THE LOS ANGELES COUNTY DRAFT COMPREHENSIVE PREVENTION PLAN

Partnering with communities to strengthen families and promote child safety and well-being

DEPARTMENT OF CHILDREN AND FAMILY SERVICES • PROBATION DEPARTMENT

May **2023**

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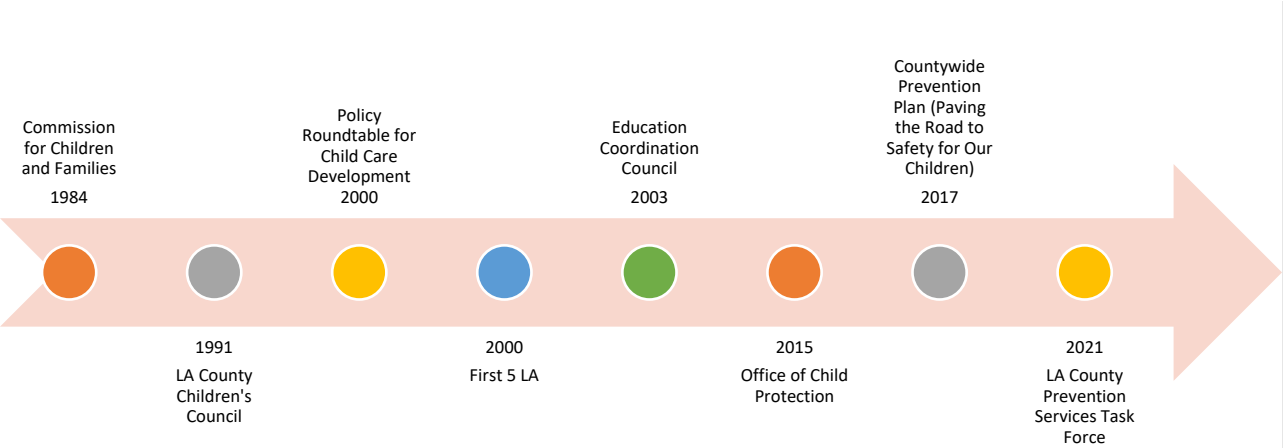
Introduction

The County of Los Angeles (LA County) is the most populous county in the United States with over 9.8 million diverse residents. LA County Department of Children and Family Services (DCFS) and Probation Department (Probation) serve children, youth and their families within the County and are committed to promoting well-being, preventing child maltreatment, and implementing a far-reaching Care First, Jails Last system. DCFS and Probation, in collaboration with community and faith-based partners and several other County departments, have a long history - going back to the 1980s- of providing prevention resources, supports and services for families, youth, and children to prevent child welfare involvement. As early as 1988, calls to emphasize upstream prevention were made from the LA Roundtable for Children and the Children's Planning Council. The Prevention Initiative Demonstration Project (PDIP) in the early 2000s provided secondary prevention efforts, making families less likely to be re-referred to or enter the child welfare system. More recently, the creation of the County's Prevention & Aftercare (P&A) networks and Community Prevention Linkages program in 2015 and 2018 demonstrate the County's continued commitment to exploring innovative ways to strengthen community-based supports to families and implement evidence-backed approaches to reducing child abuse and neglect. These historical efforts are referenced and detailed with more context in the recent Anti-Racism, Diversity and Inclusion (ARDI) Initiative's draft report on Establishing the LA County Office of Prevention Services

DCFS and Probation have a strong history of institutional partnerships, existing relationships, political leadership and commitment that serve as a strong foundation to opt-in and integrate the Family First Prevention Services (FFPS) Program into existing practice.



This Comprehensive Prevention Plan (CPP) describes the transformative vision that LA County is embarking on to right size prevention and promotion services in all communities. The CPP also responds to each of the required elements by the California Department of Social Services (CDSS) including the Family First Prevention Services Act (Family First) candidacy populations, Evidence-Based Programs (EBP), community promotion and prevention pilots, and LA County's planned use of the State Block Grant (SBG) funding available from the CDSS through June of 2024.

Community Partners

Community partners are the foundation of prevention services in LA County, those who have been driving this work since 1984 and those who have joined over the decades. Multiple community partners (depicted in Tables 5 & 6) have partnered to develop LA County's CPP, drawing on decades of plan-do-study-act, cross-departmental and public-private collaboration, and lessons learned from prior work. These partners remain committed to continue prioritizing prevention services and implementing this CPP over the next three years. Across the continuum, LA County family serving departments, which includes the Departments of Mental Health (DMH), Health Services (DHS), Public Health (DPH), Social Services (DPSS), DCFS, Probation and First 5 LA work collaboratively with community partners to provide a comprehensive continuum of primary, secondary and tertiary prevention services, and supports to children, youth and families. Primary prevention activities are directed at the general population to strengthen communities and improve child well-being, secondary prevention activities are offered to populations that have one or more risk factors associated with compromised well-being or child maltreatment, and tertiary prevention activities focus on families where child maltreatment has occurred[1].

This CPP provides an opportunity to build upon the existing community partnerships, organizations and programs to expand service delivery for children, youth and families with a particular focus on promoting trusted community partners by enhancing funding for organizations to provide navigation services, case management, concrete economic supports and evidence-based services. The development of the CPP included broad stakeholder feedback as described throughout this plan and will continue throughout the implementation of the CPP.

Existing Prevention Initiatives in LA County

A sample of existing prevention initiatives across LA County, which will not be funded through the SBG but sustained by existing funding, include[2]:

Primary Prevention Programs

- Anti-stigma/ARDI Training
- Best Start Communities (addresses all levels of prevention)
- Didi Hirsh Mental Health Service (Prevention Hotline) (DMH)
- Father Strong (DCFS)
- Friends of the Family Resource Center in Antelope Valley
- Help Me Grow
- Incubation Academy
- iPrevail (DMH)
- Parks and Recreation Programs
- Partners in Suicide Prevention (DMH)
- Resilience-informed Enrichment Program and Training
- Sexually Transmitted Disease (STD) prevention
- Social Connectedness Initiative
- Suicide Prevention Network (DMH)
- Violence Prevention
- We Rise Campaign (DMH)

[1] California Department of Social Services [CDSS] All County Letter No. 22-23, March 10, 2022

[2] Many of these programs address more than one level of prevention.

- Welcome Baby

Secondary Prevention Programs

- African American Infant and Maternal Mortality Initiative (addresses all levels of prevention)
- Aging and Disability Resource Connection
- Breathe Guaranteed Income Program
- CalFresh (DPSS)
- Cash Assistance (DPSS)
- Child Abuse Prevention and Intervention Training Networks (DCFS)
- Community Ambassador Network (DMH)
- Community Schools Initiative (LACOE)
- DCBA legal services, housing and prevention
- Early Identification and Intervention System (DPH)
- Eliminating Racial Disproportionality and Disparity (ERDD) (DCFS)
- Family Preservation (DCFS) (secondary and tertiary)[3] (Includes Emergency Auxiliary funds for families up to $5,000 for concrete support services)
- Health Centers
- Homeowner Improvement Programs
- Hotline to Helpline
- LAHSA Homeless Prevention Program
- LGBTQ+ Tailored Services to Youth
- Measure H
- Medi-Cal Community Engagement Teams (DPSS)
- Medi-Cal Services for Children with Complex Health Needs
- Partnership for Families (DCFS) (secondary and tertiary)
- Prevention & Aftercare (DCFS)[2] (addresses all levels of prevention)
- Programs addressing trauma and trauma exposure (DMH)
- Promoturas (DMH)
- SB803 Peer Specialist Programming (DMH)
- Section 8
- Substance use prevention and control programs

[3] Family Preservation and Prevention and Aftercare Programs show a significant decrease in repeat DCFS involvement.

Palmer, L., McCroskey, J., Eastman, A. L., Rebbe, R., Guo, L., & Foust, R. (2020). *Los Angeles County Family-Centered Services: Family Preservation and Prevention & Aftercare Mini-Brief*. Retrieved online April 15, 2021 from: https://www.datanetwork.org/research/los-angeles-county-family-centered-services-using-administrative-data-to-understand-the-landscape-of-community-based-child-welfare-supports/ LA, CA: CDN.

Palmer, L., McCroskey, J., Eastman, A. L., Prindle, J., Rebbe, R. & Foust, R. (forthcoming). Impact of the Prevention and Aftercare Program in Los Angeles County: A propensity score analysis of subsequent protective services involvement. *Child Welfare*, special issue on social determinants.

- Veterans Peer Access Network for Suicide Prevention Services (DMH)

Tertiary Prevention Programs

- Guaranteed income pilots for youth transitioning out of the foster care system
- Public Partnership for Well-being (DMH)
- Supportive Housing Division for youth transitioning out of the foster care system (DCFS)

Appendix VI provides an additional overview of Child and Family Well-being System Change Initiatives in the County developed by the Office of Child Protection and Big Orange Splot, LLC.

LA County family serving agencies are committed to bolstering the entire prevention services continuum and recognize several current initiatives, in addition to those listed above, there are additional agencies that are broadly aligned and integrated into this CPP, such as Thriving Families Safer Children (TFSC), the Prevention Services Task Force (described below), the Poverty Alleviation Initiative (PAI), and others with a specific focus on community-led primary and secondary prevention efforts.

Both TFSC and PAI have been engaging community partners throughout the last year to guide their initiatives' work. TFSC led 30 community-visioning sessions and engaged over 400 LA County residents. Some of the feedback, included:

> "Most problems fall back on job security. Not having a good paying job is a problem. Financial security, steady income. Kids need to eat, have clothes and a roof over their heads. If we don't have that for them, they get fed back into the system."
>
> "If only one parent works, there isn't enough money. If both parents work, there is too much money and you don't qualify for anything."
>
> "Resources are seriously important. Some people don't know where to look. We need to spread the word on help with doctors and food. It's about helping people find resources without jumping through hurdles"
>
> "There are never going to be enough resources, so we need to come together and provide safety and well-being for our children…schools, doctor's offices, everyone needs to come together to provide the necessary resources for families."
>
> "If I had all the resources in the world, I would utilize all the talents of the people in the community to create a sense of unity within the community. It takes a village to raise a kid. I would like to not depend on outside resources and look within the community for solutions."

There were nine themes that emerged from the community visioning sessions which TFSC and PAI will focus on in the course of their work:

1. Safer communities
2. Affordable housing
3. Free and affordable activities
4. Good jobs and stability
5. Affordable childcare
6. Community resources
7. Health and mental health

8. Family time
9. United Communities

Table 3 shows how the TFSC and PAI initiatives will be incorporated into SBG-funded prevention and promotion pilot and demonstration activities.

Transformative Vision for LA County

Building upon the existing prevention services foundation, and the passing of the Family First, DCFS and Probation engaged stakeholders in July 2020 (see Tables 5 & 6 below) with a renewed commitment and excitement to further build a transformative vision for children, youth and their families in LA.

