



Executive Summary

Home Visiting in Los Angeles County: Current State, Gaps & Opportunities



Home visiting¹ is a form of family support that includes parent coaching and comprehensive resource referrals provided by trained professionals in the home and community environment. It has been proven through research to be effective in reducing child abuse and neglect, improving child development, reducing preterm births, improving maternal and child health, increasing school readiness, reducing reliance on public financial benefits, and reducing crime. It is an invaluable model for improving family outcomes, preventing expensive crisis-based intervention, and triaging families to appropriate and needed services.

The Los Angeles Partnership for Early Childhood Investment and First 5 Los Angeles engaged Big Orange Spot, LLC, on behalf of the Los Angeles Perinatal and Early Childhood Home Visitation Consortium (“LACPECHVC”), to perform a deep analysis of the current home visiting landscape in Los Angeles, including current models, capacity, gaps and maximization opportunities. The purpose of this analysis was to provide a solid foundation of data with which to ground future planning and advocacy. This executive summary provides an overview of the key findings from that research.

Acknowledgments

Many thanks to our funders, LA Partnership for Early Childhood Investment and First 5 LA, without whom this research would not have been possible, as well as to Michaela Ferrari (LACPECHVC Coordinator); LACPECHVC Data, Referrals and Advocacy Workgroups; LA Department of Public Health MCAH; Gina Airey Consulting; and LA Best Babies Network, for their respective data and design contributions.

What home visiting models do we have here in LA?

Los Angeles County has both “universal” & intensive home visiting models. **Universal home visiting models** are shorter-term, less frequent models that focus on perinatal well-being, including preventing adverse health, parenting, and developmental outcomes, and screening to identify individuals in need of more intensive support. They are offered to all expectant and new parents in a community, regardless of family risk attributes. In Los Angeles County, one “universal” program —Welcome Baby—is active, but it is currently only available to mothers delivering at 14 of the County’s hospitals.



Intensive models are longer term and more frequent. While the specific focus varies by program, intensive models typically include an emphasis on healthy child development, the prevention of child abuse or neglect, mental health, maternal health, and self-sufficiency. Intensive models are only available to parents who meet specific risk, income, geographic, and/or age criteria. The various intensive models have different curricula/methodology, staff requirements, frequency of client contact, length of services, entry requirements, intended outcomes, and actual outcomes as demonstrated through research. The LACPECHVC document “Program Details for LA County Home Visitation Programs” summarizes many of these differences.



¹ We define home visiting as follows: “Perinatal and early childhood home visiting is a multi-disciplinary, family-centered support and prevention strategy with services delivered by trained professionals in the home that: (1) is offered on a voluntary basis to pregnant women and/or families with children through the age of 5; (2) 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 (3) 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 and life experiences.”

What outcomes have the models available in LA been proven to achieve?



Volumes of research illustrate the impact that different home visiting models have achieved in

- improving family safety and parenting,
- decreasing criminal activity,
- increasing child and maternal health,
- improving mental health outcomes,
- improving child cognitive and social development, and
- decreasing reliance on public assistance.

The table below provides an overview of 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 (“WB”), Partnerships for Families (“PFF”) and Healthy Start (“HS”). The accompanying report “What Research Proves about the Impact of Home Visiting Models Used In Los Angeles” provides an in-depth review of each program’s impacts.

