



# ALIGNING THE STARS: Chronicle of a Home Visiting System Expansion

*“Home visiting engages caregivers around issues that are important to them, and to the health and well-being of their children, so that families are well-positioned to do the best they can for their children.”*

■ **Barbara Ferrer, Ph.D., M.P.H., M.Ed.**

Director, L.A. County Department  
of Public Health

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*“Investments in home visiting services are the most upstream way to uplift the health and well-being of the Los Angeles County collective for generations to come.”*

■ **Jonathan Sherin, M.D., Ph.D.**

Director, L.A. County Department  
of Mental Health



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Giving kids the best start

The early months and years of life represent a unique window of vulnerability and opportunity for the entire family. For infants and their parents, positive experiences during this time can lay the groundwork for a lifetime of well-being, while negative experiences may have the opposite effect.<sup>1</sup>

In Los Angeles County, a broad set of stakeholders has stepped up in recent years to build a coordinated system of home visiting services to support families during this critical period, prevent a range of harmful and costly outcomes, and promote greater health and well-being communitywide.

Fueled by an ambitious Board motion passed in December 2016 and the resulting countywide plan (*Strengthening Home Visiting in Los Angeles County: A Plan to Improve Child, Family, and Community Well-Being*, released in July 2018), these recent advances are part of a systems-change effort that has been decades in the making. In the last two years, a compelling alliance among publicly funded agencies — including the Department of Mental Health (DMH), Department of Public Health (DPH), and First 5 LA, three of the earliest funders of home visiting in the County — has been working with a growing network of public and private partners to maximize the impact of a one-time investment of DMH Prevention and Early Intervention funds to expand home visiting services.

This investment is catalyzing significant changes in the ways that early childhood prevention services are funded, coordinated and delivered. L.A. County leaders are looking to leverage this unique point in time to explore what will be required to develop and maintain a universal system of targeted home visiting services. This report describes how these recently elevated partnerships evolved and highlights the successes as well as the challenges of the first year of implementation, including some key lessons learned from stakeholders.

In an environment of increasing interest in home visiting and early childhood services at both the state and national levels, the experience of L.A. County provides an important case study of capacity building, revenue maximization, partnership development and system building. The lessons learned are informative for key partners invested in home visiting in L.A. County, other counties, and California more broadly, as they address the need to maximize existing funding opportunities and identify additional resource streams to secure and build on the current volume and diversity of services.

## What Is Targeted Universalism?

“All families need support when their child is born,” says Christina Altmayer, First 5 LA’s Vice President of Programs. “But they don’t all need the same kind of help, and some need more intensive support than others.”

This is the thinking that underlies First 5 LA’s Welcome Baby program, as well as the organization’s broader policy efforts on behalf of home visiting.

Targeted universalism captures the benefits of universal access, which recognizes the likelihood that all families require support, acknowledges that families have diverse needs, and establishes an understanding that underlying community conditions create undue burdens on families. Help that is offered to everyone also works against the paradigm that services are only for “bad” or “needy” parents.

However, service delivery that is targeted differently and tailored to a family’s needs recognizes that those needs vary greatly, resources are limited, and the most intensive support should be prioritized for those who need it most.

## ROOTS OF A HOME VISITING SYSTEM

Early childhood home visiting “has captured the imagination of folks in prevention for decades,” according to Dr. Deborah Daro, Senior Research Fellow at Chapin Hall. There is good reason for that. Research has demonstrated that home visiting programs can decrease rates of child abuse and neglect, improve health and child development outcomes, and enhance school readiness, among other outcomes.<sup>2</sup> In some cases, these benefits persist well beyond the period of intervention, suggesting the potential for lasting impact. This argument was the basis for national investment in home visiting via the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, which in 2012 provided formula funding for states to implement programs from a defined list of evidence-based options. In Los Angeles, as in other California counties, DPH received MIECHV funds from the state to design, oversee and fund implementation of the County’s MIECHV program.

Today there is growing interest in capturing the benefits of home visiting at a population level. A universal home visiting system — one in which all families, regardless of need, are offered at least one supportive home visit — could eliminate stigma associated with deficit-based models and normalize help-seeking behavior by families who are at risk of experiencing poor outcomes, while improving access to support for all families. In addition, home visiting services that reach a high percentage of a community’s families would provide an unprecedented window into family needs and preferences that could inform human services throughout the county.