Stakeholder feedback was obtained from over eighteen community and county groups (identified on pages 42-46). The below diagram illustrates themes uplifted during the engagement sessions:

With the feedback from the community, a prevention services vision was developed to help guide the development of the CPP and the work that will occur over the next three years:

Led by children, families, and individuals, Los Angeles County commits to radically reimagining our prevention services continuum into one where power and resources are distributed equitably. In this future, supportive services are:

Easy to navigate,

Inclusive,

Comprehensive, and

Anti-Racist.

All Angelenos will proactively receive the support they need to live safe and healthy lives, through connection to accessible and effective services that are provided by trauma-informed professionals in their own neighborhoods and Tribal communities.

LA County Prevention Services Task Force

In September 2021, in recognition of the need to prioritize the overall well-being of all residents, the LA County Board of Supervisors (Board) passed Board Motion 21-3530 to make recommendations to establish a LA County Office of Prevention Services to provide programs and services that are delivered consistently upstream to all LA County residents. The Board directed the ARDI within the Chief Executive Office (CEO) to facilitate and support the convening of a Prevention Services Task Force (Task Force).

The Task Force, the first of its kind in California, is leading the way to create a framework that serves to unite all LA County family serving departments and those with lived expertise in developing a prevention and promotion plan to meet the needs of residents in LA County. The Task Force is charged with providing recommendations on a governance structure for a comprehensive community-based prevention services delivery system that will deliver upstream interventions to address life course outcomes, improve the social determinants of health, improve overall well-being, and reduce racial disparities.

To this end, the Task Force is required to complete the following deliverables outlined in the motion:

1. Develop a recommended governance structure, including the necessary budgeting, staffing, contracting, and data sharing authorities across relevant departments to effectuate countywide community-based prevention services delivery;
2. Conduct a comprehensive countywide funding streams analysis, with information provided by impacted departments and reviewed by the LA County CEO's budget team, that will detail existing funding available for countywide prevention services to support the implementation of a full-scale countywide coordinated prevention strategy. The funding streams analysis will contain recommendations for a County-designated central budget entity to coordinate prevention dollars received from all relevant County departments; and,

3. Establish a shared set of guiding prevention metrics, principally informed by an equity-centered framework (e.g., life course, racial equity, or social determinants of health) which reflect how County residents' lives were improved as result of receipt of prevention services.

Chaired by the Executive Director of Racial Equity, the Task Force is responsible for responding to the Board's directives. To accomplish these directives, the Task Force formed three subject area tables focused on:

Coordination and Integration Table
At this table, participants recommend programmatic and administrative components needed to implement a coordinated system of prevention. This entails, but is not limited to, collaborative models of preventive care, an integrated data system, and integration teams across several County departments. As a necessary component of this work, participants support the Task Force and departmental stakeholders to execute urgent and emerging opportunities that arise in the form of new funding, policy development, or externally driven initiatives.

Addressing Disproportionality Table
Participants of this table examine drivers of disproportionality and identify areas for intervention. This entails critically examining our assumptions and biases to align the correct solution with the actual need, its root causes, and systemic drivers. The Disproportionality Table is responsible for recommending target outcomes and prevention metrics and identifying root causes and strategies to address racial disproportionality. The Framework Table is responsible for developing recommendations for the county's overall vision for prevention and promotion and developing a recommended governance structure.

Prevention Alignment Framework Table
Participants of this table develop recommendations for the prevention alignment framework. The framework centers and reflects processes that advance holistic, integrated, and coordinated service delivery for clients. This means applying a family-first, human-focused frame, and reorienting perspectives from a silo to a more interconnected approach. This helps drive systems-level thinking and design.

The Task Force members co-lead and participate in these workgroups alongside and in collaboration with field subject matter experts and individuals from the community with lived expertise. The workgroups formulate recommendations for the Task Force to review, accept, and submit to the Board for consideration and approval.

The Task Force is supported by staff members from the CEO's ARDI Initiative and provide the Task Force coordination and backbone support. The Task Force is also supported by County Counsel, who advises the Task Force on Brown Act requirements, related meeting protocols and procedures, and legal matters that arise during the planning, design, and implementation of Task Force recommendations as well as other County staff and external partners as needed, including the CEO's budget and operations team.

The Task Force includes representation from multiple LA County departments and partners, including: Children and Family Services, Health Services, Mental Health, Public Health, Public Social Services, Workforce Development, Aging and Community Services, Office of Child Protection, the Chief Executive Office's Homeless Initiative, Poverty Alleviation Initiative, and Alternatives to Incarceration Initiative. The Task Force also has members from the LA County Development Authority, the LA County Office of Education, the Commission for Children and Families, the LA County Youth Commission, the Los Angeles Homeless Services Authority, First 5 Los Angeles, UCLA Pritzker Center for Strengthening Children and Families, and individuals with lived expertise.

The Task Force and subject-area table members include diverse, cross-sector representatives who possess relevant qualifications, experience, and/or characteristics, including but not limited to:

- Lived experience receiving county services relating to prevention (whether directly as an individual or indirectly through family members or loved ones), especially those who identify as members of communities experiencing disproportionality in county systems;
- Familiarity with the breadth and context of county and local prevention efforts, including child and family welfare, substance use, public health, mental health, homelessness, violence prevention, and/or other relevant systems;
- Leadership and experience across intersecting or closely related prevention initiatives and/or multi-department planning processes;
- Demonstrated ability to consider different perspectives, work collaboratively and cooperatively;
- Ability to think beyond their own specific focus or organizational affiliation(s) and commit to developing an understanding of issues where they may have little expertise; and
- Deep understanding of racial equity and social justice principles and the concepts of anti-racism, diversity, and inclusion, including applying such principles to public program delivery, community-based services, and agency strategic planning.

The Task Force's Vision Statement, based on input from a community survey, key stakeholders, and external research, is:

LA County delivers an equitable, community-driven, and holistic prevention and promotion model to enable a safer, stronger, thriving and more connected community.

***Equitable**: addressing root causes that lead to inequitable life outcomes.*

***Community-driven**: sharing decision-making and co-creating solutions in partnership with community members, with particular emphasis on lived expertise and marginalized communities*

***Holistic**: breaking down silos to provide a continuum of support and ensure everyone thrives across every stage of life*

The table below displays how various LA County programs and initiatives can be connected to the Task Force's countywide vision for prevention and promotion and an integrated continuum of support and resources. Each cell provides an example, but is non-exhaustive; for instance, there are multiple outcomes and populations of focus within the domain of child and family services, but listed are only one set of examples.

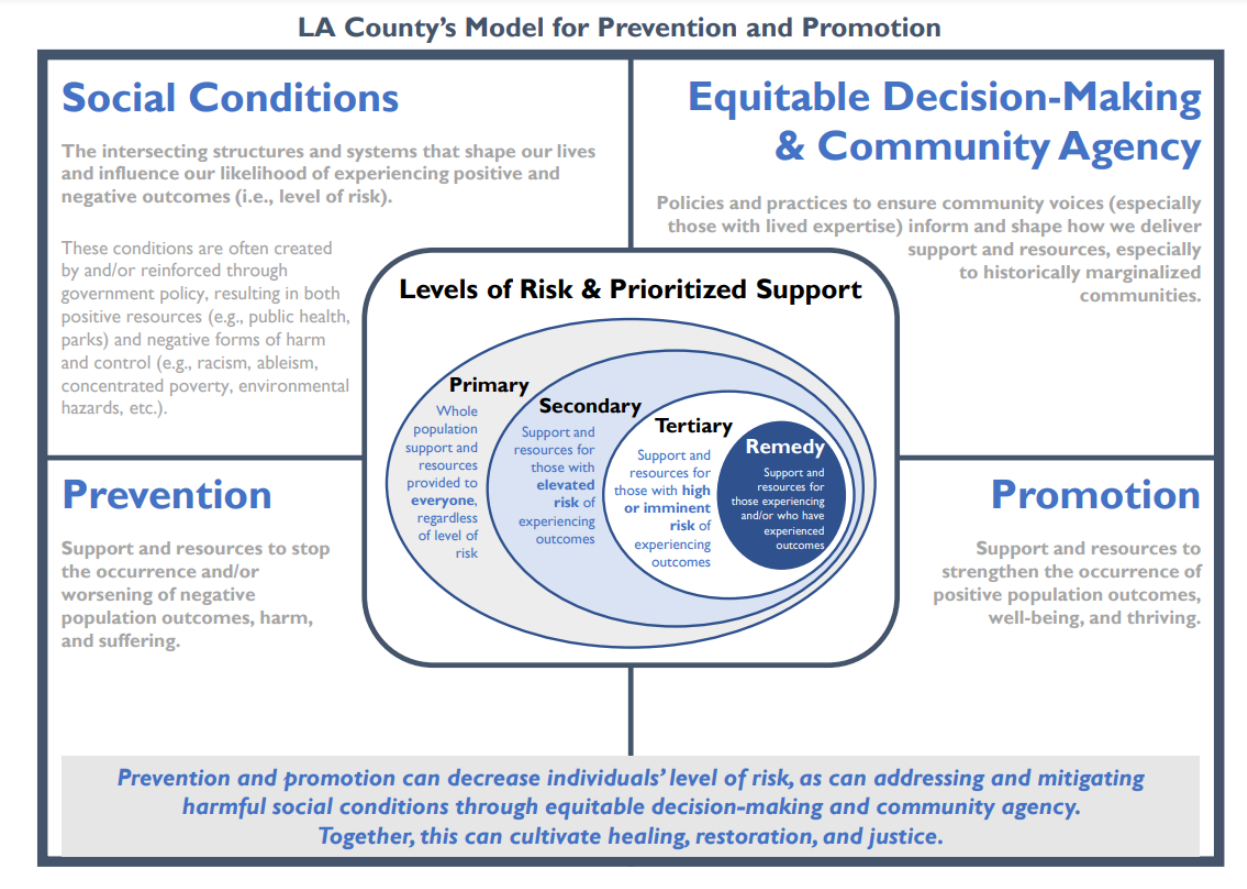
Table 1: Connecting A Continuum for Prevention and Promotion

