

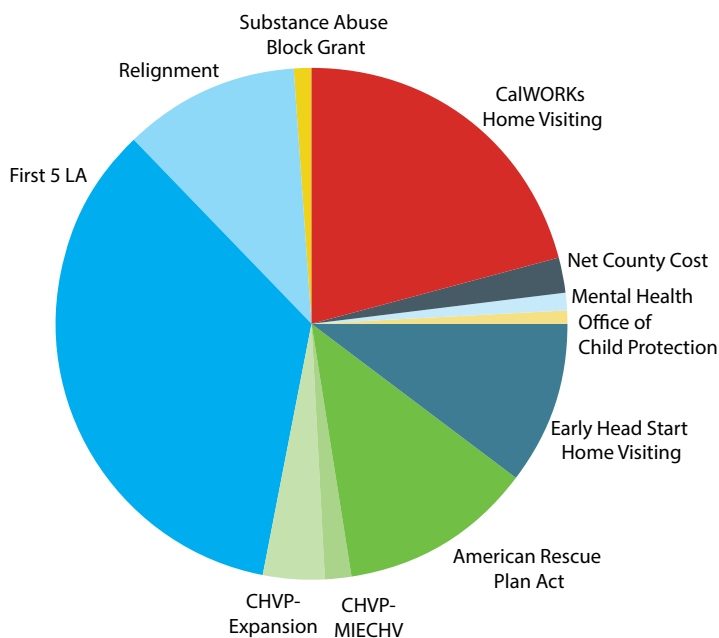
Financing the Los Angeles County Home Visiting System: Recommendations for Action

Executive Summary

Investment in home visiting in Los Angeles (LA) County began in 1997 and has since grown substantially, using a variety of federal, state, and local public funds, as well as some private dollars, to support and grow a home visiting system. LA County has used more funding streams for this purpose than virtually any other state or county area across the nation.

In December 2016, the LA County Board of Supervisors unanimously passed a motion regarding home visiting, which directed the Department of Public Health (DPH) to take several actions, including development of: *“a framework to maximize resources by leveraging available funding, and, where possible, identify new and existing, but not maximized, revenue streams (through state and Federal advocacy, and opportunities for local investments) to support home visiting expansion.”* The findings and recommendations in this report add to the ongoing response by DPH and its partners to that Board directive.

Such a framework to maximize resources is needed. Overall in the US, sources of funding for home visiting have increased dramatically all across the country in the past two decades, driven by a federal home visiting program enacted in 2010, flexibility in other federal block grants, increased use of Medicaid, and more state and local investments. These factors had impact on California and LA County. For example, in 2018, California joined the many states investing general revenues in home visiting programs, and a share of CalWORKs (TANF) dollars were dedicated to home visiting.



The graph shows the distribution of the nearly \$100 million investment in home visiting financing by funding stream for FY 2022, with First 5 LA as the largest share. (For details see Tables 3 and 4.) Some funds for home visiting are set to end in the coming year, including federal dollars from the American Rescue Plan Act (ARPA), as well as dollars from the LA County Department of Mental Health (DMH), and Office of Child Protection (OCP).

Other sources of financing for home visiting are emerging, adding resources and complexity. This includes use of Family First Prevention Services Act (FFPSA) and Medi-Cal billing for eligible mothers and children.

The three primary fiscal challenges for the LA County home visiting system are to: maintain and expand funding, better leverage federal funding streams, and set up administrative structures that maximize available funds while reducing burden on providers. Ensuring funds sufficient both for direct service delivery and administrative functions (e.g., training, data collection) is essential for having an efficient, effective, and sustainable home visiting system.

Based on a scan and fiscal mapping project, this report makes specific recommendations focused on financing the system overall. The aims of these recommendations are to:

- Support a system with a continuum of services for pregnant women and young children,
- Increase the size of “the pie” (total dollars), not just shift funds from one purpose to another,
- Leverage and maximize funding streams to ensure more sustainable financing, and
- Use a more centralized finance and billing approach so available funds are maximized.

System Recommendations

1. Assure a county locus of responsibility and accountability for home visiting with capacity and a mandate to pursue and leverage federal, state, and local funding streams.
2. Maintain funding for home visiting system supports and required activities.
3. Adopt a centralized finance and billing approach for home visiting.
4. Support an array of home visiting models and other family support programs.

5. Increase funding for Welcome Baby as a “universal” and “light touch” approach for supporting families with new babies.
6. Use private sector advocacy to maintain or increase dollars across all available funding streams.

Recommendations by Funding Stream

Key Federal-State Funding Streams

California Home Visiting Program (CHVP) / Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

1. Continue to use MIECHV as backbone funding for administration of the home visiting system.
2. Seek approval for use of MIECHV funding for Welcome Baby as a promising practice model.
3. Consider use of MIECHV/CHVP funding for Parents as Teachers (PAT) model in LA County.
4. Seek state approval to use CHVP state dollars as matching for other federal programs.

CalWORKs Home Visiting Program / Temporary Assistance to Needy Families (TANF) Program

1. Continue to integrate CalWORKs home visiting into the existing home visiting system.
2. Include the CalWORKs Home Visiting Program in centralized finance and billing approach.
3. Improve outreach and engagement to ensure maximum voluntary enrollment of eligible families.

Early Head Start Home Visiting

1. Continue to apply for federal funding.
2. Use some available non-federal funds to braid with Early Head Start Home Visiting.

Family First Preventive Services Act (FFPSA)

1. Build FFPSA home visiting into the existing system.
2. Use a “pass through” structure for dollars to flow from state through county agencies and then to local contracting provider agencies.
3. Leverage state and local dollars as required matching for FFPSA.
4. Include FFPSA funds for home visiting in arrangements between DCFS to DPH, as part of efforts to move toward more centralized billing.

Medi-Cal

1. Use community health workers (CHW) financed under the Medicaid preventive services benefit to deliver Welcome Baby services.
2. Design a systematic approach for local home visiting agencies to subcontract with Medi-Cal managed care organizations (MCOs).

3. Review opportunities for using the targeted case management (TCM) benefit in a manner similar to other states financing for home visiting.
4. Monitor and consider opportunities in CalAIM.

Key Local Funding Streams

First 5 LA

1. Plan for shrinking revenues and reduced spending on direct services.
2. Leverage First 5 LA funds as matching dollars for Medi-Cal and FFPSA.
3. Maintain support for the infrastructure of the LA County home visiting system.

Net County Costs / County General Revenues

1. Continue investment in both home visiting system infrastructure and direct services.
2. Use as matching funds to draw down federal funding (e.g., Medi-Cal or FFPSA).

Realignment Funds

1. Continue investment in home visiting services.
2. Use as matching funds to draw down federal funding (e.g., Medi-Cal or FFPSA).

Conclusions and Priorities for Action

These recommendations include short and long term actions for financing for the LA County home visiting system. The highest priorities for short term action are to:

- Begin planning and take action toward a more centralized home visiting billing and finance approach.
- Accelerate outreach and engagement efforts to increase participation in voluntary home visiting services.
- Focus on implementation of home visiting financed under FFPSA.
- Pursue use of community health workers to deliver Welcome Baby program services under the Medi-Cal preventive services benefit.
- Advance a unified approach for partnering with Medi-Cal managed care organizations (MCOs).

This project was designed to build shared understanding and make recommendations to maximize current and potential sources of funding for home visiting in LA County. Key public and private partners engaged in a finance mapping process, exploring options and priorities. This report is intended both to inform and to align with the larger LA County home visiting system planning efforts underway. These recommendations also can inform action by other California counties and states across the nation.

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Acknowledgments and Methods

Acknowledgments

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In addition, Deborah Allen, Deputy Director at the Los Angeles (LA) Department of Public Health anchored oversight for this work within county government and provided critical perspectives and insights throughout the process. Her decades of experience with state and local maternal and child health programs and financing were invaluable.

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The members of the fiscal mapping work group and the other key partners who agreed to be interviewed helped to inform and guide the work. They also helped to ensure that these recommendations fit within the vision and purposes of LA County home visiting programs and the system overall. (See Appendix A.) This report would not have been possible without their input.

The ongoing support of the Heising-Simons Foundation was also critical to this project. The Foundation's philanthropic investments across many local, state, and national projects have advanced the quality of and access to home visiting for families in the prenatal and early childhood years.

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Purpose of project

This project was designed to build shared understanding and make recommendations to maximize the use of current and potential sources of funding for home visiting services in LA County. Key public and private partners engaged in a process finance mapping, exploring options, and setting priorities to guide fiscal planning and expenditures. This project is part of a broader and ongoing collaborative home visiting system development effort underway in LA County.

The process was led and facilitated by Kay Johnson, President, Johnson Group Consulting, Inc., a national expert on home visiting finance and systems, who has worked on this topic with more than half of states and some local areas. A 2018 scan of home visiting in California counties and review of other research on home visiting in the state helped to inform this effort.

This work was overseen by First 5 LA and the LA County Department of Public Health (DPH). Johnson Group was funded under a grant to First 5 LA from the Heising-Simons Foundation and links to the Southern California Grantmakers, Center for Strategic Partnerships.

Key questions

- What are the primary purposes, opportunities, and limitations of current funding streams used for home visiting in LA County?
- How might funds be leveraged and braided to provide voluntary home visiting services to more families across models, providers, and service areas county wide?
- If LA County seeks to expand and diversify its system of home visiting services, what potential additional fiscal resources might be available?

Methods

Project work was carried out in two phases over a period of 9 months, between July 1, 2021 and March 31, 2022. The first phase was to conduct an environmental scan and landscape analysis. Johnson Group reviewed key documents such as LA County reports, state policies, and budget information.

In addition, using qualitative methods, 20 interviews were conducted with key stakeholders in September, 2021. (See list of interviewees in Appendix A.) These interviews were

summarized to identify themes and topics for further exploration.

In the second phase, a group of public agency staff and private organizational leaders were engaged in a fiscal mapping process to identify options and develop strategies to fund an expanded, strengthened, and more responsive home visiting system. (See participant list in Appendix B). The process was based on technical assistance tools developed by Johnson Group over the past decade. Between December 2021 and March 2022, the fiscal mapping group gave input through four virtual meetings, which identified opportunities regarding current and future potential sources of funding for home visiting. Members of this group also verified fiscal information used for this report (e.g., dollar amounts, descriptions of funding streams).

Efforts were made to ensure that this work complements and is aligned with ongoing system development efforts through interagency planning groups and other contract projects related to home visiting. Additional information was gathered by Johnson Group from other stakeholder group meetings.

Johnson Group held separate meetings to acquire or verify information with some public agency budget or finance staff. As questions emerged, memoranda or short presentations were prepared to describe experience in other state home visiting systems or research findings (e.g., memos about home visiting uptake and continuation rates, the impact of home visiting for TANF populations, billing for home visiting in Minnesota and New Mexico, scan of home visiting funding in other California counties, etc.)

Johnson Group prepared draft recommendations in February 2022, which were reviewed by members of the fiscal mapping group and other LA County public agency staff. Revisions were made based on their input.

Note the final recommendations contained in this report have not been endorsed or approved by any public or private entity and are the sole responsibility of the author.

Part One: Background on LA County's Home Visiting System

With the commitment of public agencies and community leadership, the LA County home visiting system is growing in strength.

In the United States and around the world, home-based family support to address an array of health and social needs for the population prenatal to age 3 or 5 has become known as “home visiting.” Research points to the value of home visiting services for helping families build upon their strengths, nurture their young children, optimize health and development, and build economic security for themselves. Research also indicates that the most effective and high-quality home visiting services have well-trained staff, are culturally responsive, driven by family goals, and include coaching parents about nurturing, early relationships, and child development. (Michalopoulos et al., 2017; Filene et al., 2013)

Evidence-based and evidence-informed home visiting models are operating in every state and in thousands of communities across the country. Typically, home visiting programs provide both direct coaching on parenting and health and comprehensive referrals and linkages to other resources and services. (See Table 1.)

While most models are designed to serve families with higher risks and intensive services for a period of years, some “universal” home visiting models are intended to provide only a few supportive contacts to any family with a new baby. LA County has several evidence-based home visiting models in operation that offer sustained and intensive services. In addition, one universal type program—Welcome Baby—is in operation but only available to mothers giving birth at 13 of the hospitals in the county.

Evidence-based home visiting has been a part of family support services in LA County for decades. (LA Best Babies, 2005) From the start, several County Departments and First 5 LA have been involved in building home visiting capacity and securing an array funds.

The first major investment in LA County home visiting was by the DPH, beginning with a pilot in 1997 of the Nurse-Family Partnership (NFP) program, which has since been supported by First 5 LA, Medi-Cal, Mental Health, Department of Public Social Services (DPSS)/CalWORKS, American Rescue Plan Act (ARPA), and other financing. Other models have been financed over the

years. Unlike many other city/county areas, LA County has long been using a combination of funding streams to support home visiting. The LA County experiences is represented in Table 1 and Figures 4 and 5.

LA County System Building Efforts

Grounded in the commitment of public agencies and community leadership, efforts to build a home visiting system in LA County began over two decades ago and have accelerated in the past five years. The aim is to have a home visiting system that is responsive to family and community needs, easy to access and navigate, anchored in community-level partnerships, leveraging available human and fiscal resources, and sustainable. Some growth and innovation are expected, such as: a) expansion and targeting of home visiting models to serve families with higher risks (e.g., homelessness, substance use, at-risk for child welfare involvement or harm), b) improvements in cultural congruity and responsiveness, c) enhanced support for mental health for pregnant women and mothers with infants and toddlers, and d) strengthened referral partnerships with early care and education, health, and other providers.

Notably, developing a coordinated service system is a long-term and complex proposition, which requires that partnerships are based on shared goals and poised to take advantages of opportunities for change. (Altmayer & Dubransky, 2019) A broad array of public and private partners have been engaged in building a more coordinated, county-wide system of home visiting services that can support families during the critical early months and years of life, improve health, prevent harm, address the impact of racism, and promote well-being. The system is designed to enhance quality, maximize the workforce, streamline administration, monitor outcomes, and serve more families.

With the creation of the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, LA County and a dozen or more states across the country sought to connect home visiting models and local provider agencies into a system. This work was guided and supported by the Pew Home Visiting Campaign, with public agency staff, advocates, and policy makers involved in

advancing home visiting systems and policy. (Pew, Policy Framework, 2011) In 2012, DPH convened a Community Advisory Committee to take the lead on these efforts, which in turn partnered with the LA Best Babies Network (LABBN).

By 2015, the LA County Perinatal and Early Childhood Home Visiting Consortium (hereafter called Consortium) was formed to bring together people from over 60 organizations, including LA County agencies, nonprofit organizations, home visiting providers, and others. The Consortium focuses in: data, advocacy, referrals, and best practices. (Consortium and LABBN, 2020). The mission of the Consortium is to coordinate, measure, and advocate for high quality home-based support to strengthen all expectant and parenting families so that the children of LA County are healthy, safe and ready to learn. It is one of the nation's largest and longest-running public-private partnerships focused on home visiting, and is made up of six work groups (advocacy, African American engagement, best practices, data, father engagement and referrals). Through the Consortium the quality of services, the engagement of families, and financing to support and system a system of home visiting services all have been increased.

In addition, for many years, LABBN has anchored data collection, training, and other aspects of the system. Public agencies provide oversight and fulfill their roles under policy and budgetary decisions, while being a key partner in these efforts.



Recent Advances in the LA County Home Visiting System

The value of a strong and efficient home visiting system was reaffirmed in the Los Angeles County 2016–2020 Strategic Plan (Objective I.1.6), which directs the County to “support the leadership of First 5 LA, in partnership with the County, the Home Visitation Consortium, and others, to build a universal voluntary system of home visitation services through a streamlined system of referrals and improved integration of services.”

The Office of Child Protection (OCP) prevention plan, *Paving the Road to Safety for Our Children*, recognized home visiting as one of its seven core strategies for preventing child abuse. The OCP emphasized home visiting as part of an inclusive network of family support services.

In December 2016, the LA County Board of Supervisors unanimously passed a motion regarding home visiting. This report helps to fulfill inform the ongoing response to

LA County Definition of Home Visiting Services

“For purposes of this report, home visiting is defined as follows: Perinatal and early childhood home visiting is a family-centered support and prevention strategy with services delivered by trained staff in the home that: (1) is offered on a voluntary basis to pregnant women and/or families with children through the age of five; (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 that may include healthy pregnancy, birth, and infancy; optimal infant/child development; school readiness; self-sufficiency; and prevention of adverse childhood and life experiences. This definition was based on a definition established by the LA County Perinatal and Early Childhood Home Visitation Consortium and vetted by County leadership.” (DPH, *Strengthening Home Visiting in Los Angeles County*. 2018)

The LA County Perinatal and Early Childhood Home Visitation Consortium further defines home visiting as “a multidisciplinary, family-centered support strategy with services delivered in the home by trained professionals to pregnant women and/or families with children through the age of 5. Free and voluntary for parents and caregivers, home visiting 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 optimal infant/child development. Home visiting seeks to build and reinforce positive, empathetic, and supportive relationships with families and between parents and children. It is designed to help parents and caregivers achieve specific outcomes, including: healthy pregnancies and births; optimal infant/child development; school readiness; and prevention of adverse childhood experiences.” (Los Angeles County Perinatal and Early Childhood Home Visiting Consortium and LA Best Babies Network, 2020)

Table 1. Summary Research on the Impact of Select Home Visiting Models Used in LA County and/or in Many States

<i>MIECHV Domains</i> Model name	Positive Parenting Practices	Maternal or Child Health	Child Development / School Readiness	Child Abuse and Neglect	Family Economic Self Sufficiency	Family violence and/or crime	Linkages and Referrals
Child First[®]		◆	◆				◆
Early Head Start Home Visiting	◆	◆	◆		◆		◆
Family Connects[®]	◆	◆					◆
Family Spirit[®]	◆	◆	◆				
Healthy Families America (HFA)[®]	◆	◆	◆	◆	◆	◆	◆
Nurse-Family Partnership (NFP)[®]	◆	◆	◆	◆	◆	◆	
Parents As Teachers (PAT)[®]	◆		◆		◆		
SafeCare Augmented[®]				*			◆
Welcome Baby (LA County only)	◆	◆	◆				◆

Highlighted rows show home visiting models currently used in LA County.