It’s an appealing theory. However, the questions surrounding implementation of such a system — including how to design a network of services suited to diverse family needs, how to fund these diverse services, how to engage families, and

<sup>1</sup> See, for example: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5667351/>; <https://link.springer.com/article/10.1007/s00737-018-0889-z>; <https://www.sciencedaily.com/releases/2016/12/161219115224.htm>.

<sup>2</sup> Office of Planning, Research and Evaluation Administration for Children and Families, U.S. Department of Health and Human Services. (2019). Home visiting evidence of effectiveness review: Executive summary. OPRE Report #2019-93. Retrieved from [https://homvee.acf.hhs.gov/sites/default/files/2019-09/HomeVEE\\_Executive\\_Summary\\_2019\\_B508.pdf](https://homvee.acf.hhs.gov/sites/default/files/2019-09/HomeVEE_Executive_Summary_2019_B508.pdf).

how to ensure that the most individualized and intensive services reach families who need the most support — are complex and untested in a system on the scale of L.A. County.

### ENSURING SAFETY AND SECURITY FOR L.A. CHILDREN

Home visiting services have existed in L.A. since at least the late 1990s (see Appendix for a timeline of select events in the evolution of home visiting in L.A.). DPH, DMH, and First 5 LA all were early investors. In 2013, DPH and Los Angeles Best Babies Network (LABBN), with support from the Los Angeles County Partnership for Early Childhood Investment and First 5 LA, established the Perinatal and Early Childhood Home Visiting Consortium (the Consortium). An important step toward a more systemic approach, the Consortium aimed to increase coordination among the growing number of home visiting programs and models. Participation in the Pew Charitable Trusts' Home Visiting Project provided the Consortium with early support and technical assistance around policy and data collection, including the development of common metrics, as well as the opportunity to learn from best practices around the country.

First 5 LA first pioneered a targeted universal approach in 2014, with its expansion of Welcome Baby, a homegrown model that offered limited home visits to all families giving birth at 14 hospitals, with more intensive support available to families with greater needs in select neighborhoods ("Best Start" communities). (See What Is Targeted Universalism? on the prior page.) This expansion complemented simultaneous investments in national models such as Parents as Teachers (PAT) and Healthy Families America (HFA).

By 2016, the county's overall home visiting programming had the capacity to serve just under 20 percent of the County's 127,000 births. However, different models of home visiting and services funded by different sources were still largely unconnected, and access to home visiting services was determined primarily by geographic and enrollment restrictions, rather than by family needs. This created the potential for duplication or competition for families in some areas where services were richer; meanwhile, other areas of the county had no programs or more limited access. Families with needs that did not meet program

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*"Universality is the end goal. However, until we have the resources to provide home visiting to a large group, it is important to the child welfare system that we as a County provide the most intensive services to families who are vulnerable, with the goal of preventing families from ever coming to the attention of our department."*

■ Bobby Cagle, Director, LA County Department of Children and Family Services

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enrollment guidelines were sometimes turned away without help due to a lack of options. A more coordinated system was needed.

The need for system improvement was brought to the attention of L.A. County Supervisor Sheila Kuehl, who agreed that this was an opportunity to create a stronger safety net for families. The Supervisor drafted a motion, co-sponsored by Supervisor Janice Hahn, calling for all of the county's child- and family-serving departments to work together to develop and expand the county's home visiting system.

### TAKING MENTAL HEALTH TO THE COMMUNITY

*"Home visiting is a great use of prevention dollars. When we assess children's needs and connect them to supports at an early age, we shape the developing brain and mitigate so many risk factors."*

■ Kanchana Tate, Program Manager, Prevention Services Administration, DMH

DMH was a keen partner in the county's response to the home visiting board motion. The Department's director Dr. Jonathan Sherin, appointed in November 2016, brought a deep commitment to serving households most in need along with bold new ideas about prevention, community access and public-private partnership.

One of the hallmarks of Dr. Sherin's approach is not waiting for people to come to DMH in crisis. "We're looking to push resources out through community access platforms," he says. Training staff in places like schools, libraries and parks to recognize and report the early signs of mental health problems — what Dr. Sherin calls "red flag behaviors" — can help the entire ecosystem engage earlier, before problems become more difficult to treat. "Homes," he suggests, "are the most basic community access platform."