Domain or Service Area	Child and Family Services	Homelessness	Justice and Safety	Aging and Independence
Targeted Outcome or Issue to Address	Task Force Life Course Outcome: Decrease Child Maltreatment (within Family & Systems)	Example: Decrease Homeless Mortality Rate	Racial Equity Strategic Plan and Task Force Life Course Outcome: Decrease Adult First-Time Felony Convictions	Task Force Life Course Outcome: Increase Aging in Place with Safety, Dignity & Independence
Population(s) of Focus	Children ages 0-18, especially those served by DCFS and/or at greater risk of child maltreatment	Unhoused residents of LA County and those at greatest risk of becoming unhoused (housing insecure)	Individuals at greatest risk of coming into contact with criminal justice system	Older adults, individuals with disabilities
Lead Entities & Subject Matter Experts	DCFS, OCP	CEO-HI, LAHSA, DHS, DPH, DMH	JCOD, DMH, DPH	Aging and Disabilities, DHS, DMH, DPSS
Programmatic Examples	• Primary: Youth development, parenting courses • Secondary: Childcare and family support services, Mandated supporter programs • Tertiary: Family preservation efforts • Remedy: Support for survivors of maltreatment/abuse	• Primary: Affordable housing, physical and mental health resources • Secondary: Transitional housing and shelters, health clinics, safe use and needle exchange sites, mental health crisis support services • Tertiary: Emergency housing, emergency healthcare	• Primary: Youth development, quality educational and recreational activities, economic opportunity • Secondary: Diversion services • Tertiary: Mental health crisis support resources • Remedy: Reentry and rehabilitation support services	• Primary: Quality health care/insurance, safe neighborhoods, accessible transportation • Secondary: Resource navigation support, health resources, traveling health clinics, recreational programming for older adults • Tertiary: Mental health & transitional support

				• Remedy: Long-term care support, hospice care
Performance Indicator Examples	• # of cases of maltreatment and abuse (within both families and systems) along with % decrease in disparities/disproportionalities • # of families provided support and referrals to resources	• # of deaths along with % decrease in disparities/disproportionalities • # of unhoused or housing insecure individuals provided support and referrals to resources • # of individuals with successful transition to permanent housing and well-being upon exiting system	• # of adult felony convictions along with % decrease in disparities/disproportionalities • # of individuals engaging in non-violent crime provided support and referrals to resources • # of individuals referred to mental health crisis support resources	• % of older adults at any given age range live independently with safety and dignity, with % decrease in disparities/disproportionalities • # of older adult riders on public transit or accessing public services and amenities (e.g., parks, libraries) • # of individuals enrolled and connected to resources and life planning services

On September 30, 2022, the Task Force finalized a recommended framework for LA County:

Figure 1: LA County's Model for Prevention and Promotion



The development of the Prevention Services Task Force at the County level further supports the commitment of DCFS and Probation to a well-rounded and functioning prevention services continuum at all levels of the County. DCFS is an active member of the Task Force and will ensure the CPP is integrated into broader community plans as well as ensure flexibility to incorporate broad County-level prevention efforts into the CPP where appropriate.

The LA County Prevention Services Task Force and DCFS Family First co-leads collaborated to ensure coordinated efforts in the development of the CPP and to develop the full continuum of prevention services across all aspects of the County. Multiple members of the Family First Leadership Team are also members of the Task Force and subject area tables. Two members of the Family First Leadership Team co-lead the Taskforce's Coordination and Integration Table and the Framework Table. The Task Force guides the County toward a comprehensive community-based prevention services delivery system that promotes overall well-being and upstream interventions, which will be a nice complement to DCFS and Probation's efforts for children and families.

As the subject area tables convene and complete their work over the coming year, Family First leads will align the CPP as needed with the broader County efforts of the Task Force while continuing efforts to plan for Family First services and the learning-site implementation efforts.

Readiness and Capacity Assessments

Prevention services are not the sole responsibility of DCFS or Probation, as multiple LA County family serving departments provide them. As a result, various departments and agencies were engaged in the LA County Family First Readiness Assessment for Part I Prevention Services completed by the County in 2020.

Family First planning efforts in LA County first began in October 2019. DCFS contracted with Chapin Hall at the University of Chicago (Chapin Hall) to support planning, readiness, and preparation for the prevention provision of the Family First. Chapin Hall provided an array of capacity-building support to DCFS and Probation in ongoing co-facilitation of Family First meetings; engaging service providers and internal and external stakeholders to review the results of data analysis and recommended prevention service array. Additionally, co-designing the implementation plan and related work plans to support the rollout of California's Five-Year State Prevention Plan (Prevention Plan) in LA County; and providing expert consultation and recommendations during the review of the drafted Prevention Plan.

In 2019, Chapin Hall facilitated a comprehensive Part I Prevention Services Readiness Assessment for Family First. The Readiness Assessment consisted of eighteen sessions with leads from the various program divisions and units of DCFS and Probation as well as representatives from DMH, DPH, First 5 LA, and the LA Best Babies Network. The LA County Family First Readiness Assessment and Initial Implementation Plan was completed in March 2020.

Chapin Hall then supported a thorough capacity assessment, which included data analysis to understand the historical needs of DCFS and Probation children and families and a scan of evidence-based prevention services available throughout the county.

Readiness Assessment

The Readiness Assessment included a Systems and Leadership component focused on unique jurisdictional factors and 18 components (shown in the comparison Table 2 below) that highlight relevant provisions of Family First. Each component contained background-reading material for Readiness Assessment participants and a set of questions to help the workgroup understand current capacity and identify action steps.

Chapin Hall compared DCFS' and Probation' Family First Readiness Assessment and the CDSS Prevention Planning Capacity Tool to determine if there were any gaps that required further exploration and assessment. The Readiness Assessment addressed almost every component area included in the CDSS Prevention Planning Capacity Assessment Tool, except for five specific areas that are uniquely important to California's vision and jurisdictional structure. These areas include Organizational Stability; Organizational Equity; Adaptability; History of Cross-Sector Partnerships; and Relationship with Local Governance. These areas, although not part of the Readiness Assessment, through existing work and continue to be priorities have been addressed. Please see the notes section in Table 2 below for additional details. The Family First Readiness Assessment conducted by Chapin Hall sufficiently addressed every other domain included in the CDSS Prevention Planning Capacity Assessment Tool.

Further, Chapin Hall conducted the same comparison between the Family First Readiness Assessment and the CDSS All County Letter (ACL) Readiness Assessment Domains. The Family

First Readiness Assessment addressed all domains required by the ACL Readiness Assessment. Therefore, there is no further assessment needed.

The full comparison of the LA County Family First Readiness Assessment Components, the CDSS Prevention Planning Capacity Assessment Tool Domains, and the CDSS ACL Readiness Assessment Domains are in the table below. Table 2 describes which domains are in each document. Domains that are not specifically addressed in the LA County Family First Readiness Assessment are identified as “Not Included” under the first column and addressed in the “Notes” section of the table. Other domains that are not included in either the ACL Readiness Assessment or the CDSS Capacity Assessment are marked “Not Included”, with the clarifying information provided under the “Notes” section of the table, where applicable.

Table 2: Comparison of Readiness & Capacity Assessments

2020 LA County Completed Readiness Assessment Components	ACL Readiness Assessment Domains	CDSS Capacity Assessment Tool Sub-Domains	Notes
System Considerations: **Transformation Vision** **Sequencing & Interdependencies** **Unique Jurisdictional Factors**	Included Not included Not included	Collective Commitment to Change; Shared Values Alignment with Current Initiatives Not included	
Target Population	Not included	Not included	
Stakeholder Engagement	Included in Stakeholder Collaboration	Stakeholder Buy-In; Cross-Sector Partner Investment; Community Engagement Strategy	
Communication	Not included	Communication Strategy; Feedback Loop; Transparent Communication with Cross-Sector Partners	
Practice Model & Katie A Alignment	Included in Program Design	Not included	
Child & Family Assessment	Not included	Not included	
Service Array & Contracting	Included in Program Design; Fiscal & Funding Models	Needs Assessment (in services and EBPs)	
Policies, Regulations & Rules	Included	Alignment with Current Initiatives	
Training & Coaching	Included Workforce Training only; Coaching not included	Not included	
Data Analysis, Evaluation & CQI	Included	Implementation support for CQI (resources) only; Expertise in Data Analysis & Accessibility	
Data Collection & Federal Reporting	Included	Data Collection only; Federal Reporting not included	

2020 LA County Completed Readiness Assessment Components	ACL Readiness Assessment Domains	CDSS Capacity Assessment Tool Sub-Domains	Notes
Information Systems	Included	Data Sharing Agreements; Information Sharing & Exchange	CDSS: "Best practices for sharing information"
Budgeting & Appropriations	Included	Not included	
Federal Plans & Reporting	Included	Not included	
Accounting & Claiming	Included	Not included	
Workforce Capacity	Not included	Included	
Social Work & Supervisory Practices	Included	Not included	
Infrastructure re: Data Analysis, Evaluation and Continuous Quality Improvement (CQI); Training & Coaching	Not included	Infrastructure	Title IV-E agencies, partners have appropriate resources to develop a comprehensive prevention plan and begin to implement it
Included	Included	**Established Meeting Frequency**	LA County has established and convened weekly a Leadership Team to manage all tasks associated with implementation of Family First and development of the Comprehensive Prevention Plan.
Not included	Not included	**Organizational Stability**	Core consistent partners from DCFS, Probation Department, DMH, First 5 LA and DPH.
Not included	Not included	**Organizational Equity**	Organizational culture is inclusive and diverse. Each Department has a commitment to equity and their HR tracks the diversity of staff hired.

2020 LA County Completed Readiness Assessment Components	ACL Readiness Assessment Domains	CDSS Capacity Assessment Tool Sub-Domains	Notes
Not included	Not included	**Adaptability**	LA County has a long history of innovating and building a prevention infrastructure with community-based organizations.
Not included	Not included	**History of Cross-Sector Partnerships**	History of success with partners on large State initiatives, such as CCR, SOC, FF.
Not included	Not included	**Relationship with Local Governance**	Leaders of Title IV-E agencies have positive working relationships with local governance body.