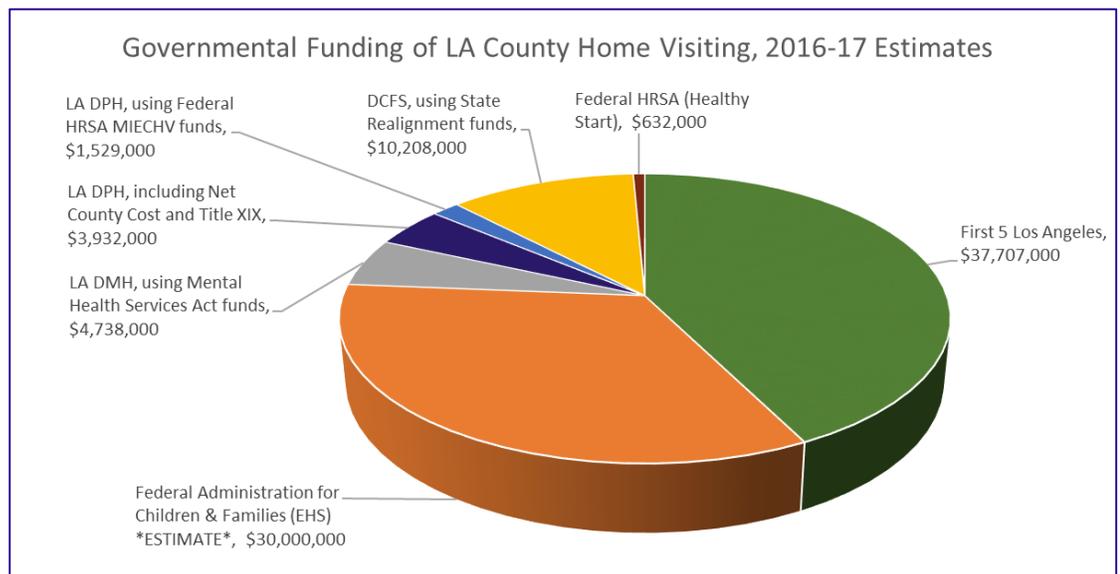
| | EHS | NFP | HFA | PAT | WB | PFF | HS |
|--|-----|-----|-----|-----|----|-----|----|
| Increases Cognitive & Social Development | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Improves School Performance | | ✓ | ✓ | ✓ | | | |
| Improves Maternal Health | | ✓ | ✓ | ✓ | ✓ | | |
| Improves Child Health | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Improves Mental Health | ✓ | ✓ | | | ✓ | ✓ | |
| Improves Family Safety & Parenting | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Increases Self-Sufficiency (Decreases use of Public Assistance; Increases Training or Employment) | ✓ | ✓ | ✓ | | | | |
| Decreases Crime | | ✓ | | | | | |

What is the current capacity of home visiting in Los Angeles?

Analysis of current home visiting capacity and gaps revealed that we have a strong base of quality home visiting programs established in Los Angeles. Current publicly-funded² home visiting programs in Los Angeles are funded through the contributions of five local governmental entities, plus numerous contracts awarded by the federal government to local non-profit organizations.

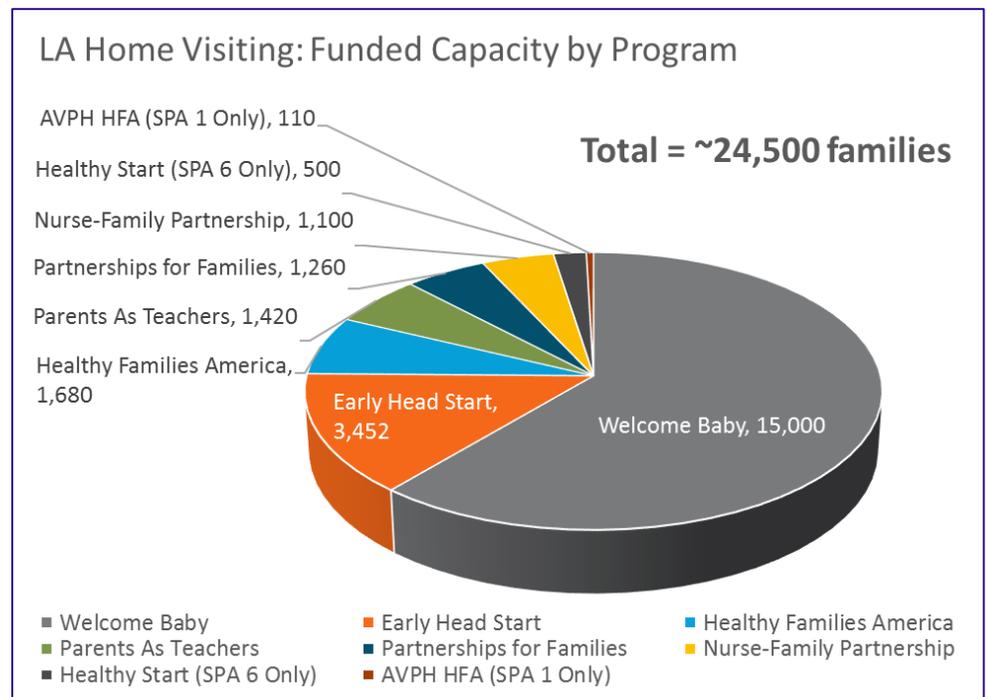
² While the majority of home visiting programs in Los Angeles utilize public funding, it is worth noting that there are additional smaller home visiting programs run by non-profit agencies utilizing philanthropic or grant dollars that are not included in the numbers herein. There are also additional family services provided in the home (such as home-based therapeutic interventions) that are not reflected here because they are either not preventative or not comprehensive.

