Strengthening Home Visiting: Partnership and Innovation in Los Angeles County

Christina Altmayer and Barbara Andrade DuBransky

Summary

Los Angeles County's experience, write Christina Altmayer and Barbara Andrade DuBransky, shows how a universal offer of assistance can establish a foundation on which public and private agencies can plan meaningful systemic reform—and spark incentives for greater, more effective investments in services directed to vulnerable families. The county's vision for a universal, voluntary, integrated system of home visiting offered in 14 targeted communities builds on Welcome Baby, a universal home visiting program that provides as many as nine contacts to pregnant women and new parents until a child's ninth month. Piloted in one hospital in 2009, Welcome Baby is now available to new parents delivering in 14 hospitals throughout the county, reaching approximately one-third of all births in the county annually. As of June 2018, the program had reached more than 59,000 families.

Welcome Baby and other related investments are part of a broader story unfolding in LA County. The authors describe an important policy shift that's moving both public and private providers toward an integrated system of universal and targeted home visiting. The county's action plan calls for significant investments in new parent support and responsiveness from multiple county-level agencies, as well as the development and expansion of multiple home visiting models to meet the needs of the county's diverse population.

As the initiative continues to grow, Altmayer and Andrade DuBransky write, the county is aiming to streamline referral pathways to ensure maximum participation; fill service gaps for high-risk populations; increase access to voluntary home visiting for families at high risk for involvement in the child welfare system; create a common data collection system to improve outcome reporting; maximize the use of current resources while generating new revenue; and ensure that the home visiting system is deeply embedded in larger systems serving children and families.

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With its size, scope, and diversity, Los Angeles County is a unique place to test models for expanding and integrating family and child-based services. The county spreads across more than 4,000 square miles and has an ethnically and culturally diverse population of 10.3 million people, over 600,000 of whom are children age five and under.[1] Its inequalities mirror those of the nation as a whole, with communities that have both the lowest and the highest estimated poverty rates among young children in the state—only 4 percent poverty in the southwestern part of the county, but 68 percent in southeastern Los Angeles.[2] These inequalities also present significant opportunities to improve outcomes for its youngest children, particularly in terms of reducing abuse and neglect. Almost 15 percent of all children in LA County will be reported to child protective services before they turn five—although most of these referrals aren't serious enough to warrant opening a case—and one-third of the children in the county's Department of Children and Family Services system are four years old or younger. Not surprisingly, the county sees generational cycles of engagement in the child welfare system.[3] Breaking such cycles will become even more critical as poor children become an increasingly larger portion of children in the county, as the county's birth rate and absolute number of children decline.

LA County's structure creates tremendous opportunities for cooperative approaches to setting and implementing a countywide vision. In December 2016, the five-member Board of Supervisors created such an opportunity with a unanimous motion directing the county's Department of Public Health to plan a home visiting system in collaboration with First 5 LA, the LA County Perinatal and Early Childhood Home Visitation Consortium (hereafter, the Consortium), the Office of Child Protection, the Children's Data Network, and the departments of Health Services, Mental Health, Public Social Services, Children and Family Services, and Probation.

LA County's experience provides valuable insights into how to approach an integrated web of family supports involving multiple program models, funding sources, partners, and referral sources. It's not about advancing one approach or model as the answer to strengthening families; it's about providing an interwoven range of services and supports to meet family needs with a foundational investment in universal supports, particularly home visiting. The Los Angeles experience offers three big lessons for implementing a systems approach to home visiting.

First, changing systems—and building integrated systems of support—is a long-term proposition. Systems that support children and families are funded through myriad local, state, federal, and nongovernmental sources, all with unique requirements. Weaving these systems into a cohesive whole takes time, leadership, and commitment.

Second, such efforts succeed when high-quality services joined through partnerships are poised to take advantage of opportunities for systemic change. When such opportunities arise, it's critical to maximize them. But doing so may take years of groundwork. Long-standing and thoughtfully designed investments in home visiting, as well as community and county partnerships,

can create the context for elected leaders to accelerate the system-building process.

Third, partnerships grounded in a commitment to common principals are essential. Elected and appointed leaders in Los Angeles invested in partnerships to build a network of family supports and prioritized building diverse coalitions for sustainable change. The story thus begins with how early investments in home visiting funded by a dedicated early-childhood revenue stream created the fertile soil for broader systemic change.

Early Evolution of Home Visiting in LA County

Proposition 10, passed by California voters in 1998, imposed a 50-cent state tax on tobacco products and dedicated the revenue to support county-level investments to improve all children's healthy development and school readiness. Reflecting emerging research on the importance of the first few years of life for the developing brain, this legislative initiative created the state's first dedicated resource to support the healthy development of young children and the establishment of 58 local county commissions focused on early childhood, today known in LA County as First 5 LA.

In 2000, the Los Angeles Proposition 10 Commission, which later became the First 5 LA Commission, began operation and received $165 million as its first allocation of annual funds from the tobacco tax. Preschool and home visiting, based on well-supported evidence, were included among the organization's first investments. The initial investment in home visiting yielded a broad range of providers, including the county's Nurse-Family Partnership program, community-driven models targeting teen parents, and a home visiting program to be administered in a domestic violence shelter. The quality and consistency of these approaches, and the populations they targeted, varied widely.

