the federal, state and local level. These diverse and, in some cases, conflicting frameworks created the need to develop shared language and a common understanding of prevention and promotion. To help provide clarity, prevention and promotion are defined as the following:

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

For example, it is possible to prevent COVID-related illnesses by providing support and resources so individuals can protect themselves and their loved ones, including equitable access to health care, vaccination, safe workplaces, and COVID leave policies.

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

For example, it is possible promote youth mental health by providing support and resources so young people can manage challenges and live fulfilling lives, including strengthening peer and mentor relationships, increasing access to therapy, and creating affirming school environments.

## THE PROBLEM WE ARE TRYING TO SOLVE

In recent years, multiple County initiatives, elected officials, and community members have elevated the urgent need to acknowledge and address social and economic inequities in our region. The 2017-18 [A Portrait of Los Angeles County](#) drew attention to concerning trends and racial disparities across multiple well-being measures, including high rates of child poverty, growing income inequality, and severe rent burdens.

As reported at the time, Black and Latina/o/x residents were more than twice as likely to live under the federal poverty line than white residents and were heavily overrepresented in the County's incarcerated population and neighborhoods facing the highest levels of environmental pollution. Native American, Black, and Native Hawaiian & Other Pacific Islander (NHOPI) residents held an expected life expectancy between 4.0 and 11.9 years shorter than Asian, Latino, and white residents. White individuals had higher median earnings (\$47,607) than all other race and ethnicity groups, including Latina/o/x (\$22,617), NHOPI (\$31,152) and Black (\$32,433) individuals. In its analysis of these pressing challenges and inequities, the report highlighted the importance of investing in prevention across areas such as housing and homelessness, education, child welfare, public health, and more.



# I. INTRODUCTION

## The Problem We Are Trying to Solve

Meanwhile, as Los Angeles County continues to recover from the COVID health crisis, many have [called attention](#) to the pandemic's disproportionate impact on several population groups. Since January 2020, several health and economic inequities have worsened, widening racial disparities in [life expectancy](#) and straining health resources in [communities](#) that have long experienced poorer health outcomes and limited access to care.

Today, the County of Los Angeles operates programs and provides services that connect adults, children, youth, and families to support and resources, including those central to our region's social "safety net." These programs and services are provided through a network of providers countywide, many delivered directly by County departments as well as in partnership with regional public agencies and community-based organizations. The current role these programs play in supporting residents underscore the positive impact of individually tailored, culturally specific, and trauma- and healing-informed resources across the County's neighborhoods, which can work alongside the organizations and systems that exist in any resident's given community.

Community members, leaders, and advocates have also called upon the County to invest in upstream efforts that may better reduce and/or eliminate homelessness, mass incarceration, involvement in the child welfare system, and other societal challenges. As noted in the [motion](#) forming this Task Force, the County, alongside other local, state, and federal government entities, have taken deliberate steps in recent years to increasingly deliver resources further upstream in the form of both prevention and promotion. These program and policies can connect residents with positive supports that they need to thrive, reducing the likelihood of negative interaction with County government systems and increasing well-being across our communities.

The County is also currently leading a few initiatives within its systems aimed at reducing persistent disparities, including intentional investment across communities with [concentrated disadvantage](#). Centering these disparities and applying an anti-racist, equity-driven lens to bolstering the County's network of safety net programs is critical to ensuring that prevention and promotion efforts are provided to residents facing the greatest challenges in our County.

Simultaneously, there is an opportunity to reimagine and deliver services that are culturally-relevant, trauma- and healing-informed, strength-based, affirming, and holistic to better meet whole person needs. However, several County initiatives have faced difficulties in providing a seamless experience to residents navigating services across multiple service areas, including operational, financial, logistical, coordinative, and collaborative structural barriers.

In its analyses of prior initiatives and ongoing efforts, Task Force stakeholders identified the following challenges to achieving comprehensive and coordinated service delivery across the County's system:

- **Structural barriers in existing systems** that prevent a collaborative culture where there is shared accountability and coordination where it can be most effective. These include, but are not limited to, bureaucratic hurdles, lack of dedicated staff time and funding for coordination, limited investments in prevention, ad hoc efforts not supported at scale, and external funding requirements that limit comprehensive and coordinated delivery and dictate service provision;
- Lack of capacity and infrastructure across systems to **share and integrate data**, as permissible under existing laws and regulations, to better serve clients;
- Lack of **common impact goals related to prevention and promotion** that can limit what shared and integrated data and reduced navigation barriers can achieve;

- **User navigation barriers** that hinder folks from accessing the available array of services;
- **Racial disproportionality and disparities** across various population subgroups rooted in the unequal distribution of resources needed for optimal well-being; and
- **Lack of certain tools and capabilities needed to improve coordination.** These include technological tools (e.g., improved budgeting platform, integrated data tools) and in-house staff resources (e.g., dedicated staff to analyze multi departmental funding opportunities and plan for strategic funding sustainability).

These identified resource, coordination and collaboration challenges don't just hinder the County's ability to provide upstream prevention. They also create access barriers that may sustain inequities experienced by residents with marginalized identities or experiences, including communities that may hold distrust or skepticism toward government services due to historical or ongoing harm and trauma. For example, the County's Chief Executive Officer, Executive Director of Racial Equity, and the UCLA Pritzker Center for Strengthening Children & Families released a [2021 report](#) on long-standing racial disproportionalities and disparities within the County's child welfare system. The findings found that despite significant County efforts over the last two decades to increasingly invest in upstream prevention for families at risk of or already involved with the Department of Children and Families Services, persistent barriers hindering the County from implementing and effectuating reforms remained.

Fortunately, the County and its communities possess strengths that can be leveraged to reimagine the way the County delivers prevention and promotion. The following assets were identified by stakeholders across collaborative discussions, personal testimonial, and departmental findings across multiple initiatives:

- **Values and commitment:** Many departments agree the County must deepen investment in upstream prevention and promotion with the support of an anti-racist lens, increased community partnerships, and equitable decision-making;
- **Collaborative action and strong working relationships within discrete service areas:** Existing efforts have significantly improved coordinated delivery for specific populations (e.g., justice impacted populations, homeless populations, individuals with mental health and substance use disorders, Black women of childbearing age and their families) through a variety of project-specific and relationship-oriented tools; and
- **Community expertise, enthusiasm, and interest:** LA County's residents, community-based organizations, and philanthropic partners hold a wealth of knowledge, resources, and capabilities that the County can fully integrate into its efforts.

To achieve the County's shared goals of improving services for community members and promoting well-being in all communities, there is an urgent need for departments, regional partners, and service providers to organize around a common vision, structure, and values relating to prevention and promotion. Only a system grounded in equity, with a focus on acknowledging and addressing historical social conditions, will meaningfully connect adults, children, youth, and families to the positive supports necessary to reduce harm and promote well-being for all communities in our region.

## THE NEED TO CENTER AND RESOLVE RACIAL DISPROPORTIONALITIES AND DISPARITIES IN OUR SYSTEMS

Los Angeles County continues to see several disparities and disproportionalities across its various systems and populations. The need to address and resolve racial disproportionalities was top of mind for all individuals involved throughout this Task Force. (See the section below titled **Contextualizing Prevention and Promotion through an Anti-Racist and Historical Lens** for more detail.)

Below, ARDI and consultant staff compiled data in Los Angeles County relating to several prevention and promotion outcomes across available data sets for race and ethnicity groups. It is important to emphasize and reiterate that none of these statistics are random: they are deeply connected to longstanding and ongoing harm and trauma across our communities, including some that may have been caused through the intention and design of government systems and entities. Addressing each of them requires intentional investment, especially in upstream supports that have disproportionately been denied to many of our residents across their lives, especially communities of color.

Prevention Outcomes: Across negative life outcomes (i.e., outcomes that the County would seek to prevent), racial gaps are quite large for Black and American Indian/Alaska Native populations as illustrated in Figure I(a) below. Child maltreatment, juvenile arrests and school suspensions show the largest gaps across measured race/ethnicity groups.

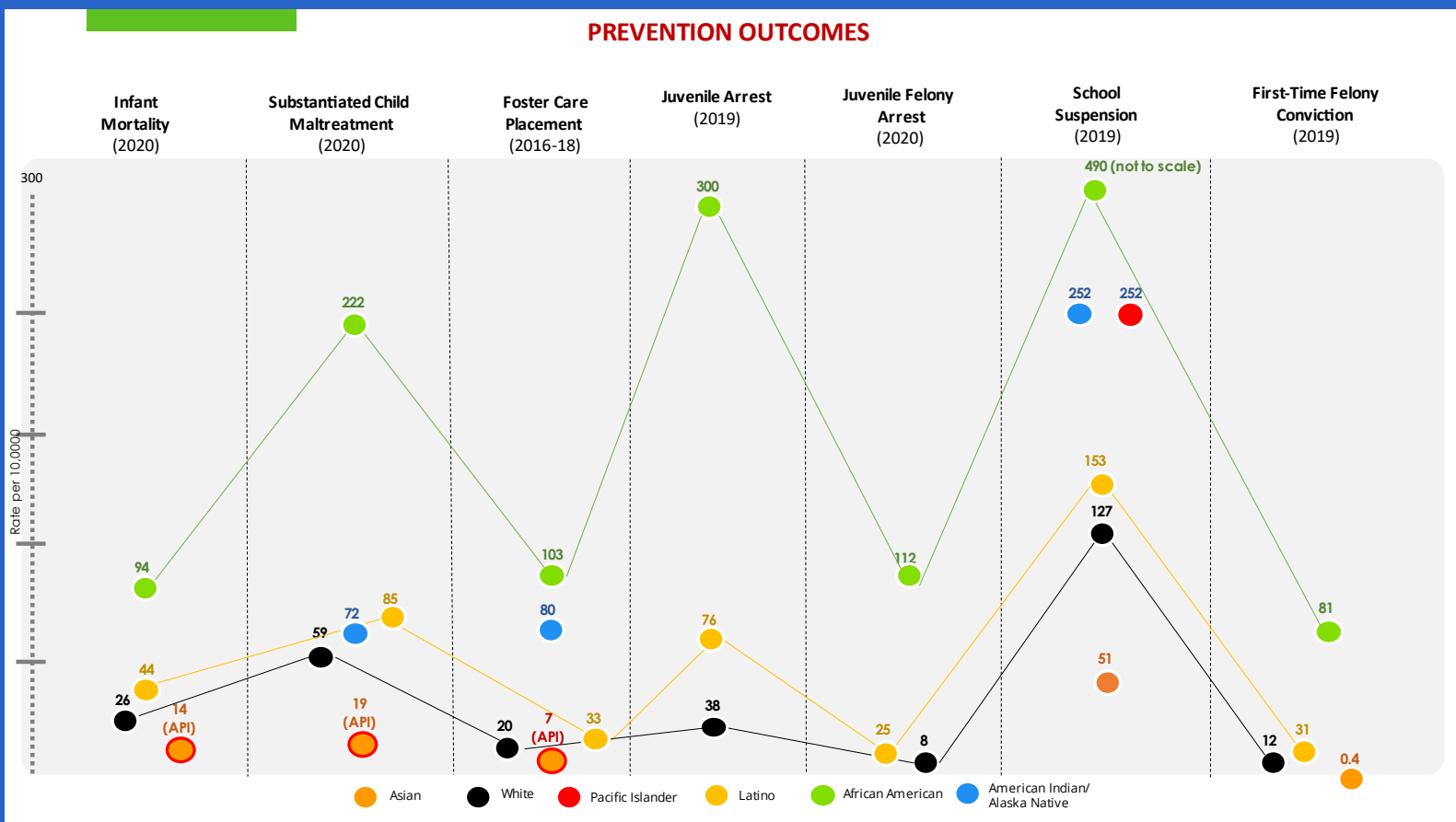


Figure I(a): Racial disparities and disproportionalities in Los Angeles County across Prevention Outcomes

# I. INTRODUCTION

## The Problem We Are Trying to Solve

**Promotion Outcomes:** There are substantial racial disparities in key positive outcomes (i.e., outcomes that the County would seek to encourage and promote) as depicted in Figure I(b) below. There are consistently large racial gaps in educational outcomes including high school graduation, eligibility for University of California (UC) or California State University (CSU) system entry requirements, and college enrollment with some of the largest gaps evident for college graduation. Employment outcomes show some of the smallest gaps; however, significantly larger gaps prevail for family income at or above 250% Federal Poverty Level (FPL), suggesting that full-time employment status alone may not be enough to overcome disparities relating to intergenerational wealth and economic security.

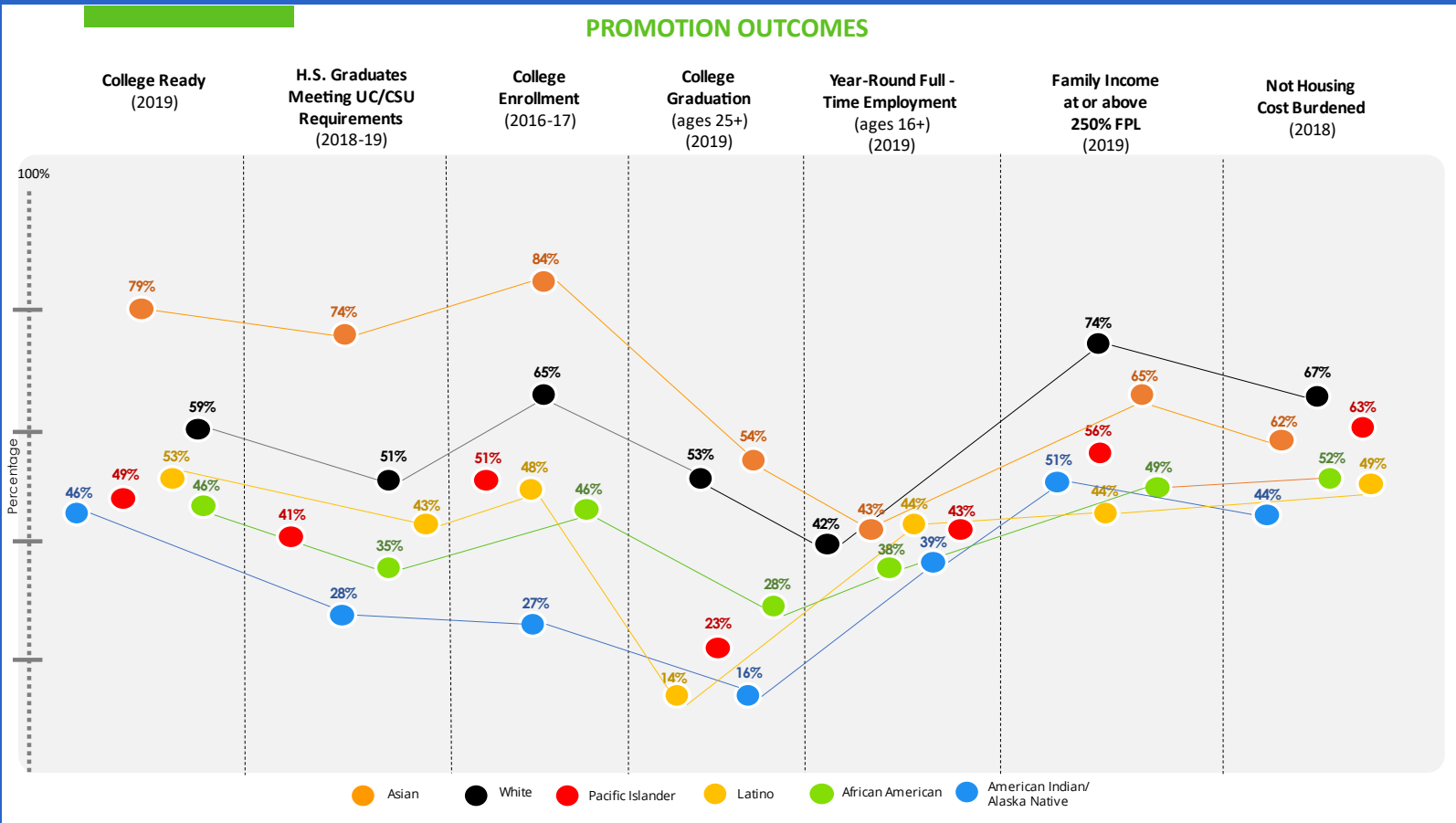


Figure I(b): Racial disparities and disproportionalities in Los Angeles County across Promotion Outcomes

The Task Force is continuing to study, address, and provide recommendations relating to these disproportionalities and disparities, including across the proposed life course outcomes developed and adopted during this initiative. For more information, please consult the section titled **Examining and Addressing Racial Disproportionalities in Our Systems** under Directive 4.



## OUR PROCESS

To undertake this work, the Task Force formed **three subsidiary subject area tables** with members representing community members with lived expertise, County staff, subject matter experts, and community-based organizations. These individuals were recruited and appointed based on their specific areas of expertise and personal interest regarding subject matter.

- The **Framework Table** collaborated to create an overarching vision and model for the County's prevention and promotion services, including laying the groundwork to reimagine a Countywide governance structure;
- The **Coordination Table** identified operational barriers to coordinated service delivery and immediate opportunities to begin addressing them; and
- The **Disproportionality Table** developed a set of guiding prevention metrics and North Star life course outcomes, which will help ensure the County is measurably improving thriving and well-being across all our communities.

The Task Force and table operations were primarily managed by the County of Los Angeles Anti-Racism, Diversity, and Inclusion (ARDI) Initiative with additional consultant support by Ernst & Young, Arnold Chandler, and the UCLA Pritzker Center for Strengthening Children and Families. Throughout this effort, ARDI staff also sought feedback, thought partnership, and expert guidance from other stakeholders, including County Counsel, CEO Budget and Operations, and staff from organizations represented on the Task Force.

Please see a summary below of the working entities, their leadership, and their scope of work over the past several months.

## Prevention Services Task Force

- Chair: D’Artagnan Scorza (ARDI)
- Membership: Senior leadership representing County departments and regional organizations currently delivering and/or coordinating prevention and promotion services; community members with lived expertise.
- Major activities:
  - Reviewing and providing feedback to shape the direction and outputs of the Task Force directives
  - Formally adopting recommendations to the Board

### Framework Table

- Co-chairs: Meredith Berkson (Los Angeles Homeless Services Authority), Angela Parks-Pyles (Department of Children and Family Services)
- Membership: Those with expertise, experience, and/or personal interest relating to prevention & promotion frameworks and overall vision-setting with an anti-racist and community-centered lens.
- Major activities:
  - Developing a Shared Vision, Countywide Model, and Guiding Principles
  - Identifying Necessary Coordinating Functions to Inform Governance Structure Formation

### Coordination Table

- Co-chairs: Minsun Meeker (Office of Child Protection), Laura Trejo (Aging and Disabilities Department)
- Membership: Those with expertise, experience, and/or personal interest relating to (a) multi-departmental initiatives, programs, and services in prevention and promotion in LA County; and/or (b) emergent and urgent opportunities relating to coordinated and community-based service delivery.
- Major activities:
  - Addressing Operational Barriers to Coordinated Delivery and Community-Based Delivery
  - User Journey Mapping
  - Uplifting Data Systems and Integration

### Disproportionality Table

- Co-chairs: Tamara Hunter (Commission on Children and Families), Irene Vidyanti (Office of the Chief Information Officer)
- Membership: Those with expertise, experience, and/or personal interest regarding addressing racial disproportionalities and disparities, especially relating to data, evidence-based decision-making, and anti-racist policy.
- Major activities:
  - Developing Priority Life Course Outcomes and Guiding Prevention Metrics
  - Examining and Addressing Racial Disproportionalities in Our Systems

### Task Force Operations

- Backbone staff: CEO – Anti-Racism, Diversity, & Inclusion Initiative, with additional consulting support from Ernst & Young, Arnold Chandler, and the UCLA Pritzker Center.
- Additional support: County Counsel, CEO Budget and Operations, thought partnership with stakeholders across Task Force organizations
- Major activities:
  - Providing general project management and Task Force/table support
  - Conducting benchmark research and information gathering from conversations with stakeholders across County, service providers, and community
  - Developing and managing the Task Force’s Community Engagement Process (ongoing)
  - Compiling a Program Inventory and Reviewing Funding Streams
  - Identifying Barriers to Budget Coordination and Strategic Funding Sustainability

As detailed in the Task Force’s **Community Engagement Process** (see the subsection under Directive 3), the Task Force and all three tables included three officially appointed community members with lived expertise (in addition to staff, service providers, or other members who hold personal expertise accessing and navigating County prevention and promotion services). A full list of members across all four bodies can be found in **Exhibit A**.

The Task Force and its three working tables operated as entities covered under the Brown Act. The Task Force has held public monthly meetings from March 2022 to present, with additional meetings scheduled as needed to review and finalize deliverables. The three working tables convened between July and November 2022 and held approximately one to three meetings per month as needed to advance the directives enclosed in this document. From time to time, members of the Task Force and/or tables also met for special workgroup meetings on specific issues (e.g., workshopping specific wording for the vision statement, reviewing user journey mapping inventories, etc.), which functioned as ad hoc meetings under the Brown Act.

In response to the enduring challenges identified above, the Board passed a [motion](#) on September 15, 2021, to develop a Countywide strategy for coordinated prevention. The motion expressed a desire to not only strengthen individual service areas for specific populations, but for the County to support our communities *holistically* across multiple issues, including, but not limited to, unaffordable housing, lack of employment, food insecurity, physical and mental health, domestic violence, and disordered substance use services.

**As directed, the Task Force reviewed, discussed, and provided recommendations for the following four categories of work:**

**1: Governance Structure and Coordinated Service Delivery**

Recommended options for a governance structure designed to coordinate and effectuate a comprehensive community-based prevention services delivery system, including the necessary budgeting, staffing, contracting, and data sharing authorities across relevant departments. To inform their decision-making and set of recommendations, the Task Force researched potential models in use across other state, local, and international jurisdictions and conducted the following activities in response to each directive:

<p><b>Developing a Shared Vision, Guiding Principles, and Countywide Model for Prevention and Promotion</b></p>	<p>To coalesce around common terminology, values, and goalsetting to inform strategic planning, the Task Force collaboratively developed Guiding Principles to shepherd planning and collaboration; a Vision Statement to affirm the County’s stated goals for Prevention and Promotion; and a Countywide model to articulate how and why the County must engage in this work. In addition to unifying the diverse portfolio and experiences of dozens of Task Force representatives, these deliverables intend to convey a new Countywide ethos for Prevention and Promotion among all County staff, service providers, and community members.</p>
<p><b>Addressing Operational Barriers to Coordinated Delivery</b></p>	<p>To design a structure that would build upon existing strengths and resolve current challenges, the Task Force conducted an analysis of existing operational barriers to coordinated service delivery across County prevention entities, focusing on logistical, technological, resource, regulatory, and/or other structural challenges.</p>

<p><b>Identifying Necessary Coordinating Functions to Inform Governance Structure Formation</b></p>	<p>From conversations with various stakeholders, research on external jurisdictions, and analyses of operational barriers to coordination, the Task Force identified a set of Coordinating Functions relating to multi-departmental governance for prevention and promotion services. The Task Force then developed recommendations on necessary next steps to align these coordinating functions across the appropriate entities. How responsibility and/or authority may be placed across existing departments, County initiatives, or community-based organizations will directly inform how Countywide prevention and promotion efforts will be governed.</p>
<p><b>Conceptualizing a Prevention and Promotion Coordination Team (PPCT)</b></p>	<p>Through learnings from Task Force and table discussions, as well as feedback from key stakeholders, the Task Force staff developed a proposal for a Prevention and Promotion Coordination Team (PPCT) intended to guide, support, and/or implement several action-oriented recommendations submitted by the Task Force. This proposal was refined and adopted by a majority of the Task Force members as a recommendation to immediately strengthen the County’s coordinating capabilities relating to prevention in partnership with County departments. However, over the long term, members acknowledged that they need to continue to discuss recommendations for governance structure, consistent with the Board motion, to help build capacity for prevention and promotion coordination across departments and domains.</p>

**2: Funding Streams Analysis:**

A comprehensive Countywide funding streams analysis was conducted with information provided by impacted departments and reviewed by CEO Budget. The analysis details existing funding available for Countywide prevention services to support the implementation of a full-scale Countywide coordinated prevention strategy. The process included the following activities in response to the directives:

<p><b>Compiling a Program Inventory and Reviewing Funding Streams</b></p>	<p>The Task Force worked with staff from CEO Budget, departments, and coordinating initiatives to compile a program inventory of the County’s existing prevention and promotion services. Departments self-reported budget data, program descriptions, and information on funding sources, which were additionally analyzed to identify potential opportunities for further study.</p>
<p><b>Identifying Barriers to Budget Coordination and Strategic Funding Sustainability</b></p>	<p>Over the course of the funding streams analysis, ARDI staff and consultants identified structural barriers to County efforts to manage budget coordination and strategic funding sustainability of multi-departmental prevention and promotion services. These findings were further validated by conversations with County staff and consultants with expertise in these functions in multiple service areas and departments, and the Task Force has provided recommendations to address challenges.</p>



### 3: Community-Based Service Delivery System:

The Task Force conducted multiple activities to develop recommendations for how the County can strengthen, effectuate, and center community-based service delivery across its prevention and promotion system. These efforts are ongoing in response to the Board directives:

<p><b>Launching a Community Engagement Process (Ongoing)</b></p>	<p>To further build out community-focused recommendations, as well as the work of the Task Force writ large, the Task Force developed and launched a comprehensive community engagement process. This ongoing process is intended to highlight and prioritize the voices of community members with lived expertise and organizations deeply engaged in prevention work.</p>
<p><b>Addressing Operational Barriers to Community-Based Delivery</b></p>	<p>The Task Force examined barriers hindering existing and future community-based delivery of prevention and promotion services, especially due to widely varying County policies on community outreach, access, distrust regarding government systems, and community partnerships.</p>
<p><b>Initiating User Journey Mapping</b></p>	<p>The Task Force compiled an inventory of existing user journey and service navigation experiences previously collected by County departments and initiatives. In addition to continued analyses on this inventory, the Task Force plans to conduct additional user journey mapping, focus groups, and consultation with community-based organizations to better understand individual and archetypal experiences accessing multiple County services. This work will especially focus in on priority populations that may currently face greater barriers to services and/or have the greatest need for preventive and promotive resources.</p>

### 4: Prevention Metrics and Data Integration

The Task Force developed a set of guiding prevention metrics to reflect how County residents’ lives would improve after receiving prevention and promotion services. Relatedly, the Task Force also identified current challenges in data sharing and integration as an operational barrier hindering both coordinated and community-based service delivery.

<p><b>Developing Priority Life Course Outcomes and Guiding Prevention Metrics</b></p>	<p>Using a Life Course Framework, the Task Force identified a set of 12 key outcomes across the lifespan which the County can use to track and monitor well-being and thriving over time. The Task Force also conducted a scan of academic literature to develop a preliminary set of metrics that can inform strategic planning and decision-making, including relating to coordination of and investments in prevention and promotion services.</p>
<p><b>Examining and Addressing Racial Disproportionalities in Our Systems</b></p>	<p>The Task Force also conducted preliminary analyses relating to disproportionalities in our County systems, including across the 12 life course outcomes. These include important information and background on why the 12 outcomes were selected, including what disproportionality considerations members had in mind when examining contributing outcomes and ecological-institutional factors. The Task Force intends to deepen this analysis with the support of subject matter experts (including lived expertise) in the next phase of its work.</p>

### **Uplifting Data Systems and Integration**

Several times during this initiative, stakeholders elevated the importance of data sharing and integration (especially across departments and service areas) in facilitating operations and decision-making relating to coordinated service delivery, community-based service delivery, and funding priorities. While the Task Force did not conduct extensive analysis on this topic during the initial phase its work, the body does offer brief recommendations to the Board to advance these issues, including in the next phase of the Task Force.

## **CONDUCTING BENCHMARK RESEARCH**

Benchmarking is a useful tool to understand how other geographies and jurisdictions have approached transformation, the processes used, options considered, and how success was measured. While the County of Los Angeles is unique in its scope, size, and vision for its prevention and promotion system, the Task Force engaged external consults to help conduct benchmark research to identify best practices from other governments engaged in similar initiatives.

Extensive secondary research was conducted into twelve U.S. communities (states, counties, cities) and three international geographies to understand their visions for prevention services and their approaches to governance. This secondary research was supplemented with fourteen interviews across twelve geographies to understand the nuances of their design and transformation process. A subset of these interviews was referenced as part of the vision setting process and four of these communities were chosen for deep dive case study to help illuminate the tradeoffs and tensions in governance model decisions. In addition to the findings interspersed throughout this document, more information and detailed case studies can be found in **Exhibit B**.

## **STAKEHOLDER AND COMMUNITY ENGAGEMENT AND INTERVIEWS**


The Task Force also conducted multiple fact-finding and stakeholder engagement processes to inform its work. These processes helped to identify challenges and opportunities relating to the County's approach to prevention and promotion, while also simultaneously allowing staff and Task Force/table leadership to foster relationships and receive candid feedback from a variety of stakeholders:

To help achieve the Board's directives to develop a community-based prevention services delivery system, the Task Force developed a community engagement process with multiple strategies to reach, partner with, and co-create solutions with community members and community-based service providers. This included appointing Community Members with lived expertise to the Task Force and each of its subject area tables to partner in advancing the deliverables presented in this document, especially relating to the Task Force's vision, model, guiding principles and other recommendations regarding the experience of community members when navigating County systems.

A full overview of the ongoing community engagement process planned for this initiative can be found in **Section II, Directive 3: Community-Based Service Delivery System**, which describes why this process is critical to effectuating a community-based prevention and promotion delivery system. The principles and strategies laid out are subject to change as the Task Force, other County entities, and community stakeholders continue to advance this initiative.

In addition, the Task Force staff launched this project by meeting with County staff, community-based service providers, and community members with detailed knowledge of prior or ongoing County efforts and continued to conduct regular meetings with stakeholders to receive feedback and ensure alignment. In total, staff conducted face-to-face meetings with more than **100 stakeholders** with knowledge and expertise (both lived and professional) relating to this initiative, including:

- All **22 Task Force members**,
- Over **50 tables members** across the three subject area tables, and
- Over **50 community representatives**, including individuals with lived expertise, community-based organizations, advocacy coalitions, and subject matter experts. These included meetings with 30 residents who indicated personal interest in the 12 appointed Community Member with Lived Expertise positions on the Task Force and three tables.



# CONTEXTUALIZING PREVENTION AND PROMOTION THROUGH AN **ANTI-RACIST** AND HISTORICAL LENS

Public agencies and non-profit organizations have a long history of delivering prevention and promotion services in this country, with efforts occurring across numerous agencies, communities, and at all levels of government. With the Board's support, ARDI studied and applied an anti-racist lens upon the range of services that many consider to be our society's "safety net." Background research included analyzing how programs have historically been designed to provide supports or resources, or unfortunately, to exacerbate social disparities and codify racism into our systems.

This historical analysis informs the Task Force members' approach to this work in their various roles as County representatives, service providers, and community members. Importantly, the Task Force recognizes that many residents have lived through, remember, and continue to feel the impacts of the historical and ongoing policy decisions described below.

The numbered citations in this section can be found in **Section IV. Works Cited.**

**In recent years, historians, researchers, activists, and community members have increasingly elevated the ways in which structural racism has been embedded into federal, state, and local government policies.**<sup>2345</sup>

As this country's modern safety net was established, much of its overarching policy was set at the federal level. Simultaneously, states have often been given additional leeway to make selective policy choices regarding access, quality, and eligibility. These [choices](#), often influenced by [racial bias](#),<sup>6</sup> have often led to the increased marginalization, control, or policing of Black and brown families.<sup>7</sup>

As the federal government developed and updated the nation's welfare programs following the Second World War, Southern segregationists and their Northern allies intentionally portrayed Black motherhood as an economic "[pathology](#),"<sup>89</sup> an ideology utilized to justify incarceration, denial of benefits, and [sterilization](#) of "illegitimate" mothers:<sup>10</sup>

- The Aid to Dependent Children (ADC) program was initially envisioned for white single, non-working mothers; Black women were disproportionately ineligible under its program rules.<sup>1112</sup>
- ADC's successor program, Temporary Assistance for Needy Families (TANF), imposed strict work requirements and time limits, the result of lobbying and policy crafting by (disproportionately white, wealthy, and male<sup>1314</sup>) politicians who explicitly sought to target Black "[dependency](#)."<sup>15</sup>
- Certain elected officials popularized and further entrenched the "[welfare queen](#)," leveraging racialized narratives about deservingness to justify cuts to resources and aid largely impacting Black and brown women and their families.<sup>16</sup>

In contrast to white motherhood and the depicted sanctity of white nuclear families, Black motherhood and childrearing were characterized under economic terms – a burden for taxpayers, and thus a funding item to be limited and minimized.<sup>17</sup>



A 1939 poster advertising changes to the Social Security Act, which created the Aid to Dependent Children program. Image source: [Social Security Administration History Archives](#).

### Similarly racist and discriminatory stories undergird the foundational structure of other programs or government benefits that currently serve many of the most marginalized in our society.

Several examples exist today of policies that largely exclude communities of color and other marginalized communities, often having a compounding effect for individuals with intersecting identities. These include, but are not limited to the following:

- TANF (known as CalWORKs in California), CalFresh (also known as SNAP or food stamps), Medicaid, and the Children’s Health Insurance Program (CHIP) are inaccessible to undocumented applicants under federal policy.<sup>2021</sup>
- An abundance of government programs, tax codes, and policies selectively recognize and provide advantages to those with legally recognized marriages and nuclear family structures<sup>222324</sup> – two familial statuses that have historically excluded many [multiracial](#), [LGBTQ+](#), [mixed immigration status](#), intergenerational, and [chosen families](#).<sup>252627282930</sup> These marriage-related benefits (including significant and [racialized tax benefits](#)<sup>31</sup>) directly descend from a time when Black, brown, Indigenous, and multiracial couples could not access marriage licenses, [including in California](#).<sup>32</sup> Attempts to do so often led to [violence](#) or even [incarceration](#).<sup>3334</sup>
- Medicaid’s existing [state-by-state structure](#) was created through a political compromise to allow Southern elected leaders to deny access to low-income Black people,<sup>35</sup> a consistent policy choice that [persists](#) to this day.<sup>36</sup> Today, the State of California has one of the most expansive policies for Medicaid access relative to other states, and approximately [one-third](#) of Californians rely on Medi-Cal coverage.<sup>37</sup> However, Medi-Cal still operates under a national health system without universal coverage that also applies a multitude of exclusionary and onerous rules [disproportionately](#) burdening Black, brown, disabled and/or undocumented individuals.<sup>38</sup> Even today, individuals insured by Medi-Cal cannot access [roughly 40%](#) of the state’s doctors,<sup>39</sup> as our systems are set up to allow doctors and [clinics](#) to [selectively deny care](#) to this low-income population if they wish.<sup>4041</sup>



In 1965, U.S. Assistant Secretary of Labor Daniel Patrick Moynihan published [The Negro Family: The Case For National Action](#), an influential and controversial report written on behalf of the U.S. Department of Labor under President Lyndon B. Johnson.<sup>18</sup> The report has been noted for its significant role in shaping public discourse and subsequent government policy relating to poverty, including in its characterization of a “tangle of pathology” leading to the “steady disintegration of the Negro family structure.”

Although Moynihan acknowledged the enduring impacts of enslavement and discrimination on the lives of Black Americans, many have criticized the report for “blaming the victim” and for providing conservative legislators justification for social policies intentionally targeting Black family structures.<sup>19</sup> Image source: [CSPAN](#).

Representatives from all the major “safety net” departments in Los Angeles County serve on the Prevention Services Task Force, and all County staff and community members must all grapple with these historical truths when considering the ways in which prevention and promotion have been selectively prioritized and deprioritized across our diverse communities.

Today, it is rare for state and local governments in the United States to have formalized budgeting practices organizing primary prevention spending across multiple service areas.<sup>42</sup> Localities that do attempt to fund these services often face challenges due to politicized and volatile budget cycles, especially as the U.S. [underfunds](#) social expenditures relative to other Organization for Economic Co-operation and Development (OECD) countries.<sup>4344</sup>

To support individuals with immediate needs under these funding constraints, many local governments [prioritize](#) crisis response services that fall under secondary and tertiary prevention, including hospital care, mental health services, emergency housing for unhoused individuals, or even law enforcement response.<sup>4546</sup> Simultaneously, many of the same jurisdictions have historically [underprioritized](#) and [missed opportunities](#) to fund upstream supports and resources within and across several domains,<sup>474849</sup> such as policies to ensure [stable housing](#), [public health initiatives](#), and affirmative youth programming that can prevent a wide array of negative outcomes later in life.<sup>5051</sup> Some of these investment choices are influenced by federal and state policy priorities, but many others are decided at the local level. Ultimately, the uneven investment in preventative and crisis services can exacerbate regional and racial inequality, especially in places where governments [underserve](#) the lowest income residents.<sup>52</sup>

No matter the reason for these investment decisions, the outcomes remain the same: marginalized communities continue to have the least access to upstream resources than other communities with the wealth and power to access these resources privately.

**In Los Angeles County and many other places across this country, this has often meant less investment in prevention for Black and brown individuals, families, and communities – further exacerbating and reinforcing racial disparities.**

These racial disparities in public and private investment are even more stark when looking at promotive supports and resources. As covered in Section II of this document (see **LA County’s Model for Prevention and Promotion**), the Task Force discovered that few existing academic and government frameworks for prevention meaningfully acknowledge, define, or even reference **promotion** as a concept. As a result, the Task Force’s explicit inclusion of promotion alongside prevention already sets the County of Los Angeles as a thought leader in pushing the bounds and traditional thinking in this space.

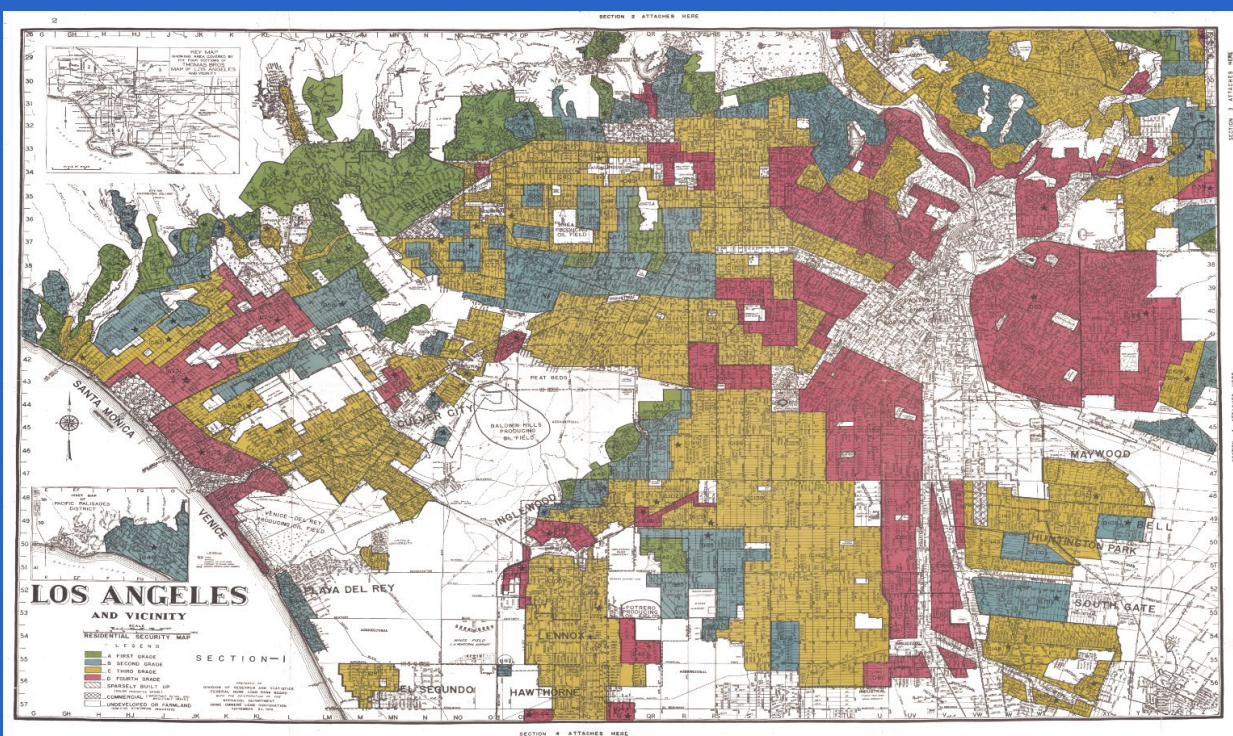
**Primary prevention** refers to whole population support and resources provided to everyone, regardless of level of risk.

**Secondary prevention** refers to support and resources for those with elevated risk of experiencing outcomes, while **tertiary prevention** refers to support and resources for those with high or imminent risk of experiencing outcomes.

For more information on the Task Force’s recommendations relating to prevention tiers and definitions, please see the subsection titled “**Developing a Shared Vision, Guiding Principles, and Countywide Model for Prevention and Promotion**,” under Section II. Meeting Our Directives.

**However, promotive resources to increase well-being and thriving aren't new in this country – they simply have been given to some communities but not others, whether through explicit policy design or as an unintentional consequence:**

- Consider [U.S. housing policy](#) across the 20th Century.<sup>53</sup> Over the past century, federal, state, and local government systems have [subsidized](#) segregated suburbs and actively promoted homeownership for white families,<sup>54</sup> including through [mortgage tax breaks](#), [credit score systems](#), and [loan terms](#) that disproportionately favor white homebuyers<sup>55,56,57</sup> (i.e., the beneficiaries of the same [redlining](#) that has harmed communities of color).<sup>58</sup>
- This country's labor laws and economic system ensure that "white collar" workers (who are [disproportionately white](#)) generally have better employee benefits and protections relative to other workers, including superior [health insurance](#), [sick leave](#), safer working conditions, and wages that enable people to afford high-quality food and living conditions.<sup>59,60,61,62,63</sup>



A historical redlining map utilized by the federal government's Homeowners' Loan Corporation, which assigned color-coded grades to residential neighborhoods reflecting the alleged "safety" of loan investments; staff often included explicitly racist annotations relating to various ethnic and racial communities. Neighborhoods receiving the lowest grade of "D" were deemed "hazardous" and denied mortgage financing and thus the ability to become homeowners and access a significant method of wealth accrual, with intergenerational implications that persist today.

Source: [Mapping Inequality](#)<sup>64</sup>

- [Municipal incorporation](#) and school redistricting policies additionally lead to an abundance of promotional resources for youth in predominantly white communities,<sup>65,66</sup> who are more likely to have access to [high quality public schools](#), [activities](#), and [recreational spaces](#).<sup>67,68,69</sup> These same municipal policies – which carry a long legacy of racial segregation both in [LA County](#) and beyond<sup>70</sup> – result in wealthy, affluent communities that can invest in [public parks](#), pools, physical activity spaces, and public events more than other communities.<sup>71</sup> **All of these are government policies, and all are promotion.**



As detailed in the examples above, U.S. national and local governments have a well-documented record of providing promotive resources on a selective and racially segregated basis. But to make matters worse, many of the same government systems providing support to some residents also have a history of harming and reducing living conditions for other residents – especially communities of color and other marginalized communities.



Pictured: The “Sunkist Garden” residences in 1950 in southeast Los Angeles was subsidized by the Veterans Administration and made available to white veterans only.<sup>72</sup> Image courtesy of the California Eagle Photograph Collection, Southern California Library, Los Angeles, California. Source: [Facing History, Uprooting Inequality: A Path to Housing Justice in California \(PolicyLink\)](#)

- In contrast to the supportive housing policies for disproportionately white communities, many Black and brown neighborhoods have seen their homes and livelihoods seized by [racially targeted](#) eminent domain and divided by [freeways](#) largely utilized by higher-income vehicle owners and commuters.<sup>7374</sup>
- Instead of an abundance of promotive resources, multiple generations of Angelenos and Americans have experienced the school-to-prison pipeline and the selective [criminalization](#) of [Black and brown youth](#), including in allegedly [public spaces](#).<sup>757677</sup>
- And despite meaningful efforts to expand health insurance coverage in this state, many [Californians](#) still do not have the ability to take time off to see the doctor, work in safe living conditions, or access the same quality or quantity of doctors as those on private insurance.<sup>78</sup>

**Examining prevention and promotion services through an anti-racist and community-centered lens offers crucial insight and perspective that must inform any effort to reimaging LA County’s existing systems. We must all be explicit in acknowledging the historical root causes of today’s [ongoing inequities](#),<sup>79</sup> including the government’s role in creating them – and now resolving them.**

**Moreover, it is long overdue for governments to increasingly prioritize prevention and promotion, as it is communities of color who have largely been denied these supports throughout this nation’s history due to racist and exclusionary policy decisions.**

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# CONTEXTUALIZING LA COUNTY'S PREVIOUS EFFORTS IN CHILD WELFARE

One important domain the Task Force emphasized during its analysis of prior prevention initiatives included LA County's child and family systems. The findings and context learned from informational interviews and secondary research assisted in determining best practices for the Task Force, as well as informing its operating structure and guiding principles when developing overarching recommendations submitted to the Board.

As noted specifically in the Board motion, some of the County's most extensive and impactful prevention initiatives over the last several decades have occurred in the child welfare space. This includes several efforts that have prioritized upstream supports and pioneered community-based delivery of services, including Countywide home visitation programs, early care and pre-school education programs, and community-level child abuse prevention efforts aimed at increasing whole family supports. These initiatives provide important case studies and learnings for prevention efforts in other domains, while also progressively increasing the likelihood that children can remain safe and thrive in their own families and communities.

The County of Los Angeles in recent years has significantly shifted its practices in the child welfare space to increasingly feature preventative supports.

**Despite these ongoing developments, it is imperative to grapple with the racist history of these systems and draw parallels in other spaces – in order to enact change and reduce racial disproportionality seen across multiple sectors.**

As noted in the preceding section, several 20th century public programs providing resources to families were designed to primarily serve white communities and extol white motherhood, even as Black and other parents of color were described as "pathological" and deemed less worthy of state-sponsored support. Today, communities of color – and especially Black and [American Indian/Alaska Native](#) communities – remain far overrepresented in the child welfare system, both in [Los Angeles County](#) and elsewhere in the United States.<sup>808182</sup>

### **There is longstanding and far-reaching precedence for these racial disproportionalities, rooted in our nation’s history of enslavement, genocide, and state-sponsored control of communities of color.**

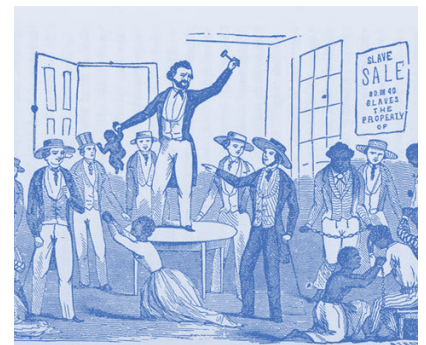
For several centuries, individuals and local agencies (with direct support by U.S. governments) utilized the threat of child removal to [exert control](#) over communities of color.<sup>83</sup> Throughout the period of enslavement, Black parents lived under a recurring fear that their children could be [ripped apart](#) from them and sold to other enslavers for profit, as it was a common “punishment” under chattel slavery and fully legal under the laws of the land.<sup>84</sup>

Meanwhile, Indigenous parents were [forcibly compelled](#) to send their children to government, religious, and/or privately funded “residential schools,” where children were taught to [assimilate](#) into American culture, learn English instead of their ancestral languages, and shed traditional customs, often in the face of physical abuse and harm, including [death](#).<sup>858687</sup> In [Southern California](#), these harmful practices exemplify forms of cultural and physical [genocide](#) against local Native American Indian communities.<sup>8889</sup> They also draw disturbing parallels with brutal assimilationist policies elsewhere on the continent and the atrocities committed under the [Spanish colonial missions](#) established here a century prior.<sup>909192</sup>

When reviewing these seldom-shared histories and grappling with the gravity of their impact, it makes clear just how relatively nascent government efforts to provide true support and resources to children and family are in this country.

When launching this initiative, ARDI staff compiled research to unearth learnings and identify patterns across child and family-oriented prevention initiatives over the last 50 years in the County of Los Angeles. These lessons learned provide context on how the County can draw on strengths, avoid pitfalls, and anticipate future challenges in prevention and promotion.

[See the next page for a timeline summarizing our research on prior LA County initiatives and historical events.](#)

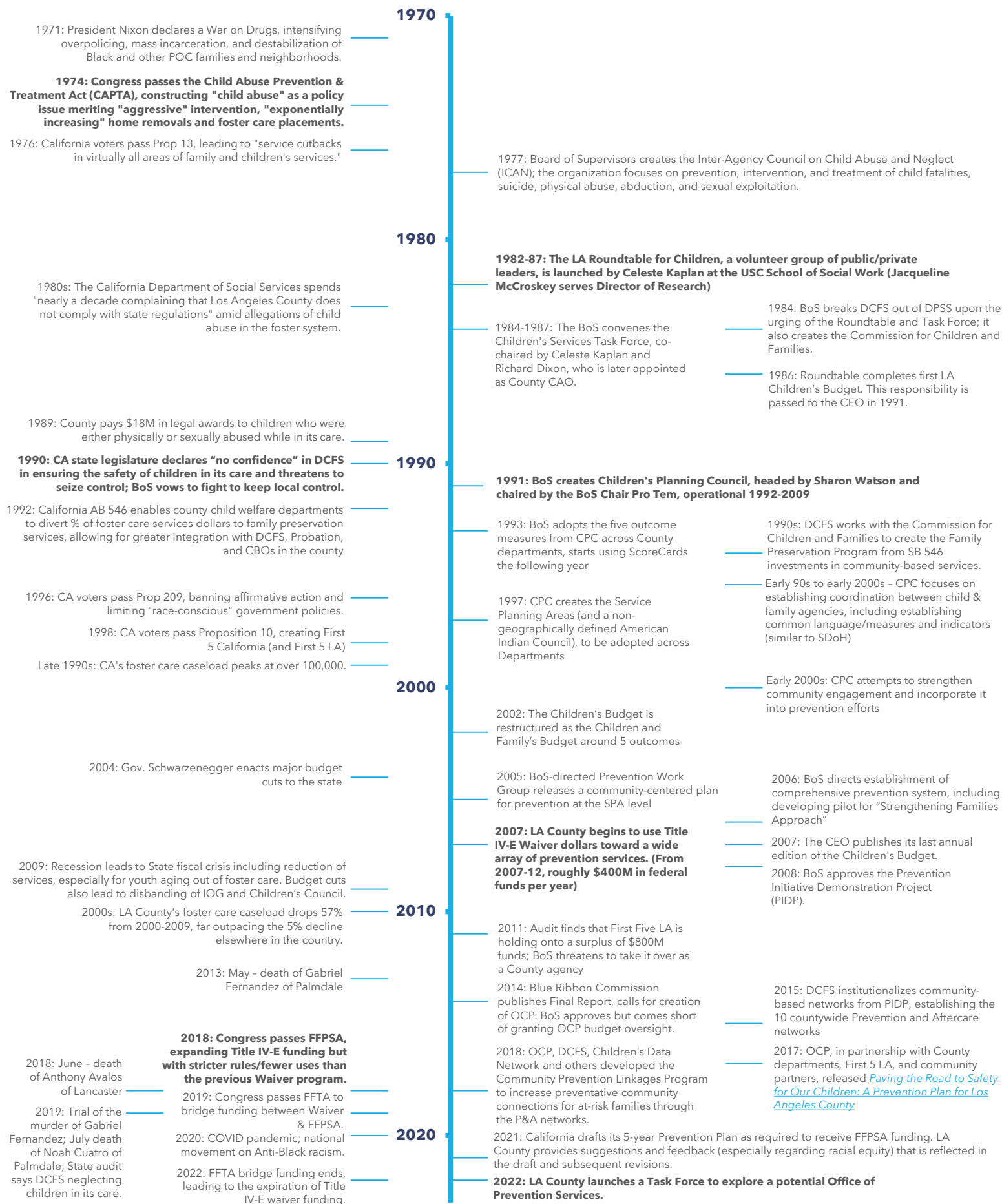


A drawing of a slave auction of a baby. Image source: Slave narrative published in 1849 (under public domain), uploaded by the [New York Times](#).

# Child Welfare & Prevention Services in Los Angeles County, 1970-2022



ANTI-RACISM, DIVERSITY, AND INCLUSION INITIATIVE  
OFFICE OF PREVENTION SERVICES TASK FORCE



Under the modern era, County efforts to study and address harm in the child and family space trace back to the late 1970s. For the following decade, the [LA Roundtable for Children](#) and the [Children’s Planning Council](#) identified and urged the Board of Supervisors to address issues in the County that parallel today’s challenges relating to insecure funding, disconnected departmental efforts, and an emphasis on upstream prevention.<sup>9394</sup> This included the [creation](#) of what is now called the Department of Children and Family Services, which was spun out of the Department of Public Social Services in 1984.<sup>95</sup> Subsequent efforts in the late 1990s and 2000s led to several crucial [pilot initiatives](#) that have shaped today’s prevention landscape in Los Angeles and influenced policy elsewhere in the United States.<sup>96</sup>

From 2000 to 2009, the County’s foster care caseload dropped [57 percent](#), far outpacing the five percent decline elsewhere in the country.<sup>97</sup> Simultaneously, the County expanded prevention efforts dramatically, advocating for and leveraging [block grant funds](#) from the federal government to strengthen community-based supports, including the [Prevention & Aftercare](#) (P&A) networks.<sup>9899100</sup>

At the same time, it’s impossible to ignore [external events](#) and [specific tragedies](#) that have significantly shaped the County’s ability to provide support and resources.<sup>101102103</sup> Multiple times over the past 50 years, nationwide recessions and [austerity measures](#) by federal and state leaders have drastically cut funding to [child welfare](#) and other social services, leading to impacts felt multi-generationally.<sup>104105</sup> Although the State legislature and Board have at times attempted to mitigate the impact of these cuts, the sustainability of prevention funding in the region is a recurrent problem amid an increasingly polarized political climate and volatile economic forecast. This includes recent changes under the [Family First Prevention Services Act](#) (FFPSA), a policy which expands prevention funding for many other jurisdictions but may pose challenges in LA County, where departments have in the past leveraged federal funding to go beyond what will be reimbursable under FFPSA.<sup>106</sup>

The Task Force also takes pause to note that thousands of families in Los Angeles County continue to face challenges navigating and engaging with the child welfare system. Countless others still live with ongoing memories of the trauma and harm they may have experienced under multiple systems, whether as children or as parents.

**Despite the progress made over recent years, nowhere is the need for change and action more attenuated than when County mourns the deaths of multiple children under its care. Their stories continue to call attention to the urgent need to reimagine government systems to provide care and support the journey to healing and justice for victims, survivors, and our communities.**



## II. MEETING OUR DIRECTIVES

The following section summarizes the Task Force’s activities, deliberation, and intermediate deliverables over the past several months across four overarching directives. Each respective section describes the intensive development process, multistakeholder analysis, and key lessons learned from collaborative efforts across the Task Force and its three working tables, which in turn helped to inform the full list of **Recommendations** submitted to the Board.



### DIRECTIVE 1: GOVERNANCE STRUCTURE AND COORDINATED SERVICE DELIVERY

This directive describes the Task Force’s efforts to provide recommended options for a governance structure designed to coordinate and effectuate a comprehensive community-based prevention services delivery system, including the necessary budgeting, staffing, contracting, and data sharing authorities across relevant departments. In addition to researching potential models in use across other state, local, and international jurisdictions, the Task Force conducted the following activities to inform decision-making:

- Developing a Shared Vision, Countywide Model, and Guiding Principles for Prevention and Promotion
- Addressing Operational Barriers to Coordinated Delivery
- Identifying Necessary Coordinating Functions to Inform Governance Structure Formation
- Conceptualizing a Prevention and Promotion Coordination Team (PPCT)

## DEVELOPING A SHARED VISION, GUIDING PRINCIPLES, AND COUNTYWIDE MODEL FOR PREVENTION AND PROMOTION

**“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.”**

- Excerpt from the Task Force’s model for Prevention and Promotion

The County of Los Angeles can be a thought leader in championing an intentionally anti-racist and equity-centric approach to prevention and promotion. The Framework working table of the Task Force led the creation of the enclosed Vision Statement, Guiding Principles, and Countywide Model to foster shared understanding and a common language for prevention and promotion, including conveying foundational equity tenets. As described in the Task Force’s recommendations relating to these deliverables, the Task Force requests that the County delegate resources to widely share and socialize these concepts, including through community-specific, culturally relevant, and openly accessible media to reach across diverse ages, languages, and walks of life. This table-setting can help staff, service providers, and residents understand how individual programs and services contribute to a holistic continuum of care and promote thriving across the County.

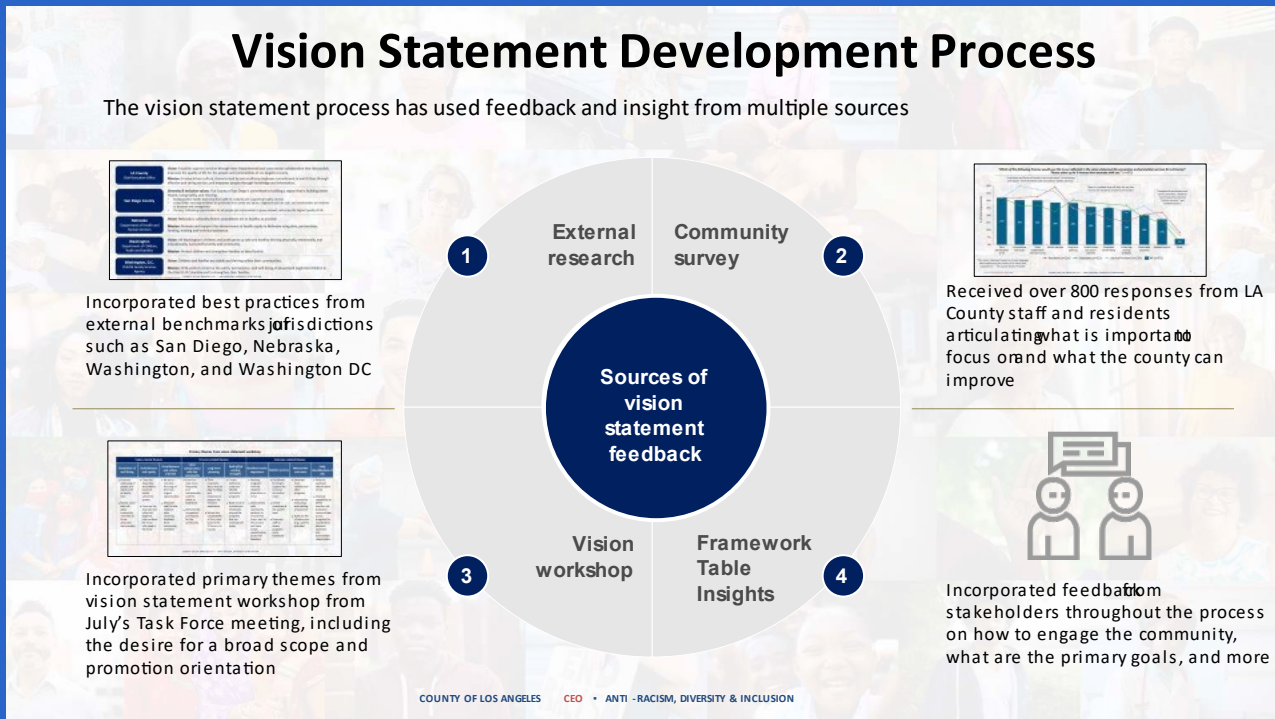
## OUR VISION FOR PREVENTION AND PROMOTION IN LOS ANGELES COUNTY

To develop a vision statement, the Task Force Framework Table solicited feedback and developed vision language with input from hundreds of stakeholders. This section provides an abbreviated summary of this extensive process. To read the full process, please review **Exhibit C**.

Beginning during the Task Force’s July 2022 monthly meeting, members met and aligned on the purpose, importance, and substance of an effective vision statement. Members agreed that a vision statement should be an aspirational statement of where an organization wants to be in the future – one that challenges us to look ahead and is both realistic and ambitious. The specific language and phrasing of the Vision Statement were informed by the process points outlined in Figure II.1(a) below. These included the Task Force vision workshop, external research, community surveys, and Framework Table insights.

## II. MEETING OUR DIRECTIVES

### Directive 1: Governance Structure and Coordinated Service Delivery



**Figure II.1(a): Vision Statement Development Process and Sources**

See below for more details on each process source.