| Funding Source | Models | Families/Year |
|--|---|---------------------------------------|
| First 5 LA | Healthy Families America & Parents as Teachers; Welcome Baby | 3,100 High-Risk 15,000 General |
| DPH (MIECHV, TCM, MAA) | Nurse-Family Partnership Healthy Families America | 1,210 High-Risk |
| Dept. of Mental Health (MHSA, PEI) | | |
| Dept. of Children & Family Services (State Realignment \$) | Partnerships for Families | 1,260 High- Risk |
| Federal Contracts (HRSA Healthy Start, Head Start) | Early Head Start Healthy Start | 3,950 High-Risk |



* Note: Federal ACF (EHS) funding is estimated based on comparative volume and intensity of services. Obtaining exact EHS home-base funding for LA County is not possible due to EHS contract structures.

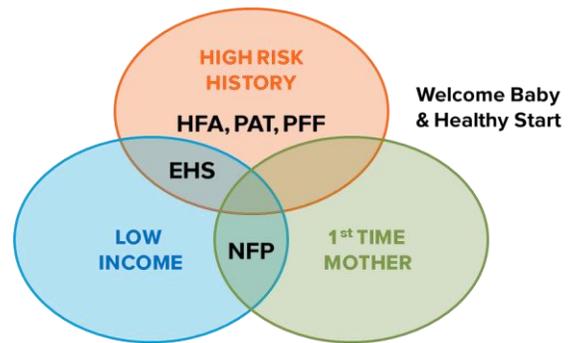
Collectively, these funding streams enable 55 local non-profit organizations to provide home visiting services to LA families, with the collective total capacity to help approximately 24,500 families per year, including approximately 15,000 families from the general population and 9,500 high-risk families, who receive intensive services, per year. The accompanying report to this Executive Summary, “Home Visiting Providers in Los Angeles County, By Program Model,” lists these local non-profit organizations and indicates the models each offers.



What eligibility restrictions currently limit access to home visiting?

Each Los Angeles-based home visiting model has different eligibility requirements including geography, age, income, and risk profile.

Geographic Restrictions: The programs that are restricted to a particular Service Planning Area (“SPA”) include Healthy Start and Antelope Valley Partners for Health’s Healthy Families America. Early Head Start is restricted by zip code. The programs restricted to Best Start Neighborhoods include Welcome Baby, Healthy Families America, and Parents as Teachers. Nurse-Family Partnership and Partnerships for Families are available to families who reside throughout Los Angeles.



Age Restrictions: Most intensive programs in Los Angeles require entry at or prior to birth. Nurse-Family Partnership is available for families entering before 28 weeks postpartum. Welcome Baby is available to families entering at or prior to birth. Healthy Family America and Parents as Teachers are only available to families entering at birth. Partnership for Families is available to general community members entering prenatally up to the child’s first year. Entry into Healthy Start extends from the prenatal period through age 2. Early Head Start is available from the prenatal period to age 3.

Income and Risk Profile: Welcome Baby and Healthy Start programs are available to families of all incomes and risk profiles. Healthy Families America, Parents as Teachers, and Partnerships for Families are available only to families that have a history of high risk. Early Head Start is available to families that have a high risk history and who are low income. Nurse-Family Partnership is available to low-income, first-time mothers.

It is worth noting that, because of the combination of these factors, no home visiting resources are currently available for families with children ages one to three outside of the zip codes served by EHS or for those families who do not meet the EHS need-based criteria. Below is a table that crosswalks all of the eligibility requirements by model.

