Home Visiting in LA:
Comprehensive Research

Updated July 2017
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ACKNOWLEDGEMENTS & THANK YOU’S
ACKNOWLEDGMENTS & THANK YOU’S

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- **LA Partnership for Early Childhood Investment & First 5 LA**, for funding Big Orange Splot, LLC to research, consolidate and analyze the information herein
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- **Home Visiting Provider Agencies**, for participating in interviews and roundtables

Thank you!
WHAT IS HOME VISITING?
WHAT IS HOME VISITING?

“Perinatal and early childhood home visiting is a multi-disciplinary, family-centered support strategy with services delivered by trained professionals in the home that:

- is offered on a voluntary basis to pregnant women and/or families with children through the age of 5;
- provides a comprehensive array of holistic, strength-based services that promote parent and child physical and mental health, bonding and attachment, confidence and self-sufficiency, and optimizes infant/child development by building positive, empathetic, and supportive relationships with families and reinforcing nurturing relationships between parents and children; and
- is designed to empower parent(s) to achieve specific outcomes which may include: healthy pregnancy, birth and infancy; optimal infant/child development; school readiness; and prevention of adverse childhood experiences.”

- 2017 Los Angeles County Perinatal and Early Childhood Home Visitation Consortium
WHAT IS THE VALUE OF HOME VISITING?
HOW DOES HOME VISITING HELP US?

1. Helps us achieve desired outcomes
2. Prevents families from entering crisis systems
3. Effectively triages clients to needed services
RESEARCH SHOWS HOME VISITING...

- Improves family safety & parenting
- Decreases criminal activity
- Decreases reliance on public assistance
- Improves health outcomes & HEDIS measures
- Improves child & maternal mental health
- Improves cognitive & social development
WHAT HOME VISITING MODELS DO WE HAVE IN LA?
LA HAS BOTH “UNIVERSAL” & INTENSIVE HOME VISITING MODELS

“Universal”
Shorter-term; less frequent
Focus on perinatal well-being:
- Preventing adverse health, parenting and developmental outcomes
- Screening to identify individuals in need of more intensive support
Available to all expectant and new parents, regardless of family risk attributes*

* Currently only available in some LA geographies and hospitals

Intensive
Longer term; more frequent
Focus varies by program:
- Usually includes healthy child development, prevention of child abuse or neglect, mental health, maternal health, and self-sufficiency
Available only to parents who meet specific risk, income, geographic and/or age criteria
LA COUNTY “UNIVERSAL” AND INTENSIVE MODELS

“Universal”
Welcome Baby

Intensive
Early Head Start (EHS)
Healthy Families America (HFA)
Healthy Start (HS)
Nurse-Family Partnership (NFP)
Parents as Teachers (PAT)
Partnerships for Families (PFF)
DIFFERENT MODELS HAVE DIFFERENT:

- curricula/methodology
- staff requirements
- frequency of client contact
- length of services
- entry requirements
- intended outcomes
- actual outcomes, as demonstrated through research

Please see Consortium handout for details on these differences between models.

Sources: Los Angeles Best Babies Network, Consortium Advocacy Workgroup, and home visiting model websites and public contract information.
VOLUMES OF RESEARCH ILLUSTRATE THE IMPACT THAT DIFFERENT MODELS HAVE ACHIEVED

SUMMARY OF OUTCOMES:
What Research Proves Home Visiting Impacts
Report as of June 4, 2017

See Handout for Details on Outcomes

Summary of Outcomes Research

The following table shows the impact of home visiting models on specific outcome areas, based on existing research, by each model type currently in operation in Los Angeles: Early Head Start ("EHS"), Nurse Family Partnership ("NFP"), Healthy Family America ("HFA"), Parents as Teachers ("PAT"), Welcome Baby, Partnerships for Families ("PF") and Healthy Start.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>EHS</th>
<th>NFP</th>
<th>HFA</th>
<th>PAT</th>
<th>Welcome Baby</th>
<th>PF</th>
<th>Healthy Start</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase Cognition &amp; Social Development</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Improve School Performance</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Improve Maternal Health</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Improve Child Health</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Improve Mental Health</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Improve Family Safety &amp; Parenting</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Increase Self-Sufficiency (Assistance to Public Assistance Increases Training or Employment)</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Decrease Crime</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