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This early period developed services for families in their homes but lacked a systematic approach to sustainability, evaluation, curriculum, and appropriate target population. Anecdotal evidence indicated that the programs were recruiting families who were relatively skilled at navigating systems and garnering support.

The Welcome Baby Model

Guided by local experience and national research, in 2009 the First 5 LA Board launched Best Start, a comprehensive, place-based initiative that included Welcome Baby, a home visiting model that was less intensive than other models that had an established national presence and research base. The Welcome Baby model had three basic elements:

- a universal platform to reach all families delivering at 14 participating birthing hospitals, thereby reducing stigma and increasing access to hard-to-reach families

- the opportunity to assess family risk consistently
- the ability to offer a perinatal model with a moderate intensity

Welcome Baby aims to contact families nine times, from the earliest possible point before birth until a child's ninth month. Three contacts (two visits and one phone call) occur before birth, distributed evenly between enrollment in the program and expected delivery; one takes place at bedside in the birthing hospital; and five occur in the home afterward, in the child's first week, second to fourth week, second month, third to fourth month, and ninth month. Seven of the nine contacts are home visits. Parents were originally allowed to enroll up to the point of birth; this policy was changed in 2017 to allow for enrollment up to one month after a child's birth, based on focus group feedback and an increase in requests. Although families who enroll after hospital discharge may have poorer outcomes for breastfeeding, the change was made to help connect higher-risk families who don't accept the offer until after they leave the hospital to more intensive home visiting or other critical services.

The Welcome Baby Workforce

The nine contacts involve several types of professionals. A hospital liaison conducts the hospital visit, a public health nurse conducts the first in-home postpartum visit, and parent coaches conduct the remaining seven contacts. In addition, families may be enrolled in Welcome Baby by an outreach specialist, who builds relationships with staff members in prenatal settings and encourages them to refer families to the program. Having families work with up to four different professionals is not optimal, but Welcome Baby deemed it necessary for a number of reasons. For one, birthing hospitals weren't willing to allow a large program staff to be present in their labor and delivery units; for liability purposes, they also required that such staff members be hospital employees. The first postpartum visit also includes a physical exam of the baby and the option of a physical exam for the mother, which must be completed by a medical professional. In exit surveys and focus groups, program participants have seen the postpartum nurse visit as a critical incentive. The nurse visit interrupts the families' engagement with their parent coach, but this transition hasn't affected family retention.

Early Implementation and Pilot Testing

The Welcome Baby pilot began in a downtown Los Angeles hospital as part of Best Start's broader place-based, community-building work. The community was identified with the help of the county's Service Integration Branch, which was seeking to integrate county services in specified geographic regions, thereby creating an opportunity for the home visiting program to benefit from enhanced service linkage.

The pilot allowed the program to learn about protocols, training components, hospital integration, caseload dimensions, staff qualifications, materials, and messaging to participants and referral partners. For example, in response to problems related to lack of buy-in from labor and delivery staff and meshing the program with standard operating procedures, the protocols were refined to enhance integration into the hospital. The protocols were also made more specific to better guide the program's in-hospital and in-home professionals. The training package evolved over time, adding enhancements, such as reflective supervision

and safety in the field, to early training components on motivational interviewing and trauma and resiliency.

Caseloads and Staff Qualifications

The pilot was also an opportunity to test and modify caseload expectations and staff qualifications. Caseload plans were ultimately devised based on numbers of visits that could be executed, the time estimated for documentation and making referrals, and an appropriate client maximum of no more than 70 families. Qualifications were established for each level of staffing, giving consideration to balancing the effectiveness of paraprofessionals in recruiting and engaging families with requirements for increased supervision and challenges associated with working with higher-risk families.

Engagement Strategies

First 5 LA learned effective approaches for recruiting and retaining families. Messaging was refined based on the pilot's experiences, including challenges related to the complex eligibility requirements, thus enhancing Welcome Baby's ability to clearly communicate the nature and benefits of the program to prospective participants and referral partners. In addition, the pilot site tested the Bridges for Newborns risk assessment tool, used to establish eligibility and best fit for home visiting services, as the program prepared to expand to 13 more birthing hospitals.

Welcome Baby Expansion

After adopting an updated strategic plan in 2009, First 5 LA strengthened its investment in Welcome Baby and expanded from the pilot to 13 more hospitals serving Best Start communities. An analysis of newborns returning to homes in Best Start communities established a list of 25 (out of more than 60) birthing hospitals in the county that together delivered over 50 percent of all births and 80 percent of all Best Start babies, with a minimum threshold of 8 percent of births in at least one Best Start community. The strategic plan called for expanding more intensive evidence-based national home visiting programs to be offered to families identified through the Bridges for Newborns risk assessment.

The expansion began in 2011. Thirteen of the 25 hospitals agreed to participate. The pilot hospital and the 13 new hospitals together delivered over one-third of all births in the county, and almost 60 percent of Best Start births. First 5 LA coordinated the procurement of providers to implement more intensive evidence-based home visiting in coordination with winding down other initiatives whose associated staff could be recruited to support the expansion. To meet the needs of the most at-risk families, the First 5 LA Commission approved investments in more intensive home-visiting programs, allowing each community to select a model commensurate with its needs. Due to limited resources, more intensive services were offered to families that lived inside the boundaries of a Best Start community; families living elsewhere received fewer or less intensive services (a lower *dosage* of the Welcome Baby program).