**Vision workshop:** Ahead of the July meeting, Task Force members completed a survey that solicited beliefs on the County's efficacy in providing prevention and promotion services today. At the July Task Force meeting, members reviewed the results of the Task Force member survey. Staff facilitated three breakout rooms to further discuss important ideas and narratives, leading to the following primary themes:

### Primary themes from vision statement workshop

Value-related themes			Process-related themes			Outcome-related themes			
Promotion of well-being	Inclusiveness and equity	Proactiveness and action-oriented	Close collaboration with the community	Long-term planning	Built off of existing strengths	Resident-centric experience	Holistic services	Measurable outcomes	Early identification of risk
<ul style="list-style-type: none"> <li>Promote well-being of people and places with an equity lens</li> <li>Build a vision that will allow community members to thrive physically and mentally</li> </ul>	<ul style="list-style-type: none"> <li>Close the disparities and address issues of equity within the system</li> <li>Focus on the disproportionality and targeted interventions for those who need it the most</li> </ul>	<ul style="list-style-type: none"> <li>Be action-oriented, focusing on the most urgent opportunities</li> <li>Empower staff to take initiative after receiving feedback from community members</li> </ul>	<ul style="list-style-type: none"> <li>Communicate more frequently and transparently with the public to build trust</li> <li>Demonstrate compassion and respect for the community</li> </ul>	<ul style="list-style-type: none"> <li>Think creatively about how to align funding and resources to support the resident experience</li> <li>Bolster the sustainability of this vision beyond the TF time in LA County</li> </ul>	<ul style="list-style-type: none"> <li>Create additional scale and elevate successful programs</li> <li>Build more of a continuum of services around the programs that are working well today</li> </ul>	<ul style="list-style-type: none"> <li>Develop programs with the resident-experience in mind</li> <li>Work closely with community partners to ensure that they are a part of the process and have ample opportunities to provide feedback</li> </ul>	<ul style="list-style-type: none"> <li>Coordinate funding to support the inclusive promotion vision</li> <li>Create incentives at the system-level</li> <li>Empower staff to assess programs more holistically</li> </ul>	<ul style="list-style-type: none"> <li>Generate more visibility into other programs</li> <li>Improve the measuring and tracking of outcomes</li> <li>Build out the infrastructure (e.g., systems and data)</li> </ul>	<ul style="list-style-type: none"> <li>Enhance upstream identification of risk</li> <li>Improve capabilities to better monitor risk areas and communicate across programs for coordination between upstream and downstream stakeholders</li> </ul>

**Figure II.1(b): Primary themes from vision statement workshop held during the July 15, 2022 Task Force meeting**



## II. MEETING OUR DIRECTIVES

### Directive 1: Governance Structure and Coordinated Service Delivery

**Community survey:** The Task Force deployed a community survey of residents and County staff which served as a critical input to the vision statement. This survey was developed and shared widely to highlight community perspectives and ensure those impacted by prevention and promotion services were represented in the new vision statement.

The survey included over 800 respondents across three groups: residents, County employees, and community service providers. In response to sharing themes and desired changes to prevention and promotion services in LA County, respondents reflected a common desire for stronger coordination across service agencies, including “improving connections and referrals between services.” Community respondents also selected early identification of risk, inclusiveness and equity, and close collaboration with the community as desired themes for the vision statement.

However, there were some variances in stakeholder responses. For example, the opinions of community-based service providers diverged the most from other respondents by citing increased funding as their third most important issue and giving more weight to culturally specific resources and reallocation of existing funding. County employees most often selected early identification of risk, while it was not the top choice for service providers and residents. Instead, service providers most often selected inclusiveness and equity as the most important themes. Residents most often selected holistic services. (Please see **Exhibit H** for a detailed summary of the community survey responses.)

**External benchmarks:** Research was conducted into benchmarked geographies to provide inspiration for vision statements, develop a baseline of what a strong vision statement for prevention and promotion looks like, and stimulate ideas for the statement format.

**Prevention service agencies across counties and states have differing visions, missions, and values:**



**Figure II.1(c): Official vision statements on prevention and other related coordinating initiatives from other benchmark jurisdictions**

## II. MEETING OUR DIRECTIVES

### Directive 1: Governance Structure and Coordinated Service Delivery

During Framework Table discussions, members were particularly drawn to the language of equity reflected in multiple statements, as well as the scope and structure of San Diego County's vision, which has a top-line statement followed by three bullet points to explain and expand upon the themes from the main statement.

Framework Table insights: The final key input to the vision statement was feedback from the Framework Table members, many of whom have several years of experience relating to County systems and services which brought critical perspective to LA County's vision. A small ad hoc working group, which included all three community Table members with lived expertise, convened to consider the desired themes and workshop the language. The Framework Table collaboratively edited the language proposed by the ad hoc working group and ultimately voted on the final vision statement on September 16, 2022.

**On November 4, 2022, the full Task Force voted to officially adopt the following vision statement, which defines the purpose and mission members wish to convey to all LA County residents and staff:**

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

This vision statement led to **Recommendation #1a: Adopt the Countywide Vision for Prevention and Promotion as a draft; seek additional community input; and engage widely with staff, service providers, and community.** This recommendation was formally adopted by the Task Force on November 4, 2022.

## II. MEETING OUR DIRECTIVES

### Directive 1: Governance Structure and Coordinated Service Delivery

Table II.2(d) below displays how various LA County programs and initiatives can be connected to the Task Force’s Countywide vision for prevention and promotion and an integrated continuum of support and resources. **Each cell listed is an example and non-exhaustive;** for instance, there are multiple outcomes and populations of focus to address within the domain of child and family services, but only one set of examples is listed below.

**Table II.2(d): Connecting a Continuum of Care for Prevention and Promotion**

Domain or Service Area	<u>Child and Family Services</u>	<u>Homelessness</u>	<u>Justice and Safety</u>	<u>Aging and Independence</u>
<b>Targeted Outcome or Issue to Address (Examples)</b>	<u>Task Force Life Course Outcome</u> : Decrease Child Maltreatment (within Family & Systems)	<u>Example</u> : Decrease Homeless Mortality Rate	<u>Racial Equity Strategic Plan and Task Force Life Course Outcome</u> : Decrease Adult First-Time Felony Convictions	<u>Task Force Life Course Outcome</u> : Increase Aging in Place with Safety, Dignity & Independence
<b>Population(s) of Focus</b>	Children ages 0-18, especially those served by DCFS and/or at greater risk of child maltreatment	Unhoused residents of LA County and those at greatest risk of becoming unhoused (housing insecure)	Individuals at greatest risk of coming into contact with criminal justice system	Older adults, individuals with disabilities
<b>Lead Entities &amp; Subject Matter Experts</b>	DCFS, OCP	CEO-HI, LAHSA, DHS, DPH, DMH	JCOD, DMH, DPH, DEO	Aging and Disabilities, DHS, DMH, DPSS
<b>Programmatic Examples</b>	<ul style="list-style-type: none"> <li>• Primary: Youth development, parenting courses</li> <li>• Secondary: Childcare and family support services, Mandatory supporter programs</li> <li>• Tertiary: Family preservation efforts</li> <li>• Remedy: Support for survivors of maltreatment/abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Primary: Affordable housing, physical and mental health resources</li> <li>• Secondary: Transitional housing and shelters, health clinics, safe use and needle exchange sites, mental health crisis support services</li> <li>• Tertiary: Emergency housing, emergency healthcare</li> </ul>	<ul style="list-style-type: none"> <li>• Primary: Youth development, quality educational and recreational activities, economic opportunity</li> <li>• Secondary: Diversion services</li> <li>• Tertiary: Mental health crisis support resources</li> <li>• Remedy: Reentry and rehabilitation support services</li> </ul>	<ul style="list-style-type: none"> <li>• Primary: Quality health care/insurance, safe neighborhoods, accessible transportation</li> <li>• Secondary: Resource navigation support, health resources, traveling health clinics, recreational programming for older adults</li> <li>• Tertiary: Mental health &amp; transitional support</li> <li>• Remedy: Long-term care support, hospice care</li> </ul>
<b>Performance Indicator Examples</b>	<ul style="list-style-type: none"> <li>• # of cases of maltreatment and abuse (within both families and systems) along with % decrease in disparities/disproportionalities</li> <li>• # of families provided support and referrals to resources</li> </ul>	<ul style="list-style-type: none"> <li>• # of deaths along with % decrease in disparities/disproportionalities</li> <li>• # of unhoused or housing insecure individuals provided support and referrals to resources</li> <li>• # of individuals with successful transition to permanent housing and well-being upon exiting system</li> </ul>	<ul style="list-style-type: none"> <li>• # of adult felony convictions along with % decrease in disparities/disproportionalities</li> <li>• # of individuals engaging in non-violent crime provided support and referrals to resources</li> <li>• # of individuals referred to mental health crisis support resources</li> </ul>	<ul style="list-style-type: none"> <li>• % of older adults at any given age range live independently with safety and dignity, with % decrease in disparities/disproportionalities</li> <li>• # of older adult riders on public transit or accessing public services and amenities (e.g., parks, libraries)</li> <li>• # of individuals enrolled and connected to resources and life planning services</li> </ul>

## GUIDING PRINCIPLES FOR PREVENTION AND PROMOTION

The Framework table also developed the following 10 guiding principles that were collaboratively established to help guide the Task Force's work in prevention and promotion. Several of these guiding principles were drawn from the principles adopted by the [Countywide Racial Equity Strategy Plan](#), although table members recommended and approved minor revisions to these statements. The 10 principles are listed below by importance as indicated by the table members.

- 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.

These guiding principles led to **Recommendation #1c: Adopt the Countywide Prevention and Promotion Guiding Principles as a draft, seek additional community input; and disseminate it widely among staff, service providers, and community.** The recommendation was formally adopted by the Task Force on November 4, 2022.

## II. MEETING OUR DIRECTIVES

### Directive 1: Governance Structure and Coordinated Service Delivery



## LA COUNTY'S MODEL FOR PREVENTION AND PROMOTION

### **Why establish a new Countywide framework for Prevention and Promotion?**

Early in the Task Force's background research process, members learned that terminology and usage of prevention and promotion models vary widely, both in LA County and elsewhere. However, the further the County desires to move upstream, the more the County's various entities need to align under a common understanding of the overarching goals of prevention and promotion services.

Moreover, the Task Force discovered that few, if any, existing models meaningfully articulate an explicitly anti-racist and/or structural lens to prevention, including the central role social conditions (e.g., structural racism, ableism, labor exploitation, classism, etc.) play in shaping both positive and negative downstream outcomes seen in communities. This omission is important to rectify, as the disproportionalities relating to "risk" and suffering experienced by communities aren't random – but largely the result of public and private systems that have often produced intergenerational poverty and [concentrated disadvantage](#).

Many Task Force and Framework table members also emphasize that LA County residents don't need top-down "interventions," but solutions co-created with community that offer preventive and promotive support, as all stakeholders collectively work to resolve ongoing systemic harms and root causes of suffering.

**To honor the guiding principles and the lived expertise of Task Force members and residents, LA County has an opportunity to establish a new model that challenges, further contextualizes, and builds upon existing notions regarding prevention and promotion.**

#### **Development Process**

The process for developing the Countywide model for prevention and promotion can be summarized in three main activities:

##### **1. First, ARDI staff researched, analyzed, and compared existing prevention models in use across federal, state, and local agencies.**

With the support of consultant staff, the Task Force also conducted academic research on prevention frameworks across three fields of practice: Public Health, Juvenile Delinquency, and Education. (A full memo summarizing this scholarly analysis can be found in **Exhibit D.**)

This multidisciplinary and comparative research process yielded the following findings:

- While many prevention models use similar language (e.g., terms like primary, secondary, tertiary), definitions and conceptual structures vary widely. For instance, some models are defined by level of risk, while others organized prevention tiers by level of involvement with systems or the degree to which a disease has progressed in a patient.
- Few models acknowledge social conditions (e.g., structural and systemic racism and other -isms) and how they heavily influence and shape an individual's level of risk. Similarly, it was difficult to find any model that acknowledged how resolving social conditions at a community-wide level could minimize or eliminate risk of some outcomes altogether, rendering prevention unnecessary or irrelevant.
- Few models explicitly incorporate promotion beyond a passing mention. Even fewer consider how the prevention of negative, undesired outcomes can complement and mutually reinforce the promotion of positive, desired outcomes.
- Models are often framed around paternalistic *interventions*, rather than solutions co-created with community that provide *support and resources* to help people thrive.

## II. MEETING OUR DIRECTIVES

### Directive 1: Governance Structure and Coordinated Service Delivery

#### Table II.1(e): Reconciling Varying Definitions for Prevention Tiers

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

As a result of collaborative discussions and review of various options, the Task Force and its subsidiary Framework table recommend the adoption of four prevention tiers (primary/secondary/tertiary/remedy), to ensure all County services are operating across a continuum of support and resources that address needs at varying levels of risk. These tiers are highlighted and briefly defined in the first row of the table below, followed by a listing of other tiers and their definitions currently in use across the US federal government, the state of California, and other regional entities.

Source	Primary	Secondary	Tertiary	Remedy – ADDED by Task Force	Notes
<b>LA County Prevention Services Task Force</b> (as recommended in this document)	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 section of this document for more information.
<b>CDSS: Framework for Preventing Child Abuse by the Promotion of Healthy Families &amp; Communities; March 2022 ACL on CPP</b>	“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
<b>Children’s Bureau (ACF/HHS): Framework for Prevention of Child Maltreatment</b>	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 already with outcomes
<b>National Institute on Drug Abuse (NIH): Diagnosis and Treatment of Drug Abuse in Family Practice (2022)</b>	“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
<b>CDC: Picture of America – Prevention (2016)</b>	“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
<b>U.S. Interagency Council on Homelessness, Attachment to Federal Strategic Plan (2010)</b>	“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”
<b>LA County Commission for Children and Families: Prevention Workgroup Comprehensive Plan (2005)</b>	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 already be system-tagged to be elevated
<b>LA County DCFS/Casey: Prevention Initiative Demonstration Project (2009)</b>	“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
<b>Children’s Data Network: LA County Dual System Report for DCFS and Probation (2021)</b>	“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
<b>Health Impact Evaluation Center for DPH/CEO-Homeless Initiative Measure H: Assessment (2017)</b>	“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 includes individuals already experiencing outcomes (albeit at early stages)





## II. MEETING OUR DIRECTIVES

### Directive 1: Governance Structure and Coordinated Service Delivery

3. Finally, the Task Force collaboratively revised and finalized a new recommended framework for Los Angeles County shown in Figure II.1(g) below.

Figure II.1(g): 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

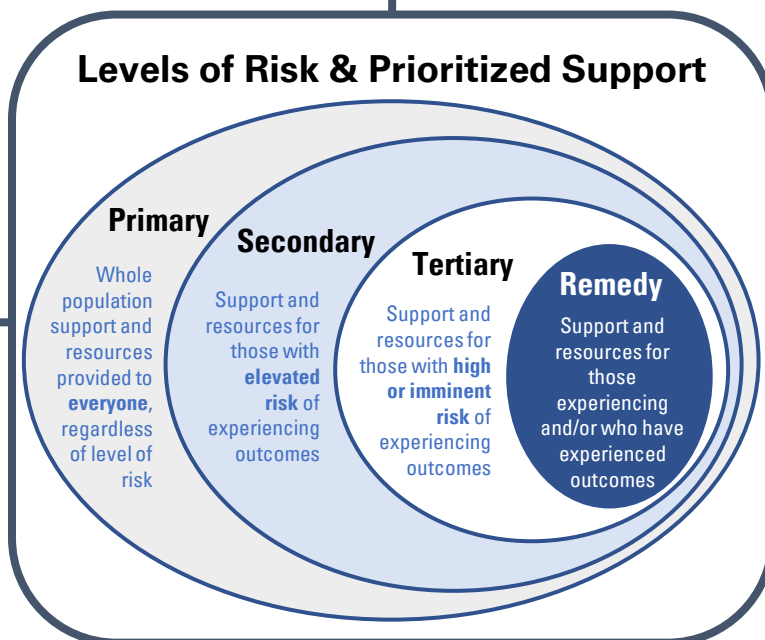
Policies and practices to ensure community voices (especially those with lived expertise) inform and shape how we deliver support and resources, especially to historically marginalized communities.

### 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.**

The above model was unanimously adopted by the Framework table on September 16, 2022. The Task Force voted to officially adopt the model on December 16, 2022.

## II. MEETING OUR DIRECTIVES

### Directive 1: Governance Structure and Coordinated Service Delivery

The model incorporates the considerations discussed above in a few important ways. First, it is organized around four of the key concepts the Task Force hopes to convey and clearly define when it comes to County services: Social Conditions; Equitable Decision-Making & Community Agency; Prevention; and Promotion. It also connects all four concepts through a unifying statement:

**“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.”**

**Social Conditions** was specifically phrased to be expansive and inclusive of many of the structural and systemic issues in our society that shape our lives and harm some people even while they may benefit others. These include, but are not limited to:

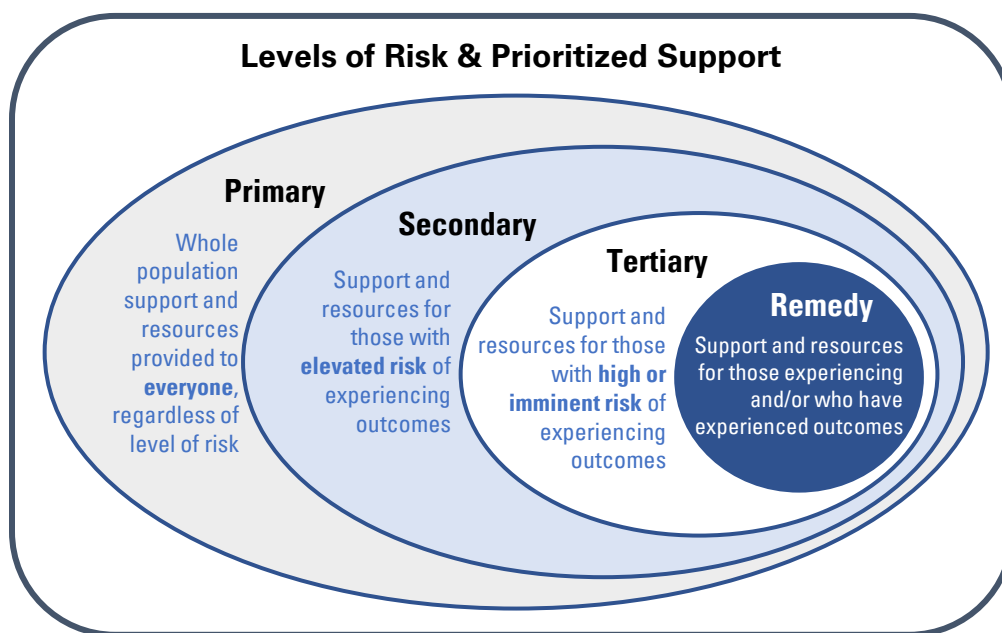
- **Racism** (and racist policies)
- **Sexism** (and sexist policies)
- **Transphobia, homophobia, and anti-LGBTQ+** policies
- **Ableism** (and ableist policies)
- **Xenophobia** (and anti-immigrant policies)
- **Ageism** (and ageist policies)
- **Classism** (and anti-poor policies)
- **Labor Exploitation** (and anti-worker policies)
- **Concentrated poverty or wealth**, especially structurally created and intergenerational
- **Environmental conditions**, including physical safety, public space, access to resources, and impacts of climate change
- **Targeted Monitoring/Control** of specific communities, including through state-sponsored systems (e.g., policing, child welfare, deportation systems)

**Equitable Decision-Making & Community Agency** acknowledges that the solutions for our communities must be co-created in partnership with community. To truly achieve equity, it is necessary to dismantle paternalistic systems and top-down government practices that aim to control, rather than truly serve communities.

The model intentionally places **Prevention** and **Promotion** as two complementary pieces, rather than the latter being an afterthought or a “bonus” priority. Framework table and Task Force members specifically discussed how every negative outcome the County hopes to prevent (e.g., homelessness, high school dropout, or sexual assault) usually has its own complementary positive outcome that can be encouraged (e.g., stable housing, high school graduation, and personal safety/bodily autonomy, respectively).

## ADDITIONAL INFORMATION ABOUT TIER LEVELS

Prevention models typically include tiers to convey how to tailor supports and resources to individuals based on their level of need. The tiers in the model are presented in the center of the visual and presented as concentric ovals. This represents a more inclusive approach by showing that individuals at “higher risk” can still benefit from whole population primary prevention supports. Additionally, those who are in greatest need are literally placed in the center of the model, which reminds readers that we must all focus our attention to support those who are the most marginalized and face the greatest challenges in society.



The following information about the tiers may also be helpful:

- **The Framework table developed and named a new innermost tier, Remedy:** Some models only cover “prevention,” which can fail to acknowledge needs or unaddressed trauma from outcomes that are currently occurring or already have happened. The Task Force’s proposed model defines remedy as “support and resources for those experiencing and/or who have experienced outcomes.” Many of these supports can also prevent additional or future harm or trauma due to prior or ongoing experiences.

The Framework table brainstormed several different names for this new tier, including restoration, healing, justice, recovery, mitigation, reversal, and other words. Members grappled with how some outcomes can be reversed (e.g., homelessness), while others may be irreversible (e.g., certain diseases or traumatic experiences). Ultimately, the members landed on “remedy” as an expansive and inclusive term to acknowledge that every person’s individual circumstances deserve support and resources that offer a remedy and path forward, whatever that may look like.

- **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. This model aims to name and organize these levels of risk and prioritized support, so that the County can ensure all its services are operating across a comprehensive continuum of support with resources that address needs at varying levels of risk, including those determined largely by social conditions.

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- **Framework table members were intentional in how they distinguished the various tiers:**
  - Members wanted to be clear that primary prevention is for **everyone** – the oval for the Primary tier wraps around all the other tiers, indicating that folks facing greater challenges may still benefit from whole population supports and resources.
  - Some models lump elevated and high/imminent risk together, but the proposed model emphasizes how these populations require distinctly different resources and supports:
    - The Secondary tier refers to individuals facing “**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 the Tertiary tier, which includes folks who demonstrate indicators proximate to the outcomes (i.e., it’s likely that something harmful might happen soon, and someone is at **imminent risk** of experiencing that harm).
  - Rather than drawing strict lines between levels of risk, the model intentionally leaves it to individual departments/program providers to use their best judgment and proximity to programs and populations to decide what services are required at a given level.
- **The Framework Table voted on maintaining the Primary/Secondary/ Tertiary nomenclature to avoid confusion about tiers:** Although there is no standard definition for tiers, the Task Force’s research discovered that most existing models use a Primary/Secondary/Tertiary naming system. Moving away from this naming system might cause greater confusion when aligning around one unified Countywide set of definitions. Similarly, the California Department of Social Services prevention framework utilizes definitions for its tiers that are more closely aligned to a Universal/Targeted/Indicated model; however, CDSS still uses Primary/Secondary/Tertiary nomenclature for these tiers, likely to avoid confusion among stakeholders.

The Countywide model led to **Recommendation #1b: Adopt the Countywide Model for Prevention and Promotion as a draft; seek additional stakeholder input to amend it as needed; and develop a framework to align County stakeholder prevention and promotion efforts with the model.** This recommendation was adopted by the Task Force on December 16, 2022.

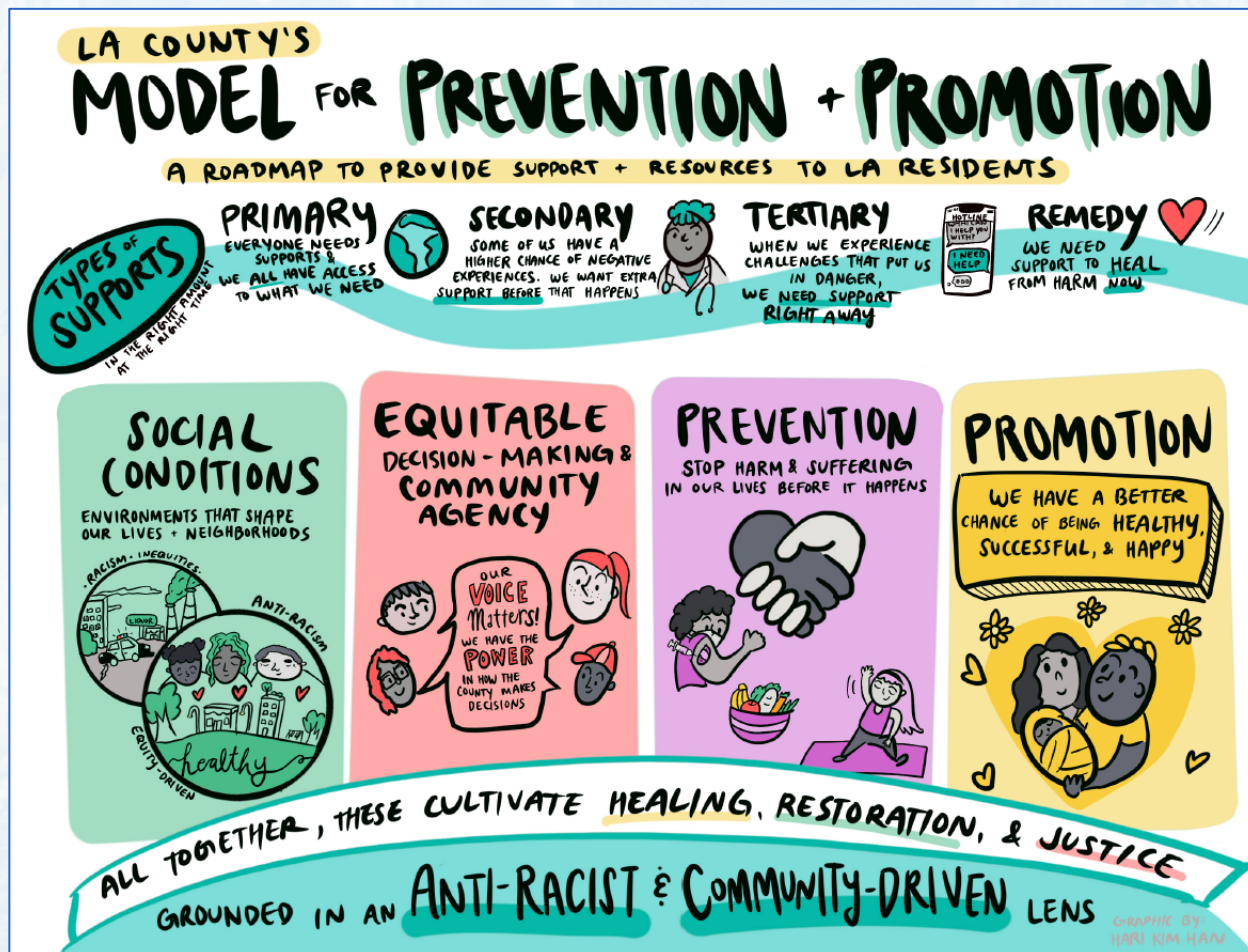
# Socializing the Vision Statement, Guiding Principles, and Countywide Model for Prevention and Promotion

The Task Force emphasizes that this document condenses a year’s worth of intensive research and in-depth conversations. This is especially true for the prior section, as stakeholders from various departments or community spaces contributed their diverse perspectives. The Countywide model proposed in this document reflects how every participant in its creation process was challenged to unlearn, learn, and/or relearn ideas and develop solutions in collaboration with one another.

Just as the County’s Anti-Racism, Diversity, and Inclusion (ARDI) Initiative has been charged to redefine, implement, and systematically educate staff and community members about the County’s anti-racist principles and equity goals, the Task Force urges that all County departments communicate and infuse a prevention lens among stakeholders. However, this socialization process can’t simply be sharing and duplicating the graphics or language in this document. **Just like with anti-racism, diversity, and inclusion materials, the County needs to develop creative, inclusive, and accessible materials to communicate these new ideas to a variety of audiences.**

Figure II.1(h) below shares one example of how the County can accessibly communicate the ideas and concepts in this document with community members across the County who may be unfamiliar with prevention, promotion, and/or language commonly used in government spaces. The Task Force thanks local artist HaRi Kim Han for developing this community-centered visual for this initiative. Members also hope it inspires any readers of this document to think about how the County can utilize diverse media, inclusive outreach, and interpersonal communication strategies to share these prevention and promotion values across all County staff, service providers, and community members.

Figure II.1(h): Example graphics to socialize the Countywide model in an accessible, welcoming way



## ADDRESSING OPERATIONAL BARRIERS TO COORDINATED DELIVERY

To design a governance structure that would build upon existing strengths and resolve current challenges, the Task Force conducted an analysis of existing operational barriers to coordinated service delivery across County prevention entities. The review focused on logistical, technological, regulatory, and/or other structural challenges.

This analytical work occurred simultaneously across two different subject area tables to leverage the strengths and expertise across both stakeholder groups. The Framework table studied overarching governance principles and how they impact joint decision-making and strategic planning, including analyzing LA County’s existing governance structure and other structures implemented across benchmark jurisdictions. Meanwhile, the Coordination table conducted a deeper dive on operational barriers that have hindered or prevented the full effectiveness of prior and existing initiatives in the County, including how these barriers often result in silos with limited collaboration and coordination depicted in Figure II.1(h) below.

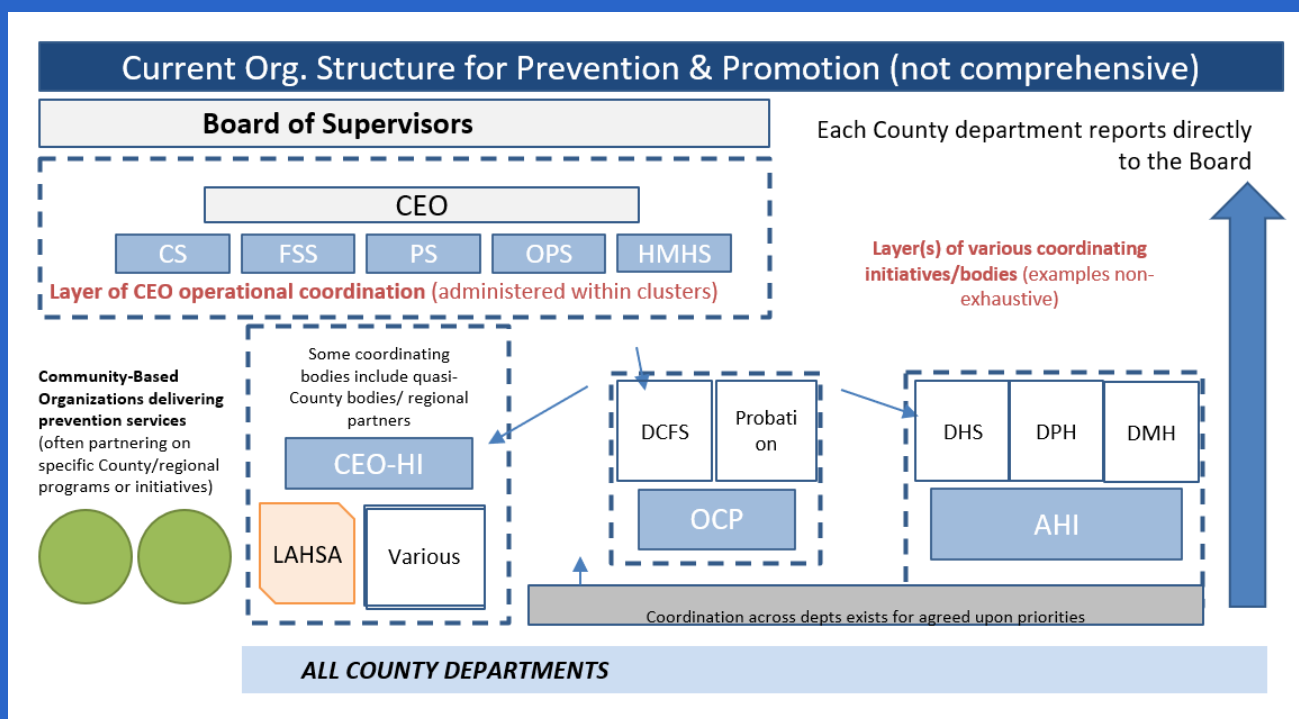


Figure II.1(h): LA County’s current organizational structure for Prevention & Promotion

When analyzing governance structure models, including the County’s existing systems, the Framework table identified several key tensions and lessons learned:

- **Coordination and programming:** There is an inherent tension between providing enough accountability, power, and responsibility to a coordinating body, while also maintaining the same level of autonomy for any single department. The lessons learned ultimately surfaced that clarity on specific functions and the level of centralization could help garner buy-in, but these recommendations may need to be further developed by the department heads.



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- Budgeting, funding, contracting and legal:** Research of existing coordinating bodies revealed that a collaborative budgeting process and ability to coordinate funding – both existing and identifying new funding – is perceived as key to success, while also recognizing there may be some statutory requirements and regulatory limitations to the extent of shared funding. The case studies also elevated the importance of bringing community members in as co-decision makers related to budgeting.
- Staffing and delivery:** A key challenge identified in prior County coordination efforts was not fully centering the view of community “users” – and instead using other factors and barriers to inform staffing decisions and the delivery for coordinated programming. The lessons learned regarding this challenge elevated the importance of taking a holistic and resident-centric view to service design, along with applying a lens of anti-racism, equity, and inclusion.
- Community partnerships and co-creation:** There was a shared recognition that despite multiple efforts to truly share power and co-create with community members, many past coalition efforts engaged the community “in name only.” Stakeholders emphasized the importance of embedding community members and partners in design and implementation efforts on an ongoing basis.
- Data and IT:** Across all coordination efforts, data sharing to track progress towards agreed-upon outcomes is seen as a key success driver.

#### Keys to success in interagency collaboration based on prior coordinating initiatives in LA County

Sources: 1:1 interviews with Task Force/table members, Coordination & Framework table discussions, secondary research

	 <b>Best Practices</b>	 <b>Challenges from Prior Efforts</b>
<b>Function Group #1</b> <b>Coordination and programming</b>	<ul style="list-style-type: none"> <li>Alignment on the vision and goals (e.g., holistic prevention lens)</li> <li>Clarity on activities/communication to involved departments</li> <li>Subcommittees or teams to coordinate across agencies</li> <li>Flexibility in adapting governance based on stakeholder input</li> <li>Outline clear long-term priority areas for programming</li> </ul>	<ul style="list-style-type: none"> <li>Programming agendas created in silos or by individual departments, rather than with a Countywide/cross-domain lens</li> <li>Disempowerment of departments/agencies (reporting, ability to advocate for needs)</li> <li><i>[Tradeoff with prior point]</i> Insufficient accountability / power / functional responsibility given to coordinating body / leader</li> </ul>
<b>Function Group #2</b> <b>Budgeting, funding, and contracting</b>	<ul style="list-style-type: none"> <li>Clear and achievable funding objective</li> <li>Joint ownership of funding with the community to avoid the perception that an initiative/program is a fundraising arm</li> <li>Economic incentives for agencies</li> </ul>	<ul style="list-style-type: none"> <li>Lacking visibility into funding across agencies</li> <li>Lack of funding autonomy for individual offices / departments</li> <li>Ignoring effects of statutory requirements and regulatory limitations</li> </ul>
<b>Function Group #3</b> <b>Staffing and delivery</b>	<ul style="list-style-type: none"> <li>Community nonprofit contribution to service delivery</li> <li>Specific scope for service offerings</li> <li>Expertise and experience with anti-racism, equity, and inclusion</li> <li>Fostering cross-agency relationships is essential but not sufficient</li> <li>Coordination with local officials for delivery solutions</li> </ul>	<ul style="list-style-type: none"> <li>Service delivery controlled exclusively by one body</li> <li>Disregarding unique coordination / communication needs for each service delivery worker group</li> <li>Lack of services tailored to residents' needs</li> <li>User navigation barriers hindering service access</li> </ul>
<b>Function Group #4</b> <b>Community partnerships and co-creation</b>	<ul style="list-style-type: none"> <li>Dedicated organization for community input and NGO partnership, including dedicated funding for those involved in program development</li> <li>Community relationships with agency leadership</li> <li>Shared vision to draw support and excitement</li> <li>Understanding how to incorporate existing community initiatives</li> </ul>	<ul style="list-style-type: none"> <li>Excluding community partners from design/ implementation efforts</li> <li>Lack of “phased transitions” in governance models to familiarize the departments and community with change</li> <li>Limited connections among community stakeholders themselves</li> <li>Ad hoc approach to community partnerships</li> </ul>
<b>Function Group #5</b> <b>Data and IT</b>	<ul style="list-style-type: none"> <li>Dedicated system for data coordination</li> <li>Developing agreed-upon measures of success that are data-driven</li> <li>Using data to create resource guides and informational materials for stakeholders</li> <li>Identifying gaps in data sharing / monitoring that would be helpful</li> </ul>	<ul style="list-style-type: none"> <li>Lack of metrics that indicate progress</li> <li>Lack of data sharing across agencies</li> <li>Relying on publicly available agency / department data</li> </ul>

**Figure II.1(i): Best practices and challenges gathered through Task Force members, stakeholders, and staff across prior prevention, promotion, and/or multi-departmental coordination initiatives.**

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### Directive 1: Governance Structure and Coordinated Service Delivery

These lessons learned reflect many of the same themes elevated by the Coordination table in their research and discussions relating to common operational barriers that staff, service providers, and community members often encounter in the delivery of multi-departmental prevention services.

The work of the Framework and Coordination tables, in combination with extensive stakeholder interviews, inform the Task Force's identified challenges and opportunities for improvement when it comes to coordinating service delivery:

- **Structural barriers in existing systems** that prevent a collaborative culture where there is shared accountability and coordination where it can be most effective. These include, but are not limited to, bureaucratic hurdles, lack of dedicated staff time and funding for coordination, limited investments in prevention, ad hoc efforts not supported at scale, and external funding requirements that limit comprehensive and coordinated delivery and dictate service provision;
- Lack of capacity and infrastructure across systems to **share and integrate data**, as permissible under existing laws and regulations, to better serve clients;
- Lack of **common impact goals related to prevention and promotion** that can limit what shared and integrated data and reduced navigation barriers can achieve;
- **Lack of certain tools and capabilities needed to improve coordination.** These include technological tools (e.g., improved budgeting platform, integrated data tools) and in-house staff resources (e.g., dedicated staff to analyze multi-departmental funding opportunities and plan for strategic funding sustainability).

The Coordination table also identified several capabilities that the County can better align, resource, and strengthen to overcome existing barriers. This information was relayed from the Coordination table to the Framework table and Task Force to inform governance decisions. To learn more about the Coordination table's detailed findings, please review a relevant memo in **Exhibit E** of the **Appendix**.



## IDENTIFYING NECESSARY COORDINATING FUNCTIONS TO INFORM GOVERNANCE STRUCTURE FORMATION

From conversations with various stakeholders, research on external jurisdictions, and analyses of operational barriers to coordination, the Framework table identified a set of Coordinating Functions relating to multi-departmental governance for prevention and promotion services.

Members then developed recommendations on necessary next steps to align these coordinating functions across the appropriate entities. How responsibility and/or authority may be placed across existing departments, County initiatives, or community-based organizations will directly inform how governance for prevention and promotion will be led across LA County.

### GOVERNANCE ARCHETYPES

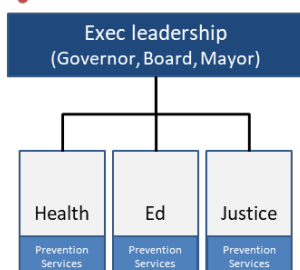
Through informational interviews, secondary research, and external consulting support, the Task Force conducted benchmark research on domestic and international jurisdictions that have organized similar collaborative efforts relating to prevention.

Fourteen (14) interviews with leaders of prevention services in other geographies, along with significant secondary research, were performed to understand governance decisions. Using this information, three governance model archetypes and four case studies were identified to guide discussion on choosing the right governance structure for LA County. These three archetypes exist along a spectrum of coordination. While each of the governance models chosen and implemented in other geographies are unique and many not fit perfectly into one of the categories, these overarching archetypes can still be analyzed to understand their respective tradeoffs.

Less coordination across agencies

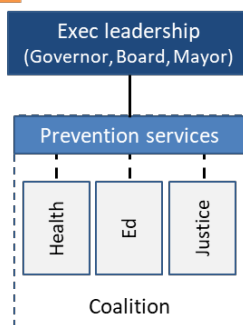
More coordination

#### Embedded Model



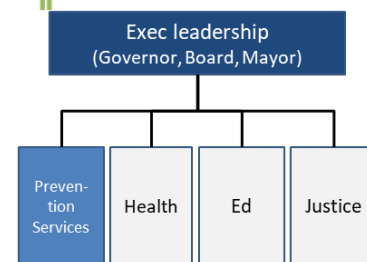
- Prevention services **embedded into individual agencies**, which report to their parent orgs (e.g., HHS, Education)
- Prevention is widespread across all agencies
- Coordination of uniform prevention goals is difficult

#### 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

Figure II.1(j): Three major governance archetypes identified from research on benchmark jurisdictions also engaging in prevention coordination initiatives

## II. MEETING OUR DIRECTIVES

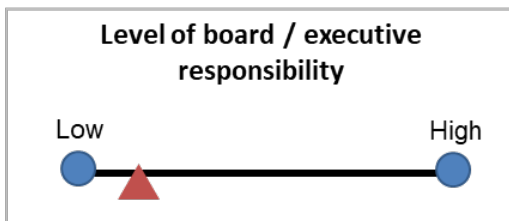
### Directive 1: Governance Structure and Coordinated Service Delivery

In an **embedded model**, responsibility for prevention and promotion is distributed throughout the departments. This is the model that is closest to LA County's existing approach to prevention and promotion, though the County has not specifically clarified these responsibilities in a department-by-department, coordinated way.

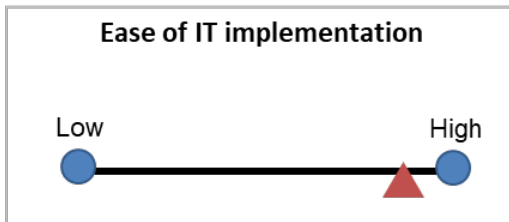
In this model, most key functions (service delivery, budgeting, community partnerships, etc.) lie within the departments. This model would have the lowest potential degree of coordination or central accountability, but it would be the easiest of the three models to implement because the County would be using preexisting structures. The other main potential concern with this model is that data sharing must be explicitly mandated and resourced, as coordinated data was consistently uplifted as a key function to enable LA County's prevention and promotion vision.

Figure II.1(k) below describes Embedded model characteristics in greater detail.

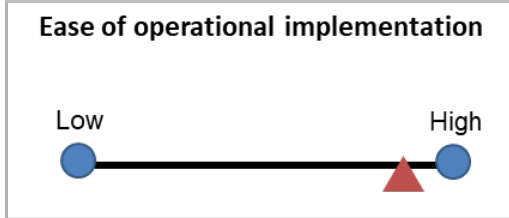
#### Embedded model characteristics



- **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



- **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)



- **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



- **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

Figure II.1(k): Embedded model characteristics

## II. MEETING OUR DIRECTIVES

### Directive 1: Governance Structure and Coordinated Service Delivery

In a **coalition model**, responsibility for prevention and promotion services is shared between the Departments and a coordinating body that supports collaboration across the entities. Key functions are distributed between the coordinating body and the departments – one entity might have “primary” while others might have “secondary” responsibility to carry out a given function.

This model offers some level of coordination across services and would take a moderate amount of time to set up but lacks the high degree of coordination in the standalone model. Success in this model is dependent on department head cooperation to enable a unified Countywide approach on prevention and promotion services. Figure II.1(l) below describes Coalition model characteristics in greater detail.

#### Coalition model characteristics

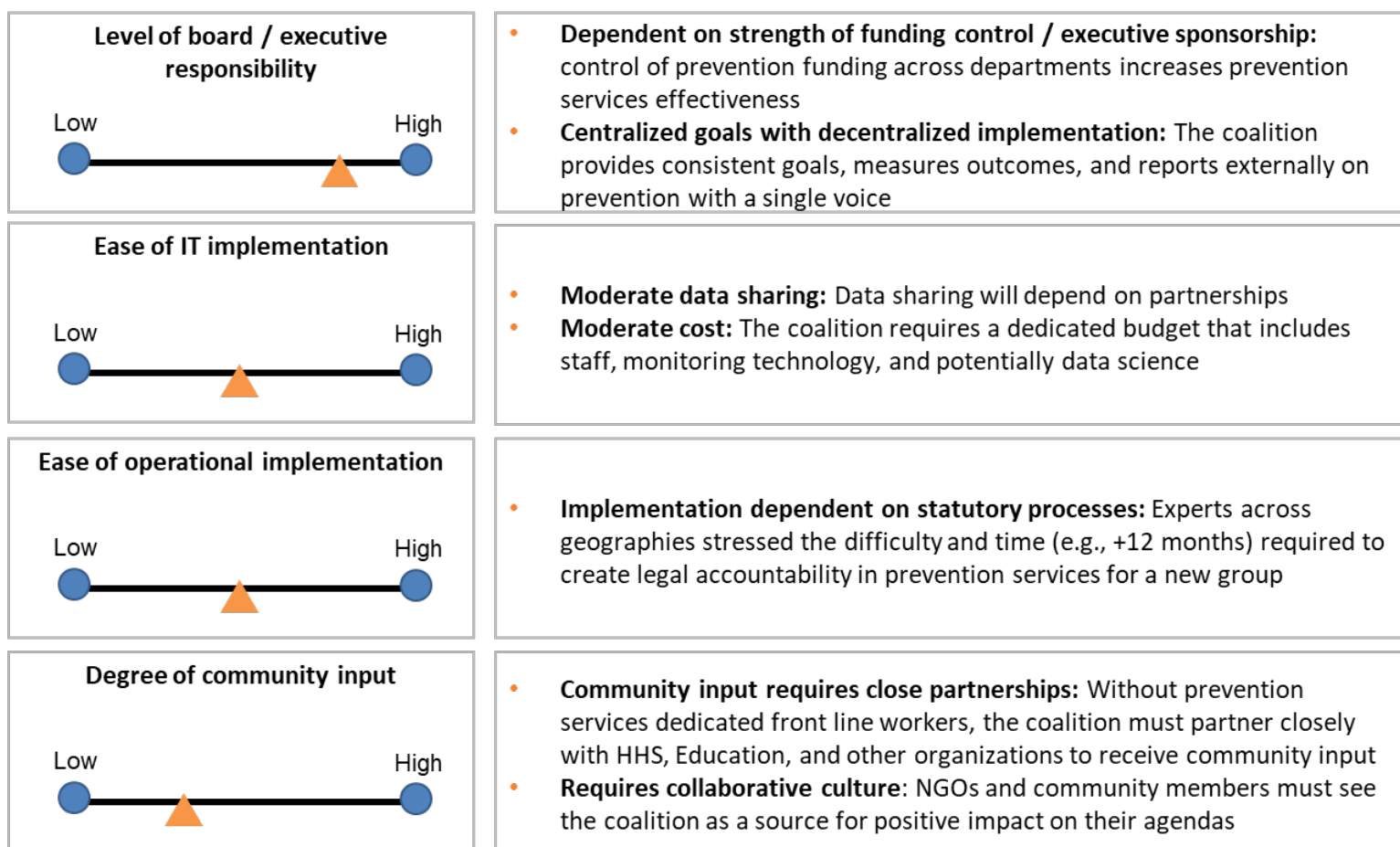


Figure II.1(k): Coalition model characteristics

## II. MEETING OUR DIRECTIVES

### Directive 1: Governance Structure and Coordinated Service Delivery

In a **standalone model**, all prevention and promotion services would be carved out of existing departments and consolidated into one new standalone agency. In this model, most key functions lie within the standalone agency. On the one hand, it would provide centralized authority and accountability for holistic prevention services. On the other hand, it would likely take multiple years to realign prevention in every single department in LA County and stand up a new entity. Figure II.1(m) below describes Standalone model characteristics in greater detail.

#### Stand-alone model characteristics

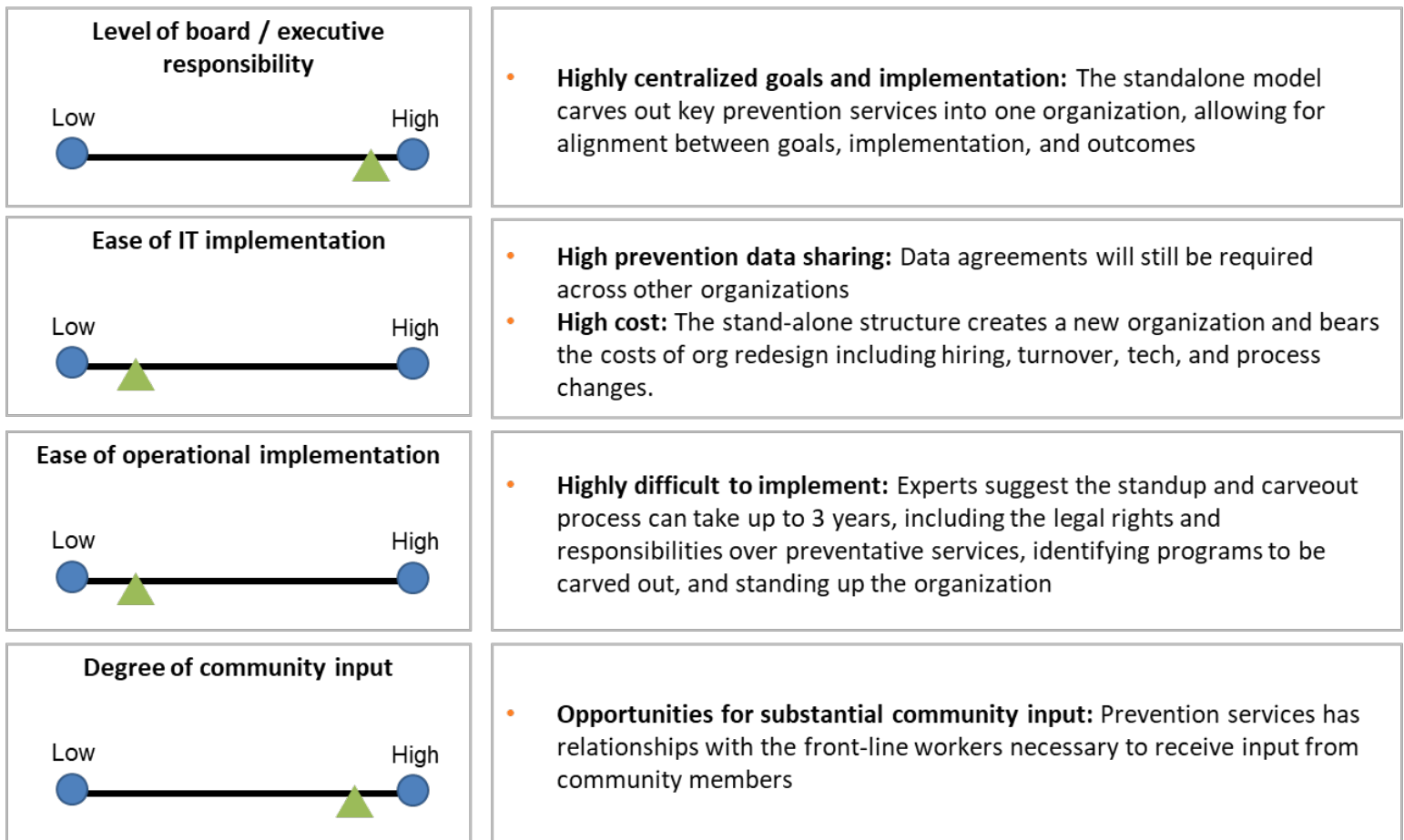


Figure II.1(k): Standalone model characteristics

To further analyze the strengths and tradeoffs of these models, four benchmark case studies were discussed at length. See **Exhibit B** for more detail on these case studies.

The Framework table considered each of the three archetypes and discussed whether they would be suitable for Los Angeles County. However, the County's population, community diversity, expansive geography, and structure are unique, and few similarly situated jurisdictions have scoped their prevention efforts across their systems at the scale involved in this initiative. Moreover, formally establishing any of these archetypes in LA County – and codifying roles and responsibilities – would be a multi-year process requiring additional study and deliberation. As a result, rather than recommending a specific archetype, the Task Force focused on identifying specific functions that would strengthen the County's coordinating capabilities for prevention. This eventually led to the development of the recommendation for a Prevention and Promotion Coordinating Team (PPCT) to develop some of these capabilities, which is described later in this section.

## II. MEETING OUR DIRECTIVES

### Directive 1: Governance Structure and Coordinated Service Delivery

## COORDINATING FUNCTIONS

With feedback and learnings from both the County’s current structure and benchmark jurisdictions, the Framework table then focused on identifying key **coordinating functions** and discussing the relative level of centralization of each to reveal the governance model preferences. **Members identified the following 13 key coordinating functions listed in Figure II.1(n) below that the County can align and assign to the appropriate entities to build a governance structure that makes the most sense for the County of Los Angeles.**

Function Group #1	Coordination, Collaboration & Communication	<ul style="list-style-type: none"> <li>Spearheading coordination efforts that span multiple agencies, reducing role confusion and duplication, braiding funding opportunities</li> </ul>
	Policy and Agenda Setting	<ul style="list-style-type: none"> <li>Advocacy and lobbying for key initiatives, including additional funding, and conducting federal, state, and local policy advocacy</li> </ul>
	Programming Decisions	<ul style="list-style-type: none"> <li>Owning program decisions in the relevant areas of opportunity (e.g., which programs to start, how to manage activities of existing programs)</li> </ul>
Function Group #2	Budgeting	<ul style="list-style-type: none"> <li>Operating a strategic approach to identify and maximize funding sources that will support the activities articulated in the vision</li> </ul>
	Funding Acquisition & Management	<ul style="list-style-type: none"> <li>Applying for grants, tracking outcomes, reporting to grantmaking agencies, and coordinating braided and bended funding</li> </ul>
	Contracting	<ul style="list-style-type: none"> <li>Leading contract efforts with partner organizations (e.g., NGOs and service providers) in addition to contracts with vendors and other parties</li> </ul>
	Legal	<ul style="list-style-type: none"> <li>Advising all functions on legal and compliance matters (e.g., funding restrictions, data sharing agreements)</li> </ul>
Function Group #3	Staffing for Coordination	<ul style="list-style-type: none"> <li>Overseeing staffing allocation and HR support for prevention services staff who oversee coordination efforts</li> </ul>
	Service Delivery	<ul style="list-style-type: none"> <li>Providing direct services to the community through on-the-ground case workers and community-based service providers</li> </ul>
Function Group #4	Co-Creating Solutions with Community	<ul style="list-style-type: none"> <li>Providing equitable support and compensation for community members who are co-creating policy and programming</li> </ul>
	Partnering with Community Organizations	<ul style="list-style-type: none"> <li>Establishing and managing partnerships with external community-based service providers who already provide holistic prevention services</li> </ul>
Function Group #5	Data Tracking / Metrics	<ul style="list-style-type: none"> <li>Identifying and monitoring key metrics that track progress made towards the successful outcomes for both prevention and promotion services</li> </ul>
	IT Systems	<ul style="list-style-type: none"> <li>Standing up new IT systems and managing existing systems that share data across multiple agencies</li> </ul>

**Figure II.1(n): 13 key coordinating functions identified by the Framework table and Task Force as necessary to achieve successful coordination and collaboration in a prevention and promotion system**

## II. MEETING OUR DIRECTIVES

### Directive 1: Governance Structure and Coordinated Service Delivery

Both the Framework table and Task Force dedicated multiple working meetings to discussing these coordinating functions and reviewed case studies on how other jurisdictions chose to align them. Members also weighed the tradeoffs from a heavily centralized approach (i.e., a superagency) to more distributed models that distributes responsibility across departments. This process included conducting a survey of Task Force and table members to understand ingoing hypotheses and perceptions regarding the relative centralization of these functions.

The survey yielded 32 responses which revealed a few key themes:

- **Interest in centralization:** Based on the average score of responses, there was broad interest in centralizing at least some functions to strengthen the County’s abilities to serve residents, increase efficiency, and overcome barriers to collaboration. Most respondents preferred centralizing data tracking and IT systems but recognized that it would require significant staffing (e.g., legal, implementation) and capacity needs. In contrast, there was the least amount of interest in centralizing programming decisions. Departments and community agencies are widely acknowledged to have the expertise needed for program and service delivery. However, as displayed in the summary charts below, members had a wide range of responses for each function, chiefly informed by the various roles, responsibilities, and structures in place across their respective organizations or domains.
- **Range of perspectives:** There were wide response ranges for almost all functions, which indicated less consensus on these functional decisions.

Figure II.1(o) below shows a high-level summary of responses to the survey.

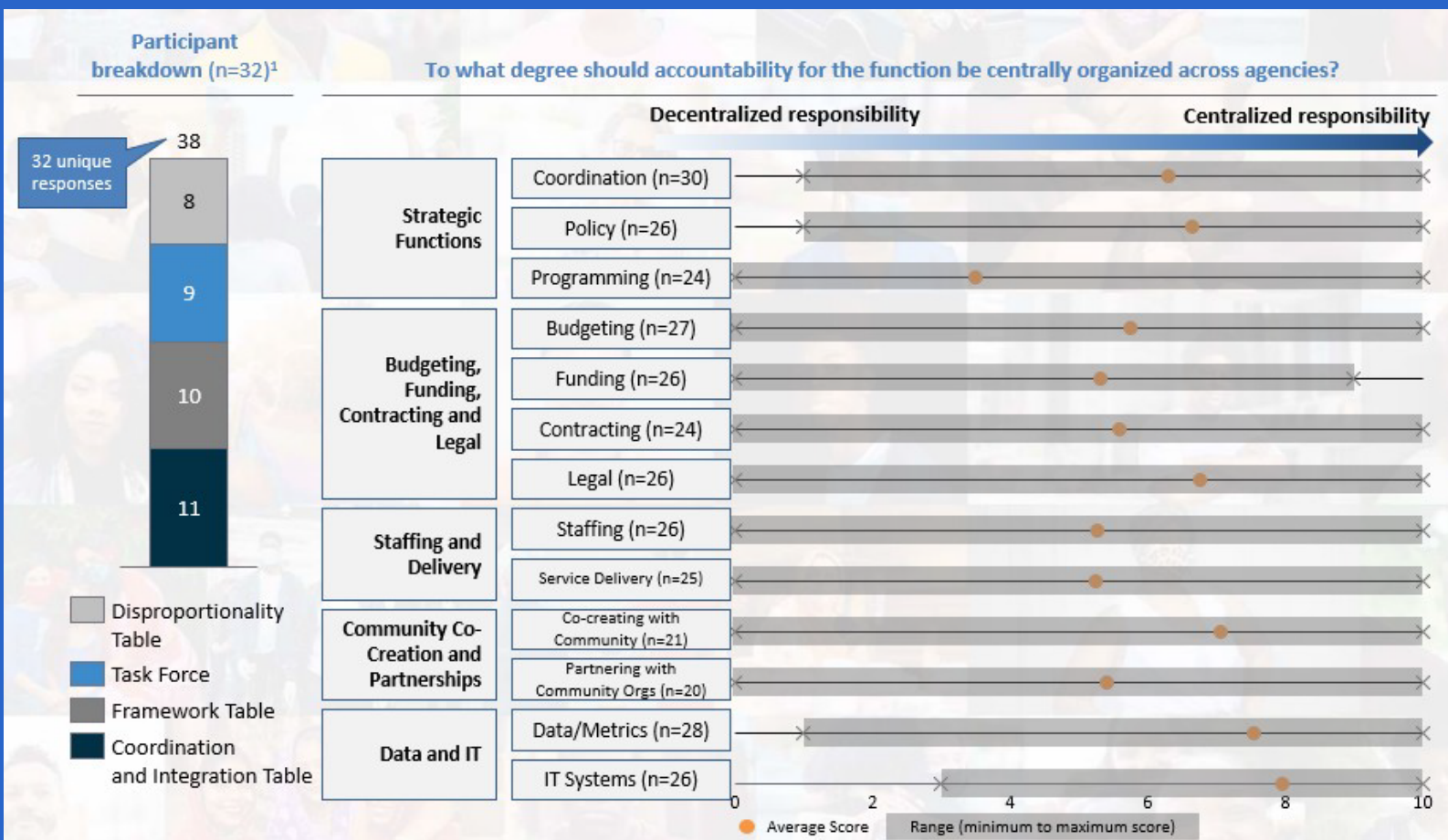


Figure II.1(o): Task Force and table member survey responses to the question “To what degree should accountability for the function be centrally organized across agencies?,” n=32.

## II. MEETING OUR DIRECTIVES

### Directive 1: Governance Structure and Coordinated Service Delivery

Task Force and tables provided a diverse range of written comments in the survey, some of which are highlighted and organized into categories in Figure II.1(p) and II.1(q) below:

#### Aligning efforts and reducing duplication

**By coordinating efforts, the County can better leverage its size for advocacy, and deliver more efficient, equitable services.**

“ All departments are in a unique position to and have their own expertise... but aligning on issues of shared interest will allow for stronger voice to push at every necessary lever”

*Disproportionality Table Member*

“ ... it is clear there are a lot of overlapping programs across Departments. In light of this, improved coordination is critical to ensure that the services are equitably distributed and available.”

*Coordination and Integration Table Member*

#### Building on the expertise of those closest to the work

**The people closest to the community and to service delivery are best positioned to make programming and other decisions.**

“ A centralized entity will not be close to the ground to know how to coordinate a community-based service delivery. These decisions should be made by the agencies themselves who have a better understanding of what is happening on the ground and the needs of the community.”

*Framework Table Member*

#### Promoting a clear leadership role for the community

**Given current and historic challenges with co-creating community solutions, this piece needs to be prioritized and clarified.**

“ By and large county staff are not very good at engaging community and not good at all in co-creating solutions (because many professionals have difficulty trusting that residents really do know what their problems are and how to solve them).”

*Coordination and Integration Table Member*

“ The process may be more time consuming, but I believe it will be much more effective if we include community members in the designing of services that will be provided to community members... rather than multiple meetings by individual departments where community members are asked similar questions and the rollout of programs is delayed.”