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

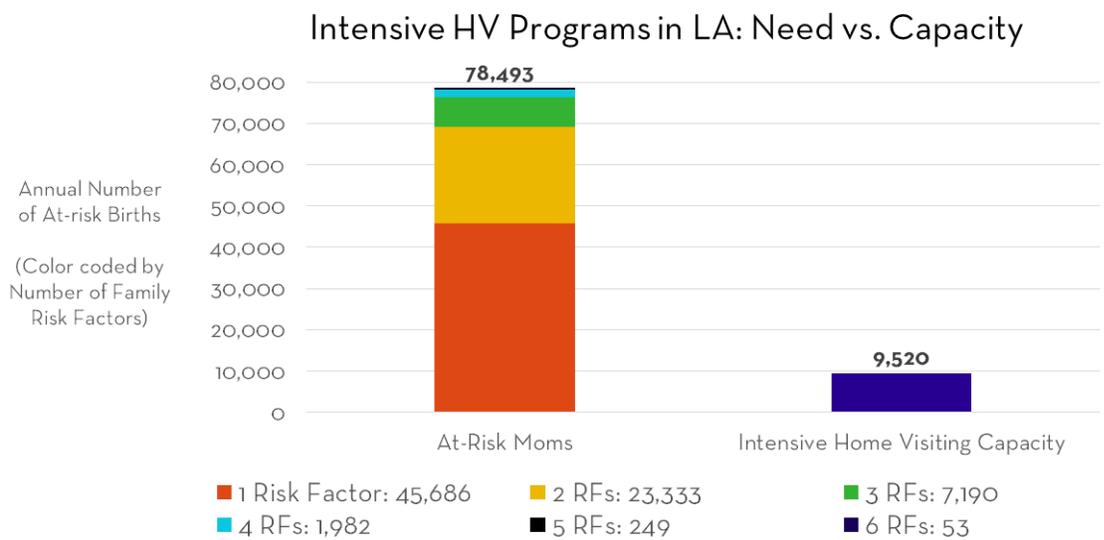
Are we currently maximizing our existing funded capacity?

Data, research, and interviews with home visiting providers revealed that we are very close to maximizing our current capacity. EHS, PFF and Antelope Valley HFA are generally operating at capacity, although recent changes in funding allocations may temporarily open up new capacity in some SPAs for PFF. Most of the models with unfilled capacity require prenatal or birth enrollment; these models include: Welcome Baby, HFA, PAT, and NFP. Healthy Start also has some unfilled capacity, but is only available in SPA 6. Efforts to increase coordination around prenatal recruitment might be the most helpful way to realize the full impact of Welcome Baby, HFA, PAT, NFP, and Healthy Start.

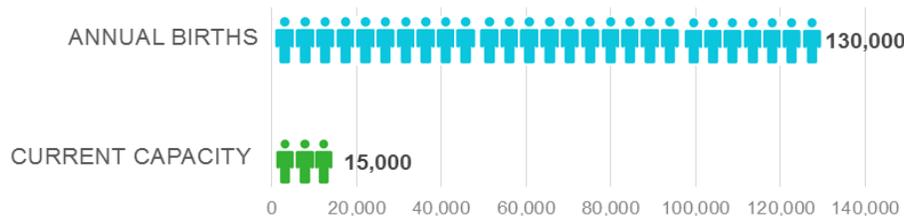
How does our current capacity relate to full community need?

Comparing current home visiting capacity to the full community need for family support reveals a substantial gap in services for both high-risk populations and the general LA population.

The 2014 Department of Public Health LAMB data reveals an estimated 78,500 families giving birth in LA County each year exhibit at least one high-risk factor;³ an estimated 33,000 families exhibited two or more risk factors. Comparing this community need to the 9,500 spots currently available for at-risk families in Los Angeles documented above points to a current rate of only 12-29% of high-risk families accessing home-based family support in Los Angeles. The graph to the right demonstrates the gap between the need for intensive services in Los Angeles County and the number of families who receive intensive services on an annual basis.