Not long after Dr. Sherin took his post, he discovered an unusual opportunity to prime the home visiting service pump in L.A. County—roughly \$200 million in Mental Health Services

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*"When [my son] was born, I had my first visit with a coach. A couple of weeks later I got depression. I was going to take my own life ... I called my coach. She came over that day. Nobody had noticed I was crying. She called me, and she said, 'We are going to do this together.' That is one phrase I will never forget."*

■ Recipient of home visiting services

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Act (MHSA) funds, unspent under prior leadership, that was slated to revert to the state. Dr. Sherin sprang into action, leading a statewide campaign to keep the funds in county departments. With the passage of California's Assembly Bill 114 in June 2017, the funds became L.A.'s to spend, but they had strings attached: They needed to be spent on innovative prevention and early intervention (PEI) programs, and quickly. With tireless help from seasoned executive consultant Gita Cugley, a plan was developed to invest in prevention efforts.

The department's prevention planning efforts recognized home visiting as a natural fit for this rare opportunity, because home visiting has a strong evidence base in preventing devastating lifelong effects of trauma on both physical and mental health. Investing in home visiting has

the potential not only to prevent existing symptoms from becoming more severe but also to prevent certain mental health concerns from manifesting in the first place. In addition to being the subject of the recent board motion, home visiting featured prominently as one of seven core strategies in the June 2017 Office of Child Protection countywide child abuse prevention plan which had been built through a robust stakeholder engagement process.

Cugley notes, "The MHSA money was an opportunity to power community access platforms, to see if they are a viable extension of our mental health footprint." DMH saw that home visiting also could help to destigmatize the process of seeking mental

health care; a referral from a trusted home visitor might be more warmly received than the same suggestion from a school or county employee, for example.

Dr. Sherin wanted to use the MHSA funds specifically to reach families previously excluded from existing home visiting programs and at most risk of experiencing or developing mental illness, in order to complete rather than compete with the current system. He and Cugley, whose work has been and continues to be funded by philanthropy, enlisted the help of the County's Center for Strategic Partnerships. A small table of private and philanthropic partners convened by the Center's director, Kate Anderson, to support the county's response to the board motion, offered thought partnership as well as financial and practical support to DMH's planning and implementation process.

Ultimately, the decision was made to dedicate up to \$40 million in one-time MHSA funds to expand capacity and enable countywide coverage of three existing evidence-based home visiting models: DPH's Nurse-Family Partnership (NFP) program and the First 5 LA-funded HFA and PAT models. Although the initial funding was limited to 2 years, the investment was strategically designed for greater impact. In addition to raising awareness and establishing new partnerships across sectors, many of the services provided would be reimbursable by Medicaid as targeted case management activities. In these ways, the MHSA funds were seen as an opportunity to promote the flow of more and diverse resources into the system in the future.

## HOME VISITING AS A TOOL FOR EQUITY

For the County's new public health director Dr. Barbara Ferrer, appointed in January 2017, home visiting offered an opportunity to contribute to departmentwide efforts that promote equity and help level the playing field for groups facing disproportionate health burdens in L.A.

DPH has played a long-term leadership role in home visiting. Historically, home visiting has been a cornerstone of public health nursing practice. More recently, public health departments, including L.A. County DPH, have had responsibility for implementing federally funded MIECHV home visiting, aimed at bringing evidence-based home visiting models to bear on maternal and child health outcomes.

In L.A., home visiting had a particular role to play in relation to inequality in birth outcomes. At the time of Dr. Ferrer's arrival in 2016, African Americans, Native Americans and Pacific Islanders experienced two to three times the rates of infant mortality, and higher rates of preterm birth and low birthweight, than Asians, whites or Latinas countywide. Even in the most recent data, with black infant mortality rates the lowest they have ever been, they are still twice the rates for whites. These figures are markers of personal tragedy for literally hundreds of black, Native American, and Pacific Islander families. For public health, they are also indicators of overall health inequality, because infant health is always predictive of overall health of subgroups in a population.

In engaging in this recent partnership, Dr. Ferrer's perspective was and continues to be that home visiting offers an opportunity to address the socially mediated stressors that place black women and other marginalized groups at elevated risk of adverse birth outcomes and infant health.