Capacity Assessment

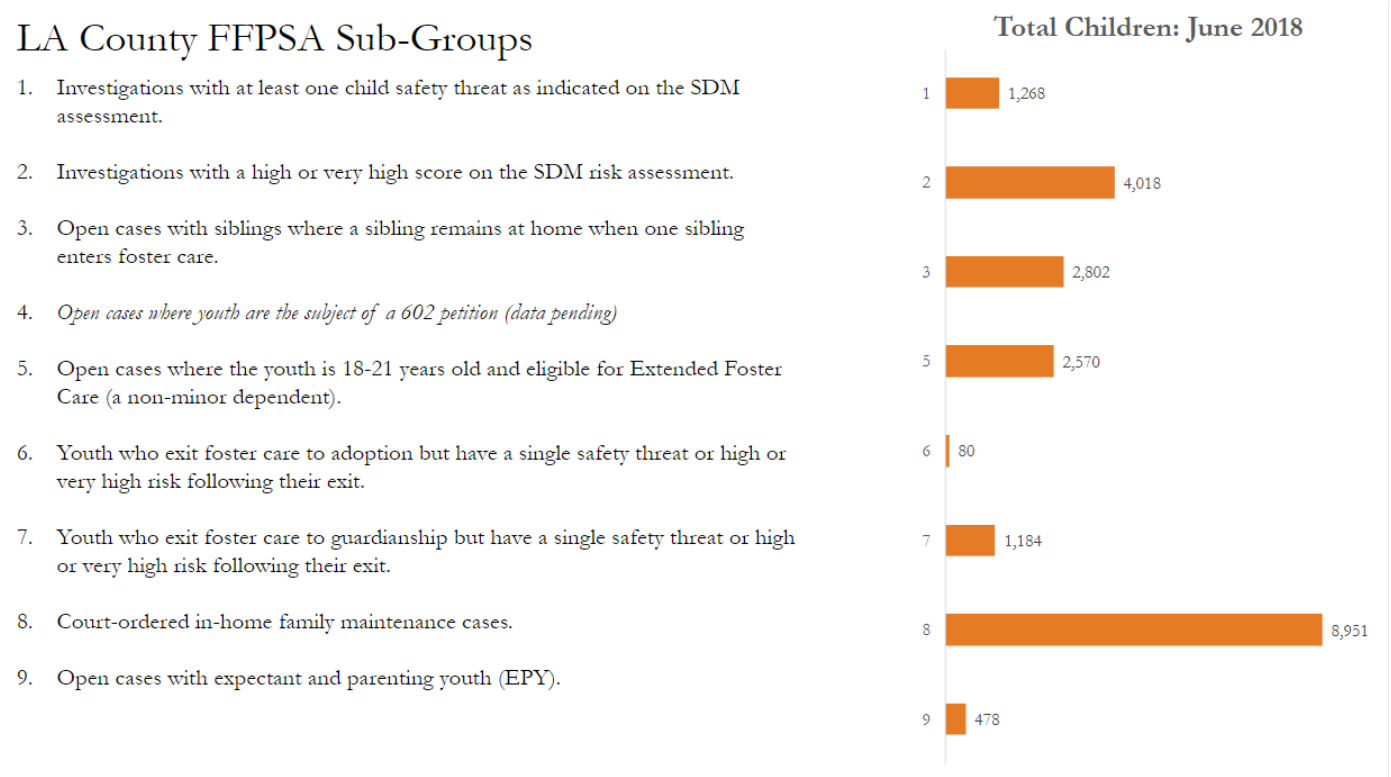
In addition to the Readiness Assessment, a thorough capacity assessment began in 2020 and concluded in March 2021 (using data from 2014 - 2018) which included three data analytic activities:

1. DCFS' and Probation's administrative data was analyzed to understand the needs of the proposed Family First target populations.
2. Existing evidence-based services in LA County were cataloged using the Children Now Prevention Services Inventory Airtable.
3. The availability of these evidence-based prevention services across the County was compared to the locations where data analysis indicated there were the greatest parenting, mental health, and substance use needs.

The full data analysis can be found in Appendix I.

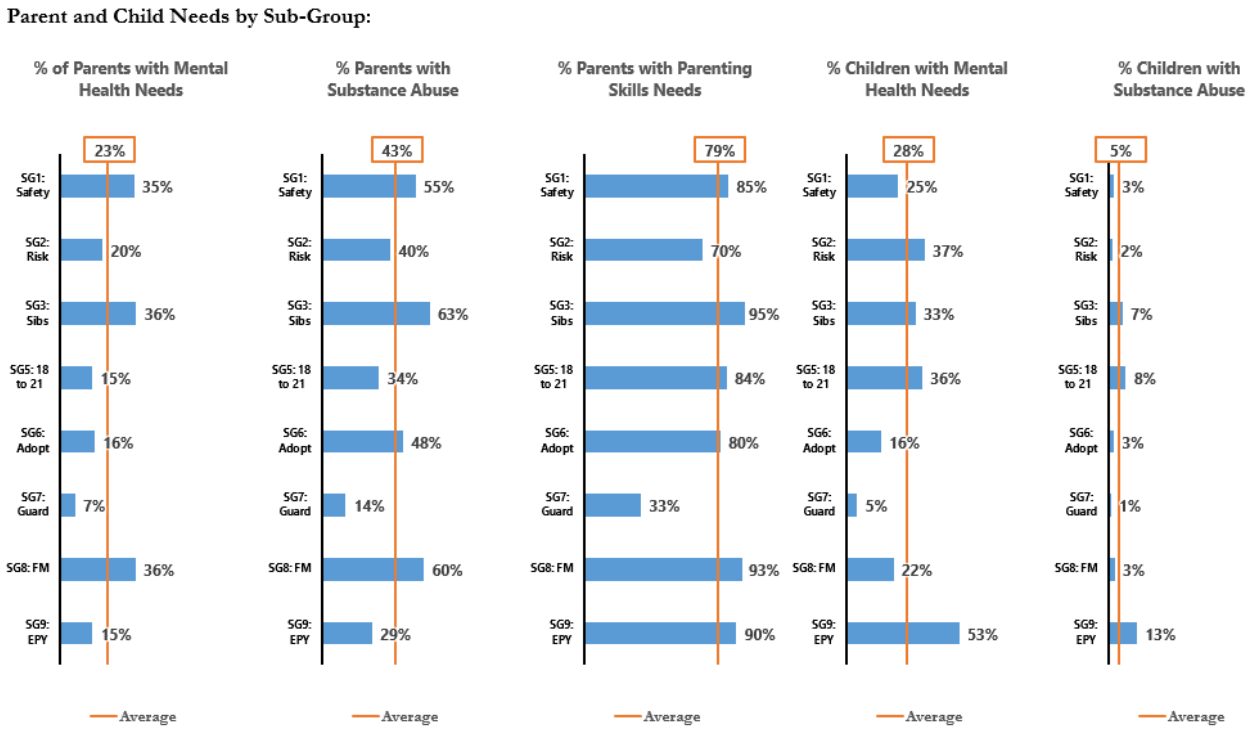
The DCFS analysis was based on a review of administrative data; Structured Decision Making (SDM) Hotline, Safety, and Risk tools; and DCFS Case Plans for the initial CDSS identified target populations. The goal was to identify the total number of children or parents with an identified Family First need (caregiver substance abuse, mental health or parenting skills and child substance abuse or mental health). The analysis looked at nine Family First Sub-Groups shown in Figure 2.

Figure 2: Data Analysis DCFS Family First Sub-Groups



As seen in Figure 3 below, the analysis showed that 79% of DCFS-involved parents had identified parenting skills needs, 43% had substance abuse needs, 23% had mental health needs, 28% of DCFS-involved children had identified mental health needs and 5% had substance abuse needs.

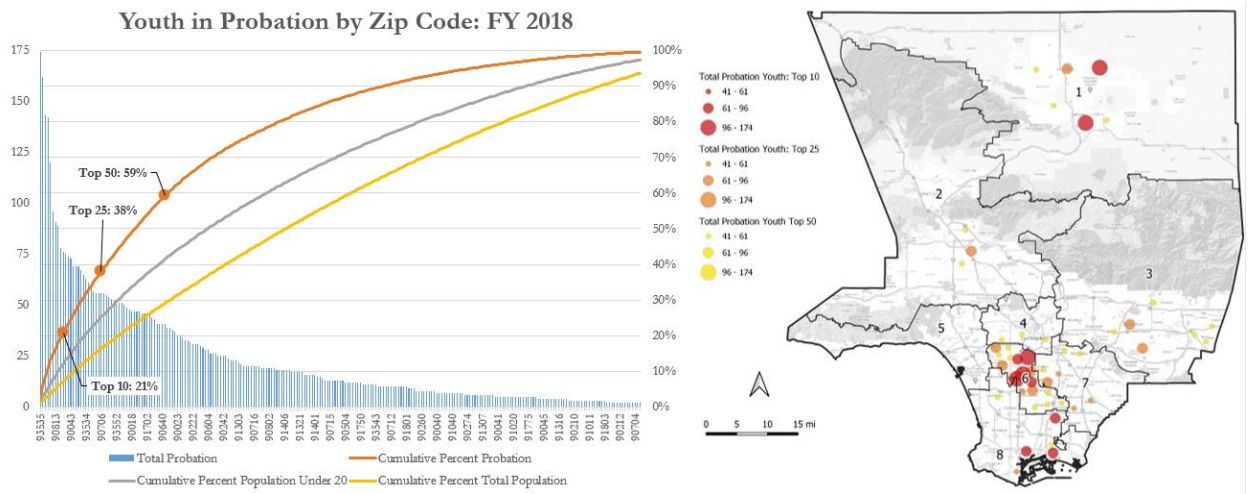
Figure 3: DCFS Parent and Child Needs by Sub-Group



The Probation analysis was based on a review of the Evaluation of Imminent Risk and Reasonable Candidacy (EIRRC) tool, the Los Angeles Risk and Resiliency Check (LARRC) tool, and the Probation Case Plan.

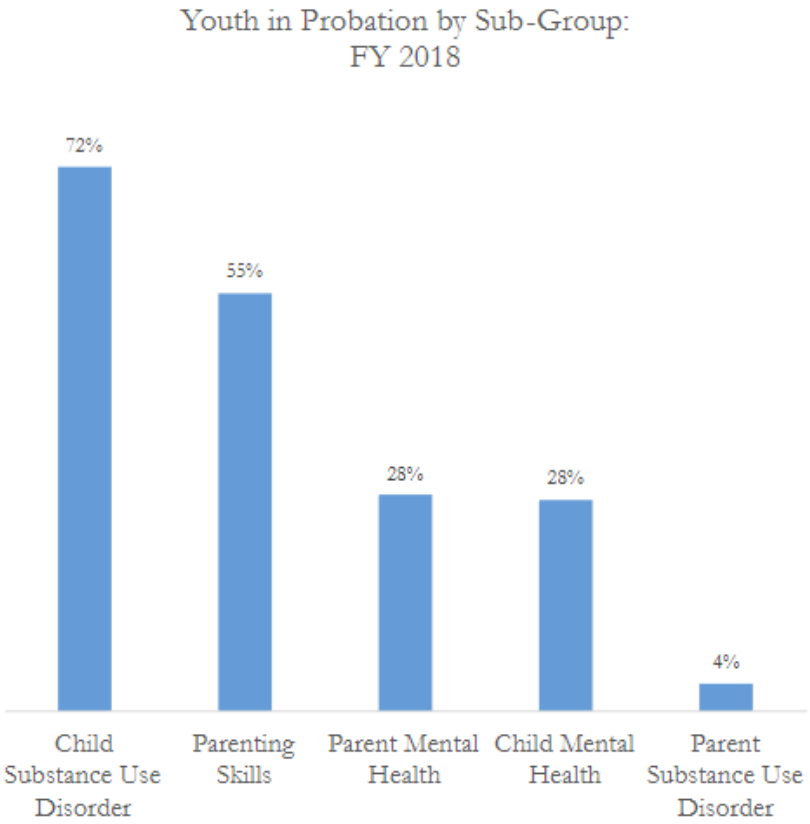
The data analysis showed there were 5,644 Probation youth subject to a petition under section 602 of WIC and they were more geographically concentrated in certain zip codes than youth in the general population (Figure 4).

Figure 4: Youth in Probation by Zip Code: FY 2018



As seen in Figure 5 below, 72% of youth involved in Probation had identified substance use needs, 28% had mental health needs, 55% of parents had identified parenting skills needs, 28% had mental health needs and 4% had substance use needs.