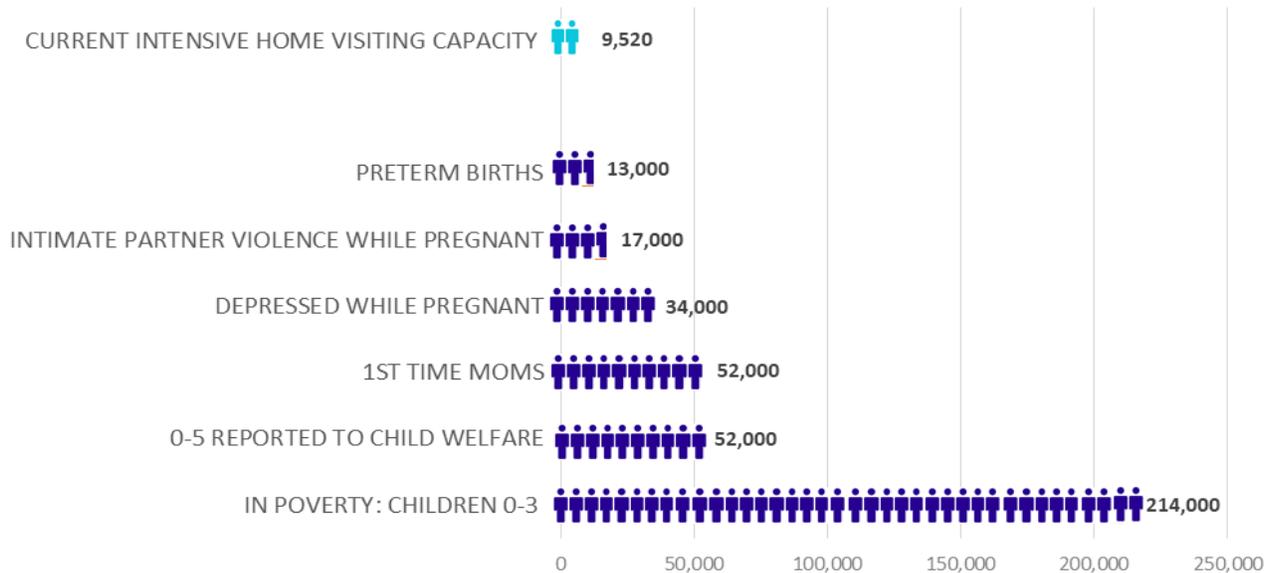


A comparison of the 15,000 families who receive “universal” preventative home visiting services with the 130,000 births annually in LA County reveals a similar need to improve our system of supports by expanding funding. Current funding provides sufficient capacity to serve 12% of the general population.



³ Risk factors included in our analysis were as follows: 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, and homeless while pregnant. Risk factors were chosen based on a combination of Children’s Data Network research regarding child abuse risk factors and the expertise of the LACPECHVC Data Workgroup. Findings from the LAMB survey were extrapolated to the number of women who give birth annually in LA for a population estimate.

The current capacity also falls short of the need for specific at-risk populations of interest. The current intensive home visiting capacity in Los Angeles County, as previously mentioned, is approximately 9,500 families per year, yet, each year in Los Angeles County there are 13,000 pre-term births, 17,000 mothers who experience intimate partner violence while pregnant, 34,000 mothers who are depressed while pregnant, 52,000 first time moms, 52,000 mothers who are reported to child welfare, and 214,000 children ages zero to three that are living in poverty. These figures show a stark contrast between need and capacity for the specific at-risk populations that LA home visiting programs seek to serve.



How well do our current programs meet the needs of our diverse LA community?

Research regarding cultural competency reaffirmed the value of already existing LA models. Some models operating in LA have research demonstrating their effectiveness with specific minority populations; the accompanying report “What Research Proves about the Impact of Home Visiting Models Used in Los Angeles” provides a summary of research relating to each program’s impacts on specific subpopulations. More importantly, research underscored that the most important consideration in achieving cultural competency within programs is not the structural model, but rather the integration of reflective practices into program implementation, training, and ongoing staff support. These revelations underscore the value of existing reflective practices and community feedback loops that current home visiting programs pursue, and point to the value of ensuring that we support these practices in our Countywide workforce efforts.

What are our best opportunities for system improvement in Los Angeles?

One of the most prominent opportunities to improve the system of home visiting in Los Angeles is the identification of new funding streams to expand capacity for both at-risk and general populations. With the looming threat of reduced MIECHV and First 5 funds on the horizon, identification of long-term, sustainable funding streams will be essential. In addition, our analysis revealed the need to strive for increased funding *flexibility*. All general population services and most high-risk, high-intensity services are geographically restricted. The vast majority of high-need services also have restrictions based on child age and family income/risk criteria that further restrict access. There are vast numbers of families who are therefore not able to access home visiting services simply due to geographic and other eligibility requirements currently in place in LA.

The gap analysis also revealed opportunities to improve family impact through increased coordination around prenatal referrals. Due to restrictions on current funding that require families to enroll in many existing programs at-birth or prenatally, building additional prenatal referral pathways from medical providers and County departments into home visiting programs would enable us to better leverage existing funding streams.