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*"Pregnancy, childbirth, the early days of childrearing — these are challenging times for almost all families. The stressors associated with social inequality sharpen those challenges so much that a mother's health, and thus, the health of her baby or young child, may be affected. Home visiting can help families address those stressors by facilitating access to resources, offering support and reassurance around childrearing, or simply providing the comfort of a helping hand. Done well, it's a way of bringing the village to the family's door."*

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■ Barbara Ferrer, Ph.D., M.P.H., M.Ed.,  
Director, LA County Department of  
Public Health

## YEAR 1: ACCOMPLISHMENTS AND CHALLENGES

*“As a society, we jointly share in the benefits of having strong families and healthy children who are ready to succeed academically, socially and economically. Therefore, we have a shared responsibility to support and strengthen families.”*

■ Kim Belshé, Executive Director, First 5 LA

By November of 2018, thanks to the close working partnership among DMH, DPH and First 5 LA, with support from LABBN and other partners, contracts were established between DPH and 17 experienced, accredited community-based home visiting providers in L.A. County. By the end of the first full year of implementation, the expansion had achieved a number of its goals:

- **Significantly increased capacity.** The county increased the number of available NFP, HFA and PAT home visiting slots from 4,025 to close to 8,000, or nearly 100 percent.<sup>3</sup> The new contracts also significantly widened the circle of county residents eligible for these programs by eliminating geographic barriers, expanding enrollment periods from 1 month after birth to as long as 3 years, and increasing the pathways by which families can be referred to the programs. (See box, this page.)
- **Improved coordination.** A significant number of referrals to the new DMH-funded slots (480 as of October 28, 2019) are families screened by the Welcome Baby program who are determined to be high risk but living outside First 5 LA-funded Best Start communities. In addition, DPH developed a coordinated referral system that allows partners (county or nonprofit agencies) to refer families to any of the expansion programs with a single form, relieving partner agencies of the need to track specific enrollment requirements for each model and provider. Based on the information provided, DPH determines which specific program will best meet the family's needs and helps to connect them, decreasing the risk of rejections and dropped referrals. A complementary e-directory enabling clients to be referred — or even self-identify — for the full complement of home visiting models in the county has been developed in a parallel effort with the support of the County's Center for Strategic Partnerships and private funders.
- **Continued emphasis on quality.** Despite the need to spend funds quickly, leadership has committed to not compromising quality. Extensive training for home visitors, coordinated and provided largely by LABBN, continues to be a priority to ensure the experience of families remains consistent, regardless of model, agency, or location. To ensure quality, DMH brought additional training to home visitors, including

several mental health first aid trainings, training on how to effectively navigate the public mental health system, and access to a birth-to-five training series. In addition, DMH, through its partnership with the UCLA Prevention Center of Excellence (COE), provided trainings to more than 500 HFA, PAT, and NFP home visitors on topics such as trauma- and resilience-informed care, sensitive communication, maintaining professional well-being, and implicit bias. DMH also is training mental health providers to better serve the birth-to-five population through its DMH-UCLA Early Childhood Fellowship. These trainings increase the capacity of the entire L.A. County ecosystem, of which home visiting is a critical part, to effectively address maternal depression and dyadic concerns.

As with any change effort, a number of challenges arose on the path to these successes. The implementation team overcame each hurdle with a spirit of partnership, flexibility, and an unwavering commitment to the needs of families.

**Challenge: The wheels of bureaucracy can turn slowly, but funding is time-limited.** In order to take advantage of the MHSa prevention funding that was held harmless from reversion by AB 114, contracts between DPH and provider agencies first had to be scoped, drafted, negotiated and approved by the Board of Supervisors. This is a process that can take 8 to 12 months under normal circumstances. Although many minds across several workgroups contributed to the planning, implementation required a small team of staff at DPH to mobilize quickly and juggle complex demands.

**Solutions:** The team was able to have contracts signed and services under way in just 4 months, thanks to the hard work and dedication of key staff within DPH and the County contracts department, as well as support from cross-agency partners. First 5 LA and LABBN's knowledge and experience with national model requirements were especially

### What Does the Expansion Mean to Families?

Families who would not have received home visiting services for a variety of reasons prior to the expansion can now be helped. For example:

- A teen mother of twins with little family support gives birth at a Welcome Baby hospital but lives outside the boundaries of the neighborhood eligible for a First 5 LA-funded slot. Thanks to the expansion of HFA and PAT, the hospital's Welcome Baby coordinator now has additional referral options for the more intensive, lasting support that the mother will need.
- A mother of three whose partner was recently deported did not give birth to her baby at a Welcome Baby hospital. Her CalWORKs case worker can now use the county's coordinated referral form to identify a home visiting program in the mother's area for additional support.
- A middle-class couple declined intensive home visiting when seen in the hospital. After 2 months, however, they realize the mother's depressed mood is not improving. Expanded enrollment windows for HFA and PAT now enable this family to request more support as their needs evolve.