For sources, see document.
WHAT IS OUR CURRENT CAPACITY IN LA?
Sources:
Welcome Baby, Healthy Families America, Parents as Teachers: LACPECHVC Data workgroup and Holly Campbell; confirmed with Diana Careaga.
PFF: From Department of Children & Family Services, Yesenia Mendoza, Program Monitor
NFP: From Department of Public Health, Cindy Chow.
Healthy Start: From Shields for Families, Dwaine Jackson.
AVPH HFA: From Antelope Valley Partners for Health, Tiara Sigaran, Evaluation Manager
WHERE DOES THE CURRENT FUNDING FOR HOME VISITING IN LA COME FROM?
LOCAL PUBLIC SECTOR INVESTORS INCLUDE:

- Department of Public Health (NFP)
- Department of Mental Health (NFP)
- Department of Children & Family Services (PFF)
- LA County Office of Education (EHS)
- First 5 LA (HFA, PAT, WB)
SOME AGENCIES ARE FUNDED DIRECTLY BY THE FEDERAL GOVERNMENT

- Early Head Start
  - ~20 agencies
  - >2400 families per year

- Healthy Start
  - One agency
  - Up to 500 families per year
Sources:
- LA DPH and LADMH funding: Linda Aragon, per email 6/15/17
- DCFS funding: PFF Request for Proposals, 2015 (Safe Children Strong Families Services; Family Preservation and Partnerships for Families Services, Request for Proposals (RFP) #11-053B)
- First 5 LA funding: Executive Summary of Sustainability Research by Reena John of First 5 LA
- Healthy Start: Shields for Families, Jermaine Strickland
WHICH AGENCIES IN LA DELIVER HOME VISITING SERVICES?
## AGENCIES OFFERING HOME VISITING

See Handout

<table>
<thead>
<tr>
<th>Home Visiting Providers in Los Angeles County, By Program Model</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EHS</strong></td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>Antelope Valley Partners for Health</td>
</tr>
<tr>
<td>Baldwin Park Unified School District</td>
</tr>
<tr>
<td>Child Care Resource Center (CCRC)</td>
</tr>
<tr>
<td>Child and Family Guidance Center</td>
</tr>
<tr>
<td>Children’s Bureau</td>
</tr>
<tr>
<td>Children’s Institute, Inc. (CII)</td>
</tr>
<tr>
<td>Citrus Valley Medical Center</td>
</tr>
<tr>
<td>Department of Public Health</td>
</tr>
<tr>
<td>El Nino Family Center</td>
</tr>
<tr>
<td>Families in Good Health</td>
</tr>
<tr>
<td>Foot Hill Family Services</td>
</tr>
<tr>
<td>Friends of the Family</td>
</tr>
<tr>
<td>Hope Street Family Center</td>
</tr>
<tr>
<td>Human Services Association</td>
</tr>
<tr>
<td>Koreatown Youth and Community Center</td>
</tr>
<tr>
<td>Long Beach Unified School District</td>
</tr>
<tr>
<td>LA Women/South LA Health Projects</td>
</tr>
<tr>
<td>Los Angeles Child Guidance Clinic</td>
</tr>
</tbody>
</table>
WHAT ELIGIBILITY RESTRICTIONS CURRENTLY LIMIT ACCESS TO HOME VISITING?
### ELIGIBILITY VARIES BY GEOGRAPHY, AGE, INCOME, & RISK PROFILE