Using Research to Support Scale and Sustainability

Welcome Baby is designed as a universal platform that fills a gap in support for families with minimal to moderate risk factors. Because a universal platform reduces the stigma associated with receiving outside

help, it was also expected that higher-risk families would be more likely to participate in voluntary family supports. The design built on lessons from other lower-dosage models, including Family Connects in Durham, NC (see the article in this issue by Kenneth Dodge and Benjamin Goodman), Hawaii Healthy Start, and Orange County, CA's Bridges for Newborns. Because Welcome Baby didn't directly replicate any of those models, analyzing the early results was critical. First 5 LA developed a sequenced evaluation plan that included multiple studies to assess service quality, program outcomes, and the delivery system's effectiveness. The results were used to improve both services and the delivery system, as well as to begin to build a case for sustaining the program.

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Pilot Study

In 2015, the Urban Institute and the University of California, Los Angeles, completed a multiyear study of the pilot program that had begun in 2009, with data collected on a rolling basis. The treatment group at the third wave of data collection consisted of 406 participants in the Welcome Baby program at the Dignity Health-California Hospital Medical Center (hereafter, California Hospital), some of whom enrolled before their child's birth and some of whom enrolled after; the comparison group consisted of 264 mothers who did not receive Welcome Baby, lived in the target community and delivered during the same period as the treatment group. Follow-up assessments took place when the children were 12, 24, and 36 months old. Procedures included a verbally administered survey, an observational assessment of parent and child intervention, an observational assessment of the quality of the home environment, and a height and weight assessment of the child. First 5 LA had already begun to expand Welcome Baby as data collection for the study commenced. The study results were expected to help improve the program and make it more sustainable.

The study found significant positive impacts on families, with more pronounced effects for families who had enrolled in the program prenatally. At 12 months, Welcome Baby had a positive effect on breastfeeding practices, quality of the home environment, including learning activities that relate to early childhood development, and children's communication and problem-solving skills. These findings persisted at 24 months, and more positive, encouraging parenting was also detected. Differences between participants who enrolled prenatally and those who enrolled postnatally were more pronounced at 24 months than at 12 months; in particular, families that enrolled prenatally had better outcomes for home learning activities, maternal stress, outdoor play, overweight and obesity, and children's problem-solving skills. At 36 months, participation in Welcome Baby continued to be associated with better child communication skills and responsive and encouraging parenting, as well as better child personal-social skills and social competence, more affectionate parenting, and more teaching behaviors by mothers. Health-related child outcomes, such as child immunization rates and well-child visits, were

high for both the intervention and control groups, likely due to the overall high rate of insurance coverage for children in LA County. Rates of emergency room visits were also similar between the two groups.

Psychometric Study

The second major evaluation focused on the predictive validity of the screening tool used to ensure that families at greatest risk of poor outcomes are referred out of Welcome Baby to more intensive home visiting programs.[4] Though the program used a cutoff score to make this determination, the intent behind screening was to accurately rank the relative level of risk among families to help connect them with the public and nonprofit resources they need. Simply put, as resource levels change, the cutoff score could be changed to expand access to low-/moderate- or high-intensity services, based on future learning about how best to achieve desired outcomes. The cutoff score has been adjusted downward since the program began; future adjustments will be based on the level of resources available, evaluation results, and feedback from home visiting partners and providers.

The first step was to test the Bridges for Newborns assessment, designed for use in neighboring Orange County, in the Welcome Baby pilot program at California Hospital. After initial testing, the tool was modified to more strongly emphasize psychosocial challenges, including mothers' experience with violence as both a child and an adult. The revised tool then underwent psychometric study by the RAND Corporation, a nonprofit policy research and analysis organization. RAND found that when compared to an existing, validated tool that measures similar content, the revised tool was reliable because it produced similar results both in the hands of different testers and when used with the same family a second time. Based on RAND's recommendations, First 5 LA adjusted the weights of 12 items on the screening tool to increase validity.

Focus Groups

In early 2018, the program sought input from focus groups to measure participant satisfaction and improve enrollment. Focus groups were held with both Welcome Baby participants and with women who had declined to take part in the program; a total of 120 women took part. Overall, clients were satisfied with the program and appreciated its services. The focus groups revealed their desire for additional visits, opportunities to give and receive peer support, and more structured engagement of fathers in the program. The focus groups also yielded critical feedback on communication strategies to increase enrollment.

Implementation and Outcomes Evaluation

The most recent evaluation was the Welcome Baby Implementation and Outcomes Evaluation, also conducted by RAND and completed in August 2018.[5] This study aimed to help the program improve and to prioritize its training and technical assistance resources. It focused on how well the implementation sites adhered to the program model (known as *fidelity*), how successful they were in achieving short- and intermediate-term outcomes, and the relationship between those two factors. It also examined participants' perceptions, conditions related to referral networks, and factors contributing to attrition. RAND evaluated 11 elements of fidelity, including staff qualifications, supervisory ratios, staffing levels, content of visits, and referrals to community services. Overall, the study found

a relatively small relationship between fidelity and successful outcomes, but some fidelity components were more likely than others to be associated with positive outcomes: staff qualifications and training, reflective supervision, home visitor workload, and the percentage of the curriculum content that was covered.

Despite inconsistent fidelity across the sites, Welcome Baby participants demonstrated better outcomes in more than half of the areas measured that could be compared to regional or national indicators of success. Once families had received the two- to four-week postpartum visit, however, greater fidelity was associated with lower attrition, suggesting that program fidelity may be a key to keeping families engaged. Finally, in client satisfaction surveys, families said that Welcome Baby met their needs and that their relationships with home visitors were extremely positive.