Source is HomVEE federal evidence review 2021 (<https://homvee.acf.hhs.gov/>) for all models except Welcome Baby.

* SafeCare home visiting model was developed to offer a more easily disseminated and streamlined intervention to parents at elevated risk for child abuse and neglect. SafeCare Augmented is an adapted version that incorporates motivational interviewing. Note that different versions of SafeCare have been designated as evidence-based models by MIECHV and the FFPSA programs.

that Board of Supervisors motion, which specifically directed DPH to:

- I. Assess how national models and best practices... may inform or be adapted to improve outcomes for Los Angeles County,
- II. Create a coordinated system for home visitation programs that includes a streamlined referral pathway and outreach plan to ensure maximum program participation... A single responsible department or organization may be identified to maintain the coordinated referral system.
- III. Identify gaps in services for high-risk populations based on a review of effective national models, existing eligibility requirements, and cultural competencies....

IV. Increase access to voluntary home visitation for families at high risk of involvement with the child welfare system, ...

V. Collect, share, and analyze a standardized and consistent set of outcome data...

VI. Include a framework to maximize resources by leveraging available funding, and, where possible, identify new and existing, but not maximized, revenue streams (through state and Federal advocacy, and opportunities for local investments) to support home visiting expansion.

This 2016 Board motion further instructed DPH, in collaboration with First 5 LA, the Consortium, OCP, the Children's Data Network, and the Departments of Health

Services (DHS), Mental Health (DMH), Public Social Services (DPSS), Children and Family Services (DCFS), and Probation, 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.” As a result, a countywide plan—*Strengthening Home Visiting in Los Angeles County: A Plan to Improve Child, Family, and Community Well-Being, Family, and Community Well-Being*—was released in July 2018.

The 2018 plan identified four key areas for system change, including more coordination, data, workforce, and funding to support the home visiting system in LA County. It also identified opportunities to increase funding in response to the Board motion directive, including to: a) use previously untapped local funding, b) leverage federal funding streams by augmenting current billing and contracting mechanisms, c) ensure providers have the skills to participate successfully in billing arrangements, d) pursuing untapped state and federal funding streams, e) apply strategies to blend or braid funds, f) use advocacy, and g) coordination across funders to maximize impact.

Following release of the 2018 home visiting plan, DPH, DMH, and First 5 LA—all early funders of home visiting—focused jointly on maximizing the impact of public investments, increasing program capacity, improving coordination, and building the workforce. With other partners, they put continued emphasis on quality and equity. The report, *Aligning the Stars: Chronicle of a Home Visiting System Expansion*, highlights key actions taken and lessons learned. It emphasizes that enhancing the impact of the home visiting system and improving outcomes for children and families requires a long view, with sustained financing.

A subsequent Board motion on October 29, 2019, *Expanding Reach and Increasing Diversity of Los Angeles County Home Visiting Programs to Improve Access for Women at Highest Risk*, called for a report on unmet need for home visiting services, program options, and funding needs and opportunities. In response, by August 2020, Dr. Barbara Ferrer, Director of DPH, reported on the needs assessment. Key findings include the following.

- Six in 10 mothers giving birth have elevated risks and needs. An estimated 25% of mothers have high level of risks and needs (e.g., homeless, child welfare involvement, maternal mental health or substance use disorders, and infants born preterm). An estimated 35% have moderate risks and needs (e.g., mild-to-moderate health or mental health conditions, or families receiving CalWORKs).

Vision Statement from the LA County Home Visiting Plan, 2018

“Together, we aspire to achieve the following vision of high-quality home visiting supports for Los Angeles County families: A system of voluntary, culturally responsive, home-based family-strengthening services available to all Los Angeles families 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, [and] demonstrates improved educational and life outcomes. Under this vision, all Los Angeles families 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.”

- An estimated need for 163 new home visitors, including nurses, doulas, and other trained home visitors.
- A need to improve the cultural responsiveness and acceptability of home visiting services to Black mothers. LA County program data indicates that Black mothers are underrepresented in home visiting, and qualitative data point to a concern that the home visiting workforce is not reflective of the communities served.

The DPH 2020 report to the Board of Supervisors included recommendations for action focused on reducing gaps in current capacity, seeking additional funding overall and for innovative models, and leveraging health coverage for doulas and community health workers who play a key role in the home visiting workforce. Three key steps in those recommendations focused on financing were to:

- Streamline contracting across funders, providers, and program models in order to reduce burden on current providers and facilitate system integration.
- Prioritize efforts to maximize funding streams.
- Continue to build connections between the home visiting system and health care payers and providers to create an integrated system of care for pregnant and postpartum women and young children. For example, First 5 LA is working with managed care organizations and Medi-Cal administrators to promote home visiting coverage.

To guide ongoing systems-level coordination, the LA County Home Visiting Collaborative Leadership Council (CLC) has engaged system partners such as: funders including First 5 LA and county departments, non-profit provider agencies, system partners from early care and education, health leaders, and philanthropy. Between 2019 and 2022, key stakeholders have been meeting to make progress toward implementation and achievement of the goals in the 2018 County Plan, which specifically include: having family choice in a continuum of home visiting models, integration of home visiting into the larger community systems, support for quality and efficiency, racial equity, impact at the family and population levels, and a strong workforce. Their updated vision for the LA County home visiting system is:

“An integrated system of voluntary, culturally responsive-home-based supportive services, available to all Los Angeles families with children prenatally through age five that: (a) optimizes child development, (b) enhances parenting skills and confidence, (c) promotes maternal and infant health, (d) prevents costly crisis intervention, (e) reduces family hardship and adversity in childhood, (f) supports improved educational and life outcomes, and (g) promotes family empowerment and eliminates inequities in programming, experiences and system functioning.”

In the context of financing, these stakeholders have called for diverse and stable funding for home visiting that will increase and expand to meet demand. They have discussed many of the themes in this report, including to: align funding streams, leverage current funds, prioritize matching of federal funding streams, and working with managed care organizations to leverage Medi-Cal funding, and support system administrative functions. This report is intended to inform and advance action related to financing in these larger system development efforts.

Challenges in Financing a Home Visiting

Securing and Sustaining Funding

Over the past two decades, funding for home visiting has expanded at the federal, state, and local levels. The expansion has been primarily driven by the federal Maternal and Child Health Home Visiting (MIECHV) program; however, direct federal spending for MIECHV home visiting is sufficient to reach less than 5% of the population. (Bruner and Johnson, 2018). In response, states and counties have sought to use multiple federal and state funding streams in order to reach more families at risk for adverse outcomes.

States and counties are using flexibility and targeted resources from other major federal block grants, Medicaid financing, state general revenues, tobacco taxes, and other sources of financing for home visiting. (Johnson, 2019)

LA County has successfully use a variety of federal, state, and local public funds, as well as some private dollars, to support its home visiting system. While about a dozen states have diversified funding for home visiting, LA County is using more funding streams than virtually any other state or city/county area across the country.

These governmental decisions have had major impact on home visiting financing in California and LA County. For example, in 2018, California became one of the many states directly investing general revenues in home visiting programs. And, joining other states using the federal Temporary Assistance for Needy Families (TANF) program, the California Work Opportunity and Responsibility to Kids (CalWORKs) Home Visiting Program was launched that year with millions more dollars invested to increase family economic self-sufficiency and well-being. Under the Family First Prevention Services Act (FFPSA) federal child welfare reform legislation, California and other states are looking to strengthen the role of home visiting in preventing placement of young children into foster care and other out-of-home placements.

At the same time, public sector budgets often experience both ups and downs, with ongoing adjustments needed. By July 2021, fiscal and administrative action was needed in LA County to mitigate the impact on home visiting services of state budget pressures related to the COVID-19 Public Health Emergency. In response, DPH made a commitment to maintain the number of permanent Coun-

Financing for System Improvement

“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.”

Source: Home Visiting in Los Angeles: Current State, Gaps and Opportunities (p. 6)



LOS ANGELES COUNTY HOME VISITING NEEDS AND CAPACITY

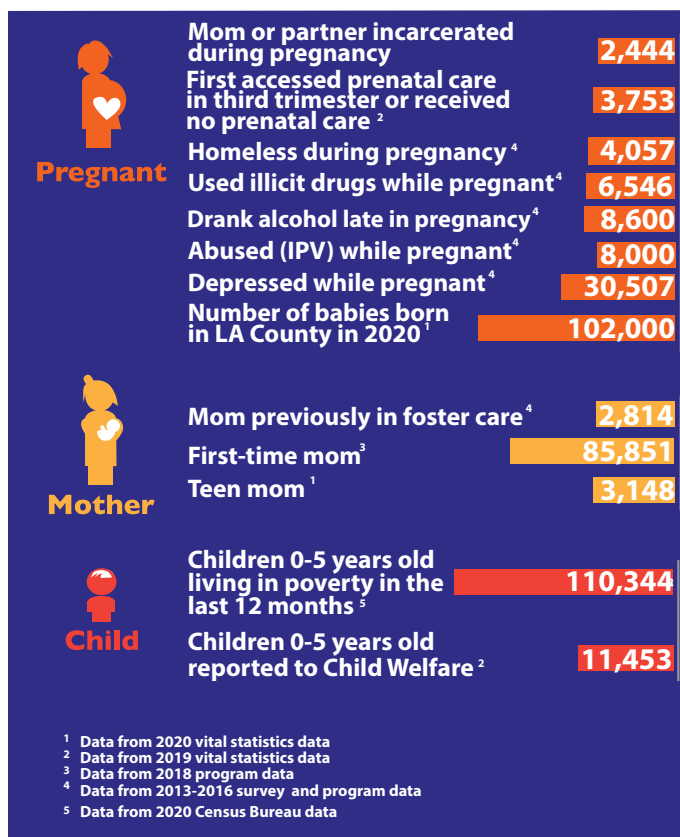
Most recently available data, as of January, 2022



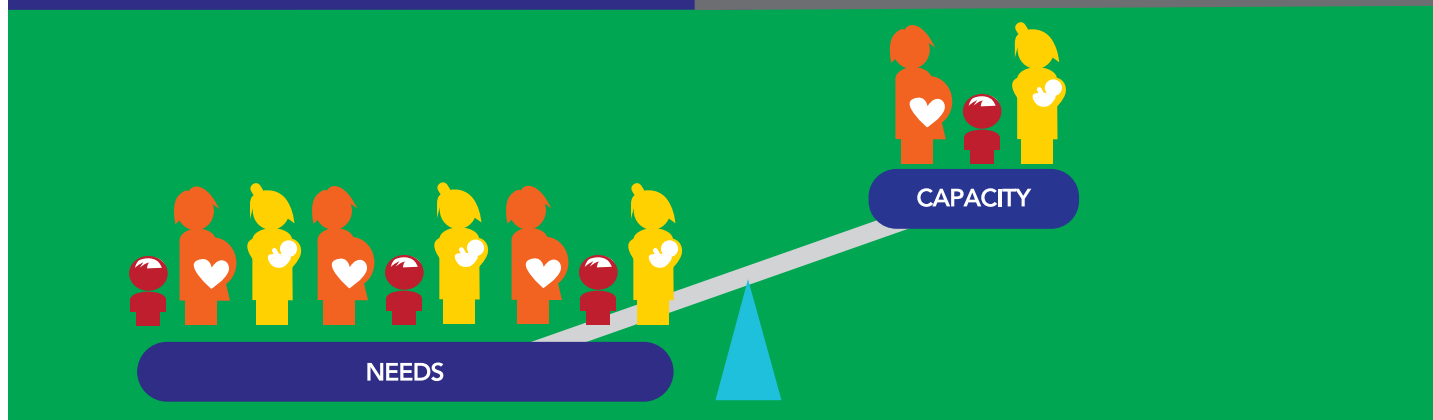
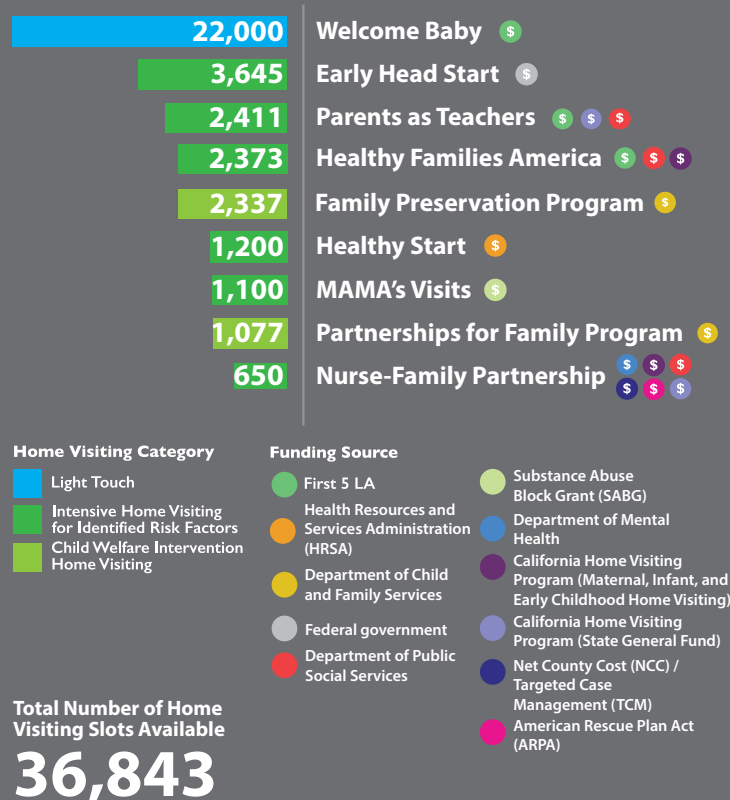
Each year in L.A. County nearly 750,000 children up to age 5 are eligible for home visiting services, but only about 37,000 (mostly prenatal to age 3) receive those services. That leaves about 95% without in-home support that has been shown to reduce abuse and neglect, enhance school readiness, and improve a variety of health outcomes.

(The exact size of the 0-5 population eligible for home visiting services is difficult to quantify due to overlapping risk categories.)

FAMILY CHALLENGES



NUMBER OF HOME VISITING SLOTS



Adapted and used with permission from LA Best Babies Network.

The primary challenges are to: maintain or expand funds, leverage federal dollars, and set up structures that both maximize available funds and reduce burden on providers.

ty public health nurses to implement the Nurse Family Partnership (NFP) program; however, other nurses were released. Effective July 1, 2021, the contracts of 17 home visiting providers were amended to continue at a reduced amount to provide HFA and PAT home visiting models across 21 high priority sites in LA County. In addition DMH support for home visiting was reduced, and the DPSS CalWORKs Home Visiting Program also received a reduction in state support. In time to protect LA County home visiting programs and workforce, the LA County Board of Supervisors made available supplemental budget funds from county revenues and federal American Recovery Funds Act (ARPA). The fiscal situation for FY 2022 further underscored the need for more planned and sustained home visiting funding.

The three primary challenges for LA County and its home visiting system are to: 1) maintain and expand funding, 2) better leverage federal funding streams, and 3) set up administrative structures that maximize available funds while reducing burden on providers. Ensuring funds sufficient both for direct service delivery and administrative functions (e.g., training, data collection) is essential for having an efficient, effective, and sustainable home visiting system.



Funding Sufficient to the Need for Family Support

The capacity of the LA County home visiting system has grown in recent years. New financing from CalWORKs and increased federal MIECHV funding, as well as First 5 LA funding for local innovations, contributed substantially to an increase in the number of slots for families who benefit from participation in voluntary home visiting services. Despite improvements, the gap remains wide between the level of need and the approximately 37,000 young children/families who receive home visiting services.

Based on the most recent data, Figure 1 shows estimates for the needs and capacity and sustained home visiting capacity in Los Angeles County as of January 2022. (LABBN) Note that the majority of the available slots are in the short term, Welcome Baby program, with only approximately 12,500 slots in longer term home visiting and family support programs. Thus, much of the shortfall is in sustained home visiting for families at higher risk and with greater needs for support.

Pre-COVID, among the 105,000–110,000 average births per year in LA County, DPH estimated that 32,000 mothers have elevated risks. (DPH, 2017) Overall, about half (52,000) are first time moms, and more than 5,000 are teens. While pregnant, more than 30,000 mothers are depressed while pregnant, more than 4,000 are homeless, and more than 2,000 mothers experience intimate partner violence.

Maternal and infant mortality rates are high. Too many babies are born too soon. Each year in LA County approximately 13,000 preterm births occur.

Wide disparities by race/ethnicity continue. Among Black birthing families, maternal mortality rates are over four times higher than for women overall and infant mortality rates are twice as high as overall rates. White mothers with a recent live birth are significantly more likely to report high maternal resiliency and social support during pregnancy, compared to Latinas, Asian, and Black women. During pregnancy, women of color are more likely to experience stressful events (e.g., being homeless, losing a job, difficulty payment bills, getting divorced or separated, or having someone close to them using drugs or going to jail).

Among all young children birth to 5 years, 110,344 were living in poor families with income below the federal poverty level in 2020, and more than 11,000 have had reports to child welfare programs. Others live without adequate housing, nutrition, or places to play and learn.

Part Two: Fiscal Mapping the Home Visiting System

In LA County and some states, seven or eight federal funding streams are braided together to support home visiting services.