<table>
<thead>
<tr>
<th>Model</th>
<th>Age Restrictions for Enrollment</th>
<th>Geographic Restrictions</th>
<th>Risk-based Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome Baby</td>
<td>Prenatal or at birth</td>
<td>Best Start Communities</td>
<td></td>
</tr>
<tr>
<td>Welcome Baby “Light”</td>
<td>At birth</td>
<td>Non-Best Start Communities</td>
<td>Assessed as high-risk via hospital screening</td>
</tr>
<tr>
<td>Healthy Families America (HFA) &amp; Parents As Teachers</td>
<td>Entry at birth</td>
<td>Best Start Communities</td>
<td>Assessed as high-risk via hospital screening</td>
</tr>
<tr>
<td>Early Head Start</td>
<td>0-3; some prenatal</td>
<td>By zip code</td>
<td>At risk or in poverty (100% FPL)</td>
</tr>
<tr>
<td>Nurse-Family Partnership</td>
<td>By 28 weeks pregnant</td>
<td></td>
<td>1st time mom, 200% FPL or WIC/Medi-Cal eligible</td>
</tr>
<tr>
<td>Partnerships for Families</td>
<td>Prenatal to 6 months (12 months with permission), unless referred by DCFS</td>
<td></td>
<td>History of domestic violence, mental health challenges, substance abuse, or an unsubstantiated closed DCFS referral</td>
</tr>
<tr>
<td>Healthy Start</td>
<td>Prenatal to 24 months</td>
<td>SPA 6 only</td>
<td></td>
</tr>
<tr>
<td>Antelope Valley HFA</td>
<td>Prenatal to 3 months</td>
<td>SPA 1 only</td>
<td>At risk</td>
</tr>
</tbody>
</table>

Table built off of data from LACPECHVC referrals workgroup.
ELIGIBILITY VARIATION BY INCOME, RISK CRITERIA, AND AGE, COMBINED

- HIGH RISK HISTORY
  - HFA, PAT, PFF
- EHS
- LOW INCOME
- NFP
- 1ST TIME MOTHER

Welcome Baby & Healthy Start
ELIGIBILITY RESTRICTIONS BY AGE

- **EHS**
  - EHS entry from prenatal to 3

- **Healthy Start (SPA 6 Only)**
  - Healthy Start entry from prenatal to 2

- **PFF**
  - Entry prior to 1 year

- **Welcome Baby**
  - Entry at or prior to birth

- **NFP**
  - Entry by 28 weeks

- **HFA & PAT**
  - Entry at Birth

Timeline:
- Conception
- 28 Weeks
- Birth
- 1 Year
- 2 Years
- 3 Years

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Source for Best Start Map: First 5 LA
Sources for EHS geographies: https://eclkc.ohs.acf.hhs.gov/ and the LACPECHVC Referrals Workgroup.
Mapping of geographies performed by First 5 LA.
ELIGIBILITY RESTRICTIONS BY GEOGRAPHY

Programs available throughout LA County:
• Nurse-Family Partnership
• Partnerships for Families

Appendix A includes detailed maps of home visiting programs by SPA and Supervisorial District.
GAP ANALYSIS:

WHAT ARE OUR BEST OPPORTUNITIES FOR SYSTEM IMPROVEMENT IN LOS ANGELES?
OVERVIEW OF GAP ANALYSIS FINDINGS

- Community demographic data supports the need for more:
  - Universal perinatal prevention services, and
  - Higher intensity prevention services
- Improved coordination around prenatal recruitment into home visiting could help us to better maximize current funding
- Long-term funding sustainability is a key issue
- Differences in capacity and need exist across different SPA regions
GAP ANALYSIS – PART I:
ARE WE MAXING OUT OUR CURRENT CAPACITY?
WE ARE VERY CLOSE TO MAXING OUT CURRENT CAPACITY...

<table>
<thead>
<tr>
<th>Model</th>
<th>Saturation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome Baby</td>
<td>Some additional capacity</td>
</tr>
<tr>
<td>HFA/PAT</td>
<td>Some additional capacity</td>
</tr>
<tr>
<td>NFP</td>
<td>Some additional capacity</td>
</tr>
<tr>
<td>Healthy Start</td>
<td>Some additional capacity</td>
</tr>
<tr>
<td>EHS</td>
<td>At capacity</td>
</tr>
<tr>
<td>PFF</td>
<td>At capacity</td>
</tr>
<tr>
<td>Antelope Valley HFA</td>
<td>At capacity</td>
</tr>
</tbody>
</table>

Most models with unfilled capacity require prenatal or at birth enrollment

Sources:

CAPACITY:
Welcome Baby, Healthy Families America, Parents as Teachers: LACPECHVC Data workgroup and Holly Campbell; confirmed with Diana Careaga.
PFF: From Department of Children & Family Services, Yesenia Mendoza, Program Monitor
NFP: From Department of Public Health, Cindy Chow.
Healthy Start: From Shields for Families, Dwaine Jackson.
AVPH HFA: From Antelope Valley Partners for Health, Tiara Sigaran, Evaluation Manager