Impact Study

The final element of Welcome Baby's evaluation plan is an impact study currently being conducted by American Institutes for Research and Georgetown University. As a randomized controlled trial, the study should provide the best evidence to date about Welcome Baby's impact on participants and the value of universal models to potential payers.

Moving to an Integrated System

One of the earliest and most significant steps toward a home visiting system was the creation of the Perinatal and Early Childhood Home Visiting Consortium. Launched in 2012, the Consortium evolved from the Perinatal Home Visitation Advisory Committee that was convened in 2010 by the LA County Department of Public Health's Maternal, Child, and Adolescent Health Programs. The Advisory Committee helped the Department of Public Health pursue its application for federal Maternal and Infant Early Childhood Home Visiting (MIECHV) funding, which had been made available as part of the Patient Protection and Affordable Care Act. The Consortium was staffed by the Los Angeles Best Babies Network, the training and technical assistance body supporting First 5 LA's home visiting investment. Financial and leadership support came from the Department of Public Health, the Los Angeles County Partnership for Early Childhood Investment, and First 5 LA. The Consortium was also selected to be part of the Pew Charitable Trusts' Home Visiting Data for Performance Initiative, a national effort to identify a small set of core outcomes that could capture the collective impact of investments in early childhood home visiting. The Consortium improved the county's ability to collect countywide aggregate data on selected indicators, strengthened practice across programs, and demonstrated collective impact according to community measures of success and sustainability.

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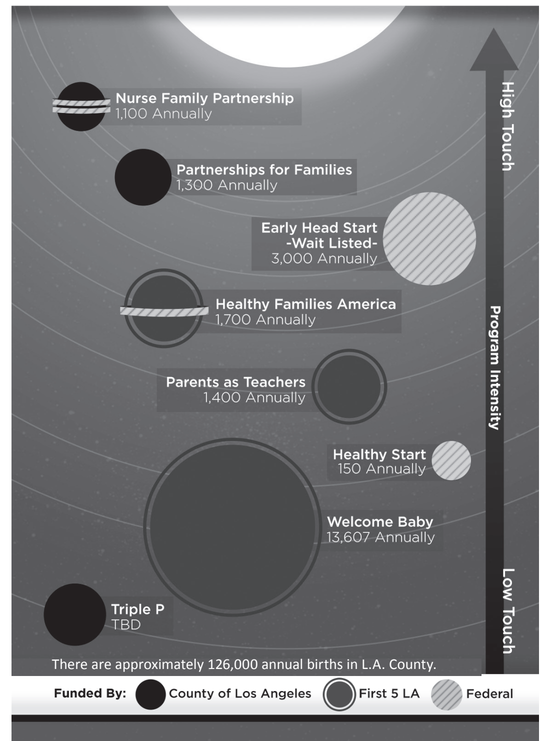
The Consortium linked the various program models and somewhat autonomous community programs. By 2011, a patchwork of programs was developing at both the county and community level, with the broadest being First 5 LA's expansion of

Welcome Baby. The second largest was the expansion of Nurse Family Partnership under the Department of Public Health through MIECHV funding. Nurse Family Partnership is one of the earliest evidence-based models for home visiting that begins prenatally with visits conducted by a public health nurse. Although the community programs were provided by agencies that had strong, trusting relationships with their target populations, there was no collective accounting or record of the number of available slots. Nor was there much information about standards or the consistency with which the programs were offered, much less program results. Increasingly, providers, funders, and agency leaders recognized that without an integrated system of referrals and coordination, families (and particularly families most at risk for poor outcomes) wouldn't be effectively connected to programs as referring agencies attempted to navigate a maze of eligibility requirements.

Progressive Dosage and Model Diversity

Figure 1 reflects the makeup of home visiting services in LA County in 2016 and shows how a universal, multitiered system can include offerings that differ in intensity, provider characteristics, entry portals, and funders. Across the system, a single home visit is the minimum dosage for both intake and basic services, including breastfeeding support and an introduction to early childhood development. More intensive services are available for families with more complicated risk profiles. Among current programs, Welcome Baby serves the most families. Sixty-five percent of LA County families who participate in home visiting receive Welcome Baby; the other 35 percent receive a more intensive program from one of seven models.

Figure 1. Home Visiting Models in LA County: Capacity, Intensity, and Funding Sources (2016)



Source: First 5 LA

Despite the diversity of programs offered in 2016, significant gaps persisted across the system:

Service gaps: Although Welcome Baby follows a universal model, its current level of services doesn't fully meet the county's need for universal risk-screening and referral. Welcome Baby is available only to families who give birth at one of the 14 participating birthing hospitals, which largely serve high-risk communities. Even when fully implemented, Welcome Baby will

serve only 20 to 25 percent of the estimated 126,000 babies born annually in the county. To create a truly universal system, the county would need to expand hospital access and/or enlist other trusted entry portals, such as Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) sites and primary healthcare services. Given First 5 LA's financial constraints, additional funding would be needed to explore options for universal expansion and intensive service needs.