<sup>3</sup> Source: Administrative data obtained by First 5 LA from DPH contracts and provider agencies.

critical. “When it comes to the program models [HFA and PAT], we were novices,” notes Cindy Chow, Nurse Manager at DPH. “First 5 LA and LABBN were really helpful in getting this done in a short period of time. I think it’s the determination to take care of the clients that helped us move forward.”

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*“When I had to leave my daughter in the hospital, I was crying, I was in depression that whole week. I explained to my parent coach how this happened. ‘I feel I can’t bond with her right. She wasn’t in my arms, she was in other people’s arms.’ [She said,] ‘I want you to tell me everything that’s on your mind. We are going to make goals and plans for how you can bond with her.’”*

#### ■ Recipient of home visiting services

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as possible. In the meantime, the implementation team — with considerable flexibility from training and technical assistance partner LABBN — worked to help provider agencies ramp up capacity to backfill the First 5 LA slots by adding trainings; prioritizing requirements (allowing some, less essential trainings to be completed after new home visitors had begun seeing clients); and allowing training dollars to go directly to the provider agencies so that they could more flexibly purchase trainings that LABBN did not have the immediate capacity to provide.

**Challenge: Additional funding sources can multiply administrative burdens.** New funding is critical for system expansion; however, each new funding source comes with its own restrictions and requirements. These unique requirements create significant complexity for providers on the ground, particularly in the areas of data collection, reporting and limitations on eligible uses of funds.

**Solutions:** First 5 LA’s established relationship with the provider agencies helped to facilitate early, frequent, and direct communication between the provider agencies and DPH. Again, flexibility was key: DMH was able to ease some of its own data collection requirements by proposing home visitation in the Prevention rather than Early Intervention category (which requires more detailed clinical assessments of progress). DPH, for its part, agreed that the agencies could continue

**Challenge: It can take years to ramp up capacity for an intensive program such as home visiting.** It takes time to hire and train the right staff and establish balanced, sustainable caseloads.

**Solutions:** Recognizing the urgency of starting MHSA services (and billing) right away, First 5 LA offered to transfer provider agency staff and service slots, formerly funded by First 5 LA, to the DPH/DMH expansion to give agencies the ability to begin billing DPH as soon

to use the established Welcome Baby database (Stronger Families) funded by First 5 LA and administered by LABBN. First 5 LA also reduced some of its required data elements and allowed providers to submit reports less frequently, to accommodate the new reporting for DPH.

**Challenge: Increased program capacity may not be enough to attract and retain families; sensitive, thoughtful recruitment and/or creative referral pathways are needed.** All contracts are in place, and all providers are seeing new clients, but it is too early to say whether all communities are being served equally well by the expansion funds.

**Solutions:** The partners recognize that they need to continue to learn more about the needs of various communities in order to create “best fit” recruitment strategies, referral pathways and programs. For example, it is concerning that higher numbers of women from communities of color decline home visiting, especially because these communities often experience poorer maternal and child health outcomes (black mothers, in particular, experience vastly disproportionate birth outcomes in L.A. County.) Focus groups indicate that women of color do benefit from home visiting when they accept it, but they do not experience the same depth of emotional support that white women do. A workgroup of provider agency representatives, led by LABBN, is in the process of exploring strategies to support more culturally relevant recruitment, wraparound support, peer support opportunities, and other enhancements to better serve families of color.

Another group that may benefit from further innovation is women who struggle with substance abuse. Women whose daily lives are chaotic may be better served by models that offer greater flexibility in the timing, frequency and location of visits. DPH is currently testing the use of the One Key Question approach to ask women in substance abuse treatment about their intent to become pregnant. Those who answer “yes” or “maybe” can then be offered ongoing, flexible support wherever they are, whether at home, in a treatment center, or on the street.

Additional alternatives are being explored to reach women at risk earlier in their pregnancies. First 5 LA and Blue Shield’s Promise Health Plan are piloting referrals to home visiting for all pregnant women as part of the standard of

care at three health plan-owned clinics in Antelope Valley and within their broader network in Long Beach and San Fernando Valley. By referring a patient as soon as a pregnancy is identified, the partnership hopes to increase early enrollment

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*“One woman scored very high on the depression screening ... We explored that. Within the next two weeks, she talked to a therapist. She really wanted to attach with her baby. She’s in love with her baby now.”*

#### ■ Parent coach

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in home visiting, promote health equity through universal referral, and improve birth outcomes.