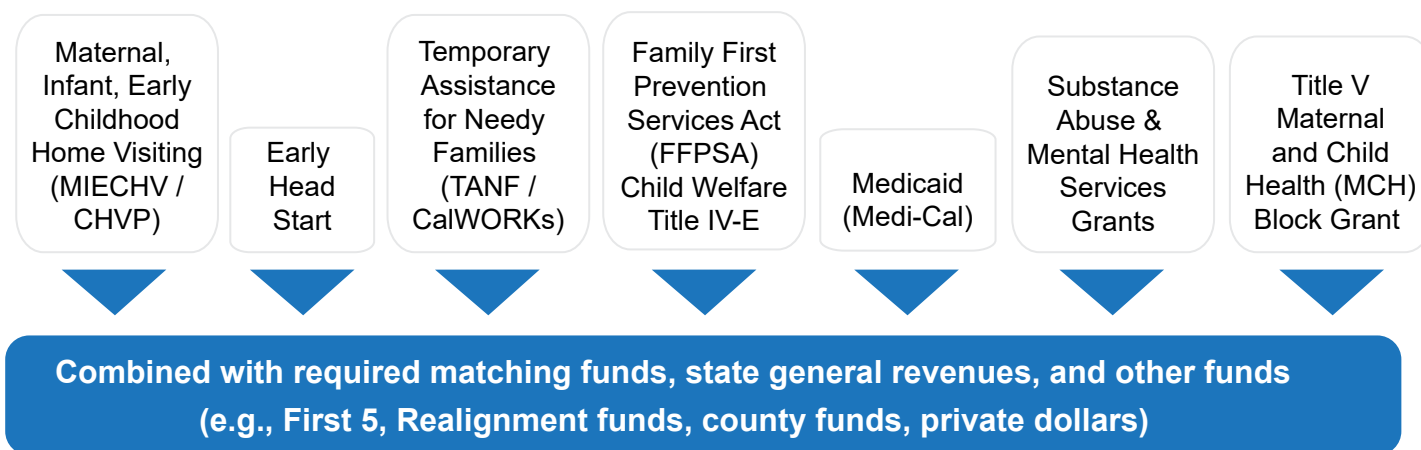
Based on national and state level documents and local information gathered in this LA County home visiting fiscal mapping project, the next section of this report offers brief descriptions of key federal, state, and local funding streams that can be used to finance home visiting. The emphasis is on the funds currently used in LA County, as well as funding streams that could be better leveraged. This information can inform and guide the decisions of stakeholders, including policy makers, public agency staff, local home visiting providers, and family advocates.

Figure 2 identifies key federal funding streams used across the country to finance home visiting. The purposes, designs, and structures for these and other funding streams currently used in LA County are described below. Understanding such aspects of funding streams is essential for fiscal mapping and planning.

Two large tables in this section provide further information about the same set of funding streams. Table 3 shows examples of how the funding could be used to support and sustain home visiting and what typical challenges are faced in using each category. Table 4 indicates whether or not these funding streams are currently used, the potential for increased funding levels, and/or whether or not they can be used as matching for major federal funding streams.

The distribution of dollars in FY 2022 by funding stream and by model is shown in several graphs below. Figure 3 presents the distribution of aggregate funds. Figures 4 and 5 show the level of funds currently dedicated to evidence-based models.

Figure 2. Key Federal Funding Streams Used to Support Home Visiting



California Home Visiting Program (CHVP) / Federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

Purpose and design: The federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program supports home visiting for pregnant women and families with young children living in communities at risk for poor maternal and child health outcomes. Enacted in 2010 as part of the Affordable Care Act, MIECHV represents a large investment in health and developmental outcomes for at-risk children through evidence-based home visiting programs. The program currently reaches all states, about one-third of all US counties, and many tribes. Using needs assessment, states identify target populations and select evidence-based home visiting models that best meet their families' and communities' needs. While funds must be spent on approved home visiting models, no specific eligibility criteria for families are set in federal law.

Grantees are required to spend the majority of their MIECHV dollars to implement evidence-based home visiting models, with up to 25 percent of funding available to implement promising approaches that will undergo rigorous evaluation. In most states, including California, MIECHV is administered by public health departments, which make decisions about program design. Program performance is measured in six benchmark areas and 19 measures defined by federal law and program guidance.

The California Home Visiting Program (CHVP) operates under the federal MIECHV rules with a mix of federal and state dollars. The CHVP does not reach all counties.

Based on community needs, local health jurisdictions serve CHVP clients using one or more of the three state-selected models: Healthy Families America (HFA), Nurse-Family Partnership (NFP), or Parents as Teachers (PAT). Additional evidence-based models (e.g., Early Head Start Home Visiting) that are in use across the state are supported by other federal, state, or local dollars. LA County currently uses CHVP dollars to finance HFA and NFP services.

Funding structure: The MIECHV program is administered by the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA), US Department of Health and Human Services (HHS), in partnership with the Administration for Children and Families (ACF), HHS. Federal MIECHV funding—both formula grants and competitive awards—are distrib-

uted to 56 states, territories, and nonprofit organizations to support communities in providing home visiting services to families.

The California Home Visiting Program (CHVP) administers funds from the federal MIECHV grant. The CHVP is primarily funded by federal dollars, with at least 25% of costs for nearly 30,000 home visits under the program coming from MIECHV.

In California, the Division of Maternal, Child and Adolescent Health (MCAH), Center for Family Health, Department of Public Health administers these funds under Program. In LA County, these funds are administered by the Division of Maternal, Child, and Adolescent Health Programs, DPH.

In addition, CHVP receives state dollars available to supplement the federal grant. Beginning in 2019, supplemental State General Funds were provided to CHVP for evidence-based and innovative home visiting services.

During the COVID public health emergency, under the American Rescue Plan Act (ARPA), Congress provided supplemental dollars for MIECHV to fund more in-person or virtual visits, staff pay, supplies, or training, technology tools for home visitors and families to connect (e.g., tablets, prepaid phone cards), and emergency supplies to families (e.g., diapers, food, face masks).

CalWORKs / Federal Temporary Assistance to Needy Families (TANF)

Purpose and design: By design, the federal Temporary Assistance for Needy Families (TANF) program is strongly committed to the importance of early childhood development as a critical factor in strengthening families. While the majority of TANF funds are used for cash assistance, states also may use funds for work training, early care and education assistance, and other family support. A number of states use TANF funds to finance home visiting. In California, TANF is known as the California Work Opportunity and Responsibility to Kids (CalWORKs) program.

Since 2019, California has made substantial investments in the CalWORKs Home Visiting Program (formerly known as the CalWORKs Home Visiting Initiative). Operating in all 58 counties, the purpose of the CalWORKs Home Visiting Program is to support positive health, development and well-being for pregnant and parenting mothers and infants and toddlers living in poverty with the aim to improve family well-being and economic success. To be eligible, an individual must meet specific eligibility crite-

ria—generally, a family or individual being eligible for or enrolled in CalWORKs who is pregnant or parenting a child younger than age 2. (See box.)

In LA County, the evidence-based home visiting models included in CalWORKs Home Visiting Program include: HFA, NFP, and PAT. Serving an array of family needs.

Funding structure: The federal Office of Family Assistance, ACF, HHS administers the TANF program. TANF block grant funds are allocated to states and other jurisdictions, which in turn make decisions about spending on cash assistance, family support, and other activities.

The California Department of Social Services (CDSS) allocates funds to participating County Welfare Departments. In LA County, the Department of Public Social Services (DPSS) administers the CalWORKs program, and DPSS works in partnership with DPH to administer the CalWORKs Home Visiting Program

Early Head Start Home Visiting

Purpose and design: Early Head Start (EHS) is a federal program that aims to promote health, improve child development, and strengthen families among low-income families prenatal to age 3. The program includes an option for home-based services, currently known as Early Head Start Home Visiting (EHS-HV), which is also a federally approved, evidence-based home visiting model. The goals of EHS-HV include to: promote nurturing parent-child relationships, encourage family self-sufficiency, help parents support children's physical, social, emotional, and intellectual development, and facilitate access to a services such as health and mental health services and job training. Weekly home visits are augmented by group opportunities in a classroom or community setting.

Nationally, approximately one third of young children in Early Head Start are enrolled in the home-based services. The remainder are served in center-based programs, a separate model more like traditional Head Start.

Funding structure: Early Head Start funds are granted to local sites by the federal Head Start Bureau, ACF, HHS to local grantee agencies. The Los Angeles County Office of Education (LACOE) administers these funds for both EHS center-based and EHS-HV sites.

The Los Angeles County Board of Education and Superintendent of Schools are legally and fiscally responsible for the oversight and governance of the LACOE Head Start and Early Head Start grants.

CalWORKs Home Visiting Program Eligibility

To qualify for CalWORKs Home Visiting Program, an individual must meet eligibility criteria, specifically:

- Pregnant CalWORKs participant;
- CalWORKs participant who is a parent/caretaker relative of a child aged 0-24 months at the time of Home Visiting Program enrollment;
- A pregnant individual who has applied for CalWORKs aid within 60 calendar days prior to reaching the second trimester of pregnancy and would be eligible for CalWORKs aid other than not having reached the second trimester of pregnancy; or
- An individual who has applied for and is "apparently eligible" for CalWORKs aid. "Apparent Eligibility" means that the information provided in applying to the County indicates that the applicant would be eligible if the information were verified.

Family First Prevention Services Act (FFPSA) / Title IV-E Child Welfare

Purpose and design: The Family First Prevention Services Act (FFPSA) was signed into law in 2018, as a new state option under the federal Title IV-E Family First Prevention Programs (often known as child welfare services). The purpose of this landmark legislation was to increase the number of children who remain safely at home with their families and to shift federal child welfare financing, offering states and communities resources to improve access to prevention, parenting support, and other services.

States and tribes have the option to use funds to prevent out-of-home placement of children using in-home parent skill-based programs (e.g., home visiting models), as well as mental health services and substance abuse prevention and treatment services. FFPSA emphasizes use of evidence-based programs, including evidence-based home visiting models. (Note that FFPSA designates a different set of evidence-based home visiting models than the MIECHV approved list.)

The California Department of Social Services (DSS) has developed a plan for implementation of FFPSA in partnership with counties. California counties, including LA County, are currently making plans, and state rules are be-

ing refined. It is expected that counties will be able to use the FFPSA funds in 2022. In general, services may be provided on behalf of a child for a 12-month period, including additional and/or contiguous 12-month periods, on a case-by-case basis, as long as the child continues to meet the requirements to receive prevention services as a candidate for foster care or pregnant or parenting foster youth. (See box.)

California DSS will permit and encourage local child welfare (Title IV-E) agencies to use multiple “Pathways to Prevention” that can identify, assess, and support a child or family with FFPSA prevention services. These pathways represent the ways in which vulnerable children and families may come to the attention of service providers and be approved for Title IV-E prevention services. This may be a community pathway, through the child welfare agency or a tribal agency. For the community pathway, a public or private agency may connect children and families to community-based organizations that provide voluntary direct services. This might, for example be a home visiting provider agency.

Overall, FFPSA creates new opportunities to expand access to evidence-based prevention services for children, youth and their families in Los Angeles County, including Tribal children and their families. It offers an opportunity to strengthen prevention services and to provide additional supports to keep children safely at home with their families and in their communities.

Funding structure: The Children’s Bureau, ACF, HHS, administers the FFPSA program. Funds are allocated to states and other jurisdictions, which in turn make decisions about spending on prevention, evidence-based programs, family support, and other activities. The California DSS defines the rules for local entities to use FFPSA funding.

Federal law permits states and tribes to claim federal financial participation (i.e., 50% federal reimbursement) for providing eligible individuals with certain approved, evidence-based prevention services to strengthen families and keep children from entering foster care or the child welfare system. This means that state and local matching dollars will be required to draw down FFPSA funds to support home visiting and other prevention services.

Under federal law, Title IV-E FFPSA funding is the “payer of last resort” for services. For example, FFPSA funds would be used last, following payment for services eligible for coverage under Medi-Cal or services that may be financed under CalWORKs. The DSS plan states: “FFPSA-authorized IV-E funding for prevention services will be used to implement an evidence-based program adding to, or filling a service gap, of the continuum of services available in a given jurisdiction.... The Title IV-E funding can also be leveraged when other funds, such as those described above, have been applied, but do not cover all activities within an EBP, or when a recipient does not qualify for services through other funding sources.” This would apply in the case of financing for evidence-based home visiting.

Eligibility for FFPSA Prevention Services

Under federal law, three categories of individuals are eligible for FFPSA Prevention Services:

1. A child who is a “candidate for foster care” (i.e., at imminent risk of entering foster care)
 2. A pregnant or parenting youth who is in foster care
 3. Parents of kin caregivers of a candidate for foster care or a pregnant and parenting foster youth.
- There are no income eligibility requirements for these services.

In California, these groups include:

- Children (ages 0-17) whose state-approved safety assessment indicates the presence of at least one threat to child safety and whose in-person assessment indicates that substance abuse, mental health, and/or parenting services are likely to prevent the need for foster care.
- Children (ages 0-17) whose state-approved risk assessment score is High or Very High and whose in-person assessment indicates that substance abuse, mental health, and/or parenting services are likely to prevent the need for foster care
- Children (ages 0-17) receiving court-ordered, in-home family maintenance services.
- Children whose adoption or guardianship is at risk of disruption.
- Probation youth who have been identified as likely to enter a IV-E placement without effective substance abuse, mental health, and/or parenting services

Medi-Cal/Medicaid

Purpose and design: Medicaid is a health care coverage program, operated under a federal-state partnership. It is a critical source of coverage for pregnant women, infants, and young children. Medicaid finances more than 40% of all US births, is the source of coverage for 6 in 10 Black, Latine / Hispanic, and Native American / Indigenous babies. (Artiga et al., 2020) In California, known as Medi-Cal, the program covers 45% of California births and finances nearly 140,000 births under managed care arrangements. The vast majority (approximately 80%) of children or pregnant women in home visiting programs are enrolled in Medicaid.

Most state Medicaid agencies use contracts with managed care plans to finance and deliver services. In California, managed care arrangements are in place in every county. Nearly all of the pregnant women, infants, and young children in Medi-Cal are enrolled in managed care plans.

Since the 1990s, some states have used Medicaid to finance home visiting services for mothers, infants, and young children, and by 2021, nearly half of states had used one or more existing benefit categories to provide financing. (Johnson, 2019) A Joint Informational Bulletin of the federal Centers for Medicare and Medicaid Services (CMS) and Health Resources and Services Administration (HRSA) in 2016 affirmed the flexibility and options states have to finance home visiting with Medicaid in addition to other funds.

“Medicaid coverage authorities offer states the flexibility to provide services in the home.... However, home visiting programs may include some component services, which do not meet Medicaid requirements, and may require support through other funding options....state agencies should work together to develop an appropriate package of services... may consist of Medicaid-coverable services in tandem with additional services available through other federal, state or privately funded programs.” (US HHS-CMS, 2016)

Table 2. Key Medicaid Benefit Categories Used By States to Finance Home Visiting

Approach	Authority	Population	Services	Match rate
Targeted case management (technically medical assistance)	Optional, requires state plan amendment (SPA)	Permits targeting to select women, infants, & children	<ul style="list-style-type: none"> May limit providers; four core service components. Widely used by states to finance home visiting. 	Standard Federal Medical Assistance Percentage (FMAP) for state
Early Periodic Screening Diagnostic, and Treatment (EPSDT)	Existing authority, mandatory	Children birth to 21 (would include teen parents)	Covers comprehensive set of prevention, screening, anticipatory guidance, diagnostic, and treatment services.	Standard FMAP for state
Extended prenatal/ pregnancy related benefits	Existing authority, optional	Pregnant women and mothers 60 days postpartum	<ul style="list-style-type: none"> As part of a broad set of pregnancy-related services defined by the state. Home visiting may be distinct from prenatal case management. 	Standard FMAP for state
Preventive services benefit for women/ adults	Optional, requires state plan amendment (SPA)	Adult women and men	<ul style="list-style-type: none"> Preventive services benefit at state option, defined under the Affordable Care Act (ACA). In SPA, state defines scope and specifies workforce. 	Standard FMAP for state

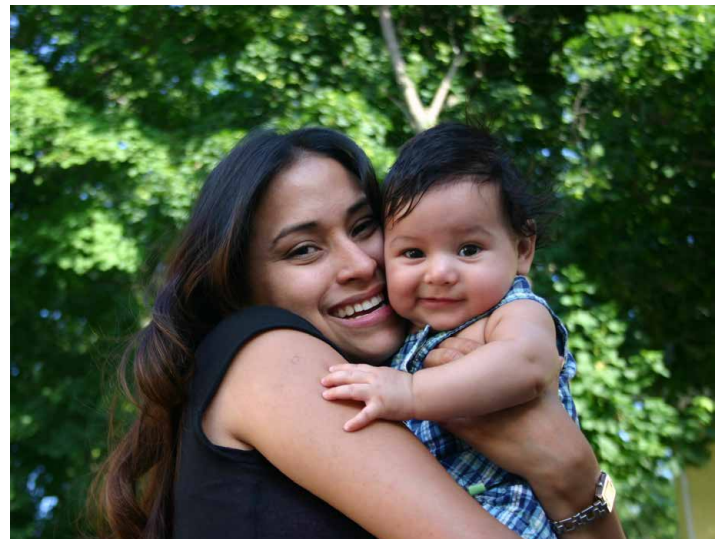
As described in the CMS-HRSA Joint Informational Bulletin, home visiting is not a specified covered benefit under federal Medicaid law. (This is also true for other more commonly financed services such as mental health.) CMS states, however, that states may choose among various Medicaid benefit categories to cover home visiting services. (See Table 2.) For example, home visiting services may be financed using: Early Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit (Rosenbaum, 2016), extended/pregnancy-related services, (42 CFR 440.250), preventive services furnished by non-licensed providers (42 CFR 440.130(c)), or the targeted case management (TCM) benefit (42 CFR 440.169 and 42 CFR 441.18).

Among the 22 states that use Medicaid to finance home visiting services, most use the TCM benefit structure. (Johnson, 2019) TCM is an optional special benefit category that states may add using a Medicaid State Plan Amendment (SPA). The TCM benefit may be targeted to specific populations or even specific geographic areas, and it pays for services that help individuals access needed medical, social, educational, and other services. (See Appendix C for federal regulations related to TCM.)

In California, TCM programs are administered by a county Local Governmental Agency (LGA), typically within a County Department of Public Health, and the uses of these funds varies. Some California counties have used the funds for home visiting.

While some states pay for only portions or specific components of home visits, states can and do use Medicaid to pay for full visits. In some states, the time to complete care plan updates and make effective referrals and linkages is included as part of the home visit cost to be reimbursed. In the case of Medicaid financed home visiting, elements such as training of home visitors, data management, reflective supervision, and related administrative activities would typically not be allowable for Medicaid billing or covered services. This is parallel to the approach used to finance visits or episodes of care with physicians or hospitals.

The California Department of Health Care Services (DHCS), which administers Medi-Cal, has launched. The Advancing and Innovating Medi-Cal (CalAIM)—a multi-year initiative designed to reform the Medi-Cal program and, in turn, improve health outcomes. The goals of CalAIM are to: identify and managed risk and need through whole-person approaches, move to a more consistent and seamless system, and improve outcomes, reduce disparities and drive delivery system transformation through value-based initiatives and payment reforms.