Program eligibility gaps: Families that give birth at one of the 14 hospitals can enter the Welcome Baby program only during the first month of a child's life. Similarly, Nurse Family Partnership requires that families enroll during the second trimester of pregnancy. These eligibility criteria create gaps for women and families who could benefit from the program but aren't identified early enough or aren't willing to enroll until later in their children's lives. Moreover, families' risk factors are likely to change during a child's first five years, and an ideal system would offer more opportunities for early intervention, particularly for families at risk for intervention by child welfare/protective services beyond the first month after a child's birth.

Capacity gaps: LA County is home to over 600,000 children under the age of five and sees approximately 126,000 births per year. Even if program eligibility were expanded, the existing service network couldn't meet all families' needs. Filling this gap would require an increase in both universal and targeted offerings to families. The birth rate can indicate the level of service needed to reach out to all families, but it's harder to identify the types and levels of risk that families will experience. Based on one set of risk factors, including preterm birth, perinatal mental health, involvement with child protective services, and economic instability, a county working group estimated that approximately 25 percent of all families giving birth in LA County could benefit from more intensive services. Considering just one of these factors, a Children's Data Network analysis of babies born in LA County in 2006 found that 15 percent were referred to child protective services by age five.[6]

Innovative model gaps: Home visiting providers and funders alike recognize a need to learn more about how well programs work with the various county populations and subpopulations. Home visiting leaders identified the need to work together to estimate and refine the county's system-level capacity based on birth characteristics, implementation, and outcome data, and to test innovative models that may be a better fit for specific target populations.

In 2016, three key efforts coalesced to create the momentum for significant progress on an integrated system of home visiting for LA County: First 5 LA shifted its focus to a policy-and-systems change agenda; the Office of Child Protection (OCP) was created and charged with developing a countywide plan focused on prevention; and, in December, the Board of Supervisors unanimously passed a motion calling for an integrated system of home visiting.

Shift to Policy and System Change

Following adoption of a new strategic plan in 2015, First 5 LA switched its primary focus from direct services to changing the policies and systems that undergird early childhood services. This decision was triggered partly by the decline in First 5 LA's tobacco tax revenue: from 2000 to 2019, annual revenue

had fallen by about 50 percent. First 5 LA's new strategic direction, embedded in its investment guidelines, focused on prevention and system change and prioritizes scaling up evidence-based practices, and engaging partners to achieve results. By supporting systemic changes designed to endure after First 5 LA's funding (or its role in these programs) ends, the organization seeks to deepen its impact, extend the reach of its resources, and build the policy and political will to maximize impact for young children.

Office of Child Protection and County Prevention Plan

In April 2014, the Los Angeles County Blue Ribbon Commission on Child Protection, which was convened in response to the death of a child, released a detailed plan to improve the county's child protection system. It recommended that the County of Los Angeles create an Office of Child Protection to increase coordination and accountability, and to develop and implement a comprehensive countywide prevention plan to reduce child maltreatment. The Office of Child Protection's Prevention Plan identified home visiting as one of seven core strategies to prevent child abuse; county departments were asked to commit to supporting one or more of these priorities. Although the plan wasn't released until June 2017, early implementation began in 2016, including extensive outreach to community, nonprofit, and public leaders, as well as residents.

Board of Supervisors Vision for Home Visiting Motion

In December 2016, the County of Los Angeles Board of Supervisors adopted a unanimous motion instructing the Department of Public Health—in collaboration with First 5 LA and other programs and departments—to "develop a plan to coordinate, enhance, expand, and advocate for high-quality home visiting programs to serve more expectant and parenting families so that children are healthy, safe, and ready to learn."[7] The Department of Public Health took the lead in developing recommendations for building an integrated system. The factors it considered included how to:

- use or adapt national models and evidence-based practices to improve outcomes for LA County;
- coordinate a system for home visitation programs that includes streamlined referral pathways and an outreach plan to ensure maximum participation, especially in LA County's highest-risk communities;
- identify gaps in services for high-risk populations, based on a review of effective national models, existing eligibility requirements, and cultural competencies, and develop plans to narrow these gaps;
- increase access to voluntary home visitation for families at high risk of involvement with the child welfare system;
- improve outcome reporting through common data collection, and;
- maximize resources by making the best use of available funding and finding opportunities for new revenue.

The Board's motion infused energy and leadership into existing efforts, brought attention to the need to connect with families as early as possible, and brought together

diverse partners, audiences, and advocates in a call to expand home visiting and create an integrated web of family supportive services.

The collective leadership envisioned an integrated system that could reduce families' isolation and stigmatization, ensure that families access the resources they need sooner, and engage families at the primary prevention level, with the opportunity to connect to secondary and tertiary interventions as needed. A universal approach would connect with all families, including those most isolated, and offer them a home visiting service that best fits their needs; it would also capitalize on the program eligibility and the cultural, linguistic, and geographic capabilities that providers already offer. Home visiting offers families a way to become more familiar with commonly used institutions, such as the health care, early education, and education systems, and with public resources like parenting groups, parks, community gardens, and libraries, etc. By reducing the stigma associated with family support programs, universal offers of home visiting can also engage families who have not accessed voluntary prevention services in the past due to experiences with or mandatory participation in public social services, mental health services, the child welfare system, or the justice system.