*Coordination and Integration Table Member*

#### There is no need to “reinvent the wheel”

**There is a desire to utilize and strengthen successful existing initiatives and coordinating bodies.**

“ We already have CEO LAIR - I think we can strengthen/build capacity for them to coordinate across systems.”

*Coordination and Integration Table Member*

“ To what extent are some departments doing this 'really well' already, and other departments not doing this at all. What pockets of engagement might be mandated already (e.g., MHSA).”

*Framework Table Member*

#### Regulatory and administrative barriers will need to be addressed

**Bureaucracy, staff capacity, as well as regulatory, contracting and legal requirements, pose significant barriers.**

“ Departments know what is best for their clients and capacities. Having to seek approval can create unnecessary delays that can, in turn, further burden the community ”

*Disproportionality Table Member*

“ ...a detailed fiscal analysis of funding streams looking at the unique interplay of LA, California, and the Feds is required because while “braided and blended funding” is easy to say, it is much more difficult to do.”

*Framework Table Member*

“ To facilitate the coordination that should go on across agencies we need to think about how we build time and funding into program staffing and job descriptions.”

*Framework Table Member*

#### Current cultural barriers and power dynamics also need to be addressed

**Any structural change that does not also address cultural barriers between departments and the CEO/Board is likely to fail.**

“ ... we've seen in multiple examples when one partner is made the lead, others check out of the conversation... I think we want to create an environment where [departments] want to come to the table and share in the responsibility of these things.”

*Task Force Member*

“ If CEO doesn't fund and organize around Board mandates then Department heads can either “hide” and do their own thing or get stuck in the middle and continue status quo.”

*Framework Table Member*

**Figures II.1(p) and II.1(q) above: Task Force and table member open-ended responses throughout the survey on coordinating functions.**

The functional survey themes and the September and October Task Force and table meetings suggest a few needs to arrive at governance decisions.

- **Continuing this collaborative work in a Phase 2:** There is interest in continuing the Task Force's efforts to achieve several goals to: 1) work as a group to reflect on what can be done within existing structures; 2) enable change management; and 3) give enough time to evaluate legal and regulatory requirements.

Although many members agree with the need to strengthen collaboration and coordination across County departments, there remains a wide range of perspectives on how to achieve functional, policy, budgetary, and programmatic alignment. Additionally, some members are eager to pilot and implement new coordinating structures, while several others cautioned against moving too quickly given experiences from previous Countywide initiatives intended to achieve similar outcomes. Regardless, there was a broad recognition that cultural change to support collaboration in LA County would be necessary and require additional time to examine the steps needed to implement strategies that strengthen coordination and collaboration.

- **Engaging and holding department heads accountable for collaboration decisions:** While the existing Task Force structure is collaborative, it lacks accountability for participation and decisions, in part because of existing decentralized reporting and accountability structures in the County. There is consensus among Task Force and Framework table members that departments heads must be drivers in creating an appropriate collaborative governance and functional structure.
- **Developing a meaningful, respectful, and empowering role for staff and community:** While this is a guiding principle for the Task Force, the structures to enable participation from community members with lived expertise have been slower to develop. Articulating how community members will participate and investing in dedicated staff capacity to execute on a governance decision process will be critical for support and success. In addition, departmental representatives at multiple levels emphasized that County staff must be appropriately resourced and supported to take on coordination and collaboration responsibilities, rather than having these duties simply be added to their existing full-time roles.
- **Addressing current cultural barriers:** Any governance/structural change that does not also address the cultural and decision-making barriers between departments and the CEO/Board is unlikely to fully succeed. Directly focusing on improving these power-sharing dynamics will facilitate an environment that will help key stakeholders overcome the status quo and impediments to positive change.
- **Identifying pilot opportunities:** While process is ongoing, the Tables – particularly the Coordination & Integration Table – have elevated the importance of pilots to demonstrate progress with collaboration and coordination and inform staffing needs. These pilots should be grounded in strengthening the coordinating functions to deliver on a unified vision of collaboration and coordination.



## II. MEETING OUR DIRECTIVES

### Directive 1: Governance Structure and Coordinated Service Delivery

The analysis of operational barriers to coordinated service delivery and the identification of necessary coordinating functions contributed to multiple recommendations relating to overarching governance decisions and immediate and actionable opportunities to newly establish or strengthen capabilities the County has not fully maximized to date across the 13 coordinating functions.

These include the following recommendations that have been adopted by the Task Force:

- **Recommendation #2a: Direct CEO, in coordination with PPCT, to strengthen the County’s capabilities to conduct multi-departmental budget coordination and strategy, including the ability to braid/blend in order to leverage and maximize funding, and identify spending gaps to assist Board and departmental decision-making.**
- **Recommendation #3a: Support CIO – in consultation with CEO, County Counsel – to collaborate with departments in developing strategies to further their work on the Countywide information, referral, and connection platform and similar efforts to develop next steps to streamline and address navigation and access barriers across the County’s service portfolio.**
- **Recommendation #4b: Direct CEO to identify dedicated resources to support CIO, County Counsel, and department leads to develop cross-departmental data sharing/integration plans for specific service areas.**

Finally, the findings and learnings from both processes also led to the creation of Task Force recommendations relating to the Prevention and Promotion Coordination Team and its proposed scope of work, which are detailed in the next section.

# CONCEPTUALIZING A PREVENTION AND PROMOTION COORDINATION TEAM (PPCT)

Through learnings from Task Force and table discussions, as well as feedback from key stakeholders, the ARDI staff developed a proposal for a Prevention and Promotion Coordination Team (PPCT) intended to guide, support, and/or implement several action-oriented recommendations. A majority of Task Force members have voted to adopt four recommendations relating to PPCT and supporting the creation of this team.

The Task Force notes that this recommendation is not intended to serve as a long-term governance structure solution for the County's prevention system. Instead, this recommendation was designed to strengthen key coordinating capabilities that Task Force members identified and agreed could improve the County's ability to serve residents holistically across prevention and promotion domains.

While a strong majority of the Task Force members voted to adopted each of the recommendations relating to PPCT, there were some concerns related to this recommendation that are important to note. For example, some members:

- Emphasized that their support for the PPCT recommendations below were contingent on simultaneously investing resources in departments to work alongside PPCT staff (via the departmental leads and implementation teams described below); and/or
- Agreed that strengthening coordinating functions could improve the County's ability to deliver prevention and promotion services but preferred that the investments be directed to strengthen capacity within departments rather than creating a new centralized body.

The detailed voting record across each recommendation, including those relating to PPCT, can be found in the last page of the **Recommendations** document concurrently submitted to the Board.

## PPCT: A COORDINATION TEAM TO SUPPORT IMMEDIATE OPERATIONAL NEEDS

### What is the Prevention and Promotion Coordination Team (PPCT)?

PPCT would be a small diverse, action-oriented coordination team comprised of CEO staff, departmental leadership, and departmental staff providing guidance and support in the implementation of action-oriented recommendations. PPCT would include staff focused on increasing coordination and collaboration among relevant County departments and initiatives.

- PPCT staff would include budget, program, and policy analysts with expertise to support a county system for prevention and promotion.
- Departments would be given additional resources to support specific leads on implementation teams charged with moving forward the various Task Force recommendations.

## II. MEETING OUR DIRECTIVES

### Directive 1: Governance Structure and Coordinated Service Delivery

PPCT would have dedicated staff at the Countywide level who would work collaboratively and offer capacity and capabilities needed to support multi-departmental efforts to implement Task Force recommendations. Together, PPCT staff, along with departmental leadership and staff, would provide the backbone support and expertise to carry out and help ensure the success of priority initiatives within the 13 coordinating functions identified by the Task Force in the prior section.

PPCT would also work with external partners and community stakeholders to support coordination and collaboration among County departments and initiatives. PPCT will also identify how to integrate members with lived experience and lived expertise. This may mean consistently evaluating who should lead and actively participate in tackling intersectional challenges and opportunities to optimize collaborative efforts on effective prevention and promotion initiatives. This may be based on funding, existing infrastructure, expertise, jurisdiction, and other realities among County departments and between County and external stakeholders.

The team would initially focus on immediate operational needs to support better coordination **across County systems** including:

- **Centralized goals with decentralized implementation:** PPCT would support the development of shared goals and metrics, reporting externally on progress.
- **Function accountability:** Functions would be distributed or **shared** between the PPCT and Departments (i.e., PPCT and Departments may have either primary or secondary responsibility depending on the function.)
- **Prevention data sharing:** PPCT would help support efforts to share data and implement data agreements across other organizations. This includes identifying and monitoring key metrics that track progress made towards the successful outcomes for both prevention and promotion services.
- **Strategic budget and funding analyses:** PPCT would strengthen the County's capabilities to conduct multi-departmental budget coordination and strategy through **identification of investment gaps, increased prevention and promotion investment, and opportunities for funding sustainability**. Regular meetings would be held with department leads to review data and determine funding and service planning.
- **Ease of operational implementation:** PPCT would liaise with existing department initiative teams and elevate departmental best practices. The team would help identify urgent and emergent needs to better triage challenges so families can connect to services more effectively by increasing coordination with partners.

PPCT would additionally partner with the Department of Public Health for:

- **Assessment and evaluation:** This collaboration would refine and advance the guiding prevention metrics and outcome measures to align with Countywide prevention/promotion efforts, including additional community engagement and analyses to address disproportionality. This would also include consolidating, identifying, and sharing best practices that can be incorporated in collaborative efforts.

## II. MEETING OUR DIRECTIVES

### Directive 1: Governance Structure and Coordinated Service Delivery

In addition to recommending the formation of PPCT, a majority of Task Force members voted to adopt three major functions/activities that PPCT will undertake:

- **Recommendation #1e: Direct PPCT to coordinate and consolidate a prevention and promotion policy agenda across departments and initiatives.** PPCT will work with departments (and CEO – Legislative Affairs) to identify and consolidate policy advocacy requests at federal, state, and local levels.
- **Recommendation #1f: Direct PPCT to share strategies to address regulatory, legal, and legislative barriers as well as funding constraints to enable an effective community-based service delivery system.** PPCT, in coordination with County Counsel, will convene departmental subject matter experts to come together to review and discuss interpretations of certain rules, regulations, and other processes to ensure consistency across departments, including strategies to support community and organizations more flexibly.
- **Recommendation #1g: Direct PPCT to support and uplift existing initiatives and strategies to improve resource navigation and access, including how their learnings can be applied and implemented across other service areas.** PPCT would work with departments, initiatives, and external partners to document best practices and improve resource navigation and access across multiple service areas, especially relating to priority populations. This work would draw upon and help operationalize findings from the Task Force’s (ongoing) user journey mapping efforts and referral network assessments.

## II. MEETING OUR DIRECTIVES

### Directive 1: Governance Structure and Coordinated Service Delivery

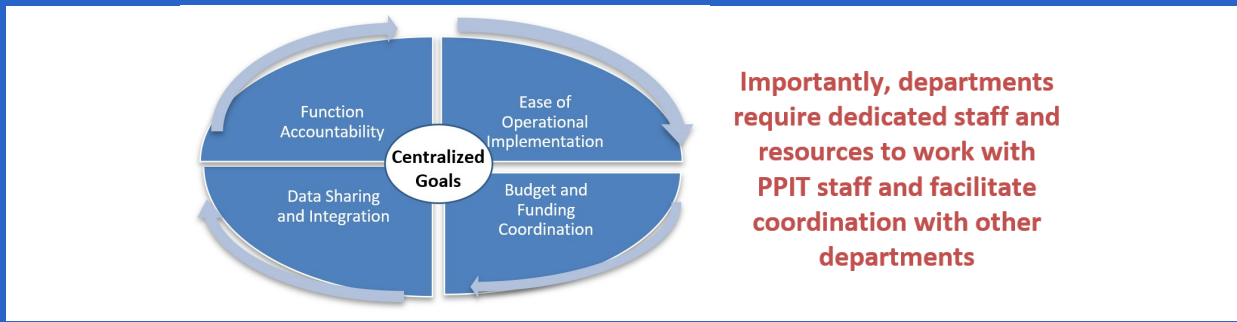


Figure II.1(r): PPCT's Organizational Design

A majority of Task Force members also included PPCT as a key stakeholder in multiple other recommendations, including:

- **Recommendation #2a: Direct CEO, in coordination with PPCT, to strengthen the County's capabilities to conduct multi-departmental budget coordination and strategy, including the ability to braid/blend in order to leverage and maximize funding, and identify spending gaps to assist Board and departmental decision-making.**
- **Recommendation #2b: Direct CEO to create a Countywide Prevention and Promotion Budget.** (A majority of Task Force members noted in the description of the recommendation that PPCT could potentially lead or partner with CEO to compile this in partnership with departmental staff.)
- **Recommendation #3a: Support CIO – in consultation with CEO and County Counsel – to collaborate with departments in developing strategies to further their work on the Countywide information, referral, and connection platform and similar efforts to develop next steps to streamline and address navigation and access barriers across the County's service portfolio.** (A majority of Task Force members noted in the description of the recommendation that PPCT could assist CIO in documentation of lessons learned and consolidate them with findings from the Task Force's community engagement process and user journey mapping.)

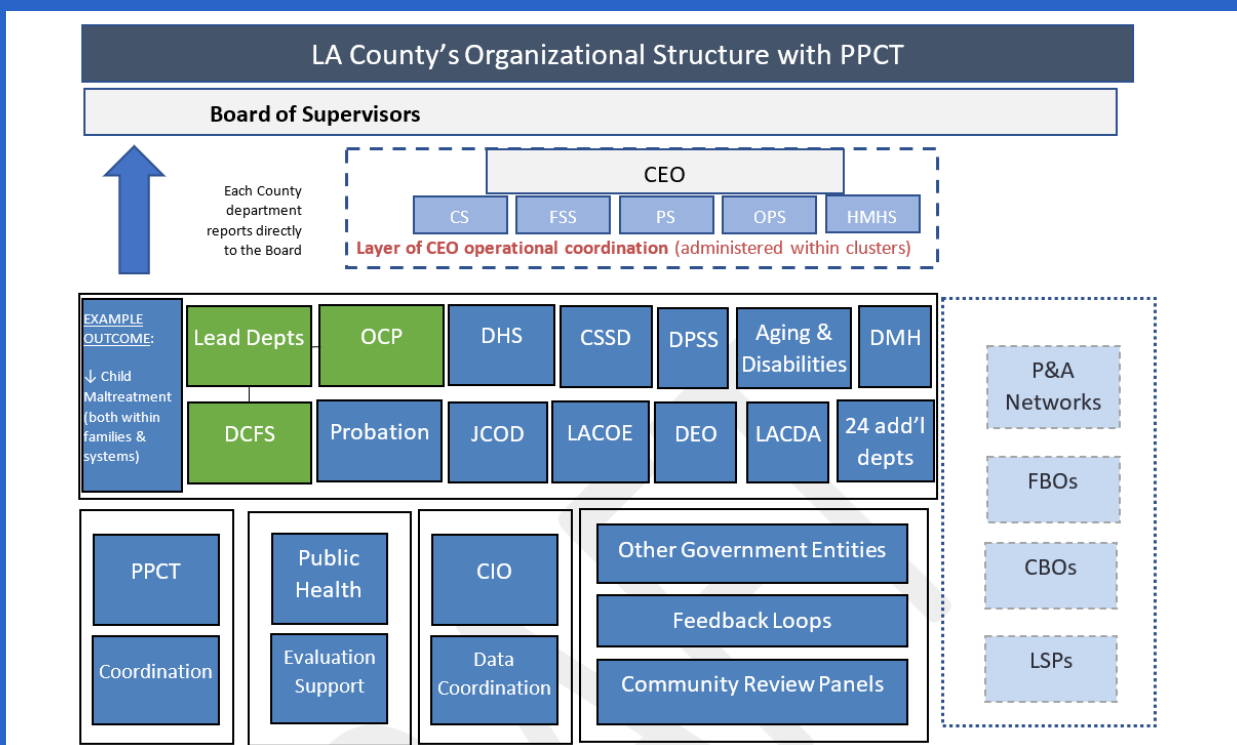


Figure II.1(s): LA County's organizational structure with a Prevention and Promotion Coordination Team (PPCT)

#### PPCT can support departments in addressing many of LA County's existing challenges in prevention and promotion:

- **Filling in service gaps and sharing best practices:** There is an opportunity for PPCT to compile and share best practices currently occurring across existing coordinating initiatives and suggest how they can be used by other departments and service areas currently disconnected from the County's strongest prevention efforts. This will strengthen clarity of roles across prevention initiatives.
- **Taking on key organizational needs:** PPCT addresses several "floating" and under-addressed concerns, providing the necessary staffing to do so. As an action team, it can focus on supporting implementation of Task Force recommendations to improve coordination across prevention and promotion departments.
- **Respond to under addressed needs of priority populations:** PPCT (and the Task Force/ARDI) can also facilitate User Journey Mapping to address the needs of priority populations that may currently be underserved because they require support and resources from multiple departments and agencies.
- **Track progress toward outcomes:** PPCT can assess progress toward achieving prevention goals and outcomes. This will allow departments to identify funding gaps, support risk sharing, resource pooling, outcome monitoring, staff training, and collaboration implementation.
- **Ensure the County has the tools and capabilities needed to improve coordination:** PPCT can offer support to the roll out of key technological tools (e.g., improved budgeting platform, integrated data tools) and enhance county capacity to pursue multi-departmental funding opportunities.

#### PPCT also can build on existing strengths:

- **Helps the County apply the Task Force's values and commitment:** Equipped with the Task Force vision and model for prevention and promotion, PPCT can support wide dissemination of a common language for prevention and promotion to contextualize relevant County efforts.
- **Builds on collaborative action and strong working relationships:** PPCT can assist in sharing out best practices developed through previous County efforts, while also supporting initiatives that require additional dedicated staffing within departments to take on new coordination responsibilities.
- **Connecting community expertise, enthusiasm, and interest to County efforts:** PPCT can support immediate strategies and facilitate the development of a longer-term plan to ensure that the County is authentically involving residents and workers across the county in the provision of a community-based prevention and promotion delivery system.
- **Supporting the County's commitment across the spectrum of community partnerships:** PPCT will assist departments in the strategic development of several community-centric recommendations from the Task Force, helping ensure the County fully leverages the wealth of knowledge, expertise, and resources of this region to support prevention and promotion.

This proposal for a Prevention and Promotion Coordination Team led to multiple recommendations adopted by a majority of Task Force members on January 6, 2023, chiefly:

- **1d: Direct CEO to work with County departments to establish and resource a Countywide Prevention and Promotion Coordination Team (PPCT) and departmental implementation teams working with external partners and community stakeholders to increase coordination and collaboration among County departments and initiatives.**



## DIRECTIVE 2: FUNDING STREAMS ANALYSIS

To meet this directive, the Task Force conducted a comprehensive Countywide funding streams analysis, with information provided by impacted departments and reviewed by CEO Budget, that details existing funding available for Countywide prevention services to support the implementation of a full-scale Countywide coordinated prevention strategy. This process included:

- Compiling a Program Inventory and Reviewing Funding Streams
- Identifying Barriers to Budget Coordination and Strategic Funding Sustainability

### COMPILING A PROGRAM INVENTORY AND REVIEWING FUNDING STREAMS

In late 2021, ARDI staff collaborated with CEO Budget and departmental staff to send a Countywide survey form across the five County departmental clusters: Health and Mental Health Services (HMHS), Community Services (CMS), Family and Social Services (FSS), Operations (OPS) and Public Safety (PS). (A full listing of the County departments contained within each of the five clusters can be found in Table II.2(d) in the section below).

Departmental staff were asked to self-report their organization's existing prevention programs and provide related funding information for each listing. At the time, because the Task Force and Framework table had yet to formally adopt definitions for prevention and promotion (see prior section), **staff were provided the following preliminary definitions to organize programs by prevention tier:**

- Primary prevention: directed at the general population to prevent negative outcomes before they occur (universal),
- Secondary prevention: targeted to individuals or families in which negative outcomes are more likely (high risk), and
- Tertiary prevention: targeted towards individuals or families in which harms have already occurred in an effort to prevent further harm (indicated)

The surveys requested program level information including:

- Program Name
- Program Description
- Prevention Level (under the preliminary definitions listed above)
- FY 2020-21 Actual Expenditures
- FY 2021-22 Budgeted Amount
- Funding Source(s) Name
- Identification of whether the funding is restricted and point of view on how the funding is restricted

## II. MEETING OUR DIRECTIVES

### Directive 2: Funding Streams Analysis

In the initial responses, 272 programs were self-identified across 28 departments under HMHS, CMS, FSS, OPS and Public Safety. In July 2022, a follow up survey was issued requesting updated information related to the programs reported, as well as identification of any additional programs that may have been missed in the first scan or that were newly created in the interceding months. The second survey was also sent to organizations that were not previously asked to respond but whose members sit on the Task Force (i.e., First 5 Los Angeles (First5LA), CEO-Homeless Initiative, Los Angeles County Development Authority (LACDA), and Los Angeles County Office of Education (LACOE). The second survey requested information including:

- FY 2022-23 Budgeted Amount
- Detail related to each funding source including
  - Funding type (e.g., Grant, Federal, State, etc.)
  - Official name(s) of any grant(s)/program(s)
  - Approximate amount of the FY 2022-23 BUDGETED AMOUNT funded
  - Nature of funding (e.g., single allocation, cost reimbursement, etc.)

Using the responses across the surveys, a comprehensive inventory was created to track programs and related funding sources for further analysis. Secondary research was conducted to better understand requirements and restrictions for each of the reported funding sources to identify funding sources for evaluation as to whether funding could be utilized in a flexible nature going forward.

In addition to the survey responses, key informant interviews were conducted with members of CEO Budget, the Office of Child Protection, the Alliance for Health Integration, Auditor-Controller, DCFS, and County Counsel. These discussions focused on the current budgeting/reporting processes, information availability and accuracy, specifically as it relates to funding for prevention and promotion efforts, and suggestions or recommendations for consideration when performing a comprehensive funding streams analysis.

## FINDINGS AND ANALYSIS

The County has a strong commitment to prevention and promotion services across its departments. To capture the current state, departments were asked to self-report associated programs, budget and funding information, and the life stages served (e.g., children, youth, adult, seniors) and number of individuals served, in addition to the funding data requested. Below are observations from the self-reported information provided in response to the Countywide survey:

- In total, 415 programs were identified across the five overarching County departmental clusters, First5LA, CEO-Homeless Initiative, LACDA, and LACOE)
  - 287 programs were identified across CMS, FSS, PS, HMHS, and Ops
    - 217 (75%) programs identified one sole funding source
    - 71 (25%) programs identified multiple funding sources
    - 148 unique funding sources were reported across the five County departmental clusters.
  - 128 programs were identified across First5LA, CEO-Homeless Initiative, LACDA, and LACOE
- Total Budget Amount per FY 2022-23 Final Changes Budget (self-reported) was \$2,361,701,798.



## II. MEETING OUR DIRECTIVES

### Directive 2: Funding Streams Analysis

Staff reported that most County prevention programs have restricted funding sources:

- 61 programs self-responded to the question “Is the Funding Source Restricted?” with “No” (totaling \$191,086,912 or 8% of total)
- 192 programs reported funding was ongoing
- 91 programs reported funding was one-time
- 24 programs reported funding comprised both ongoing and one-time funding
  - Remaining 108 programs either did not provide the breakout or provided an alternative explanation/response

Roughly half of programs (190 of 415) shared information on population metrics (i.e., description of populations served) and 61% (254 of 415) shared information on life stages served (i.e., what approximate age group(s) to which the services were delivered). Response rate to questions of population metrics and life stage likely varied based on multiple factors, including, but not limited to, data availability, feasibility of collection, relevance of individuals to program goals (e.g., specific programs may have delivered items to individuals), capacity to respond, and quality of data.

Programs that provided population data indicated that approximately 174 million “customers” are served across the 251 programs, suggesting that many County residents receive support or services from multiple programs. In addition, several programs served the entire LA County population.

**Table II.2(a): Individuals served through programs across the five County departmental clustered (self-reported, many populations are counted multiple times over due to individuals being served by multiple programs).**

<u>Departmental Cluster</u>	<u>Individuals served across prevention and promotion programs (based on reported data; not all programs provided this information)</u>
Community Services (CMS)	250,378
Family and Social Services (FSS)	259,734
Health and Mental Health Services (HMHS)	172,714,966
Operations (OPS)	493,175
Public Safety (PS)	9,012
Other (i.e., program not within one of the 5 County departmental clusters)	192,440

Some department staff completed life stage data indicating which population age range(s) their programs currently serve. Across LA County, there are prevention and promotion programs supporting people across the lifespan from birth to older adulthood, as illustrated in Figure II.2(b) on the next page. This underscores the importance of focusing on life course outcomes and looking across an individual’s life to consider the scope of relevant services. Similarly, the Framework Table identified a sample set of domains detailed in Figure II.2(c) that should be included in the scope of the prevention and promotion vision for the County. Mapping the programs to these domains indicates that the County has a rich base of programs and services to build upon that supports these goals across life stages.

## II. MEETING OUR DIRECTIVES

### Directive 2: Funding Streams Analysis

#### LA County Prevention Programs (illustrative, not comprehensive)

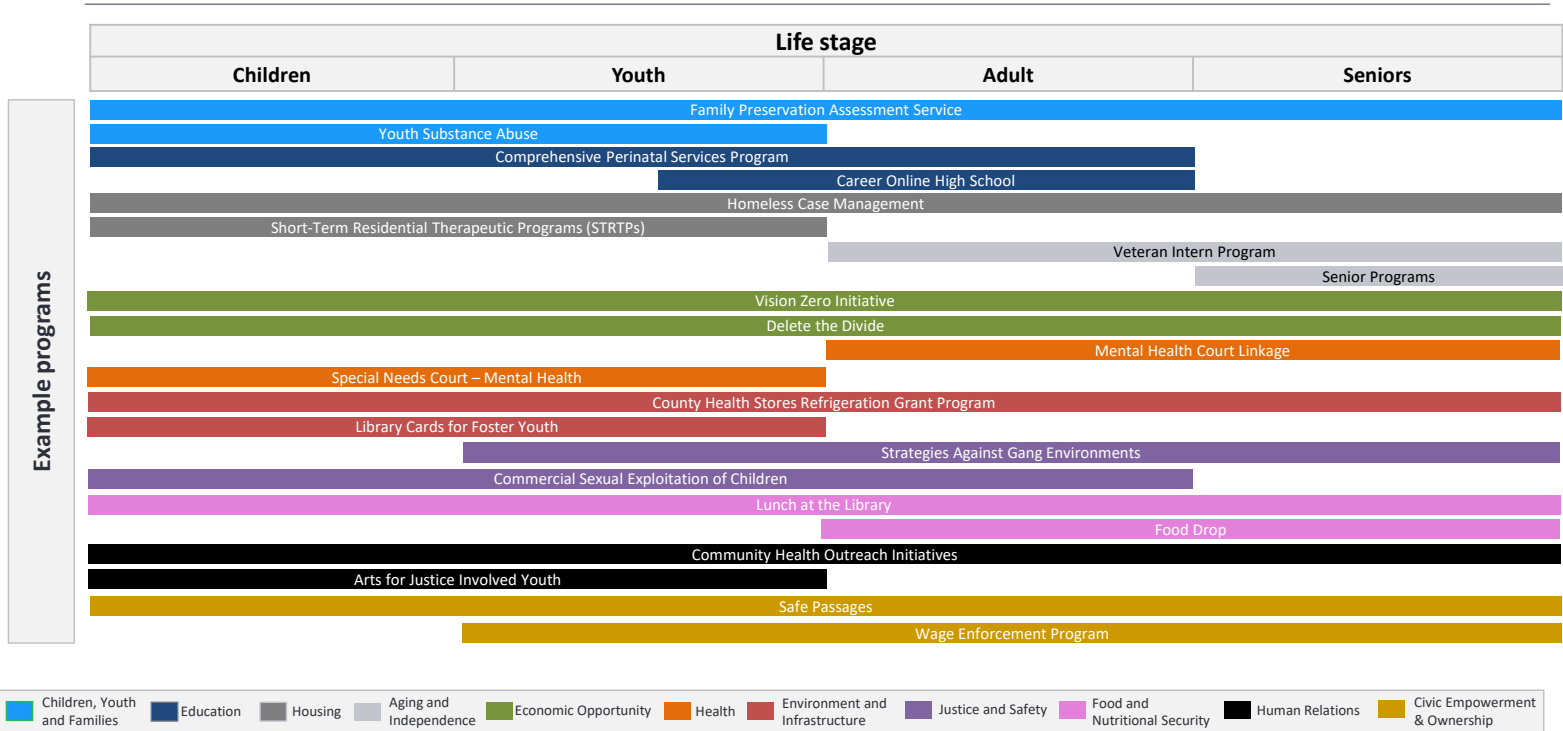


Figure II.2(b): Illustrative listing of example LA County prevention programs across life span groups.

#### Illustrative mapping of programs to domains

Aging and Independence	Children, Youth and Families	Civic Empowerment & Ownership	Economic Opportunity	Education	Environment and Infrastructure	Food and Nutritional Security	Health	Housing	Human Relations	Justice and Safety
<ul style="list-style-type: none"> <li>• <b>Aging Programs and Services</b> – in-home and Alzheimer’s day care</li> <li>• <b>Elderly Nutrition Program (ENP)</b> – provides nutritious meals to seniors in community centers and residences</li> <li>• <b>LA Found</b> – assists caregivers of individuals with cognitive impairments</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Family Preservation Assessment Services</b> – evaluation of high-risk cases of domestic violence or substance abuse in homes</li> <li>• <b>MCAH Home Visiting Programs</b> – supports high need pregnant families</li> <li>• <b>Prevention and Aftercare (P&amp;A)</b> – protective services to reduce likelihood of child mistreatment</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Green Zones Program</b> – environmental justice program for land use strategies and zoning enforcement</li> <li>• <b>Safe Passages</b> – addresses violence and strategies of healing through community engagement</li> <li>• <b>Wage Enforcement Program</b> – ensures labor forces in unincorporated areas are paid wages they are owed</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Delete the Divide</b> – provide small businesses, youth and adults with resources</li> <li>• <b>Jail Based Program</b> – career preparation services at Century Regional Detention Facility</li> <li>• <b>Wage Enforcement Program</b> – conducts investigations into allegations of minimum wage ordinance violations</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Antiracism Diversity and Inclusion Initiative</b> – fights against racism that systemically and systematically affects Black residents</li> <li>• <b>Comprehensive Perinatal Services</b> – health education services up to 60 days after delivery</li> <li>• <b>Prevention Education Program</b> – inform individuals on risks associated with substance use</li> </ul>	<ul style="list-style-type: none"> <li>• <b>County Health Stores Refrigeration Grant Program</b> – provides small corner stores in low-income communities healthy food</li> <li>• <b>Recreation Programming</b> – operates programs at community parks and nature centers</li> <li>• <b>Vision Zero Initiative</b> – eliminates traffic collisions on county roadways</li> </ul>	<ul style="list-style-type: none"> <li>• <b>County Health Stores Refrigeration Grant</b> – provides low-income communities with free refrigeration units</li> <li>• <b>Food Drop</b> – connects food businesses with recovery agencies for donating leftovers</li> <li>• <b>Lunch at the Library</b> – free breakfast and lunch for those meeting income requirements</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Communicable Disease Control and Management</b> – preventative interventions to improve health outcomes</li> <li>• <b>Drug Medical Treatment Services</b> – substance use disorder services like medication and recovery support</li> <li>• <b>Tuberculosis Control Program</b> – early detection and effective treatment</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Permanent Arrearages</b> – prevent eviction for CalWORKs families with financial hardship</li> <li>• <b>Homeless Case Management</b> – facilitate homeless families’ access to services and permanent housing</li> <li>• <b>People Experiencing Homelessness</b> – trash collection services provided at no cost</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Arts for Justice Involved Youth</b> – provides arts-based youth development services in juvenile detention centers</li> <li>• <b>Community Health Outreach Initiatives</b> – healthcare enrollment in underserved communities</li> <li>• <b>Promotores</b> – mental illness and disease prevention for underserved communities</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Complaint Investigation</b> – resolves identity theft and real estate fraud</li> <li>• <b>Office of Immigrant Affairs</b> – protects the rights and advances of all immigrants</li> <li>• <b>Strategies Against Gang Environments</b> – reduce gang violence through abatement of narcotics-related activities</li> </ul>

Figure II.2(c): Illustrative listing of example LA County prevention programs across prevention and promotion domains.

As a follow-up to this analysis, staff developed a list of funding streams opportunities meriting additional study for their potential to help support additional prevention and promotion services. This preliminary list can be found in **Exhibit F**.

**Table II.2(d): Detailed Summary Tables and Charts across Departmental Clusters**

The following tables and charts summarize the information shared to the Task Force with the support of CEO Budget and departmental staff. **(NOTE: all data is self-reported data by the individual departments)<sup>a</sup>**

**Number of Programs per the FY 2022-23 Final Changes Budget by Department**

Branch	Department	Number of Programs
Community Services (CMS)	Animal Care and Control	2
	Beaches and Harbors	1
	Parks and Rec	8
	Public Library	19
	Public Works	7
	Regional planning	11
Family and Social Services (FSS)	Aging and Disabilities Department	6
	Child and Family Services	9
	Child Support Services	1
	Department of Economic Opportunity	13
	Military and Veterans Affairs	2
	Public Social Services	20
Health and Mental Health Services (HMHS)	Health Services	4
	Mental Health	31
	Public Health	79
Operations (OPS)	Arts and Culture	1
	Auditor- Controller	1
	Consumer and Business Affairs	6
	Human Resources	10
	Internal Services	4
	Treasurer and Tax Collector	2
Public Safety (PS)	Alternate Public Defender	8
	District Attorney	16
	Medical Examiner	1
	Probation	10
	Public Defender	14
	Sheriff	1
<b>Subtotal</b>		<b>287**</b>
Other	First 5 LA	14
	CEO-Homeless Initiative	4
	LACDA	89
	LACOE	20
	CEO-Poverty Alleviation Initiative	1
<b>Total</b>		<b>415</b>

<sup>a</sup> Information was self-reported as opposed to coming from a central or complete repository of information. There were gaps in requested versus provided information (i.e., 10 programs did not provide data on budgeted amount for 2022-23). There were gaps across each of the programs regarding level of detail in the survey's responses (i.e., many programs provided the names of funding sources but did not break the funding sources down by dollar amount).

<sup>b</sup> Increase in programs from the initial survey response is due to the identification of additional programs by departments.

## COUNTY DEPARTMENTAL DATA (ACROSS FIVE COUNTY CLUSTERS)

This page summarizes data gathered from official County departments managed under each of the five County clusters: Community Services (CMS), Family and Social Services (FSS), Health and Mental Health Services (HMHS), Operations (OPS), and Public Safety (PS). Data from other Task Force organizations are listed on the following page.

### Table II.2(e): Summary of Programs with Restricted Funding Sources – COUNTY DEPARTMENTS ONLY

#### Number of Programs and Total Budget Amount per the FY 2022-23 Final Changes Budget Based on Response to the Question “Is the Funding Source Restricted?”

Self-Reported “Is the Funding Source Restricted?” by Program	Number of Programs	Total Budget Amount per FY 2022-23 Final Changes Budget
Yes	184	\$1,776,307,551
No	55	\$172,649,912
Partial <sup>c</sup>	26	\$86,954,176
No Budgeted Amount Or Restriction Not Reported	21	\$1,148,483
Multiple <sup>d</sup>	1	\$12,044,806
Total	287	\$2,049,104,928

<sup>c</sup> Partial restriction occurred when there are multiple funding sources reported and the self-reported information indicated some are restricted and some are not.

<sup>d</sup> Multiple line items reported for the program, different restriction types identified.

#### Number of Programs by Prevention Level – COUNTY DEPARTMENTS ONLY

- 115 programs reported as “Primary” prevention level
- 79 programs reported as “Secondary” prevention level
- 90 programs reported as “Tertiary” prevention level
- 4 programs reported with multiple prevention levels

### Table II.2(f): Summary of Programs Across Funding Duration – COUNTY DEPARTMENTS ONLY

#### Number of Programs Based on Responses to the Requests for “Ongoing Budgeted Amount” and “One-Time Budgeted Amount”

Self-Reported Responses to Request for “Ongoing Budgeted Amount” and “One-Time Budgeted Amount”	Number of Programs
Ongoing	141
One-Time	55
Both	24
Other Response	16
N/A or No Budgeted Amount	13
Blank	37
Multiple <sup>e</sup>	1
Total	287

<sup>e</sup> Multiple line items reported for the program, different restriction types identified.

## DATA ON OTHER TASK FORCE ORGANIZATIONS

This page summarizes data gathered from other Task Force organizations, including First5LA, the Los Angeles County Development Authority, the Los Angeles County Office of Education, and CEO initiatives such as the Homeless Initiative and Poverty Alleviation Initiative. Please see the preceding page for information on County departments managed under the 5 clusters.

### Table II.2(g): Summary of Programs with Restricted Funding Sources – OTHER TASK FORCE ORGANIZATIONS ONLY

#### Number of Programs and Total Budget Amount per the FY 2022-23 Final Changes Budget Based on Response to the Question “Is the Funding Source Restricted?”

Self-Reported “Is the Funding Source Restricted?” by Program	Number of Programs	Total Budget Amount per FY 2022-23 Final Changes Budget
Yes	100	\$294,159,870
No	6	\$18,437,000
Partial <sup>f</sup>	-	\$0
No Budgeted Amount Or Restriction Not Reported	22	\$0
Multiple <sup>g</sup>	1	\$0
Total	128	\$312,596,870

<sup>f</sup> Partial restriction occurred when there are multiple funding sources reported and the self-reported information indicated some are restricted and some are not.

<sup>g</sup> Multiple line items reported for the program, different restriction types identified.

#### Number of Programs by Prevention Level – OTHER TASK FORCE ORGANIZATIONS

- 99 programs reported as “Primary” prevention level
- 8 programs reported as “Secondary” prevention level
- 18 programs reported as “Tertiary” prevention level
- 2 programs reported with multiple prevention levels

### Table II.2(f): Summary of Programs Across Funding Duration – OTHER TASK FORCE ORGANIZATIONS ONLY

#### Number of Programs Based on Responses to the Requests for “Ongoing Budgeted Amount” and “One-Time Budgeted Amount”

Self-Reported Responses to Request for “Ongoing Budgeted Amount” and “One-Time Budgeted Amount”	Number of Programs
Ongoing	51
One-Time	36
Both	-
Other Response	-
N/A or No Budgeted Amount	-
Blank	39
Multiple <sup>h</sup>	2
Total	128

<sup>h</sup> Multiple line items reported for the program, different restriction types identified.

II. MEETING OUR DIRECTIVES  
 Directive 2: Funding Streams Analysis

**SELF-REPORTED PREVENTION BUDGET, FY 2022-23 FINAL CHANGES BUDGET BY ORGANIZATION**

DPH (\$1.36B) comprises 57% of reported County prevention funding and was removed for readability

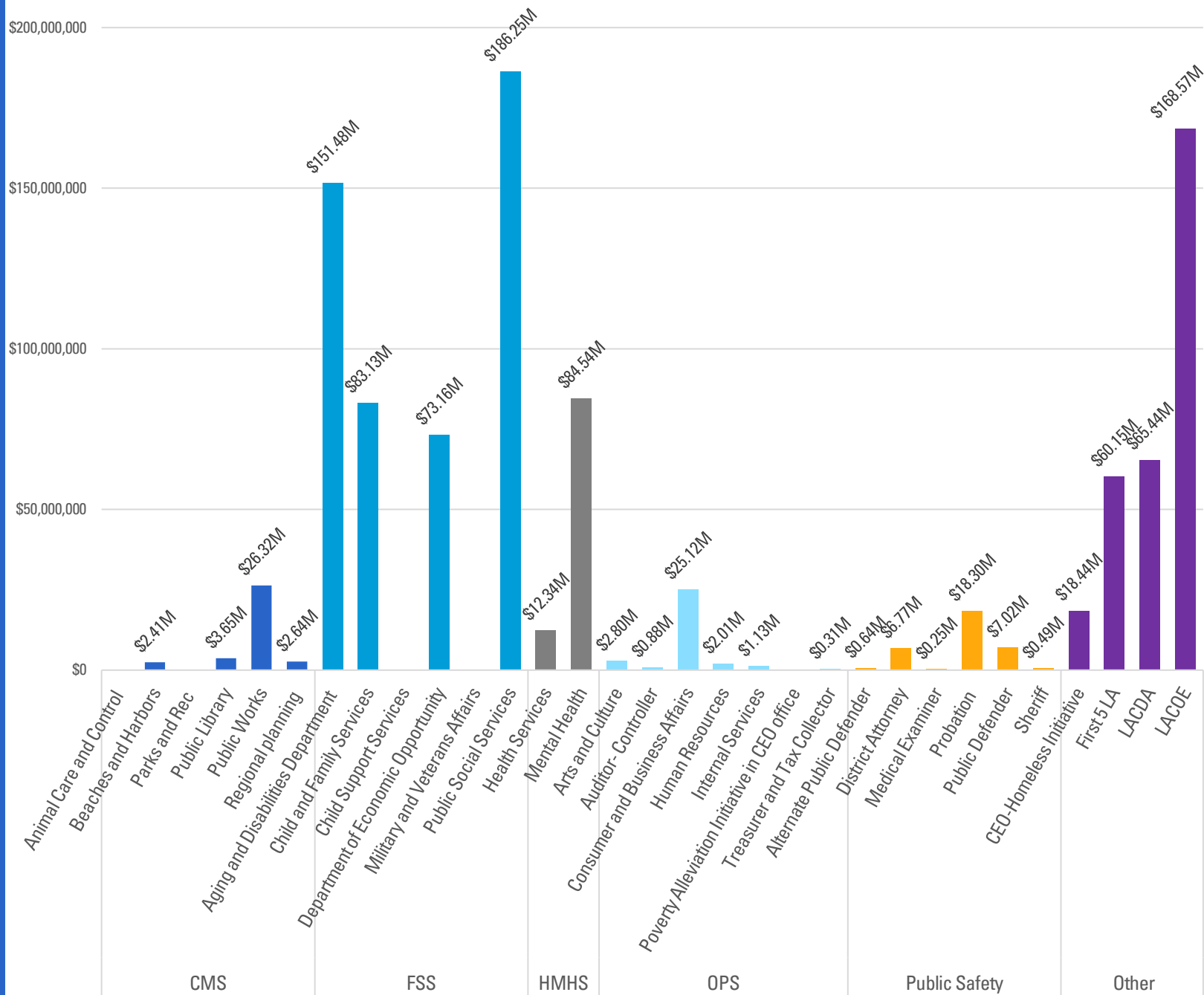


Figure II.2(j): Self-Reported Prevention Budget, FY 2022-23 Final Changes Budget by Organization. Note: DPH comprises 57% (\$1.36 billion) of reported County prevention funding and was removed from this chart for readability.

II. MEETING OUR DIRECTIVES  
 Directive 2: Funding Streams Analysis

**NUMBER OF SELF-REPORTED PREVENTION PROGRAMS BY ORGANIZATION**

Prevention levels were self-identified (October 2022)

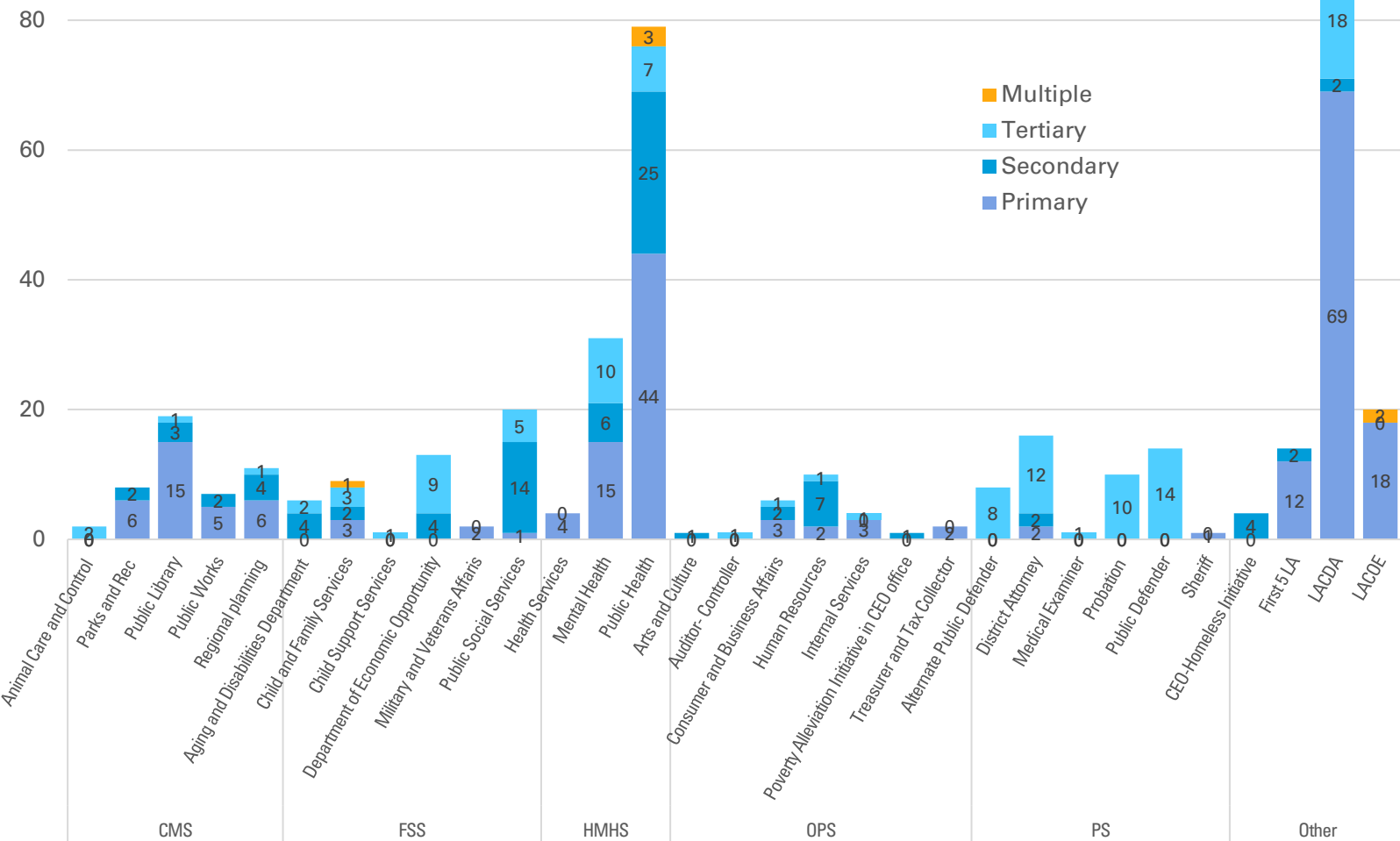


Figure II.2(k): Number of self-reported prevention programs by organization (Oct 2022); Prevention levels were self-identified.

**BUDGETED SPENDING BY PREVENTION LEVEL**

Prevention levels were self-identified, FY 2022-23 Final Changes Budget

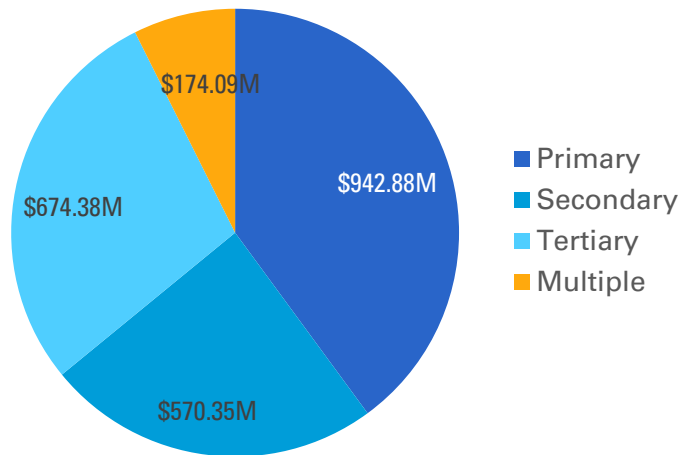


Figure II.2(l): Budget spending by Prevention Level, FY 2022-23 Final Changes Budget. Note: Prevention levels were self-identified by departmental/entity staff.

## IDENTIFYING BARRIERS TO BUDGET COORDINATION AND STRATEGIC FUNDING SUSTAINABILITY

Over the course of the funding streams analysis, the ARDI staff and consultants identified several structural barriers to managing budget coordination and strategic funding sustainability across multi-departmental prevention and promotion services. These findings were further validated by conversations with County staff and consultants with budgeting expertise in multiple service areas and departments. Below are barriers identified throughout this process, which have complicated the Task Force's ability to complete a fully informed funding streams analysis.

**The County currently lacks several technological, logistical, and staff capabilities needed to conduct multi-departmental budget analysis and strategic planning for prevention and promotion programs:**

### DATA AND INFORMATION LIMITATIONS

- During discussions on braiding and blending funding with CEO Budget, departmental staff, and initiative staff, the ARDI team identified a need to strengthen reporting mechanisms to increase visibility on programmatic uses of funds.
- The County's technology platform for budget tracking by CEO budget staff doesn't currently track programs or funding streams to their specific functional uses. For example, CEO budget staff do not currently tag programs as "prevention" or "promotion" services. Additionally, while the County budget staff currently require a tag for ATI funding in the system, this tag doesn't extend to prevention and promotion related programs. As a result, the information compiled in this funding streams analysis was self-reported on a department-by-department basis.
- Because this was a new request to departments, gaps exist in requested versus provided information. For instance, ten (10) programs did not submit data on the budgeted amount for 2022-23, and some departments may have varied in their interpretation of which programs are considered to be prevention-oriented. There were also gaps regarding level of detail in the survey's responses. Many programs provided the names of funding sources but did not break the funding sources down by dollar amount.

### CHALLENGES WITH FUNDING STREAMS EXPERTISE

- Currently, subject matter expertise relating to various aspects of budgeting, funding, and their uses are fractured among different individuals.
  - For example, CEO Budget is able to provide information on programmatic level budgets, but may not always have the line item detail related to specific program activities.
  - Program analysts within departments understand the funding sources applicable to their department but may be unaware of funding streams at other departments that may be available for similar activities. They also may be unaware of additional funding, billing, or claiming opportunities that have not customarily been used by their department. When trying to identify situations to braid funding, department budget analysts are familiar with their own funding sources and requirements; however, they may be unfamiliar with the funding sources and requirements of other departments or other programs within their own department.



- Some of the County's greatest successes with managing multi-departmental funding and budget collaboration have come from specific County initiatives and/or requirements from the funding source itself, (e.g., Title IV-E funding requirements shared between DCFS and Probation, the California Department of Social Services State Block Grant for Prevention). However, outside of these specific instances, funding source requirements often create siloes that make it difficult to identify opportunities for multi-departmental collaboration.

### FUNDING LIMITATIONS AND OPPORTUNITIES

- According to the Task Force's program survey, well over 90% of the funds currently paying for the County's prevention services have funding restrictions. This estimate was further corroborated through conversations with other County budget stakeholders. At the same time, some stakeholders expressed that there may be underutilized opportunities even within some restricted funding sources, as the range of restrictions across funding sources vary quite widely. Currently, there is limited capacity to conduct the analyses needed to identify potential opportunities beyond a handful of initiatives (e.g., CEO-Homeless Initiative). This is largely due to the broad scope of prevention and promotion and the varying restrictions frequently placed on prevention and promotion funding.

### CONTRACTING AND OTHER BUREAUCRATIC PROCESSES SLOW DOWN COLLABORATION

- Requirements mandated by funding sources can further complicate the County's existing processes and slow down efforts to collaborate across departments. Delays and complexities relating to contracting, reporting, claiming, payment, and implementation of new programming can prevent efforts from fully taking off, even if stakeholders across departments have the will and desire to act.
- In previous instances when a joint ability to use, braid, or coordinate funding is identified, the departments involved will enter a Memorandum of Understanding (MOU). MOUs are used as mechanisms to allocate source funding (e.g., from one department to another). However, these processes require Board approval and are usually designated for very specific activities. From the Task Force's analysis and conversations with stakeholders regarding multi-departmental MOUs for funding and other coordinated prevention, MOUs are usually implemented on an ad hoc basis and the County does not appear to centrally track or manage existing MOUs regarding shared funding sources. Additionally, there is no known centralized tracking to identify opportunities where MOUs or other formalized coordination of shared funding sources could occur. While MOUs may not be the most appropriate method to facilitate coordination across departments, these current practices point to the challenges and inconsistent approach Countywide that create challenges to organizing around overarching funding priorities.
- The lengthy or complex processes listed above don't just hinder County departments from coordinating and collaborating around funding; they also potentially prevent the County from engaging with smaller community-based organizations to contract, procure, and partner on service delivery. Smaller organizations may not have the in-house expertise or infrastructure to participate in the County's bidding processes, which often favor lowest cost bidders with low administrative costs and the budget reserves needed to successfully operate under a cost-reimbursement model.

## CONSIDERATIONS FOR CAPABILITY AND CAPACITY BUILDING

In response to the challenges outlined above, the Task Force has provided the recommendations below to address these challenges.

### **The County requires increased visibility at both the CEO and departmental level into funding streams for and across programs.**

- Stakeholders with budget management authority at the CEO, departmental, and coordinating initiative level all express the lack of visibility into County programs and funding streams across varying levels.
  - At the departmental level, staff may have visibility into their own programs but are limited in their ability to braid funding streams with funds that are restricted by the funder. Many departments relying primarily on multiple non-County dollars have neither the infrastructure nor the staff to manage the complexity of dozens of different funding streams.
  - At the coordinating initiative level, staff may have some visibility into specific funding streams but otherwise face similar challenges in reviewing and obtaining the necessary information to conduct analyses. Some stakeholders express concern that the County's current budget technology and practices may not provide the same level of detail that other jurisdictions have in order to make coordinated, fully informed budget and strategic planning decisions.

### **A governance structure for prevention and promotion should include the ability to coordinate across department-specific programs and identify strategies to leverage and maximize both restricted and unrestricted funding sources. These include guidelines for coordination, collaboration, and decision-making authority.**


- Some funding sources identified in the program inventory are currently utilized across multiple departments and branches. Other sources have more narrow uses defined by the funder or payer and often fall under a single department's purview. In both scenarios, the ability to coordinate between departments and agencies often rely on time consuming and ad hoc processes such as MOUs applied on a case-by-case scenario.
- **Streamlined processes are needed to adeptly identify, coordinate, and report on funding sources as a County**, as opposed to on a programmatic or department level. This should allow for greater opportunities to braid, allocate, and manage County funds to achieve the goals of the Prevention Services Task Force.

**Based on the current limitations in capability and capacity, there may be an opportunity for the CEO Budget Office to work with departments to play a more strategic role in tracking and coordinating across funding streams for prevention.**

- The County needs to build capacity to coordinate funding sources across departments and ensure the County is maximizing their use. For example, the CEO – Homeless Initiative has worked to **develop strategic analytical capabilities to sustain funding and coordinate housing related funds across multiple departments.**
- The effectiveness of the recommendations contained in this section rely on the collective goals of transparency, collaboration, and accountability. Key stakeholders will need to agree to share information, reports, and other details to promote the County’s overall goal of maximizing the use of existing and potential grant funds. Additionally, as seen in the American Rescue Plan Act (ARPA) and Inflation Investment and Jobs Act (IIJA), cohesive and coordinated applications have been increasingly encouraged at the State level for federally allocated funding. As a result, the County may benefit from further coordinated applications across multiple departmental agencies to source additional prevention funding as they become available.
- Many grant programs require regular programmatic and financial reporting to the funding grantors. **CEO Budget staff may want to explore the feasibility and benefit of establishing a process to track these reports,** which may include detailed information on outcomes and activities supported by the selected grants. Obtaining this information would allow CEO Budget to perform additional analysis on the activities supported by the selected grants. It may also facilitate the creation of a coordinated strategy on how to leverage existing County funding sources to match and draw down funding across priorities.
- **The PPCT must work closely with the departments to understand who is being served by which programs and where departments have identified unmet needs and/or gaps in resources, including who serves whom and what departments or County entities are responsible.** The PPCT can work with department leads to develop an overarching strategy and help consolidate funding requests across service areas for specific populations or prevention needs (e.g., with CEO – Legislative Affairs to the state government). This type of work may require additional investments to navigate potential funding sources, understand the regulations, and build out additional prevention services needed to deliver upstream supports. There may be an additional opportunity to explore how to best track and monitor use of funds to address the life course outcomes and metrics developed in Directive 4 and apply outcome-based budgeting principles (see **Exhibit G** for best practices assembled by staff on this topic). As detailed in the recommendation for the PPCT, multiple Task Force members emphasized that any implementation of PPCT is contingent on increased investment in departmental resources to ensure that staff can most effectively partner with PPCT staff and other departments.

The findings from the above Funding Streams Analysis led to the following recommendations adopted by the Task Force on January 6, 2023:

- **Recommendation #2a: Direct CEO, in coordination with PPCT, to strengthen the County’s capabilities to conduct multi-departmental budget coordination and strategy, including the ability to braid/blend in order to leverage and maximize funding, and identify spending gaps to assist Board and departmental decision-making.**
- **Recommendation #2b: Direct CEO to create a Countywide Prevention and Promotion Budget.**



# DIRECTIVE 3: COMMUNITY-BASED SERVICE DELIVERY SYSTEM

This directive describes the multiple activities the Task Force conducted to develop recommendations for how the County can strengthen, effectuate, and center community-based service delivery across its prevention and promotion system.

- Community Engagement Process (Ongoing)
- Addressing Operational Barriers to Community-Based Delivery
- User Journey Mapping

## COMMUNITY ENGAGEMENT PROCESS

Community perspectives have been and will continue to be essential for the success and efficacy of this initiative. To help achieve the Board's charge of a community-based prevention services delivery system, the Task Force developed a community engagement process with multiple strategies to reach, partner with, and co-create solutions with community members and community-based service providers who hold lived expertise.

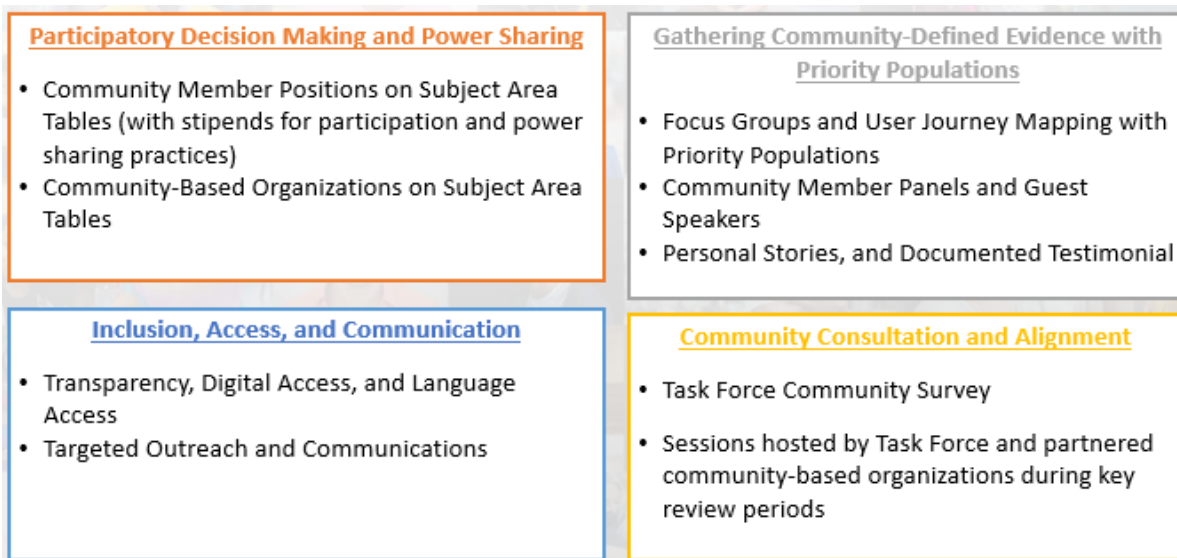
The following provides an overview of the community engagement principles and varied strategies laid out by this process, many of which are ongoing and subject to change as the Task Force, other County entities, and community stakeholders continue to advance this initiative.

The Task Force collaboratively developed a set of community engagement principles, which were adapted from and developed with the consultation of members, County staff, and community members<sup>i</sup>:

- **Practice Humility** to foster true and mutual co-learning.
- **Acknowledge History**, including policies, systems, and structures and the populations they have harmed or benefitted.
- **Invite In**, by identifying relevant stakeholders and making it easy for them to engage.
- **Demonstrate Respect** for those with differing perspectives, including by incorporating feedback and considerations.
- **Communicate** to set clear expectations for timelines, objectives, and outcomes.

<sup>i</sup> We particularly acknowledge Manuel Carmona, Deputy Director of the City of Pasadena Public Health Department, for sharing and allowing us to adapt several of his best practices.