**Challenge: Partners must focus simultaneously on implementation and sustainability.** DMH's one-time funds are quickly being exhausted. This poses a significant threat to the county, home visiting providers, and, most critically, the families who are being served. No single source will replace the current funding; sustaining and building upon this expansion will require the development of an infrastructure that can effectively blend and braid multiple funding streams; ongoing advocacy for continued state and county funding; and innovative public-private partnerships.

**Solutions:** Partners have worked together to cultivate several new public funding sources during the past year. These include \$3.4 million in new state funding, \$6 million allocated by Substance Abuse Prevention and Control to offer home visiting to women in the substance abuse system, and potential MediCal (Medicaid) reimbursement. First 5 LA is also working closely with private health plan partners to explore whether home visiting programs could be reimbursed for supporting health care goals. At the same time that these and other public and private funding opportunities are being pursued, the partnership's vision for a diversified, client-centered home visiting system has led to a six-month consultation grant from the Heising-Simons Foundation to explore additional funding sources.

## KEY INSIGHTS

*"The home visiting models have outcomes that are important to DPH, all of our partners, and our very supportive Board of Supervisors. They address equity, they address social determinants of health, and they are getting families connected to the right services at the right time. We are not just interested in the impact of HFA vs. PAT. We are looking at home visiting as a County: What is our collective impact?"*

■ Linda Aragon, Director, Division of Maternal, Child, Adolescent Health, DPH

Conversations with a broad range of stakeholders have surfaced several key insights that may inform next steps. They apply specifically to the early childhood home visiting system in L.A. and more broadly to any effort to build integrated systems of services and supports that strengthen the safety net for children and families.

**Improving outcomes for children and families requires a long view.** DMH's investment represents a critical infusion of funding into a system that has been decades in the making. The system was poised to take advantage of this expansion opportunity only due to the sustained vision and action of many dedicated partners. Likewise, L.A.

County cannot expect this most recent investment in home visiting to achieve its full potential for change immediately; patience and a commitment to sustainability will be required to reap the benefits.

**There is no "silver bullet solution" for all family challenges.** The effectiveness of a home visiting system depends on its ability to identify and assess family needs, provide the right level and type of services for each family, and connect families to additional supports when needed. The full benefits of L.A.'s home visiting system will be realized at a population level only if the county continues to rally around the cause of early childhood and sustain and build upon the current level of interest and investment in supporting families at this critical point in their lives.

**The workforce is the soul of the home visiting system.** In early childhood home visiting programs, conveying information and linking families to resources is not enough. Effective parenting is fostered by skilled and culturally competent home visitors who have the capacity to consistently model connection, nurturing, and self-reflection. Paradoxically, the role of home visitor carries a high potential for vicarious trauma and compassion fatigue, the symptoms of which can seriously impair home visitors' ability to form and maintain supportive relationships with their clients.

As L.A. County's home visiting system continues to expand toward universal access — with additional new hires by existing agencies, as well as new agencies becoming accredited and staffing up — the current focus on effective practice and workforce support must be carefully safeguarded, with an increased emphasis on hiring diverse staff and supporting trainings (like those currently provided by both LABBN and DMH-COE) in topics such as equity, cultural humility and professional well-being.

**Systems change requires a "we" vs. "me" perspective at multiple levels.** The leadership of the Board of Supervisors has been essential to reaching this point in the development of L.A. County's home visiting system. Taking a whole-county view

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*"People in marginalized communities face a lot of hardship and complexity just getting through the day. We need to think about that when we design models of home visiting. Home visiting isn't just for the women who are organized enough to comply with the rigors of a regular, standardized program; how can we also serve women whose lives are full of unexpected crises?"*

■ Deborah Allen, Deputy Director, DPH

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*"Last week I had to walk seven blocks out in the heat, going into a tiny place where there's no air, infested with all kinds of stuff. That's a lot of burnout. As home visitors we utilize our vehicles, our gas, and we're commuting long distances ... [But] we get meditation coaching from our bosses. We have reflective group sessions every week. We discuss, we unload. We get walks. We are prompted to take vacations; we are prompted to take mental health days ... We are very nurtured."*

■ Parent coach

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enables a system to effectively see beyond agency or departmental funding and accountability silos and compare the costs and benefits of early childhood home visiting at a population level. Within such a countywide framework, systems change also requires the commitment of department heads who are willing to seek alignment in their goals and mandates; private funders willing to work in partnership with public systems to fill gaps and accelerate progress; and community-based agencies willing to recognize that cooperation (not competition) best serves children and families.