LA County's Plan for a System of Home Visiting

In July 2018, the County released its comprehensive plan for building an integrated system, *Strengthening Home Visiting in Los Angeles County—A Plan to Improve Child, Family and Community Well-Being*. The plan presents a vision for universal home visiting nested in a broader set of supports for families, which it describes as:

> A system of voluntary, culturally responsive, home-based family-strengthening services available to all families in LA County with children prenatally through age five that
>
> - Optimizes child development
> - Enhances parenting skills and resilience
> - Safeguards maternal and infant health
> - Prevents costly crisis intervention
> - Reduces adverse childhood experiences
> - Demonstrates improved educational and life outcomes.
>
> Under this vision, all families in LA County with young children would have access to trusted support and coaching in their homes, matched appropriately to their needs, so that they and their children may thrive.[8]

To achieve this vision, the plan identifies four areas of work: service coordination and integration; data and evaluation; workforce development; and funding and sustainability. It also identifies the infrastructure needed to make the system a long-term reality.

Service Coordination and Integration

Because home visiting supports positive family functioning across multiple domains and helps increase families' access to resources, it doesn't fit into a single sector. Home visiting is relevant not only to health but also to various social services. Given LA County's size and population, it's also unrealistic to have a single point of entry and referral into home

visiting services. The recommended plan is a coordinated intake approach that would help families access services in many ways, and do so even when their circumstances change. A coordinated approach uses assessments that have already been completed, both to prevent duplicate screening and to build on the community's existing assets. Ideally, assessment and referral to home visiting services would occur prenatally, or at least when a child is born. Given these universal targets, strong connections to the health care sector are both necessary and feasible.

Health System Coordination and Integration

With the passage of the Affordable Care Act in 2010, followed by corresponding actions in California, all the county's children and pregnant women have access to public insurance, regardless of income or immigration status. All California women are also eligible for comprehensive pregnancy coverage, which includes access to such things as nutrition, health education, and clinical care. As of 2018, LA County has the state's largest number of child Medicaid enrollees; approximately 58 percent of children from birth to age five are enrolled in the state's Medi-Cal managed care program.[9]

One promising strategy for embedding home visiting into health care systems is to capitalize on a movement to reward providers for value-based care.

Despite research showing that home visiting is positively correlated with desired health system outcomes like better use of the health care system, reduced reliance on expensive modes of receiving care, and increases in preventive health, enlisting the health sector in the effort to build an early childhood system has faced multiple challenges. Two of these stand out:

1. Children and pregnant women are no longer the dominant Medi-Cal population. Before the Affordable Care Act included uninsured adults in Medicaid, children from birth to 19 represented 52 percent of Medi-Cal managed care enrollees; by 2017, that figure had dropped to 42 percent. The challenge now is to ensure that Medicaid health plans maintain a focus on the needs of young children and families.[10]

2. Compared to other populations in managed care, children and pregnant women don't have a large impact on costs. Therefore, plans have relatively fewer financial incentives to focus on the quality of their care. Children don't make up a significant percentage of people who use a given plan heavily, and even acutely ill children, including those who require long stays in neonatal intensive care, aren't a significant burden on Medi-Cal health plans.

One promising strategy for embedding home visiting into health care systems is to capitalize on a movement to reward providers for value-based care. For example, some health care plans offer higher reimbursement for providers with higher scores on the Healthcare Effectiveness Data and Information Set, which may be affected by a home visitor who can help clients seek and access care. Such scores include postpartum

visit rates and child immunizations. Even if pregnant women want home visiting, such services aren't funded under Medicaid managed care, save for home health agency visits ordered by a physician, which happens only rarely, or visits from clinical providers participating in the state's Comprehensive Perinatal Services program.[11] First 5 LA has learned that health plans and risk-bearing physician groups can refer to, fund, or offer home visits only to select, hard-to-reach populations among their membership. Home visiting is not included as a Medicaid benefit, and states have no obligation to provide it; they are more likely to offer care management by phone.

As health plans have increased accountability for patient care outcomes, First 5 LA has been working in partnership with local plans to demonstrate that home visitors can effectively increase access to preventive care. Under Medi-Cal, plans must pay for comprehensive prenatal services, such as assessment, referral, and health education; they are also accountable for ensuring that new mothers show up for and receive postpartum visits. A home visitor who can promote these services adds value to a plan; that is, home visitation can be considered a quality-improvement intervention for pregnant or postpartum women who would not otherwise access health services in a timely manner or be referred to critical social services, such as WIC. First 5 LA and its county partners are beginning to work with health plans to strengthen referrals from primary care offices to home visiting and to track home visiting services in the electronic health record. This tracking will allow health plans to evaluate whether and how integration with home visiting improves access to preventive care and mother and child outcomes. If home visiting helps route women to health care providers that offer clinically effective interventions, then it can demonstrate its worth to funders and providers. For example, one health plan is piloting postpartum home visits, both clinical and nonclinical, in a rural community of LA County, in hopes that the home visitor—often a trusted resource—can help clients navigate and use health services.

Social Services Coordination and Integration

The County of Los Angeles supports economic self-sufficiency, health and mental health care, early care and education, child welfare, and rehabilitation and re-entry through the justice system for over 10 million residents. Hundreds of community-based organizations, which act as cultural brokers and trusted entities, play a critical role in ensuring that families receive these services and supports in a manner that is both linguistically appropriate and culturally responsive.