The Task Force additionally organized community engagement activities into four overarching categories:



**Figure II.3(a): Overarching categories of the Task Force’s community engagement process**

### PARTICIPATORY DECISION-MAKING AND POWER SHARING

Reimagining government services toward a prevention and promotion approach requires acknowledging, uplifting, and centering the lived expertise of those who have contact with existing public systems. The Task Force directly incorporated community perspectives by appointing Community Members with lived expertise as voting members and instituting power sharing practices to ensure their voices were appropriately considered as part of this initiative. A minimum of three Community Members served on both the Task Force and each of the three working tables; their names and the public facing position description for these roles are listed in the full member rosters in the **Exhibit A**. This ensured a greater accountability to community beyond threshold Brown Act practices, which promote transparency but not necessarily true inclusion in the process.

To ensure the Community Members’ voices were fully heard and deeply considered as the Task Force developed recommendations, the working tables used the facilitation and collaboration strategies below:

- Table co-chairs and other meeting facilitators were encouraged to call upon Community Members to share their perspective before any vote was called, especially in advance of key decision votes and when any such members expressed hesitation or strong opinions on a prospective motion. Simultaneously, table co-chairs facilitated conversations to ensure that a range of community voices and community-centric considerations were centered and elevated throughout any discussion.
- Staff, co-chairs, and meeting facilitators were encouraged to review resources including the [Gradients of Agreement](#) as well as [Resources for Collaboration and Power Sharing](#), to manage relationships and co-creation among County, community organizations, and community members during this initiative.

## II. MEETING OUR DIRECTIVES

### Directive 3: Community-Based Service Delivery System

- The ARDI team and table co-chairs supported Community Members with information, tools, and mutual learning opportunities, so their contributions and unique expertise and perspective would be heard. This included instituting the following practices:
  - Providing Community Members with the option of attending pre-meeting briefings with ARDI staff and/or co-chairs each month;
  - Holding additional meeting times or private “office hours” to receive feedback, answer questions, and help arrange connections with other Task Force and table members; and
  - Upon request, compiling and sharing learning resources and media relevant to the Prevention Services Task Force to help inform and prepare Community Members.

### GATHERING COMMUNITY-DEFINED EVIDENCE WITH PRIORITY POPULATIONS

The Task Force developed multiple strategies to help gather community-defined evidence, which must complement other sources of evidence (e.g., academic research, data, and policy analysis) to inform program design and coordinated service delivery. This includes multiple listening strategies, such as focus groups, user journey mapping, panels, and other documented testimonials from community members who have experience navigating and accessing County services. To this end, ARDI staff identified a tentative list of priority populations to be the focus of these strategies:

- Foster/Transition Aged Youth (TAY)
- Parents/guardians impacted by the child welfare system
- Older adults
- People with disabilities
- People who have accessed physical health services
- People who have accessed behavioral health services (including disordered substance use service)
- Unhoused individuals/people who have experienced homelessness
- Low-income individuals (general group)
- Justice impacted individuals
- Limited English proficiency communities

### COMMUNITY CONSULTATION AND ALIGNMENT

In addition to opportunities to provide input during the development of the recommendations, the Task Force developed a proposed approach to hold consultation sessions with community to create additional space for members to share their reactions, comments, and questions regarding the Task Force’s preliminary recommendations. These sessions would be held in multiple formats and spaces, to help lower barriers to accessing both physical and online spaces, as well as honor community member preference to engage in spaces where they feel most comfortable.

### INCLUSION, ACCESS, AND COMMUNICATION

Approximately 1 in 4 LA County residents over the age of 5 have limited English Proficiency.<sup>j</sup> Language accessibility is essential to Task Force efforts, especially as it identifies challenges that residents face when navigating prevention & promotion services. Thus, Task Force meetings have live Spanish⇌English interpretation and live close captioning. The Task Force will continue to explore strategies to offer additional languages and interpretation for the diverse language communities in LA County. More resources are also needed to support translation of Task Force materials.

<sup>j</sup> U.S. Census Bureau, 2009-2013 American Community Survey.

## ADDRESSING OPERATIONAL BARRIERS TO COMMUNITY-BASED DELIVERY

When analyzing operational barriers to coordinated service delivery, the Coordination table simultaneously identified barriers hindering community-based delivery of the County's existing prevention services. ARDI staff and consultants also recorded additional barriers identified from other Task Force discussions, stakeholder interviews, and the Task Force's community survey (see **Exhibit H**).

The barriers identified include:

- **User navigation barriers**, which hinder multi-departmental coordination across services, currently prevent many residents from accessing the array of available services. These barriers include, but are not limited to, accessible physical locations, varied application processes, internet access, and language access, and don't just make it difficult for individuals to obtain the resources they need; they also make it difficult for service providers – both County and community organizations – to support residents holistically and ensure continuity of care. According to the Task Force's community survey, 66% of residents say it is "extremely hard" or "somewhat hard" to access the prevention and promotion services they need, as opposed to 36% of surveyed County staff who believed it was extremely or somewhat hard for LA County residents to access these services. This disconnect speaks to the need to explore how to address barriers to accessing county prevention and promotion services
- Whether due to constraints in program design and/or budget limitations, there is a need to **tailor services to client needs**, especially across languages spoken and culturally-appropriate and community-specific services. Of the 873 participants who completed the Task Force Survey, forty-six percent (46%) of residents indicated that they desired more culturally or community-specific resources. Fifty-two percent (52%) said that they wanted to see more staff who reflect and can serve community needs through better training, increased language access, and represented lived experience.
- Among many communities, including communities of color, there may be **distrust of and/or hesitancy to engage with government systems**. This is often rooted in historical and ongoing marginalization and negative lived experiences, including unresolved harm or trauma that may have been caused by County government entities and/or policies.
- Although several departments have developed relationships and partnerships with residents, workers and community organizations in recent years, there is still an **ad hoc approach to community partnerships** when looking at practices Countywide. Many departments may have their own community engagement, contracting, and relationship building processes. This often means residents and community-based service providers must navigate across multiple systems and policy guidelines when interacting with different departments and programs, resulting in confusion, frustration, and limited reach. It also privileges a small cadre of residents and providers who are savvy and/or more experienced in navigating County complexities.

## II. MEETING OUR DIRECTIVES

### Directive 3: Community-Based Service Delivery System

- **Racial disproportionality and disparities** across various population subgroups persist. Even when some County departments or service areas are working to address these inequities, this critical and complex work is often siloed and disconnected from efforts in other departments. This limits the County’s ability to organize across sectors and around upstream supports that may address multiple disproportionate downstream outcomes. Given the root causes of inequities in resource allocations and outcomes, improving coordination of efforts to address racism, power imbalances, and economic injustices can support the transformative change needed across County entities.

Additional community input will be required to fully capture and co-create solutions to address these challenges, including the feedback mechanisms described in the prior section regarding the ongoing community engagement process. In the meantime, the Coordination table identified three key coordinating initiatives that members believe could have immediate impact in supporting community stakeholders and sustaining County investments in supporting communities:

- A Countywide approach to dedicated department funding and administrative mechanisms, when it makes sense, to compensate Community Members with Lived Expertise involved in policy and program development;
- A Countywide approach with dedicated department staffing to support and expand language access, including the provision of translated, interpreted, and culturally appropriate communications; and
- A Countywide approach to partner with community-based service providers who already provide needed services and facilitate a pipeline for multisystem navigators and other County prevention staff.

During discussions related to community engagement functions for governance, members of the Framework table also concurred that these three initiatives listed above have the potential to resolve several of the barriers hindering community-based service delivery.



## II. MEETING OUR DIRECTIVES

### Directive 3: Community-Based Service Delivery System

On October 26, 2022, five volunteer members from both Framework and Coordination tables conducted a joint working meeting to brainstorm considerations and requirements for these three initiatives, leading to their following suggestions:

Initiative	Important Recommendations for Consideration	
<p><b>Countywide approach with dedicated funding to compensate Community Members with Lived Expertise involved in policy and program development</b></p>	<ul style="list-style-type: none"> <li>▪ Compile and build on existing practices and learnings across departments, including guidelines currently being developed by the ARDI Stakeholder Engagement Workgroup.</li> <li>▪ Dedicate funding and staff support to ensure that all departments can co-create solutions with community members when conducting program design, outreach, and strategic planning.</li> <li>▪ Provide minimum guidelines and standards to ensure community members are adequately compensated without hindering innovative efforts by County departments to strengthen their outreach efforts. This must include considerations for the potential impact on means-tested benefits and potential advocacy by the County to obtain waivers from relevant public benefits programs or state and federal governments to minimize any inadvertent harm, including</li> </ul>	<p>individuals losing their benefits due to their compensated participation.</p> <ul style="list-style-type: none"> <li>▪ Ensure support and guidance from County Counsel to ensure legal compliance, as currently there can be conflicting guidance across departments or organizations.</li> <li>▪ Develop guidelines and best practices relating to recruitment, onboarding, sustainable pipeline, mentorship, and support for community members</li> <li>▪ Develop guidelines and best practices for power sharing, facilitation, and support, including physical location access, transportation, and refreshments for in-person events.</li> <li>▪ Develop guidelines and best practices to consider degree of community input as a component of consideration during program evaluation and review.</li> </ul>
<p><b>Countywide approach with dedicated staffing for language access, including the provision of translated, interpreted, and culturally appropriate communications</b></p>	<ul style="list-style-type: none"> <li>▪ Compile and build on existing practices and learnings across departments, including guidelines developed by the Office of Immigrant Affairs.</li> <li>▪ In addition to access, translation, and interpretation requirements, address significant unmet needs relating to community-specific outreach, engagement, and relationship building across communities who speak languages other than English. This includes experts with knowledge relating to language-specific media, design, writing, public relations, and other communications.</li> <li>▪ Solve current County processes for contracting translators and interpreters that may not support the accurate translation of complex topics and novel ideas. For instance, the newer concepts mentioned in</li> </ul>	<p>this document may be difficult to translate with nuance and could be translated very differently by different interpreters.</p> <ul style="list-style-type: none"> <li>▪ Develop a cadre of translators who have familiarity with specific fields or County initiatives and programs to convey the work most effectively, just as there is this need with English speaking staff.</li> <li>▪ Find opportunities to partner with community-based organizations and residents to create a pipeline for translators and interpreters. This could entail developing pathways to part-time or full-time employment, which could help expand the County's ability to conduct community engagement and facilitate multisystem navigation, especially with limited English proficiency communities.</li> </ul>
<p><b>Countywide approach to partner with community-based service providers</b></p>	<ul style="list-style-type: none"> <li>▪ Proactively identify opportunities to increase partnerships with community-based organizations (CBOs), especially as many of these organizations may already currently be providing holistic services and/or helping to connect individuals with County and other public programs. Moreover, members noted that residents often may have more trust and/or comfort engaging with these providers in their own communities than with County entities.</li> <li>▪ Just as the County can create standardized best practices for policy and program development that intentionally include Community Members with Lived Expertise, the County can also develop similar practices to include community-based providers in policy and program development, as these organizations often serve hundreds or thousands of clients and have extensive knowledge relating to community needs.</li> <li>▪ Develop pipelines for community-based multi-service</li> </ul>	<p>navigators who are community members with lived expertise.</p> <ul style="list-style-type: none"> <li>▪ Explore new and novel practices relating to contracting, including community participation on review panels for funding proposals and other input mechanisms that influence selection, awarding block grants or mini grants, and other practices to support community partners. Members elevated the need for greater flexibility in contracting processes, especially to support smaller organizations that may not have the in-house resources or expertise to navigate prolonged application and bidding processes. Some of this work may be connected to current efforts by the Equity in County Contracting initiative.</li> <li>▪ As the County considers delivering programs and services through community-based organizations, it must also address technological and data systems to ensure that providers have all data and information they need to support clients.</li> </ul>

## II. MEETING OUR DIRECTIVES

### Directive 3: Community-Based Service Delivery System

The above information also contributed to the development of the following Task Force recommendations:

- **Recommendation #3a: Support CIO – in consultation with CEO, County Counsel – to collaborate with departments in developing strategies to further their work on the Countywide information, referral, and connection platform and similar efforts to develop next steps to streamline and address navigation and access barriers across the County’s service portfolio.**
- **Recommendation #3b: Direct ARDI to identify barriers to compensating Community Members with Lived Expertise and develop a set of equitable guidelines or recommendations that departments could adopt to increasingly involve members with lived experience in policy and program development.**
- **Recommendation #3c: Direct ARDI to support departments in order to identify opportunities to strengthen and enhance delivery of County prevention and promotion services in partnership with community-based service providers who are better equipped to serve communities.**

All three recommendations were formally adopted by the Task Force on November 4, 2022.

## USER JOURNEY MAPPING

As mentioned in the Community Engagement Process section, the Task Force plans to conduct user journey mapping in the next phase of its work. This effort will especially focus on priority populations (e.g., populations experiencing heightened challenges and/or disproportionalities) and their experiences navigating programs and services across multiple County departments and service areas.

To launch this effort, the Coordination table compiled an inventory of existing user journey and service navigation experiences previously collected by County departments and initiatives. This includes materials shared by Thriving Families Safer Children, Department of Mental Health, CEO – Homeless Initiative, Department of Children and Family Services, the Children’s Data Network, Office of Child Protection, and Department of Public Health. As part of this process, the Task Force will build on the findings from this inventory and conduct additional user journey mapping through focus groups, listening sessions, and consultation with residents and community-based organizations to better understand individual and archetypal experiences accessing multiple County services.



# DIRECTIVE 4: PREVENTION METRICS AND DATA INTEGRATION

To meet this directive, the Task Force developed a set of life course outcomes, leveraging and building upon the Countywide Racial Equity Strategic Planning process, to reflect how County residents' lives can be made better due to prevention and promotion services received. Relatedly, the Task Force also identified current challenges in data sharing and integration as an operational barrier hindering both coordinated and community-based service delivery.

- Developing Priority Life Course Outcomes and Guiding Prevention Metrics
- Examining and Addressing Racial Disproportionalities in Our Systems
- Uplifting Data Systems and Integration

These life course outcomes serve as a starting place for the development of a common set of prevention and promotion metrics building upon and leveraging existing subject matter expertise.

## DEVELOPING PRIORITY LIFE COURSE OUTCOMES AND GUIDING PREVENTION METRICS

### PREVENTION AND PROMOTION METRICS

The development of the following prevention and promotion metrics involved a deliberative process that included extensive consultation with the research evidence on predictors of key life course outcomes. Informing the design of this process was the “The Life Course Framework” that provided grounding in key analytical concepts.<sup>k</sup> Identifying the 169 prevention and promotion metrics listed in **Exhibit I** in the Appendix involved the following four-step process:

- **Step 1: Identify “North Star” population outcomes.** The Disproportionality table convened multiple times and used research, expertise – both lived and professional, and other planning materials from Los Angeles County to develop a set of “North Star” population outcomes primarily focused on prevention and promotion efforts. County efforts would ideally be organized to improve these population metrics over time. A total of 12 North Star outcomes were identified, five of them directly drawn from the County’s [Racial Equity Strategic Plan](#).

<sup>k</sup> Arnold Chandler (2022), “The Life Course Framework for Improving the Lives of Disadvantaged Populations.” Forward Change. Retrieved from [www.fwdchange.org](http://www.fwdchange.org)

- **Step 2: Identify population outcomes that may contribute to changes in North Star outcomes.** Consulting the peer-reviewed research literature and with support from consultants, the Disproportionality table identified population outcomes that were shown in “prospective” longitudinal studies to predict or cause changes in North Star outcomes.<sup>1</sup>
- **Step 3: Identify factors in the ecological-institutional environment that may contribute to changes in North Star outcomes.** After consulting the peer-reviewed literature, the Disproportionality table identified ecological-institutional factors that were shown in prospective longitudinal studies to predict or cause changes in North Star outcomes.
- **Step 4: Identify metrics for all population outcomes and ecological-institutional factors.** Once North Star outcomes, Contributing Outcomes, and Ecological-Institutional factors were identified, detailed research and analysis were conducted to consider recommended ways of measuring each item. In total, there are 169 recommended metrics compiled in **Exhibit I** in the Appendix.

Each step of the research and planning process is described below in greater detail:

#### Step 1: Identify North Star Population Outcomes.

Drawing upon current and historical data, planning documents from LA County, and relevant research studies, the Disproportionality Table identified 12 “North Star” population outcomes that correspond to different age spans of the life course. Following multiple brainstorming, discussion, and refinement, the Table applied the following criteria to select the final list of 12 North Star outcomes:

- Does changing the outcome represent an “inherent good?”
- Does the outcome show broad prevalence within the population?
- Does the outcome reflect the influence of several important outcomes achieved earlier in life, or will it affect several important outcomes later in life?
- Does the outcome show significant racial disproportionality?
- Is the outcome substantially within the sphere of County influence? In other words, does the County have the levers to effectively influence change in the outcome?
- Does the outcome reflect a key success milestone in the life course?

As visually depicted in Figure II.4(a) below, the thirteen North Star outcomes included:

- |  |  |
|--|--|
| ▪ Decrease Infant Mortality  | ▪ Decrease adult first-time felony convictions   |
| ▪ Improve socioemotional/cognitive readiness as children approach school age   | ▪ Increase the attainment of a postsecondary credential w/ significant labor market value        |
| ▪ Increase age-appropriate socioemotional/cognitive proficiency for grades 1-6 | ▪ Increase stable affordable housing   |
| ▪ Decrease child maltreatment (within families and systems)                    | ▪ Increase stable full-time employment among individual adults with incomes at or above 250% FPL |
| ▪ Improve physical & behavioral health/well-being                              | ▪ Increase family income at 250% FPL (pegged to a family of 4)                                   |
| ▪ Improve financial well-being   | ▪ Increase “aging in place” with safety, dignity and independence                                |

<sup>1</sup> Prospective longitudinal studies are ones that follow population cohorts over long periods of time (i.e. decades) identifying factors earlier in the life course that predict changes in later life course outcomes.

## II. MEETING OUR DIRECTIVES

### Directive 4: Prevention Metrics and Data Integration

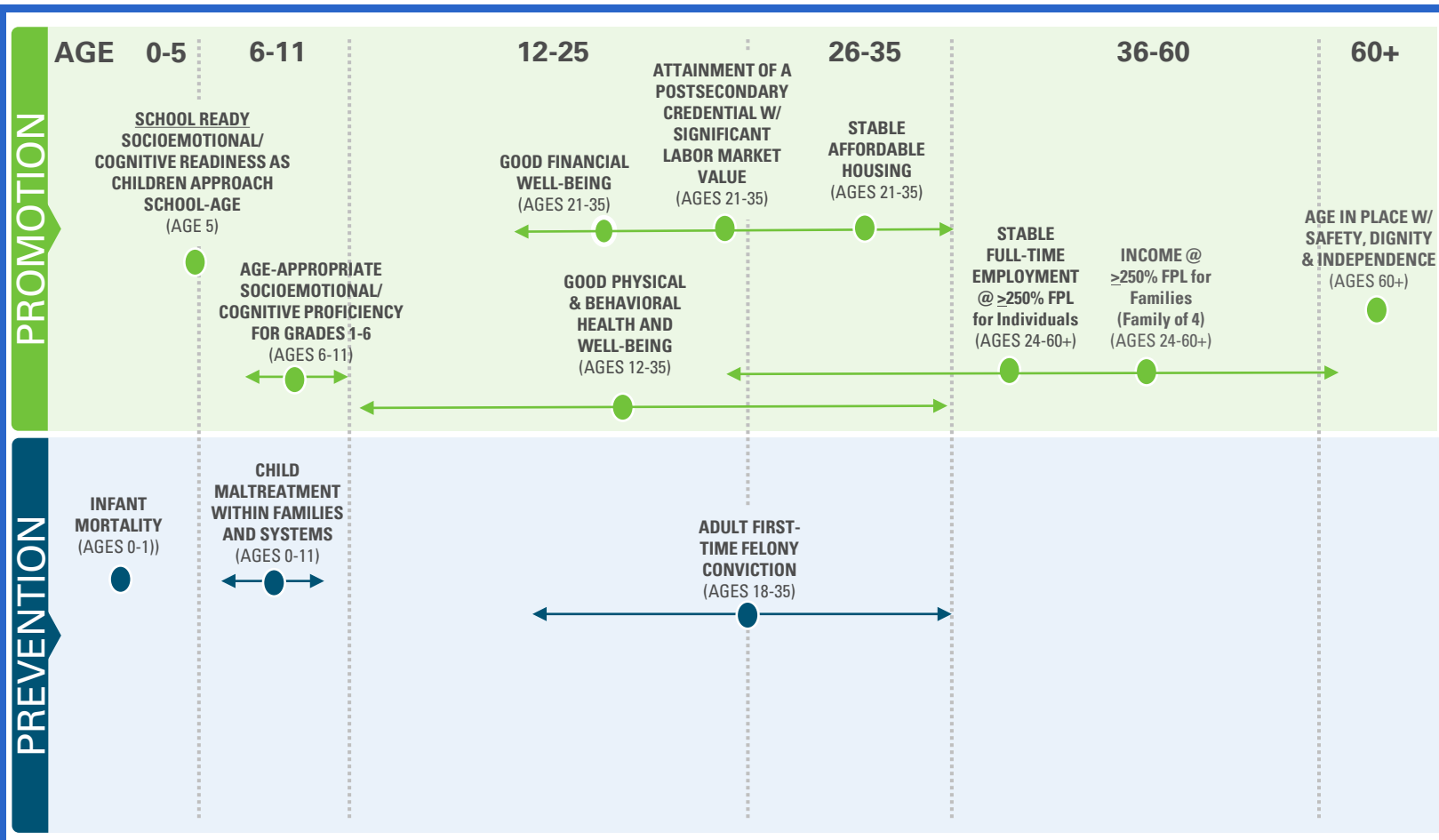


Figure II.4(a): North Star Population Outcomes (N=12)

### Step 2: Identify population outcomes that may contribute to changes in North Star outcomes.

Upon identifying North Star outcomes, the Disproportionality Table consulted longitudinal research studies to identify “contributing outcomes,” that may influence the likelihood that a North Star outcome will change in a desired direction. For example, increasing high school graduation is a potentially important contributing outcome to the goal of increasing college enrollment. An extensive scan of the research literature was conducted for population outcomes shown in rigorous quantitative studies to cause or predict changes in one or more of the North Star outcomes. This scan yielded 75 contributing outcomes that could become targets for strategic intervention. These outcomes may either promote or detract from influencing North Star outcomes in desired ways. Identifying these contributing outcomes helps to identify potential targets for early intervention to either increase the likelihood that a positive population outcome will occur or decrease the likelihood that a negative one will result.

While the academic scan above provides actionable information supported by peer-reviewed studies, Disproportionality Table members noted the potential limitations of relying on academic literature as the sole sources of information. Many of the current issues impacting communities have yet to be, or only recently been, studied or analyzed by academic institutions, despite being known as salient social issues for generations by the communities closest to the problems.

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Table members – especially those with lived expertise and/or significant experience supporting community members – emphasized the need to consider **community-defined evidence** when conducting analyses on what measures may be appropriate to include in the metrics. As the Task Force or any future County prevention entity advances and implements these metrics, it will be important to continue expanding and updating these metrics appropriately.

### Step 3: Identify factors in the ecological-institutional environment that may contribute to changes in North Star outcomes.

Ecological and institutional environments play critical roles in shaping population outcomes. Research scans were conducted to identify potential ecological-institutional factors that might promote or constrain the desired changes in North Star outcomes. A focus on rigorous longitudinal studies helped to identify a candidate list of 81 environmental and institutional factors that have shown to influence positive change in the North Star outcomes. Examples of **ecological-institutional factors (EIFs)** include family poverty, neighborhood disadvantage, and environmental pollutants.

Figures II.4(b), (c), (d), (e), and (f) below depict all North Star outcomes, Contributing Outcomes and EIFs grouped by four age spans: early childhood (ages 0-5), middle childhood (ages 6-11), adolescence (ages 12-20), adulthood (ages 21-60) and older adulthood (ages 60+), respectively.

## North Star, Contributing Outcome, and Ecological-Institutional Metrics: Ages 0-5

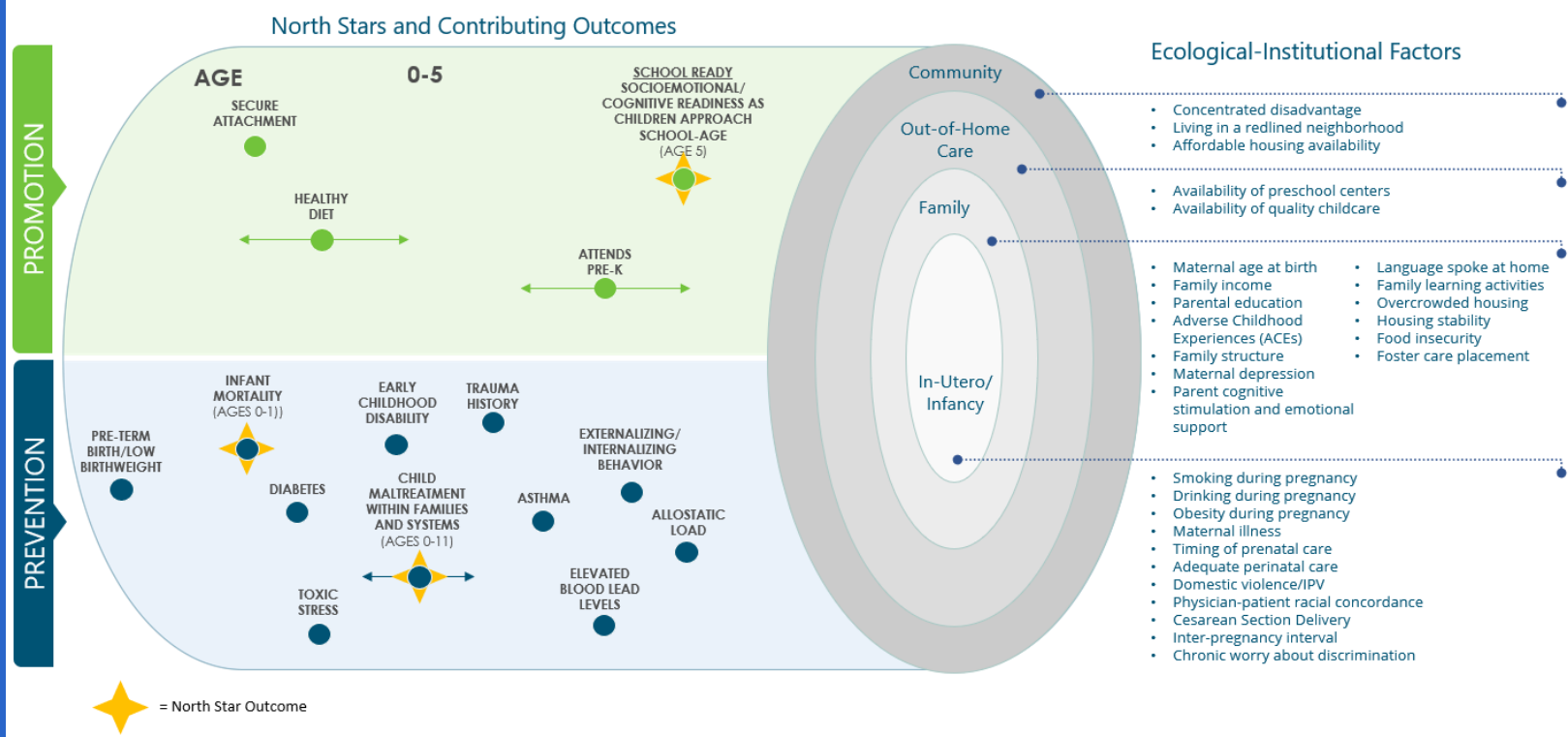


Figure II.4(b): Early Childhood North Stars, Contributing Outcomes and Ecological-Institutional Factors

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### Directive 4: Prevention Metrics and Data Integration

# North Star, Contributing Outcome, and Ecological-Institutional Metrics: Ages 6-11

### North Stars and Contributing Outcomes

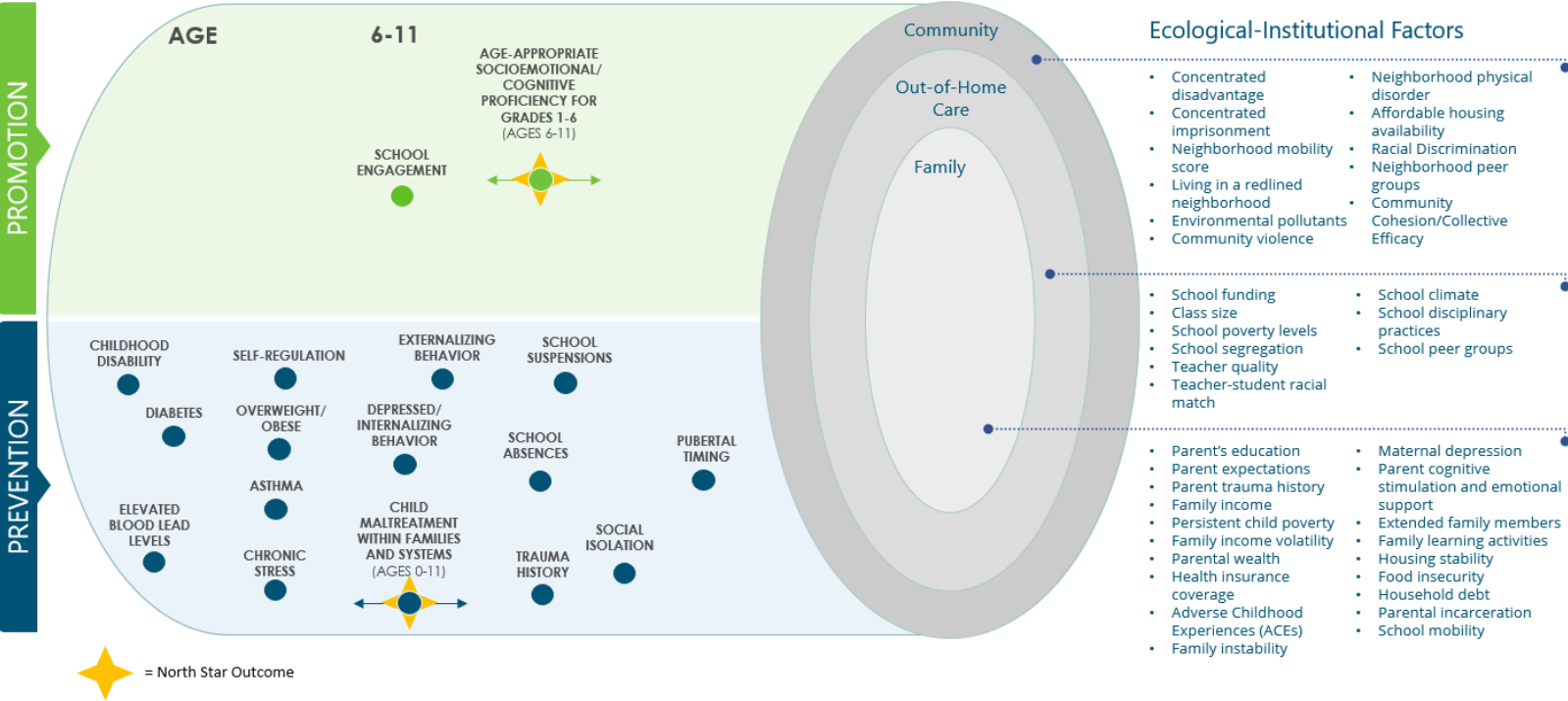


Figure II.4(c): Middle Childhood North Stars, Contributing Outcomes and Ecological-Institutional Factors

# North Star, Contributing Outcome, and Ecological-Institutional Metrics: Ages 12-20

### North Stars and Contributing Outcomes

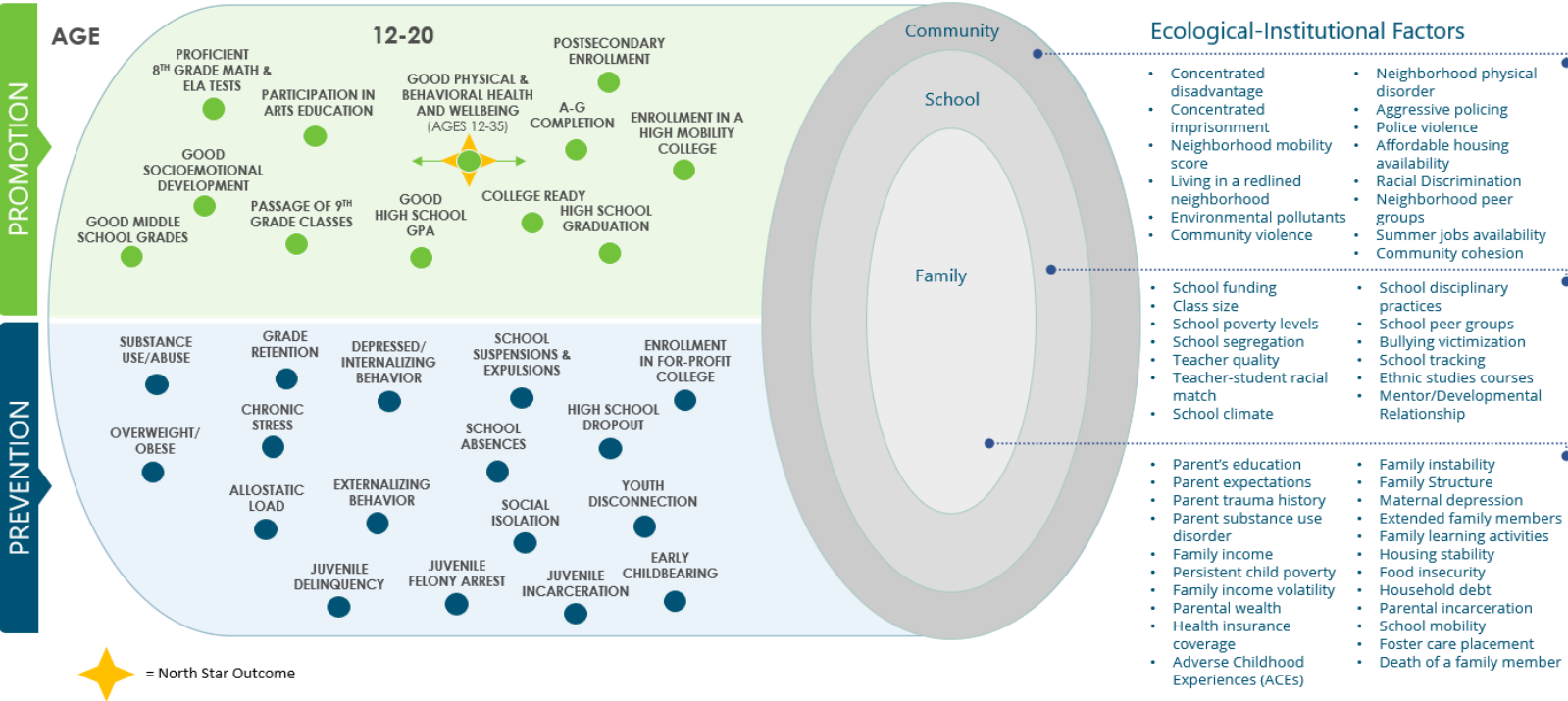


Figure II.4(d): Adolescent North Stars, Contributing Outcomes and Ecological-Institutional Factors

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### Directive 4: Prevention Metrics and Data Integration

# North Star, Contributing Outcome, and Ecological-Institutional Metrics: Ages 21-60

## North Stars and Contributing Outcomes

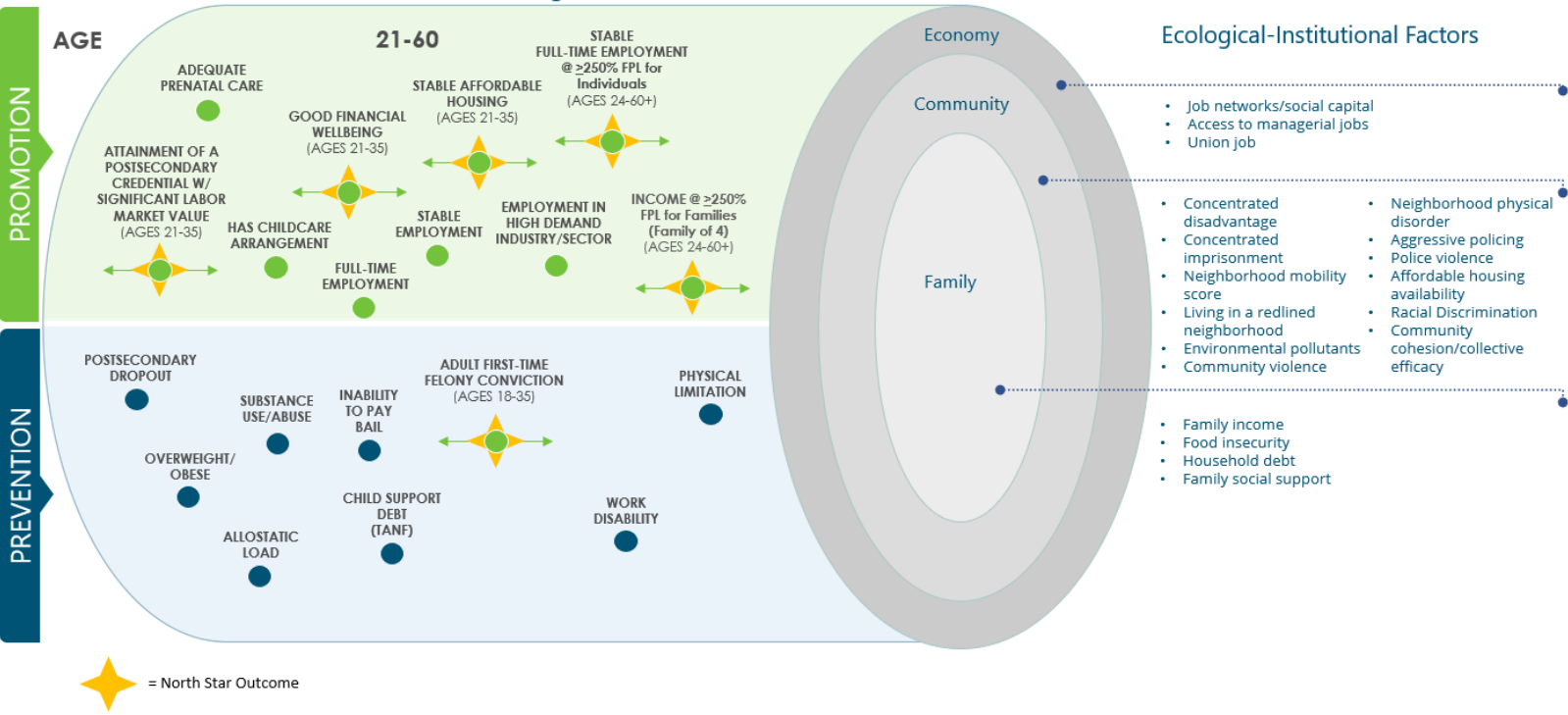


Figure II.4(e): Adulthood North Stars, Contributing Outcomes and Ecological-Institutional Factors

# North Star, Contributing Outcome, and Ecological-Institutional Metrics: Ages 60+

## North Stars and Contributing Outcomes

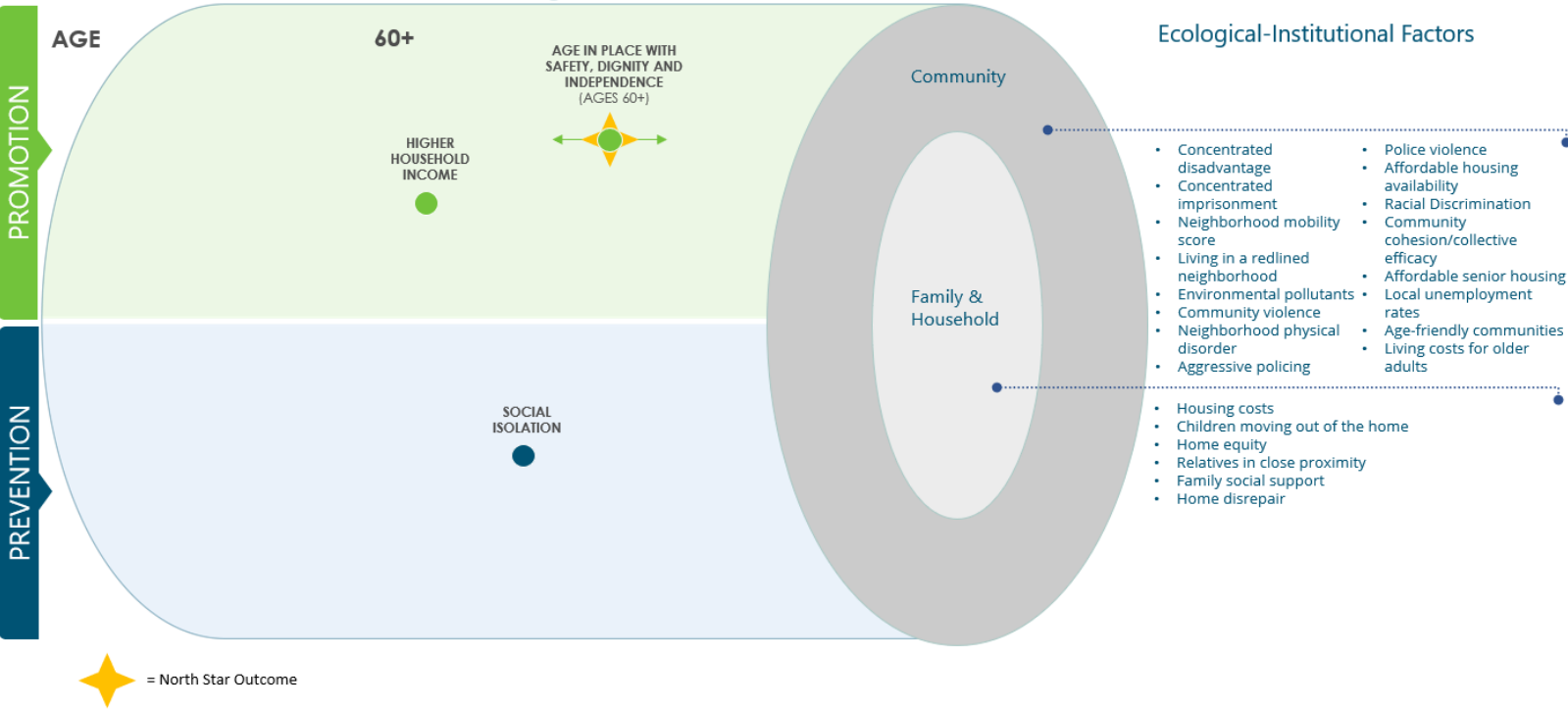


Figure II.4(f): Older Adulthood North Stars, Contributing Outcomes and Ecological-Institutional Factors



#### **Step 4: Identify Metrics for all population outcomes and ecological-institutional factors.**

Detailed research and analysis were conducted for all 12 North Star outcomes, 75 contributing outcomes and 81 ecological-institutional factors to develop ways of measuring each concept. Measures used in public data systems, as well as validated survey scales, were often used as the basis for recommended metrics. In total, 169 metrics were identified that are listed in Exhibit I in the Appendix. For contributing outcomes and ecological-institutional factors listed in the appendix, the relevant North Star they may influence, the age span when the outcome of an Ecological-Institutional Factor (EIF) is measured, and the relevant studies that demonstrate the predictive or causal relationship between the outcome or EIF and the relevant North Star outcome are also included.

#### **Potential Use of these Prevention and Promotion Metrics**

The metrics presented in this document offer guidance for the development of an integrated data system with the potential to support the prevention of undesired outcomes and the promotion of desired ones in Los Angeles County. Each metric can be used to inform the tabulation of data in publicly available data sets, used as a guide for selecting proxy measures available in administrative data sets, or perhaps incorporated into surveys administered to County residents.

The Priority Life Course Outcomes and Guiding Prevention Metrics led to **Recommendation #4a: Adopt a common set of Prevention and Promotion Outcomes to monitor progress (i.e., monitoring both well-being and thriving as well as the efficacy of our prevention and promotion services)**. This recommendation was adopted by the Task Force on December 16, 2022.

## **EXAMINING AND ADDRESSING RACIAL DISPROPORTIONALITIES IN OUR SYSTEMS**

The Disproportionality table supplemented their work relating to the Life Course Outcomes and Guiding Prevention Metrics through preliminary discussions elevating concerns and patterns relating to disproportionalities across the outcomes and metrics. Through those conversations, the Disproportionality table identified a preliminary list of disproportionately impacted population categories, including groups that the members identified for elevated focus across the life course outcomes:

- Race, ethnicity, racialization
- Disability and ability (inclusive of physical, cognitive, learning, etc.)
- Sexual orientation, gender identity, gender expression (SOGIE)
- Language fluency and access, including populations with limited English proficiency
- Immigrant and/or foreign-born status (including careful strategies to support undocumented or communities without exacerbating risk or harm)
- Unhoused/have experienced homelessness/housing insecure
- Justice impacted
- Single parents
- Age (focus on data on older adults, particularly those living alone and/or low-income)
- Foster/Transition Aged Youth (TAY)
- Severe mental illness
- Substance use disorder populations

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The Disproportionality table also began to develop elevated considerations relating to disproportionality across the 12 life course outcomes, including known or suspected concerns requiring action (e.g., additional study, analyses, and/or development of solutions) and actionable solutions for further exploration.

**Figure II.4(g): Example elevated considerations relating to disproportionality across life course outcomes developed by the Disproportionality table relating to two of the life course outcomes relating to aging and middle childhood.**

Life Course Outcome	Known concerns and/or suspected concerns requiring additional study	Actionable solutions for further exploration
↑ Aging in Place with Safety, Dignity, & Independence	<ul style="list-style-type: none"> <li>Language/cultural isolation and ability for POC elders/immigrants to access safe living spaces</li> <li>Financial stability/wealth gap shaped by structural and systemic racism, etc.</li> <li>Disparate access to transportation/transit due to vehicle costs or ableism</li> </ul>	<ul style="list-style-type: none"> <li>Increasing affordable senior housing, including for culturally and linguistically specific communities</li> <li>Disability resource centers</li> <li>Programs to promote social connectedness for older adults, including through broadband access and digital literacy</li> <li>Enhanced transit and transportation services for older adults, especially those with disabilities</li> </ul>
↑ Age-Appropriate Socioemotional/Cognitive Proficiency in Middle Childhood (Ages 6-11)	<ul style="list-style-type: none"> <li>Impact of social media, especially related to harmful content/messages, inappropriate or predatory content, and cyberbullying especially targeted toward marginalized young people (includes racial digital divide issues)</li> <li>Exclusionary and unsupportive (e.g., anti-LGBT, racist, ableist, etc.) school environment interfering with education and well-being</li> <li>Limited English proficiency students facing intersectional challenges, often compounded with limited parental access to resources due to language access, immigration concerns, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Ensuring access and visibility of role models and stable adult presence for youth with marginalized identities/experiences</li> <li>Increasing availability of after school programs in specific neighborhoods with culturally relevant and affirming programming</li> <li>Bridge digital divide and ensure communities of color in LA County have access to technology (e.g., laptop/computer access) and quality internet service</li> <li>Expansion of dual language immersion, additional language learning programming</li> <li>Ensuring inclusive and explicitly anti-racist, LGBTQ-affirming school environments</li> </ul>

Over the coming months, the Task Force aims to conduct a more thorough and comprehensive analysis across the 12 life course outcomes (and their contributing outcomes and ecological-institutional factors), including soliciting input, guidance, expertise, and feedback from community members with lived expertise, relevant service providers, and subject matter experts.

## UPLIFTING DATA SYSTEMS AND INTEGRATION

While data systems and integration were not a central directive in the Board motion for the Task Force's consideration, this topic regularly emerged throughout discussions and conversations across the Task Force and all three working tables.

In the Coordination and Disproportionality tables, multiple stakeholders elevated the importance of integrated data systems and data sharing for three key purposes: (a) enabling both County and external providers to assist residents in navigating and accessing benefits available to them; (b) offering these providers additional information about clients so they can better serve them; and (c) enabling the County to monitor life course outcomes across County service areas/populations and conduct strategic planning to address trends and disparities across populations. Meanwhile, the Framework table briefly discussed governance considerations relating to data, including across these three use cases as well as under two of the 13 identified Coordinating Functions.

In the next phase of its work, the Task Force intends to continue uplifting these efforts and connecting them with current or planned initiatives by relevant County entities, including the Chief Information Office.

Based on the above, the Task Force officially adopted **Recommendation #4b: Direct CEO to identify dedicated resources to support CIO, County Counsel, and department leads to develop cross-departmental data sharing/integration plans for specific service areas.** This recommendation was adopted on November 4, 2022.



## III. NEXT STEPS

In addition to developing potential implementation processes for recommendations submitted to the Board, the Task Force is currently building out the scope of work for the next phase of its work. Activities that have been identified for a Phase 2 body of work include:

- Continuing to carry out the Task Force’s planned and ongoing community engagement process, including seeking support to ensure culturally-relevant outreach, offer language access, and hold robust listening and feedback sessions as well as leveraging existing engagement efforts across departments and regional organizations;
- Prioritizing and thoroughly examining domain(s) of focus to strengthen and support through Task Force collaboration and PPCT activities to address policy, funding, and coordination barriers;
- Continuing to develop a user journey experience map, including population-specific user journey mapping across multiple services;
- Building upon, updating, and expanding the Prevention and Promotion program inventory developed through this process;
- Supporting parallel and related County initiatives relating to language access, equitable contracting, and supporting community-based service providers;
- Supporting ongoing efforts to improve County partnerships and equitable contracting with community-based service providers, including strategies to support smaller providers who may face challenges navigating County contracting processes; and
- Building upon and leveraging subject matter expertise to develop a set of Countywide guiding prevention and promotion metrics, including additional community engagement and analyses to address disproportionalities and disparities.

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# V. APPENDIX

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## Exhibit A: Official Members List



### COUNTY OF LOS ANGELES OFFICE OF PREVENTION SERVICES TASK FORCE AND SUBSIDIARY WORKING TABLES

#### OFFICIAL MEMBERS LIST

Note: Individuals designated as “Community Members with Lived Expertise” are those holding the three allocated spots per body, as detailed in their [Position Description](#) and the Task Force’s [Community Engagement Process](#). This designation is not meant to diminish any work, titles, and leadership held across other organizations, but instead uplift their important contributions in this initiative as individuals. Moreover, multiple additional members hold personal lived expertise and/or represent community-centered organizations and perspectives.

**TASK FORCE** (named by [Board motion](#), designated by chair)

Chair: D’Artagnan Scorza

	NAME		ORGANIZATION	TITLE
1	Songhai	Armstead	CEO - Alternatives to Incarceration	Executive Director
2	Carlos	Benavides	Community Member with Lived Expertise	
3	Yahniie	Bridges	Community Member with Lived Expertise	
4	Robert	Byrd	Department of Mental Health	Acting Deputy Director, Prevention Division
5	Jackie	Contreras	Department of Public Social Services	Interim Director
6	Barbara	Ferrer	Department of Public Health	Director
7	Alicia L.	Garoupa	Los Angeles County Office of Education	Chief of Wellbeing and Support Services
8	Christina	Ghaly	Department of Health Services	Director
9	Tyrone	Howard	UCLA Pritzker Center for Strengthening Children & Families	Director
10	Tamara	Hunter	Commission for Children & Families	Executive Director
11	Kelly	LoBianco	Department of Economic Opportunity	Director
12	Tracie	Mann	Los Angeles County Development Authority	Chief of Programs
13	Minsun	Meeker	Office of Child Protection	Assistant Executive Director
14	Carrie	Miller	CEO - Poverty Alleviation Initiative	Executive Director
15	Angela	Parks-Pyles	Department of Children and Family Services	Deputy Director
16	Kiara	Payne	Los Angeles Homeless Services Authority	Associate Director, Permanent Housing
17	D’Artagnan	Scorza	CEO - Anti-Racism, Diversity, and Inclusion Initiative	Executive Director
18	Fran	Sereseres	Community Member with Lived Expertise	
19	Tiara	Summers	LA County Youth Commission	Executive Director
20	Cheri	Todoroff	CEO – Homeless Initiative	Executive Director
21	Laura	Trejo	Aging and Disabilities Department	Director
22	John	Wagner	First 5 Los Angeles	Executive Vice President, Center for Child and Family Impact

**FRAMEWORK TABLE** (designated by co-chairs)

Co-chairs: Meredith Berkson, Angela Parks-Pyles

	NAME		ORGANIZATION	TITLE
1	Deborah	Allen	Department of Public Health	Deputy Director
2	Rochelle	Alley	Office of Child Protection	Consultant
3	Meredith	Berkson	Los Angeles Homeless Services Authority	Director, Systems and Planning
4	LaRae	Cantley	Community Member with Lived Expertise	
5	Luther	Evans, Jr.	Department of Public Social Services	Division Chief
6	Andrea	Garcia	Department of Mental Health	Physician Specialist
7	Geraldine	Gomez	Department of Mental Health	Mental Health Clinical Supervisor
8	Justin	Lee	Casey Family Programs	Senior Director, Strategic Consulting
9	Kelly	LoBianco	Department of Economic Opportunity	Director
10	Diana	Mata	Community Member with Lived Expertise	
11	Angela	Parks-Pyles	Department of Child and Family Services	Deputy Director
12	D'Artagnan	Scorza	CEO - Anti-Racism, Diversity, and Inclusion Initiative	Executive Director
13	Stephanie	Stone	Military and Veterans Affairs	Acting Director
14	Latia	Suttle	Community Member with Lived Expertise	
15	Reggie	Tucker-Seeley	<u>ZERO</u> USC Leonard Davis School of Gerontology	VP, Health Equity Adjunct Assistant Professor of Gerontology
16	John	Wagner	First 5 Los Angeles	Executive Vice President, Center for Child and Family Impact

**COORDINATION TABLE** (designated by co-chairs)

Co-chairs: Minsun Meeker, Laura Trejo

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

**DISPROPORTIONALITY TABLE** (designated by co-chairs)

Co-chairs: Tamara Hunter, Irene Vidyanti

	NAME	ORGANIZATION	TITLE
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1	Katherine	Buckley	Community Member with Lived Expertise	
2	Reginald	Carter	Department of Children & Family Services	Regional Administrator
3	Charity	Chandler-Cole	CASA of Los Angeles	Chief Executive Officer
4	Leticia	Colchado	CEO - Homeless Initiative	
5	Alicia L.	Garoupa	Los Angeles County Office of Education	Chief of Wellbeing and Support Services
6	Tyrone	Howard	UCLA Pritzker Center for Strengthening Children & Families	Director
7	Tamara	Hunter	Commission for Children & Families	Executive Director
8	Rebeca	Hurtado	Department of Mental Health	Mental Health Program Manager
9	Merry	Meyers	Community Member with Lived Expertise	
10	Mike	Neely	Community Member with Lived Expertise	
11	Frank	Reyes	Department of Public Social Services	Human Services Administrator, Bureau of Contract and Technical Services
12	D'Artagnan	Scorza	CEO - Anti-Racism, Diversity, and Inclusion Initiative	Executive Director
13	Solomon	Shibeshi	Aging & Disabilities Department	Human Services Administrator II, Area Agency on Aging Division
14	Sonya	Vasquez	Department of Public Health	Director, Center for Health Equity
15	Irene	Vidyanti	Chief Information Office	Analytics Center of Excellence



## Exhibit B: Benchmark Research Case Studies

### Benchmark Research

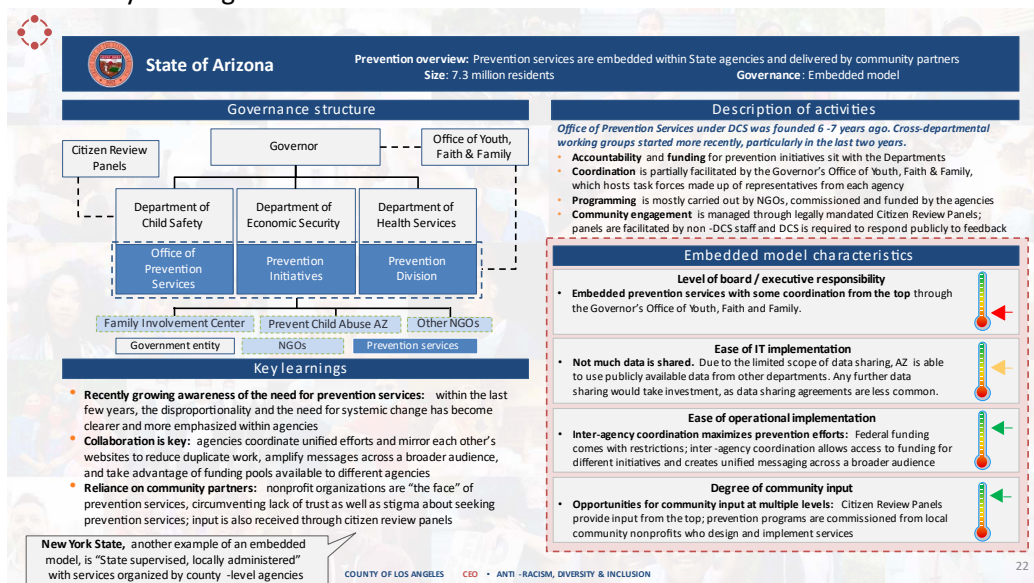
Benchmarking is a useful tool to understand how other geographies and jurisdictions have approached transformation, the processes used, options considered, and how success was measured. While the County of Los Angeles is unique in its scope, size, and vision for its prevention and promotion system, the Task Force engaged external consults to help conduct benchmark research to identify best practices from other governments engaged in similar initiatives.

Extensive secondary research was conducted into twelve U.S. communities (states, counties, cities) and three international geographies to understand their visions for prevention services and their approaches to governance. This secondary research was supplemented with fourteen interviews across twelve geographies to understand the nuances of their design and transformation process. A subset of these interviews was referenced as part of the vision setting process and four of these communities were chosen for deep dive case study to help illuminate the tradeoffs and tensions in governance model decisions.

**State of Arizona:** The Arizona prevention services model is embedded in departments and leverages cross-departmental working groups facilitated by the Governor’s Office of Youth, Faith & Family in the last two years to support more coordination and collaboration.

#### Considerations for LA County:

- **Prevention focus:** Arizona focused on strengthening and clarifying department responsibilities related to prevention. This enhanced focus helps present a more consistent view of the prevention priorities statewide
- **Community empowerment:** The state leverages Citizen Review Panels comprised of external stakeholders groups including child welfare agencies and advocacy organizations, medical providers, current foster parents, researchers, courts, law enforcement, schools, and volunteers. The Panels hold public meetings; they take community questions/comments and post all minutes and recordings on the website. The panels provide recommendations to CDS, which CDS is then required to respond to, publicly (all reports are posted on the website). The Panels do not oversee any funding.



San Diego County: The Office of Strategy & Innovation (OSI) coordinates the broader prevention and promotion scope in San Diego (Live Well San Diego) and builds upon prior successes in the county with collaboration and collective impact.

*Considerations for LA County:*

- *Governance evolution*: San Diego evolved from an embedded to a coalition model. After massive success of prevention services in HHS, the Office of Strategy and Innovation was created and expanded coordination of prevention services to all agencies – at this time, Live Well San Diego expanded its involvement to all agencies. This transition was enabled by a highly collaborative culture
- *Collaborative service delivery*: Live Well San Diego is a consortium of over 500 community partners which follows the mission statement of “building better health, living safely, and thriving”. Programming decisions primarily come from OSI, but any agency can initiate a prevention activity. In the case an agency seeks to initiate a prevention effort, OSI will help coordinate programming and service delivery, potentially by pulling in other services / agencies / NGOs to help.

**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**

Prevention services: Office of Strategy and Innovation (OSI)

HHS leads OSI.

Health & Human Services, Finance and General Government, Land Use & Environment Group, Public Safety Group

Live Well San Diego

Government entity, NGOs, Prevention services

**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**

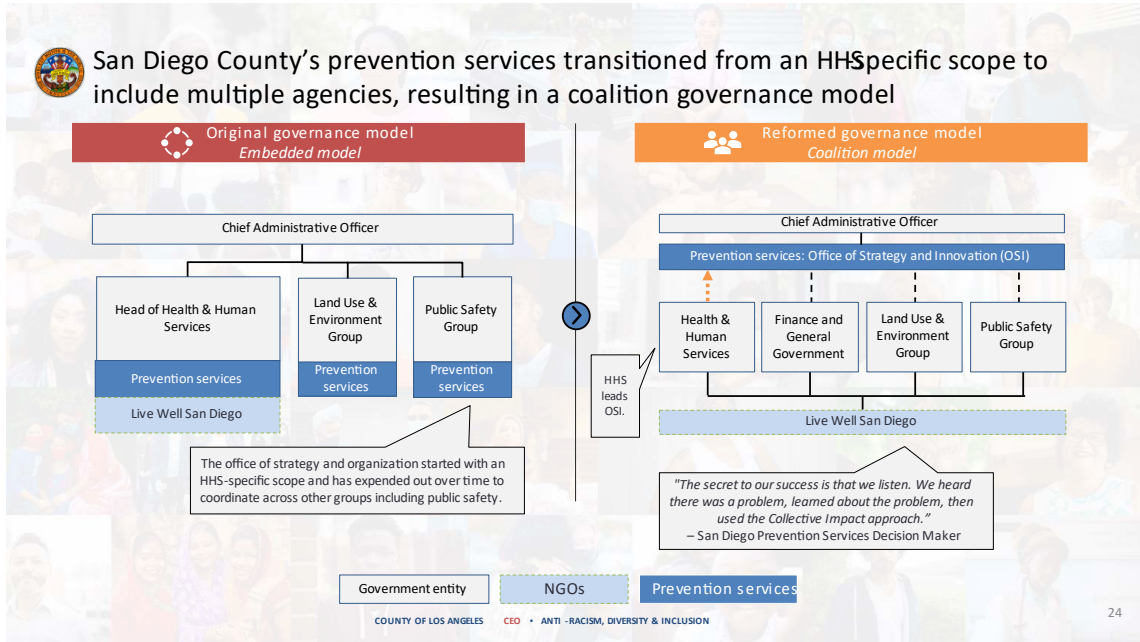
- Level of board / executive responsibility** : ~150 staff members in the Office of Strategy and Innovation coordinate prevention services across all County departments, plus Live Well San Diego partners.
- Ease of IT implementation** : San Diego uses metrics to track progress of individual prevention 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** : In one instance, the County partnered with pastors in majority-Black communities to address high blood pressure concerns in these communities.