Figure 5: Needs of Youth, and their Parents, in Probation



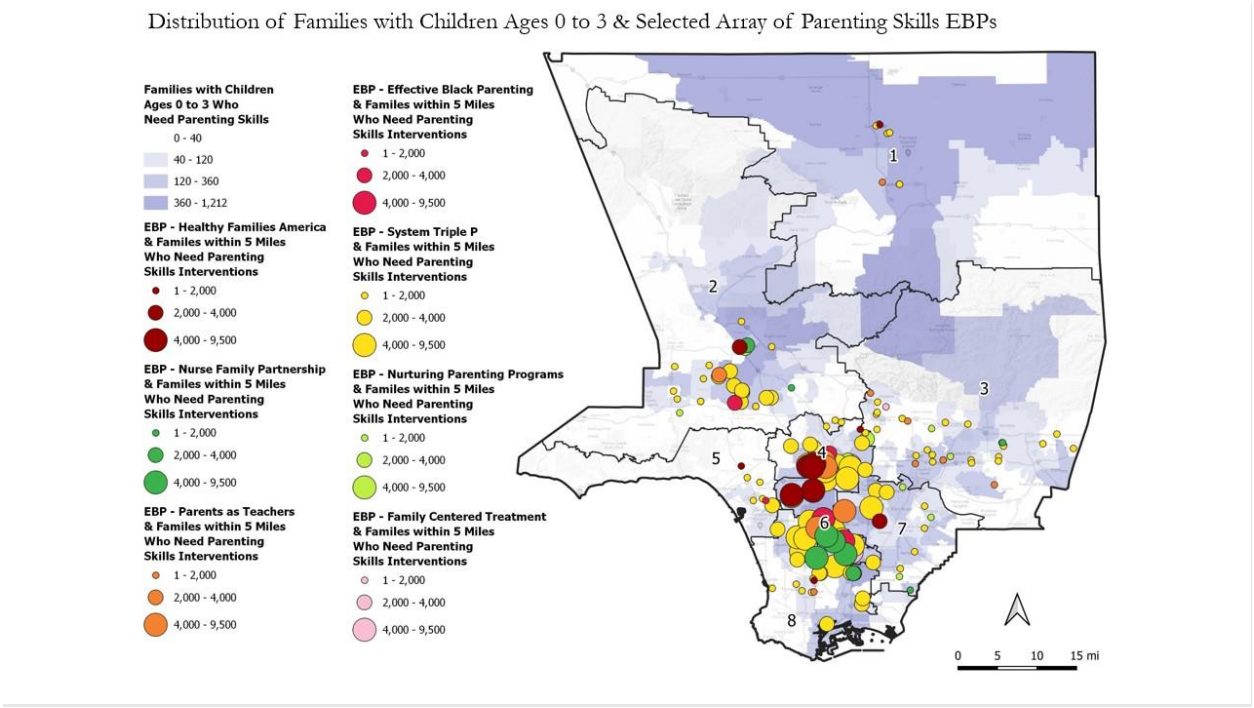
The second part of the capacity assessment involved cataloguing existing evidence-based services provided by all family serving agencies to children, youth, and families in LA

County. Based on this catalog, LA County recommended for CDSS to consider including the following evidence-based services in the California Prevention Plan, many of which are also included in the Title IV-E Prevention Services Clearinghouse. The full analysis and recommendations can be found in Appendix V.

- Healthy Families America
- Nurse Family Partnership
- Parents as Teachers
- Nurturing Parenting Program – Infants, Toddlers, and Preschoolers; School-Aged Children; and Families Program
- Effective Black Parenting
- Triple P (Standard & System)
- Nurturing Parenting Program (Infants and School Age)
- Family Centered Treatment
- Parent-Child Interaction Therapy
- The Incredible Years
- Trauma Focused-Cognitive Behavioral Therapy
- Multisystemic Therapy
- Functional Family Therapy
- Matrix Model
- Interpersonal Psychotherapy
- Cognitive Therapy
- Eye Movement Desensitization and Reprocessing
- Helping Women Recover & Beyond
- Adolescent Community Reinforcement Approach
- Motivational Interviewing
- Methadone Maintenance Therapy

The third part of the capacity assessment compared the availability of evidence-based services across the County to the locations where data analysis indicated that there were parenting, mental health, and substance use needs. Detailed visual maps of the distributions of families and the existing services can be found in Appendix I.

Figure 6: Distribution of Families with Children Ages 0-3 & Array of Parenting Skills EBPs



Despite an array of services available throughout LA County, the analysis identified gaps in services and areas where the County can focus efforts through the implementation of the Family First Prevention Services Program. With the support of all child and family serving agencies, along with a host of other partners, a thoughtful, planned implementation in two SPAs consisting of Family First and other community-based prevention services to meet the needs of children and families is described in the remaining sections of this plan.

LA County Family First Target Populations and Services

Description and Rationale for Selection of Family First Target Populations

DCFS and Probation engaged with community partners, individuals with lived experience, and providers across the County in 2020 to identify populations at imminent risk of foster care and to match EBPs that could meet the population's needs. This process involved engaging the Service Array/Advisory Committee as well as forming parenting, mental health and substance use service array workgroups to review relevant EBPs and make recommendations for which services would meet the needs (as identified in the SDM Safety, Risk, and Case Plans) of children, youth, and families in LA County. These efforts, along with the readiness and capacity assessment, helped prepare the County to commit to embracing all Family First candidate subgroups[4], Expectant and Parenting Youth (EPY) in care, and seven out of the ten EBPs outlined in California's Prevention Plan. Through the capacity assessment data analysis, the County found each candidate subgroup is at high risk of entering foster care in LA County and would benefit from the Family First parenting, mental health and/or substance use prevention and treatment services included in California's Prevention Plan, as well as other community-based prevention services.

DCFS and Probation include EPY in care as categorically eligible for Family First prevention services[5]:

Expectant and Parenting Youth in Care (EPY)

Data analysis indicates there are an estimated 500 EPY youth in foster care in LA County. These youth are primarily female and non-white (majority Latinx, followed by Black youth), with an average age of 18-19. Their highest needs are for parenting programs, but they would also benefit from parent/caregiver and youth mental health programs. There is no requirement that the children of EPY are determined to be at imminent risk of entering care to participate in Family First prevention services. EPY in LA County will voluntarily engage in the design of their case plans to include supportive services that meet their individualized needs and the needs of their child(ren).

DCFS and Probation include the following candidacy populations as eligible for Family First prevention services if they are determined to be at imminent risk of entering care:

Children in families receiving voluntary or court-ordered family maintenance services (FM/VFM)

Data analysis indicates that, in LA County, this population is the largest group of candidacy populations. Children with court-ordered FM cases are predominantly Latinx, followed by Black children, with an average age of 7-8. In terms of Family First prevention services, their highest needs are for parenting and parent/caregiver substance use programs, followed by parent/caregiver and child mental health programs.

[4] The term "Candidates" and "Candidacy" are terms derived from federal law to describe children, youth, and families who are eligible for Family First services, and therefore, throughout the CPP, the term "Candidates" and "candidacy" will be used.

[5] There is no requirement that children of EPY be determined at imminent risk of foster care in order to participate in services.

Probation Department youth subject to a petition under section 602 of WIC (602 Probation Department youth)

Data analysis shows that, in LA County, this population is primarily male, non-white (majority Latinx, followed by Black youth), and ages 16-19. In terms of Family First prevention services, their highest needs are for youth substance use and parenting programs, but a significant portion would also benefit from parent/caregiver and youth mental health programs.

Children whose guardianship or adoption arrangement is at-risk of disruption (post-guardianship/post-adoption)

Data analysis shows that, in LA County, this population is predominantly Latinx and Black with an average age of 8-11. In terms of Family First prevention services, their needs are primarily for parenting programs, followed by parent/caregiver substance use programs. DCFS and Probation will make Family First prevention services available to caregivers who request post-adoption or post-guardianship services to ensure they have the support they need to remain together. The charts in Appendix I show the total population of youth who exit foster care to adoption (SG6) and guardianship (SG7) with a single safety threat or high or very high risk following their exit.

Children with a substantiated or inconclusive disposition of a child abuse or neglect allegation, but no case opened (substantiated/inconclusive disposition)

DCFS and Probation will make Family First prevention services available to children with substantiated or inconclusive dispositions to strengthen family protective factors and avoid subsequent referrals. The data analysis examined youth with at least one child safety threat (SG1) and/or a high or very high-risk assessment score (SG2) but whose case was not opened. In LA County, this population is predominantly Latinx and Black with an average age of 6-7. Their predominant needs are for parenting programs followed by parent substance-abuse programs.

Children who have siblings in foster care (siblings in foster care)

Data analysis shows that, in LA County, there are a significant number of children and youth who have siblings in foster care. These children are predominantly Latinx and Black, with an average age of 8-10. In terms of Family First prevention services, their highest needs are for parenting programs, followed by parent/caregiver substance use programs, and then parent/caregiver and child mental health programs.

Based on the capacity assessment, the following figure shows the annual estimate of children and parents who might need Family First-identified services. This figure also includes the needs of EPY youth. The annual estimate is 42,144 families.