County agencies have broad mandates to achieve weighty outcomes within shifting environmental contexts, such as economic stability, physical and mental health, and community safety, and to do so in a family-centered way. As in many diverse communities, government systems must support families and meet their needs "despite the families' different histories and needs and the fact that they live in communities with different resources, cultures, and expectations," write Jacquelyn McCroskey of the University of Southern California School of Social Work and her colleagues. "As a result, government institutions are challenged with supporting fragile families, encouraging self-sufficiency, and assuring the safety and wellbeing of children."[12]

The 2007 Board of Supervisors effort to reduce child maltreatment, the Prevention Initiative Demonstration Project, has helped the county's more recent push to expand home visiting. The project funded community-based organizations to become regional agency leads of local networks serving families, aiming to better connect families to local agencies that can increase their social networks, to help families get economic support, and to help them access and use beneficial services, activities, and resources. These three strategies rest on theories of change suggesting that increases in social capital resulting from social connection and network-building can strengthen family systems; that relationship-based community organizing enhances community capacity for self-management and self-care; and that enhancing protective factors associated with strong families increases children's safety and ability to thrive.[13] By weaving together connected systems of support, this strategy embedded a network approach in the county. Several of the community-based organizations that pioneered this prevention network, now known as Prevention and After Care Networks, have been significant providers of community-based home visiting services. This network will be a fundamental connecting point for referrals to home visiting and from home visiting into supportive services tailored to individual family needs.

Data Collection and Evaluation

Expanding and improving programs will require rigorous data collection, analysis, and evaluation. Data collection is a foundational component of quality programming, as it supports monitoring, improvement, and outcome tracking. Building on the Consortium's success, the County of Los Angeles is working to regularly track a core set of common indicators and other potential standardized measures and parent feedback mechanisms. The scorecard of key metrics includes measures of four domains: healthy births, safe children, strong families, and cost savings and avoidance.

Building the system will require regularly analyzing administrative data to map program capacity, track the system's use of resources, and assess needs and gaps (for example, based on geography, underserved groups, and/or program selection criteria). Administrative matching of individual data across sectors, begun by the Children's Data Network, will allow the system to study participants over time to assist with resource and program planning, problem-solving at multiple levels of practice, and tracking outcomes.

Workforce: Quality and Evaluation

To capitalize on opportunities to implement home visiting among multiple platforms and achieve outcomes meaningful to the systems involved, high-quality service delivery is critical. To sustain high quality requires continuing investment in the workforce, and the Consortium and its backbone agency, the Los Angeles Best Babies Network, play a critical role in both identifying workforce needs and responding to those needs by supporting training across models.

The Consortium's development and growth and the Pew Charitable Trust's involvement influenced both a progression toward greater quality in home visiting programs and a clearer shared vision for the future that includes alerting larger systems to critical issues that home visiting providers discover. Consortium members share

Table 1. Funding Strategies of LA County Agencies

Department/Agency	Revenue Source	Funding Strategy
Department of Public Health (DPH)	Targeted Case Management (TCM)-Federal Title XIX (Medicaid) funds (TCM services are the most commonly billed services by home visiting programs in the nation).	This strategy had not been fully maximized in LA County due to local restrictions, particularly as they relate to the participation of community-based organizations. Recognizing that the county was not garnering available funds, DPH adjusted its policies to enable participation by non-county entities, including community-based organizations. In early 2018, First 5 LA and DPH partnered on a pilot to be expanded to the remaining 18 First 5 LA grantee sites during FY 2018-19.
Department of Mental Health (DMH)	Mental Health Services Act Funding – Dedicated funding source in California for mental health prevention and early intervention services.	Integration between home visiting and mental health, pioneered in the county by the DPH Nurse-Family Partnership program and DMH, is being expanded as part of a $40 million, two-year experimental DMH investment in the home visiting system with the possibility of continuing beyond two years based on results.
Department of Health Services (DHS)	Whole Person Care Medicaid Waiver	This waiver has expanded access to home visiting for women served directly by county hospitals and clinics. The model, called MAMA's Visits, includes a mobile-care team-based approach; its targets mothers receiving prenatal services from DHS, a safety net healthcare provider.
Department of Public Social Services (DPSS)	Temporary Aid to Needy Families	DPSS is supporting voluntary enrollment of TANF (CalWORKS) clients in Parents as Teachers and Healthy Families America, supported through a pilot funded by First 5 LA and scheduled to be expanded with state funds in 2019. For the first time, California will fund home visiting for CalWORKs-eligible beneficiaries.

ownership of this system vision and have successfully advocated for it. For example, home visitors collectively named greater accessibility of maternal mental health resources as a top priority, which has helped the system improve collaboration and redeploy resources to meet this need. The Consortium also creates stronger connections among providers, making it easier to refer clients from one agency providing home visiting services to another, based on the referring agency's assessment of the best fit for the family. Through philanthropic support, the Consortium has automated a referral decision tree. The Consortium also provides a platform for continued professional relationship building, increasing the likelihood that providers will refer a family to an agency when they feel confident in the quality of services the family will receive.

Funding and Sustainability

County of Los Angeles social service agencies embraced the call from the Board of Supervisors and reassessed existing programs with an eye toward expansion and integration. Table 1 shows examples of funding strategies launched or anticipated as a result of the motion.

Early Implementation Wins

As partners embark on the first full year of system building, early markers of success are materializing across the county and paving

the way for a sustainable system of home visiting. First, the County of Los Angeles has established a leadership body to monitor, adjust, coordinate on, and advocate for the expanded system of home visiting. This Collaborative Leadership Council is charged with supporting implementation of the 2018 plan, building will and commitment for its vision, and identifying opportunities to deepen the connections between home visiting and other prevention and family strengthening work, such as efforts to prevent child abuse and neglect, reduce birth disparities, and increase access to developmental screening and intervention services. It includes representatives of multiple county departments, the health and early care and education sectors, home visiting providers, the Consortium, and researchers and evaluators.