**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.

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**Contra Costa County:** Prevention services are more narrowly focused on interpersonal violence prevention. In this smaller scope, a coalition – the Alliance to End Abuse – partners with departments and community partners and supports inter-agency collaboration.

**Considerations for LA County:**

- **Scope:** Narrower scope supported clearer measurement of goals and accountability. The Alliance is responsible for both grants management and funder reporting as well as metrics tracking. LA County could consider multiple pilots with similar structures to understand how to drive accountability in the desired prevention and promotion vision.

### 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	Description of activities
	<ul style="list-style-type: none"> <li>• <b>Alliance to End Abuse</b> is the prevention coordinating body within the County's Department of Human Services, which works with other agencies and NGOs to coordinate prevention.</li> <li>• <b>Inter-agency collaboration:</b> The Alliance coordinates multidisciplinary teams across agencies to discuss high-risk cases and new policies / legislation for the county.</li> </ul>
Key learnings	Coalition model characteristics
<ul style="list-style-type: none"> <li>• A 2020 Blue Shield grant initiated the coalition's formation: Development of the coalition is still in -process, two years later.</li> <li>• <b>Mandate from the top:</b> Alliance to End Abuse is a legally -mandated Board initiative.</li> <li>• <b>After its founding, Alliance published a 30 -page Call to Action :</b> The document outlined root causes of interpersonal violence and four measurable goals the Alliance hoped to achieve.</li> <li>• <b>Frequent touchpoints internally and externally :</b> Experts in the County emphasized that frequent collaboration among prevention service providers was a key element of their model.</li> </ul>	<p><b>Level of board / executive responsibility</b></p> <ul style="list-style-type: none"> <li>• <b>Accountability sits within agencies:</b> Each agency reports directly to funders and county agency heads; the Alliance can't dictate agency actions but facilitates coordination.</li> </ul> <p><b>Ease of IT implementation</b></p> <ul style="list-style-type: none"> <li>• <b>Data sharing requires coordination:</b> The Call to Action document recommends developing partnerships and protocols for data sharing; creating clear definitions and measures of successful outcomes is key.</li> </ul> <p><b>Ease of operational implementation</b></p> <ul style="list-style-type: none"> <li>• <b>Change is slow due to antiquated systems:</b> the 2020 Call to Action is still being implemented in 2022.</li> <li>• <b>Multiple rounds of funding required:</b> The Alliance is requesting a grant renewal.</li> </ul> <p><b>Degree of community input</b></p> <ul style="list-style-type: none"> <li>• <b>Community input is organized by partner agencies:</b> Table discussions and online surveys identify themes for agencies to address.</li> <li>• <b>Collaboration is a key element:</b> "You need stakeholders at the table."</li> </ul>

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Washington State: All prevention services sit under the Dept of Children, Youth & Families (DCYF), with the department head as coordinator for programs, most budgeting, and grants management, triggered by disproportionality in the child welfare system. Programming is implemented and staffed by teams within DCYF.

*Considerations for LA County:*

- **Data and IT:** WA has a coordinated data and IT system to support performance-based evaluations. It took over a year to establish and facilitates the use of anonymized data from various agencies for performance-based measurement. DCYF is part of an HHS coalition for IT coordination that enabled this successful data collaboration. Two major initiatives – 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, drive the work of the HHS coalition.

**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**

Health and Human Services

- Health Care Authority
- Social & Health Services
- Dept. of Children, Youth & Families
- Medicaid and long-term care

Child Welfare Programs  
 Family Support Programs

Early Learning & Adolescent Programs  
 Child Welfare Field Operations

Government entity | Prevention 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.

**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.

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## 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?



- **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



- **"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-in-one 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



- **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



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

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## Exhibit C: Full Vision Statement Development Process

To develop a vision statement, the Framework Table of the Task Force led co-creation across multiple channels to solicit feedback and develop vision language with input from hundreds of stakeholders. This process occurred from June to October 2022 and included the following:

Stakeholder	Strategies
<b>Task Force and Framework Table</b>	<ul style="list-style-type: none"> <li>Survey of members to solicit reflections on vision priorities (late June &amp; early July)</li> <li>Public Task Force workshop to identify and iterate on key vision themes (July 16)</li> </ul>
<b>Framework Table</b>	<ul style="list-style-type: none"> <li>Table meetings to introduce vision priorities (July 15 and August 16), refine language (September 8), and vote on statement (September 16)</li> <li>Vision workshop comprised of a subset of Table members to collaboratively develop wording and phrasing for the vision statement</li> </ul>
<b>Community members and County staff</b>	<ul style="list-style-type: none"> <li>Community survey to inform scope, barriers, and priorities related to prevention and promotion; survey specifically sought feedback on key vision themes. Survey was accessible online and via mobile and was also offered in Spanish (June - September 2022)</li> <li>Table members (including those with lived expertise) participated both the Task Force workshop and vision workshop</li> </ul>

### Alignment on Vision Setting

The vision setting process was initiated during the July Task Force meeting. The objectives of this meeting were to align on the characteristics of effective statements, surface ideas regarding initial themes and priorities, and kickoff the broader process to be able to refine and develop this statement.

In advance of the July Task Force meeting, members were provided background on vision statements and feedback was sought through a survey of both Task Force and Subject Area Table members – the survey leveraged the expertise of these stakeholders to capture initial priorities for the vision statement and to maximize the impact of a live discussion, all to ultimately build alignment for the ultimate adoption of a shared vision statement.

First, at the meeting, the Task Force met and aligned on what a vision statement is, why it is important, and what makes an effective vision. In particular, the group aligned on the idea that a vision statement should be aspirational statement of where an organization wants to be in the future – one that challenges us to look ahead while being both realistic and ambitious.

The Task Force then reviewed and deliberated the characteristics of effective statements. The most important characteristics identified in discussion were a statement that:

- Imagines a world that does not yet exist and inspires people to make it a reality
- Can be readily understood and shared by the LA community, grounded in a diverse variety of local perspectives
- Can be easy to communicate with language that is accessible

Task Force members also completed a survey that solicited beliefs on the County’s efficacy in providing prevention and promotion services today. On a scale of 1-7, when ranking how effective member think LA County has been in providing comprehensive/coordinated prevention and promotion services, respondents gave LA County an average score of 3.1 for prevention and 3.0 for promotion. Overall, respondents recognized and highlighted specific pockets or initiatives of effective work but indicated the need for improved coordination and focus on prevention and promotion services.

*Sample quotes from member survey:*

Improved coordination

“In some cases...there has been some excellent work done on these fronts.  
But in others, we have lagged where we should be”

“A lot happens in the county but is often siloed or few agencies / representatives are involved”

“To date there has been little coordination across Departments, and perhaps not even a shared vision across board offices...”

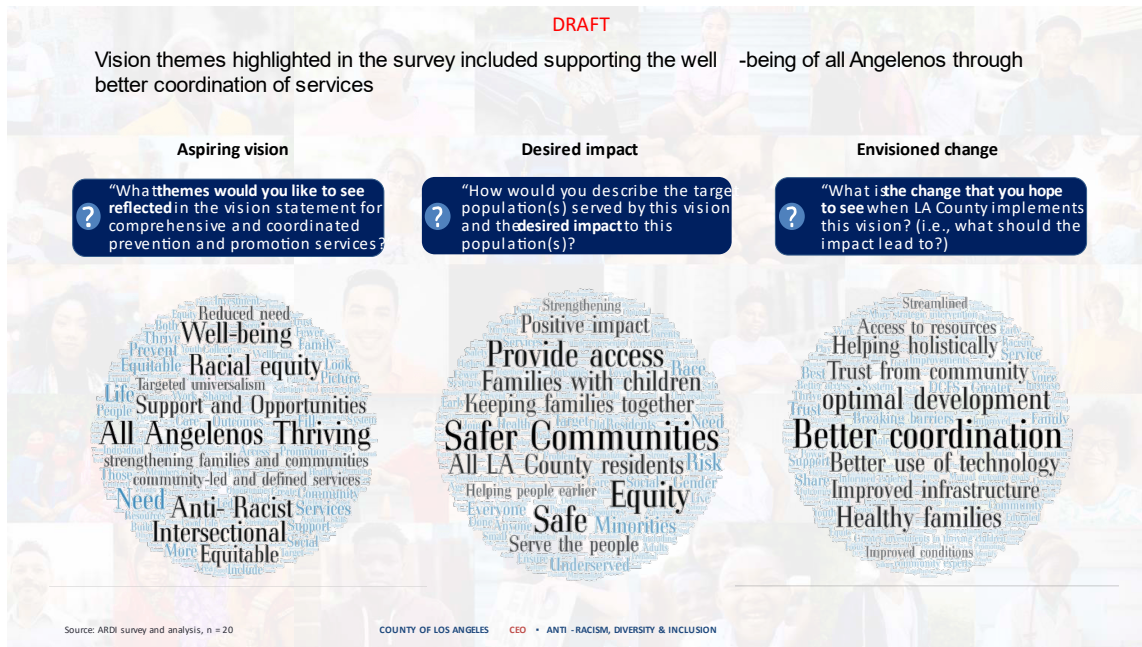
Focus on prevention and promotion

“I believe there is a more pronounced focus on prevention in the county and rarely hear about promotion efforts...”

“...the Task Force's connection of prevention and promotion is exciting to see, as I'm not sure the County has been as strategic in looking at these

“Promotion is rarely discussed or addressed...”

**Vision themes highlighted in the survey included supporting the well-being of all Angelenos through better coordination of services:** (Figure below)



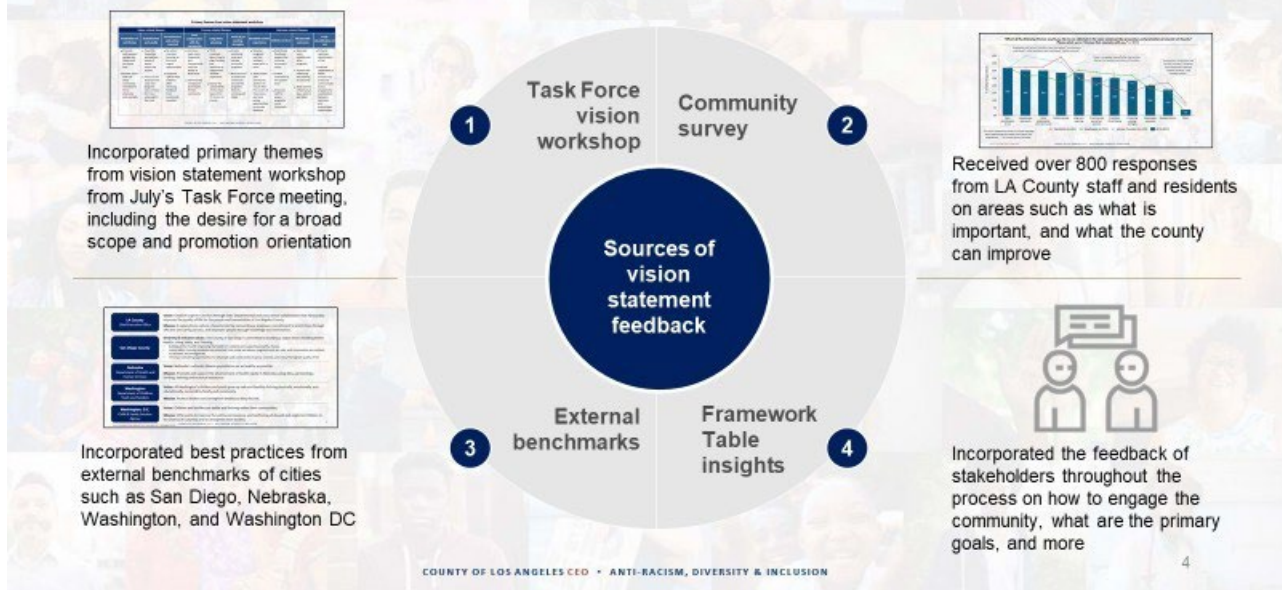
### Vision Statement Development

The specifics of the vision statement language and phrasing were informed by four main sources:

- **Task Force vision workshop:** Incorporated primary themes from vision statement workshop from July’s Task Force meeting, including the desire for a broad scope and promotion orientation
- **External research:** Incorporated best practices from external benchmarks of cities such as San Diego, Nebraska, Washington, and Washington, DC
- **Community survey:** Received over 800 responses from LA County staff and residents on areas such as what is important, and what the county can improve
- **Framework Table insights:** Incorporated the feedback of stakeholders throughout the process on how to engage the community, what are the primary goals, and more



The vision statement process has used feedback and insight from multiple sources



**Vision workshop:** The presentation on best practices in vision development and the survey findings were used to facilitate three breakout rooms to identify key themes to include in the vision statement. The breakouts consistently emphasized the desire for a broad scope and promotion orientation and a focus on equity, along with several process and outcome-related themes.

Primary themes from vision statement workshop

Value-related themes			Process-related themes			Outcome-related themes			
Promotion of well-being	Inclusiveness and equity	Proactiveness and action-oriented	Close collaboration with the community	Long-term planning	Built off of existing strengths	Resident-centric experience	Holistic services	Measurable outcomes	Early identification of risk
<ul style="list-style-type: none"> <li>Promote well-being of people and places with an equity lens</li> <li>Build a vision that will allow community members to thrive physically and mentally</li> </ul>	<ul style="list-style-type: none"> <li>Close the disparities and address issues of equity within the system</li> <li>Focus on the disproportionality and targeted interventions for those who need it the most</li> </ul>	<ul style="list-style-type: none"> <li>Be action-oriented, focusing on the most urgent opportunities</li> <li>Empower staff to take initiative after receiving feedback from community members</li> </ul>	<ul style="list-style-type: none"> <li>Communicate more frequently and transparently with the public to build trust</li> <li>Demonstrate compassion and respect for the community</li> </ul>	<ul style="list-style-type: none"> <li>Think creatively about how to align funding and resources to support the resident experience</li> <li>Bolster the sustainability of this vision beyond the TF time in LA County</li> </ul>	<ul style="list-style-type: none"> <li>Create additional scale and elevate successful programs</li> <li>Build more of a continuum of services around the programs that are working well today</li> </ul>	<ul style="list-style-type: none"> <li>Develop programs with the resident-experience in mind</li> <li>Work closely with community partners to ensure that they are a part of the process and have ample opportunities to provide feedback</li> </ul>	<ul style="list-style-type: none"> <li>Coordinate funding to support the inclusive promotion vision</li> <li>Create incentives at the system-level</li> <li>Empower staff to assess programs more holistically</li> </ul>	<ul style="list-style-type: none"> <li>Generate more visibility into other programs</li> <li>Improve the measuring and tracking of outcomes</li> <li>Build out the infrastructure (e.g., systems and data)</li> </ul>	<ul style="list-style-type: none"> <li>Enhance upstream identification of risk</li> <li>Improve capabilities to better monitor risk areas and communicate across programs for coordination between upstream and downstream stakeholders</li> </ul>

**Community survey:** A wide-reaching community survey of residents and County staff was a critical input to the vision statement – it was developed and shared widely to lift up the voices of the community and ensure those impacted by prevention and promotion services were reflected in the new vision statement.

The survey included over 800 respondents including three groups: residents, County employees, and community service providers. Two of the three top changes that respondents selected reflected a public desire for stronger coordination across service agencies. Across all groups, “improving connections and referrals between services” was selected notably more than any other category. The opinions of service providers diverge the most from other respondents, with increased funding as the third most important issue, and more weight given to culturally specific resources and reallocating existing funding.

Early identification of risk, inclusiveness and equity, and close collaboration with the community were most frequently selected as desired themes for the vision statement from the Community Survey. Early identification of risk was selected most often by employees. While residents and service providers also selected that as being important, it was not the top choice. Service providers most often selected inclusiveness and equity as their most important them. Residents most often selected holistic services as their most important theme.

These survey themes were discussed and referenced by the Table in crafting the vision statement, particularly with the inclusion of “holistic,” and “connected community.”

External benchmarks: Research was conducted into benchmarked geographies to provide inspiration for vision statements, develop a baseline of what a strong vision statement for prevention and promotion looks like, and stimulate ideas for the statement format.

Prevention service agencies across counties and states have differing visions, missions, and values

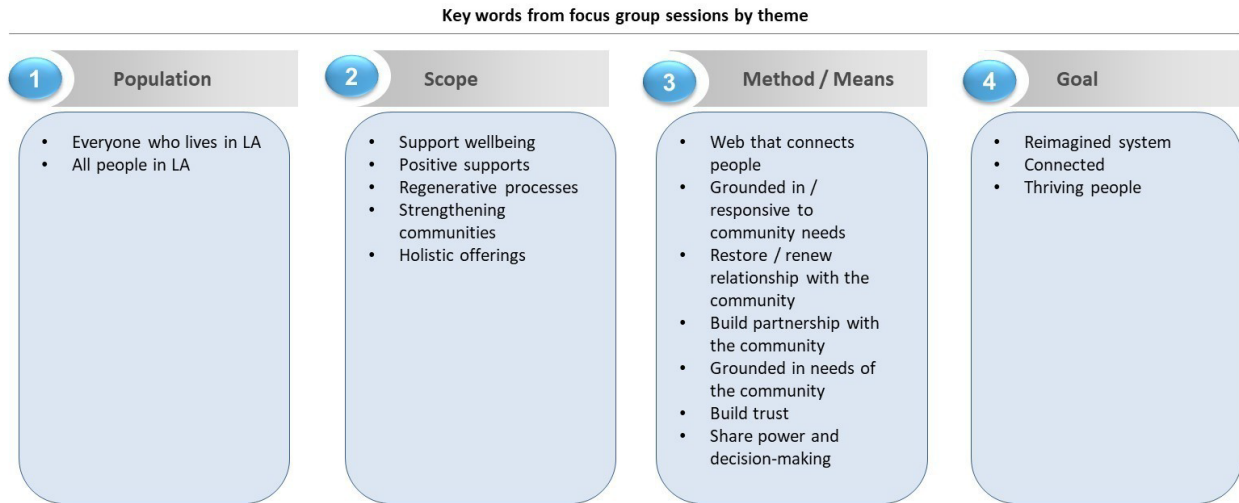
<p><b>LA County</b> Chief Executive Office</p>	<p><b>Vision:</b> Establish superior services through inter-Departmental and cross-sector collaboration that measurably improves the quality of life for the people and communities of Los Angeles County.</p> <p><b>Mission:</b> A value driven culture, characterized by extraordinary employee commitment to enrich lives through effective and caring service, and empower people through knowledge and information.</p>
<p><b>San Diego County</b></p>	<p><b>Diversity &amp; inclusion values:</b> The County of San Diego is committed to building a region that is Building Better Health, Living Safely, and Thriving.</p> <ul style="list-style-type: none"> <li>• Building better health: Improving the health of residents and supporting healthy choices</li> <li>• Living safely: Ensuring residents are protected from crime and abuse, neighborhoods are safe, and communities are resilient to disasters and emergencies</li> <li>• Thriving: Cultivating opportunities for all people and communities to grow, connect, and enjoy the highest quality of life</li> </ul>
<p><b>Nebraska</b> Department of Health and Human Services</p>	<p><b>Vision:</b> Nebraska’s culturally diverse populations are as healthy as possible.</p> <p><b>Mission:</b> Promote and support the advancement of health equity in Nebraska using data, partnerships, funding, training and technical assistance.</p>
<p><b>Washington</b> Department of Children, Youth and Families</p>	<p><b>Vision:</b> All Washington’s children and youth grow up safe and healthy-thriving physically, emotionally, and educationally, nurtured by family and community.</p> <p><b>Mission:</b> Protect children and strengthen families so they flourish.</p>
<p><b>Washington, D.C.</b> Child &amp; Family Services Agency</p>	<p><b>Vision:</b> Children and families are stable and thriving within their communities.</p> <p><b>Mission:</b> CFSA works to improve the safety, permanence, and well being of abused and neglected children in the District of Columbia and to strengthen their families.</p>

Sources: San Diego County, Nebraska DHHS, Washington DCYF, Washington, DC CFSA

The Framework Table discussed each of these – they were particularly drawn to the language of equity reflected in multiple statements as well as the scope and structure of San Diego County’s vision, which has a top-line statement followed by three bullet points to explain and expand upon the themes from the main statement. The Framework Table leveraged elements of this structure for LA County’s vision statement.

Framework Table insights: The final key input to the vision statement was feedback from the Framework Table members, many of whom have several years of experience relating to County systems and services and brought critical perspective to LA County’s vision.

After an introduction to the characteristics of vision statements, five members of the Table volunteered to be in a small group to workshop language. All three table members appointed as community members with lived expertise volunteered to participate. The discussion focused on narrowing in on language related to population, scope, method/means, and goal.



These key themes and phrases served as the base for three vision statements. The small working group and Framework Table edited the language and ultimately voted on the final vision statement on September 16<sup>th</sup>.

In response to these concerns, the Task Force developed the following vision statement, which defines the purpose and mission we wish to convey to all LA County residents and staff:

*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

## Exhibit D: Full Memo on Prevention Frameworks

### Defining Prevention and Promotion: A Brief Summary

The idea of prevention has a longstanding history in the health sciences, particularly in the field of public health. Associated with the term public health “prevention” is a specific framework that is in wide use although it has been revised and tweaked for decades. Other fields of practice, including juvenile delinquency and education, have also developed prevention frameworks with elements that are appropriate to those domains. However, there is little development of the concept of “promotion” across different fields of practice.

This brief section outlines the common meaning of “prevention” and “promotion” and its application across practice domains like public health, juvenile delinquency, and education. Its aim is to define the terms “prevention” and “promotion” and to review frameworks from multiple fields of practice to illuminate the building blocks that are needed to create an overarching prevention and promotion framework for Los Angeles County.

In this report, we call attention to the opportunity for the County of Los Angeles to be a thought leader in championing an intentionally anti-racist and equity-centric approach to prevention and promotion. During our multistakeholder research and development process, the Task Force discovered that few existing prevention models meaningfully articulate the central role social conditions (e.g., structural racism, ableism, labor exploitation, classism, etc.) play in shaping both positive and negative downstream outcomes we see in our communities.

*“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.”*

Excerpt from the Task Force’s model for Prevention and Promotion

The meaning of “prevention” and “promotion” is straightforward based on both dictionary definitions and common usage across the prevention fields reviewed below:

**Prevention:** *to stop the occurrence of undesired population outcomes.*

- Examples include child maltreatment, juvenile delinquency, substance abuse, high school dropout, felony convictions, chronic illness, premature death, etc.

**Promotion:** *to support the occurrence of desired population outcomes.*

- Examples include good child health, good grades, high school graduation, good paying jobs, stable housing, healthy births, etc.

### Prevention Frameworks

Prevention frameworks have developed for different fields of practice over the past few decades, with some of the earliest and most influential having been created in the field of public health. **The section below briefly summarizes prevention frameworks from three fields of practice—Public Health, Juvenile Delinquency and Education—in order to show commonalities and differences that may be useful for defining a prevention intervention framework for LA County.**

## Public Health

The public health field has a long record of prevention intervention addressing infectious diseases and mass immunization which have dramatically reduced deaths due to many diseases. Prevention frameworks informing these efforts have evolved over decades since the late 1950s. Table 1 summarizes the key elements of each framework iteration. The original prevention framework in the field of public health was introduced in 1957 by the Commission on Chronic Illness. It provided three levels of prevention interventions whose primary goal was to prevent illness or disorders: **primary, secondary, and tertiary**.<sup>1</sup> This initial classification produced much confusion and disagreement in the field and was not widely adopted. In 1987, Robert S. Gordon proposed a revision to the Commission’s framework that became more influential in the field of public health. It also divided prevention intervention into three levels: **universal, selective, indicated**. In the early 1990s, the Institute of Medicine (IOM) proposed additional revisions to Gordon’s three-level framework while retaining the language used to describe each level of prevention. All three iterations of the public health prevention framework listed in Table 1 are “**intervention**” frameworks in that they are focused on administering preventative interventions to specified groups based upon their risk or presence of an illness or disorder.

**Table 1. Public Health Prevention Frameworks**

The Commission on Chronic Illness (1957)	Gordon (1987)	Institute of Medicine (1994)	Weisz et al. (2005)
<p><b>Primary:</b> which seeks to decrease the number of new cases of a disorder or illness</p> <p><b>Secondary:</b> which seeks to lower the rate of established cases of a disorder or illness in the population (prevalence)</p> <p><b>Tertiary:</b> which seeks to decrease the amount of disability associated with an existing disorder.</p>	<p><b>Universal:</b> Interventions that are desirable for everyone in the eligible population if the benefits outweigh the costs</p> <p><b>Selective:</b> Interventions for those with above average risk of having the undesired outcome</p> <p><b>Indicated:</b> Interventions for individuals who, on examination, are found to manifest a risk factor or condition that identifies them as being at high risk for the future development of a disease</p>	<p><b>Universal:</b> interventions are targeted to the whole population that has not been identified on the basis of individual risk.</p> <p><b>Selective:</b> interventions are targeted to individuals or a subgroup of the population whose risk of developing illness is significantly higher than average. The risk may be imminent or it may be a lifetime risk</p> <p><b>Indicated:</b> interventions targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing an illness or disorder but who do not meet clinical criteria levels at the current time</p>	<p><b>Universal:</b> Approaches designed to address risk factors in entire populations of youth without attempting to discern which populations have elevated risk for the undesired outcome</p> <p><b>Selective:</b> Target population groups identified to share a significant risk factor for the undesired outcome</p> <p><b>Indicated:</b> Target groups in the early stages of the undesired outcome</p> <p><b>Treatment/Reversal:</b> Target those who show the undesired outcome to reverse it, minimize it, or mitigate its effects</p>

<sup>1</sup> Commission on Chronic Illness. (1957) Chronic Illness in the United States. Vol. 1. Published for the Commonwealth Fund. Cambridge, MA: Harvard University Press;

## ***Juvenile Delinquency***

In the early 1990s, the federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) developed a Comprehensive Strategy Framework for delinquency prevention. The framework consists of six prevention levels ranging from those who have not engaged in delinquency to those leaving secure confinement. **This framework is also an intervention framework** prescribing different interventions based upon risk and protective factors or the seriousness and recurrence of delinquency. The **six levels** include:

- **Level 1:** Prevention of delinquency by reducing risk and enhancing protection
- **Level 2:** Early intervention with predelinquent and child delinquents and their families
- **Level 3:** Immediate intervention for first-time delinquent offenders (misdemeanors and nonviolent felonies) and nonserious repeat offenders
- **Level 4:** Intermediate sanctions for first-time serious or violent offenders, including intensive supervision for serious, violence and chronic offenders
- **Level 5:** Secure corrections for the most serious, violent, and chronic offenders
- **Level 6:** Aftercare or reentry

## ***Multi-Tiered Systems of Support in Schools***

[California's Multi-tiered Systems of Support](#) (MTSS) is an integrated, comprehensive framework that focuses on Common Core State Standards (CCSS), core instruction, differentiated learning, student-centered learning, individualized student needs, and the alignment of systems necessary for all students' academic, behavioral, and social success. MTSS has emerged out the integration of prior tiered prevention and intervention frameworks, including Response to Intervention (RtI) and Positive Behavior Interventions and Supports (PBIS). MTSS includes universal screening each school year, ongoing data collection, continual assessment, and the implementation of differentiated supports across three tiers:

- **Tier 1** is primary or universal interventions provided to all students that include core instruction and basic interventions.
- **Tier 2** is a secondary, targeted early intervention level wherein additional supports (on top of Tier 1 supports) are provided for identified group(s) of students. This tier provides additional assistance to help students meet academic and behavioral goals.
- **Tier 3** is a tertiary, individualized level of support and intervention when Tier 1 and Tier 2 supports have failed to result in desired academic, social-emotional, and/or behavioral outcomes. This tier may include individualized supports within the school and/or referrals/support from outside agencies.

### ***How the different intervention frameworks conceptualize prevention:***

**Provide different interventions to different groups based on risk/protection and the imminence of the first instance of an undesired outcome (Public Health):** Public health prevention intervention frameworks differentiate the overall population into groups based upon risk and protective factors and

the imminence of an undesired health outcome. Different types of interventions are provided to these different groups.

**Impose sanctions and provide supports that match in intensity the seriousness and recurrence of the undesired outcome once it has occurred (Delinquency):** The OJJDP model provides for both supports and sanctions that become more intense as the seriousness or recurrence of delinquency increases and becomes less intense as seriousness or recurrence decline. The presence or sanctions as well as supports is an important element in this framework. Risk and protective factors are less important than the seriousness and recurrence of delinquency in determining the intensity of intervention.

**Provide increasing service intensity based upon how students respond to less intensive levels of service in addressing the undesired outcome(s). Levels of support and intervention are based on data/response to intervention in terms of desired and undesired outcomes. (MTSS):** MTSS bases the intensity of support services not on risk or protective factors, but on whether students respond effectively to less intense forms of intervention delivered in a lower intervention tier.

**All of these approaches offer lessons to be considered in how the Prevention Task Force will define its intervention framework.**

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**Exhibit E: [MEMO: Coordination Table findings relevant to Governance Structure decision making](#)**  
Prevention Services Task Force | Prepared: September 20, 2022

**Purpose:** This memo summarizes issues raised by members during Coordination Table meetings (8/18, 9/15) that may be useful and relevant to the Framework Table and Task Force as they prepare governance structure recommendations for LA County’s Prevention and Promotion services.

**Background**

- The Coordination Table is currently identifying **Operational Barriers** to coordinated service delivery across County prevention services, as well as recommendations to address these issues to be delivered in the Task Force’s Board Report.
- Many of these Operational Barriers are directly relevant to governance structure decisions, while others may also need to be resolved via other avenues (e.g., external policy change, complementary initiatives beyond prevention)
- Coordination table membership includes several County staff, service providers, and community members with lived expertise, especially those who hold experience leading multidisciplinary initiatives and collaboration across prevention and community-facing services.

**Operational Barriers: Areas of Focus (Preliminary)**

Currently, the Coordination Table has identified the following major categories for Operational Barriers and corresponding recommendations, including potential pilot programs and policy opportunities.

<p><b>Structural barriers and status quo practices</b> preventing a collaborative culture where there is shared accountability and coordination can be most effective</p> <p><small>(e.g., bureaucratic hurdles, lack of dedicated staff time and funding for coordination, ad hoc efforts not supported at scale)</small></p>	<p><b>Statutory requirements and regulatory limitations</b> hampering multidisciplinary coordination efforts, including braided/blended funding</p>	<p>Lack of capacity across systems in <b>data sharing and integration</b> to better serve clients</p>
<p><b>User navigation barriers</b> hindering folks from accessing the array of services available to them</p>	<p><b>Lack of services tailored to client needs</b></p> <p><small>(e.g., language access barriers, culturally appropriate and community-specific services)</small></p>	<p><b>Community distrust/hesitancy engaging with government systems</b></p> <p><small>(e.g., due to historical and ongoing marginalization and negative lived experiences)</small></p>
<p><b>Ad hoc approach to community partnerships</b>, which hinders meaningful relationships, shared decision making, and co-creation of effective solutions</p>		



## **Findings and Considerations Relevant to Governance Structure**

As members discussed challenges and solutions to the areas of focus, they suggested several functions and considerations needed to effectuate a comprehensive community-based prevention services delivery system. These in-progress ideas are listed below, but have yet to be officially or formally approved by the table:

### **Coordinating functions that must be appropriately aligned and resourced across relevant entities to address existing barriers (non-exhaustive):**

- Clarified authority and responsibility to coordinate funding and facilitate braided and blended funding – but must also include strategic approach to identify and maximize funding sources and ensure long-term sustainability of prevention and promotion funds across County services
- Data sharing and integration oversight, including responsible use of predictive analytics and alignment/collaboration with state and federal data stakeholders
- Coordinated management to support community stakeholders and sustain County investments in supporting communities:
  - Countywide approach with dedicated funding to compensate Community Members with Lived Expertise involved in policy and program development
  - Countywide approach with dedicated staffing for language access, including translation and interpretation and culturally appropriate communication
  - Countywide approach to partner with community-based service providers (who are already providing holistic services) and facilitate a pipeline for multisystem navigators and other County prevention staff
- Coordinated approach and support for departments to conduct federal, state, and local policy advocacy focused on prevention and promotion (including high level direction, funding, and specific policy changes relating to issues like regulation, forms, and data collection)

### **Additional Overarching Considerations**

- Recommendations must also include dedicated funding and staff time *within departments* to support multidepartment collaboration (e.g., to account for staff/funding needed for technological implementation, braided funding efforts, additional workloads), not only for the coordinating entity.
- In response to some of these issues, multiple members (but not all) mentioned the concept of a “superagency” or strong coordinating body, especially to facilitate accountability, bring departments together, and be responsible for effective collaboration; however, members urge the Framework Table and Task Force to think seriously about the ramifications of more centralized power and authority and ultimately what makes the most sense for LA County.

*(Note: while no conclusive vote was taken and members weighed various options, table members appeared to coalesce around and agree that the issues above deserve elevated consideration during governance structure decision making. Simultaneously, the Coordination Table is currently*

developing immediate action recommendations that can be taken to address operational barriers under existing systems and structures (e.g., data integration through CIO's InfoHub, piloting initiatives to blend Title IV-E and MediCal funds, priority funding needs identified by community members, etc.)

The preceding memo directly informed the work of the Framework table in identifying some of the essential coordinating functions necessary for a cohesive governance structure:

The C&I Table has discussed multiple functions to be aligned, resourced, and strengthened, including:	The Framework Table has identified the following essential functions that align with the C&I Table's feedback:
<ul style="list-style-type: none"> <li>Facilitating cross-system navigation</li> </ul>	<ul style="list-style-type: none"> <li>Coordination, Collaboration &amp; Communication</li> </ul>
<ul style="list-style-type: none"> <li>Clarified authority and responsibility to coordinate and maximize holistic prevention and promotion funding sustainably</li> </ul>	<ul style="list-style-type: none"> <li>Funding Acquisition and Management</li> </ul>
<ul style="list-style-type: none"> <li>Data sharing and integration oversight, especially with regard to service delivery and prevention outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Data Tracking/Metrics</li> </ul>
<ul style="list-style-type: none"> <li>Coordinated management to support community stakeholders and sustain county investments in supporting communities</li> </ul>	<ul style="list-style-type: none"> <li>Co-Creating Solutions with Community</li> </ul>
<ul style="list-style-type: none"> <li>Coordinated approach to policy advocacy for prevention and promotion specifically (e.g., federal/state/local)</li> </ul>	<ul style="list-style-type: none"> <li>Policy and Agenda Setting</li> </ul>
<ul style="list-style-type: none"> <li>Dedicated funding and staff time <i>within departments</i> to support multidepartment coordination, not only for the coordinating entity.</li> </ul>	<ul style="list-style-type: none"> <li>Staffing for Coordination</li> </ul>

## Exhibit F: Funding Streams Opportunities

### Funding Source Opportunities

After identification of the 148 unique funding sources were reported related to CMS, FSS, PS, HMHS, and Ops, secondary research was performed to understand the nature of the funding source, and related information. After performing secondary research, the following funding sources were identified for further evaluation to (1) understand the current programs and processes related to the funding, (2) understand whether there are opportunities to braid or augment the funding going forward, and/or (3) utilize these sources as examples in discussions going forward regarding how to coordinate funding across departments. The selections were made based on whether the funding source could potentially be utilized for additional uses and larger “Total Budget Amount per FY 2022-23 Final Changes Budget” for the programs associated with the funding source<sup>2</sup>.

As discussed above, consider whether an entity or group could play an oversight and administrative role to be able to evaluate the below funding sources and coordinate efforts across departments that are using or could use the funding. This group could include members of County Counsel to assist from a regulations standpoint, however individuals should be consulted that are familiar with the programs and funding sources and encouraged/pushed to strategically consider how to optimize the below (and other) funding sources.

**Importantly, the funding sources below require additional discussion and deliberation with relevant program staff, budget staff, departmental leadership and County Counsel to before taking further action.**

<u>Funding Source Name</u>	<u>Department Name</u>	<u>Program Name</u>	<u>Total Budget Amount per FY 2022-23 Final Changes Budget</u>	<u>Analysis</u>
AB109 - Public Safety Realignment	Public Health	Drug Medi-Cal Treatment Services	\$349,137,144	The funding itself appears to be flexible to serve individuals on AB 109 or formerly subject to AB 109 (e.g. Prop. 47 misdemeanants) in the realm of “Public Safety Services” including employing and training public safety officials, including law enforcement personnel and attorneys assigned to criminal proceedings; managing local jails; and providing housing, treatment, and services for, and supervision of, juvenile and adult offenders. The Public Safety Realignment Team (chaired by the Chief Probation Officer) and the Chief Executive Office appears to be responsible for this funding stream and it may be that there are additional logistics (e.g., Board Motions) that would be necessary to augment programs or funding. The overarching questions are (1) what, from the County, would be entailed as it relates to the logistics of new programs and (2) Are there additional programs to providing housing, treatment, and services for, and supervision of, juvenile and adult offenders, aside from those at left, that could tap into AB109 funds?
		Homelessness Services - Recovery Bridge Housing	\$23,353,700	
		Client Navigation and Engagement Services	\$14,317,484	
	Public Defender	Partners For Justice	\$1,977,000	
	Department of Economic Opportunity	Jail Based Program at the Century Regional Detention Facility (CRDF)	\$800,000	
	District Attorney	Youth Pre-Filing Diversion	\$625,000	
Temporary Assistance for	Public Social Services	Housing Supports Program (HSP)	\$54,005,000	TANF indicates that monies can be utilized by states (and state MOE) to meet these 4 goals:

<sup>2</sup> Please note that the “Total Budget Amount per FY 2022-23 Final Changes Budget” is for the program as a whole and not the related funding source next to which the program is associated. The funding source identified is a part of the total budget, the specific amount of which was not provided in the self-reported information.

<u>Funding Source Name</u>	<u>Department Name</u>	<u>Program Name</u>	<u>Total Budget Amount per FY 2022-23 Final Changes Budget</u>	<u>Analysis</u>
Needy Families (TANF)		CalWORKs Temporary Homeless Assistance (HA)	\$33,249,024	<p>(1) Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives; (2) end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage; (3) prevent and reduce the incidence of out of wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and (4) encourage the formation and maintenance of two parent families.</p> <p>CalWORKs is the program and the County has programs identified as funded by both CalWORKs and TANF. While the source may not be "flexible" in that there are highly established requirements via CalWORKs, this was not removed from this listing as it is a large funding source as it relates to prevention and promotion and consideration can be given to how best evaluate that the tenants of the Prevention Services Task Force are considered around the use of TANF and CalWORKs amounts.</p>
		CalWORKs Home Visit Program (HVP)	\$20,375,000	
		HA Permanent Arrearages	\$0	
Promoting Safe and Stable Families (PSSF) - Title IV-B	Child and Family Services	Alternative Response Services	\$31,767,000	<p>The four PSSF Program components are: (1) family preservation, (2) community-based family support, (3) time-limited family reunification and (4) adoption promotion and support.</p> <p>For the components of community-based family support and time-limited family reunification do the "Prevention and Aftercare (P&amp;A)", "LINKAGES" and "Alternative Response Services" address these components.</p> <p>Are there additional programs that address the PSSF Program components that can utilize PSSF funding, as long as the minimum of 20 percent of the county's total annual PSSF allocation is spent under each of the four components (which multiple programs could address a single component)?</p>
		Family Preservation Assessment Services	\$31,767,000	
		Prevention and Aftercare (P&A)	\$12,500,000	
	Adoption Promotion & Support Services	\$2,984,000		
	Public Social Services	LINKAGES	\$0	
Older Americans Act (OAA)	Aging and Disabilities Department	Elderly Nutrition Program (ENP)	\$52,280,405	<p>The OAA identifies the following areas for funding uses: Supportive Services Congregate Nutrition Home-Delivered Nutrition Disease Prevention and Health Promotion Family Caregiver Support Program Long-Term Care Ombudsman Program Elder Abuse Prevention Program Legal Assistance Senior Community Service Employment Program</p> <p>The programs associated with this funding source are: Elderly Nutrition Program (ENP), Aging Programs and Services and Title V - Senior Employment Program. Does the Aging Programs and Services cover all of the remaining areas aside from employment and nutrition? Otherwise are there additional programs that address these other areas?</p> <p>(Question for Aging and Disabilities Department)</p>
		Aging Programs and Services	\$21,218,139	
		Title V - Senior Employment Program	\$3,444,022	
Community-Based Child		Alternative Response Services	\$31,767,000	Community-Based Child Abuse Prevention Grant's can be utilized for developing, operating, expanding, and enhancing community-

<u>Funding Source Name</u>	<u>Department Name</u>	<u>Program Name</u>	<u>Total Budget Amount per FY 2022-23 Final Changes Budget</u>	<u>Analysis</u>
Abuse Prevention Grant (CBCAP)	Child and Family Services	Family Preservation Assessment Services	\$31,767,000	based, and prevention focused programs and activities (there is a list of 7 examples included at left) or start-up, maintenance, expansion, or redesign of specific family resource and support programs or community-based child abuse and neglect prevention program services (there is a list of 9 examples included at left). The grants have been identified as funding Alternative Response Services and Family Preservation Assessment Services.
Measure H	Child and Family Services	Prevention and Aftercare (P&A)	\$12,500,000	Measure H assists with homeless prevention street outreach, interim housing, permanent housing, affordable housing, support services and COVID response. Common forms of homeless prevention assistance are rental assistance, utility arrears, housing-conflict resolution and mediation with landlords and/or property managers, legal assistance, and housing stabilization planning. Participants receive housing stabilization services both prior to and after permanent housing is secured. Are there additional homeless related programs that can utilize Measure H funding?
	Department of Economic Opportunity	Los Angeles: Regional Initiative for Social Enterprises (LA:RISE), Homeless Opportunities for Meaningful Employment (HOME) & Alternative Staffing Organization (ASO)	\$7,700,000	
	Public Social Services	General Relief Housing Subsidy Program	\$9,087,000	
	Sheriff	Measure H - Jail-in Reach - Homeless Initiative	\$494,000	
Mental Health Services Act (MHSA)	Child and Family Services	Prevention and Aftercare (P&A)	\$12,500,000	'MHSA funds are utilized for a number of programs, most notably in the Mental Health department. The funding itself appears to be flexible however it is subject to a community planning process that includes stakeholders and is subject to County Board of Supervisors approval. Additional detail may be needed around the local plan and the ability of the Prevention Services Task Force to be included or coordinate the local plan as it relates to MHSA funding. Are there other programs within other departments that could utilize or should be considered when it comes to MHSA funding.
	Military and Veterans Affairs	Veteran System Navigators Services Program	Not Identified	
	Mental Health	See Footnote <sup>3</sup>	See Footnote <sup>1</sup>	
	Public Health	DMH Home Visiting Program Expansion (HVPE)	\$994,000	
		MCAH Home Visiting Programs	\$0	
Supplemental Nutrition Assistance Program (SNAP)	Public Health	Supplemental Nutrition Assistance Program Education (SNAP-Ed)	\$13,274,899	SNAP was not identified as a funding source. Only one program was identified as being related to SNAP. There appear to be programs under CalFresh including: CalFresh Food CalFresh Healthy Living (SNAP-Ed)

<sup>3</sup> Programs identified include \* 211-Community School Initiative (CSI) \*Anti-Hate Initiative \*California Mental Health Services Authority (CalMHSA) - Media and Prevention Supports \*Center for Strategic Partnership \*Didi Hirsch Suicide Prevention Hotline \*DMH+UCLA Public Partnership for Wellbeing \*Friends of the Children – LA \*Home Visiting (Healthy Families America) \*LAC-USC Patient Health Navigation \*Los Angeles County Office of Education (Community Schools) \*Los Angeles Unified School District (Trauma and Resilience Informed Early Enrichment) \*Nurse Family Partnership \*(PEI) - Evidence Based Practice claims Anxiety Focus" \*(PEI) - Evidence Based Practice claims Crisis Focus" \*(PEI) - Evidence Based Practice claims Emotional Dysregulation Focus" \*(PEI) - Evidence Based Practice claims First Break Focus" \*(PEI) - Evidence Based Practice claims Parenting and Family Focus" \*(PEI) - Evidence Based Practice claims School Based Services Focus" \*(PEI) - Evidence Based Practice claims Severe Behavior/Conduct Focus \*(PEI) - Evidence Based Practice claims Step Care Focus" \*(PEI) - Evidence Based Practice claims Depression Focus" \*(PEI) - Evidence Based Practice claims Trauma Focus" \*(PEI) Community Outreach Services \*(PEI) Training dollars - Legal Entities \*Prevention and Aftercare Network \*Promoters (in Anti-Racism, Diversity & Inclusion (ADRI)) \*School Based Community Access Platform (SBCAP) \*School Threat Assessment & Response Team (START) \*Transforming LA (Incubation Academy) \*Veterans Peer Access Network Veterans Suicide Review Team \*Youth Development and Diversion (BLOOM)

<u>Funding Source Name</u>	<u>Department Name</u>	<u>Program Name</u>	<u>Total Budget Amount per FY 2022-23 Final Changes Budget</u>	<u>Analysis</u>
CalFresh				<p>CalFresh Employment and Training (E&amp;T)            CalFresh Disaster Response            CalFresh Restaurant Meals Program (RMP)            Food Distribution Unit (FDU)</p> <p>These appear to be prevention/promotion focused or adjacent, given the lack of identification, follow up would consist of determining the programs currently utilizing these funds.</p>
AB 2994	Child and Family Services	Prevention and Aftercare (P&A)	\$12,500,000	<p>The funding itself appears to be flexible to fund child abuse and neglect prevention and intervention programs operated by private, nonprofit organizations. There are Board Motions identified which indicate there have been requests to use the funding to retain entities to assist with addressing child abuse and neglect prevention. The question would be the logistics around tapping into this funding (i.e., how decisions are made in terms of where funding is directed). Are there other programs that could utilize this funding. Per discussion with DCFS on 9/21/2022, recurring funding to that department from AB 2994 is ~\$3M.</p>
		Family Visitation Centers/Safe Child Custody Exchange	277,000.00	
		Incarcerated Parents Program	104,000.00	
Juvenile Justice Crime Prevention Act (JJCPA)	Probation	Early Intervention and Diversion Program	\$4,300,778	<p>The funding itself appears to be flexible to curb juvenile delinquency. In LA County, the Juvenile Justice Coordinating Council (JJCC) allocates the JJCPA funding based on its local principals and goals. The overarching questions are (1) what, from the County, would be entailed as it relates to the logistics of new programs via the JJCC and (2) are there additional programs to curb juvenile delinquency that could tap into JJCPA funds?</p>
		Multisystemic Therapy	\$982,641	
		Youth Substance Abuse	\$848,335	
		Commercial Sexual Exploitation of Children	\$462,000	
	Arts and Culture	Youth Development- Arts for Justice Involved Youth	\$2,799,000	
	Department of Economic Opportunity	Juvenile Justice Crime Prevention Act (JJCPA) - Probation Youth	\$1,000,000	
	Public Library	Probation Outreach	\$1,000,000	
	Public Defender	Juvenile Mental Health Court (Court Program)	\$166,000	
	Parks and Rec	Our Spot	Not Identified	
Parks After Dark		Not Identified		
Safe Passages		Not Identified		
Title IV-E Family First Prevention Services Act	Probation	Family Preservation	\$3,085,664	<p>Title IV-E funds were identified in the responses received (the FFPSA was not specifically identified). FFPSA gives states and tribes the ability to claim federal financial participation for providing eligible individuals with an array of approved foster care prevention services to strengthen families and keep children from entering foster care. Provide support for kinship (relative) caregivers through federal funds for evidence-based Kinship Navigator programs that link relative caregivers to a broad range of services and supports to help children remain safely with them. Establish new requirements for youth being placed in residential treatment programs and improves quality and oversight of intensive and trauma-based services. Requires access to family-based aftercare services to children at least six months post-discharge from STRTPs. Improve services to older and transition-age youth. Gives states the ability to provide services to former foster youth, up to age 23, who have aged out</p>
		Functional Family Probation	\$1,658,000	
		Functional Family Therapy	\$1,361,000	
		Commercial Sexual Exploitation of Children	\$462,000	

<u>Funding Source Name</u>	<u>Department Name</u>	<u>Program Name</u>	<u>Total Budget Amount per FY 2022-23 Final Changes Budget</u>	<u>Analysis</u>
				<p>of foster care, as well as expanding eligibility requirements to the Education &amp; Training Voucher (ETV) program.</p> <p>Specific questions include, whether the FFPSA was considered when responding with Title IV-E funds? Second are there additional programs that utilize FFPSA funds for prevention, caregivers, residential treatment programs, etc.</p>
Community Development Block Grant (CDBG) Entitlement Program	Aging and Disabilities Department	LA Found	\$1,205,000	<p>The CDBG Entitlement Program was identified as a potential source. The only two CDBG's that were identified were in LA Found and Senior Programs. CDBG funds can be used for Construction of public facilities and improvements, such as water and sewer facilities, streets, neighborhood centers, and the conversion of school buildings for eligible purposes Public services, within certain limits, Provision of assistance to profit-motivated businesses to carry out economic development and job creation/retention activities. Additionally, the programs must benefit low- and moderate-income persons, prevention or elimination of slums or blight, or address community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community for which other funding is not available. These appear to be prevention/promotion focused or adjacent. Given the lack of identification, follow up would consist of determining whether there are programs currently utilizing these funds or if this source could be monitored/utilized in the future.</p>
	Parks and Rec	Senior Programs	Not Identified	
Social Services Block Grant (SSBG) – State of California				<p><b>This funding source was identified via secondary research as a potential funding source the County could evaluate. This funding source was not reported to be related to any existing LA County programs and as such the Department Name, Program Name, and Total Budget Amount per FY 2022-23 Final Changes Budget are blank for this funding source.</b></p> <p>Identify the programs that utilize Community Services Block Grants as the California Department of Community Services and Development states that CSBG is a federally funded investment that aims to reduce poverty in the United States. CSBG is funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Community Services. The services offered through CSBG vary by county. Some examples of the services offered include the following:</p> <ul style="list-style-type: none"> <li>Child/Youth Services</li> <li>Education Services</li> <li>Emergency Services</li> <li>Employment Services</li> <li>Food/Nutrition Services</li> <li>Health Services</li> <li>Homeless Services</li> <li>Housing Services</li> <li>Income Management Services</li> <li>Senior Services</li> <li>Transportation Services</li> </ul>

Funding Source Name

Department Name

Program Name

Total Budget Amount per FY 2022-23 Final Changes Budget

Analysis

<u>Funding Source Name</u>	<u>Department Name</u>	<u>Program Name</u>	<u>Total Budget Amount per FY 2022-23 Final Changes Budget</u>	<u>Analysis</u>
				These appear to be prevention/promotion focused or adjacent, given the lack of identification, follow up would consist of determining the programs currently utilizing these funds.



## Exhibit G: Outcome Based Budgeting

**Consider Outcome Based Budgeting.** Outcome-based budgeting (OBB) provides a framework for Los Angeles County to better align its spending with the strategic plan, understand that value its services are delivering, and identify opportunities to invest more effectively in equity, sustainability and other important goals.

The table below outlines the standard practices of OBB and suggests steps the County can take to implement the standards.

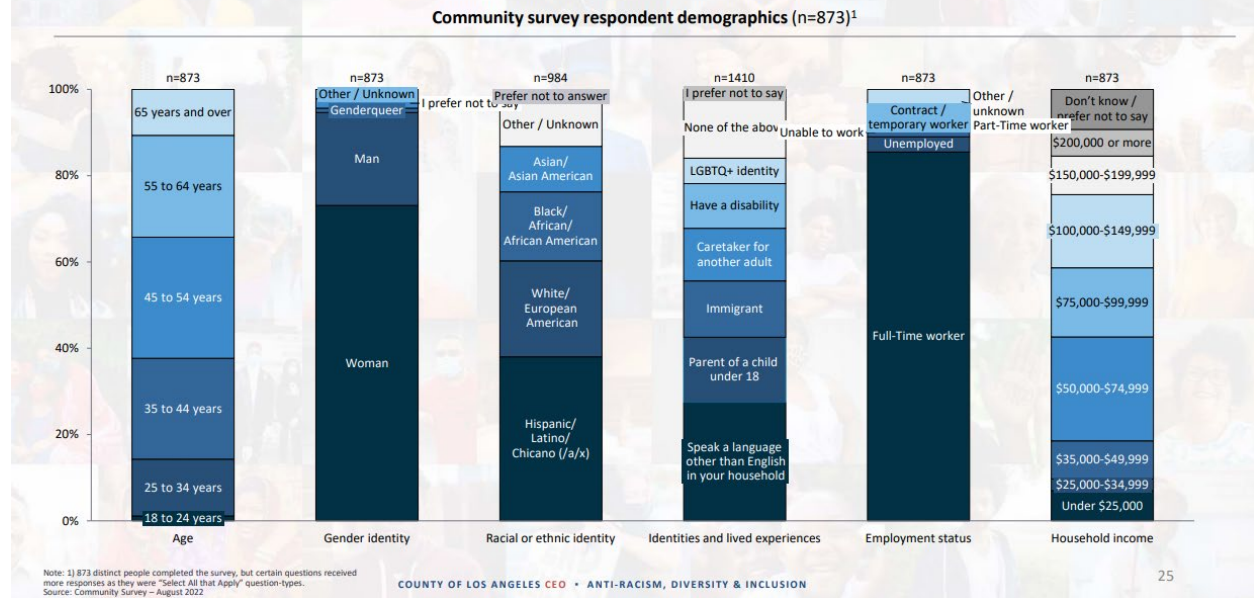
Standards	Steps
<p>Establish community-wide priority outcome goals and key indicators. These goals and indicators are the starting point for OBB.</p>	<p>In updating its strategic plan, the County should choose 7-10 goals that clearly articulate a desired “future state.” Examples might include A Safer County, A Growing Economy, and Effective and Accountable Government.</p> <p>For each goal, the County should select 3-4 key indicators that measure progress toward the goal.</p> <p>The indicators will play a critical role in guiding budget proposals and decisions. As such, they should reflect leadership’s priorities, such as reducing racial and other disparities/gaps.</p> <p>For A Growing Economy, these indicators might include:</p> <ul style="list-style-type: none"> <li>- Number of new business starts</li> <li>- Employment rate gap</li> <li>- Value of exports by county businesses</li> </ul> <p>Ideally, the County would adopt long-term (5-year) targets for each indicator, giving focus to planning and budgeting.</p>
<p>Develop a “Request for Results” (RFR) for each goal. An RFR, like an RFP, provides details about the strategies and actions needed to achieve the goal. It informs budget proposals and decisions.</p>	<p>Instead of a single strategic plan, the County should develop a RFR for each of the goals it chooses. RFRs can be updated regularly as new data and evidence is available and priorities evolve.</p> <p>The goals, indicators, and RFRs should reflect a priority-setting process and not attempt to encompass everything the County does. Focusing resources on what is most important is the way to measurable impact.</p> <p>Just as the County has adopted the Sequential Intercept Model to evaluate budget requests related to criminal justice, RFRs provide criteria to evaluate requests against all the countywide goals.</p>
<p>Define the programs/services the County funds and delivers. Each program should have clearly identified purpose, customers, cost, performance measures, and lines of authority.</p> <p>The purpose of defining programs is to provide leadership and the public with visibility into the County’s base budget and enable an assessment of the value of each program – the results per dollar spent.</p>	<p>The County should integrate program budget and performance data.</p> <p>Program budgets should, to the extent possible, reflect the full cost of service delivery. Full cost includes, among other things, pay and benefits, contractual services, supplies and materials, space utilization, IT, fleet, debt service, workers’ compensation, direct overhead, etc.</p> <p>Each program should have five “headline” performance measures that collectively answer three questions:</p> <p>How much did we do? (Outputs)</p>

Standards	Steps
	<p>How well did we do it? (Effectiveness, Efficiency) Is anyone better off? (Outcomes)</p> <p>Where applicable, programs should also measure equity.</p> <p>For each program performance measure, the County should report prior year target and actual values and target levels for the current and budget years.</p>
<p>Allocate available funding to countywide goals, instead of giving departments funding targets.</p> <p>Available funding for OBB is based on the revenue forecast and excludes fixed costs such as debt service, pension contribution, OPEB, etc.</p> <p>Shifting from siloed department targets to funding pools around goals is intended to encourage collaboration and competition for available resources.</p>	<p>After developing an updated set of countywide goals, the County should prepare a budget planning allocation by goal.</p> <p>The first step in the allocation process is to map programs to goals and determine a baseline allocation.</p> <p>Leadership sets the allocation for the budget year to provide planning guidance for the budget process. The allocations are subject to change based on decisions made later in the process.</p> <p>The allocation process can be used to determine the tradeoffs necessary to increase investment in priority areas, such as combating climate change and reducing health disparities.</p>
<p>Write budget proposals for each program. The proposals should answer the following questions:</p>	<p>The County should require departments to submit program-level budget proposals. Each proposal would indicate the primary goal it supports.</p> <p>What is the purpose of the program? How is the program delivered? What evidence do you have of the program’s impact? How does the budget proposal help advance countywide goals? How is the program’s performance measured? How does the budget proposal improve the program’s value?</p>
<p>Program budget proposals are reviewed by “Results Teams” of employees and community members, one team for each county-wide goal.</p> <p>The teams evaluate program budget proposals based on alignment with goals (responsiveness to RFRs) and value (considering cost, performance, and evidence).</p> <p>Results Teams are able to identify opportunities for collaboration and innovation as well as gaps in proposals vs. RFRs. They are empowered to ask departments to modify proposals and even go back to the drawing board.</p> <p>The teams are given budgets based on the leadership’s funding allocation and make recommendations for how the funding should be spent to optimize results.</p>	<p>The County should use Results Teams as part of its budget review process. The teams provide a valuable new perspective, as they are focused on how budget proposals support countywide goals.</p> <p>Results Team recommendations to the Chief Executive will inform discussion about how to improve program performance and how funding could be repurposed across programs to support progress toward countywide goals.</p> <p>Ideally, the Board of Supervisors would organize its budget hearings by goal in order to get an understanding of how departments work collaboratively to advance the strategic plan.</p>

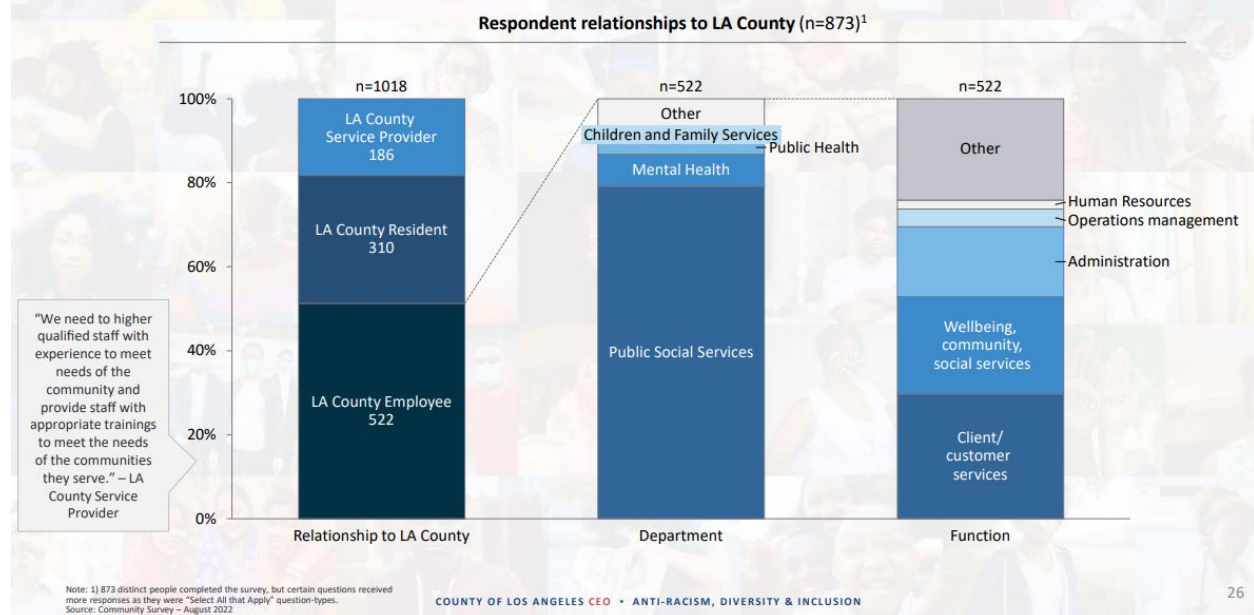
<b>Standards</b>	<b>Steps</b>
<p>An OBB summary budget publication is organized by goal instead of department.</p> <p>Each goal chapter includes:</p> <ul style="list-style-type: none"> <li>- Overview of the goal and related strategies</li> <li>- Summary funding table</li> <li>- Highlights of how the budget supports the goal</li> <li>- Sub-sections for each key indicator, including a trend chart, budget highlights, and related program performance data</li> <li>- Table listing programs included in the goal budget and their funding levels for prior, current and budget years</li> </ul> <p>A separate volume provides program detail organized by department.</p> <p>The program sections of the detail volume include program description, summary budget and FTE by fund, performance measures and analysis, proposal highlights, change table, object detail, and position detail.</p>	<p>A goal-oriented budget presentation would help the County better communicate to residents how their taxes are being used to improve outcomes they care about. It enhances transparency and accountability.</p> <p>Over time, County leaders will be able to determine if their funding strategies are working or not.</p> <p>Adding program-level financial detail, such as budget by fund source, can facilitate blending and braiding funds across programs with similar outcomes.</p>