CalAIM is intended to help all Medi-Cal enrollees through a focus on population health and greater emphasis on prevention and wellness. In addition, some specific reforms to improve care for people with the most complex needs (e.g., people with disabilities, complex medical conditions, behavioral health needs, experiencing homelessness, in foster care). Some of the changes can benefit pregnant women, infants, and young children. Opportunities exist to improve care using enhanced case management (ECM) as a part of whole person care for individuals with chronic conditions and elevated risks. This is in addition to TCM, which will continue separately.

In addition, California is using the Medicaid option to cover the preventive services benefit, using state plan amendments (SPAs). Since January 2014, state Medicaid agencies have had the option to finance preventive service delivered by non-licensed providers when a licensed practitioner recommends the preventive services. In particular, DHCS proposed one SPA to define community health worker services and another SPA to define doula services under Medi-Cal. Planning processes with stakeholder input are underway and implementation of these benefits is expected in 2022.

Funding structure: Medicaid is jointly financed by federal and state governments, at approximately 50% federal dollars and 50% state funds. The Federal Medical Assistance Percentage (FMAP, known as federal match) for California in Federal Fiscal Year (FFY) 2022 is 50%, plus a 6.2 percentage point increase in the FMAP during the COVID Public Health Emergency.

The federal Centers for Medicare and Medicaid Services (CMS), HHS administers the Medicaid program at the federal level. In California, the Department of Health Care

Services (DHCS) administers Medi-Cal, with counties given considerable authority to make program and spending decisions, including structuring managed care contracts.

DHCS received federal approval on December 29, 2021 for both the CalAIM demonstration under a Section 1915(b) waiver, as well as extension of a Medicaid Section 1115 waiver demonstration effective through December 31, 2026.

Title V Maternal and Child Health Services (MCH) Block Grant

Purpose and design: The federal Maternal and Child Health Services (MCH) Block Grant is one of the nation's oldest public health programs, starting with grants to states in 1935 under Title V of the Social Security Act. It has its roots in an older program—the Sheppard-Towner Maternity and Infancy Act of 1921—that provided the first federal grants to states for public health. Today, states and other jurisdictions and tribal entities receive MCH Block Grant dollars based on a formula and have broad flexibility to spend under an approved plan to provide and assure access to quality health services for the target population of mothers, infants and children (through age 21), which includes children with special health care needs (CSHCN), and their families. The prevention of infant mortality and support for family-centered, community-based, coordinated systems of care are also prime purposes.

Federal law requires a partnership between the state agencies administering the MCH Block Grant and Medicaid. Particularly in the case of children and the EPSDT benefit, states are required to have a memorandum of understanding that lays out reciprocal responsibilities for outreach, data, avoiding duplication of effort, and other coordination. (Johnson, et al., 2020)

At the discretion of state and local public health agencies, MCH Block Grant funds may be used to support home visiting. Since 2010, given the focus and size of the federal MIECHV program, states generally no longer use MCH Block Grant dollars to directly finance home visiting; however, some use these flexible funds for administrative and system supports. LA DPH uses a portion of their MCH allocation to support home visiting system administration.

Funding structure: At the federal level, MCHB-HRSA-HHS allocates MCH Block Grant funds to states (and other jurisdictions), and states provide matching funds. States must at least match every \$4 of federal Title V money they receive by at least \$3; however, many states provide funds above that ratio. Federal law also requires that each year and in each state, at least 30% of federal Title V MCH

Block Grant funds must be used for preventive and primary care services for children and at least 30% for services for CSHCN. MCH Block Grant funds may not be used for cash payments to intended recipients of health services or for purchase of land, buildings, or major medical equipment.

The California Department of Public Health administers the MCH Block Grant funds under the Division of MCAH and funds are distributed to 61 local health jurisdictions across the state. In LA County, the Maternal, Child, and Adolescent Health Program is a division of DPH.

Substance Abuse Prevention and Treatment Block Grant (SABG)

Purpose and design: The Substance Abuse Prevention and Treatment Block Grant (SABG) program's objective is to help plan, implement, and evaluate activities that prevent and treat substance abuse. State health departments who receive the funds have the flexibility to distribute SABG funds to local entities, community-based organizations, and others. Grantees use the funds to plan, implement, and evaluate activities that prevent and treat substance abuse and promote public health. Pregnant women and women with dependent children are one among the five target populations of the SABG. In applying for SABG, states must provide a detailed description of the related activities and programs for women and, in particular for pregnant women and women with dependent children.

Funding structure: The Center for Substance Abuse Treatment—in collaboration with the Center for Substance Abuse Prevention—of the Substance Abuse and Mental Health Services Administration (SAMHSA), HHS administers the program and allocates SABG formula grants to all 50 states and other jurisdictions and tribal entities. Grantees have considerable flexibility to design their approach and activities. Federal rules require that states/grantees spend no less than 20% of their SABG allotment on substance abuse primary prevention strategies, which must focus both on the general population and sub-groups at high risk for substance abuse.

In California, the Department of Health Care Services (DHCS) acts as a pass-through agency to distribute SABG funds to local governments to provide services or to contract with providers. Within the LA County DPH, the Substance Abuse Prevention and Control (SAPC) unit administers SABG and uses a portion of funds to support innovative home visiting efforts.

Local Funding Streams

First 5 LA

Purpose and design: Passed by California voters in 1998, Proposition 10, imposed a 50-cent state tax on tobacco products and dedicated the revenue to support investments to improve all children's healthy development and school readiness. Under the California Children and Families Act, the California Department of Tax and Fee Administration collects an excise tax levied on all tobacco products and deposits the revenue into the California Children and Families Trust Fund, allocating 20 percent to First 5 California and 80 percent to county commissions. (California First 5)

First 5 California works to improve the lives of children and families. County-level First 5 Commissions set priorities for uses of these funds under broad parameters. As a result of differences in funding levels and local priorities, the activities funded by First 5 Commissions vary substantially from county to county.

First 5 LA supports innovative programs, partnerships, policy and practice change efforts that improve the capacity of systems to promote and protect the well-being of young children and families. In partnership with public and community partners, First 5 LA systems change efforts include health, early childhood education (ECE) and family supports.

For many years, First 5 LA has supported the infrastructure for the LA County home visiting system, including funding for training and data. Much but not all of this infrastructure funding is administered by LABBN.

First 5 LA contributes to financing direct services delivered through evidence-based home visiting models (i.e., HFA, NFP, PAT). In addition, they are the primary funder for the Welcome Baby program.

Funding structure: First 5 California distributes funds to local communities through the state's 58 individual counties, all of which have created their own local First 5 county commissions. Approximately, 80% of the annual revenues are allocated to the 58 county commissions. Counties invest these dollars in locally selected programs, as well as in First 5 California's statewide programs. Expanding access to home visiting services is a First 5 California policy priority. (First 5 California Annual Report)

In FY 2020–21, First 5 California received \$81.3 million, and county commissions received \$325.1 million. This amount

includes Proposition 10, Proposition 56 Backfill, and interest earned on the California Children and Families Trust Fund. (California First 5 Annual Report)

First 5 efforts across California counties are primarily funded by tobacco taxes. As smoking has decreased, the total revenues available for First 5 have decreased. In the face of, declining revenues, LA First 5 must make difficult decisions about priorities for funding allocations going forward.

Since the amount of funding provided to each First 5 County Commission is based upon the area's birth rate, First 5 LA receives the largest allocation, based on having the largest population and birth rate. In addition, First 5 LA has secured additional health, education, and other revenues. Over the past two decades, First 5 LA has made a positive impact for families through its allocation of over \$2.5 billion—more than \$80 million in FY 2020–21 alone.

Net County Cost

Purpose and design: With its large population and geographic area, LA County has a budget of more than \$30 billion to cover an array of needs including: health, public safety and justice, social services, recreation and culture, and administrative costs. This incorporates an array of federal, state, and local funding streams.

Net County Cost (NCC) is the portion of the LA County budget that is financed with locally generated revenues.

Funding structure: The LA County Board of Supervisors has primary responsibility for setting budget and spending priorities. In this unprecedented time of the COVID-19 public health emergency, they gave emphasis to health, economic recovery, equity investments, and sustainability and preparedness. In recent years, some Net County Cost funding has been used to support and sustain home visiting, including filling gaps to avoid reduced services to families or furlough of home visitors.

State Realignment Funds

Purpose and design: California counties administer most state health programs and human services programs. In 1991, the California Legislature approved a significant realignment of fiscal and programmatic responsibility for many health and human services programs from the state to counties.

This realignment approach has evolved over the years in the state budget process, with substantial changes again in

2011. The state provides flexible health realignment funding for counties to provide health care services to their uninsured, low income populations and carry out local public health activities and separate funding through 1991 realignment for mental health services. The realignments are intended to have benefits for counties by providing (1) greater local flexibility over programs and services based on local needs and (2) incentives to encourage counties to innovate to achieve better program outcomes. In some cases (e.g., mental health services, in-home supportive services), costs have grown and realignment funding levels no longer fully cover counties' costs. In other cases, flexibility permits counties to use realignment dollars as match to draw down Medicaid or other federal funds.

Funding structure: Realignment funds are provided from the state to respective county agencies. In LA County, the Department of Child and Family Services (DCFS) has used the flexibility in realignment funds to support the Partnerships for Families home visiting program.



Table 3. Design, Purposes, and Challenges of Funding Streams to Support and Sustain Home Visiting in LA County

Funding Stream	Examples of how this funding could be used to support home visiting	Typical Challenges
Federal/ State Funding Streams		
<p><u><i>California Home Visiting Program</i></u> (CHVP) (federal dollars) /</p> <p><u><i>Federal Maternal, Infant, and Early Childhood Home Visiting</i></u> (MIECHV) Program</p>	<ul style="list-style-type: none"> As a primary source of funding for visits under evidence-based home visiting models. California counties may use MIECHV to <u>support only three evidence-based home visiting models</u>: HFA, NFP, and PAT. Previously, only HFA and NFP were included. LA County currently funds only HFA and NFP under CHVP. To fund promising practice models and their evaluation, as defined in MIECHV statute. To support administrative and data activities for the home visiting system. 	<ul style="list-style-type: none"> Most MIECHV funding dedicated to direct services. States typically select only a few models.
<p><u><i>California Home Visiting Program</i></u> (CHVP) (state dollars)</p>	<ul style="list-style-type: none"> As a primary source of funding for visits under evidence-based home visiting models. This is state only funding. 	<ul style="list-style-type: none"> Most funding dedicated to direct services. DPH contracts with CBOs to provide services with these funds. Due to internal infrastructure limitations the department has not been able to set up a federal match claiming system.
<p><u><i>CalWORKs</i></u></p> <p><u><i>Federal Temporary Aid to Needy Families</i></u> (TANF)</p> <p><u><i>CalWORKs Home Visiting Program</i></u> (HVP)</p> <p>Formerly known as Home Visiting Initiative</p> <p>In LA County, managed by DPSS.</p>	<ul style="list-style-type: none"> To fund home visiting services for individuals who meet eligibility criteria focused on children, parents of young children, and pregnant people. Dollars flow from DPSS to DPH to fund NFP, PAT, and HFA services. Across California, 44 counties participating, using one of four evidence-based home visiting models: HFA, NFP, PAT, or EHS-HV. 	<ul style="list-style-type: none"> Children and families required to meet eligibility criteria, specifically: <ul style="list-style-type: none"> A) Pregnant CalWORKs participant; B) CalWORKs participant who is a parent/ caretaker relative of a child aged 0-24 months at the time of HVP enrollment; C) A pregnant individual who has applied for CalWORKs aid within 60 calendar days prior to reaching the second trimester of pregnancy and would be eligible for CalWORKs aid other than not having reached the second trimester of pregnancy; or D) An individual who has applied for and is eligible for CalWORKs aid as defined in the MPP 40-129.11. "Apparent Eligibility" means that the information provided on the Statement of Facts and information otherwise available to the County indicates that the applicant would be eligible if the information on the were verified.

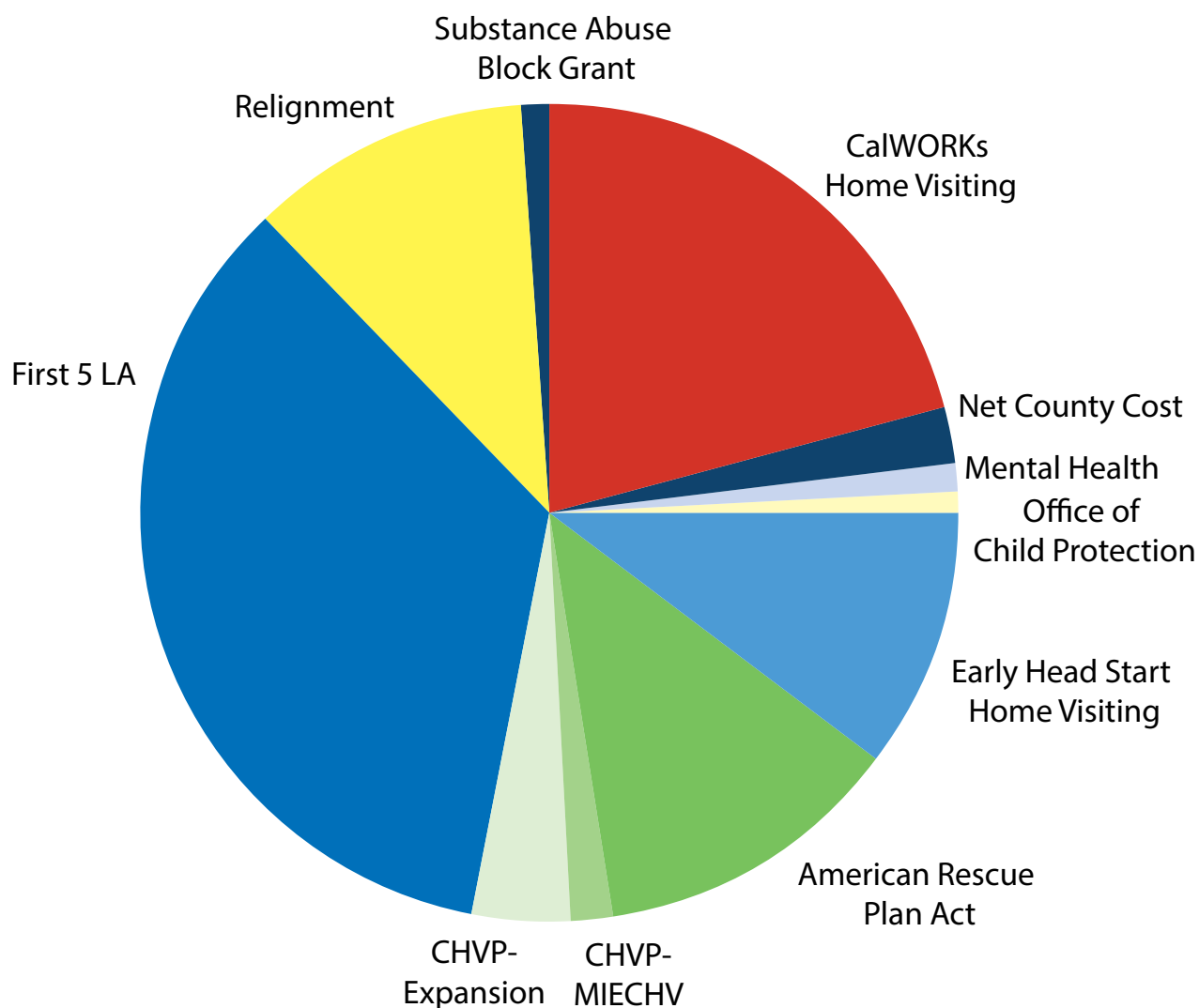
Funding Stream	Examples of how this funding could be used to support home visiting	Typical Challenges
<p><u>Early Head Start (EHS) Home Visiting</u> / Home-Based Option</p> <p><u>California Head Start State Collaboration Office</u></p> <p>Managed by <u>LA County Office of Education Early Head Start</u> (LACOE)</p>	<ul style="list-style-type: none"> To fund home visiting services through Early Head Start home-based option. In California counties, Early Head Start home based model is the most common home visiting program (40 counties). 	<ul style="list-style-type: none"> Not all areas have Early Head Start home-based programs or only have a limited number of sites. States do not have direct administration of Head Start programs or their funding. States and counties may supplement Early Head Start funding.
<p><u>Family First Prevention Services Act (FFPSA)</u> / Child Welfare</p> <p><u>FFPSA Home visiting in California</u></p> <p>Effective 10/1/21 and California plans under development.</p> <p>In LA County, managed by Department of Social Services (DSS).</p>	<ul style="list-style-type: none"> To fund home visiting services for specifically approved models and eligible families. California counties may use one of three evidence-based home visiting models: HFA, NFP, or PAT. LA County will make decision. To fund child abuse prevention efforts that augment home visiting. To fund other evidence-based child abuse prevention efforts, such as Motivational Interviewing to be weaved into existing home visitation programs. 	<ul style="list-style-type: none"> Recent federal and state rules, some still under development. A different group of evidence-based home visiting designations than MIECHV, with some overlap. An individual (e.g., a child) is required to qualify, meet eligibility criteria.
<p><u>Medi-Cal</u> / <u>Federal Medicaid CMS 2016 guidance</u></p> <p>National <u>summary report</u></p> <p>More than 22 states use Medicaid to finance home visiting.</p>	<ul style="list-style-type: none"> To finance home visits or portions of visits through targeted case management or other benefit categories. To leverage state general funds as matching dollars to secure federal financial participation (FFP). Best estimate is that 30+ California counties use Medicaid to finance some home visiting services. 	<ul style="list-style-type: none"> Getting approval from the county, state, and federal governments for uses that fit the home visiting strategy. Developing and seeking approval under state plan amendments (SPAs) or waivers, where necessary. Competing with existing priorities. LA County is consistently under budget for meeting Medi-Cal purposes/needs. Medi-Cal policy and structures are changing under CalAIM. Negotiating with managed care plans can be complex at the local level.
<p><u>Substance Abuse Prevention and Treatment Block Grant</u> (SABG)</p> <p><u>LA County Department of Mental Health</u></p>	<ul style="list-style-type: none"> To fund home visiting services. To fund maternal depression treatment that augments and complements home visiting. 	<ul style="list-style-type: none"> SAMHSA grants have defined purposes and populations that may constrain options. Some states and counties formerly used federal dollars from programs which have ended (e.g., Project LAUNCH) LA County has used federal Substance Abuse Prevention and Treatment Block Grant (SABG) dollars for targeted home visiting.