Figure 7: Estimated Needs by Target Population

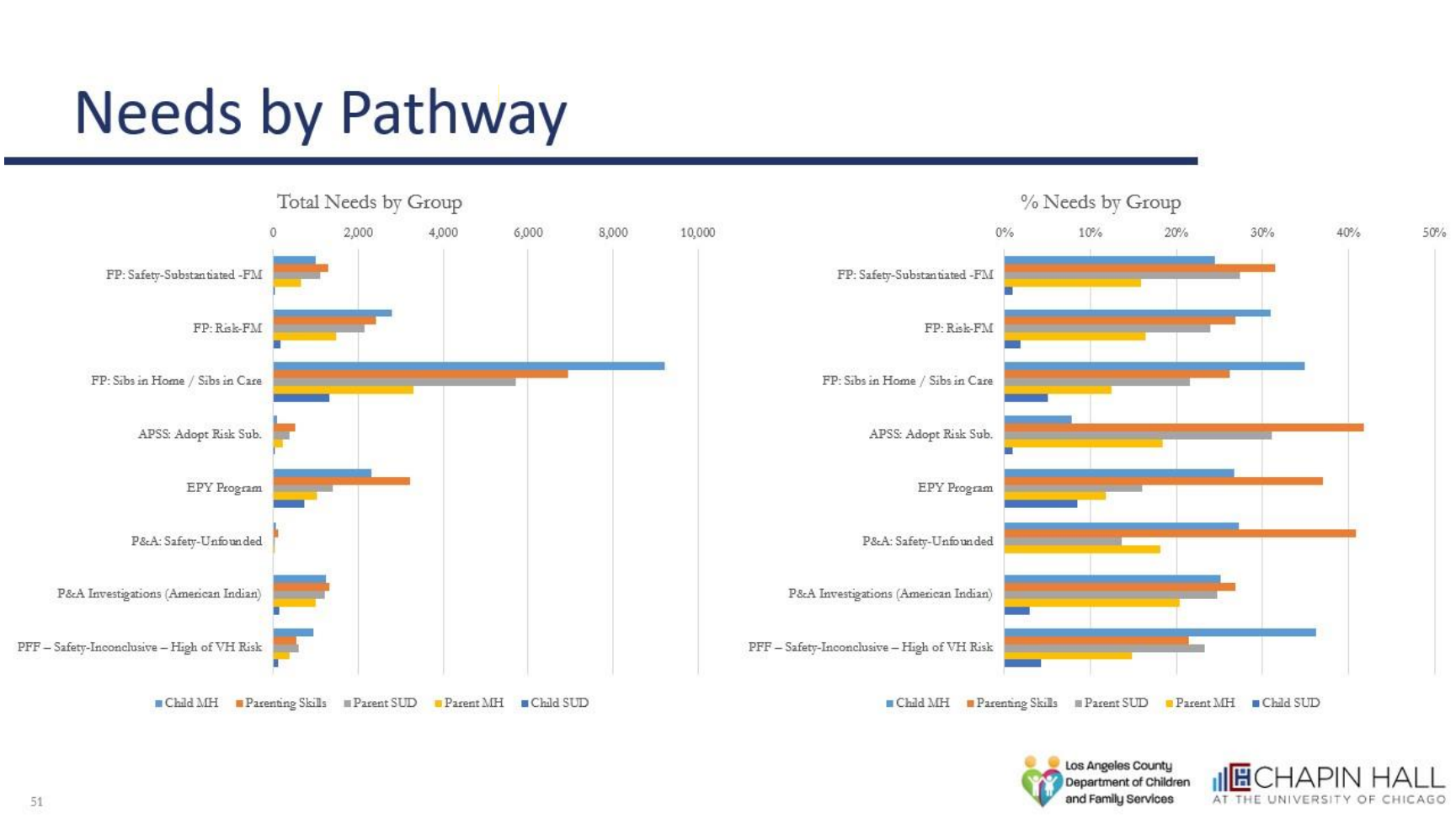


Figure 7 does not include an estimate for families who may access services through Community Pathways, as there was not a clearly defined mechanism to gather estimates for this population.

In keeping with the LA County transformative vision of inclusion, equity and community, the family serving departments of LA County will also include the following CDSS identified candidacy populations as eligible for Family First prevention services if they are determined to be at imminent risk of entering foster care. These populations will primarily be served through a community pathway, which is further described in Figures 8-10 below:

- Homeless or runaway youth
- LGBTQ+ youth
- Substance-exposed newborns
- Trafficked children and youth
- Children exposed to domestic violence
- Children whose caretakers experience a substance use disorder
- Children or youth experiencing other serious risk factors that when combined with family instability or safety threats would be assessed to be at imminent risk of entering care

Community Pathways

In addition to the Family First target populations described above, LA County will also include families identified through trusted community partners and programs, or Community Pathways. The intent is to create a no wrong door system so families can connect to Family First and other community-based prevention services through trusted partners and institutions they already engage with.

Figure 8: Community Pathway Opportunities

Figure 8 represents opportunities for the Community Pathway to build upon existing trusted community partners and programs. Each of these stakeholder groups has been engaged in the CPP development process. These are key environments where families naturally interact with systems that provide opportunities for authentic engagement and resource delivery such as:

- Hospitals and Healthcare;
- Schools, County Departments;
- Local FRCs and Networks;
- Faith-Based; and
- Community or resource lines.

For example, families often engaged with hospitals at the birth of their child and there is potential to leverage existing projects and services, such as Plans of Safe Care (POSC) for substance-exposed infants, a key target population, as a mechanism for trusted community partners to refer to appropriate services. Another example, Help me Grow, a collaborative between First 5 and DPH, is a community based program that screens for Adverse Childhood Experiences (ACEs) and refers families to needed child development services and family support services such as home visiting, mental health, or other supports in a pediatric setting.

LAUSD/LACOE Schools identified certain sites to be part of the CPP Prevention and Promotion pilots discussed later in the document. Both have an interest in Early Childhood Education (ECE) such as Head Start, expecting parents, with a focus on children 0-5. Both entities would make referrals using existing teams and structures. LACOE in particular has an interest in potentially being a provider of services to target populations.

County departments provide an opportunity to look at all family-serving departments and agencies as both providers of EBPs as well as conceptualizing how to move beyond the community pathway into Comprehensive Prevention Planning. Local Family Resource Centers (FRCs) plan to strengthen referral pathways with Prevention and Aftercare Networks who have both expertise and trusted relationships with community members. This would also encompass opportunities for local culturally embedded FRCs and/or FRCs with specific candidate population expertise (such as substance use disorder (SUD) Treatment) to serve the CPP target populations. The State continues to develop its guidance related to community pathways implementation, billing for motivational interviewing (MI) and administrative case management, LA County looks forward to building capacity and strengthening partnerships.

This process will consider blended and braided funding between entities to better serve families by collectively pulling resources to expand service delivery and to consider what other funding streams may be available to provide fund matching for EBPs. It will build on existing partnerships and networks.

Figure 9: Community Based Supports

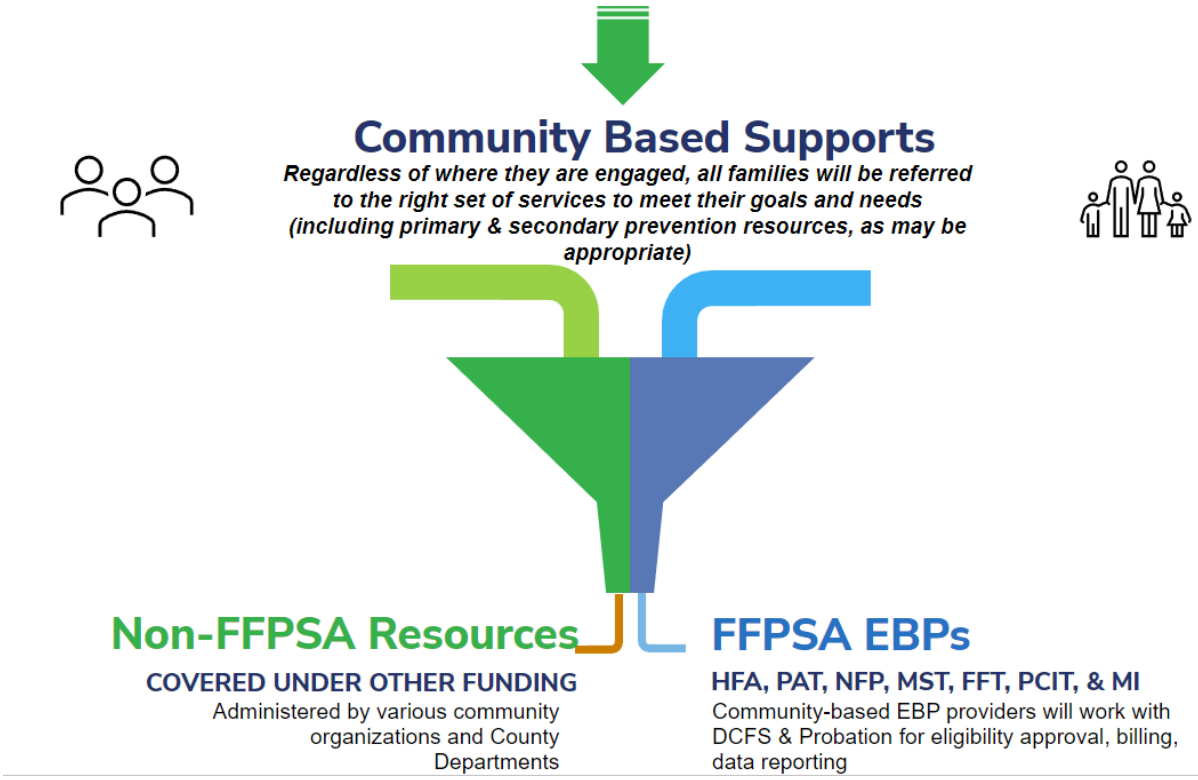
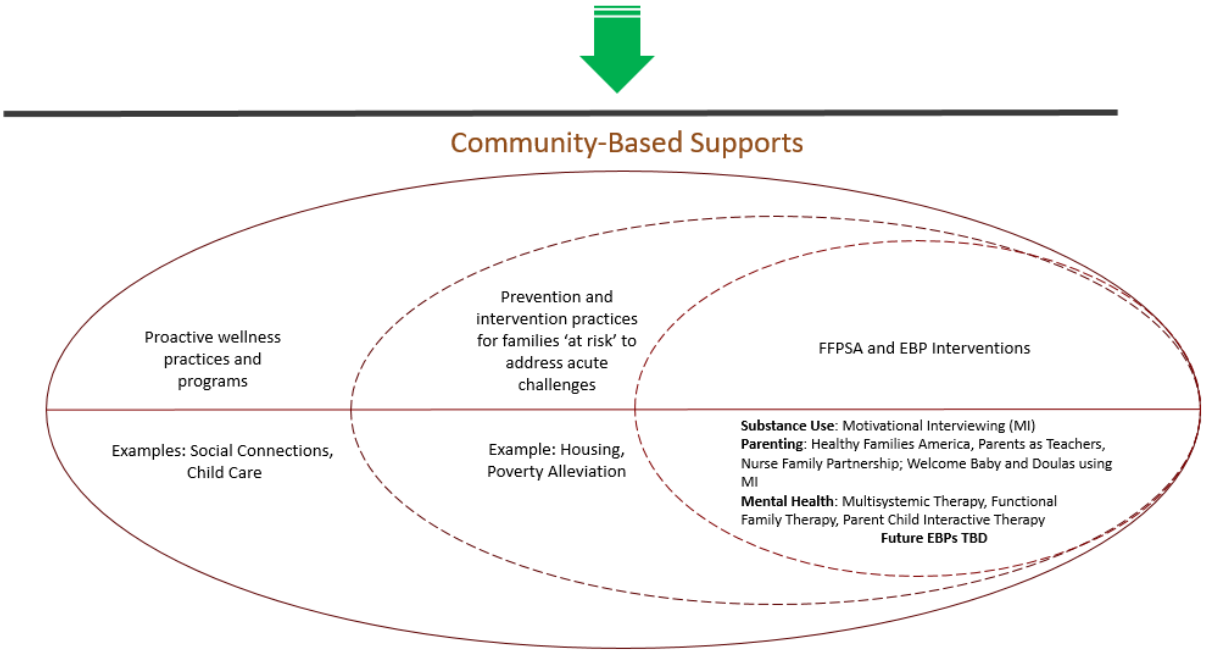


Figure 10: Community Based Supports



Primary prevention, especially early on in life, is crucial for achieving a significant transformational change in communities. All family serving departments and community providers have a responsibility to enhance the services delivered to children and families. Figure 10 represents a high level overview showing that regardless of where a family is, they can be connected to services that meet their unique goals and needs. This is inclusive of both Family First EBPs and other community-based prevention services, which could move into more upstream primary prevention services. If the service is a Family First EBP there is a relationship between the community provider and the Title IV-E agency (DCFS/Probation Department) to approve candidacy, collect required data, and aggregate data for claiming.