## Exhibit H: Community Survey Results

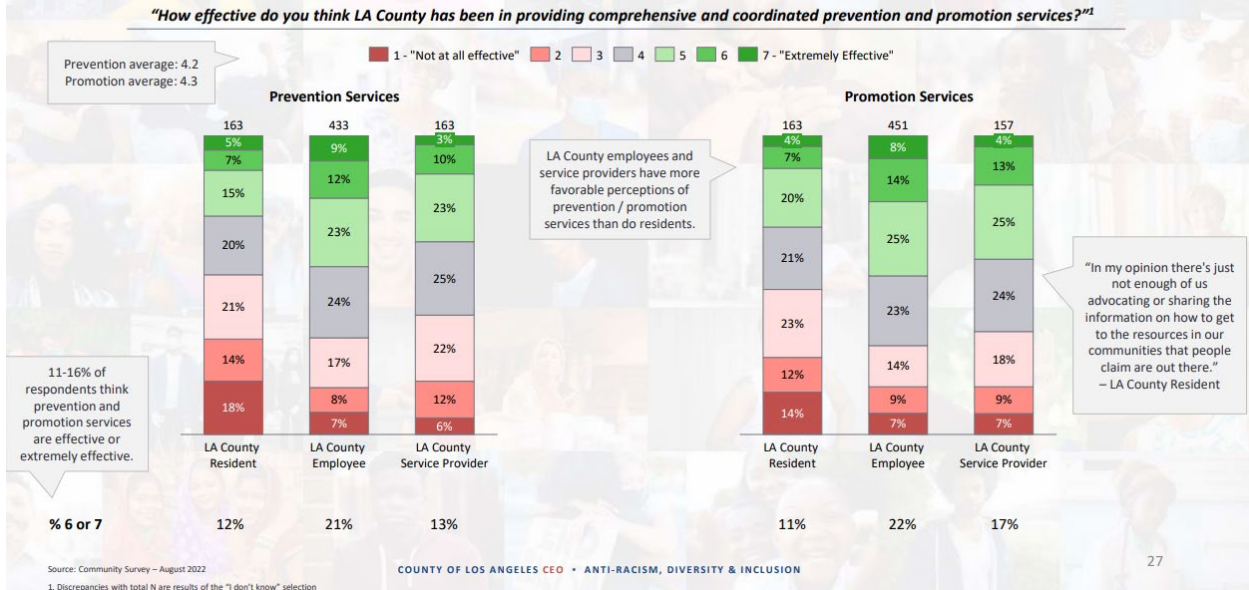
The majority of community survey respondents were women and full-time workers; respondents represented a variety of ages incomes, racial or ethnic identities, and lived experiences



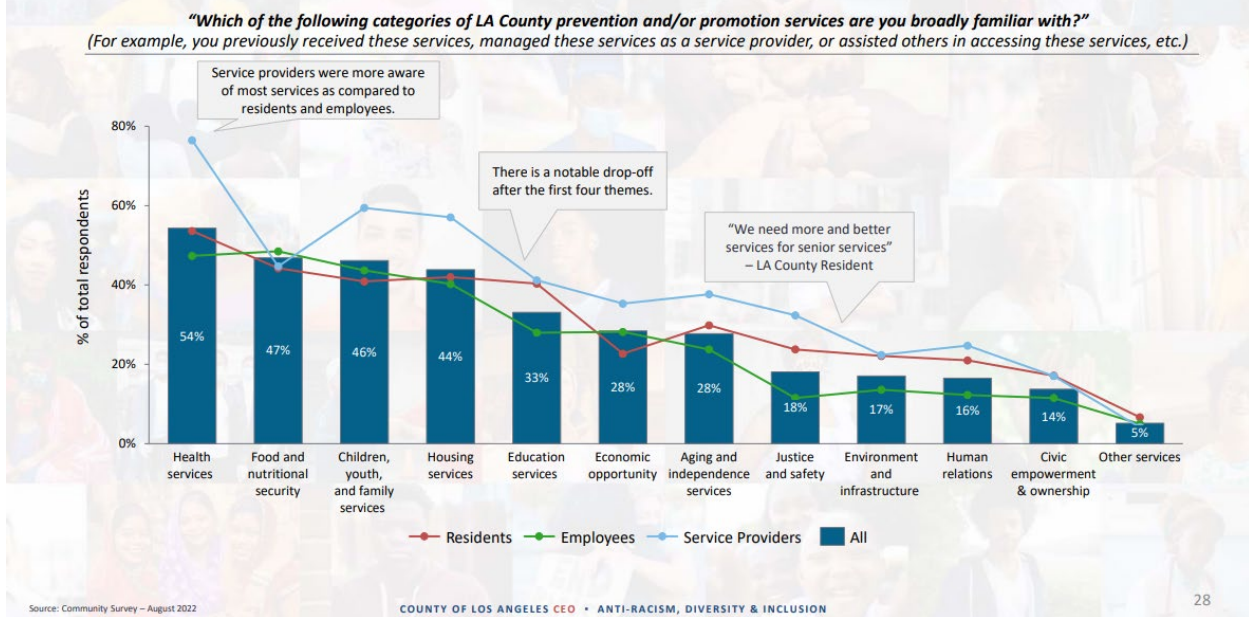
Public Social Services is the most represented department among LA County employee respondents, while client / customer services is the highest represented function



Scores for prevention services and promotion services are highly similar, and both received more negative responses than positive responses, indicating room for improvement



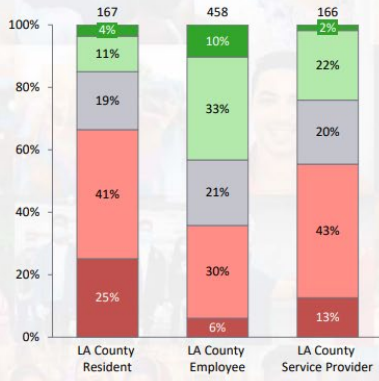
Respondents are most familiar with health services, food and nutritional security services, and children, youth, and family services in LA County



46% of respondents stated that it is somewhat hard or extremely hard to access prevention and promotion services they need, while 41% said that LA County delivers services poorly or very poorly

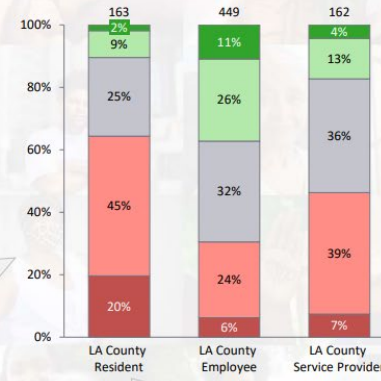
**"How easy it for LA County residents to access prevention and promotion services that they need?"<sup>1</sup>**

Extremely easy Somewhat easy Neither easy nor hard Somewhat hard Extremely hard



**"How well is LA County delivering prevention and promotion services?"<sup>1</sup>**

Very well Well At an acceptable level Poorly Very poorly



LA County Employees made up 58% of respondents and have a more favorable opinion of both access and delivery than residents and providers

"Programs have too many hoops and funding is hard to access."  
— LA County Service Provider

"The world has changed so much over the two years. We have to find ways to reach community members and deliver services in new ways."  
— LA County Resident

Source: Community Survey – August 2022

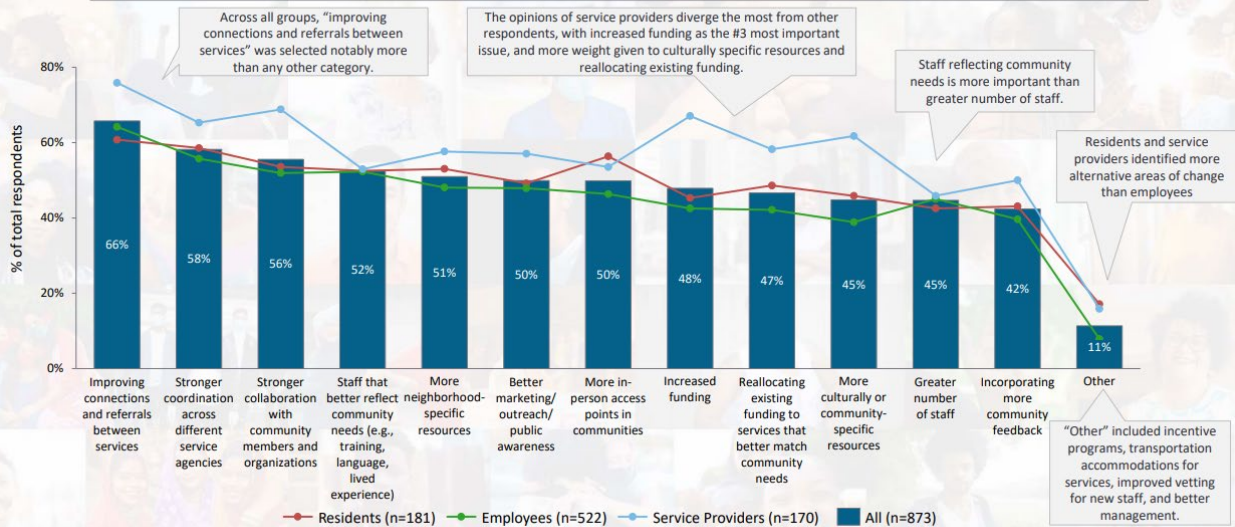
1. Discrepancies with total N are results of the "I don't know" selection

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Two of the three top changes that respondents selected reflected a public desire for stronger coordination across service agencies

**"What do you think is needed to make LA County's prevention and promotion services more effective? Please select all that apply." (n=873)**



Across all groups, "improving connections and referrals between services" was selected notably more than any other category.

The opinions of service providers diverge the most from other respondents, with increased funding as the #3 most important issue, and more weight given to culturally specific resources and reallocating existing funding.

Staff reflecting community needs is more important than greater number of staff.

Residents and service providers identified more alternative areas of change than employees

"Other" included incentive programs, transportation accommodations for services, improved vetting for new staff, and better management.

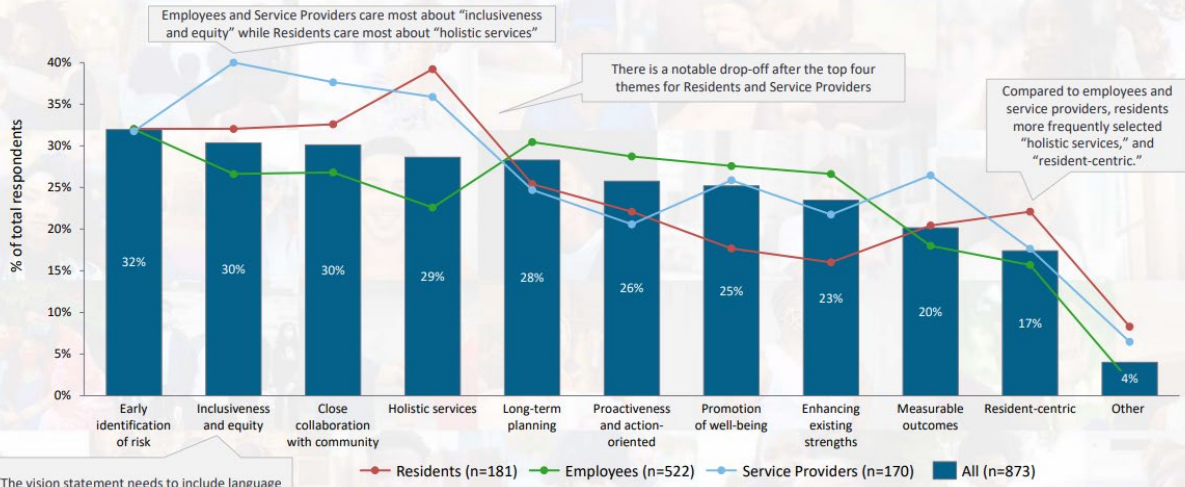
Source: Community Survey – August 2022

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Early identification of risk, inclusiveness and equity, and close collaboration with the community were most frequently selected as desired themes for the mission statement

**"Which of the following themes would you like to see reflected in the vision statement for prevention and promotion services for LA County? Please select up to 3 themes that resonate with you." (n=873)**



"The vision statement needs to include language about addressing the needs of all values and populations." – LA County Service Provider

Source: Community Survey – August 2022

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## Exhibit I. Prevention and Promotion Metrics Summary Document

### North Star Outcomes

*Hold ctrl and mouse click to follow embedded links*

<b>North Star Outcome</b>	<b>Age Span</b>
<a href="#">Infant Mortality</a>	0-1
<a href="#">Socioemotional/cognitive readiness as children approach school age</a>	0-5
<a href="#">Age-Appropriate Socioemotional/Cognitive Proficiency for grades 1-6</a>	6-11
<a href="#">Child Maltreatment (within Family &amp; Systems)</a>	6-11
<a href="#">Good Physical &amp; Behavioral Health/Wellbeing</a>	12-20
<a href="#">Good Financial Wellbeing</a>	21-35
<a href="#">Adult First-Time Felony Convictions</a>	21-35
<a href="#">Attainment of a Postsecondary Credential w/ Significant Labor Market Value</a>	21-35
<a href="#">Stable Affordable Housing</a>	21-35
<a href="#">Stable Full-Time Employment among Individual Adults with incomes at or above 250% FPL</a>	21-60+
<a href="#">Family Income at 250% FPL (pegged to a family of 4)</a>	21-60+
<a href="#">Age in Place with Safety, Dignity &amp; Independence</a>	60+

### Contributing Outcomes

<b>Contributing Outcome</b>	<b>Age Span</b>
<a href="#">Preterm Birth</a>	0-5
<a href="#">Low Birthweight</a>	0-5
<a href="#">Early childhood disability</a>	0-5
<a href="#">Asthma</a>	0-5
<a href="#">Diabetes</a>	0-5
<a href="#">Elevated Blood Lead Levels</a>	0-5
<a href="#">Early Childhood trauma</a>	0-5
<a href="#">Toxic Stress</a>	0/5
<a href="#">Healthy Diet</a>	0-5
<a href="#">Attends Pre-K</a>	0-5
<a href="#">Secure/Insecure Attachment</a>	0-5
<a href="#">Externalizing or Internalizing Behavior</a>	0-5
<a href="#">General Health Status</a>	6-11



Exhibit I. Prevention and Promotion Metrics Summary Document

Contributing Outcome	Age Span
<a href="#">Asthma</a>	6-11
<a href="#">Diabetes</a>	6-11
<a href="#">Disability</a>	6-11
<a href="#">Elevated Blood Lead Levels</a>	6-11
<a href="#">Overweight or Obese</a>	6-11
<a href="#">Pubertal Timing (early puberty onset)</a>	6-11
<a href="#">Chronic Stress</a>	6-11
<a href="#">Childhood trauma</a>	6-11
<a href="#">School Engagement</a>	6-11
<a href="#">Externalizing Behavior</a>	6-11
<a href="#">Self-Regulation</a>	6-11
<a href="#">Depressed/Internalizing Behavior</a>	6-11
<a href="#">Social Isolation</a>	6-11
<a href="#">School Suspensions</a>	6-11
<a href="#">School Absences</a>	6-11
<a href="#">General Health Status</a>	12-20
<a href="#">Allostatic Load</a>	12-20
<a href="#">Chronic Stress</a>	12-20
<a href="#">Substance use/abuse</a>	12-20
<a href="#">Proficient in 8th Grade Math and ELA Tests</a>	12-20
<a href="#">Middle School Grades</a>	12-20
<a href="#">Passing courses in ninth grade</a>	12-20
<a href="#">Participation in Arts Education</a>	12-20
<a href="#">Grade Retention</a>	12-20
<a href="#">High School GPA</a>	12-20
<a href="#">College Readiness (course-taking)</a>	12-20
<a href="#">A-G Completion</a>	12-20
<a href="#">High School Graduation/Dropout</a>	12-20
<a href="#">Postsecondary Enrollment</a>	12-20
<a href="#">Enrollment in a For-Profit College</a>	12-20
<a href="#">Enrollment in High-Mobility College</a>	12-20
<a href="#">Youth Disconnection</a>	12-20
<a href="#">Gender Identity &amp; Expression</a>	12-20
<a href="#">Sexual Orientation</a>	12-20
<a href="#">Social Isolation</a>	12-20
<a href="#">Socioemotional Development</a>	12-20
<a href="#">School Suspensions</a>	12-20

Exhibit I. Prevention and Promotion Metrics Summary Document

<b>Contributing Outcome</b>	<b>Age Span</b>
<a href="#">Expulsions</a>	12-20
<a href="#">School Absences</a>	12-20
<a href="#">Juvenile Delinquency</a>	12-20
<a href="#">Juvenile Felony Arrest</a>	12-20
<a href="#">Juvenile Misdemeanor Arrest</a>	12-20
<a href="#">Incarceration in Secure Juvenile Facility</a>	12-20
<a href="#">Early childbearing</a>	12-20
<a href="#">General Health Status</a>	21-35
<a href="#">Behavioral Health</a>	21-35
<a href="#">Allostatic Load</a>	21-35
<a href="#">High BMI</a>	21-35
<a href="#">Postsecondary Completion/Dropout</a>	21-35
<a href="#">Full-Time Employment</a>	21-35
<a href="#">Stable Employment</a>	21-35
<a href="#">Employment in High Demand Industry or Sector</a>	21-35
<a href="#">Has childcare arrangement</a>	21-35
<a href="#">Child support debt (TANF)</a>	21-35
<a href="#">Work Disability</a>	21-35
<a href="#">Inability to Pay Bail</a>	21-35
<a href="#">Incarceration</a>	21-35
<a href="#">Adequate Prenatal Care</a>	21-35
<a href="#">Physical Limitations</a>	35-60+
<a href="#">Income</a>	60+
<a href="#">Social Isolation</a>	60+

## **Ecological-Institutional Factors**

*Hold ctrl and mouse click to follow embedded links*

<b>Ecological-Institutional Factors</b>	<b>Age Span</b>
<a href="#">Mother smoking during pregnancy</a>	Pregnancy/Infancy
<a href="#">Obesity During Pregnancy</a>	Pregnancy/Infancy
<a href="#">Mother drinking during pregnancy</a>	Pregnancy/Infancy
<a href="#">Maternal diabetes, hypertension, asthma or depression</a>	Pregnancy/Infancy
<a href="#">Timing of prenatal care</a>	Pregnancy/Infancy
<a href="#">Adequacy of perinatal care</a>	Pregnancy/Infancy
<a href="#">Domestic Violence/IPV</a>	Pregnancy/Infancy
<a href="#">Physician-Patient Racial Concordance</a>	Pregnancy/Infancy

Exhibit I. Prevention and Promotion Metrics Summary Document

<b>Ecological-Institutional Factors</b>	<b>Age Span</b>
<a href="#">Cesarean Section Delivery</a>	Pregnancy/Infancy
<a href="#">Inter-pregnancy interval</a>	Pregnancy/Infancy
<a href="#">Maternal chronic worry about discrimination</a>	Pregnancy/Infancy
<a href="#">Neighborhood Concentrated Disadvantage</a>	0-60+
<a href="#">Neighborhood Concentrated Imprisonment</a>	0-60+
<a href="#">Neighborhood Mobility Score</a>	0-60+
<a href="#">Formerly Redlined Neighborhood</a>	0-60+
<a href="#">Environmental pollutants (e.g. lead top soil, air pollution)</a>	0-60+
<a href="#">Community Violence</a>	0-60+
<a href="#">Affordable Housing availability</a>	0-60+
<a href="#">Neighborhood Physical Disorder</a>	0-60+
<a href="#">Community Cohesion/Collective Efficacy</a>	0-60+
<a href="#">Aggressive Policing</a>	12-60+
<a href="#">Police Violence</a>	12-20
<a href="#">Racial Discrimination</a>	0-60+
<a href="#">ACEs</a>	0-20
<a href="#">Family Income/Poverty</a>	0-20
<a href="#">Persistent Child Poverty</a>	0-20
<a href="#">Family Income Volatility</a>	0-20
<a href="#">Parental Wealth</a>	0-20
<a href="#">Health insurance Coverage</a>	0-20
<a href="#">Parents' Education</a>	0-20
<a href="#">Family Structure/Living Arrangements</a>	0-20
<a href="#">Family Instability</a>	0-20
<a href="#">Maternal Age at Birth</a>	0-20
<a href="#">Maternal Depression</a>	0-20
<a href="#">Child Maltreatment</a>	0-20
<a href="#">Parent Cognitive Stimulation &amp; Emotional Supportiveness (HOME)</a>	0-20
<a href="#">Language spoken at home</a>	0-20
<a href="#">Extended family members</a>	0-5
<a href="#">Family Learning Activities</a>	0-20
<a href="#">Access to prenatal and perinatal care</a>	0-20
<a href="#">Overcrowded housing</a>	0-20
<a href="#">Housing stability/Residential Mobility</a>	0-20
<a href="#">Household debt</a>	0-20
<a href="#">Food Insecurity</a>	0-20
<a href="#">Parental substance use disorder</a>	0-20

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Ecological-Institutional Factors	Age Span
<a href="#">Parental Trauma History</a>	0-20
<a href="#">Availability of Preschool Centers</a>	0-5
<a href="#">Availability of Quality Childcare</a>	0-5
<a href="#">Foster Care Placement</a>	0-20
<a href="#">Parent Expectations</a>	6-11
<a href="#">Parental Incarceration</a>	6-11
<a href="#">Death of a Family Member</a>	6-11
<a href="#">School Mobility</a>	6-11
<a href="#">School Funding</a>	5-20
<a href="#">Class size</a>	5-20
<a href="#">School poverty levels</a>	5-20
<a href="#">School Segregation</a>	5-20
<a href="#">Teacher Quality</a>	5-20
<a href="#">Teacher-Student Racial Match</a>	5-20
<a href="#">Mentor/Developmental Relationships (Caring Adult)</a>	5-35
<a href="#">School Climate</a>	5-20
<a href="#">Ethnic Studies Courses</a>	12-20
<a href="#">School Disciplinary Practices</a>	5-20
<a href="#">Bullying Victimization</a>	12-20
<a href="#">School Tracking</a>	12-20
<a href="#">School and neighborhood peer groups</a>	6-20
<a href="#">Summer Jobs Availability</a>	12-20
<a href="#">Job Networks/Social Capital</a>	21-35
<a href="#">Access to Managerial Jobs</a>	21-35
<a href="#">Union Job</a>	21-35
<a href="#">Precarious employment/Gig Economy</a>	21-35
<a href="#">Affordable Senior Housing</a>	36-60+
<a href="#">Family Social Support</a>	36-60+
<a href="#">Housing Costs</a>	60+
<a href="#">Children Moving out of the Home</a>	60+
<a href="#">Home Equity</a>	60+
<a href="#">Relatives in close proximity</a>	60+
<a href="#">Local Unemployment Rates</a>	60+
<a href="#">Home Disrepair</a>	60+
<a href="#">Age-Friendly Communities</a>	60+

## North Star Outcomes

North Star Outcome	Measure	Other North Star Outcomes Impacted	Predictor/Causal Studies
<b>Infant Mortality</b>	<p>Number of infant deaths for every 1,000 live births</p> <p>Age Span: 0-5</p>		
<b>Socioemotional/cognitive readiness as children approach school age</b>	<p>Desired Results Developmental Profile-Kindergarten© (DRDP-K)</p> <p>Age Span: 0-5</p>	<ul style="list-style-type: none"> <li>• Age-appropriate Cognitive and Socioemotional Proficiency for Grades 1-6</li> <li>• Completion of a Postsecondary Credential w/ Significant Labor Market Value</li> </ul>	<ul style="list-style-type: none"> <li>• “School Readiness and Later Achievement.” <i>Developmental Psychology</i> 43(6): 1428–46;</li> <li>• Rabiner, D. L., Godwin, J., &amp; Dodge, K. A. (2016). Predicting Academic Achievement and Attainment: The Contribution of Early Academic Skills, Attention Difficulties, and Social Competence. <i>School Psychology Review</i>, 45(2), 250–267.</li> <li>• Owens, J. (2016). Early Childhood Behavior Problems and the Gender Gap in Educational Attainment in the United States. <i>Sociology of Education</i>, 89(3), 236–258;</li> <li>• Stressing Out the Poor Chronic Physiological Stress and the Income-Achievement Gap: Toward a new biology of social adversity; Duncan, G. and Magnuson, K. (2011)</li> <li>• "Chapter 3: The Nature and Impact of Early Achievement Skills, Attention Skills and Behavior Problems," in Duncan, G. J., &amp; Murnane, R. J. (Eds.) <i>Whither Opportunity?</i>:</li> <li>• <i>Rising Inequality, Schools, and Children’s Life Chances</i>. Russell Sage Foundation;</li> </ul>

Exhibit I. Prevention and Promotion Metrics Summary Document

North Star Outcome	Measure	Other North Star Outcomes Impacted	Predictor/Causal Studies
			<ul style="list-style-type: none"> <li>• Long-Term Outcomes of ADHD: Academic Achievement and Performance;</li> <li>• Williams, P. G., Lerner, M. A., Sells, J., Alderman, S. L., Hashikawa, A., Mendelsohn, A., ... &amp; Weiss-Harrison, A. (2019). School readiness. <i>Pediatrics</i>, 144(2).</li> </ul>
<p><b>Age-Appropriate Socioemotional/Cognitive Proficiency for grades 1-6</b></p>	<p><a href="#">Cognitive</a>  <a href="#">Met or Exceeded standard for 3rd, 4th, 5th and 6th Grade ELA and Math for California Smarter Balanced Summative Assessments</a></p> <p><a href="#">Socioemotional Behavior Assessment for Children, Second Edition (BASC-2): Child Version</a></p> <p><a href="#">California Healthy Kids Survey</a></p> <p>Age Span: 6-11</p> <p><u>Measure-Related Studies</u></p> <ul style="list-style-type: none"> <li>• Socioemotional Skills in Education and Beyond: Recent Evidence and Future Research Avenues;</li> <li>• The Assessment of Psychological, Emotional, and Social Development Indicators in Middle</li> </ul>	<ul style="list-style-type: none"> <li>• Completion of a Postsecondary Credential w/ Significant Labor Market Value</li> </ul>	<ul style="list-style-type: none"> <li>• Middle Childhood Success and Economic Mobility; Magnuson, K., Duncan, G., Lee, K. T., &amp; Metzger, M. (2016). Early School Adjustment and Educational Attainment. <i>American educational research journal</i>, 53(4), 1198–1228.</li> </ul>

Exhibit I. Prevention and Promotion Metrics Summary Document

North Star Outcome	Measure	Other North Star Outcomes Impacted	Predictor/Causal Studies
	<p>Childhood in Key Indicators of Child and Youth Well-Being</p>		
<p><b>Child Maltreatment (within Family &amp; Systems)</b></p>	<p><a href="#">Comprehensive Child Maltreatment Scale (CCMS) for Parents</a></p> <p><a href="#">California Healthy Kids Survey</a></p> <p>Age Span: 0-11</p>	<ul style="list-style-type: none"> <li>• Age-appropriate Socioemotional Proficiency for Grades 1-6</li> <li>• Good Physical &amp; Behavioral Health/Wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• Is developmental timing of trauma exposure associated with depressive and post-traumatic stress disorder symptoms in adulthood;</li> <li>• The Legacy of Early Abuse and Neglect for Social and Academic Competence from Childhood to Adulthood;</li> <li>• Comparing early adult outcomes of maltreated and non-maltreated children, A prospective longitudinal investigation;</li> <li>• "The Long-Term Health Consequences of Child Physical Abuse, Emotional Abuse, and Neglect: A Systematic Review and Meta-Analysis" (2012) in PLOS Medicine</li> </ul>
<p><b>Good Physical &amp; Behavioral Health/Wellbeing</b></p>	<p><a href="#">RAND 36-Item Short Form Survey (SF-36)</a></p> <p><a href="#">PROMIS global physical health scale</a></p> <p><a href="#">SASSI-3 (Substance Abuse Subtle Screening Inventory, 3rd Edition)</a></p> <p><a href="#">ASI (Addiction Severity Index)</a></p> <p>Age Span: 12-35</p>	<ul style="list-style-type: none"> <li>• Completion of a Postsecondary Credential w/ Significant Labor Market Value</li> </ul>	<ul style="list-style-type: none"> <li>• Long-term effects of mental disorders on educational attainment in the National Comorbidity Survey ten-year follow-up</li> </ul>

Exhibit I. Prevention and Promotion Metrics Summary Document

North Star Outcome	Measure	Other North Star Outcomes Impacted	Predictor/Causal Studies
	<p><u>Measure-Related Studies</u></p> <p><a href="https://www.rand.org/health-care/surveys_tools/mos/12-item-short-form.html">https://www.rand.org/health-care/surveys_tools/mos/12-item-short-form.html</a></p>		
<p><b>Good Financial Wellbeing</b></p>	<p>Household income at 50th percentile or higher AND No household debt in collections</p> <p>Age Span: 21-35</p>		
<p><b>Adult First-Time Felony Convictions</b></p>	<p>Receipt of an adult felony conviction</p> <p>Age Span: 18-35</p>	<ul style="list-style-type: none"> <li>Stable Full-Time Employment at 250% FPL for individuals</li> <li>Family Income at 250% FPL (pegged to a family of 4)</li> </ul>	<ul style="list-style-type: none"> <li>Apel, R., and Sweeten, G. (2010). The impact of incarceration on employment during the transition to adulthood. <i>Social Problems</i>, 57(3), 448-479;</li> <li>Mueller-Smith, M., &amp; Schnepel, K. T. (2020). Diversion in the Criminal Justice System. <i>The Review of Economic Studies</i>.</li> <li>Craigie, T., Grawert, A., Kimble, C. and Stiglitz, J. E. (2020). Conviction, Imprisonment and Lost Earnings: How Involvement with the Criminal Justice System Deepens Inequality. Brennan Center for Justice. <a href="https://www.brennancenter.org/our-work/research-reports/conviction-imprisonment-and-lost-earnings-how-involvement-criminal">https://www.brennancenter.org/our-work/research-reports/conviction-imprisonment-and-lost-earnings-how-involvement-criminal</a>;</li> <li>Apel, R., and Powell, K. (2019). Level of Criminal Justice Contact and Early Adult Wage Inequality.” <i>RSF: The Russell Sage Foundation Journal of the Social Sciences</i> 5(1): 198–222</li> </ul>



Exhibit I. Prevention and Promotion Metrics Summary Document

North Star Outcome	Measure	Other North Star Outcomes Impacted	Predictor/Causal Studies
<p><b>Attainment of a Postsecondary Credential w/ Significant Labor Market Value</b></p>	<p>Attainment of bachelor’s degrees from four-year nonprofit or public universities as well as the attainment of associates degrees or vocational certificates from nonprofit or public colleges in high-earning subject fields that include Health Sciences, Business, Computers/IT, and Engineering/Drafting.</p> <p>Age Span: 21-35</p> <p><u>Measure-Related Studies</u></p> <ul style="list-style-type: none"> <li>The Missing Manual: Using National Student Clearinghouse Data to Track Postsecondary Outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Stable Full-Time Employment at 250% FPL for individuals</li> <li>Family Income at 250% FPL (pegged to a family of 4)</li> </ul>	<ul style="list-style-type: none"> <li>Bayer, P., &amp; Charles, K. K. (2018). Divergent paths: A new perspective on earnings differences between black and white men since 1940. <i>The Quarterly Journal of Economics</i>, 133(3), 1459-1501;</li> <li>Thompson, O. (2021). Human Capital and Black-White Earnings Gaps, 1966-2017 (No. w28586). National Bureau of Economic Research;</li> <li>Carnevale, A. P., Strohl, J., Gulish, A., Van Der Werf, M., &amp; Peltier Campbell, K. (2019). The unequal race for good jobs: How Whites made outsized gains in education and good jobs compared to Blacks and Latinos. Center for Education and the Workforce, Georgetown University;</li> <li>Carnevale, A. P., Rose, S. J. &amp; Cheah, B. (2011) The College Payoff: Education, Occupations, Lifetime Earnings. The Georgetown University Center on Education and the Workforce;</li> <li>Kim, C., &amp; Tamborini, C. R. (2019). Are they still worth it? The long-run earnings benefits of an associate degree, vocational diploma or certificate, and some college. <i>RSF: The Russell Sage Foundation Journal of the Social Sciences</i>, 5(3), 64-85.</li> </ul>

Exhibit I. Prevention and Promotion Metrics Summary Document

North Star Outcome	Measure	Other North Star Outcomes Impacted	Predictor/Causal Studies
<p><b>Stable Affordable Housing</b></p>	<p>Housing costs comprising less than 30% of household income AND Moving no more than two times in the prior five years AND not experiencing homelessness.</p> <p>Age Span: 21-35</p>	<ul style="list-style-type: none"> <li>Stable Full-Time Employment at 250% FPL for individuals</li> </ul>	<ul style="list-style-type: none"> <li>Desmond, M., &amp; Gershenson, C. (2016). Housing and employment insecurity among the working poor. <i>Social Problems</i>, 63(1), 46-67</li> </ul>
<p><b>Stable Full-Time Employment among Individual Adults with incomes at or above 250% FPL</b></p>	<p>The percentage of adults engaged in stable (i.e. working for 50-52 weeks out of the year) full-time employment (i.e. equal to or greater than 35 hours per week) with incomes equal to or greater than 250% of the Federal Poverty Level (FPL) for individuals, which in 2019 equaled \$31,225.</p> <p>Age Span: 24-60+</p>	<ul style="list-style-type: none"> <li>Family Income at 250% FPL (pegged to a family of 4)</li> </ul>	<ul style="list-style-type: none"> <li>Weisshaar, K., &amp; Cabello-Hutt, T. (2020). Labor force participation over the life course: The long-term effects of employment trajectories on wages and the gendered payoff to employment. <i>Demography</i>, 57(1), 33-60;</li> <li>Schultz, M. A. (2019). The Wage Mobility of Low-Wage Workers in a Changing Economy, 1968 to 2014. <i>RSF: The Russell Sage Foundation Journal of the Social Sciences</i>, 5(4), 159-189</li> </ul>

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North Star Outcome	Measure	Other North Star Outcomes Impacted	Predictor/Causal Studies
<p><b>Family Income at 250% FPL (pegged to a family of 4)</b></p>	<p>The percentage of families with incomes equal to or greater than 250% the Federal Poverty Level (FPL) (pegged to a family of 4, which is the average family size in the County). In 2019 this equaled \$64,375. Due to the high cost of living in Los Angeles County, the income-poverty is pegged to a family of four even if a family is comprised of 2, 3, 5, or more individuals.</p> <p>Age Span: 24-60+</p>	<ul style="list-style-type: none"> <li>Age in Place with Safety, Dignity &amp; Independence</li> </ul>	
<p><b>Age in Place with Safety, Dignity &amp; Independence</b></p>	<p>Person-Place Fit Measure for Older Adults (PPFM-OA)</p> <p>Age Span: 60+</p> <p><u>Measure-Related Studies</u></p> <ul style="list-style-type: none"> <li>Developing the Person-Place Fit Measure for Older Adults: Broadening Place Domains;</li> <li>Supporting Aging-in-Place Well: Findings From a Cluster Analysis of the Reasons for Aging-in-Place and Perceptions of Well-Being;</li> </ul>		

Exhibit I. Prevention and Promotion Metrics Summary Document

North Star Outcome	Measure	Other North Star Outcomes Impacted	Predictor/Causal Studies
	<ul style="list-style-type: none"> <li>• What Is Aging in Place? Confusions and Contradictions;</li> <li>• Using Ecological Frameworks to Advance a Field of Research, Practice, and Policy on Aging-in-Place Initiatives</li> </ul>		

## Contributing Outcomes

All the following contributing outcome metrics are intended to be measured for individuals.

Contributing Outcome	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
<p><b>Preterm Birth</b></p>	<p>Live birth occurring at less than 37 weeks gestation from the date of last normal menstrual period</p> <p>Age Span: 0-5</p>	<p>Infant Mortality</p>	<ul style="list-style-type: none"> <li>• Fishman, S. H., Hummer, R. A., Sierra, G., Hargrove, T., Powers, D. A., &amp; Rogers, R. G. (2021). Race/ethnicity, maternal educational attainment, and infant mortality in the United States. <i>Biodemography and social biology</i>, 66(1), 1-26;</li> <li>• MacDorman, M. F., &amp; Mathews, T. J. (2011). Understanding racial and ethnic disparities in US infant mortality rates;</li> <li>• Schempf, A. H., Branum, A. M., Lukacs, S. L., &amp; Schoendorf, K. C. (2007). The contribution of preterm birth to the black–white infant mortality gap, 1990 and 2000. <i>American journal of public health</i>, 97(7), 1255-1260;</li> </ul>

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Contributing Outcome	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
			<ul style="list-style-type: none"> <li>Chao, S. M., Donatoni, G., Bemis, C., Donovan, K., Harding, C., Davenport, D., ... &amp; Peck, M. G. (2010). Integrated approaches to improve birth outcomes: perinatal periods of risk, infant mortality review, and the Los Angeles Mommy and Baby Project. <i>Maternal and child health journal</i>, 14(6), 827-837;</li> <li>Riddell, C. A., Harper, S., &amp; Kaufman, J. S. (2017). Trends in differences in US mortality rates between black and white infants. <i>JAMA pediatrics</i>, 171(9), 911-913.</li> </ul>
<p><b>Low Birthweight</b></p>	<p>Live birth weighing less than 2,500 grams</p> <p>Age Span: 0-5</p>	<ul style="list-style-type: none"> <li>Infant Mortality</li> <li>Completion of a Postsecondary Credential w/ Significant Labor Market Value</li> </ul>	<ul style="list-style-type: none"> <li>Centers for Disease Control and Prevention (CDC). (2002). Infant mortality and low birth weight among black and white infants--United States, 1980-2000. <i>MMWR. Morbidity and mortality weekly report</i>, 51(27), 589-592;</li> <li>Kothari, C. L., Romph, C., Bautista, T., &amp; Lenz, D. (2017). Perinatal periods of risk analysis: Disentangling race and socioeconomic status to inform a Black infant mortality community action initiative. <i>Maternal and child health journal</i>, 21(1), 49-58;</li> <li>Hauck, F. R., Tanabe, K. O., &amp; Moon, R. Y. (2011, August). Racial and ethnic disparities in infant mortality. In <i>Seminars in perinatology</i> (Vol. 35, No. 4, pp. 209-220);</li> <li>Royer, H. (2009). Separated at girth: US twin estimates of the effects of birth weight. <i>American Economic Journal: Applied Economics</i>, 1(1), 49-85.</li> </ul>
<p><b>Early childhood disability</b></p>	<p>National Survey of Children’s Health Questionnaire – Children Ages 0-5</p> <p>Age Span: 0-5</p>	<ul style="list-style-type: none"> <li>Good Physical &amp; Behavioral Health/Wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>Currie, J., Stabile, M., Manivong, P., &amp; Roos, L. L. (2010). Child health and young adult outcomes. <i>Journal of Human resources</i>, 45(3), 517-548.; <i>Childhood Health: Trends and Consequences over the Life-course</i>;</li> </ul>

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Contributing Outcome	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
	<p><u>Measure-Related Studies</u></p> <p>National Survey of Children's Health: <a href="https://www.childhealthdata.org/learn-about-the-nsch/survey-instruments">https://www.childhealthdata.org/learn-about-the-nsch/survey-instruments</a></p>	<ul style="list-style-type: none"> <li>Stable Full-Time Employment at 250% FPL for individuals</li> </ul>	<ul style="list-style-type: none"> <li>Smith J. P. (2009). The Impact of Childhood Health on Adult Labor Market Outcomes. The review of economics and statistics, 91(3), 478–489;</li> <li>Prinz, D., Chernew, M., Cutler D., &amp; Frakt, A. (2018). Health and economic activity over the lifecycle: Literature review (NBER Working Paper 24865). National Bureau of Economic Research.</li> <li>Stabile, M., &amp; Allin, S. (2012). The economic costs of childhood disability. The future of children, 65-96.</li> </ul>
<p><b>Asthma</b></p>	<p><a href="#">National Survey of Children’s Health Questionnaire – Children Ages 0-5</a></p> <p>Age Span: 0-5</p> <p><u>Measure-Related Studies</u></p> <p>National Survey of Children's Health: <a href="https://www.childhealthdata.org/learn-about-the-nsch/survey-instruments">https://www.childhealthdata.org/learn-about-the-nsch/survey-instruments</a></p>	<p>Good Physical &amp; Behavioral Health/Wellbeing</p>	<ul style="list-style-type: none"> <li>Currie, J., Stabile, M., Manivong, P., &amp; Roos, L. L. (2010). Child health and young adult outcomes. Journal of Human resources, 45(3), 517-548.; Childhood Health: Trends and Consequences over the Life-course;</li> <li>Smith J. P. (2009). The Impact of Childhood Health on Adult Labor Market Outcomes. The review of economics and statistics, 91(3), 478–489;</li> <li>Prinz, D., Chernew, M., Cutler D., &amp; Frakt, A. (2018). Health and economic activity over the lifecycle: Literature review (NBER Working Paper 24865). National Bureau of Economic Research.</li> </ul>
<p><b>Diabetes</b></p>	<p><a href="#">National Survey of Children’s Health Questionnaire – Children Ages 0-5</a></p> <p>Age Span: 0-5</p> <p><u>Measure-Related Studies</u></p> <p>National Survey of Children's Health: <a href="https://www.childhealthdata.org/learn-about-the-nsch/survey-instruments">https://www.childhealthdata.org/learn-about-the-nsch/survey-instruments</a></p>	<p>Good Physical &amp; Behavioral Health/Wellbeing</p>	<ul style="list-style-type: none"> <li>Currie, J., Stabile, M., Manivong, P., &amp; Roos, L. L. (2010). Child health and young adult outcomes. Journal of Human resources, 45(3), 517-548.; Childhood Health: Trends and Consequences over the Life-course;</li> <li>Smith J. P. (2009). The Impact of Childhood Health on Adult Labor Market Outcomes. The review of economics and statistics, 91(3), 478–489;</li> </ul>

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Contributing Outcome	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
	<p>arn-about-the-nsch/survey-instruments</p>		<ul style="list-style-type: none"> <li>Prinz, D., Chernew, M., Cutler D., &amp; Frakt, A. (2018) Health and economic activity over the lifecycle: Literature review (NBER Working Paper 24865). National Bureau of Economic Research.</li> </ul>
<p><b>Elevated Blood Lead Levels</b></p>	<p>Child with blood level values of 3.5 micrograms per deciliter (µg/dL) or higher</p> <p>Age Span: 0-5</p> <p><u>Measure-Related Studies</u></p> <p>CDC’s Blood Lead Reference Value: <a href="https://www.cdc.gov/nceh/lead/data/blood-lead-reference-value.htm">https://www.cdc.gov/nceh/lead/data/blood-lead-reference-value.htm</a></p>	<ul style="list-style-type: none"> <li>School Readiness</li> <li>Good Physical &amp; Behavioral Health/Wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>McLaine, P., Navas-Acien, A., Lee, R., Simon, P., Diener-West, M., &amp; Agnew, J. (2013). Elevated blood lead levels and reading readiness at the start of kindergarten. <i>Pediatrics</i>, 131(6), 1081-1089.</li> <li>Wodtke, G., Ramaj, S., &amp; Schachner, J. (2020). Toxic Neighborhoods: The Joint Effects of Concentrated Poverty and Environmental Lead Contamination on Cognitive Development during Early Childhood.</li> <li>Winter, A. S., &amp; Sampson, R. J. (2017). From lead exposure in early childhood to adolescent health: A Chicago birth cohort. <i>American journal of public health</i>, 107(9), 1496-1501.</li> </ul>
<p><b>Early Childhood trauma</b></p>	<p>Child Stress Disorders Checklist-Screening Form (CSDCSF)</p> <p>Age Span: 0-5</p> <p><u>Measure-Related Studies</u></p> <ul style="list-style-type: none"> <li>Saxe, G.N. (2001). Child Stress Disorders Checklist (CSDC) (v.4.0-11/01). National Child Traumatic Stress Network and Department of Child and Adolescent Psychiatry, Boston University School of Medicine.</li> </ul>	<p>Good Physical &amp; Behavioral Health/Wellbeing</p>	<ul style="list-style-type: none"> <li>Dunn, E. C., Nishimi, K., Powers, A., &amp; Bradley, B. (2017). Is developmental timing of trauma exposure associated with depressive and post-traumatic stress disorder symptoms in adulthood?. <i>Journal of psychiatric research</i>, 84, 119-127.</li> <li>Dunn, E. C., Soare, T. W., Zhu, Y., Simpkin, A. J., Suderman, M. J., Klengel, T., ... &amp; Relton, C. L. (2019). Sensitive periods for the effect of childhood adversity on DNA methylation: results from a prospective, longitudinal study. <i>Biological psychiatry</i>, 85(10), 838-849.</li> <li>Narayan, A. J., Labella, M. H., Englund, M. M., Carlson, E. A., &amp; Egeland, B. (2017). The legacy of early childhood violence exposure to adulthood intimate</li> </ul>

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	<ul style="list-style-type: none"> <li>Saxe, G., Chawla, N., Stoddard, F., Kassam-Adams, N., Courtney, D., Cunningham, K., Lopez, C., Sheridan, R., King, D., &amp; Kind, L. (2003). Child stress disorders checklist: A measure of ASD and PTSD in children. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i>, 42(8), 972-978.</li> </ul>		<p>partner violence: Variable-and person-oriented evidence. <i>Journal of Family Psychology</i>, 31(7), 833.</p>
<p><b>Toxic Stress</b></p>	<p><a href="#">Chronic stress is measured using hair cortisol</a></p> <p>Age Span: 0/5</p> <p><u>Measure-Related Studies</u></p> <ul style="list-style-type: none"> <li>Bates, R., Salsberry, P., &amp; Ford, J. (2017). Measuring stress in young children using hair cortisol: The state of the science. <i>Biological Research for Nursing</i>, 19(5), 499-510.</li> <li>Condon, E. M. (2018). Chronic stress in children and adolescents: A review of biomarkers for use in pediatric research. <i>Biological research for nursing</i>, 20(5), 473-496.</li> </ul>	<p>School Readiness; Good Physical &amp; Behavioral Health/Wellbeing</p>	<ul style="list-style-type: none"> <li>Shonkoff, J. P., Garner, A. S., Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care, and Section on Developmental and Behavioral Pediatrics, Siegel, B. S., Dobbins, M. I., Earls, M. F., ... &amp; Wood, D. L. (2012). The lifelong effects of early childhood adversity and toxic stress. <i>Pediatrics</i>, 129(1), e232-e246.</li> </ul>
<p><b>Healthy Diet</b></p>	<p><a href="#">Nutrition Screening for Toddlers and Preschoolers (NutriSTEP)</a></p> <p>Age Span: 0-5</p>	<p>Good Physical &amp; Behavioral Health/Wellbeing</p>	<ul style="list-style-type: none"> <li>Omand, J. A., Janus, M., Maguire, J. L., Parkin, P. C., Aglipay, M., Randall Simpson, J., ... &amp; Birken, C. S. (2021). Nutritional Risk in Early Childhood and School</li> </ul>



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Contributing Outcome	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
			<p>Readiness. <i>The Journal of Nutrition</i>, 151(12), 3811-3819.</p>
<p><b>Attends Pre-K</b></p>	<p><a href="#">Attend Head Start or Pre-K program</a></p> <p>Age Span: 0-5</p>	<p>Completion of a Postsecondary Credential w/ Significant Labor Market Value</p>	<ul style="list-style-type: none"> <li>• Cascio, E. (2021) Early Childhood Education in the United States: What, When, Where, Who, How, and Why. (NBER Working Paper 28722)</li> <li>• Gray-Lobe, G. Pathak, P. A., and Walters C. R. (2021) "The Long-Term Effects of Universal Preschool in Boston," NBER Working Paper No. 28756</li> </ul>
<p><b>Secure/Insecure Attachment</b></p>	<p><a href="#">Attachment Behavior Q-Sort</a></p> <p>Age Span: 0-5</p>	<ul style="list-style-type: none"> <li>• School Readiness</li> <li>• First-Time Felony Conviction</li> </ul>	<ul style="list-style-type: none"> <li>• Bernier, A., Beauchamp, M. H., &amp; Cimon-Paquet, C. (2020). From early relationships to preacademic knowledge: A sociocognitive developmental cascade to school readiness. <i>Child development</i>, 91(1), e134-e145.</li> <li>• Ogilvie, C. A., Newman, E., Todd, L., &amp; Peck, D. (2014). Attachment &amp; violent offending: A meta-analysis. <i>Aggression and violent behavior</i>, 19(4), 322-339.</li> </ul>
<p><b>Externalizing or Internalizing Behavior</b></p>	<p><a href="#">Child Behavior Checklist</a></p> <p>Age Span: 0-5</p> <p><u>Measure-Related Studies</u></p> <ul style="list-style-type: none"> <li>• "Appendix: Review of Measure Profiles of Social and Emotional Development" to Review of Measures of Social and Emotional Development</li> </ul>	<p>School Readiness</p>	<ul style="list-style-type: none"> <li>• Duncan, G. and Magnuson, K. (2011) "Chapter 3: The Nature and Impact of Early Achievement Skills, Attention Skills and Behavior Problems," in Duncan, G. J., &amp; Murnane, R. J. (Eds.) <i>Whither Opportunity?: Rising Inequality, Schools, and Children's Life Chances</i>. Russell Sage Foundation;</li> <li>• Long-Term Outcomes of ADHD: Academic Achievement and Performance; Williams, P. G., Lerner, M. A., Sells, J., Alderman, S. L., Hashikawa, A., Mendelsohn, A., ... &amp; Weiss-Harrison, A. (2019). School readiness. <i>Pediatrics</i>, 144(2).</li> </ul>

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Contributing Outcome	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
<p><b>General Health Status</b></p>	<p><a href="#">National Survey of Children’s Health Questionnaire – Children Ages 6-11</a></p> <p>Age Span: 6-11</p> <p><u>Measure-Related Studies</u></p> <p>National Survey of Children's Health: <a href="https://www.childhealthdata.org/learn-about-the-nsch/survey-instruments">https://www.childhealthdata.org/learn-about-the-nsch/survey-instruments</a></p>	<p>Good Physical &amp; Behavioral Health/Wellbeing</p>	<ul style="list-style-type: none"> <li>• Currie, J., Stabile, M., Manivong, P., &amp; Roos, L. L. (2010). Child health and young adult outcomes. <i>Journal of Human resources</i>, 45(3), 517-548.;</li> <li>• Delaney, L., &amp; Smith, J. P. (2012). Childhood health: trends and consequences over the life-course. <i>The Future of Children/Center for the Future of Children, the David and Lucile Packard Foundation</i>, 22(1), 43.</li> <li>• Smith J. P. (2009). The Impact of Childhood Health on Adult Labor Market Outcomes. <i>The review of economics and statistics</i>, 91(3), 478–489;</li> <li>• Prinz, D., Chernew, M., Cutler D., &amp; Frakt, A. (2018) Health and economic activity over the lifecycle: Literature review (NBER Working Paper 24865). National Bureau of Economic Research.</li> </ul>
<p><b>Asthma</b></p>	<p><a href="#">National Survey of Children’s Health Questionnaire – Children Ages 6-11</a></p> <p>Age Span: 6-11</p> <p><u>Measure-Related Studies</u></p> <p>National Survey of Children's Health: <a href="https://www.childhealthdata.org/learn-about-the-nsch/survey-instruments">https://www.childhealthdata.org/learn-about-the-nsch/survey-instruments</a></p>	<p>Good Physical &amp; Behavioral Health/Wellbeing</p>	<ul style="list-style-type: none"> <li>• Currie, J., Stabile, M., Manivong, P., &amp; Roos, L. L. (2010). Child health and young adult outcomes. <i>Journal of Human resources</i>, 45(3), 517-548.;</li> <li>• Childhood Health: Trends and Consequences over the Life-course; Smith J. P. (2009). The Impact of Childhood Health on Adult Labor Market Outcomes. <i>The review of economics and statistics</i>, 91(3), 478–489;</li> <li>• Prinz, D., Chernew, M., Cutler D., &amp; Frakt, A. (2018) Health and economic activity over the lifecycle: Literature review (NBER Working Paper 24865). National Bureau of Economic Research.</li> </ul>
<p><b>Diabetes</b></p>	<p><a href="#">National Survey of Children’s Health Questionnaire – Children Ages 6-11</a></p> <p>Age Span: 6-11</p>	<p>Good Physical &amp; Behavioral Health/Wellbeing</p>	<ul style="list-style-type: none"> <li>• Currie, J., Stabile, M., Manivong, P., &amp; Roos, L. L. (2010). Child health and young adult outcomes. <i>Journal of Human resources</i>, 45(3), 517-548.;</li> </ul>

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Contributing Outcome	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
	<p><u>Measure-Related Studies</u></p> <p>National Survey of Children's Health: <a href="https://www.childhealthdata.org/learn-about-the-nsch/survey-instruments">https://www.childhealthdata.org/learn-about-the-nsch/survey-instruments</a></p>		<ul style="list-style-type: none"> <li>Childhood Health: Trends and Consequences over the Life-course; Smith J. P. (2009). The Impact of Childhood Health on Adult Labor Market Outcomes. The review of economics and statistics, 91(3), 478–489;</li> <li>Prinz, D., Chernew, M., Cutler D., &amp; Frakt, A. (2018) Health and economic activity over the lifecycle: Literature review (NBER Working Paper 24865). National Bureau of Economic Research.</li> </ul>
<b>Disability</b>	<p><a href="#">National Survey of Children’s Health Questionnaire – Children Ages 6-11</a></p> <p>Age Span: 6-11</p> <p><u>Measure-Related Studies</u></p> <p>National Survey of Children's Health: <a href="https://www.childhealthdata.org/learn-about-the-nsch/survey-instruments">https://www.childhealthdata.org/learn-about-the-nsch/survey-instruments</a></p>	Good Physical & Behavioral Health/Wellbeing	<ul style="list-style-type: none"> <li>Currie, J., Stabile, M., Manivong, P., &amp; Roos, L. L. (2010). Child health and young adult outcomes. Journal of Human resources, 45(3), 517-548.;</li> <li>Childhood Health: Trends and Consequences over the Life-course; Smith J. P. (2009). The Impact of Childhood Health on Adult Labor Market Outcomes. The review of economics and statistics, 91(3), 478–489;</li> <li>Prinz, D., Chernew, M., Cutler D., &amp; Frakt, A. (2018) Health and economic activity over the lifecycle: Literature review (NBER Working Paper 24865). National Bureau of Economic Research.</li> <li>Stabile, M., &amp; Allin, S. (2012). The economic costs of childhood disability. The future of children, 65-96.</li> </ul>
<b>Elevated Blood Lead Levels</b>	<p><a href="#">Child with blood level values of 3.5 micrograms per deciliter (µg/dL) or higher</a></p> <p>Age Span: 6-11</p> <p><u>Measure-Related Studies</u></p>	Good Physical & Behavioral Health/Wellbeing	<ul style="list-style-type: none"> <li>Aizer, A., Currie, J., Simon, P., &amp; Vivier, P. (2018). Do low levels of blood lead reduce children's future test scores?. American Economic Journal: Applied Economics, 10(1), 307-41;</li> <li>Martin, S., &amp; Acs, G. (2018). The long-term benefits of preventing childhood lead exposure. Washington, DC: Urban Institute.</li> </ul>

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Contributing Outcome	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
	<p>CDC’s Blood Lead Reference Value:  <a href="https://www.cdc.gov/nceh/lead/data/blood-lead-reference-value.htm">https://www.cdc.gov/nceh/lead/data/blood-lead-reference-value.htm</a></p>		
<b>Overweight or Obese</b>	<p><a href="#">BMI-for-age weight status in the 85th percentile or higher</a></p> <p>Age Span: 6-11</p>	<p>Good Physical &amp; Behavioral Health/Wellbeing</p>	<ul style="list-style-type: none"> <li>Childhood Health: Trends and Consequences over the Life-course; Smith J. P. (2009). The Impact of Childhood Health on Adult Labor Market Outcomes. The review of economics and statistics, 91(3), 478–489;</li> <li>Prinz, D., Chernew, M., Cutler D., &amp; Frakt, A. (2018) Health and economic activity over the lifecycle: Literature review (NBER Working Paper 24865). National Bureau of Economic Research.</li> </ul>
<b>Pubertal Timing (early puberty onset)</b>	<p><a href="#">Self-reported Tanner stage and age at menarche</a></p> <p>Age Span: 6-11</p> <p><u>Measure-Related Studies</u></p> <p>Detrimental psychological outcomes associated with early pubertal timing in adolescent girls</p>	<p>Good Physical &amp; Behavioral Health/Wellbeing</p>	<ul style="list-style-type: none"> <li>Hoyt, L. T., Niu, L., Pachucki, M. C., &amp; Chaku, N. (2020). Timing of puberty in boys and girls: implications for population health. SSM-population health, 10, 100549.</li> <li>Mendle, J., Turkheimer, E., &amp; Emery, R. E. (2007). Detrimental psychological outcomes associated with early pubertal timing in adolescent girls. Developmental review, 27(2), 151-171.</li> <li>Copeland, W., Shanahan, L., Miller, S., Costello, E. J., Angold, A., &amp; Maughan, B. (2010). Outcomes of early pubertal timing in young women: a prospective population-based study. American Journal of Psychiatry, 167(10), 1218-1225.</li> </ul>
<b>Chronic Stress</b>	<p><a href="#">Chronic stress is measured using the following biomarkers: cortisol, adrenaline, noradrenaline, dopamine, DHEA, Interleukin (IL)-6, C-Reactive Protein, TNF-α, and IGF-1</a></p> <p>Age Span: 6-11</p>	<p>Age-appropriate Cognitive and Socioemotional Proficiency for Grades 1-6</p>	<ul style="list-style-type: none"> <li>Gary Evans, Jeanne Brooks-Gunn and Pamela Kato Klebanov (2011) Stressing Out the Poor Chronic Physiological Stress and the Income-Achievement Gap: Toward a new biology of social adversity</li> </ul>

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Contributing Outcome	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
	<p><u>Measure-Related Studies</u></p> <ul style="list-style-type: none"> <li>Condon, E. M. (2018). Chronic stress in children and adolescents: A review of biomarkers for use in pediatric research. <i>Biological research for nursing</i>, 20(5), 473-496.</li> </ul>		
<p><b>Childhood trauma</b></p>	<p><a href="#">Child Stress Disorders Checklist-Screening Form (CSDCSF)</a></p> <p>Age Span: 6-11</p> <p><u>Measure-Related Studies</u></p> <ul style="list-style-type: none"> <li>Saxe, G.N. (2001). Child Stress Disorders Checklist (CSDC) (v.4.0-11/01). National Child Traumatic Stress Network and Department of Child and Adolescent Psychiatry, Boston University School of Medicine.</li> <li>Saxe, G., Chawla, N., Stoddard, F., Kassam-Adams, N., Courtney, D., Cunningham, K., Lopez, C., Sheridan, R., King, D., &amp; Kind, L. (2003). Child stress disorders checklist: A measure of ASD and PTSD in children. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i>, 42(8), 972-978.</li> </ul>	<p>Good Physical &amp; Behavioral Health/Wellbeing</p>	<ul style="list-style-type: none"> <li>Ogle, C. M., Rubin, D. C., &amp; Siegler, I. C. (2013). The impact of the developmental timing of trauma exposure on PTSD symptoms and psychosocial functioning among older adults. <i>Developmental psychology</i>, 49(11), 2191.</li> </ul>