ACTUALS:
- Welcome Baby, Healthy Families America, Parents as Teachers: First 5 LA, Diana Careaga & Children Now; actuals for PAT confirmed via PAT national via Children Now; actuals for Welcome Baby and Healthy Families America confirmed by LABBN.
- EHS: From Head Start Association via Children Now. Also confirmed via interviews of EHS providers. EHS providers are required to recruit so that they have a wait list equal to at least 20% of funded capacity.
- PFF: Based on First 5 via Children Now; confirmed via interviews of PFF providers, plus contractual changes per 2015 RFP. See interview slide for more details.
- NFP: From NFP national office via Children Now and confirmed by Department of Public
Health, Cindy Chow.
- Healthy Start: From Shields for Families, Dwaine Jackson.
- AVPH HFA: From Antelope Valley Partners for Health, Tiara Sigaran, Evaluation Manager.
### WHAT DYNAMICS ARE DRIVING THE UNUSED CAPACITY IN SOME PROGRAMS?

<table>
<thead>
<tr>
<th>Reasons Leadership Cited for Unused Capacity in FY16</th>
<th>Action Steps Planned for FY17 to Maximize Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structural inefficiencies in enrollment process</td>
<td>Pilot with NFP and WB in SPA 3 to develop an inter-agency referral process and protocol.</td>
</tr>
<tr>
<td>Outreach strategies</td>
<td>Programs leveraging LACPECHVC collaborative referral tools. Looking at opportunities to increase/improve home visitor promotion of program.</td>
</tr>
<tr>
<td>Staff shortage for home visitors due to maternity and medical leaves</td>
<td>N/A</td>
</tr>
<tr>
<td>Staff shortage for data management due to funder requirements</td>
<td>NFP planning to hire more administrative help/clerks to help with data entry; looking into having tablets so nurses can enter data directly on the tablet as a by-pass.</td>
</tr>
</tbody>
</table>

Sources: Department of Public Health, Cindy Chow, and First 5 LA, Diana Careaga.
POINTER INTERVIEWS CONFIRMED DATA TRENDS

- PFF and EHS agencies interviewed were generally operating at full capacity
- Efforts to increase coordination and prenatal recruitment might be most helpful for realizing our full impact through Welcome Baby, HFA/PAT, NFP, and Healthy Start
- No home visiting resources are available for families with children 1-3 outside of EHS geographies (or for families who do not meet EHS need-based criteria)

Interviewees:
Duane, Shields for Families Healthy Start
Tiara Sigaran, Antelope Valley Partners for Health
Yesenia Mendoza-Menchaca, DCFS
Jennifer Ralls, Para Los Ninos
Maria Lopez, Para Los Ninos
Tasha Boucher, St. John’s
Vanessa Mendez, Children’s Bureau
Dow Jane, Region IX EHS Program Contract Manager
Delia Vicente, UCLA EHS
Joan McGowan, Volunteers of America EHS
Deborah Kanegsberg, Vista Del Mar HomeSAFE
Elvia de la Torre, LAEP EHS
GAP ANALYSIS – PART II:

HOW DOES OUR CURRENT CAPACITY COMPARE WITH COMMUNITY NEED?
ARE THERE GAPS?
Population estimate from 2014 LAMB data
Estimated acceptance rates based on actuals of Welcome Baby, per First 5 LA
Estimate of at-risk population from 2014 LAMB survey. Risk Factors include: depressed while pregnant, teen mom, used illicit drugs while pregnant, physically abused while pregnant, entered prenatal care after 3 months, less than a high school education, homeless while pregnant. Risk factor inclusion was informed by Children’s Data Network research identifying factors linked to child abuse and neglect, plus consultation with LACPECHVC Data Workgroup.
CURRENT CAPACITY ALSO FALLS SHORT OF NEED FOR SPECIFIC AT-RISK POPULATIONS

Sources:

Data gathered by LACPECHVC Data and Advocacy Workgroup and augmented with additional research.