Another early success is that expanded funding is making intensive home visiting a possibility for many more families than were previously eligible. Department of Mental Health Prevention and Early Intervention (PEI) funding has eliminated geographic eligibility restrictions into home visiting programs. In 2018, the Department of Public Health, which is responsible for program management, contracted with 17 agencies that have been providing the Healthy Families America and Parents as Teachers programs through funding from First 5 LA to expand these programs to previously ineligible families based on where they live. New models are being developed and tested to support the unique needs of families, particularly those most at risk. The Department of Health Services is piloting a program, known as MAMA's Visits, to deliver medical interventions that have been shown to reduce preterm births (including progesterone and low-dose aspirin) to patients for whom those treatments are indicated but inaccessible. Visits to the home are a key component of the program; the home visitors will help mothers advocate for their own perinatal health care and support them in carrying out medically advised regimens. The Department of Public Health is also exploring a model to specifically target women with substance abuse problems.

An increased focus on training home visitors to improve quality supports as well as sustainability has already been launched. The Department of Mental Health conducted eight different training sessions, with approximately 194 home visitors trained and an additional 175 targeted in 2019, to help home visitors address maternal mental health in response to provider priority needs. Additionally, approximately half of the contracted home visiting agencies have been trained on how to bill and leverage federal funding and protocols for implementation are being developed.

Finally, advocacy efforts have brought increased attention at a statewide level to the value and impact of home visiting. In 2018, for the first time, California approved funding for beneficiaries of the federal Temporary Assistance for Needy Families (TANF, known as CalWORKs in California), to provide access to voluntary participation in an evidence-based or evidence-informed home visiting program. The voluntary program is offered to any CalWORKs beneficiary who is pregnant with no other children at the time of enrollment, or a first-time parent or caretaker relative of a child less than 24 months old at the time of enrollment in the home visiting program. In LA County, this has resulted in over $7.5 million for further expansion of the three models supported by First 5 LA and the

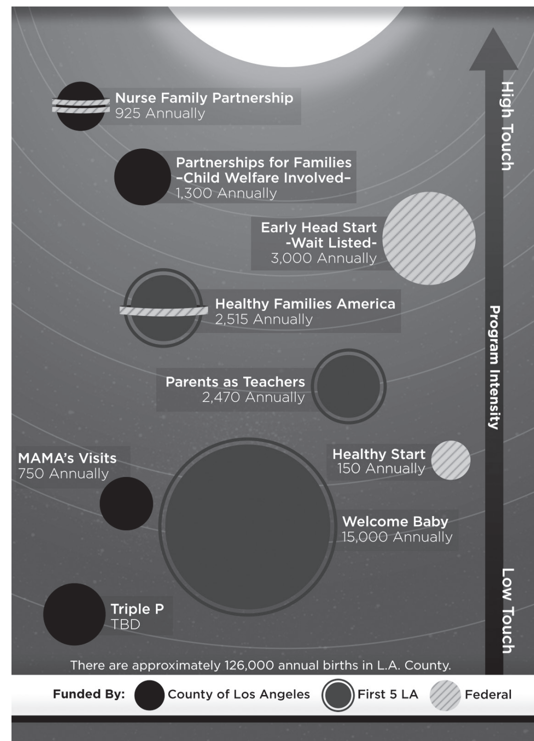
Department of Mental Health's PEI funding. The 2019 Governor's Proposed Budget also proposes to expand funding for home visiting services, directing an additional $78.9 million statewide to expand and make permanent the CalWORKs Home Visiting Initiative created in the 2018–19 budget.

Conclusions

Today, the LA County's home visiting system is larger, more cohesive, and of higher quality than it has ever been (see figure 2). With nine models provided by community- and institution-based agencies, and with a greatly expanded capacity to serve families through county and state funding, the Collaborative Leadership Council is strategically focused on expanding service options while maintaining quality and a commitment to systemization. The Board of Supervisors motion increased the number and depth of involvement of county institutions when it comes to expanding the scale, scope, and quality of home visiting services and to integrating these services with critical community and safety-net supports. Although it's important to celebrate these early wins, key proponents and leaders of the plan are keenly aware of the risks of rapid expansion and are working to avoid silo building and/or reducing quality. Further diligence is also needed to sustain and expand the county's universal platforms to ensure that all families are offered support at the earliest possible moment in their children's lives.

LA County's home visiting system has evolved toward collective impact, punctuated by key advances, political opportunities, and commitment to both learning and quality. Contributors to various aspects of the system have built deeper partnerships, which have increased the system's capacity to respond to opportunities for expansion; to document implementation and needs; and to coordinate for improved practice. The final chapter of the LA home visiting story has yet to be written through the next critical stage of implementation, but the lessons learned to date will guide current and future leaders in this effort. The leadership is committed to maintaining the system's key pillars: universal access, comprehensive risk screening, tiered interventions at different levels of intensity, and diverse programming to meet the needs of unique populations.

Figure 2. Home Visiting Models in LA County: Capacity, Intensity, and Funding Sources (2019)



Source: First 5 LA

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