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Contributing Outcome	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
<p><b>School Engagement</b></p>	<p><a href="#">The Multidimensional Student Engagement Scale</a></p> <p>Age Span: 6-11</p> <p><u>Measure-Related Studies</u></p> <p>Wang, M. T., Fredricks, J., Ye, F., Hofkens, T., &amp; Linn, J. S. (2019). Conceptualization and assessment of adolescents' engagement and disengagement in school: A Multidimensional School Engagement Scale. <i>European Journal of Psychological Assessment</i>, 35(4), 592.</p>	<p>Completion of a Postsecondary Credential w/ Significant Labor Market Value</p>	<ul style="list-style-type: none"> <li>Rumberger, R. W., &amp; Rotermund, S. (2012). The relationship between engagement and high school dropout. In <i>Handbook of research on student engagement</i> (pp. 491-513). Springer, Boston, MA.</li> </ul>
<p><b>Externalizing Behavior</b></p>	<p><a href="#">Child Behavior Checklist (CBCL)</a></p> <p>Age Span: 6-11</p> <p><u>Measure-Related Studies</u></p> <p>"Appendix: Review of Measure Profiles of Social and Emotional Development" to Review of Measures of Social and Emotional Development</p>	<p>Completion of a Postsecondary Credential w/ Significant Labor Market Value</p>	<ul style="list-style-type: none"> <li>Magnuson, K., Duncan, G., Lee, K. T., &amp; Metzger, M. (2016). Early School Adjustment and Educational Attainment. <i>American educational research journal</i>, 53(4), 1198–1228.</li> </ul>
<p><b>Self-Regulation</b></p>	<p><a href="#">Child Behavior Checklist (CBCL)</a></p> <p>Age Span: 6-11</p> <p><u>Measure-Related Studies</u></p>	<p>Age-appropriate Cognitive and Socioemotional Proficiency for Grades 1-6</p>	<ul style="list-style-type: none"> <li>Li-Grining, C. P., Stockdale, L., Cunningham, A., Bradley, K., Papadakis, J. L., Flores-Lamb, V., ... &amp; Radulescu, M. (2022). Self-Regulation and Academic Achievement from Early to Middle Childhood Among Children in Low-Income Neighborhoods. <i>Early Education and Development</i>, 1-16.</li> </ul>

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Contributing Outcome	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
	<p>"Appendix: Review of Measure Profiles of Social and Emotional Development" to Review of Measures of Social and Emotional Development</p>	<p>Completion of a Postsecondary Credential w/ Significant Labor Market Value</p>	<ul style="list-style-type: none"> <li>Johnson, S. B., Voegtline, K. M., Jalongo, N., Hill, K. G., &amp; Musci, R. J. (2022). Self-control in first grade predicts success in the transition to adulthood. <i>Development and psychopathology</i>, 1-13.</li> </ul>
<p><b>Depressed/Internalizing Behavior</b></p>	<p><a href="#">Child Behavior Checklist (CBCL)</a></p> <p>Age Span: 6-11</p> <p><u>Measure-Related Studies</u></p> <p>"Appendix: Review of Measure Profiles of Social and Emotional Development" to Review of Measures of Social and Emotional Development</p>	<p>Age-appropriate Cognitive and Socioemotional Proficiency for Grades 1-7</p>	<ul style="list-style-type: none"> <li>Kremer, K. P., Flower, A., Huang, J., &amp; Vaughn, M. G. (2016). Behavior problems and children's academic achievement: A test of growth-curve models with gender and racial differences. <i>Children and youth services review</i>, 67, 95-104.</li> </ul>
<p><b>Social Isolation</b></p>	<p><a href="#">Children's Loneliness and Social Dissatisfaction Scale (CLS)</a></p> <p>Age Span: 6-11</p> <p><u>Measure-Related Studies</u></p> <p>Cole, A., Bond, C., Qualter, P., &amp; Maes, M. (2021). A systematic review of the development and psychometric properties of loneliness measures for children and adolescents. <i>International journal of environmental research and public health</i>, 18(6), 3285.</p>	<p>Good Physical &amp; Behavioral Health/Wellbeing</p>	<ul style="list-style-type: none"> <li>Matthews, T., Danese, A., Wertz, J., Ambler, A., Kelly, M., Diver, A., ... &amp; Arseneault, L. (2015). Social isolation and mental health at primary and secondary school entry: a longitudinal cohort study. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i>, 54(3), 225-232.</li> </ul>

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Contributing Outcome	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
<b>School Suspensions</b>	<p>Number of in-school and out-of-school suspensions received in grades 1-5</p> <p>Age Span: 6-11</p>	<p>Completion of a Postsecondary Credential w/ Significant Labor Market Value</p>	<ul style="list-style-type: none"> <li>Rumberger, R. and Losen, D. (2016) The High Cost of Harsh Discipline and its Disparate Impact, The Center for Civil Rights Remedies;</li> <li>Rosenbaum J. E. (2020). Educational and criminal justice outcomes 12 years after school suspension. Youth &amp; society, 52(4), 515–547</li> </ul>
<b>School Absences</b>	<p>Number of school days missed in the last school year</p> <p>Age Span: 6-11</p>	<p>Completion of a Postsecondary Credential w/ Significant Labor Market Value</p>	<ul style="list-style-type: none"> <li>Smerillo, N. E., Reynolds, A. J., Temple, J. A., &amp; Ou, S. R. (2018). Chronic absence, eighth-grade achievement, and high school attainment in the Chicago Longitudinal Study. Journal of school psychology, 67, 163–178;</li> <li>Liu, J., Lee, M., &amp; Gershenson, S. (2021). The Short- and Long-Run Impacts of Secondary School Absences. Journal of Public Economics 199, 10441.</li> </ul>
<b>General Health Status</b>	<p>National Survey of Children’s Health Questionnaire – Children Ages 12-17</p> <p>Age Span: 12-20</p> <p><u>Measure-Related Studies</u></p> <p>National Survey of Children's Health</p>	<p>Stable Full-Time Employment at 250% FPL for individuals</p>	<ul style="list-style-type: none"> <li>Currie, J., &amp; Madrian, B. C. (1999). Health, health insurance and the labor market. Handbook of labor economics, 3, 3309-3416</li> <li>O’Donnell, O., Van Doorslaer, E., &amp; Van Ourti, T. (2015). Health and inequality. In Handbook of income distribution (Vol. 2, pp.</li> </ul>
<b>Allostatic Load</b>	<p>Allostatic Load Measurement Biomarkers</p> <p><i>[Highest or lowest quartile cutpoints where appropriate]</i></p> <ul style="list-style-type: none"> <li>Resting Heart Rate</li> <li>Systolic Blood Pressure</li> <li>Diastolic Blood Pressure</li> <li>C-Reactive Protein</li> <li>Interleukin-6</li> </ul>	<p>Good Physical &amp; Behavioral Health/Wellbeing</p>	<ul style="list-style-type: none"> <li>Beckie, T. M. (2012). A systematic review of allostatic load, health, and health disparities. Biological research for nursing, 14(4), 311-346.</li> </ul>



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	<ul style="list-style-type: none"> <li>• Fibrinogen</li> <li>• sE-selectin</li> <li>• sICAM-1</li> <li>• HbA1c</li> <li>• Glucose</li> <li>• Body Mass Index</li> </ul> <p>Age Span: 12-20</p> <p><u>Measure-Related Studies</u></p> <p>Midlife in the United States (MIDUS) Survey data as reported in Vadiveloo, M., &amp; Mattei, J. (2017). Perceived weight discrimination and 10-year risk of allostatic load among US adults. <i>Annals of Behavioral Medicine</i>, 51(1), 94-104.</p>		
<p><b>Chronic Stress</b></p>	<p>Chronic stress is measured using the following biomarkers: cortisol, adrenaline, noradrenaline, dopamine, DHEA, Interleukin (IL)-6, C-Reactive Protein, TNF-<math>\alpha</math>, and IGF-1</p> <p>Age Span: 12-20</p> <p><u>Measure-Related Studies</u></p> <p>Measuring Adolescent Chronic Stress: A Review of Established Biomarkers and Psychometric Instruments</p>	<p>Good Physical &amp; Behavioral Health/Wellbeing</p>	<ul style="list-style-type: none"> <li>• Sheth, C., McGlade, E., &amp; Yurgelun-Todd, D. (2017). Chronic stress in adolescents and its neurobiological and psychopathological consequences: an RDoC perspective. <i>Chronic Stress</i>, 1, 2470547017715645.</li> </ul>

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Contributing Outcome	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
<b>Substance use/abuse</b>	<p>SASSI-A2 (Substance Abuse Subtle Screening Inventory-Adolescent, 2nd Edition)</p> <p>Age Span: 12-20</p>	First-Time Felony Conviction	<ul style="list-style-type: none"> <li>Slade, E. P., Stuart, E. A., Salkever, D. S., Karakus, M., Green, K. M., &amp; Jalongo, N. (2008). Impacts of age of onset of substance use disorders on risk of adult incarceration among disadvantaged urban youth: A propensity score matching approach. <i>Drug and alcohol dependence</i>, 95(1-2), 1-13</li> </ul>
<b>Proficient in 8th Grade Math and ELA Tests</b>	<p>Met or Exceeded standard for 8th Grade ELA and Math for California Smarter Balanced Summative Assessments</p> <p>Age Span: 12-20</p>	Completion of a Postsecondary Credential w/ Significant Labor Market Value	<ul style="list-style-type: none"> <li>Farkas, G. (2011) "Chapter 4: Middle and High School Skills, Behaviors, Attitudes and Curriculum Enrollment, and Their Consequences" in Duncan, G. J., &amp; Murnane, R. J. (Eds.) <i>Whither Opportunity?: Rising Inequality, Schools, and Children's Life Chances</i>. Russell Sage Foundation</li> </ul>
<b>Middle School Grades</b>	<p>Eighth grade grade point average (GPA)</p> <p>Age Span: 12-20</p>	Completion of a Postsecondary Credential w/ Significant Labor Market Value	<ul style="list-style-type: none"> <li>DiPrete, T.A. and Buchmann, C. (2014) <i>The Secret Behind College Completion, Girls, Boys, and The Power of Eighth Grade Grades</i>. Third Way Report</li> </ul>
<b>Passing courses in ninth grade</b>	<p>Ninth grade grade point average (GPA)</p> <p>Age Span: 12-20</p>	Completion of a Postsecondary Credential w/ Significant Labor Market Value	<ul style="list-style-type: none"> <li>Easton, J. Q., Johnson, E., &amp; Sartain, L. (2017). <i>The predictive power of ninth-grade GPA</i>. Chicago, IL: University of Chicago Consortium on School Research, 2018-10.</li> </ul>
<b>Participation in Arts Education</b>	<p>Cumulative credits in arts classes</p> <p>Age Span: 12-20</p>	Completion of a Postsecondary Credential w/ Significant Labor Market Value	<ul style="list-style-type: none"> <li>Thomas. M. K., Singh, P. &amp; Klopfenstein, K. (2015). Arts education and the high school dropout problem. <i>Journal of Cultural Economics</i>, 39 (4): 327-339</li> </ul>
<b>Grade Retention</b>	<p>Student remains in the same grade for two consecutive years</p> <p>Age Span: 12-20</p>	Completion of a Postsecondary Credential w/ Significant Labor Market Value	<ul style="list-style-type: none"> <li>Jacob, B. A., &amp; Lefgren, L. (2009). The Effect of Grade Retention on High School Completion. <i>American Economic Journal: Applied Economics</i>, 1(3), 33-58.</li> <li>Mariano, L. T., Martorell, P. and Berglund, T. (2018). <i>The Effects of Grade Retention on High School</i></li> </ul>

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Contributing Outcome	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
			Outcomes: Evidence from New York City Schools (RAND Corporation Working Paper WR-1259-DEIES).
<b>High School GPA</b>	<p>High school grade point average</p> <p>Age Span: 12-20</p>	<p>Completion of a Postsecondary Credential w/ Significant Labor Market Value;</p> <p>First-Time Felony Conviction</p>	<ul style="list-style-type: none"> <li>Galla, B. M., Shulman, E. P., Plummer, B. D., Gardner, M., Hutt, S. J., Goyer, J. P., ... &amp; Duckworth, A. L. (2019). Why high school grades are better predictors of on-time college graduation than are admissions test scores: The roles of self-regulation and cognitive ability. <i>American Educational Research Journal</i>, 56(6), 2077-2115.</li> <li>Barnert, E. S et al J. (2021). Adolescent Protective and Risk Factors for Incarceration through Early Adulthood. <i>Journal of Child and Family Studies</i>, 30(6), 1428-1440</li> <li>Allensworth EM, Clark K. (2020) High School GPAs and ACT Scores as Predictors of College Completion: Examining Assumptions About Consistency Across High Schools. <i>Educational Researcher</i>. 2020;49(3):198-211;</li> <li>Jackson, J., &amp; Kurlaender, M. (2014). College readiness and college completion at broad access four-year institutions. <i>American Behavioral Scientist</i>, 58(8), 947-971</li> </ul>
<b>College Readiness (course-taking)</b>	<p>College readiness is defined as whether a student is exempt from remediation in English and mathematics by receiving a high score on a section of the SAT (550 for math and 500 for English) or ACT (23 for math and 22 for English) a 3 or higher on a relevant AP exam, dual enrollment credit from a community college, and satisfactory performance on the Early</p>	<p>Completion of a Postsecondary Credential w/ Significant Labor Market Value</p>	<ul style="list-style-type: none"> <li>Jackson, J., &amp; Kurlaender, M. (2014). College readiness and college completion at broad access four-year institutions. <i>American Behavioral Scientist</i>, 58(8), 947-971.</li> </ul>

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Contributing Outcome	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
	<p><a href="#">Assessment Program or a university placement exam.</a></p> <p>Age Span: 12-20</p> <p><u>Measurement-related Studies</u></p> <ul style="list-style-type: none"> <li>Jackson, J., &amp; Kurlaender, M. (2014). College readiness and college completion at broad access four-year institutions. <i>American Behavioral Scientist</i>, 58(8), 947-971.</li> </ul>		
<p><b>A-G Completion</b></p>	<p><a href="#">Completion of California A-G College Entrance requirements</a></p> <p>Age Span: 12-20</p>	<p>Completion of a Postsecondary Credential w/ Significant Labor Market Value</p>	<ul style="list-style-type: none"> <li>Jackson, J., &amp; Kurlaender, M. (2014). College readiness and college completion at broad access four-year institutions. <i>American Behavioral Scientist</i>, 58(8), 947-971.</li> </ul>
<p><b>High School Graduation/Dropout</b></p>	<p><a href="#">Four-year adjusted cohort graduation rate</a></p> <p>Age Span: 12-20</p>	<ul style="list-style-type: none"> <li>First-Time Felony Conviction;</li> <li>Completion of a Postsecondary Credential w/ Significant Labor Market Value;</li> <li>Stable Full-Time Employment at 250% FPL for individuals;</li> </ul>	<ul style="list-style-type: none"> <li>Steven Raphael (2007) "Early Incarceration Spells and the Transition to Adulthood," in Danziger, Sheldon and Cecilia Elena Rouse (eds) <i>The Price of Independence: The Economics of Early Adulthood</i>, Russell Sage Foundation: New York pp. 278-306.</li> <li>Hirsch, B. T., &amp; Winters, J. V. (2014). An anatomy of racial and ethnic trends in male earnings in the US. <i>Review of Income and Wealth</i>, 60(4), 930-947</li> </ul>

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<p><b>Postsecondary Enrollment</b></p>	<p><a href="#">Enrollment in a certificate program, Associates degree programs or four-year degree-granting college or university</a></p> <p>Age Span: 12-20</p> <p><u>Measure-Related Studies</u></p> <p>Dynarski, S. M., Hemelt, S. W., &amp; Hyman, J. M. (2015). The missing manual: Using National Student Clearinghouse data to track postsecondary outcomes. Educational Evaluation and Policy Analysis, 37(1_suppl), 53S-79S.</p>	<ul style="list-style-type: none"> <li>• Completion of a Postsecondary Credential w/ Significant Labor Market Value;</li> <li>• Stable Full-Time Employment at 250% FPL for individuals</li> </ul>	<ul style="list-style-type: none"> <li>• FPLCarnevale, A. P., Rose, S. J. &amp; Cheah, B. (2011) The College Payoff: Education, Occupations, Lifetime Earnings. The Georgetown University Center on Education and the Workforce</li> </ul>
<p><b>Enrollment in a For-Profit College</b></p>	<p><a href="#">Enrollment in and degree-completion at a for-profit college</a></p> <p>Age Span: 12-20</p> <p><u>Measure-Related Studies</u></p> <p>Dynarski, S. M., Hemelt, S. W., &amp; Hyman, J. M. (2015). The missing manual: Using National Student Clearinghouse data to track postsecondary outcomes. Educational Evaluation and Policy Analysis, 37(1_suppl), 53S-79S.</p>	<ul style="list-style-type: none"> <li>• Completion of a Postsecondary Credential w/ Significant Labor Market Value;</li> <li>• Stable Full-Time Employment at 250% FPL for individuals;</li> <li>• Family Income at 250% FPL (pegged to a family of 4)</li> </ul>	<ul style="list-style-type: none"> <li>• Cellini, S. R., &amp; Turner, N. (2019). Gainfully employed? Assessing the employment and earnings of for-profit college students using administrative data. Journal of Human Resources, 54(2), 342-370;</li> <li>• Armona, L., Chakrabarti, R., &amp; Lovenheim, M. F. (2022). Student debt and default: The role of for-profit colleges. Journal of Financial Economics, 144(1), 67-92;</li> <li>• Liu, V. Y. T., &amp; Belfield, C. (2020). The labor market returns to for-profit higher education: Evidence for transfer students. Community College Review, 48(2), 133-155;</li> <li>• Cellini, S. R. (2021). For-Profit Colleges in the United States: Insights from Two Decades of Research. In The Routledge Handbook of the Economics of Education (pp. 512-523). Routledge;</li> </ul>

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Contributing Outcome	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
			<ul style="list-style-type: none"> <li>Armona, L., Chakrabarti, R., &amp; Lovenheim, M. F. (2022). Student debt and default: The role of for-profit colleges. <i>Journal of Financial Economics</i>, 144(1), 67-92</li> </ul>
<p><b>Enrollment in High-Mobility College</b></p>	<p>Enrollment in colleges and universities in ranked in the top quartile using the “overall mobility index” elaborated in Chetty et al (2017). High mobility colleges locted in Los Angeles County include: Cal State Los Angeles (#5 out 2,137 colleges), Dominguez Hills (18th) and Northridge (70th), The Los Angeles Community College District (96th), Cal Policy Pomona (124th), Cal State Long Beach (320th) and Pasadena City College (445th).</p> <p>Age Span: 12-20</p> <p><u>Measure-Related Studies</u></p> <p>Dynarski, S. M., Hemelt, S. W., &amp; Hyman, J. M. (2015). The missing manual: Using National Student Clearinghouse data to track postsecondary outcomes. <i>Educational Evaluation and Policy Analysis</i>, 37(1_suppl), 53S-79S.</p>	<ul style="list-style-type: none"> <li>Completion of a Postsecondary Credential w/ Significant Labor Market Value;</li> <li>Stable Full-Time Employment at 250% FPL for individuals</li> </ul>	<p>Chetty, R., Friedman, J. N., Saez, E., Turner, N., &amp; Yagan, D. (2017). Mobility report cards: The role of colleges in intergenerational mobility (No. w23618). national bureau of economic research.</p>
<p><b>Youth Disconnection</b></p>	<p>Youth ages 16-24 neither enrolled in school or working</p> <p>Age Span: 12-35</p>	<p>Stable Full-Time Employment at 250% FPL for individuals</p>	<ul style="list-style-type: none"> <li>Fernandes, A. L., &amp; Gabe, T. (2009). Disconnected youth: A look at 16-to 24-year olds who are not working or in school. DIANE Publishing.</li> </ul>

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Contributing Outcome	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
<p><b>Gender Identity &amp; Expression</b></p>	<p><a href="#">The Gender Identity Scale</a></p> <p>Age Span: 12-20</p> <p><u>Measure-Related Studies</u></p> <p>Ho, F., &amp; Mussap, A. J. (2019). The Gender Identity Scale: Adapting the Gender Unicorn to measure gender identity. <i>Psychology of Sexual Orientation and Gender Diversity</i>, 6(2), 217.</p>	<p>Good Physical &amp; Behavioral Health/Wellbeing</p>	<ul style="list-style-type: none"> <li>Robertson, L., Akre, E. R., &amp; Gonzales, G. (2021). Mental Health Disparities at the Intersections of Gender Identity, Race, and Ethnicity. <i>LGBT health</i>, 8(8), 526-535.</li> </ul>
<p><b>Sexual Orientation</b></p>	<p><a href="#">Sexual-Romantic and Gendered Sexuality Scales</a></p> <p>Age Span: 12-20</p> <p><u>Measure-Related Studies</u></p> <p>Galupo, M. P., &amp; Bennett, A. J. (2019). Face validity ratings of sexual orientation scales by heterosexual cisgender adults. <i>Psychology &amp; Sexuality</i>, 10(3), 261-268.</p>	<p>Good Physical &amp; Behavioral Health/Wellbeing</p>	<ul style="list-style-type: none"> <li>Becker, M., Cortina, K. S., Tsai, Y. M., &amp; Eccles, J. S. (2014). Sexual orientation, psychological well-being, and mental health: A longitudinal analysis from adolescence to young adulthood. <i>Psychology of Sexual Orientation and Gender Diversity</i>, 1(2), 132.</li> <li>Gilbey, D., Mahfouda, S., Ohan, J., Lin, A., &amp; Perry, Y. (2020). Trajectories of mental health difficulties in young people who are attracted to the same gender: a systematic review. <i>Adolescent Research Review</i>, 5(3), 281-293.</li> </ul>
<p><b>Social Isolation</b></p>	<p><a href="#">Children’s Loneliness and Social Dissatisfaction Scale (CLS)</a></p> <p>Age Span: 12-20</p> <p><u>Measure-Related Studies</u></p> <p>Cole, A., Bond, C., Qualter, P., &amp; Maes, M. (2021). A systematic review of the development and</p>	<p>Good Physical &amp; Behavioral Health/Wellbeing</p>	<ul style="list-style-type: none"> <li>Matthews, T., Danese, A., Wertz, J., Ambler, A., Kelly, M., Diver, A., ... &amp; Arseneault, L. (2015). Social isolation and mental health at primary and secondary school entry: a longitudinal cohort study. <i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i>, 54(3), 225-232.</li> </ul>

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	<p>psychometric properties of loneliness measures for children and adolescents. International journal of environmental research and public health, 18(6), 3285.</p>		
<p><b>Socioemotional Development</b></p>	<p><a href="#">Child Behavior Checklist (CBCL)</a></p> <p>Age Span: 12-20</p> <p><u>Measure-Related Studies</u></p> <p>"Appendix: Review of Measure Profiles of Social and Emotional Development" to Review of Measures of Social and Emotional Development</p>	<ul style="list-style-type: none"> <li>• Completion of a Postsecondary Credential w/ Significant Labor Market Value;</li> <li>• First Time Felony Convictions</li> </ul>	<ul style="list-style-type: none"> <li>• Jackson, C. K., Porter, S. C., Easton, J. Q., Blanchard, A., &amp; Kiguel, S. (2020). School effects on socioemotional development, school-based arrests, and educational attainment. American Economic Review: Insights, 2(4), 491-508.</li> </ul>
<p><b>School Suspensions</b></p>	<p><a href="#">Number of in-school and out-of-school suspensions received in grades 6-12</a></p> <p>Age Span: 12-20</p>	<ul style="list-style-type: none"> <li>• Completion of a Postsecondary Credential w/ Significant Labor Market Value;</li> <li>• First Time Felony Convictions</li> </ul>	<ul style="list-style-type: none"> <li>• Rumberger, R. and Losen, D. (2016) The High Cost of Harsh Discipline and its Disparate Impact, The Center for Civil Rights Remedies;</li> <li>• Rosenbaum J. E. (2020). Educational and criminal justice outcomes 12 years after school suspension. Youth &amp; society, 52(4), 515–547;</li> <li>• Hemez, P., Brent, J. J., &amp; Mowen, T. J. (2020). Exploring the school-to-prison pipeline: How school suspensions influence incarceration during young adulthood. Youth Violence and Juvenile Justice, 18(3), 235-255.</li> </ul>
<p><b>Expulsions</b></p>	<p><a href="#">Total number of K-12 expulsions</a></p> <p>Age Span: 12-20</p>	<ul style="list-style-type: none"> <li>• Completion of a Postsecondary Credential w/ Significant Labor Market Value;</li> </ul>	<ul style="list-style-type: none"> <li>• Rumberger, R. and Losen, D. (2016) The High Cost of Harsh Discipline and its Disparate Impact, The Center for Civil Rights Remedies;</li> </ul>



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Contributing Outcome	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
		<ul style="list-style-type: none"> <li>• First Time Felony Convictions</li> </ul>	<ul style="list-style-type: none"> <li>• Rosenbaum J. E. (2020). Educational and criminal justice outcomes 12 years after school suspension. <i>Youth &amp; society</i>, 52(4), 515–547;</li> <li>• Hemez, P., Brent, J. J., &amp; Mowen, T. J. (2020). Exploring the school-to-prison pipeline: How school suspensions influence incarceration during young adulthood. <i>Youth Violence and Juvenile Justice</i>, 18(3), 235-255.</li> </ul>
<b>School Absences</b>	<p><a href="#">Number of school days missed in grades 6-12</a></p> <p>Age Span: 12-20</p>	<ul style="list-style-type: none"> <li>• Completion of a Postsecondary Credential w/ Significant Labor Market Value;</li> <li>• First Time Felony Convictions</li> </ul>	<ul style="list-style-type: none"> <li>• Smerillo, N. E., Reynolds, A. J., Temple, J. A., &amp; Ou, S. R. (2018). Chronic absence, eighth-grade achievement, and high school attainment in the Chicago Longitudinal Study. <i>Journal of school psychology</i>, 67, 163–178;</li> <li>• Liu, J., Lee, M., &amp; Gershenson, S. (2021). The Short- and Long-Run Impacts of Secondary School Absences. <i>Journal of Public Economics</i> 199, 10441.</li> </ul>
<b>Juvenile Delinquency</b>	<p><a href="#">Add Health Self-Report Delinquency (AHSRD) Scale</a></p> <p>Age Span: 12-20</p> <p><u>Measure-Related Studies</u></p> <p>The Self-Report Delinquency Scale From the National Longitudinal Study of Adolescent to Adult Health Among At-Risk for Delinquency Youths</p>	<ul style="list-style-type: none"> <li>• Completion of a Postsecondary Credential w/ Significant Labor Market Value;</li> <li>• First Time Felony Convictions;</li> <li>• Stable Full-Time Employment at 250% FPL for individuals</li> </ul>	<ul style="list-style-type: none"> <li>• Ward, S. and Williams, J. (2015), Does Juvenile Delinquency Reduce Educational Attainment? <i>Journal of Empirical</i>;</li> <li>• Carter, A. (2019). The consequences of adolescent delinquent behavior for adult employment outcomes. <i>Journal of youth and adolescence</i>, 48(1), 17-29. <i>Legal Studies</i>, 12: 716-756.</li> <li>• Also see Kim, J. (2020). The Role of Violent and Nonviolent Delinquent Behavior in Educational Attainment. <i>Youth &amp; Society</i>, 52(3), 377–402.</li> </ul>
<b>Juvenile Felony Arrest</b>	<p><a href="#">Juvenile arrest for a felony offense</a></p> <p>Age Span: 12-20</p>	<ul style="list-style-type: none"> <li>• Completion of a Postsecondary Credential w/</li> </ul>	<ul style="list-style-type: none"> <li>• Ward, S., Williams, J., &amp; van Ours, J. C. (2020). Delinquency, Arrest and Early School Leaving. <i>Oxford Bulletin of Economics and Statistics</i>;</li> </ul>

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Contributing Outcome	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
		<ul style="list-style-type: none"> <li>Significant Labor Market Value;</li> <li>• First Time Felony Convictions</li> <li>• Stable Full-Time Employment at 250% FPL for individuals</li> </ul>	<ul style="list-style-type: none"> <li>• Widdowson, A. O., Siennick, S. E., &amp; Hay, C. (2016). The implications of arrest for college enrollment: An analysis of long-term effects and mediating mechanisms. <i>Criminology</i>, 54(4), 621-652;</li> <li>• Siennick, S. E., &amp; Widdowson, A. O. (2020). Juvenile arrest and later economic attainment: Strength and mechanisms of the relationship. <i>Journal of Quantitative Criminology</i>, 1-28.</li> <li>• Kirk, D. S., &amp; Sampson, R. J. (2013). Juvenile arrest and collateral educational damage in the transition to adulthood. <i>Sociology of education</i>, 86(1), 36-62.</li> </ul>
<p><b>Juvenile Misdemeanor Arrest</b></p>	<p>Juvenile arrest for a misdemeanor offense</p> <p>Age Span: 12-20</p>	<ul style="list-style-type: none"> <li>• Completion of a Postsecondary Credential w/ Significant Labor Market Value;</li> <li>• First Time Felony Convictions</li> <li>• Stable Full-Time Employment at 250% FPL for individuals</li> </ul>	<ul style="list-style-type: none"> <li>• Ward, S., Williams, J., &amp; van Ours, J. C. (2020). Delinquency, Arrest and Early School Leaving. <i>Oxford Bulletin of Economics and Statistics</i>;</li> <li>• Widdowson, A. O., Siennick, S. E., &amp; Hay, C. (2016). The implications of arrest for college enrollment: An analysis of long-term effects and mediating mechanisms. <i>Criminology</i>, 54(4), 621-652;</li> <li>• Siennick, S. E., &amp; Widdowson, A. O. (2020). Juvenile arrest and later economic attainment: Strength and mechanisms of the relationship. <i>Journal of Quantitative Criminology</i>, 1-28.</li> <li>• Kirk, D. S., &amp; Sampson, R. J. (2013). Juvenile arrest and collateral educational damage in the transition to adulthood. <i>Sociology of education</i>, 86(1), 36-62.</li> </ul>
<p><b>Incarceration in Secure Juvenile Facility</b></p>	<p>Juvenile commitment to a secure county facility</p>	<ul style="list-style-type: none"> <li>• Completion of a Postsecondary Credential w/</li> </ul>	<ul style="list-style-type: none"> <li>• Aizer, A., &amp; Doyle Jr, J. J. (2015). Juvenile incarceration, human capital, and future crime: Evidence from</li> </ul>

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Contributing Outcome	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
	Age Span: 12-20	Significant Labor Market Value; <ul style="list-style-type: none"> <li>• First Time Felony Convictions</li> </ul>	randomly assigned judges. The Quarterly Journal of Economics, 130(2), 759-803.
<b>Early childbearing</b>	<a href="#">Births to mothers younger than age 24</a> Age Span: 12-20	Stable Full-Time Employment at 250% FPL for individuals	<ul style="list-style-type: none"> <li>• Hynes, K., &amp; Clarkberg, M. (2005). Women’s employment patterns during early parenthood: A group-based trajectory analysis. Journal of Marriage and Family, 67(1), 222-239</li> </ul>
<b>General Health Status</b>	<a href="#">PROMIS global physical health scale</a> Age Span: 21-35  <u>Measure-Related Studies</u>  U.S. General Population Estimate for “Excellent” to “Poor” Self-Rated Health Item	Stable Full-Time Employment at 250% FPL for individuals	<ul style="list-style-type: none"> <li>• Currie, J., &amp; Madrian, B. C. (1999). Health, health insurance and the labor market. Handbook of labor economics, 3, 3309-3416;</li> <li>• O’Donnell, O., Van Doorslaer, E., &amp; Van Ourti, T. (2015). Health and inequality. In Handbook of income distribution (Vol. 2, pp. 1419-1533). Elsevier.</li> </ul>
<b>Behavioral Health</b>	<a href="#">RAND 36-Item Short Form Survey (SF-36); SASSI-3 (Substance Abuse Subtle Screening Inventory, 3rd Edition)</a>  Age Span: 21-35	Stable Full-Time Employment at 250% FPL for individuals	<ul style="list-style-type: none"> <li>• Huang, D. Y., Evans, E., Hara, M., Weiss, R. E., &amp; Hser, Y. I. (2011). Employment trajectories: Exploring gender differences and impacts of drug use. Journal of vocational behavior, 79(1), 277-289</li> </ul>
<b>Allostatic Load</b>	<a href="#">Allostatic Load Measurement Biomarkers</a> [Highest or lowest quartile cutpoints where appropriate] <a href="#">Resting Heart Rate</a> <a href="#">Systolic Blood Pressure</a> <a href="#">Diastolic Blood Pressure</a>	Good Physical & Behavioral Health/Wellbeing	<ul style="list-style-type: none"> <li>• Beckie, T. M. (2012). A systematic review of allostatic load, health, and health disparities. Biological research for nursing, 14(4), 311-346.</li> </ul>

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Contributing Outcome	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
	<p>C-Reactive Protein Interleukin-6 Fibrinogen sE-selectin sICAM-1 HbA1c Glucose Body Mass Index</p> <p>Age Span: 21-35</p>		
<p><b>High BMI</b></p>	<p>Body Mass Index of 30 or greater</p> <p>Age Span: 21-35</p>	<p>Good Physical &amp; Behavioral Health/Wellbeing</p>	<ul style="list-style-type: none"> <li>Berger, N. A. (2018). Young adult cancer: influence of the obesity pandemic. <i>Obesity</i>, 26(4), 641-650.</li> </ul>
<p><b>Postsecondary Completion/Dropout</b></p>	<p>Completion of an Associates or Bachelor's Degree</p> <p>Age Span: 21-35</p>	<ul style="list-style-type: none"> <li>Stable Full-Time Employment at 250% FPL for individuals;</li> <li>Family Income at 250% FPL (pegged to a family of 4)</li> </ul>	<ul style="list-style-type: none"> <li>Bayer, P., &amp; Charles, K. K. (2018). Divergent paths: A new perspective on earnings differences between black and white men since 1940. <i>The Quarterly Journal of Economics</i>, 133(3), 1459-1501;</li> <li>Thompson, O. (2021). Human Capital and Black-White Earnings Gaps, 1966-2017 (No. w28586). National Bureau of Economic Research;</li> <li>Carnevale, A. P., Strohl, J., Gulish, A., Van Der Werf, M., &amp; Peltier Campbell, K. (2019). The unequal race for good jobs: How Whites made outsized gains in education and good jobs compared to Blacks and Latinos. Center for Education and the Workforce, Georgetown University;</li> <li>Carnevale, A. P., Rose, S. J. &amp; Cheah, B. (2011) The College Payoff: Education, Occupations, Lifetime Earnings. The Georgetown University Center on Education and the Workforce;</li> </ul>

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Contributing Outcome	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
			<ul style="list-style-type: none"> <li>Kim, C., &amp; Tamborini, C. R. (2019). Are they still worth it? The long-run earnings benefits of an associate degree, vocational diploma or certificate, and some college. <i>RSF: The Russell Sage Foundation Journal of the Social Sciences</i>, 5(3), 64-85.</li> </ul>
<b>Full-Time Employment</b>	<p>Employed at least 30 hours a week for the last 12 months</p> <p>Age Span: 21-35</p>	<ul style="list-style-type: none"> <li>Stable Full-Time Employment at 250% FPL for individuals;</li> <li>Family Income at 250% FPL (pegged to a family of 4)</li> </ul>	<p>Schultz, M. A. (2019). The Wage Mobility of Low-Wage Workers in a Changing Economy, 1968 to 2014. <i>RSF: The Russell Sage Foundation Journal of the Social Sciences</i>, 5(4), 159-189</p>
<b>Stable Employment</b>	<p>Employed at least 52 weeks during the past year</p> <p>Age Span: 21-35</p>	<ul style="list-style-type: none"> <li>Stable Full-Time Employment at 250% FPL for individuals;</li> <li>Family Income at 250% FPL (pegged to a family of 4)</li> </ul>	<ul style="list-style-type: none"> <li>Chetty, R., Hendren, N., Jones, M., &amp; Porter, S. (2020). Race and economic opportunity in the United States: An intergenerational perspective. <i>The Quarterly Journal of Economics</i> 135, 711-783;</li> <li>Weisshaar, K., &amp; Cabello-Hutt, T. (2020). Labor force participation over the life course: The long-term effects of employment trajectories on wages and the gendered payoff to employment. <i>Demography</i>, 57(1), 33-60;</li> <li>Hynes, K., &amp; Clarkberg, M. (2005). Women’s employment patterns during early parenthood: A group-based trajectory analysis. <i>Journal of Marriage and Family</i>, 67(1), 222-239</li> </ul>
<b>Employment in High Demand Industry or Sector</b>	<p>Adult employed in industries that show high wages and high labor demand for Los Angeles County</p>	<ul style="list-style-type: none"> <li>Stable Full-Time Employment at 250% FPL for individuals;</li> </ul>	<ul style="list-style-type: none"> <li>Seltzer, N. (2020). Cohort-Specific Experiences of Industrial Decline and Intergenerational Income Mobility. <i>SocArXiv Papers</i>;</li> </ul>

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Contributing Outcome	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
	Age Span: 21-35	<ul style="list-style-type: none"> <li>Family Income at 250% FPL (pegged to a family of 4)</li> </ul>	<ul style="list-style-type: none"> <li>Katz, L. F., Roth, J., Hendra, R., &amp; Schaberg, K. (2020). Why Do Sectoral Employment Programs Work? Lessons from WorkAdvance (No. w28248). National Bureau of Economic Research</li> </ul>
<b>Has childcare arrangement</b>	<a href="#">Difficulty finding childcare</a> Age Span: 21-35	Stable Full-Time Employment at 250% FPL for individuals	<ul style="list-style-type: none"> <li>Wu, C. F., Chang, Y. L., Rhodes, E., MUSAAD, S., &amp; Jung, W. (2020). Work-Hour Trajectories and Associated Socioeconomic Characteristics among Single-Mother Families. <i>Social Work Research</i>, 44(1), 47-57;</li> <li>“The Child Care Crisis Is Keeping Women Out of the Workforce.” Center for American Progress</li> </ul>
<b>Child support debt (TANF)</b>	<a href="#">Child support arrears owed, especially TANF arrears</a> Age Span: 21-35	Stable Full-Time Employment at 250% FPL for individuals	<ul style="list-style-type: none"> <li>Holzer, H. J., Offner, P., &amp; Sorensen, E. (2005). Declining employment among young black less educated men: The role of incarceration and child support. <i>Journal of Policy Analysis and Management: The Journal of the Association for Public Policy Analysis and Management</i>, 24(2), 329-350;</li> <li>Miller, D. P., &amp; Mincy, R. B. (2012). Falling further behind? Child support arrears and fathers’ labor force participation. <i>Social Service Review</i>, 86(4), 604-635.</li> </ul>
<b>Work Disability</b>	<a href="#">Does the person have a physical, mental, or other health condition that lasted for 6 months or more which: a) limits the type or amount of work the person can do at a job; b) prevents the person from working at a job?</a> Age Span: 21-35 <a href="#">Measure-Related Studies</a>	Stable Full-Time Employment at 250% FPL for individuals	<ul style="list-style-type: none"> <li>Wu, C. F. (2011). Long-term employment and earnings among low-income families with children. <i>Children and Youth Services Review</i>, 33(1), 91-101;</li> <li>Wu, C. F., Chang, Y. L., Rhodes, E., MUSAAD, S., &amp; Jung, W. (2020). Work-Hour Trajectories and Associated Socioeconomic Characteristics among Single-Mother Families. <i>Social Work Research</i>, 44(1), 47-57;</li> </ul>

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Contributing Outcome	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
	Survey Measurement of Work Disability: Summary of a Workshop		
<b>Inability to Pay Bail</b>	<a href="#">Pretrial detention due to inability to pay bail</a>  Age Span: 21-35	Stable Full-Time Employment at 250% FPL for individuals	<ul style="list-style-type: none"> <li>Leslie, E., &amp; Pope, N. G. (2017). The unintended impact of pretrial detention on case outcomes: Evidence from New York City arraignments. <i>The Journal of Law and Economics</i>, 60(3), 529-557.</li> <li>For Philadelphia and Miami-Dade counties see Dobbie, W., Goldin, J., &amp; Yang, C. S. (2018). The effects of pretrial detention on conviction, future crime, and employment: Evidence from randomly assigned judges. <i>American Economic Review</i>, 108(2), 201-40</li> </ul>
<b>Incarceration</b>	<a href="#">Experiencing either jail or prison incarceration as an adult</a>  Age Span: 21-35	Stable Full-Time Employment at 250% FPL for individuals	<ul style="list-style-type: none"> <li>Apel, R., and Sweeten, G. (2010). The impact of incarceration on employment during the transition to adulthood. <i>Social Problems</i>, 57(3), 448-479;</li> <li>Mueller-Smith, M., &amp; Schnepel, K. T. (2020). Diversion in the Criminal Justice System. <i>The Review of Economic Studies</i>.</li> <li>Craigie, T., Grawert, A., Kimble, C. and Stiglitz, J. E. (2020). Conviction, Imprisonment and Lost Earnings: How Involvement with the Criminal Justice System Deepens Inequality. <i>Brennan Center for Justice</i>;</li> <li>Apel, R., and Powell, K. (2019). Level of Criminal Justice Contact and Early Adult Wage Inequality.” <i>RSF: The Russell Sage Foundation Journal of the Social Sciences</i> 5(1): 198–223</li> </ul>
<b>Adequate Prenatal Care</b>	<a href="#">Adequate prenatal care utilization index: “a sum of two independent dimensions: Adequacy of Initiation</a>	Infant Mortality	<ul style="list-style-type: none"> <li>Partridge, S., Balayla, J., Holcroft, C. A., &amp; Abenheim, H. A. (2012). Inadequate prenatal care utilization and risks of infant mortality and poor birth outcome: a</li> </ul>

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Contributing Outcome	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
	<p>of PNC and Adequacy of Received Services (a ratio of PNC visits completed relative to those expected based on gestational age and the American Congress of Gynecologists and Obstetricians recommended PNC schedule for low-risk pregnancies). Deliveries were categorized by receipt of, in increasing order of PNC utilization, “inadequate care” (initiated after 4 months’ gestation or fewer than half of predicted visits), “intermediate care” (initiated prior to 4 months and between 50% and 79% of expected visits), “adequate care” (initiated by 4 months and 80 to 109% of expected visits), or “adequate-plus care” (initiated by 4 months and 110% or more of expected visits). A final group, “missing care data,” was created for cases where PNC adequacy could not be calculated due to the absence of essential information. The following variables were used to calculate the APNCU with a previously published SAS algorithm distributed by Dr. Milton Kotelchuck, developer of the APNCU index<sup>14,15</sup>: gestational age at initiation of PNC (2-month intervals), total number of PNC visits (excluding hospitalizations), and the gestational age in weeks. In the event of missing gestational age data, the gestational age was</p>		<p>retrospective analysis of 28,729,765 US deliveries over 8 years. American journal of perinatology, 29(10), 787-794.</p>



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Contributing Outcome	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
	<p>imputed from the sex and birth weight. Improbable birth weight (less than 250 g and more than 4999 g) was corrected for.”</p> <p>Age Span: 21-35</p> <p><u>Measure-Related Studies</u></p> <p>Partridge, S., Balayla, J., Holcroft, C. A., &amp; Abenheim, H. A. (2012). Inadequate prenatal care utilization and risks of infant mortality and poor birth outcome: a retrospective analysis of 28,729,765 US deliveries over 8 years. American journal of perinatology, 29(10), 787-794.</p>		
<p><b>Physical Limitations</b></p>	<p>Physical Limitations Scale as reported in "Physical Limitations and Depressive Symptoms: Exploring the Nature of the Association"</p> <p>Age Span: 35-60+</p> <p><u>Measure-Related Studies</u></p> <p>Gayman, M. D., Turner, R. J., &amp; Cui, M. (2008). Physical limitations and depressive symptoms: exploring the nature of the association. The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 63(4), S219-S228.</p>	<p>Age in Place with Dignity &amp; Independence</p>	<ul style="list-style-type: none"> <li>Sabia, J. J. (2008). There's no place like home: A hazard model analysis of aging in place among older homeowners in the PSID. Research on Aging, 30(1), 3-35.</li> </ul>

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Contributing Outcome	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
<b>Income</b>	<a href="#">Annual household income</a> Age Span: 60+	Age in Place with Dignity & Independence	<ul style="list-style-type: none"> <li>Sabia, J. J. (2008). There's no place like home: A hazard model analysis of aging in place among older homeowners in the PSID. <i>Research on Aging</i>, 30(1), 3-35.</li> </ul>
<b>Social Isolation</b>	<a href="#">UCLA Loneliness Scale Version</a> Age Span: 60+	Age in Place with Dignity & Independence	<ul style="list-style-type: none"> <li>Sabia, J. J. (2008). There's no place like home: A hazard model analysis of aging in place among older homeowners in the PSID. <i>Research on Aging</i>, 30(1), 3-35.</li> </ul>

## Ecological-Institutional Factors

Ecological-Institutional Factor	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
<b>Mother smoking during pregnancy</b>	<p><a href="#">Maternal and Infant Health Assessment (2017)</a></p> <p>Age Span: Pregnancy/Infancy</p> <p>Unit of Measurement: Individual</p>	Infant Mortality	<p>Saliyu, H. M., Aliyu, M. H., Pierre-Louis, B. J., &amp; Alexander, G. R. (2003). Levels of excess infant deaths attributable to maternal smoking during pregnancy in the United States. <i>Maternal and child health journal</i>, 7(4), 219-227.</p> <p>Ratnasiri, A. W., Lakshminrusimha, S., Dieckmann, R. A., Lee, H. C., Gould, J. B., Parry, S. S., ... &amp; Basford, K. E. (2020). Maternal and infant predictors of infant mortality in California, 2007–2015. <i>PloS one</i>, 15(8), e0236877.</p>
<b>Obesity During Pregnancy</b>	<p><a href="#">Maternal and Infant Health Assessment (2017)</a></p> <p>Age Span: Pregnancy/Infancy</p> <p>Unit of Measurement: Individual</p>	Infant Mortality	<p>Ratnasiri, A. W., Lakshminrusimha, S., Dieckmann, R. A., Lee, H. C., Gould, J. B., Parry, S. S., ... &amp; Basford, K. E. (2020). Maternal and infant predictors of infant mortality in California, 2007–2015. <i>PloS one</i>, 15(8), e0236877.</p>
<b>Mother drinking during pregnancy</b>	<p><a href="#">Maternal and Infant Health Assessment (2017)</a></p> <p>Age Span: Pregnancy/Infancy</p>	Infant Mortality	<p>Burd, L., &amp; Wilson, H. (2004, May). Fetal, infant, and child mortality in a context of alcohol use. In <i>American Journal of Medical Genetics Part C: Seminars in Medical Genetics</i> (Vol. 127, No. 1, pp. 51-58). Hoboken: Wiley Subscription Services, Inc., A Wiley Company.</p>

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Ecological-Institutional Factor	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
	Unit of Measurement: Individual		
<b>Maternal diabetes, hypertension, asthma or depression</b>	<a href="#">Maternal and Infant Health Assessment (2017)</a>  Age Span: Pregnancy/Infancy  Unit of Measurement: Individual	Infant Mortality	Scott, K. A., Chambers, B. D., Baer, R. J., Ryckman, K. K., McLemore, M. R., & Jelliffe-Pawlowski, L. L. (2020). Preterm birth and nativity among Black women with gestational diabetes in California, 2013–2017: a population-based retrospective cohort study. BMC pregnancy and childbirth, 20(1), 1-14;
<b>Timing of prenatal care</b>	<a href="#">Maternal and Infant Health Assessment (2017)</a>  Age Span: Pregnancy/Infancy  Unit of Measurement: Individual	Infant Mortality	Partridge, S., Balayla, J., Holcroft, C. A., & Abenhaim, H. A. (2012). Inadequate prenatal care utilization and risks of infant mortality and poor birth outcome: a retrospective analysis of 28,729,765 US deliveries over 8 years. American journal of perinatology, 29(10), 787-794.
<b>Adequacy of perinatal care</b>	<a href="#">The variables used in this analysis were defined as follows. The APNCU index is a sum of two independent dimensions: Adequacy of Initiation of PNC and Adequacy of Received Services (a ratio of PNC visits</a>	Infant Mortality	Partridge, S., Balayla, J., Holcroft, C. A., & Abenhaim, H. A. (2012). Inadequate prenatal care utilization and risks of infant mortality and poor birth outcome: a retrospective analysis of 28,729,765 US deliveries over 8 years. American journal of perinatology, 29(10), 787-794.

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Ecological-Institutional Factor	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
	<p>completed relative to those expected based on gestational age and the American Congress of Gynecologists and Obstetricians recommended PNC schedule for low-risk pregnancies). Deliveries were categorized by receipt of, in increasing order of PNC utilization, “inadequate care” (initiated after 4 months’ gestation or fewer than half of predicted visits), “intermediate care” (initiated prior to 4 months and between 50% and 79% of expected visits), “adequate care” (initiated by 4 months and 80 to 109% of expected visits), or “adequate-plus care” (initiated by 4 months and 110% or more of expected visits). A final group, “missing care data,” was created for cases where PNC adequacy could not be calculated due to the absence of essential information. The following variables were used to calculate the APNCU with a previously published SAS</p>		

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Ecological-Institutional Factor	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
	<p>algorithm distributed by Dr. Milton Kotelchuck, developer of the APNCU index<sup>14,15</sup>: gestational age at initiation of PNC (2-month intervals), total number of PNC visits (excluding hospitalizations), and the gestational age in weeks. In the event of missing gestational age data, the gestational age was imputed from the sex and birth weight. Improbable birth weight (less than 250 g and more than 4999 g) was corrected for.</p> <p>Age Span: Pregnancy/Infancy</p> <p>Unit of Measurement: Individual</p>		
<p><b>Domestic Violence/IPV</b></p>	<p><a href="#">Maternal and Infant Health Assessment (2017)</a></p> <p>Age Span: Pregnancy/Infancy</p> <p>Unit of Measurement:</p>	<p>Infant Mortality</p>	<p>Boy, A., &amp; Salihu, H. M. (2004). Intimate partner violence and birth outcomes: a systematic review. <i>International journal of fertility and women's medicine</i>, 49(4), 159-164.</p>

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Ecological-Institutional Factor	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
	Individual		
<b>Physician-Patient Racial Concordance</b>	<p>Expectant mothers with race/ethnic identities matching those of their doctors</p> <p>Age Span: Pregnancy/Infancy</p> <p>Unit of Measurement: Individual</p>	Infant Mortality	Greenwood, B. N., Hardeman, R. R., Huang, L., & Sojourner, A. (2020). Physician–patient racial concordance and disparities in birthing mortality for newborns. <i>Proceedings of the National Academy of Sciences</i> , 117(35), 21194-21200
<b>Cesarean Section Delivery</b>	<p>Mothers with cesarean-section deliveries</p> <p>Age Span: Pregnancy/Infancy</p> <p>Unit of Measurement: Individual</p>	Infant Mortality	Holmes Jr, L., et al. (2020). Maternal Subpopulation Variances in Vaginal and Cesarean Section Delivery Method Predicts Excess Infant Mortality of Black/African Americans in the United States: Linked Birth/Infant Death Records, 2007-2016.
<b>Inter-pregnancy interval</b>	<p>Mothers with an inter-pregnancy interval less than 6 months</p> <p>Age Span: Pregnancy/Infancy</p> <p>Unit of Measurement:</p>	Infant Mortality	<ul style="list-style-type: none"> <li>• Cofer, F. G., Fridman, M., Lawton, E., Korst, L. M., Nicholas, L., &amp; Gregory, K. D. (2016). Interpregnancy interval and childbirth outcomes in California, 2007–2009. <i>Maternal and child health journal</i>, 20(1), 43-51;</li> <li>• Schummers, L., Hutcheon, J. A., Hernandez-Diaz, S., Williams, P. L., Hacker, M. R., VanderWeele, T. J., &amp; Norman, W. V. (2018). Association of short</li> </ul>

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Ecological-Institutional Factor	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
	Individual		<p>interpregnancy interval with pregnancy outcomes according to maternal age. JAMA internal medicine, 178(12), 1661-1670.</p> <ul style="list-style-type: none"> <li>Wendt, A., Gibbs, C. M., Peters, S., &amp; Hogue, C. J. (2012). Impact of increasing inter-pregnancy interval on maternal and infant health. Paediatric and perinatal epidemiology, 26, 239-258</li> </ul>
<b>Maternal chronic worry about discrimination</b>	<p><a href="#">Maternal and Infant Health Assessment (2017)</a></p> <p>Age Span: Pregnancy/Infancy</p> <p>Unit of Measurement: Individual</p>	Infant Mortality	<p>Braveman, P., Heck, K., Egerter, S., Dominguez, T. P., Rinki, C., Marchi, K. S., &amp; Curtis, M. (2017). Worry about racial discrimination: A missing piece of the puzzle of Black-White disparities in preterm birth?. PloS one, 12(10), e0186151</p>
<b>Neighborhood Concentrated Disadvantage</b>	<p><a href="#">Concentrated Disadvantage Index</a></p> <p>Age Span: 0-60+</p> <p>Unit of Measurement: Census Tract</p>	<ul style="list-style-type: none"> <li>Age-appropriate Cognitive and Socioemotional Proficiency for Grades 1-6;</li> <li>Child Maltreatment;</li> <li>Completion of a Postsecondary Credential w/ Significant Labor Market Value;</li> </ul>	<ul style="list-style-type: none"> <li>Hagan, J., Foster, H., &amp; Murphy, C. J. (2020). A tale half told: State exclusionary and inclusionary regimes, incarceration of fathers, and the educational attainment of children. Social Science Research, 88, 102428.</li> <li>Wodtke, G. T., Elwert, F., &amp; Harding, D. J. (2012). Poor families, poor neighborhoods: How family poverty intensifies the impact of concentrated disadvantage on high school graduation. Unpublished manuscript, University of Michigan.</li> <li>Hicks, A. L., Handcock, M. S., Sastry, N., &amp; Pebley, A. R. (2018). Sequential neighborhood effects: The</li> </ul>



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Ecological-Institutional Factor	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
		<ul style="list-style-type: none"> <li>Age in Place with Dignity &amp; Independence</li> </ul>	<p>effect of long-term exposure to concentrated disadvantage on children’s reading and math test scores. <i>Demography</i>, 55(1), 1-31.</p> <ul style="list-style-type: none"> <li>Maguire-Jack, K., Korbin, J. E., Perzynski, A., Coulton, C., Font, S. A., &amp; Spilsbury, J. C. (2021). How place matters in child maltreatment disparities: Geographical context as an explanatory factor for racial disproportionality and disparities. In <i>Racial disproportionality and disparities in the child welfare system</i> (pp. 199-212). Springer, Cham.</li> <li>Riley, A., Hawkey, L. C., &amp; Cagney, K. A. (2016). Racial differences in the effects of neighborhood disadvantage on residential mobility in later life. <i>Journals of Gerontology Series B: Psychological Sciences and Social Sciences</i>, 71(6), 1131-1140.</li> </ul>
<p><b>Neighborhood Concentrated Imprisonment</b></p>	<p>The percentage of the adult population that is on parole or probation</p> <p>Age Span: 0-60+</p> <p>Unit of Measurement: Census Tract</p>	<ul style="list-style-type: none"> <li>Completion of a Postsecondary Credential w/ Significant Labor Market Value</li> <li>Family Income at 250% FPL (pegged to a family of 4);</li> </ul>	<ul style="list-style-type: none"> <li>Hagan, J., &amp; Foster, H. (2012). Intergenerational educational effects of mass imprisonment in America. <i>Sociology of Education</i>, 85(3), 259-286.</li> <li>Manduca, R., &amp; Sampson, R. J. (2019). Punishing and toxic neighborhood environments independently predict the intergenerational social mobility of black and white children. <i>Proceedings of the national academy of sciences</i>, 116(16), 7772-7777.</li> </ul>

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<b>Neighborhood Mobility Score</b>	<p>Average household incomes at age 35 (standardized for the county)</p> <p>Age Span: 0-60+</p> <p>Unit of Measurement: Census Tract</p>	Family Income at 250% FPL (pegged to a family of 4)	Chetty, R., Friedman, J. N., Hendren, N., Jones, M. R., & Porter, S. R. (2018). The opportunity atlas: Mapping the childhood roots of social mobility (No. w25147). National Bureau of Economic Research.
<b>Formerly Redlined Neighborhood</b>	<p>Census tracts that partially or completely overlap with the boundaries of areas rated Red or Yellow in security maps of the Home Owners Loan Corporation</p> <p>Age Span: 0-60+</p> <p>Unit of Measurement: Census Block Group</p>	Infant Mortality	Nardone, A. L., Casey, J. A., Rudolph, K. E., Karasek, D., Mujahid, M., & Morello-Frosch, R. (2020). Associations between historical redlining and birth outcomes from 2006 through 2015 in California. PloS one, 15(8), e0237241.
<b>Environmental pollutants (e.g. lead top soil, air pollution)</b>	<p>The percentage of children with blood lead levels at 6 µg/dL or higher AND neighborhood level of total suspended particulates</p> <p>Age Span: 0-60+</p> <p>Unit of Measurement: Census Block Group</p>	Family Income at 250% FPL (pegged to a family of 4)	<ul style="list-style-type: none"> <li>• Manduca, R., &amp; Sampson, R. J. (2019). Punishing and toxic neighborhood environments independently predict the intergenerational social mobility of black and white children. Proceedings of the national academy of sciences, 116(16), 7772-7777.</li> <li>• Heidari, S., Mostafaei, S., Razazian, N., Rajati, M., Saeedi, A., &amp; Rajati, F. (2022). The effect of lead exposure on IQ test scores in children under 12 years: a systematic review and meta-analysis of</li> </ul>

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			<p>case-control studies. Systematic reviews, 11(1), 1-8.</p> <ul style="list-style-type: none"> <li>Aizer, A., Currie, J., Simon, P., &amp; Vivier, P. (2018). Do low levels of blood lead reduce children's future test scores?. American Economic Journal: Applied Economics, 10(1), 307-41.</li> <li>O'Brien, R. L., Neman, T., Rudolph, K., Casey, J., &amp; Venkataramani, A. (2018). Prenatal exposure to air pollution and intergenerational economic mobility: Evidence from US county birth cohorts. Social Science &amp; Medicine, 217, 92-96.</li> </ul>
<p><b>Community Violence</b></p>	<p>Witnessing gun violence: (1) Saw someone threaten another person with a gun,(2) saw someone hurt another person with a gun on purpose, and (3) saw someone shooting a gun in a public place (on the streets, parking lots, or stores); Hearing gun violence: (1) heard (but not seen) a gun being shot in a public place like the streets, parking lots, or stores; (1) Physical distance from adolescents' home or school addresses to gun homicide</p>	<ul style="list-style-type: none"> <li>Good Physical &amp; Behavioral Health/Wellbeing</li> <li>Family Income at 250% FPL (pegged to a family of 4);</li> </ul>	<ul style="list-style-type: none"> <li>Sharkey, P., &amp; Torrats-Espinosa, G. (2017). The effect of violent crime on economic mobility. Journal of Urban Economics, 102, 22-33.</li> <li>Manduca, R., &amp; Sampson, R. J. (2019). Punishing and toxic neighborhood environments independently predict the intergenerational social mobility of black and white children. Proceedings of the national academy of sciences, 116(16), 7772-7777.</li> <li>Burdick-Will, J. (2016). Neighborhood violent crime and academic growth in Chicago: Lasting effects of early exposure. Social forces, 95(1), 133-158.</li> <li>Fowler, P. J., Tompsett, C. J., Braciszewski, J. M., Jacques-Tiura, A. J., &amp; Baltes, B. B. (2009).</li> </ul>

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	<p>Age Span: 0-60+</p> <p>Unit of Measurement: Census Block Group</p> <p><u>Measure-Related Studies</u></p> <p>Bancalari, P., Sommer, M., &amp; Rajan, S. (2022). Youth Exposure to Endemic Community Gun Violence: A Systematic Review. <i>Adolescent Research Review</i>, 1-35.</p>		<p>Community violence: A meta-analysis on the effect of exposure and mental health outcomes of children and adolescents. <i>Development and psychopathology</i>, 21(1), 227-259.</p> <ul style="list-style-type: none"> <li>Bennett Jr, M. D., &amp; Joe, S. (2015). Exposure to community violence, suicidality, and psychological distress among African American and Latino youths: Findings from the CDC Youth Violence Survey. <i>Journal of Human Behavior in the Social Environment</i>, 25(8), 775-789.</li> </ul>
<p><b>Affordable Housing availability</b></p>	<p><a href="#">Ratio of affordable (costing less than 30% of household income) and available rental housing units to households with low- and very low-income levels</a></p> <p>Age Span: 0-60+</p> <p>Unit of Measurement: City/Census Place</p>	<ul style="list-style-type: none"> <li>School Readiness;</li> <li>Age-appropriate Cognitive and Socioemotional Proficiency for Grades 1-6</li> </ul>	<ul style="list-style-type: none"> <li>Newman, S. J., &amp; Holupka, C. S. (2015). Housing affordability and child well-being. <i>Housing Policy Debate</i>, 25(1), 116-151.</li> <li>Newman, S. J., &amp; Holupka, C. S. (2014). Housing affordability and investments in children. <i>Journal of Housing Economics</i>, 24, 89-100.</li> <li>Gabriel, S., &amp; Painter, G. (2020). Why affordability matters. <i>Regional science and urban economics</i>, 80, 103378.</li> <li>Newman, S., &amp; Holupka, C. S. (2016). Housing affordability and children’s cognitive achievement. <i>Health Affairs</i>, 35(11), 2092-2099.</li> </ul>