Funding Stream	Examples of how this funding could be used to support home visiting	Typical Challenges
<u><i>Title V Maternal and Child Health Services (MCH) Block Grant</i></u>	<ul style="list-style-type: none"> To increase home visiting data, research, training, or infrastructure development by using this flexible funding from block grant program. To support LA County home visiting system (e.g., training, data, administration). May be useful for short-term initiatives. 	<ul style="list-style-type: none"> Many competing programs and priorities. Majority of funds already obligated. Typically not used for direct purchase of services.
State/Local Funding Streams		
<u><i>First 5 LA</i></u>	<ul style="list-style-type: none"> To fund home visiting services for two evidence-based home visiting models: HFA and PAT. Also financing Welcome Baby model with a more “universal” and “light-touch” approach. To support LA County home visiting system (e.g., training, data, administration). 	<ul style="list-style-type: none"> Overall First 5 County Commissions spend more than \$65 million on home visiting. First 5 LA has a large investment in both home visiting direct services and administration (e.g., training, data). In recent years First 5 budgets overall have been reduced as tobacco tax revenues fell.
Net County Cost (NCC) / County General Funds	<ul style="list-style-type: none"> To fund home visiting services. To support LA County home visiting system (e.g., training, data, administration). NCC is a practical source of matching funds and can be used with low administrative burden if available. 	<ul style="list-style-type: none"> Many competing programs and priorities.
<u><i>State realignment funds</i></u>	<ul style="list-style-type: none"> To fund home visiting services. To support LA County home visiting system (e.g., training, data, administration). 	<ul style="list-style-type: none"> Many competing programs and priorities.

Notes:

- Examples and typical challenges are based on experience in LA County, other California Counties, and other states across the country.
- Examples reflect both nationwide experience and limitations specified in federal law (statute, regulations, or guidance).

Figure 3. Public Funding for Home Visiting, Los Angeles County, FY 2022



By FY 2022, the home visiting funds identified in the fiscal mapping project totaled nearly \$100 million.

Distribution of Funding for Home Visiting in LA County

Overall investment in home visiting in LA County has grown substantially over the past two decades. Table 4 shows the sources of home visiting financing by funding stream for recent years. By FY 2022, the home visiting funds identified in the fiscal mapping project totaled to \$96.5 million.

Figure 3 shows the distribution of the total funds identified. In FY 2022, the primary sources of funding for evidence-based home visiting services in LA County included: CHVP/MIECHV (DPH), CalWORKs (DPSS), Early Head Start (LACOE), and First 5 LA.

In addition, county agencies invested in innovative home visiting approaches. First 5 LA invested \$22 million in the Welcome Baby program in FY 2022. Realignment funds were used by DCFS to support the Partnerships for Families program. DPH invested SABG dollars in the MA-MA's Neighborhood program.

Limited funding from Medi-Cal was used under Targeted Case Management (TCM) benefit, as well as a small scale pilot project with one managed care plan. These funds for evidence-based home visiting (particularly NFP) are not shown in the graphs or included the total.

Figure 4. Public Funding for Home Visiting Models HFA, NFP, and PAT, Los Angeles County, FY 2022

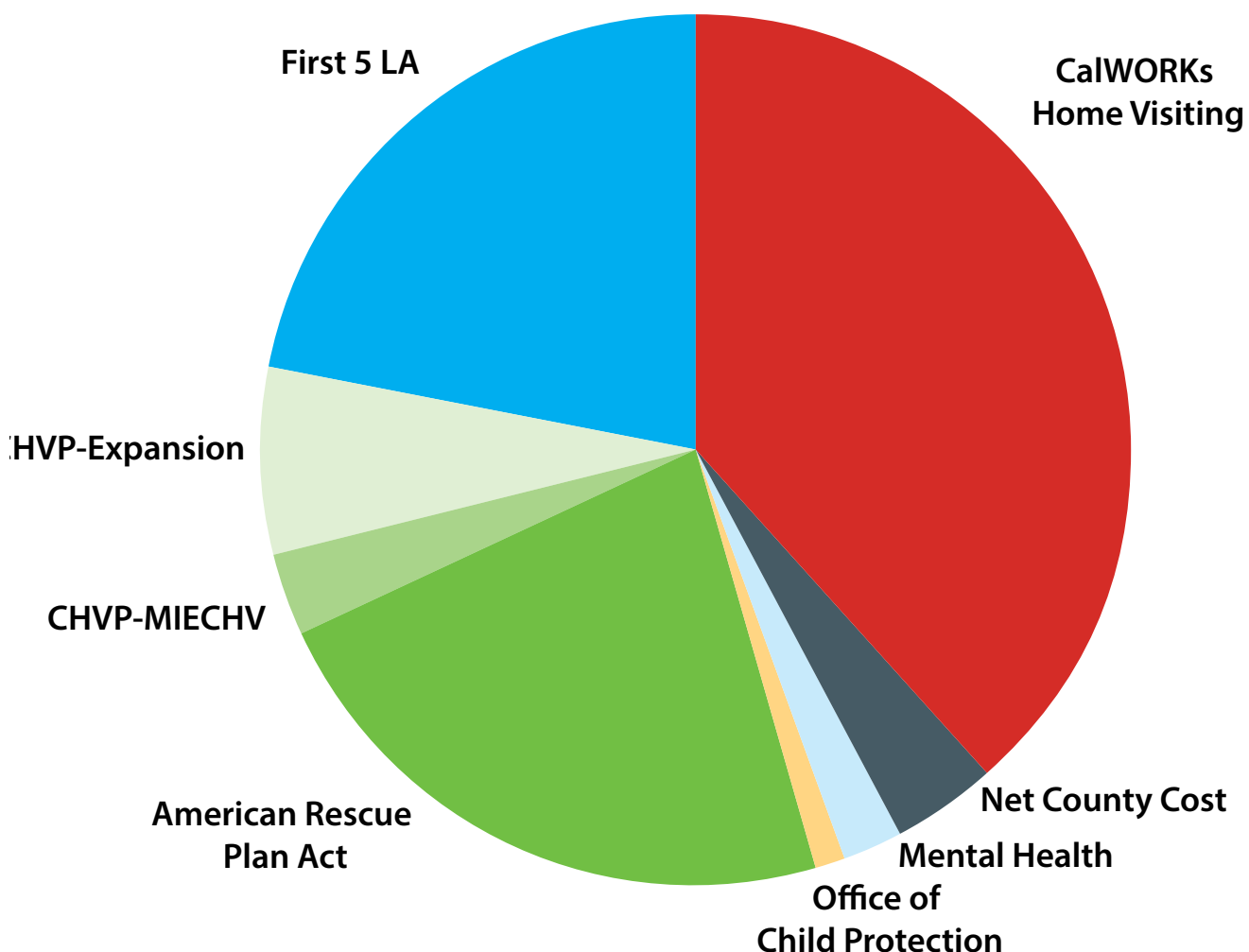


Figure 4 illustrates the distribution of funding for only the three evidence-based home visiting models (HFA, NFP, and PAT) with braided funding from several federal, state, and local sources (total \$57.8 million). Funds used to support Welcome Baby and Early Head Start have been removed to focus on those three models.

Figure 5 shows the level of funding for all four evidence-based home visiting models (EHS, HFA, NFP, and PAT). Note that Early Head Start funds are shown as a pro-rated amount, one-third of the total for home visiting.

System administration and infrastructure costs tallied to millions of dollars (details not shown). First 5 LA invested more than \$4 in home visiting system infrastructure (e.g., training, data). DPH allocated MCH Block Grant dollars to support home visiting system administration as well as MIECHV and other funds. The County agency staff time for administering programs is another essential part of the system support.

Figure 5. Public Funding for Evidence-Based Home Visiting Models
EHS-HV, HFA, NFP, PAT, Los Angeles County, FY 2022

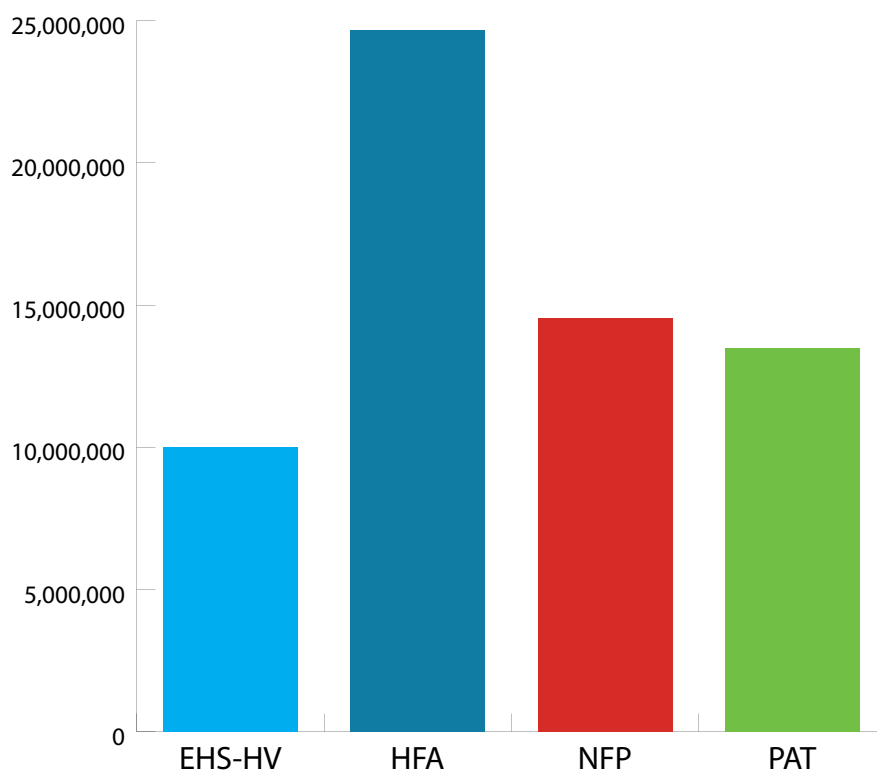


Table 4. Level and Potential in Federal, State, and Local Funding Streams to Support and Sustain Home Visiting in LA County

Funding Stream	Currently used (Y/N)? Dollar amount for FY22	Potential for new or expanded funding?	Potential source of match- ing for federal dollars?
Federal/ State Funding Streams			
California Home Visiting Program (CHVP) (federal dollars) / Federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program	<ul style="list-style-type: none"> • YES • FY 2022 = \$1,528,715 federal MIECHV (CHVP). • Plus \$11,900,000 in ARP expansion of federal MIECHV (short term, likely one- time funds). 	<ul style="list-style-type: none"> • MAYBE • A possibility for expansion of federal funding for MIECHV. 	<ul style="list-style-type: none"> • NO • MIECHV dollars are federal funds that must be kept separate from other federal funds and cannot be used as match to draw down other federal funds (e.g., Medi-Cal, FFPSA).
California Home Visiting Program (CHVP) (state dollars)	<ul style="list-style-type: none"> • YES • FY 2022 = \$3,698,342 	<ul style="list-style-type: none"> • MAYBE • A possibility for expansion of state funding for home visiting. 	<ul style="list-style-type: none"> • YES • CHVP state dollars can be used as match to draw down certain federal funds for direct services (e.g., Medi-Cal, FFPSA). Would require state approval.
CalWORKs Federal Temporary Aid to Needy Families (TANF) CalWORKs Home Visiting Program (HVP)	<ul style="list-style-type: none"> • YES • In FY 2022, \$20,375,474 in CalWORKs Home Visiting funding for LA County 	<ul style="list-style-type: none"> • MAYBE • This depends upon the CalWORKs HVP allocation from the State. 	<ul style="list-style-type: none"> • NO • TANF dollars are federal funds and cannot be used as match to draw down other federal funds (e.g., Medicaid, FFPSA).
Early Head Start (EHS) Home Visiting / Home-Based Option LA County Office of Education Early Head Start	<ul style="list-style-type: none"> • YES • Approximately \$30 million total is budgeted for Early Head Start in LA County, including center and home-based services. Since approximately one third of all US Early Head Start participants are enrolled in home visiting services/ home based option, this total for LA County Early Head Start Home Visiting is prorated to \$10 million for purposes of this report. 	<ul style="list-style-type: none"> • MAYBE • The possibility for expanded number of sites funded by federal, state, or local dollars. • Opportunity for braided funding using other non-federal funds. 	<ul style="list-style-type: none"> • NO • EHS-HV dollars are federal funds and cannot be used as match to draw down other federal funds (e.g., Medicaid, FFPSA).

Funding Stream	Currently used (Y/N)? Dollar amount for FY22	Potential for new or expanded funding?	Potential source of match- ing for federal dollars?
Family First Prevention Services Act (FFPSA) / Child Welfare FFPSA Home visiting in California	<ul style="list-style-type: none"> • YES (pending) • The level of investment not yet determined. Billing not started yet. 	<ul style="list-style-type: none"> • YES • The potential for expanded use. • Effective 4/1/22 California state and local county plans still under development. 	<ul style="list-style-type: none"> • NO • FFPSA dollars are federal funds that must be kept separate from other federal funds and cannot be used as match to draw down other federal funds (e.g., Medi-Cal). • FFPSA requires matching dollars.
Medi-Cal Medicaid CMS 2016 guidance	<ul style="list-style-type: none"> • YES • Some limited current and prior year funding through targeted case management. Also via an arrangement with one managed care plan. 	<ul style="list-style-type: none"> • YES • The potential for expanded use. 	<ul style="list-style-type: none"> • NO • Medi-Cal dollars must be kept separate from other federal funds and cannot be used as match to draw down other federal funds (e.g., FFPSA). • Medi-Cal requires matching dollars.
Substance Abuse Preven- tion and Treatment Block Grant	<ul style="list-style-type: none"> • YES • In FY 2022, DMH committed \$1.2 million support home visiting in LA County. Currently, no future commitment. • DPH Substance Abuse Prevention and Control (SAPC) funds the DHS Women's Health & Innovation MAMA's Neighborhood program (\$1M) and supports LA County perinatal substance use disorder (SUD) treatment providers (\$3.7M). Both efforts are funded through the SABG. 	<ul style="list-style-type: none"> • MAYBE • Any new or expanded use of SABG funding for home visiting would need to be negotiated with DPH-SAPC. 	<ul style="list-style-type: none"> • NO • SABG are federal dollars and cannot be used as match to draw down other federal funds (e.g., Medi-Cal, FFPSA).
Title V Maternal and Child Health Services (MCH) Block Grant	<ul style="list-style-type: none"> • YES • Some Title V MCH Block Grant funds have been used to support and sustain home visiting in LA County. 	<ul style="list-style-type: none"> • YES • The potential for continued or expanded use on limited basis. 	<ul style="list-style-type: none"> • NO • Title V MCH Block Grant dollars are federal dollars and cannot be used as match to draw down other federal funds (e.g., Medi-Cal, FFPSA).

Funding Stream	Currently used (Y/N)? Dollar amount for FY22	Potential for new or expanded funding?	Potential source of match- ing for federal dollars?
State/Local Funding Streams			
First 5 LA	<ul style="list-style-type: none"> • YES • In FY 2021-22 = \$11.4 million for HFA and PAT; and \$22.3 million for Welcome Baby. • Total \$38.1 million (includes infrastructure costs of \$4.3M for LABBN and database). 	<ul style="list-style-type: none"> • MAYBE • A possibility for increased matching to leverage First 5 funds, even as they are shrinking overall. 	<ul style="list-style-type: none"> • YES • First 5 dollars can be used as match to draw down certain federal funds for direct services (e.g., Medi-Cal, FFPSA).
Net County Cost (NCC) / County General Funds	<ul style="list-style-type: none"> • YES • Some NCC funding has been used to support and sustain home visiting in LA County. • In FY 2020-21 approximately \$1,965,314 of NCC was used for NFP via DPH. 	<ul style="list-style-type: none"> • MAYBE • A possibility for expanded budget, for funds targeted to specific purposes, and/or for increased matching. 	<ul style="list-style-type: none"> • YES • County general funds (NCC) can be used as match to draw down certain federal funds for direct services (e.g., Medi-Cal, FFPSA).
State Realignment funds	<ul style="list-style-type: none"> • YES • Some realignment funding has been used to support and sustain home visiting in LA County. • \$10.6 million from DCFS realignment dollars used to fund DCFS' home visitation program, Partnerships for Families. 	<ul style="list-style-type: none"> • YES • The potential for expanded use and for increased matching to leverage Realignment dollars. 	<ul style="list-style-type: none"> • YES • State realignment funds can be used as match to draw down certain federal funds for direct services (e.g., Medi-Cal, FFPSA).

Note: The potential for new or expanded funding is based on this fiscal mapping analysis, with input from key stakeholders. It is not a projection of future funding decisions. Similarly, the identification of a funding stream as a potential source of matching funds depends on federal, state, and local policy decisions which are subject to change.

Only one of the primary federal sources of funding for home visiting (MIECHV) is being used at scale in LA County and millions of dollars available are not used to draw down federal funds. The potential in use of Medi-Cal and FFPSA is great.

Part Three: Recommendations for Action

LA County has demonstrated commitment to expanding, diversifying, and sustaining a robust home visiting system with a continuum of models. Ensuring funds sufficient both for direct service delivery and administrative functions (e.g., training, data collection) is essential for having an efficient, effective, and sustainable home visiting system. To do so will require different approaches to financing. Using tried and true strategies for “spending smarter” will help to provide effective home visiting services to more families at risk, and secure a return on investment in future health and well-being. For the LA County home visiting system, the general approaches for spending smarter would be to: continue support for the home visiting system, maintain or expand state and federal funding, streamline administrative and finance structures, and maximize enrollment capacity in the full set of programs prenatal to 3 not just the federally approved models. The recommendations in this report are designed with these approaches in mind.

This report makes specific recommendations for action focused financing the system overall. The overarching aims of these recommendations are to:

- Support a system with a continuum of services for pregnant women and young children,
- Increase the size of “the pie” (total dollars), not just shift funds from one purpose to another,
- Leverage and maximize existing and potential funding streams, and
- Use a more centralized finance and billing approach so that available funds are maximized.