- Preterm Births: 2013 CHHS Birth Records.
- IPV while Pregnant: 2014 LAMB Survey by Department of Public Health, per LACPECHVC
- Depressed while Pregnant: 2014 LAMB Survey by Department of Public Health
- 1st Time Moms: 2014 Vital Stats
- 0-5 Reported to Child Welfare: Department of Children and Family Services, Donna Fernandez
- Children 0-3 in Poverty: 2014 CHIS
Estimated target acceptance rates based on actuals from Department of Public Health, Maternal Child and Adolescent Health division.
COMMUNITY NEED MAPPING

Appendix B includes detailed maps of communities in need.
HOW DOES CAPACITY & NEED VARY BY SPA?
HOW DO CHILD PROTECTIVE HOTLINE CALLS VARY BY SPA?

Abuse Allegations by SPA by Disposition, FY16

Note: Child protective Hotline calls have been identified through research to be the leading predictor of child abuse and neglect, regardless of disposition of individual calls.

Source: Department of Public Health, based on 2014 LAMB Survey.
• Nurse-Family Partnership is Countywide. Graph assumes Nurse-Family Partnership capacity is spread evenly across SPAs.
• Sources for data: EHS programs, Shields for Families, First 5 LA, DCFS, DPH.
• Nurse-Family Partnership is Countywide. Graph assumes Nurse-Family Partnership capacity is spread evenly across SPAs.
• Sources for data: EHS programs, Shields for Families, First 5 LA, DCFS, DPH.
Source for capacity data: First 5 LA, Diana Careaga.
ARE CURRENT INVESTMENTS BY SPA PROPORTIONAL TO THE UNIVERSAL POPULATION?

Universal Home Visiting: Proportionality of Need vs. Availability, by SPA

Source for capacity data: First 5 LA, Diana Careaga.
HOW WELL DO OUR CURRENT PROGRAMS MEET THE NEEDS OF OUR DIVERSE LA COMMUNITY?
CULTURAL RESEARCH

The following current models have research demonstrating their effectiveness with subpopulations present in Los Angeles:

<table>
<thead>
<tr>
<th></th>
<th>EHS</th>
<th>NFP</th>
<th>HFA</th>
<th>PAT</th>
<th>Welcome Baby</th>
<th>PFF</th>
<th>Healthy Start</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latino</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Asian-Pacific Islander</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indigenous</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teen</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mothers with less than a GED/high school degree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

However, the most important consideration in meeting the needs of our diverse community is not the structural model, but rather the integration of reflective and cultural reciprocity practices into program implementation, training and ongoing staff support (Megan Finno-Velasquez, 2015).

WHAT IS THE SUSTAINABILITY OF OUR CURRENT FUNDING?
### SUSTAINABILITY OF CURRENT LA COUNTY FUNDING FOR INTENSIVE HOME VISITING

<table>
<thead>
<tr>
<th>Model/Funder</th>
<th>Capacity (# children/families)</th>
<th>Funding Longevity</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHS (Federal)</td>
<td>3452</td>
<td>Mostly secure</td>
</tr>
<tr>
<td>Healthy Families America/ Parents as Teachers</td>
<td>3100</td>
<td>Guaranteed through 2020</td>
</tr>
<tr>
<td>Partnerships for Families (DCFS)</td>
<td>1260</td>
<td>Secure</td>
</tr>
<tr>
<td>Nurse-Family Partnership (DPH)</td>
<td>1100</td>
<td>Secure</td>
</tr>
<tr>
<td>Healthy Start (Shields)</td>
<td>500</td>
<td>Currently set to end in 2020</td>
</tr>
<tr>
<td>Healthy Families America Antelope Valley</td>
<td>110 slots per year</td>
<td>Depends on 2017 Federal Renewal</td>
</tr>
</tbody>
</table>