Description and Rationale for Family First Evidence-Based Programs

LA County has elected to implement seven out of the ten EBPs in California's Prevention Plan. Each of these seven EBPs meet the needs of one or more of the target populations discussed above. Data analysis shows that a considerable proportion of children and youth in the candidacy populations in LA County are non-white - most commonly Latinx, followed by Black children and youth (see Appendix I). Black children are disproportionately represented in all target populations and Latinx are disproportionately represented in two of the target populations. All seven EBPs have shown evidence of positive outcomes with Latinx, Black and/or other non-white populations, and most models have materials available in Spanish and other languages, which is important for the multilingual and ethnically diverse communities in LA County. At this time, there are not culturally specific interventions included in California's Title IV-E Prevention Plan to include in this CPP. However, through the work of the Task Force, there is emphasis on looking at the drivers of disproportionality and identifying areas for culturally specific interventions to include in LA County's prevention services continuum.

LA County data analysis also indicates the candidacy populations have significant parenting and parent/caregiver substance use needs, followed by child and caregiver/parent mental health needs. Probation candidacy population also has significant youth substance use needs (see Appendix I).

Furthermore, seven of the EBPs have been implemented in LA County, and many are well-established programs. The EBPs selected for implementation in LA County to bolster the secondary and tertiary prevention services continuum include:

1. **Functional Family Therapy (FFT)**
   FFT is an intensive mental health program that serves adolescents (age 11-18) with moderate to severe behavioral and emotional needs, substance use issues and/or juvenile justice involvement, and their families. FFT has shown evidence of positive outcomes with Black and Latinx families (CFP, 2022). FFT materials are available in Spanish. Data analysis shows the need for mental health services for adolescents in LA County. Furthermore, FFT's effectiveness in reducing youth substance use and delinquent behaviors, especially in non-white populations, makes this service a particularly valuable program for LA County's 602 Probation Department youth candidacy population. FFT is a well-established program in LA County.

2. **Healthy Families America (HFA) (child welfare protocol)**
   HFA is an intensive home-visiting parenting program that serves new and expectant families with children (enrollment up to 24 months) who are at risk for maltreatment and other adverse childhood experiences. HFA services continue for a minimum of three

years, and until the child turns five. HFA is also designed to work with families who may have histories of trauma, intimate partner violence, mental health issues and/or substance use issues. HFA has shown evidence of positive outcomes with American Indian/Alaska Native, Asian, Bi-racial/Multi-racial, Black, Latinx, and Native Hawaiian or Pacific Islander families (CFP, 2022), and the model has been adapted to meet the cultural needs of tribal families. HFA materials are available in Spanish. Data analysis shows there is a significant need for parenting programs for families with young children in LA County. HFA will be a particularly valuable program for LA County's expectant and parenting youth in foster care, FM/VFM candidacy population, substantiated/inconclusive disposition candidacy population, and community pathway candidacy populations. HFA is a well-established program in LA County.

3. **Motivational Interviewing (MI)[6]**
   MI is a method of counseling designed for adolescents and adults to promote behavior change. MI can be used as a standalone intervention, or it can be used in combination with other services to improve participants' physiological, psychological, and lifestyle outcomes by identifying ambivalence for change and increasing internal motivation. MI will be implemented throughout the County as a crosscutting case management and family engagement service with all candidacy populations. MI has shown evidence of positive outcomes with American Indian/Alaska Native, Bi-racial/Multi-racial, Black, and Latinx families (CFP, 2022). MI materials are available in several languages including Spanish, Chinese, Japanese, and Korean. MI currently exists in LA County and its strength-based approach, ability to complement other EBPs and interventions, adaptability across cultures, languages, and flexibility in service delivery makes it a valuable intervention to expand over the next three years.

4. **Multisystemic Therapy (MST)**
   MST is an intensive family-driven mental health and substance use program that serves adolescents (ages 12-17) who have serious emotional or behavior needs, are at risk for substance use, and/or are involved with the juvenile justice system, and their families. MST has shown evidence of positive outcomes with Black and Latinx families (CFP, 2022). MST materials are available in several languages, including Spanish. Data analysis shows the need for mental health and substance use services for adolescents in LA County, and MST is one of the few substance use prevention and treatment EBPs included in California's Five-Year State Prevention Plan. MST's effectiveness in treating serious juvenile offenders, especially in non-white populations, makes this service a particularly valuable program for LA County's 602 Probation Department youth candidacy population. MST is a well-established program in LA County.

5. **Nurse-Family Partnership (NFP)**

[6] Motivational interviewing will be utilized as primary prevention service through the implementation and use in Family Resource Centers, a service available to all residents. Motivational interviewing is also a secondary and tertiary prevention service as a case management and/or SUD service.

NFP is a home-visiting parenting program delivered by trained registered nurses that serves first-time expectant mothers/parents beginning early in pregnancy until the child turns two. NFP is designed to serve mothers/parents who experience, or are at risk of experiencing, homelessness, substance use, intimate partner violence, severe developmental disabilities and/or have mental health needs. NFP has shown evidence of positive outcomes with Black and Latinx families (CFP, 2022). NFP materials are available in Spanish. NFP will be a particularly valuable program for LA County's expectant and parenting youth in foster care, as well as for community pathway candidacy populations. NFP is an established program in LA County.

6. **Parents as Teachers (PAT)**
   PAT is a home-visiting parent education program that serves families with an expectant mother or parents/caregivers of children up to kindergarten entry. PAT is designed to provide services to families for a minimum of two years. PAT has shown evidence of positive outcomes with Black and Latinx families (CFP, 2022). PAT materials are available in several languages, including Spanish and Mandarin. Data analysis shows there is a significant need for parenting programs for families with young children in LA County. PAT will be a particularly valuable program for LA County's expectant and parenting youth in foster care, FM/VFM candidacy population, substantiated/inconclusive disposition candidacy population, and community pathway candidacy populations. PAT is a well-established program in LA County.

7. **Parent-Child Interaction Therapy (PCIT)**
   PCIT is a mental health program that serves parents/caregivers who have young children (ages 2-7) with intense emotional and behavioral needs and parent-child attachment issues. PCIT has shown evidence of positive outcomes with American Indian/Alaska Native, Asian, Black, and Latinx families (CFP, 2022). PCIT materials are available in Spanish. Data analysis shows the need for mental health services for families with children of this age group in LA County. PCIT will be a particularly valuable program for LA County's FM/VFM candidacy population, substantiated/inconclusive disposition candidacy population, and community pathway candidacy populations. PCIT is a well-established program in LA County.

Target Population and Evidence-Based Program Implementation Timeline

DCFS and Probation will begin Family First Prevention Services (FFPS) implementation in two locations over the next three years: Service Planning Area (SPA) 2, which includes the San Fernando Valley and Santa Clarita, and SPA 6, which includes South Los Angeles. SPA 2 was selected based on organizational readiness, including infrastructure and capacity to implement. SPA 6 was identified as having some of the greatest needs in the County and would therefore potentially demonstrate the greatest impact of Family First on prevention of involvement in child welfare and Probation. A number of other FFPS community prevention and promotion pilots will also be launched and studied throughout the County.

The FFPSA implementation will be tested in two Learning Sites (SPAs 2 and 6) through a phase implementation approach. The first phase began October 2022 with the initial implementation of motivational interviewing as a crosscutting EBP to support Children's Social Workers (CSW's) and other case workers as they engage with families. The initial target populations will be the

Voluntary Family Maintenance (VFM), Family Maintenance Services (FM) cases, Probation Department youth subject to a 602 petition, and youth in foster care who are pregnant or parenting. Tentatively, planned for the second quarter in 2023, the first phase of EBP's will be implemented to include three home visiting programs: Healthy Families America, Parents as Teachers, and Nurse-Family Partnerships along with the Community Pathway candidate populations. In summer 2023, the candidate population will expand to include post-guardianship and post-adoption cases along with the implementation of three additional EBP's: Parent-Child Interaction Therapy (PCIT), Multisystemic Therapy (MST) and Functional Family Therapy (FFT). The next candidate population of siblings in foster care will be implemented in early 2024 and the final candidate population of substantiated/inconclusive disposition in summer 2024. Drawing on lessons learned in the first Learning Site, SPA 2, FFPSA implementation will begin in the second Learning Site, SPA 6, in spring 2023 following a similar timeline as SPA 2.

Community Prevention and Promotion Pathway Referral Pilots and Primary and Secondary Pilots

FFPS implementation in LA County will also focus on bolstering community pathways and the early prevention services continuum (primary and secondary services) with additional State Block Grant funds. Pilots and demonstration projects will work closely with community-based partners, hospitals, schools, and local family resource centers to expand primary and secondary prevention services for families through trusted relationships with community-based agencies. Community members will lead some of the prevention pilots, particularly community capacity building through Thriving Families Safer Children. It is expected that these pilots will elevate equity opportunities which may address some of the disparities found across the County.

LA County has worked extensively with community and County partners to identify opportunities for the State Block grant funds to serve as a tool to achieve the goal for primary, secondary, and tertiary support, including but not limited to piloting elements of the Community Pathway.

Figure 11: Pilot and Demonstration Projects

Beginning in 2023, elements of the community pathways will be implemented at two hospitals to test hospital-based referrals to community pathway and Family First resources for families with significant risk factors in SPA 8. In 2023, pilots will also begin in schools to test school-based referrals in SPAs 2 and 6 with students ages 0-5 participating in early childhood education programs, homeless students and pregnant Head Start parents. SPAs 2 and 6 will also test community-based navigators in 2023 to help link residents to services.