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<p><b>Neighborhood Physical Disorder</b></p>	<p>Audit items assessing building quality, including: 1) presence of buildings with broken windows, boarded-up windows, or boarded-up doors; 2) presence of buildings with outside damage that can only be corrected by major repairs, such as damaged siding, shingles, boards, brick, concrete, and stucco; and 3) presence of entirely vacant buildings</p> <p>Age Span: 0-60+</p> <p>Unit of Measurement: Census Block Group</p> <p><u>Measure-Related Studies</u></p> <p>Mooney, S. J., Bader, M. D., Lovasi, G. S., Teitler, J. O., Koenen, K. C., Aiello, A. E., ... &amp; Rundle, A. G. (2017). Street audits to measure neighborhood disorder: virtual or in-person?. American journal of epidemiology, 186(3), 265-273.</p>	<p>Good Physical &amp; Behavioral Health/Wellbeing</p>	<ul style="list-style-type: none"> <li>• South, E. C., Kondo, M. C., Cheney, R. A., &amp; Branas, C. C. (2015). Neighborhood blight, stress, and health: a walking trial of urban greening and ambulatory heart rate. American Journal of Public Health, 105(5), 909-913.</li> <li>• South, E. C., Hohl, B. C., Kondo, M. C., MacDonald, J. M., &amp; Branas, C. C. (2018). Effect of greening vacant land on mental health of community-dwelling adults: a cluster randomized trial. JAMA network open, 1(3), e180298-e180298.</li> </ul>

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<p><b>Community Cohesion/Collective Efficacy</b></p>	<p><a href="#">The Community Collective Efficacy Scale</a></p> <p>Age Span: 0-60+</p> <p>Unit of Measurement: Census Block Group</p> <p><u>Measure-Related Studies</u></p> <p>Hipp, J. R. (2016). Collective efficacy: How is it conceptualized, how is it measured, and does it really matter for understanding perceived neighborhood crime and disorder?. <i>Journal of criminal justice</i>, 46, 32-44.</p>	<ul style="list-style-type: none"> <li>• Good Physical &amp; Behavioral Health/Wellbeing;</li> <li>• Child Maltreatment</li> </ul>	<ul style="list-style-type: none"> <li>• Bjornstrom, E. E., Ralston, M. L., &amp; Kuhl, D. C. (2013). Social cohesion and self-rated health: the moderating effect of neighborhood physical disorder. <i>American journal of community psychology</i>, 52(3), 302-312.</li> <li>• Browning, C. R., Soller, B., &amp; Jackson, A. L. (2015). Neighborhoods and adolescent health-risk behavior: An ecological network approach. <i>Social Science &amp; Medicine</i>, 125, 163-172.</li> <li>• Fish, J. S., Ettner, S., Ang, A., &amp; Brown, A. F. (2010). Association of perceived neighborhood safety on body mass index. <i>American journal of public health</i>, 100(11), 2296-2303.</li> <li>• Bjornstrom, E. (2011). To live and die in LA County: Neighborhood economic and social context and premature age-specific mortality rates among Latinos. <i>Health &amp; Place</i>, 17(1), 230-237.</li> <li>• Abdullah, A., R. Emery, C., &amp; P. Jordan, L. (2020). Neighbourhood collective efficacy and protective effects on child maltreatment: A systematic literature review. <i>Health &amp; Social Care in the Community</i>, 28(6), 1863-1883.</li> <li>• Molnar, B. E., Goerge, R. M., Gilsanz, P., Hill, A., Subramanian, S. V., Holton, J. K., ... &amp; Beardslee, W. R. (2016). Neighborhood-level social processes and substantiated cases of child maltreatment. <i>Child abuse &amp; neglect</i>, 51, 41-53.</li> </ul>

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<p><b>Aggressive Policing</b></p>	<p>Youth experiencing stop, question and frisk police stops</p> <p>Age Span: 12-60+</p> <p>Unit of Measurement: Census Block Group</p>	<ul style="list-style-type: none"> <li>• Completion of a Postsecondary Credential w/ Significant Labor Market Value;</li> <li>• Age-appropriate Cognitive and Socioemotional Proficiency for Grades 1-6</li> </ul>	<ul style="list-style-type: none"> <li>• Legewie, J., &amp; Fagan, J. (2019). Aggressive policing and the educational performance of minority youth. <i>American Sociological Review</i>, 84(2), 220-247.</li> <li>• Gottlieb, A., &amp; Wilson, R. (2019). The effect of direct and vicarious police contact on the educational achievement of urban teens. <i>Children and youth services review</i>, 103, 190-199.</li> <li>• McFarland, M. J., Geller, A., &amp; McFarland, C. (2019). Police contact and health among urban adolescents: The role of perceived injustice. <i>Social Science &amp; Medicine</i>, 238, 112487.</li> <li>• Del Toro, J., Lloyd, T., Buchanan, K. S., Robins, S. J., Bencharit, L. Z., Smiedt, M. G., ... &amp; Goff, P. A. (2019). The criminogenic and psychological effects of police stops on adolescent black and Latino boys. <i>Proceedings of the National Academy of Sciences</i>, 116(17), 8261-8268.</li> <li>• Del Toro, J., Thomas, A., Wang, M. T., &amp; Hughes, D. (2019). The Health-Related Consequences to Police Stops as Pathways to Risks in Academic Performance for Urban Adolescents (No. wp19-09-ff).</li> </ul>

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<b>Police Violence</b>	<p><a href="#">Students exposed to police killings within .50 miles of their homes</a></p> <p>Age Span: 0-20</p> <p>Unit of Measurement: Individual</p>	<ul style="list-style-type: none"> <li>• Good Physical &amp; Behavioral Health/Wellbeing;</li> <li>• Completion of a Postsecondary Credential w/ Significant Labor Market Value</li> </ul>	<ul style="list-style-type: none"> <li>• Ang, D. (2021). The effects of police violence on inner-city students. <i>The Quarterly Journal of Economics</i>, 136(1), 115-168.</li> </ul>
<b>Racial Discrimination</b>	<p><a href="#">Racial discrimination demonstrated in experimental audit studies</a></p> <p>Age Span: 0-60+</p> <p>Unit of Measurement: Individual</p>	<ul style="list-style-type: none"> <li>• Good Physical &amp; Behavioral Health/Wellbeing; Stable Full-Time Employment at 250% FPL for individuals;</li> <li>• Family Income at 250% FPL (pegged to a family of 4)</li> </ul>	<ul style="list-style-type: none"> <li>• Colen, C. G., Ramey, D. M., Cooksey, E. C., &amp; Williams, D. R. (2018). Racial disparities in health among nonpoor African Americans and Hispanics: The role of acute and chronic discrimination. <i>Social science &amp; medicine</i>, 199, 167-180.</li> <li>• Benner, A. D., Wang, Y., Shen, Y., Boyle, A. E., Polk, R., &amp; Cheng, Y. P. (2018). Racial/ethnic discrimination and well-being during adolescence: A meta-analytic review. <i>American Psychologist</i>, 73(7), 855.</li> <li>• Kline, P., Rose, E. K., &amp; Walters, C. R. (2022). Systemic discrimination among large US employers. <i>The Quarterly Journal of Economics</i>, 137(4), 1963-2036.</li> <li>• Quillian, L., Lee, J. J., &amp; Oliver, M. (2020). Evidence from field experiments in hiring shows substantial additional racial discrimination after the callback. <i>Social Forces</i>, 99(2), 732-759.</li> </ul>



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			<ul style="list-style-type: none"> <li>Quillian, L., Pager, D., Hexel, O., &amp; Midtbøen, A. H. (2017). Meta-analysis of field experiments shows no change in racial discrimination in hiring over time. <i>Proceedings of the National Academy of Sciences</i>, 114(41), 10870-10875.</li> </ul>
<p><b>ACEs</b></p>	<p>Adverse childhood experiences (ACEs) (10 questions)</p> <p>Age Span: 0-20</p> <p>Unit of Measurement: Individual</p>	<ul style="list-style-type: none"> <li>Good Physical &amp; Behavioral Health/Wellbeing;</li> <li>Completion of a Postsecondary Credential w/ Significant Labor Market Value</li> </ul>	<ul style="list-style-type: none"> <li>Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., ... &amp; Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. <i>The Lancet Public Health</i>, 2(8), e356-e366.</li> <li>Liming, K. W., &amp; Grube, W. A. (2018). Wellbeing outcomes for children exposed to multiple adverse experiences in early childhood: A systematic review. <i>Child and Adolescent Social Work Journal</i>, 35(4), 317-335.</li> <li>Otero, C. (2021). Adverse Childhood Experiences (ACEs) and Timely Bachelor’s Degree Attainment. <i>Social Sciences</i>, 10(2), 44.</li> </ul>
<p><b>Family Income/Poverty</b></p>	<p>Family income below the federal poverty level, adjusted for family size</p> <p>Age Span: 0-20</p> <p>Unit of Measurement: Family</p>	<ul style="list-style-type: none"> <li>School readiness</li> <li>Child Maltreatment;</li> <li>Completion of a Postsecondary Credential w/ Significant Labor Market Value;</li> </ul>	<ul style="list-style-type: none"> <li>Cooper, K., &amp; Stewart, K. (2021). Does household income affect children’s outcomes? A systematic review of the evidence. <i>Child Indicators Research</i>, 14(3), 981-1005.</li> <li>Mersky, J. P., Berger, L. M., Reynolds, A. J., &amp; Gromoske, A. N. (2009). Risk factors for child and adolescent maltreatment: A longitudinal</li> </ul>

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		<ul style="list-style-type: none"> <li>Family Income at 250% FPL (pegged to a family of 4);</li> </ul>	<p>investigation of a cohort of inner-city youth. Child maltreatment, 14(1), 73-88.</p>
<p><b>Persistent Child Poverty</b></p>	<p>Twenty percent or more of childhood spent living below the poverty level</p> <p>Age Span: 0-20</p> <p>Unit of Measurement: Family</p>	<ul style="list-style-type: none"> <li>Family Income at 250% FPL (pegged to a family of 4);</li> <li>Completion of a Postsecondary Credential w/ Significant Labor Market Value;</li> <li>Completion of a Postsecondary Credential w/ Significant Labor Market Value</li> </ul>	<ul style="list-style-type: none"> <li>Wagmiller, R. L., &amp; Adelman, R. M. (2009). Childhood and intergenerational poverty: The long-term consequences of growing up poor.</li> </ul>
<p><b>Family Income Volatility</b></p>	<p>Four or more years during childhood with a 20 percent or greater annual decline in family income</p> <p>Age Span: 0-20</p> <p>Unit of Measurement: Family</p>	<ul style="list-style-type: none"> <li>Completion of a Postsecondary Credential w/ Significant Labor Market Value</li> </ul>	<ul style="list-style-type: none"> <li>Hardy, B. L., &amp; Marcotte, D. E. (2020). Ties that bind? Family income dynamics and children’s post-secondary enrollment and persistence. Review of Economics of the Household, 1-25.</li> </ul>

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<b>Parental Wealth</b>	<p>Parental net assets (total assets minus total liabilities)</p> <p>Age Span: 0-20</p> <p>Unit of Measurement: Family</p>	<ul style="list-style-type: none"> <li>Completion of a Postsecondary Credential w/ Significant Labor Market Value</li> </ul>	<ul style="list-style-type: none"> <li>Zhan, M., &amp; Sherraden, M. (2011). Assets and liabilities, race/ethnicity, and children's college education. <i>Children and Youth Services Review</i>, 33(11), 2168-2175.</li> </ul>
<b>Health insurance Coverage</b>	<p>Full year health insurance coverage</p> <p>Age Span: 0-20</p> <p>Unit of Measurement: Family</p>	<ul style="list-style-type: none"> <li>Good Physical &amp; Behavioral Health/Wellbeing;</li> <li>Completion of a Postsecondary Credential w/ Significant Labor Market Value</li> </ul>	<ul style="list-style-type: none"> <li>Massey, D. S., &amp; Brodman, S. (2014). Spheres of influence: The social ecology of racial and class inequality. Russell Sage Foundation.</li> </ul>
<b>Parents' Education</b>	<p>Parent self-reported educational level: less than High School, High School Diploma, GED, Some College, Associate's Degree, Bachelor's Degree, Graduate Degree</p> <p>Age Span: 0-20</p> <p>Unit of Measurement: Family</p>	<ul style="list-style-type: none"> <li>School Readiness</li> <li>Completion of a Postsecondary Credential w/ Significant Labor Market Value</li> </ul>	<ul style="list-style-type: none"> <li>Mistry, R. S., Benner, A. D., Biesanz, J. C., Clark, S. L., &amp; Howes, C. (2010). Family and social risk, and parental investments during the early childhood years as predictors of low-income children's school readiness outcomes. <i>Early childhood research quarterly</i>, 25(4), 432-449.</li> <li>Fleury, N., &amp; Gilles, F. (2018). The intergenerational transmission of education. A meta-regression analysis. <i>Education Economics</i>, 26(6), 557-573.</li> </ul>

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			<ul style="list-style-type: none"> <li>Lawrence, M., &amp; Breen, R. (2016). And their children after them? The effect of college on educational reproduction. <i>American Journal of Sociology</i>, 122(2), 532-572.</li> </ul>
<b>Family Structure/Living Arrangements</b>	<p>Do children reside with: 1) Married Parents 2) Co-habiting parents; 3) Single Parent; 4) No Biological Parents</p> <p>Age Span: 0-20</p> <p>Unit of Measurement: Family</p>	<ul style="list-style-type: none"> <li>School Readiness</li> <li>Completion of a Postsecondary Credential w/ Significant Labor Market Value</li> <li>Family Income at 250% FPL (pegged to a family of 4);</li> </ul>	<ul style="list-style-type: none"> <li>Halle, T. G., Hair, E. C., Wandner, L. D., &amp; Chien, N. C. (2012). Profiles of school readiness among four-year-old Head Start children. <i>Early Childhood Research Quarterly</i>, 27(4), 613-626.</li> <li>Kimmel, J. (Ed.). (2022). <i>Intergenerational Mobility: How Gender, Race, and Family Structure Affect Adult Outcomes</i>. WE Upjohn Institute.</li> <li>Bloome, D. (2017). Childhood family structure and intergenerational income mobility in the United States. <i>Demography</i>, 54(2), 541-569.</li> <li>Lopoo, L. M. (2010). Family structure and the economic mobility of children. Pew Charitable Trusts.</li> </ul>
<b>Family Instability</b>	<p>Number of times mothers enter into or exit from a cohabiting or marital union</p> <p>Age Span: 0-20</p> <p>Unit of Measurement: Family</p>	<ul style="list-style-type: none"> <li>Age-appropriate Cognitive and Socioemotional Proficiency for Grades 1-6;</li> <li>Good Physical &amp; Behavioral Health/Wellbeing;</li> </ul>	<ul style="list-style-type: none"> <li>Fomby, P., &amp; Osborne, C. (2017). Family instability, multipartner fertility, and behavior in middle childhood. <i>Journal of marriage and family</i>, 79(1), 75-93.</li> <li>Fomby, P. (2013). Family instability and college enrollment and completion. <i>Population Research and Policy Review</i>, 32(4), 469-494.</li> </ul>

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		<ul style="list-style-type: none"> <li>Completion of a Postsecondary Credential w/ Significant Labor Market Value;</li> </ul>	<ul style="list-style-type: none"> <li>Smith, C., Crosnoe, R., &amp; Cavanagh, S. E. (2017). Family instability and children's health. <i>Family relations</i>, 66(4), 601-613.</li> <li>Mitchell, C., McLanahan, S., Notterman, D., Hobcraft, J., Brooks-Gunn, J., &amp; Garfinkel, I. (2015). Family structure instability, genetic sensitivity, and child well-being. <i>American journal of sociology</i>, 120(4), 1195-1225.</li> <li>Cavanagh, S. E., Stritzel, H., Smith, C., &amp; Crosnoe, R. (2018). Family instability and exposure to violence in the early life course. <i>Journal of research on adolescence</i>, 28(2), 456-472.</li> <li>Lee, D., &amp; McLanahan, S. (2015). Family structure transitions and child development: Instability, selection, and population heterogeneity. <i>American sociological review</i>, 80(4), 738-763.</li> </ul>
<b>Maternal Age at Birth</b>	<a href="#">Mother's age at child's birth</a> Age Span: 0-20 Unit of Measurement: Individual	<ul style="list-style-type: none"> <li>Completion of a Postsecondary Credential w/ Significant Labor Market Value</li> </ul>	<ul style="list-style-type: none"> <li>Duncan, G. J., Kalil, A., &amp; Ziol-Guest, K. M. (2017). Increasing inequality in parent incomes and children's schooling. <i>Demography</i>, 54(5), 1603-1626.</li> </ul>
<b>Maternal Depression</b>	<a href="#">Beck Depression Inventory-II</a> Age Span: 0-20 Unit of Measurement:	<ul style="list-style-type: none"> <li>School Readiness;</li> <li>Age-appropriate Cognitive and Socioemotional</li> </ul>	<ul style="list-style-type: none"> <li>Goodman, S. H., Rouse, M. H., Connell, A. M., Broth, M. R., Hall, C. M., &amp; Heyward, D. (2011). Maternal depression and child psychopathology: A meta-analytic review. <i>Clinical child and family psychology review</i>, 14(1), 1-27.</li> </ul>

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Ecological-Institutional Factor	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
	<p>Family</p>	<p>Proficiency for Grades 1-6</p>	<ul style="list-style-type: none"> <li>• Claessens, A., Engel, M., &amp; Curran, F. C. (2015). The effects of maternal depression on child outcomes during the first years of formal schooling. <i>Early Childhood Research Quarterly</i>, 32, 80-93.</li> <li>• Isaacs, J. B. (2012). Starting School at a Disadvantage: The School Readiness of Poor Children. <i>The Social Genome Project</i>. Center on Children and Families at Brookings.</li> </ul>
<p><b>Child Maltreatment</b></p>	<p><a href="#">Comprehensive Child Maltreatment Scale (CCMS) for Parents</a></p> <p>Age Span: 0-20</p> <p>Unit of Measurement: Individual</p> <p><u>Measure-Related Studies</u></p> <p>Higgins, D. J., &amp; McCabe, M. P. (2001). The development of the comprehensive child maltreatment scale. <i>Journal of family studies</i>, 7(1), 7-28.</p>	<ul style="list-style-type: none"> <li>• Good Physical &amp; Behavioral Health/Wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• Dunn, E. C., Nishimi, K., Powers, A., &amp; Bradley, B. (2017). Is developmental timing of trauma exposure associated with depressive and post-traumatic stress disorder symptoms in adulthood?. <i>Journal of psychiatric research</i>, 84, 119-127.</li> <li>• Raby, K. L., Roisman, G. I., Labella, M. H., Martin, J., Fraley, R. C., &amp; Simpson, J. A. (2019). The legacy of early abuse and neglect for social and academic competence from childhood to adulthood. <i>Child development</i>, 90(5), 1684-1701.</li> <li>• Mersky, J. P., &amp; Topitzes, J. (2010). Comparing early adult outcomes of maltreated and non-maltreated children: A prospective longitudinal investigation. <i>Children and Youth Services Review</i>, 32(8), 1086-1096.</li> </ul>

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Ecological-Institutional Factor	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
			<ul style="list-style-type: none"> <li>Norman, R. E., Byambaa, M., De, R., Butchart, A., Scott, J., &amp; Vos, T. (2012). The long-term health consequences of child physical abuse, emotional abuse, and neglect: a systematic review and meta-analysis. <i>PLoS medicine</i>, 9(11), e1001349.</li> <li>Jonson-Reid, M., Kohl, P. L., &amp; Drake, B. (2012). Child and adult outcomes of chronic child maltreatment. <i>Pediatrics</i>, 129(5), 839-845.</li> </ul>
<b>Parent Cognitive Stimulation &amp; Emotional Supportiveness (HOME)</b>	<a href="#">The Home Observation for Measurement of the Environment (HOME) Inventory</a>  Age Span: 0-20  Unit of Measurement: Family	<ul style="list-style-type: none"> <li>School Readiness; Age-appropriate Cognitive and Socioemotional Proficiency for Grades 1-6</li> </ul>	<ul style="list-style-type: none"> <li>Baker, C. E., &amp; Brooks-Gunn, J. (2020). Early parenting and the intergenerational transmission of self-regulation and behavior problems in African American Head Start families. <i>Child Psychiatry &amp; Human Development</i>, 51(2), 220-230.</li> </ul>
<b>Language spoken at home</b>	<a href="#">The primary language spoken at home</a>  Age Span: 0-20  Unit of Measurement: Family	<ul style="list-style-type: none"> <li>School Readiness</li> </ul>	<ul style="list-style-type: none"> <li>Davoudzadeh, P., McTernan, M. L., &amp; Grimm, K. J. (2015). Early school readiness predictors of grade retention from kindergarten through eighth grade: A multilevel discrete-time survival analysis approach. <i>Early Childhood Research Quarterly</i>, 32, 183-192.</li> </ul>
<b>Extended family members</b>	<a href="#">Households where parents and their children live with siblings, parents or grandparents</a>	<ul style="list-style-type: none"> <li>Age-appropriate Cognitive and Socioemotional</li> </ul>	<ul style="list-style-type: none"> <li>Kang, J. (2019, June). Do extended family members protect children from disadvantaged neighborhoods? Focusing on behavioral problems</li> </ul>

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Ecological-Institutional Factor	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
	<p>Age Span: 0-20</p> <p>Unit of Measurement: Family</p>	<p>Proficiency for Grades 1-6</p>	<p>of children. In Child &amp; Youth Care Forum (Vol. 48, No. 3, pp. 427-447). Springer US.</p>
<p><b>Family Learning Activities</b></p>	<p><a href="#">Home-Learning Environment Profile (HLEP)</a>; <a href="#">Stipek Home Learning Activities (SHLA)</a>; <a href="#">Stony Brook Family Reading Survey (SBFRS)</a></p> <p>Age Span: 0-5</p> <p>Unit of Measurement: Family</p> <p><u>Measure-Related Studies</u></p> <p>Bojczyk, K. E., Haverback, H. R., &amp; Pae, H. K. (2018). Investigating maternal self-efficacy and home learning environment of families enrolled in Head Start. <i>Early Childhood Education Journal</i>, 46(2), 169-178.</p>	<ul style="list-style-type: none"> <li>School Readiness</li> </ul>	<ul style="list-style-type: none"> <li>Feng, L., Gai, Y., &amp; Chen, X. (2014). Family learning environment and early literacy: A comparison of bilingual and monolingual children. <i>Economics of Education Review</i>, 39, 110-130.</li> </ul>



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<p><b>Access to prenatal and perinatal care</b></p>	<p>The potential ability of a woman to enter prenatal care services and maintain care for herself and fetus during the perinatal period</p> <p>Age Span: 0-20</p> <p>Unit of Measurement: Individual</p> <p><u>Measure-Related Studies</u></p> <p>Phillippi, J. C. (2009). Women's perceptions of access to prenatal care in the United States: a literature review. Journal of midwifery &amp; women's health, 54(3), 219-225.</p>	<ul style="list-style-type: none"> <li>• Infant Mortality</li> </ul>	<p>Partridge, S., Balayla, J., Holcroft, C. A., &amp; Abenheim, H. A. (2012). Inadequate prenatal care utilization and risks of infant mortality and poor birth outcome: a retrospective analysis of 28,729,765 US deliveries over 8 years. American journal of perinatology, 29(10), 787-794.</p>
<p><b>Overcrowded housing</b></p>	<p>Housing units with more than two adult or child occupants per room</p> <p>Age Span: 0-20</p> <p>Unit of Measurement: Family</p> <p><u>Measure-Related Studies</u></p>	<ul style="list-style-type: none"> <li>• School Readiness</li> </ul>	<ul style="list-style-type: none"> <li>• Korucu, I., &amp; Schmitt, S. A. (2020). Continuity and change in the home environment: Associations with school readiness. Early Childhood Research Quarterly, 53, 97-107.</li> </ul>

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Ecological-Institutional Factor	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
	<p>Clark, W. A., Deurloo, M. C., &amp; Dieleman, F. M. (2000). Housing consumption and residential crowding in US housing markets. <i>Journal of Urban Affairs</i>, 22(1), 49-63.</p>		
<p><b>Housing stability/Residential Mobility</b></p>	<p><a href="#">Housing instability is defined by moving residences three or more times during childhood</a></p> <p>Age Span: 0-20</p> <p>Unit of Measurement: Family</p>	<ul style="list-style-type: none"> <li>School Readiness; Good Physical &amp; Behavioral Health/Wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>Ziol-Guest, K. M., &amp; McKenna, C. C. (2014). Early childhood housing instability and school readiness. <i>Child development</i>, 85(1), 103-113.</li> </ul>
<p><b>Household debt</b></p>	<p><a href="#">Debt owed by household members</a></p> <p>Age Span: 0-20</p> <p>Unit of Measurement: Family</p>	<ul style="list-style-type: none"> <li>Age-appropriate Cognitive and Socioemotional Proficiency for Grades 1-6</li> </ul>	<ul style="list-style-type: none"> <li>Berger, L. M., &amp; Houle, J. N. (2019). Rising household debt and children’s socioemotional well-being trajectories. <i>Demography</i>, 56(4), 1273-1301.</li> </ul>
<p><b>Food Insecurity</b></p>	<p><a href="#">USDA Household Food Insecurity Survey</a></p> <p>Age Span: 0-20</p> <p>Unit of Measurement: Family</p>	<ul style="list-style-type: none"> <li>School Readiness</li> <li>Age-appropriate Cognitive and Socioemotional Proficiency for Grades 1-6</li> </ul>	<ul style="list-style-type: none"> <li>Nelson, B. B., Dudovitz, R. N., Coker, T. R., Barnert, E. S., Biely, C., Li, N., ... &amp; Chung, P. J. (2016). Predictors of poor school readiness in children without developmental delay at age 2. <i>Pediatrics</i>, 138(2).</li> </ul>

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			<ul style="list-style-type: none"> <li>• Kimbro, R. T., &amp; Denney, J. T. (2015). Transitions into food insecurity associated with behavioral problems and worse overall health among children. <i>Health Affairs</i>, 34(11), 1949-1955.</li> </ul>
<p><b>Parental substance use disorder</b></p>	<p>Parent completion of SASSI-3 (Substance Abuse Subtle Screening Inventory, 3rd Edition)</p> <p>Age Span: 0-20</p> <p>Unit of Measurement: Family</p>	<ul style="list-style-type: none"> <li>• Good Physical &amp; Behavioral Health/Wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• Buu, A., Dipiazza, C., Wang, J., Puttler, L. I., Fitzgerald, H. E., &amp; Zucker, R. A. (2009). Parent, family, and neighborhood effects on the development of child substance use and other psychopathology from preschool to the start of adulthood. <i>Journal of studies on alcohol and drugs</i>, 70(4), 489-498.</li> </ul>
<p><b>Parental Trauma History</b></p>	<p>Parent completion of the Trauma History Screen</p> <p>Age Span: 0-20</p> <p>Unit of Measurement: Family</p> <p><u>Measure-Related Studies</u></p> <p>Carlson, E. B., Smith, S. R., Palmieri, P. A., Dalenberg, C., Ruzek, J. I., Kimerling, R., ... &amp; Spain, D. A. (2011). Development and validation of a brief self-report measure of trauma exposure: the Trauma History Screen.</p>	<ul style="list-style-type: none"> <li>• Child Maltreatment;</li> <li>• Good Physical &amp; Behavioral Health/Wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• Bowers, M. E., &amp; Yehuda, R. (2016). Intergenerational transmission of stress in humans. <i>Neuropsychopharmacology</i>, 41(1), 232-244.</li> <li>• Lê-Scherban, F., Wang, X., Boyle-Steed, K. H., &amp; Pachter, L. M. (2018). Intergenerational associations of parent adverse childhood experiences and child health outcomes. <i>Pediatrics</i>, 141(6).</li> <li>• Madigan, S., Cyr, C., Eirich, R., Fearon, R. P., Ly, A., Rash, C., ... &amp; Alink, L. R. (2019). Testing the cycle of maltreatment hypothesis: Meta-analytic evidence of the intergenerational transmission of child maltreatment. <i>Development and psychopathology</i>, 31(1), 23-51.</li> </ul>

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Ecological-Institutional Factor	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
	Psychological assessment, 23(2), 463.		
<b>Availability of Preschool Centers</b>	<a href="#">Available preschool centers</a> Age Span: 0-5 Unit of Measurement: Census Tract	<ul style="list-style-type: none"> <li>School Readiness; Stable Full-Time Employment at 250% FPL for individuals</li> </ul>	<ul style="list-style-type: none"> <li>Magnuson, K., &amp; Duncan, G. J. (2016). Can early childhood interventions decrease inequality of economic opportunity?. <i>RSF: The Russell Sage Foundation Journal of the Social Sciences</i>, 2(2), 123-141.</li> </ul>
<b>Availability of Quality Childcare</b>	<a href="#">Available childcare centers</a> Age Span: 0-5 Unit of Measurement: Census Tract	<ul style="list-style-type: none"> <li>School Readiness</li> </ul>	<ul style="list-style-type: none"> <li>Bartik, T. J. (2022). The Economic and Business Case for Ensuring High-Quality Childcare and Preschool.</li> <li>Magnuson, K. A., &amp; Waldfogel, J. (2005). Early childhood care and education: Effects on ethnic and racial gaps in school readiness. <i>The future of children</i>, 169-196.</li> </ul>
<b>Foster Care Placement</b>	<a href="#">Foster care entry</a> Age Span: 0-20 Unit of Measurement: Individual	<ul style="list-style-type: none"> <li>Good Physical &amp; Behavioral Health/Wellbeing;</li> <li>Stable Full-Time Employment at 250% FPL for individuals</li> </ul>	<ul style="list-style-type: none"> <li>Naccarato, T., Brophy, M., &amp; Courtney, M. E. (2010). Employment outcomes of foster youth: The results from the Midwest Evaluation of the Adult Functioning of Foster Youth. <i>Children and Youth Services Review</i>, 32(4), 551-559.</li> <li>Ahrens, K. R., Garrison, M. M., &amp; Courtney, M. E. (2014). Health outcomes in young adults from foster care and economically diverse backgrounds. <i>Pediatrics</i>, 134(6), 1067-1074.</li> </ul>

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Ecological-Institutional Factor	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
<p><b>Parent Expectations</b></p>	<p>Parents response to question of "What degree do you expect your children to achieve": Response options were to receive less than a high school diploma, to graduate from high school, to attend two or more years of college, to finish a 4-or-5 year college degree, to earn a master's degree or equivalent, and to get a Ph.D., MD, or other higher degree.</p> <p>Age Span: 6-11</p> <p>Unit of Measurement: Family</p> <p><u>Measure-Related Studies</u></p> <p>Briley, D. A., Harden, K. P., &amp; Tucker-Drob, E. M. (2014). Child characteristics and parental educational expectations: Evidence for transmission with transaction. <i>Developmental psychology</i>, 50(12), 2614.</p>	<ul style="list-style-type: none"> <li>Age-appropriate Cognitive and Socioemotional Proficiency for Grades 1-6</li> </ul>	<p>Pinquart, M., &amp; Ebeling, M. (2020). Parental educational expectations and academic achievement in children and adolescents—a meta-analysis. <i>Educational Psychology Review</i>, 32(2), 463-480.</p> <ul style="list-style-type: none"> <li></li> </ul>

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<b>Parental Incarceration</b>	<p>Prison or jail incarceration of an adolescent or adult with children</p> <p>Age Span: 6-11</p> <p>Unit of Measurement: Family</p>	<ul style="list-style-type: none"> <li>• School Readiness</li> <li>• Age-appropriate Cognitive and Socioemotional Proficiency for Grades 1-6;</li> <li>• Completion of a Postsecondary Credential w/ Significant Labor Market Value;</li> <li>• Stable Full-Time Employment at 250% FPL for individuals;</li> </ul>	<ul style="list-style-type: none"> <li>• Testa, A., &amp; Jackson, D. B. (2021). Parental incarceration and school readiness: Findings from the 2016 to 2018 National Survey of Children's Health. <i>Academic pediatrics</i>, 21(3), 534-541.</li> <li>• Hagan, J., &amp; Foster, H. (2012). Intergenerational educational effects of mass imprisonment in America. <i>Sociology of Education</i>, 85(3), 259-286.</li> <li>• Ryabov, I. (2020). Parental Incarceration and Social Status Attainment of Hispanic Young Adults. <i>Crime &amp; Delinquency</i>, 66(1), 123-142.</li> <li>• Turney, K., &amp; Haskins, A. R. (2019). Parental incarceration and children's well-being: Findings from the fragile families and child well-being study. In <i>Handbook on children with incarcerated parents</i> (pp. 53-64). Springer, Cham.</li> </ul>
<b>Death of a Family Member</b>	<p>Death of a parent or sibling during childhood</p> <p>Age Span: 6-11</p> <p>Unit of Measurement: Family</p>	<ul style="list-style-type: none"> <li>• Completion of a Postsecondary Credential w/ Significant Labor Market Value</li> </ul>	<ul style="list-style-type: none"> <li>• Thyden, N. H., Schmidt, N. M., &amp; Osypuk, T. L. (2020). The unequal distribution of sibling and parent deaths by race and its effect on attaining a college degree. <i>Annals of epidemiology</i>, 45, 76-82.</li> </ul>
<b>School Mobility</b>	<p>Students that changed schools more than three times from ages 5 to 17 (outside of progression from</p>	<ul style="list-style-type: none"> <li>• Age-appropriate Cognitive and Socioemotional Proficiency for Grades 1-6</li> </ul>	<ul style="list-style-type: none"> <li>• Welsh, R. O. (2017). School hopscotch: A comprehensive review of K–12 student mobility in the United States. <i>Review of Educational Research</i>, 87(3), 475-511.</li> </ul>

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Ecological-Institutional Factor	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
	<p>primary, middle and high school)</p> <p>Age Span: 6-11</p> <p>Unit of Measurement: Individual</p>		<ul style="list-style-type: none"> <li>Reynolds, A. J., Chen, C. C., &amp; Herbers, J. E. (2009, June). School mobility and educational success: A research synthesis and evidence on prevention. In Workshop on the impact of mobility and change on the lives of young children, schools, and neighborhoods, June (pp. 29-30).</li> <li>Mehana, M., &amp; Reynolds, A. J. (2004). School mobility and achievement: A meta-analysis. <i>Children and Youth Services Review</i>, 26(1), 93-119.</li> </ul>
<b>School Funding</b>	<p>Per-pupil school funding</p> <p>Age Span: 5-20</p> <p>Unit of Measurement: School</p>	<ul style="list-style-type: none"> <li>Age-appropriate Cognitive and Socioemotional Proficiency for Grades 1-6</li> <li>Completion of a Postsecondary Credential w/ Significant Labor Market Value</li> </ul>	<ul style="list-style-type: none"> <li>Hyman, J. (2017). Does money matter in the long run? Effects of school spending on educational attainment. <i>American Economic Journal: Economic Policy</i>, 9(4), 256-80.</li> <li>Jackson, C. K., Johnson, R. C., &amp; Persico, C. (2015). The effects of school spending on educational and economic outcomes: Evidence from school finance reforms (No. w20847). National Bureau of Economic Research.</li> <li>Jackson, C. K., Wigger, C., &amp; Xiong, H. (2021). Do school spending cuts matter? Evidence from the Great Recession. <i>American Economic Journal: Economic Policy</i>, 13(2), 304-35.</li> </ul>
<b>Class size</b>	<p>Average class size</p> <p>Age Span: 5-20</p> <p>Unit of Measurement:</p>	<ul style="list-style-type: none"> <li>Age-appropriate Cognitive and Socioemotional Proficiency for Grades 1-6</li> </ul>	<ul style="list-style-type: none"> <li>Chetty, R., Friedman, J. N., Hilger, N., Saez, E., Schanzenbach, D. W., &amp; Yagan, D. (2011). How does your kindergarten classroom affect your earnings? Evidence from Project STAR. <i>The</i></li> </ul>

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Ecological-Institutional Factor	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
	School	<ul style="list-style-type: none"> <li>Completion of a Postsecondary Credential w/ Significant Labor Market Value</li> </ul>	<p>Quarterly journal of economics, 126(4), 1593-1660.</p> <ul style="list-style-type: none"> <li>Shen, T., &amp; Konstantopoulos, S. (2022). Are class size and teacher characteristics associated with cognitive outcomes in early grades?. School Effectiveness and School Improvement, 1-27.</li> </ul>
<p><b>School poverty levels</b></p>	<p>The percentage of students eligible for free and reduce cost lunch</p> <p>Age Span: 5-20</p> <p>Unit of Measurement: School</p>	<ul style="list-style-type: none"> <li>Age-appropriate Cognitive and Socioemotional Proficiency for Grades 1-6;</li> <li>Completion of a Postsecondary Credential w/ Significant Labor Market Value</li> </ul>	<ul style="list-style-type: none"> <li>Reardon, S. F. (2016). School segregation and racial academic achievement gaps. RSF: The Russell Sage Foundation Journal of the Social Sciences, 2(5), 34-57.</li> </ul>
<p><b>School Segregation</b></p>	<p>School racial and income dissimilarity indices</p> <p>Age Span: 5-20</p> <p>Unit of Measurement: School</p>	<ul style="list-style-type: none"> <li>Age-appropriate Cognitive and Socioemotional Proficiency for Grades 1-6;</li> <li>Completion of a Postsecondary Credential w/ Significant Labor Market Value</li> </ul>	<ul style="list-style-type: none"> <li>Reardon, S. F., &amp; Owens, A. (2014). 60 years after Brown: Trends and consequences of school segregation. Annual Review of Sociology, 40(1), 199-218.</li> <li>Antman, F. M., &amp; Cortes, K. (2021). The long-run impacts of mexican-american school desegregation (No. w29200). National Bureau of Economic Research.</li> <li>Anstreicher, G., Fletcher, J., &amp; Thompson, O. (2022). The Long Run Impacts of Court-Ordered</li> </ul>



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			<p>Desegregation (No. w29926). National Bureau of Economic Research.</p>
<p><b>Teacher Quality</b></p>	<p><a href="#">Teacher value-added using test scores</a></p> <p>Age Span: 5-20</p> <p>Unit of Measurement: School</p> <p><u>Measure-Related Studies</u></p> <p>Chetty, R., Friedman, J. N., &amp; Rockoff, J. E. (2014). Measuring the impacts of teachers I: Evaluating bias in teacher value-added estimates. <i>American economic review</i>, 104(9), 2593-2632.</p>	<ul style="list-style-type: none"> <li>• Age-appropriate Cognitive and Socioemotional Proficiency for Grades 1-6</li> <li>• Completion of a Postsecondary Credential w/ Significant Labor Market Value;</li> <li>• Family Income at 250% FPL (pegged to a family of 4)</li> </ul>	<ul style="list-style-type: none"> <li>• Rivkin, S. G., Hanushek, E. A., &amp; Kain, J. F. (2005). Teachers, schools, and academic achievement. <i>Econometrica</i>, 73(2), 417-458.</li> <li>• Chetty, R., Friedman, J. N., &amp; Rockoff, J. E. (2011). The long-term impacts of teachers: Teacher value-added and student outcomes in adulthood (No. w17699). National Bureau of Economic Research.</li> <li>• Graham, J., &amp; Flamini, M. (2021). Teacher quality and students' post-secondary outcomes. <i>Educational Policy</i>, 08959048211049429.</li> </ul>
<p><b>Teacher-Student Racial Match</b></p>	<p><a href="#">Students with teachers of matching races or ethnicities</a></p> <p>Age Span: 5-20</p> <p>Unit of Measurement: School</p>	<ul style="list-style-type: none"> <li>• Age-appropriate Cognitive and Socioemotional Proficiency for Grades 1-6</li> <li>• Completion of a Postsecondary Credential w/</li> </ul>	<ul style="list-style-type: none"> <li>• Wright, A., Gottfried, M. A., &amp; Le, V. N. (2017). A kindergarten teacher like me: The role of student-teacher race in social-emotional development. <i>American Educational Research Journal</i>, 54(1_suppl), 78S-101S.</li> <li>• Gershenson, S., Hart, C. M., Hyman, J., Lindsay, C., &amp; Papageorge, N. W. (2018). The long-run impacts of same-race teachers (No. w25254). National Bureau of Economic Research.</li> </ul>

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Ecological-Institutional Factor	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
		<p>Significant Labor Market Value</p>	<ul style="list-style-type: none"> <li>Redding, C. (2019). A teacher like me: A review of the effect of student–teacher racial/ethnic matching on teacher perceptions of students and student academic and behavioral outcomes. <i>Review of educational research</i>, 89(4), 499-535.</li> </ul>
<p><b>Mentor/Developmental Relationships (Caring Adult)</b></p>	<p>The following question drawn from Wave 3 of ADD HEALTH captures informal mentorship: "Other than your parents or step-parents, has an adult made an important positive difference in your life at any time since you were 14." Eligible informal mentors exclude spouses, partners, siblings, peers or co-workers</p> <p>Age Span: 5-35</p> <p>Unit of Measurement: Individual</p> <p><u>Measure-Related Studies</u></p> <p>Miranda-Chan, T., Fruiht, V., Dubon, V., &amp; Wray-Lake, L. (2016). The functions and longitudinal outcomes of adolescents’ naturally</p>	<ul style="list-style-type: none"> <li>Good Physical &amp; Behavioral Health/Wellbeing;</li> <li>Stable Full-Time Employment at 250% FPL for individuals;</li> <li>Completion of a Postsecondary Credential w/ Significant Labor Market Value</li> </ul>	<ul style="list-style-type: none"> <li>Miranda-Chan, T., Fruiht, V., Dubon, V., &amp; Wray-Lake, L. (2016). The functions and longitudinal outcomes of adolescents’ naturally occurring mentorships. <i>American journal of community psychology</i>, 57(1-2), 47-59.</li> <li>Hurd, N. M., Albright, J., Wittrup, A., Negrete, A., &amp; Billingsley, J. (2018). Appraisal support from natural mentors, self-worth, and psychological distress: Examining the experiences of underrepresented students transitioning through college. <i>Journal of Youth and Adolescence</i>, 47(5), 1100-1112.</li> <li>Hurd, N. M., &amp; Zimmerman, M. A. (2014). An analysis of natural mentoring relationship profiles and associations with mentees’ mental health: Considering links via support from important others. <i>American Journal of Community Psychology</i>, 53(1), 25-36.</li> <li>Hurd, N., &amp; Zimmerman, M. (2010). Natural mentors, mental health, and risk behaviors: A longitudinal analysis of African American adolescents transitioning into adulthood.</li> </ul>

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Ecological-Institutional Factor	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
	<p>occurring mentorships. American journal of community psychology, 57(1-2), 47-59.</p>		<p>American journal of community psychology, 46(1), 36-48.</p> <ul style="list-style-type: none"> <li>• Van Dam, L., Smit, D., Wildschut, B., Branje, S. J. T., Rhodes, J. E., Assink, M., &amp; Stams, G. J. J. (2018). Does natural mentoring matter? A multilevel meta-analysis on the association between natural mentoring and youth outcomes. American journal of community psychology, 62(1-2), 203-220.</li> <li>• Timpe, Z. C., &amp; Lunkenheimer, E. (2015). The long-term economic benefits of natural mentoring relationships for youth. American journal of community psychology, 56(1), 12-24.</li> <li>• Fruiht, V. M., &amp; Wray-Lake, L. (2013). The role of mentor type and timing in predicting educational attainment. Journal of youth and adolescence, 42(9), 1459-1472.</li> </ul>
<p><b>School Climate</b></p>	<p><a href="#">The California School Climate Survey</a></p> <p>Age Span: 5-20</p> <p>Unit of Measurement: School</p> <p><u>Measure-Related Studies</u></p> <p>Kohl, D., Recchia, S., &amp; Steffgen, G. (2013).</p>	<ul style="list-style-type: none"> <li>• Age-appropriate Cognitive and Socioemotional Proficiency for Grades 1-6;</li> <li>• Completion of a Postsecondary Credential w/ Significant Labor Market Value</li> </ul>	<ul style="list-style-type: none"> <li>• Wang, M. T., &amp; Degol, J. L. (2016). School climate: A review of the construct, measurement, and impact on student outcomes. Educational psychology review, 28(2), 315-352.</li> </ul>

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Ecological-Institutional Factor	Measure	Relevant North Star Outcomes	Predictor/Causal Studies
	<p>Measuring school climate: An overview of measurement scales. Educational Research, 55(4), 411-426.</p>		
<p><b>Ethnic Studies Courses</b></p>	<p><a href="#">Enrollment in an ethnic studies class</a></p> <p>Age Span: 12-20</p> <p>Unit of Measurement: School</p>	<ul style="list-style-type: none"> <li>• Completion of a Postsecondary Credential w/ Significant Labor Market Value</li> </ul>	<ul style="list-style-type: none"> <li>• Bonilla, S., Dee, T. S., &amp; Penner, E. K. (2021). Engagement and Attainment: The Longer-Run Effects of Ethnic Studies.</li> </ul>
<p><b>School Disciplinary Practices</b></p>	<p><a href="#">School suspension rates</a></p> <p>Age Span: 5-20</p> <p>Unit of Measurement: School</p>	<ul style="list-style-type: none"> <li>• Completion of a Postsecondary Credential w/ Significant Labor Market Value;</li> <li>• First-Time Felony Conviction</li> </ul>	<ul style="list-style-type: none"> <li>• Riddle, T., &amp; Sinclair, S. (2019). Racial disparities in school-based disciplinary actions are associated with county-level rates of racial bias. Proceedings of the National Academy of Sciences, 116(17), 8255-8260.</li> <li>• Welsh, R. O., &amp; Little, S. (2018). Caste and control in schools: A systematic review of the pathways, rates and correlates of exclusion due to school discipline. Children and Youth Services Review, 94, 315-339.</li> <li>• Gregory, A., &amp; Roberts, G. (2017). Teacher beliefs and the overrepresentation of Black students in classroom discipline. Theory Into Practice, 56(3), 187-194.</li> </ul>

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<p><b>Bullying Victimization</b></p>	<p><a href="#">California Bullying Victimization Scale</a></p> <p>Age Span: 12-20</p> <p>Unit of Measurement: Individual</p> <p><u>Measure-Related Studies</u></p> <p>Felix, E. D., Sharkey, J. D., Green, J. G., Furlong, M. J., &amp; Tanigawa, D. (2011). Getting precise and pragmatic about the assessment of bullying: The development of the California Bullying Victimization Scale. <i>Aggressive behavior</i>, 37(3), 234-247.</p>	<ul style="list-style-type: none"> <li>• Completion of a Postsecondary Credential w/ Significant Labor Market Value</li> </ul>	<ul style="list-style-type: none"> <li>• Nikolaou, D. (2022). Identifying the effects of bullying victimization on schooling. <i>Contemporary Economic Policy</i>, 40(1), 162-189.</li> <li>• Halliday, S., Gregory, T., Taylor, A., Digenis, C., &amp; Turnbull, D. (2021). The impact of bullying victimization in early adolescence on subsequent psychosocial and academic outcomes across the adolescent period: A systematic review. <i>Journal of school violence</i>, 20(3), 351-373.</li> </ul>
<p><b>School Tracking</b></p>	<p><a href="#">The sorting of students into groups based upon inferred ability</a></p> <p>Age Span: 6-20</p> <p>Unit of Measurement: School</p>	<ul style="list-style-type: none"> <li>• Completion of a Postsecondary Credential w/ Significant Labor Market Value</li> </ul>	<ul style="list-style-type: none"> <li>• Francis, D. V., &amp; Darity, W. A. (2021). Separate and unequal under one roof: How the legacy of racialized tracking perpetuates within-school segregation. <i>RSF: The Russell Sage Foundation Journal of the Social Sciences</i>, 7(1), 187-202.</li> <li>• Karlson, K. B. (2015). Expectations on track? High school tracking and adolescent educational expectations. <i>Social Forces</i>, 94(1), 115-141.</li> </ul>

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<p><b>School and neighborhood peer groups</b></p>	<p><a href="#">Neighborhood and school friends as well as classmates</a></p> <p>Age Span: 12-20</p> <p>Unit of Measurement: Individual</p>	<ul style="list-style-type: none"> <li>• Completion of a Postsecondary Credential w/ Significant Labor Market Value;</li> <li>• Good Physical &amp; Behavioral Health/Wellbeing;</li> <li>• First Time Felony Conviction;</li> <li>• Family Income at 250% FPL (pegged to a family of 4)</li> </ul>	<ul style="list-style-type: none"> <li>• Bietenbeck, J. (2020). The long-term impacts of low-achieving childhood peers: evidence from Project STAR. <i>Journal of the European Economic Association</i>, 18(1), 392-426.</li> <li>• Fletcher, J. M., Ross, S. L., &amp; Zhang, Y. (2020). The consequences of friendships: Evidence on the effect of social relationships in school on academic achievement. <i>Journal of Urban Economics</i>, 116, 103241.</li> <li>• Bifulco, R., Fletcher, J. M., Oh, S. J., &amp; Ross, S. L. (2014). Do high school peers have persistent effects on college attainment and other life outcomes?. <i>Labour economics</i>, 29, 83-90.</li> <li>• Fletcher, J. M., &amp; Ross, S. L. (2018). Estimating the effects of friends on health behaviors of adolescents. <i>Health economics</i>, 27(10), 1450-1483.</li> <li>• Fletcher, J., &amp; Ross, S. (2013). Understanding the mechanisms underlying peer group effects: The role of friendships in determining adolescent outcomes.</li> <li>• Chetty, R., Jackson, M. O., Kuchler, T., Stroebel, J., Hendren, N., Fluegge, R. B., ... &amp; Wernerfelt, N. (2022). Social capital I: measurement and associations with economic mobility. <i>Nature</i>, 608(7921), 108-121.</li> </ul>

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			<ul style="list-style-type: none"> <li>Billings, S. B., &amp; Hoekstra, M. (2019). Schools, neighborhoods, and the long-run effect of crime-prone peers (No. w25730). National Bureau of Economic Research.</li> </ul>
<b>Summer Jobs Availability</b>	<p>The percentage of adolescents employed in summer jobs</p> <p>Age Span: 12-20</p> <p>Unit of Measurement: Census Tract</p>	<ul style="list-style-type: none"> <li>First Time Felony Convictions</li> </ul>	<ul style="list-style-type: none"> <li>Modestino, A. S. (2019). How do summer youth employment programs improve criminal justice outcomes, and for whom?. Journal of Policy Analysis and Management, 38(3), 600-628.</li> </ul>
<b>Job Networks/Social Capital</b>	<p>Two questions from the Social Capital-USA Survey: 1) "Now I would like you to think of the last 12 months, did someone mention job possibilities, openings, or opportunities to you, without your asking, in casual conversations?"; 2) How many of these jobs did the respondent hear about in the past year</p> <p>Age Span: 21-35</p> <p>Unit of Measurement: Individual</p>	<ul style="list-style-type: none"> <li>Stable Full-Time Employment at 250% FPL for individuals;</li> <li>Family Income at 250% FPL (pegged to a family of 4)</li> </ul>	<ul style="list-style-type: none"> <li>Abbott, M., &amp; Reilly, A. (2019). The Role of Social Capital in Supporting Economic Mobility. Office of the Assistant Secretary for Planning and Evaluation US Department of Health and Human Services.</li> <li>Hellerstein, J. K., &amp; Neumark, D. (2020). Social Capital, Networks, and Economic Wellbeing. The Future of Children, 30(1), 127-152.</li> <li>Bayer, P., Ross, S. L., &amp; Topa, G. (2008). Place of work and place of residence: Informal hiring networks and labor market outcomes. Journal of political Economy, 116(6), 1150-1196.</li> <li>Hellerstein, J. K., McInerney, M., &amp; Neumark, D. (2011). Neighbors and coworkers: The importance of residential labor market networks. Journal of Labor Economics, 29(4), 659-695.</li> </ul>

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	<p><u>Measure-Related Studies</u></p> <p>McDonald, S., Lin, N., &amp; Ao, D. (2009). Networks of opportunity: Gender, race, and job leads. <i>Social Problems</i>, 56(3), 385-402.</p>		<ul style="list-style-type: none"> <li>Hellerstein, J. K., McInerney, M., &amp; Neumark, D. (2009). Spatial mismatch, immigrant networks, and Hispanic employment in the United States (No. w15398). National Bureau of Economic Research.</li> <li>Hellerstein, J. K., Neumark, D., &amp; McInerney, M. (2008). Spatial mismatch or racial mismatch?. <i>Journal of Urban Economics</i>, 64(2), 464-479.</li> </ul>
<p><b>Access to Managerial Jobs</b></p>	<p>Two questions from the Social Capital-USA Survey: 1) "Now I would like you to think of the last 12 months, did someone mention managerial job possibilities, openings, or opportunities to you, without your asking, in casual conversations?"; 2) How many of these jobs did the respondent hear about in the past year</p> <p>Age Span: 21-35</p> <p>Unit of Measurement: Metro</p>	<ul style="list-style-type: none"> <li>Stable Full-Time Employment at 250% FPL for individuals;</li> <li>Family Income at 250% FPL (pegged to a family of 4)</li> </ul>	<ul style="list-style-type: none"> <li>Shams, S., &amp; Tomaskovic-Devey, D. (2019). Racial and gender trends and trajectories in access to managerial jobs. <i>Social science research</i>, 80, 15-29.</li> <li>Cohen, P. N., &amp; Huffman, M. L. (2007). Black under-representation in management across US labor markets. <i>The annals of the American academy of political and social science</i>, 609(1), 181-199.</li> <li>Wilson, G. (2012). Starting the same... finishing the same? Race, occupational origins, and mobility into managerial positions. <i>American Behavioral Scientist</i>, 56(5), 682-695.</li> <li>Wilson, G., &amp; Maume, D. (2014). Men's mobility into management from blue collar and white collar jobs: Race differences across the early work-career. <i>Social science research</i>, 46, 117-129.</li> </ul>



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			<ul style="list-style-type: none"> <li>• Forsythe, E. (2019). Careers within firms: Occupational mobility over the lifecycle. <i>Labour</i>, 33(3), 241-277.</li> <li>• Jarvis, B. F., &amp; Song, X. (2017). Rising intragenerational occupational mobility in the United States, 1969 to 2011. <i>American sociological review</i>, 82(3), 568-599.</li> <li>• Shin, Y., &amp; Yuen, C. Y. (2019). Occupational Mobility and Lifetime Earnings. <i>Occupational Mobility and Lifetime Earnings</i>, 101-231.</li> </ul>
<p><b>Union Job</b></p>	<p>Adult employment in a job covered by a union</p> <p>Age Span: 21-35</p> <p>Unit of Measurement: Metro</p>	<ul style="list-style-type: none"> <li>• Stable Full-Time Employment at 250% FPL for individuals;</li> <li>• Family Income at 250% FPL (pegged to a family of 4)</li> </ul>	<ul style="list-style-type: none"> <li>• Freeman, R., Han, E., Madland, D., &amp; Duke, B. V. (2015). How does declining unionism affect the American middle class and intergenerational mobility? (No. w21638). National Bureau of Economic Research.</li> <li>• Rosenfeld, J., &amp; Kleykamp, M. (2012). Organized labor and racial wage inequality in the United States. <i>American Journal of Sociology</i>, 117(5), 1460-1502.</li> </ul>
<p><b>Precarious employment/Gig Economy</b></p>	<p>Irregular work shifts with weekly fluctuating hours</p> <p>Age Span: 21-35</p> <p>Unit of Measurement: Metro</p>	<ul style="list-style-type: none"> <li>• Stable Full-Time Employment at 250% FPL for individuals;</li> <li>• Family Income at 250% FPL (pegged to a family of 4)</li> </ul>	<ul style="list-style-type: none"> <li>• Lambert, S. J., Henly, J. R., &amp; Kim, J. (2019). Precarious work schedules as a source of economic insecurity and institutional distrust. <i>RSF: The Russell Sage Foundation Journal of the Social Sciences</i>, 5(4), 218-257.</li> <li>• Allmang, S., &amp; Franke, T. (2020). "Just a Job?" An Assessment of Precarious Employment</li> </ul>

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			Trajectories by Gender Among Young People in the US. <i>Advances in Social Work</i> , 20(1), 152-171.
<b>Affordable Senior Housing</b>	<p>Senior housing costing less than 30% of household income</p> <p>Age Span: 36-60+</p> <p>Unit of Measurement: Metro</p>	<ul style="list-style-type: none"> <li>Age in Place with Dignity &amp; Independence</li> </ul>	<ul style="list-style-type: none"> <li>Park, S., Han, Y., Kim, B., &amp; Dunkle, R. E. (2017). Aging in place of vulnerable older adults: Person–environment fit perspective. <i>Journal of Applied Gerontology</i>, 36(11), 1327-1350.</li> </ul>
<b>Family Social Support</b>	<p>Questions from the NSHAP survey: (a) how often respondents feel they can be open with and rely on family members (1=hardly ever or never, 2=some of the time, 3=often), and (b) how often do respondents feel the family members are demanding and critical of them.</p> <p>Age Span: 36-60+</p> <p>Unit of Measurement: Individual</p> <p><u>Measure-Related Studies</u></p>	<ul style="list-style-type: none"> <li>Age in Place with Dignity &amp; Independence</li> </ul>	<p>Hawkley, L. C., &amp; Kocherginsky, M. (2018). Transitions in loneliness among older adults: A 5-year follow-up in the National Social Life, Health, and Aging Project. <i>Research on aging</i>, 40(4), 365-387.</p>

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	<p>Hawkley, L. C., &amp; Kocherginsky, M. (2018). Transitions in loneliness among older adults: A 5-year follow-up in the National Social Life, Health, and Aging Project. <i>Research on aging</i>, 40(4), 365-387.</p>		
<p><b>Housing Costs</b></p>	<p><a href="#">The share of annual household income devoted to housing costs</a></p> <p>Age Span: 60+</p> <p>Unit of Measurement: Individual</p>	<ul style="list-style-type: none"> <li>Age in Place with Dignity &amp; Independence</li> </ul>	<ul style="list-style-type: none"> <li>Sabia, J. J. (2008). There's no place like home: A hazard model analysis of aging in place among older homeowners in the PSID. <i>Research on Aging</i>, 30(1), 3-35.</li> </ul>
<p><b>Children Moving out of the Home</b></p>	<p><a href="#">Older adults living alone</a></p> <p>Age Span: 60+</p> <p>Unit of Measurement: Individual</p>	<ul style="list-style-type: none"> <li>Age in Place with Dignity &amp; Independence</li> </ul>	<ul style="list-style-type: none"> <li>Sabia, J. J. (2008). There's no place like home: A hazard model analysis of aging in place among older homeowners in the PSID. <i>Research on Aging</i>, 30(1), 3-35.</li> </ul>
<p><b>Home Equity</b></p>	<p><a href="#">Total equity in home</a></p> <p>Age Span: 60+</p> <p>Unit of Measurement: Individual</p>	<ul style="list-style-type: none"> <li>Age in Place with Dignity &amp; Independence</li> </ul>	<ul style="list-style-type: none"> <li>Sabia, J. J. (2008). There's no place like home: A hazard model analysis of aging in place among older homeowners in the PSID. <i>Research on Aging</i>, 30(1), 3-35.</li> </ul>

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<b>Relatives in close proximity</b>	<p><a href="#">Distance of close relatives from residential location</a></p> <p>Age Span: 60+</p> <p>Unit of Measurement: Individual</p>	<ul style="list-style-type: none"> <li>Age in Place with Dignity &amp; Independence</li> </ul>	<ul style="list-style-type: none"> <li>Sabia, J. J. (2008). There's no place like home: A hazard model analysis of aging in place among older homeowners in the PSID. <i>Research on Aging</i>, 30(1), 3-35.</li> </ul>
<b>Local Unemployment Rates</b>	<p><a href="#">Percentage of adults that are unemployed</a></p> <p>Age Span: 60+</p> <p>Unit of Measurement: Individual</p>	<ul style="list-style-type: none"> <li>Age in Place with Dignity &amp; Independence</li> </ul>	<ul style="list-style-type: none"> <li>Sabia, J. J. (2008). There's no place like home: A hazard model analysis of aging in place among older homeowners in the PSID. <i>Research on Aging</i>, 30(1), 3-35.</li> </ul>
<b>Home Disrepair</b>	<p><a href="#">Owned home in need of repair</a></p> <p>Age Span: 60+</p> <p>Unit of Measurement: Individual</p>	<ul style="list-style-type: none"> <li>Age in Place with Dignity &amp; Independence</li> </ul>	<ul style="list-style-type: none"> <li>Sabia, J. J. (2008). There's no place like home: A hazard model analysis of aging in place among older homeowners in the PSID. <i>Research on Aging</i>, 30(1), 3-35.</li> </ul>
<b>Age-Friendly Communities</b>	<p><a href="#">Access to Business and Leisure, Social Interaction, Access to Health Care, Neighborhood Problems, Social Support, and Community Engagement</a></p> <p>Age Span: 60+</p>	<ul style="list-style-type: none"> <li>Age in Place with Dignity &amp; Independence</li> </ul>	<ul style="list-style-type: none"> <li>Smith, R. J., Lehning, A. J., &amp; Dunkle, R. E. (2013). Conceptualizing age-friendly community characteristics in a sample of urban elders: An exploratory factor analysis. <i>Journal of Gerontological Social Work</i>, 56(2), 90-111.</li> </ul>

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	<p>Unit of Measurement: Census Tract</p> <p><u>Measure-Related Studies</u></p> <p>Smith, R. J., Lehning, A. J., &amp; Dunkle, R. E. (2013). Conceptualizing age-friendly community characteristics in a sample of urban elders: An exploratory factor analysis. <i>Journal of Gerontological Social Work</i>, 56(2), 90-111.</p>		