WB/HFA/PAT = capacity from data workgroup/Holly Campbell – NOTE – subtracted HFA AV below, not sure if that is accurate or not; actuals for HFA (FY15) from First 5 & via Children Now; actuals for PAT = FY16 from PAT national via Children Now; for WB = Jan French; HFA actual = from Delisa of LABBN = number ENROLLED in FY15 and FY16 = 929. EHS = funded from ECKLC. ohs.acf.hhs.gov via Michaela Ferrari & actuals from Head Start Association via Children Now; 415-437-8400 EHS; 415:437:8663 Dow-Jane NFP = capacity from DPH; actuals FY16 from NFP national office via Children Now; Actuals for caseload given informally by Cindy Chow = Actuals for MIECHV = 80 LAUSD, 76 non-LAUSD; actuals for non-MIECHV = 752 PFF = actuals from First 5 First 5 via Children Now; Funded TBD from Yesenia @ DCFS P&A = my estimate Healthy Start =Dwaine Jackson, Shields for Families, 323-242-5000 x4100 HFA AV MIECHV from Cindy Chow, DPH; capacity from Tiara of AVPH AVPH Contact Information +16619424719 Michelle Kiefer: mkiefer@avph.org<mailto:mkiefer@avph.org> --> Executive Director Tiara Sigaran: tsigaran@avph.org<mailto:tsigaran@avph.org> --> Eval Manager/Director Vicki Bibby: vbibby@avph.org<mailto:vbibby@avph.org> --> Director of Home Visiting Services
WHAT OPPORTUNITIES FOR SUSTAINABILITY CAN WE LEARN FROM OTHER GEOGRAPHIES?
SUSTAINABILITY STRATEGIES WE CAN LEARN FROM OTHER GEOGRAPHIES

Funding streams other geographies have used for home visiting include:

- Temporary Assistance to Needy Families (TANF)
- Medicaid Waivers
- Targeted Case Management (TCM)
- Medicaid Administrative Activities (MAA)
- Title IV-E
IN SUMMARY

- Community data support the need for increased funding for both:
  - Universal perinatal prevention services, and
  - Higher intensity prevention services
- Improved coordination around prenatal recruitment could help us to better maximize current funding
- Long-term sustainability is a key issue; there are funding sources being leveraged in other geographies that we can pursue to address this issue
- Differences exist in different SPAs
- Continuing and spreading reflective practices and a culturally reciprocal clinical approaches can help us optimally serve LA's diverse population
KEY OPPORTUNITIES

- Opportunity to reach more families by expanding long-term **funding** for:
  - light touch/hospital approach beyond Best Start geography & Welcome Baby hospitals
  - higher intensity services for families that are not limited by geography and age
  - services for families with children >1 and/or after birth

- Opportunity for us to **collectively** serve more families by:
  - Increasing prenatal outreach for Welcome Baby/HFA/PAT and NFP
  - Increasing peer referral

- Opportunity for us to ensure optimal services for our **diverse community**:
  - Continuing and spreading reflective practices and a culturally reciprocal clinical approach
APPENDIX A:

MAPS OF HOME VISITING BY SPA AND SUPERVISORIAL DISTRICT
All maps in this Appendix were created using First 5 mapping services and the data researched by the LACPECHVC Referrals Group, LABBN and Big Orange Splot, LLC.
SPA 7
APPENDIX B:

MAPPING OF ADDITIONAL NEED MEASURES
Risk Behaviors During Pregnancy: Used Illegal Drugs or Drugs Not Prescribed by a Doctor During Pregnancy
Mothers who used illegal drugs or drugs not prescribed by a doctor during pregnancy. Respondents who answered yes when questioned about use of marijuana, hashish, tranquilizers, hallucinogens, cocaine, heroin, amphetamines or prescription drugs not prescribed by their doctors were coded as using illegal drugs or drugs not prescribed by a doctor.

Table Metadata: Illicit drug use during pregnancy is one intermediate measure that can be used to monitor healthy birth outcomes. Drug use during pregnancy can have severe and long lasting negative effects on both the mother and infant. It is strongly associated with low birth weight and very low birth weight infants. Additionally, infants who are exposed to drugs in utero are more likely to need special health and educational services throughout their life and are more likely to be placed in foster care.

Source: California Department of Public Health, 2012, via v4.healthycity.org
Sources:

Births to mothers under 20 years old who receive late or no prenatal care: Birth Statistical Master File, 2012, via v4.healthycity.org

Breastfeeding: Los Angeles County Health Survey, 2010, via v4.healthycity.org – Breastfed for at Least 6 months.
Source: California Department of Public Health, 2012, via v4.healthycity.org
Source: California Department of Public Health, 2012, via v4.healthycity.org
Source: Birth Statistical Master File, 2012, via v4.healthycity.org
Source: California Department of Public Health, 2012, via v4.healthycity.org