Recommendations to Support the LA County HV System

To support the vision and direction of LA County leaders, partners, and collaborative efforts, this report makes six high level recommendations for continued support for the LA County home visiting system. These are to: 1) assure a county locus of responsibility and accountability for home visiting, 2) maintain funding for home visiting system supports and required activities, 3) centralize finance and billing approach for home visiting, 4) support an array of home visiting models and other family support programs, 5) increase financing for Welcome Baby model as a “universal” and “light-touch” approach for supporting families with new babies, and 6) use private sector advocacy to maintain

or increase funding in all of the federal and state funding streams. These recommendations are aligned with and can be incorporated into ongoing system planning and structures.

System Recommendation 1: Assure a county locus of responsibility and accountability for home visiting with capacity and a mandate to pursue and leverage federal, state, and local funding streams

Since 1997, key public and private partners in LA County have worked to create a home visiting system, with emphasis on advancing toward a full continuum of services, serving both pregnant women and families with young children, responding to the needs of an array of families, offering services that are culturally responsive and respectful, and maximizing fiscal and human resources. With an increasing number of models, federal and state programs, and funding streams, having a county-level locus of responsibility is critical to the future of this system. This entity should be inside government with the authority, capacity, and a mandate to pursue and leverage funding streams. It also should engage with and be responsive to a large public-private collaborative body such as the Consortium, which includes consumer, community, and provider voices.

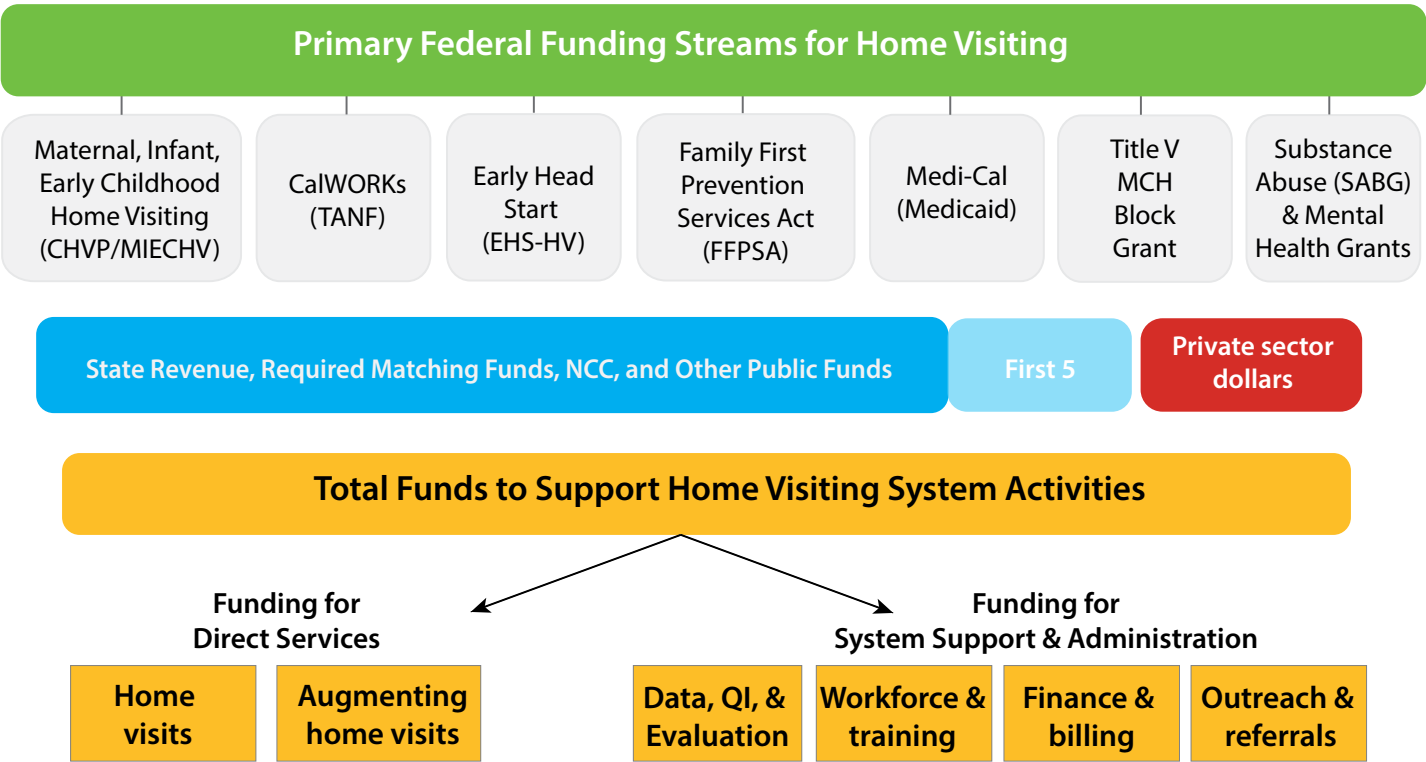
System Recommendation 2: Maintain funding for home visiting system supports and required activities.

Discussions of home visiting financing generally focus on the cost of direct services to families; however, the costs for system supports and administrative activities must also be considered. (See Figure 6.) This fiscal mapping project clearly heard about an identified set of system activities.

In the home visiting system, funds are needed on an ongoing basis for purposes that include, but are not limited to, support of the following cross system activities.

- County administrative staff and other contracting entities who managed programs, dollars, and services.
- Data collection and reporting, which includes the capacity to make reports for various programs, models, and in aggregate for select outcomes.
- Quality improvement (QI) and evaluation, which are required activities for some federal and state programs, as well as important to LA County.

Figure 6. Sample Finance Map to Support the Los Angeles County Home Visiting System



- Workforce development, including training for an array of types of workers (e.g., nurses, social workers, community health workers, doulas) regarding home visiting models, cultural responsiveness, and child and family development.
- Family outreach, engagement, and referral to assure that pregnant women and children who might benefit have an opportunity to voluntarily enroll and receive a respectful and effective “dose” of home visiting services.

Some federal funding streams (e.g., MIECHV) specify an amount of funds that may be used for administrative activ-

ities. For the MCH Block Grant, jurisdictions are given considerable flexibility. Other funding streams (e.g., Medicaid) primarily fund direct services and are not available for financing most administrative activities.

To date, the majority of dollars for home visiting system support have come from First 5 LA and multiple funding streams managed by DPH. As an increasing number of funding streams are used to finance home visiting services, it may be possible to further diversity funding for system support. For example, additional sources of funding might be used to pay for a portion of the costs for workforce development, family outreach, and data collection.

System Recommendation 3: Centralize finance and billing approach for home visiting

As the home visiting system uses more funding streams, efficient use of all resources becomes more complex. This report strongly recommends that LA County give high priority to planning and implementation of a centralized home visiting finance and billing system based at the DPH. Such a centralized finance and billing approach could include all of the major funding streams for home visiting, with the possible exception of Early Head Start.

If LA County seeks more sustainable and equitable financing for home visiting and family support this is a critical step. A centralized finance and billing approach would stretch available funds. Too many dollars are going unmatched or under leveraged. This approach increases the potential to better leverage potential dollars by matching and drawing down more federal funds (e.g., FFPSA and Medi-Cal). This can mean matching state and local to federal dollars when possible, and in turn increasing capacity by 25-30%.

Given the complexity of the rules for various funding streams, a centralized system could ensure that every dollar available dollars is used and that each is used appropriately, with payer-of-last-resort, eligibility, non-duplication, and other federal and state rules being followed.

It would enable having dollars “follow the person” rather than the model or provider. The individual (e.g., pregnant women or child) would be determined eligible or qualified for specific funding for home visiting services. Currently, funds are granted to local provider agencies and staff are designated to funding streams, shifting to a focus on the person would enable more efficient use of both dollars and the workforce capacity.

Centralized billing and finance systems also can reduce burden on local agencies and address certain contracting and fee-for-service billing difficulties. If billing is centralized, each local provider agency does not have to learn the rules for CalWORKs, FFPSA, MIECHV, and other funding streams. Under such an approach, LA County also could shift toward using budgeting methods for local provider agencies that combine grant dollars and fee-for-service billing. This can help local provider agencies augment grant funding in combination with more fee-for-service billing. Understanding the potential barriers for local home visiting agencies and creating centralized finance structures has helped in other states to encourage fee-for-service billing, maximize matching funds, and streamline processes.

Multiple steps must be taken before a centralized billing and finance approach for home visiting could begin. Planning and interagency discussions could start now, including discussions regarding: rates, matching funds, eligibility/qualifications for clients, payer-of-last resort rules, and inter-departmental MOUs and contracts. The decisions about how to introduce and managed fee-for-service billing under FFPSA and Medi-Cal are important in this planning process. Notably, using such an approach would not necessarily require a new centralized referral system or a new structure for system governance be operational.

System Recommendation 4: Support an array of home visiting models and other family support programs

Multiple analyses of the LA County home visiting landscape have identified gaps in services. Resources have been concentrated on identifying and serving high-risk populations, based on criteria set by models and by various funding sources. While availability and access has grown, limitations continue based on geography, child's age, and enrollment period (e.g., during pregnancy). In addition, the 2018 DPH Report underscored the gaps that exist for addressing disproportionately poor outcomes among segments of the county population that have historically been disenfranchised and could benefit significantly from improved outreach and inclusion. Notably, improvements are needed in outreach and cultural responsiveness to African-American families and other racial-ethnic groups who bear the burden of higher rates of maternal and infant mortality and preterm births. (DPH, Bureau of Health Promotion, 2018) Moreover, success for the home visiting system will require an array of home visiting models and other family support programs.

Key action steps related to financing a continuum of services and supports include to:

- Assess population need & gaps (underway).
- Strengthen financing for Welcome Baby as the “universal” or “light-touch” approach to be used in LA County. (See more below in Medi-Cal recommendations.)
- Support, evaluate, and expand other local home visiting innovations such as MAMA's Neighborhood and Partnerships for Families.
- Finance home visiting augmentations to better address some risks, such as increased use of motivational interviewing, adding in-home, evidence-based mater-

nal depression interventions designed to complement home visiting, increased use of doula services during the perinatal period, or addition of emerging practices that use home visiting as part of a comprehensive approach to address opioid use disorders.

- Enhance the system role of other family support programs such as federal Healthy Start and African American Infant and Maternal Mortality (AAIMM) which have demonstrate effectiveness in reducing the impact of racism and improving the health and well-being of African American mothers and babies.
- Encourage the state to approve financing for additional evidence-based home visiting models under various funding streams, particularly MIECHV. For example, models such as Child First and Attachment and Behavioral Catch-up (ABC) are designed decrease the incidence of mental health and developmental problems and support those in the child welfare system.

System Recommendation 5: Increase financing for Welcome Baby model as a “universal” approach to support for families with new babies

While most home visiting programs in the United States are designed for intensive and sustained contact to support families with high needs, a few evidence-based universal programs that visit families with new babies have been developed in recent years.

In contrast to more intensive and sustained home visiting, a universal home visiting model offers a few contacts to every family with a new baby in a catchment or service area. Evaluations of Family Connects (Dodge et al., 2014; Dodge et al., 2013), First Born (Kilburn & Cannon, 2017; Kilburn & Cannon, 2015), Welcome Baby (Hunter et al., 2018), Welcome Family (Stetler et al., 2018), other programs with a universal approach have shown positive results and cost benefit. They have not been taken to scale, and these programs are being refined and improved as they expand. While called universal, few communities and no states have made these services available to all families.

Family Connects is the only universal home visiting model approved under MIECHV and uses nurses as home visitors. It is being developed and implemented in sites across multiple states, including California (Santa Barbara County), as well as in Arkansas, Iowa, Illinois, Iowa, Maryland, Minnesota, New York, North Carolina, Oklahoma, Oregon, Texas, and Washington State. Family Connects Oregon will be rolled out in phases to be available to all families statewide. The Illinois Family Connects universal

Home Visiting Models in LA County

Federally approved, evidence-based models

- Healthy Families America (HFA)
- Nurse-Family Partnership (NFP)
- Parents as Teachers (PAT)
- Early Head Start Home Visiting (EHS-HV)

Local and innovative models

- MAMA's Neighborhood (DHS)
- Partnerships for Families (DCFS)
- Welcome Baby

postpartum home visiting program has demonstrated appeal to mothers, providers, and public agencies. (Handler, et al., 2019)

In New Mexico, the First Born® program is similar in design to LA County's Welcome Baby model. In Michigan, several communities are using a universal approach similar to Welcome Baby, and state-level discussions for policy and finance changes are underway.

First 5 LA has made substantial investments for developing and advancing the Welcome Baby model as a universal and light-touch approach. (Altmayer and DuBransky, 2019) Starting with a pilot in 2009 and expanding since that time, Welcome Baby, now offers services to families giving birth at one of 13 hospitals throughout the county and reaches an estimate 25% of all babies born in LA County. (LA County Perinatal and Early Childhood Home Visiting Consortium, 2020) During the first nine months following birth, the Welcome Baby program offers an in-hospital visit, parent coaching, resource and referral, mom-and-baby supplies, and an in-home visits.

Increased and sustained financing provides an opportunity to continue and expand this work in LA County. Both qualitative and quantitative studies indicate that Welcome Baby participants generally had a positive perception of the program. Evaluations of Welcome Baby (Hill et al., 2014, Hunter et al., 2018 & 2020) found that fidelity to the model and outcomes varied by site. Generally, improvement was shown. Where regional or national benchmarks were available, Welcome Baby participants exhibited better out-

comes in more than half of the outcome areas measured. Welcome Baby participants exhibited higher overall rates of breastfeed but lower rates of exclusive breastfeeding compared to benchmarks. In addition, continuing work to improve coaching and education related to maternal depression, family planning, and safe sleep are warranted.

Key action steps related to increasing financing for Welcome Baby include to:

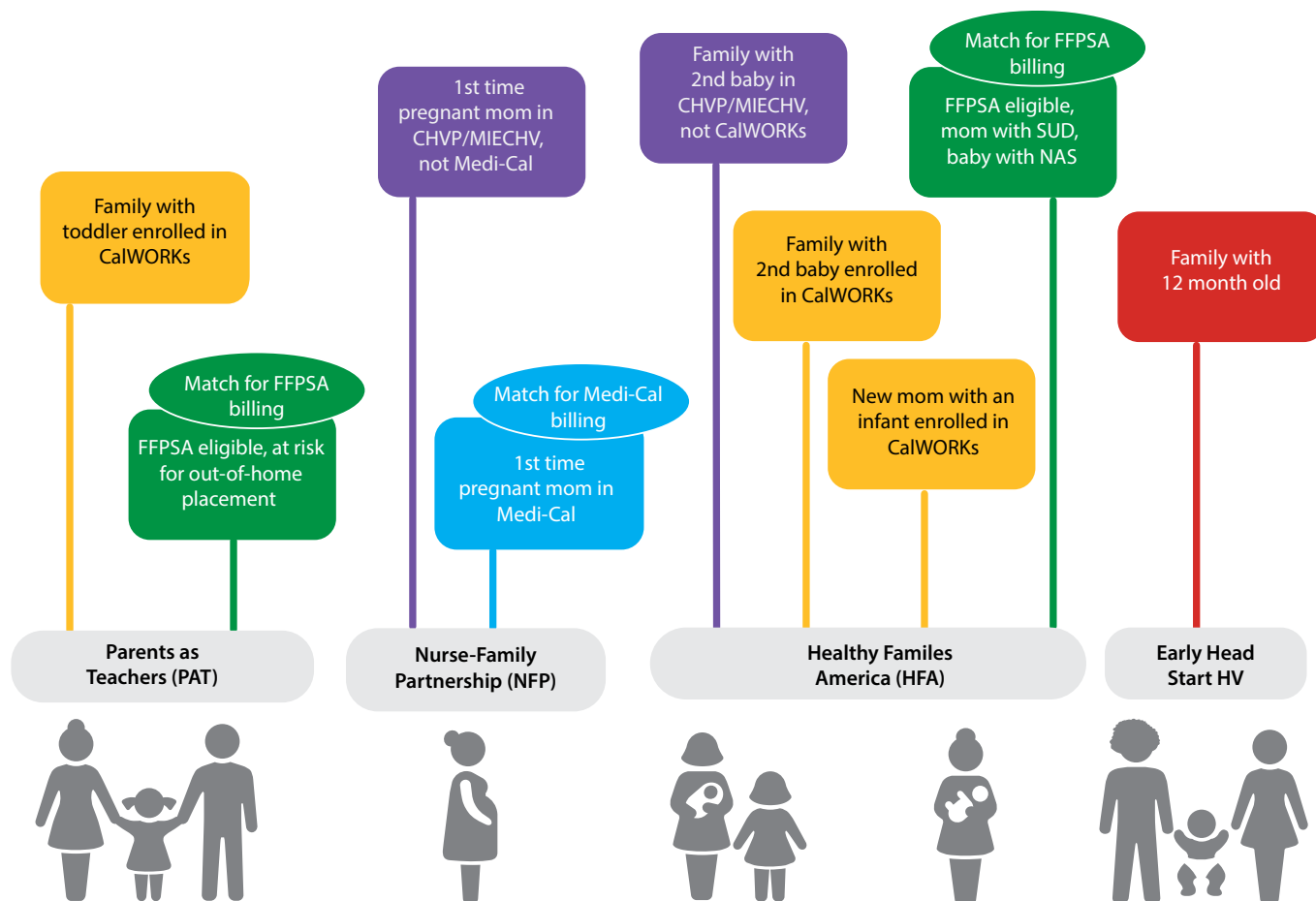
1. Leverage the substantial First 5 LA investment in Welcome Baby by using it as matching funds for Medi-Cal.
2. Use community health workers (CHW) funded via Medi-Cal to grow the size and scale of Welcome Baby funding and workforce. (See more below in recommendations for Medi-Cal.)
3. Seek or continue dedicated funds (e.g., First 5 LA, Net County Costs) which can be used for training, QI, and

4. Request that state to seek/apply for MIECHV funding for Welcome Baby as a promising practice. (See more below in recommendations for MIECHV.)

System Recommendation 6: Use private sector advocacy to maintain or increase funding in all of the federal and state funding streams.