#### **Quality data is essential to drive systems change.**

Data has informed the development of the home visiting system at each step. The Welcome Baby program was built on the success of its early pilot, and the models selected for the expansion were chosen because they have been extensively evaluated in certain contexts and with respect

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*“Today there is collaboration across the models in a way that we have never seen before. Although we had the Consortium before, it was still, ‘This is my territory, these are my clients.’ Now people see that they are all part of this larger system. When we do outreach, we talk about the whole portfolio of home visiting and really look at what is right for each family. We are setting the standard of working together.”*

■ Linda Aragon, Director, Division of Maternal, Child, and Adolescent Health Programs, DPH

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to certain outcomes. That said, these findings have not yet been validated across L.A. County. Future priorities must include a robust, comprehensive evaluation that is explicit about the extent to which the L.A. County home visiting system as a whole is achieving its desired outcomes. That work is moving forward. DPH recently brought in three research analysts to begin the process of combining and analyzing data across the different programs. In the future, this kind of increased data uniformity and integration will be critical to telling the county’s story and securing additional funding. It will also help the system to assess

whether the current models recruit and serve all women well, or whether additional innovative models need to be developed and tested.

#### **Funding diversity is complex, but it is vital to the system’s long-term success.**

The funding landscape is constantly shifting — today, state investments in home visiting are on the rise, but First 5 LA’s revenue is diminishing and the current MHSA funding sunsets in June 2020. Diverse funding streams are being explored and must continue to be pursued with urgency. To that end, DPH and First 5 LA are investigating how to maximize Medicaid reimbursement for the services now in place. First 5 LA is also working closely with private health plan partners to identify the ways in which home visiting programs support health care goals and may be reimbursable in the future. Collectively, L.A. County’s leadership is working to have home visiting included as an allowable benefit across multiple family-serving

systems, both public and private. Relying on any single source of funding is simply too risky for the families and children whose well-being is at stake. Although the complexities of managing multiple funding streams are real, this recent expansion shows that such challenges can and must be overcome.

### LOOKING AHEAD

*“DMH’s investment was a piece of the puzzle that we really needed to move from a First 5 LA investment to a county system investment. DMH didn’t build the infrastructure, but its funding has been an important catalyst for other changes.”*

■ Christina Altmayer, Vice President of Programs, First 5 LA

DMH’s recent investment in L.A. County’s home visiting system has created the opportunity for a tremendous step forward, both by closing service gaps and making universal access to home visiting and community-based mental health services a real possibility for the first time in the County’s history, and by stimulating creative new solutions in the areas of contracts, partnerships, referral coordination, data collection, and more. Additional opportunities are already flooding in, including a new state investment that is being implemented in L.A. County through a partnership between DPH and the Department of Public Social Services.

There is still more work to be done to weave the safety net more tightly for vulnerable children and families. L.A. County must continue to be willing to explore new ways to meet families where they are — economically as well as geographically, in their homes and wherever in the community they feel most comfortable receiving help. All members of the child- and family-serving system must work to dismantle systems of racism and inequality that continue to burden the health and well-being of poor families and families of color. Partners must continue to work together to reduce stigma and make seeking help — for parenting, mental health and other needs — the norm rather than the exception. All the while, collective action, under the leadership of First 5 LA and DPH, is necessary to maintain current funding levels and identify new resources to grow capacity in an ever-changing environment.

Stakeholders in L.A. County’s home visiting expansion seem to agree: Now is not the time for the system to rest on its laurels. Care must continue to be taken to spend the current funds efficiently and effectively, further align and embed referral pathways, develop workforce capacity, and capture and communicate countywide outcomes, so that the momentum created by this investment may continue to propel the system forward. If these efforts are successful, a generation from now, L.A. County’s families and communities

could look very different than they do today. What happens next will be up to all county stakeholders to determine and bring to fruition, together.

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## APPENDIX

### Home Visiting Services in L.A. County: Select Milestones