In partnership with County Departments, private sector advocates for home visiting in LA County have been successful in identifying needs and securing funds for home visiting services. Such advocacy has had substantial impact because it is generally grounded in the collaborative efforts to build a home visiting system. This work is an extremely important to maintaining or increasing funding, particularly at the federal and state levels. It also can help to secure permission or flexibility from state and federal governments as LA County seeks to strengthen and centralize its home visiting finance system.

Figure 7. Money Follows the Family: Sample Paths for Financing Evidence-Based, Sustained Home Visiting



Recommendations by Funding Stream

LA County has used more funding streams for home visiting than virtually any other state or city/county area across the nation. The challenge is to maximize all existing and potential revenues.

Distinct from the system-level recommendations, the following set of recommendations focus on the ten funding streams identified in the descriptions in Part Two and the content of Tables 3 and 4 of this report. Figures 2 and 6 shows the seven key federal funding streams for which recommendations are made. In addition, recommendations are included for the three local funding streams are being used to support home visiting in LA County.

Federal/State Funding Streams

Recommendations for California Home Visiting Program/MIECHV

1. Continue to use MIECHV as backbone funding for infrastructure of the LA County home visiting system. Because MIECHV is intended to primarily focus on home visiting financing and infrastructure, it provides LA County and DPH with core funds to support staff positions to administer the program and other administrative functions.

2. Request that California seek approval for use of MIECHV funding for Welcome Baby as a promising practice model. This would provide resources for a more intensive evaluation of the locally developed model than have been available to date. Federal law requires a minimum of 75% of state's total MIECHV funds be spent on program models proven to be effective (i.e., approved by HomVEE). States may use up to 25% of funding available to implement a "promising and new approach" that will undergo rigorous evaluation. (Section 511(d)(3)(A)(i)(II) California could apply to MIECHV for such support.

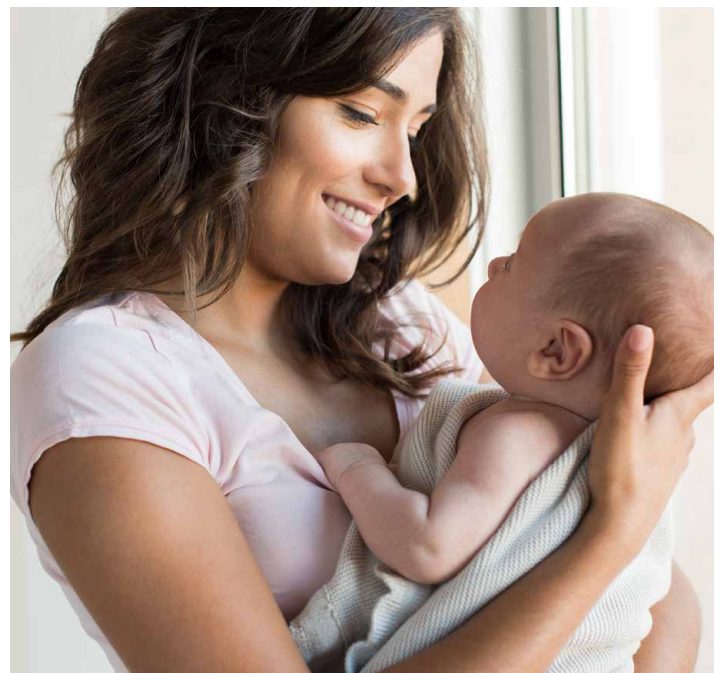
3. Consider use of MIECHV/CHVP funding for PAT model in LA County, seeking state approval as necessary. MIECHV/CHVP funds are being used to finance the PAT model on other California counties, but not in LA County. Since MIECHV/CHVP funding in LA County is already used to the maximum available level and other funds may be available to support the PAT model, however, local leaders should assess whether such a change is advantageous for the LA County system.

4. Seek state approval to use CHVP state dollars as matching for other federal programs. If the CHVP state dollars can be used as matching for programs such as FFPSA and Medi-Cal, there is potential to double their impact. Since there is no matching requirement for MIECHV, such arrangements may be possible in LA County.

Recommendations for CalWORKs Home Visiting Program (TANF)

1. Continue to integrate CalWORKs into the existing LA County home visiting system, within confines of state and federal law. Not all California Counties seized the opportunity to add CalWORKs Home Visiting Program capacity in a systems approach. This sometimes led to duplication of effort in a given community or inefficient use of resources. Wisely, LA County instead added CalWORKs Home Visiting Program to the existing system. Continuing to improve interagency relationships, streamline administration, and build upon the system will maximize these resources.

2. Include CalWORKs Home Visiting Program in centralized financing approach, particularly as part of ar-



rangements for combining grants under CalWORKs and fee-for-service billing under FFPSA and other programs. As shown in Figures 4 and 5, in terms of the three core evidence-based home visiting models (HFA, NFP, and PAT), CalWORKs is the largest source of financing. This DPSS program also operates in collaboration with DPH. This means that it can be an important anchor for the new centralized home visiting finance approach.

3. Review opportunities for improving outreach and engagement to ensure families are aware of options and programs have maximum voluntary enrollment of eligible children and families. To maximize the potential of CalWORKs funding for home visiting, increased outreach and enrollment is needed. A substantial share of the families who might benefit from sustained home visiting are CalWORKs participants. To date, outreach efforts have not succeeded in reaching the expected levels of voluntary enrollment among these families. Enrollment efforts were further affected by the COVID-19 public health emergency. A variety of outreach and engagement strategies have been studied in the context of home visiting and other programs, these include: outreach by home visitors or other outstationed eligibility workers co-located in CalWORKs eligibility office locations, PSAs/media and social media promotion, contact via shared lists of eligible families who have been offered the service and not yet declined. Reviewing options and launching new efforts is recommended.

Recommendations for Early Head Start Home Visiting

1. Continue to apply for federal funding for the Early Head Start Home Visiting program. Federal funding for the Early Head Start program may grow, creating an opportunity for expansion in LA County.

2. Use some available non-federal funds to braid with Early Head Start Home Visiting. Currently, the LA County Office of Education (LACOE) braids federal, state, and local dollars to increase funding for with Head Start and Early Head Start center-based services. With addition non-federal funds, LACOE is positioned to braid dollars and expand Early Head Start Home Visiting.

Recommendations for Family First Preventive Services Act (FFPSA)

1. Build FFPSA home visiting into the existing LA County system, within confines of state and federal FFPSA law. The LA County DCFS has engaged an array of public and private partners to advance FFPSA opportunities in ways that enhance prevention opportunities and expand access

to evidence-based programs. This includes efforts to use FFPSA to fund home visiting services for eligible children and their families under the category of in-home parenting skills-based programs. One key opportunity for leveraging existing and potential new funds is to align FFPSA home visiting financing with the existing home visiting system. As shown in Table 3, the evidence-based programs approved under FFPSA include HFA, NFP, and PAT home visiting models are already operating in LA County and have potential for expansion.

2. Use a “pass through” structure for dollars to flow from state through county agencies and then to local contracting providers. Pass through funds are those granted by a federal agency to a state agency or institution (e.g., university) that are then transferred to other state agencies, units of local government, or other eligible entities per the award eligibility terms. Usually, these sub-awards provide more capacity to reach the population and fulfill the purposes of the funding. In the case of FFPSA, having federal/state dollars pass through to local provider agencies could be beneficial. (Learn more at grants.gov page: What Is a Government Grant and Pass-Through Funding?)

3. Leverage state and local dollars as matching for FFPSA, such as state CHVP, First 5 LA, NCC, OCP, DPH, and/or other public and private resources. The decisions about best sources of matching for FFPSA should be undertaken in the process of designing a more centralized approach to home visiting finance and billing. Priority should be given to avoiding duplication and ensuring that payer-of-last resort and other federal and state rules are followed.

4. Include FFPSA funds for home visiting in arrangements between DCFS to DPH, as part of efforts to move toward more centralized billing. FFPSA will be the first major shift toward fee-for-services billing for home visiting services in LA County. In addition, the FFPSA law requires eligibility determinations and per child claiming, which is a combination that has not previously been used in the context of home visiting financing in LA County. Moreover, Title IV-E/FFPSA funds are positioned under federal law as the payer of last resort. If another public or private funder (e.g., Medi-Cal, CalWORKs, or private health insurance) would pay for a service, those funders have the responsibility to pay for these services before the FFPSA funds could be used. A new centralized finance and billing system can help to ensure that this and similar rules are met. Working together DCFS and DPH should update existing Memorandum of Understanding (MOU) and engage in planning efforts with entities (e.g., First 5 LA, DPSS, DMH, OCP), as well as other community provider agencies and partners.

California DSS intends to include Motivational Interviewing as a cross-cutting intervention across a variety of clinical and community settings. Motivational Interviewing has been effectively used as part of in-home parenting skill building (e.g., within home visiting), mental health treatment, family engagement. California counties may use Motivational Interviewing to improve engagement with families during each encounter, as part of FFPSA implementation of evidence-based programs. While motivational interviewing may become an increasingly important element of the LA County home visiting services system—within home visits or as part of family engagement—this fiscal mapping project did not find it likely to contribute substantially to home visiting financing.

Recommendations for Medi-Cal

1. Use community health workers (CHW) financed under the Medicaid preventive services benefit to deliver Welcome Baby services. Since changes under the Affordable Care Act and effective January 1, 2014, federal Medicaid law gives states the option to finance preventive services “recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under State law.” (42 CFR Section 440.130(c)). This has offers states the option to use community health workers, doulas, and other non-licensed home visitors to deliver preventive services. In this context, the definition of preventive services includes services to: “(1) Prevent disease, disability, and other health conditions or their progression; (2) Prolong life; and (3) Promote physical and mental health and efficiency.”

California is currently seeking to adopt this option and use a [*State Plan Amendment to support community health workers*](#). The state has added a definition of community health workers: CHWs are trusted members of their community who help address chronic conditions, preventive health care needs, and health-related social needs within their communities.” (See box for more about the definition of CHWs.) This includes two broad categories of services: health education and health navigation. For health education, coaching and information may include, but is not limited to, a focus on perinatal health, reproductive health, and child health and development. These categories would be consistent with the purposes of Welcome Baby.

If this approach is approved by the state, a portion of the First 5 LA funds currently used to finance Welcome Baby services could be used as matching for Medi-Cal. Moreover, if this approach used direct fee-for-service payments through the central billing system for home visiting or managed through DPH, rather than through managed care organizations, greater efficiencies could be achieved.

Community Health Workers

National organizations (e.g. American Public Health Association, National Association of Community Health Workers) and the federal Centers for Disease Control and Prevention define a community health worker (CHW) as a front-line public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This relationship enables CHWs to serve as a link between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

The community-based workforce includes workers use a variety of job titles, including CHW, promotores de salud, peer health navigators and other non-licensed public health workers with qualifications. The research evidence demonstrating the effectiveness of CHWs is strong, particularly for health navigation, health education, and health promotion/coaching.

CHW trained as home visitors for some models are working in other states (e.g., Healthy Families Massachusetts; Parents as Teachers in some areas if associates degree; First Born in New Mexico). In addition, CHW may be used as part of a mixed team with nurses, social workers, and other home visitors (e.g., some Healthy Start sites across the country; Ohio Infant Mortality Reduction Initiative).

2. Design a systematic approach for local home visiting agencies to subcontract with Medi-Cal managed care organizations (MCOs). Across the country, some states and communities have created arrangements and contracts which position local home visiting agencies to become providers under Medicaid MCOs (e.g., Michigan, Minnesota, New Mexico, New York). Experience suggests that building a systematic approach is helpful to the Medicaid agency, the home visiting providers, and the MCOs. This approach creates an opportunity to define rates, standardize contracts, specify what funds may be used for match, avoid duplication with other funding, and define the eligibility qualifications for participating families.

In addition, based on experience in other states using Medicaid financing for home visiting, this report recommends selecting one or two home visiting models for use in MCO arrangements. This can reduce complexity for agencies and minimize the risk for duplication of effort (i.e., “double dipping”). Often a model such as NFP, which uses nurses as staff and typically is based in home health or other provider agencies already billing Medicaid, is selected.

Given that local home visiting provider agencies may not have sufficient capacity to contract with multiple MCOs, there is an advantage to having one entity play an “aggregator” role for centralizing contracts and/or billing. Without a systemic approach, some pilot projects have resulted in only short term efforts with a single MCO, without moving toward greater scale and spread. In LA County, the collaborative partners and stakeholders have an opportunity to build upon pilot projects and build a county wide approach.

3. Review opportunities for using the targeted case management (TCM) benefit in a manner similar to other states financing for home visiting. Most states using Medicaid to finance home visiting services do so under the TCM benefit. (Johnson, 2019) States have used the TCM flexibility to specify groups of women and children, geographic areas, home visiting models, payment mechanisms and rates, and/or a set of approved providers (e.g., local health departments). States must submit a State Plan Amendment (SPA) and get federal approval from the federal Centers for Medicare and Medicaid Services. The SPA is tailored to specific populations. (See Appendix C for more about the Medicaid case management and the Medicaid TCM regulations.)

Because California has a unique approach for delegating responsibility for TCM to county government, LA County could adopt an approach similar to that used in other states for billing home visits under a particular model (e.g., Colorado, Kentucky). First 5 LA and DPH, building on their experience and in collaboration with other partners, should further review the potential to modify the TCM approach for financing for home visiting.

4. Consider opportunities in emerging via CalAIM, including the enhanced care management (ECM) benefit, which is focused on families experiencing homelessness, adults with severe mental or substance use disorders, “high utilizers,” children with special health needs, children involved in child welfare, etc. Given the combination of a roll out of FFPSA financing for home visiting to eligible families with higher risks, the use of CalWORKs Home Visiting Program, and the potential to use Medi-Cal man-

aged care arrangements, use of ECM may not be a high priority or have substantial yield for LA County home visiting financing.

Recommendations for Substance Abuse Block Grant and Mental Health Funding

1. Continue to use Substance Abuse Block Grant (SABG) via DPH to support Mama’s Neighborhood. LA County DPH has invested SABG funds to provide innovative support for mothers and babies facing challenges as a result of substance use.

2. Discuss with DMH continued commitment of mental health funding for more specified home visiting purposes. The LA County DMH invested administrative time in home visiting system development and funded home visiting services. While this commitment is set to end in FY2023, key home visiting partners—particularly DPH and First 5 LA—should discuss the potential for ongoing funding of specific home visiting activities or services.

Recommendations for Title V Maternal and Child Health Services Block Grant

1. Continue to use Title V MCH Block Grant funds to support some system administrative activities. LA County DPH has used these funds to anchor the home visiting system within the overall structure of maternal, child and adolescent health programs.

2. Leverage the flexibility in Title V MCH Block Grant. As is the case for many programs, Title V provides flexible funding infrastructure and administrative support to the home visiting system. This might include staff time, training, or data activities

Local Funding Streams

Recommendations for First 5 LA Home Visiting Funding

1. Plan for shrinking revenues and reduced spending on direct services. As discussed above, as tobacco tax revenues shrink in California, so does First 5 funding. First 5 LA has set out strategic plans for how to prioritize their efforts with fewer resources, including a goal to reduce spending on direct services such as home visiting. Since overall,

First 5 LA has been the single largest source of funding for home visiting, key stakeholders in the home visiting system must plan for change.

2. Leverage First 5 funds as matching dollars for Medi-Cal and/or FFPSA. One strategy for reducing the First 5 LA investment in direct services is to use the funds as match where required by federal programs. In particular, this report recommends using the First 5 LA funds spend on Welcome Baby as match for Medi-Cal funded CHW staffing. In addition, First 5 LA funds spend on other intensive home visiting models might be matched with federal funds under Medi-Cal or FFPSA.

3. Maintain support for the infrastructure of the LA County home visiting system (e.g., LABBN, database, etc.). Given their importance, this report recommends that First 5 LA strive to maintain its investments in infrastructure funding for the home visiting system. Other funding streams have less potential for use in support of data activities, training, or other system administrative functions, making First 5 LA perhaps the best resource.

Recommendations for Net County Costs / County General Revenues

1. Continue investment in both home visiting system infrastructure and direct services. To date, Net County Cost

dollars have been used to fill gaps in direct service financing and to support and sustain infrastructure.

2. Use as matching funds to draw down federal funding (e.g., Medi-Cal or FFPSA). Because Net County Cost dollars used for direct services can be used as matching funds for federal financial participation in Medi-Cal and/or FFPSA, their impact can be doubled. As LA County structures a more centralized home visiting finance and billing system, these local revenues should be part of the sums that can be used as match.

Recommendations for Realignment Funds

1. Continue investment in home visiting services. The County has the ability to set priorities for use of Realignment funds. Continuing investment of these funds by DPH is recommended.

2. Use as matching funds to draw down federal funding (e.g., Medi-Cal or FFPSA). As with Net County Cost dollars, Realignment funds can be used as matching funds for federal financial participation in Medi-Cal and/or FFPSA, with their impact doubled. As LA County structures a more centralized home visiting finance and billing system, these flexible funds should be part of the sums that can be used as match.



Part Four: Conclusions and Priorities for Action

Adopting centralized billing and maximizing key federal funding streams should be high priorities for short term action.

Setting Priorities for Action

This report offers recommendations for action to strengthen financing and sustain the LA County home visiting system. Based on the fiscal mapping project findings and the full set of recommendations, key short-term priorities for action include the following.

- Begin planning and take action toward a more centralized home visiting billing and finance approach.** This would include steps to: 1) secure support for cross-agency planning process and needed technical assistance, 2) review and align contract terms across funding sources, 3) develop standardized rates (particularly for use in fee-for-service billing arrangements), 4) establish how eligibility and assignment decisions will be made so that money follows the person, 5) determine how matching funds will be allocated and payer of last resort rules will be applied, 6) train local agency providers on budgeting that combines grants and fee-for-service billing. Some of these and related actions will necessitate seeking approval from state agencies with oversight of federal and state funding streams. All of these actions will require interagency collaboration.
- Accelerate outreach and engagement efforts to increase participation in voluntary home visiting services.** This would include steps to: 1) review and update plans for increased outreach to families eligible for CalWORKs, 2) develop plans for effective informing of families eligible under FFPSA, 3) increase the role of prenatal and pediatric primary care providers in family informing, 4) strengthen the referral process between Welcome Baby and more sustained home visiting models, and e) clarify referral and eligibility pathways across agencies and models. Such outreach and engagement efforts should give particular attention to the choices and goals of Black mothers, who are disproportionately less likely to use home visiting. Methods should include an array of outreach shown
- to be effective with today's families, including: use of social media, a public service announcement campaign using radio and other media, and outstationed home visiting outreach staff in other settings (e.g., CalWORKs sites, federally qualified health centers, WIC nutrition program sites). Evaluation of such efforts, both short and long term, is another key step.
- Focus on implementation of home visiting funded under the Families First Prevention Services Act (FFPSA).** This would include steps to: 1) structure "pass through" financing arrangements with contracts, MOUs and other mechanisms, 2) use opportunity with FFPSA fee-for-service billing as a starting point for more centralized billing approach, 3) align rates for models financed with FFPSA and other funding streams, 4) clarify eligibility, referral, enrollment, and service pathways in the context of other funding streams, and 5) consider how home visiting could support each and all of the FFPSA populations (e.g., parenting teens in foster care or probation).
- Given California's adoption of the optional Medicaid / Medi-Cal preventive services benefit, which includes the role of community health workers (CHW), pursue use of this workforce to deliver Welcome Baby program services.** This would include steps to: 1) assess alignment of Welcome Baby with the scope of duties and responsibilities of CHW under the preventive services benefit as designed in California, 2) secure matching funds for Medi-Cal (e.g., First 5 LA which now finances Welcome Baby), 3) request state permission to use fee-for-service mechanisms outside of managed care, 4) structure training for continuing and new CHW delivering services in Welcome Baby program, and 5) build upon existing relationships with hospitals and perinatal providers to create a simple method for having a licensed professional recommend Welcome Baby to open the eligibility pathway for families with new babies.

- **Advance a broader and more unified approach for partnering with Medi-Cal managed care organizations (MCOs).** Working in partnership with MCOs, this would include steps to: 1) evaluate pilot projects led by First 5 LA, 2) set out a model provider contract approach, 3) specify what benefit category would be used, 4) determine which families would receive home visiting services under this Medi-Cal MCO approach (versus CalWORKs, FFPSA, etc.), 5) set up fiscal and administrative structures to avoid duplication of effort, and 6) assess the potential for a management via a single fiscal agent and/or inclusion in the centralized billing approach. As mentioned above, selecting one or two models is recommended.

Beyond home visiting, building a stronger continuum of support for LA County families, prenatal to three

As described in DPH reports on home visiting, the report of the Blue Ribbon Commission on Child Protection, and other LA County reports, public agencies too often work in silos. While departments have made progress, the potential exists to advance collaboration toward greater use of home visiting and other prevention and family support services to support better lives today and into the future for young children and their families.

Accelerated collaboration on financing and service system design will be required among LA County Departments of Public Health, Mental Health, Health Services, Children and Family Services, Public Social Services, Housing, Probation, as well as the LA County Office of Education and various commissions and committees. In particular, continued leadership and commitment of First 5 LA will be critical to advance the recommendations in this report and improve the home visiting system. Having all of these agencies contribute resources and add their perspectives, expertise, and dollars to the home visiting system is vital to its sustainability.

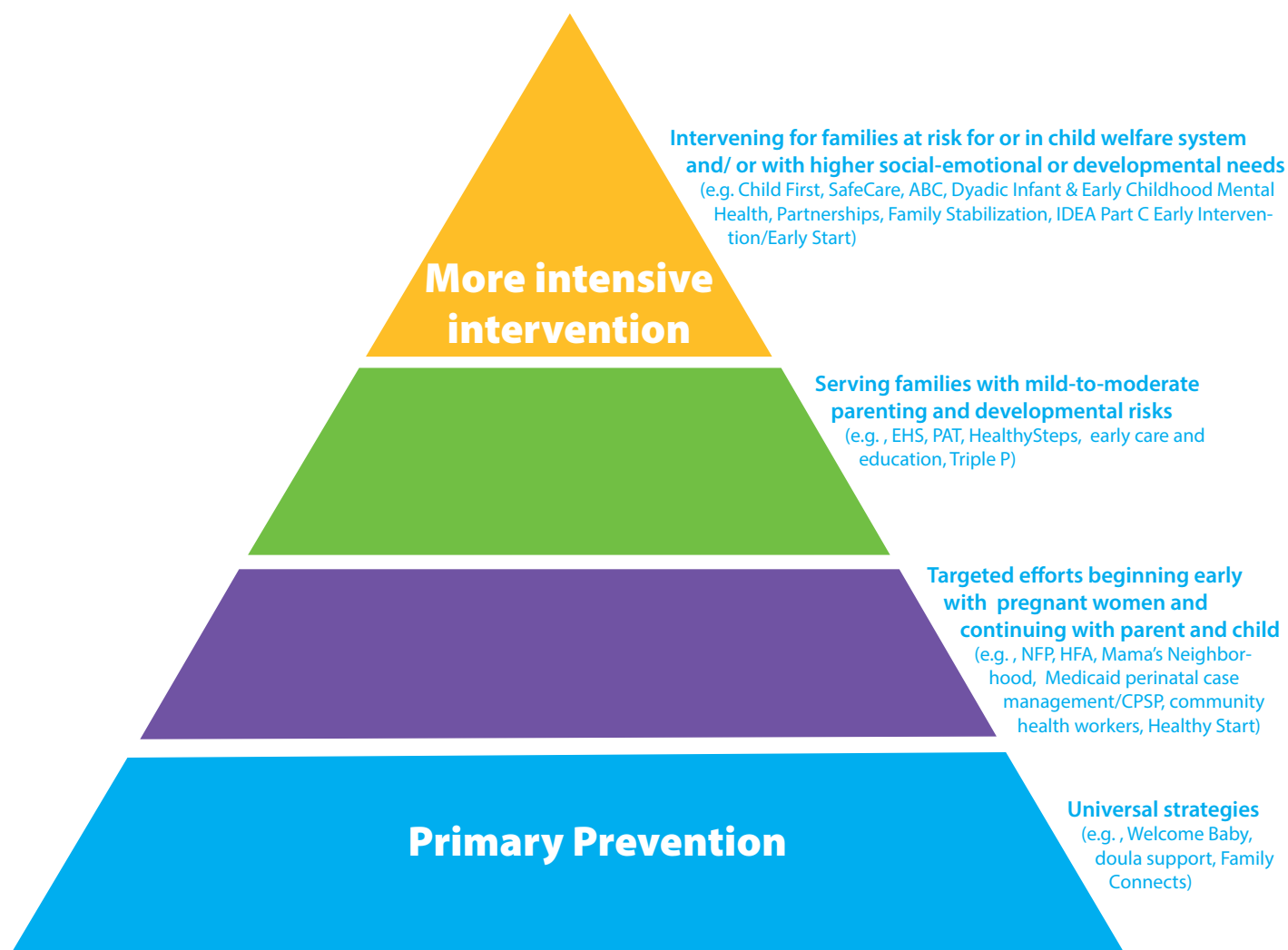
Continued support from a public-private partnership such as the Consortium is equally important to sustaining the home visiting system and building a stronger continuum of family support. The work of governmental agencies must be informed and guided by the voices of families, providers, and communities.

Figure 8 illustrates how home visiting models and other programs fit into a stronger continuum of services for the period prenatal to age three. Services are needed for primary prevention, early intervention, and more intensive interventions. The array of family support services needed includes home visiting, health care, early care and education, and other services to address risks, respond to needs, and support families during pregnancy and the first three years after a baby is born. Engaging families & communities in the design of services and using strengths-based, two-generational approaches are critical to effective engagement and impact.

As discussed in this report maximizing the available funds, workforce, and community resources can increase capacity and impact. Moreover, LA County has learned that using data for greater results-based accountability within programs and across systems is valuable in both the short and long run.

By building on its strong foundation and strategically growing the funding and workforce capacity, LA County has the potential to improve outcomes related to maternal and infant health, early childhood development and school readiness, economic self-sufficiency, safety, and well-being for young children and their families. Even the survival of some mothers and babies depends on a broad and strong continuum of services and supports. Assuring equity in access and opportunity is a fundamental goal of both the home visiting system and the larger set of family support programs shown in the continuum. Transforming systems to be responsive to what families need and want, to address the impact of racism and poverty, to focus on prevention, and to be grounded in communities is essential to the health of the next generation. Sustainable financing is the bedrock of systems transformation.

Figure 8. Building a Strong Continuum of Family Support



Lessons for the Field

What was learned in this fiscal mapping effort in LA County and the recommendations in this report have implications for the home visiting field in other California counties and other states. While few areas have as many funding streams being used for home visiting as does LA County, most are using at least three or four funding streams. Most states use MIECHV and state dollars. An increasing number of states are using Medicaid financing. (Johnson, 2001; Johnson, 2009; Johnson, 2019) Some use TANF (CalWORKs). In addition, the FFPSA opportunity to finance home visiting for prevention of child abuse and neglect is being taken up across the country. Connecting Early Head Start to the home visiting system is another best practice.

Increased attention to spending smarter is to the advantage of most states and many city/county areas in California. As discussed above, the general approaches for spending smarter would be to: support a home visiting system, maintain or expand state and federal funding streams, streamline administrative and finance structures, and maximize enrollment capacity in the full set of programs prenatal to 3. Assessments and scans of home visiting in California counties suggest there is considerable room for improvement in systems development and financing.

In addition, for California counties in particular, maximize your local flexibility and the unique resources represented in First 5. County First 5 Commissions can play a pivotal role in anchoring family support systems and helping to guide investments in home visiting and related programs. As California has made more funding streams available for home visiting, the importance of this role for First 5 at the county level has grown.

Key lessons for states and California counties using multiple funding streams include the following.

- Aim to finance a system, which includes both administrative and direct service dollars.
- Use fiscal mapping approaches to understand what dollars are available and how they can best be used.
- Adopt centralized billing and finance systems to more effectively and efficiently braid and blend available dollars. It also can help to avoid duplication of effort, follow federal and state guidance, and reduce administrative burden on providers.
- Strengthen interagency coordination to support the home visiting system and leverage available funds.
- Use interagency agreements and intergovernmental transfers to maximize available funds, concentrating dollars for better system management.
- Avoid spending large sums of state and local dollars without matching to federal revenue streams, particularly those linked to entitlements (e.g., Medi-Cal/Medicaid and FFPSA).
- Increase the number of federal funding streams being used to finance home visiting.
- Pay for the most appropriate and high-quality services. Consider the continuum of family support and the range of models being used. Since home visiting is not one size fits all, don't just invest in one or two models.
- Use flexible dollars for system supports (e.g., data, training, evaluation, quality improvement, referrals) and innovation startup costs typically not financed by targeted and siloed federal funding streams.
- Avoid using one-time grants for short-term innovations without a plan for sustainability or scale and spread.
- Align financing for specific populations and models. This depends on eligibility for program funding in some cases. In other instances, it means more thinking about how to implement targeted universalism (e.g., which model has been shown to be effective for which outcomes, what workforce is available, what do families want and need).
- Seek support from state and federal governmental agencies for flexible, efficient, and effective use of funding to support families prenatal to 3.

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APPENDICES

Appendix A: List of Individuals Interviewed

Organizational and Agency Partners

- Christina Altmayer, Principal, Health Management Associates
- Jacquelyn McCroskey, John Milner Professor of Child Welfare; Past Chair, LA County Commission for Children and Families; USC Dworak-Peck School of Social Work
- Rochelle Alley, CEO, Big Orange Splot; Consultant, Office of Child Protection (OCP) and Center for Strategic Partnerships
- Diana Careaga, Director of Family Supports, First 5 LA
- Lynn Kersey, Executive Director, Maternal and Child Health Access
- Linda Aragon, Director, Division of Maternal, Child, and Adolescent Health, LA County Department of Public Health (DPH)
- Luther Evans, Division Chief, Department of Public Social Services (DPSS) (accompanied by Elizabeth Molinari and Chavon Smith)
- Jennifer Kent, CEO, Kent Group
- Sharlene Gozalians, Director, LA Best Babies Network (LABBN)
- Carrie Miller, Assistant Executive Director, Universal Income pilot CEOs office

LA County Board of Supervisors Office Staff

- Office of Supervisor Hida Solis: Elise Weinberg and Anthony Cespedes
- Office of Supervisor Sheila Kuehl: Lisa Pinto and Elan Shutlz
- Office of Supervisor Janice Hahn: Maral Karaccusian and Katie Butler
- Office of Supervisor Kathryn Barger: Monica Banken

Appendix B: List of Fiscal Mapping Work Group Participants

- Gina Airey, Consultant
- Deborah Allen, LA County Department of Public Health (DPH)
- Rochelle Alley, Consultant to the Office of Child Protection (OCP) and Center for Strategic Partnerships
- Christina Altmayer, Health Management Associates
- Linda Aragon, LA County Department of Public Health (DPH)
- Helen Berberian, Consultant to the Department of Children and Family Services (DCFS)
- Luis Bautista, County Office of Education (LACOE) Head Start
- Dennis Blazey, Consultant to the Department of Children and Family Services (DCFS) regarding FFPSA
- Jeanna Capito, Consultant
- Diana Careaga, First 5 LA
- Luther Evans, LA County Department of Public Social Services (DPSS)
- Alma Golla, LA County Department of Children and Family Services (DCFS)/PFF
- Sharlene Gozalians, LA Best Babies Network
- Corey Hanemoto, LA County Department of Children and Family Services (DCFS)
- Kay Johnson, Consultant/facilitator
- Jennifer Kent, Medi-CAL expert consultant
- Lynn Kersey, Maternal and Child Health Access
- Jacquelyn McCroskey, USC, Peck School of Social Work
- Todd McNeary, LA County Department of Public Health (DPH), and LGA liaison
- Hovannes Meschyan, Department of Children and Family Services (DCFS)
- Elizabeth (Liz) Molinari, LA County Department of Public Social Services (DPSS)
- Anna Potere, First 5 LA
- John Wagner, First 5 LA
- Keesha Woods, LA County Office of Education (LACOE) Head Start
- Robert Woolridge, LA County Department of Children and Family Services (DCFS)

Appendix C. Federal Regulations Regarding Targeted Case Management

The targeted case management (TCM) benefit offers states the flexibility to provide case management services only to specific population subgroups who might be “targeted” based on health condition or by geographic area. This benefit option has been available to states since 1986 (5 CMS, Optional State Plan Case Management Services, 72 Fed. Reg. 68076.), and it has been used by virtually all states to better serve some populations (e.g., high-risk pregnant women, people with intellectual disabilities, people with HIV). It is particularly applicable and useful in the context of home visiting financing.

In many states, Medicaid the TCM benefit is used to pay for the full content of a home visit. As shown below in the federal regulations, Medicaid law defines case management as “services which will assist individuals eligible under the plan in gaining access to needed medical, social, educational, and other services.” Case management services must include: a) assessment of an eligible individual, b) development of a specific care plan, c) referral to services, and d) monitoring activities. This definition encompasses the main components of what is delivered in typical visits under home visiting programs.

42 CFR 441.18(a)(8-9) Targeted Case Management: State Plan Amendments

Available at: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-441/subpart-A/section-441.18>

“42 CFR 441.18(a)(8) Include a separate plan amendment for each group receiving case management services that includes the following:

- (i) Defines the group (and any subgroups within the group) eligible to receive the case management services.
- (ii) Identifies the geographic area to be served.
- (iii) Describes the case management services furnished, including the types of monitoring.
- (iv) Specifies the frequency of assessments and monitoring and provides a justification for those frequencies.
- (v) Specifies provider qualifications that are reasonably related to the population being served and the case management services furnished.”

“42 CFR 441.18(a)(9) Include a separate plan amendment for each subgroup within a group if any of the following differs among the subgroups:

- (i) The case management services to be furnished;
- (ii) The qualifications of case management providers; or
- (iii) The methodology under which case management providers will be paid.”

42 CFR 440.169 Case Management and Targeted Case Management: Definition

Available at: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-440/subpart-A/section-440.169>

“(a) Case management services means services furnished to assist individuals, eligible under the State plan who reside in a community setting or are transitioning to a community setting, in gaining access to needed medical, social, educational, and other services, in accordance with § 441.18 of this chapter.

(b) Targeted case management services means case management services furnished without regard to the requirements of § 431.50(b) of this chapter (related to statewide provision of services) and § 440.240 (related to comparability). Targeted case management services may be offered to individuals in any defined location of the State or to individuals within targeted groups specified in the State plan....

(d) The assistance that case managers provide in assisting eligible individuals obtain services includes -

(1) Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social, or other services. These assessment activities include the following:

(i) Taking client history.

(ii) Identifying the needs of the individual, and completing related documentation.

(iii) Gathering information from other sources, such as family members, medical providers, social workers, and educators (if necessary) to form a complete assessment of the eligible individual.

(2) Development (and periodic revision) of a specific care plan based on the information collected through the assessment, that includes the following:

(i) Specifies the goals and actions to address the medical, social, educational, and other services needed by the eligible individual.

(ii) Includes activities such as ensuring the active participation of the eligible individual and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals.

(iii) Identifies a course of action to respond to the assessed needs of the eligible individual.

(3) Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services, including activities that help link the individual with medical, social, and educational providers or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.

(4) Monitoring and follow-up activities, including activities and contacts that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible individual and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to help determine whether the following conditions are met:

(i) Services are being furnished in accordance with the individual's care plan.

(ii) Services in the care plan are adequate.

(iii) There are changes in the needs or status of the eligible individual. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

(e) Case management may include contacts with non-eligible individuals that are directly related to the identification of the eligible individual's needs and care, for the purposes of helping the eligible individual access services, identifying needs and supports to assist the eligible individual in obtaining services, providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.



For more information about the LA County home visiting system, visit:

First 5 LA

<https://www.first5la.org/>

Los Angeles County Perinatal Early Childhood Home Visitation Consortium

<https://homevisitingla.org/>

LA Best Babies Network Home Visiting Programs

<https://www.labestbabies.org/home-visitation/home-visiting-programs>

LA County Department of Public Health, Maternal, Child & Adolescent Health

<http://publichealth.lacounty.gov/mch/>

LA County Department of Public Social Services, Home Visiting Program

<https://dpss.lacounty.gov/en/jobs/gain/ss/HVP.html>