Table 3: Community Prevention and Promotion Pathway Referral Pilots and Primary and Secondary Pilots and Demonstration Projects Funded with SBG Funds

Community Promotion Pathway Referral and Prevention Pilots	Description	Prevention Services Continuum
Antelope Valley Resource Infusion (AVRI)	AVRI is a collaborative of community leaders, community-based organizations, faith-based partners, and residents partnering to co-create and implement strategies to improve the safety and wellbeing of children and families in the region. Funding will be used to implement the work of the collaborative and cover operational costs.	Primary
Cross-system Navigator/Service Linkage Specialist	Community based (P&A) navigator(s) co-located in SPA 2 & SPA 6 to support access to community-based resources.	Primary
Community Cultural Brokers	The Community Cultural Broker Program (CCBP) provides an opportunity for Black/African American community and faith-based stakeholders to provide peer support that addresses systemic inequities for Black/African American children and families that interface	Primary

	with the child welfare system. Community Cultural Brokers (CCB) assist families in navigating the child welfare system by connecting them to localized and culturally relevant resources that support child safety, permanency, and well-being.	
SPA Demonstration Project	Funding will be provided to each SPA for an identified community need based on grassroots community input and other factors. Participatory research will also be conducted to identify and track identified outcomes.	Primary
Thriving Families Safer Children (TFSC) Community-led Grass Roots Demonstration Project	Funding to support five TFSC projects which is expected to include an array of the nine community-identified priorities.	Primary
Preventative Legal Advocacy Program Website	Creation of a website that will serve as a hub for information, advice, referrals, and legal resources for anyone in LA County to prevent involvement in the child welfare system.	Primary
Child Care Resource Center – Resource and Referral Pilot	Proactively screening and supporting all families receiving child care subsidies in SPA 1; connecting families to HV, development and other supports when appropriate.	Primary
Transition Age Youth Services and Supports	Services to support long-term self-sufficiency of transitional age youth (See Appendix VII for the Breathe Expansion Proposal)	Secondary
Mandated Supporting	Development and implementation of the LA County Mandated Supporting Initiative which includes: 1)Creation of the Community Response Guide (CRG): A web-based decision support tool used by Mandated Reporters to help them achieve consistency, accuracy, and equity in the suspected child abuse and neglect decision making process, 2) Creation of the Community Response Network (CRN): The services component to accompany the CRG, 3) Narrative Change Strategy Development and Implementation, and 4) Gold Standard Training Curriculum Guide and Strategic Collaboration.	Secondary
Mentorship Program	Continue to support the leadership of adults with previous lived experience in the child welfare system as they serve as mentors for current foster youth in the DCFS Wilbur House Shelter.	Secondary
Hospitals Pilots integrating community pathway referrals and Plan of Safe care planning into the post-partum birthing environment	Two pilots testing hospital-based referrals to community pathway and FFPSA resources for families with substantial risk factors, including but not limited to integrating with Plan of Safe Care implementation for positive toxicology screening at birth. One pilot will test bridges in the DHS environment and another at a non-DHS hospital.	Secondary

Schools Pilots in partnership with LAUSD, LACOE and other early childhood entities that will test pathways for families from the school environment to community resources, including but not limited to FFPSA resources.	Testing community pathway referrals from the school environment for: 1) families with at-risk children 0-5 years old participating in Early Childhood Education programs, 2) homeless families, and 3) pregnant Head Start parents.	Secondary
Developing and piloting FFPSA billing/plan integration into HFA, PAT, NFP, Welcome Baby systems	Developing and piloting FFPSA billing/plan integration into HFA, PAT, NFP, Welcome Baby systems	Secondary
Referral Infrastructure Work	Funding to support a referral connection specialist to support updates in the technology system.	Secondary
Independent Resource Specialists for EPY Conferences	Fund an additional Resource Specialist who is not affiliated w/ DCFS to assist with the Expectant Parenting Conferences. Funding would allow for a community-based organization (the Alliance for Children's Rights) to hire an additional staff member	Secondary
Homeless pregnant and parenting women	Develop a pilot to focus on street outreach and support for homeless pregnant and parenting people to offer reproductive and perinatal support. The pilot would include testing the model and sustainability options. A team will be created for the pilot consisting of the following full-time employees: 2 Public Health Nurses, 1 Health Program Analyst II, 2 peer partners/community health workers, and 1 intermediate typist clerk.	Secondary
Safe Families	The placement of child(ren) with a volunteer host family to allow the parent time and space to they deal with whatever issue(s) brought them to Safe Families for Children (SFFC). Provides parents in need (on their own or at the recommendation of a case worker) a sanctuary where they can safely place their children in times of crisis and "neighbors (Family Friends)" to help them get on their feet. For the Antelope Valley.	Secondary
Preventing Homelessness Among EPY Exiting DCFS Care	The EPY Problem-Solving Fund pilot will commence immediately, with objectives focused on: 1) Providing at least 280 expectant and parenting youth exiting DCFS & Probation programs with critically needed financial resources, at a maximum of $5,000 per youth, upon exit	Secondary

	from foster care to ensure housing stability, 2) Providing technical support to DCFS and the contracted intermediary to help ensure successful program implementation and evaluation of the Problem-Solving Fund pilot e.g., number of youth served, types of funding requested, impact on long-term housing stability, and ability to serve as a permanent solution to preventing homelessness among youth exiting DCFS & Probation programs.	

LA County Prevention Services Logic Model for Family Serving Agencies

By uplifting the voice of community, embracing equity, and focusing on the overarching transformative vision for residents, the LA County Prevention Services Logic Model was developed. This model came about from the ongoing partnerships between all the family serving LA County agencies: DMH, DHS, DPSS, DCFS, Probation Department, and First 5 Los Angeles. The model communicates a shared understanding of the current resources available across the County and illustrates how these and new, innovative resources – such as those made possible by Family First – support the transformation of the current prevention services system into one that is easy to access, inclusive, community-based, and anti-racist.

The logic model connects all current activities to the goals of increasing the provision of upstream interventions, increasing trust in the continuum of prevention services in the County, decreasing the number of children and youth entering and re-entering foster care, decreasing racial and ethnic disparities and disproportionalities in the County, and ensuring the well-being of all LA County adults, children, youth, and families. To measure the goals, DCFS and Probation will start with the available administrative data and will assess the capacity and resources to obtain additional data points over time. Activities consist of infrastructure, practice supports, collaboration and coordination, services and interventions, and Family First candidates/families. With the help of the DCFS Research Section, the outcomes and impacts will continue to be refined and measures will be identified/developed where needed.

To develop the LA County Prevention Services Logic Model, members of the Family First Leadership Team used Jamboard activities to solicit feedback on the model's content from the following communities, organizations, Tribes and Subject Matter Experts with Lived Expertise:

- Court Appointed Special Advocate
- Commission for Children and Families
- Community Stakeholders
- Department of Mental Health providers
- Eliminating Racial Disproportionality and Disparity Community Advisory Workgroup
- Family Preservation Monthly Roundtable
- Family First Advisory Committee (full list of participants can be found in Tables 4 and 5 below)
- Family First Implementation Workgroups
- Communications Workgroup
- Fiscal and Contracts Workgroup
- Practice Workgroup
- Los Angeles Child Abuse Prevention Councils
- Los Angeles County Thriving Families, Safer Children (individuals with lived experience)
- Los Angeles County Superior Court
- Children's Law Center
- Dependency Court
- Family Court
- Prevention and Aftercare Stakeholders
- Prevention Services Task Force

- Systems of Care Executive Advisory Committee
- Systems of Care Interagency Leadership Team
- Youth Commission/Youth Justice Reimagined
- Tribal Partners

The CQI subject matter experts will work with stakeholders to develop measures for each of the impact areas articulated in the logic model prior to implementation and will regularly assess the impact throughout the next three years.

Table 4: LA County Prevention Services Logic Model for Family Serving Agencies

	Inputs	Outputs	Outcomes	Impact
Infrastructure	• Prevention Services Task Force Vision & Framework • ARDI Framework • Policy identifying Family First processes • IT capacity to identify, track and monitor Family First candidates • CQI prevention infrastructure	• Procedures and standards for each of the inputs for providing and accessing prevention services • CWS-CARES capacity to monitor Family First cases • Data to inform need for course corrections • Fidelity monitoring	• Alignment of policy & practice • Data driven decision-making	• LA County's prevention services system is easy to navigate, accessible, comprehensive, community-based, promotion-oriented, and distributed equitably • Increased provision of upstream interventions and evidence-based services • Decreased social determinants that negatively impact health and well-being for adults, children, youth, and families. • Promotion of positive outcomes across the life course of children, youth, and families • Decreased racial and ethnic disparities and disproportionalities in LA County • Increased trust in the continuum of prevention services across the County • Increased partnership with community-based and faith-based organizations • Reduced child welfare involvement • Reduced foster care entry • Reduced foster care re-entry • Fewer juvenile detentions and petitions filed
Child Welfare and Juvenile Probation Department / Family Stability Practice Supports	• Integrated Core Practice Model Coaches • CFTM process • SDM & CANS (DCFS assessments) • EIRRC & LARRC (Probation Department assessments) • Pre-service and veteran staff training • Model of Supervision (in development) • CFSR Wellbeing Measures • Protective Factors • Motivational Interviewing	• Clear vision, values, guiding principles, and skills • Network of support engagement • Comprehensive assessment of needs & strengths • Ability to match services to needs • Prepared workforce with ongoing supports	• Individualized and strength-based prevention plans • Professional workforce trained to utilize each of the inputs	
Collaboration & Coordination	• Anti-Racism, Diversity, and Inclusion Initiative (ARDI) • Prevention Services Task Force • Prevention Alignment Framework, Coordination and Integration, and Addressing Disproportionality Working Tables • Thriving Families Safer Children • Title IV-E Agreements	• CDSS, CWDA, CPOC, Board of Supervisors, community providers, family resource centers, advocacy groups, philanthropy, and persons with lived child welfare experience contributing to planned implementation	• Shared vision and prevention plan for LA County children and families • County-wide equity vision; deeper understanding of	

	• UCLA partnership for MI • Family First Leadership Team; Advisory Committee; Strengthening Families Collaborative • Practice, Fiscal/Contracts, Communications, & HV Community Pathway Implementation Teams	• A set of guiding prevention metrics for the County • A comprehensive countywide funding streams analysis	disproportionality and its drivers • Reduced racial inequities in LA County. • Interagency collaboration and integration that leverages supports beyond what child welfare systems alone can provide	• More services will be provided by community organizations
Services/ Interventions	• Economic and concrete family supports, including public benefit programs, supportive and affordable housing, childcare, child support, transportation, medical care (including Indian Healing Centers), legal assistance, credit repair, and paid family leave • Resource navigation assistance • Family Resource Centers • Educational services for children, youth, and adults, including Indian education • Cultural Brokers for Black/African American families & exploration of expansion for American Indian and Native American families • DCFS Prevention Programs: Family Preservation (FP) Services; Alternative Response Services (ARS); Partnership for Families (PFF); Adoption Promotion and Support Services (APSS);	• Assessment of economic instability at all touchpoints of child welfare system • Evidence-based prevention service array • Matching of services to needs • Integrated data collection and management across prevention services offices	• Prevention Services recipients experience improved life course outcomes • As the number of children and families served by community providers and prevention programs increases, the number of children entering foster care decreases. • Family First candidates improved mental health, decreased substance use,	

	Prevention and Aftercare Services (P&A); Child Abuse Prevention and Intervention (CAPIT) • Countywide Safety Net Programming (Department of Mental Health, Department of Public Social Services, Department of Public Health, home visiting services, First5 LA/LA Best Babies Network) • Fatherhood Initiatives • FFPSA EBPs: Motivational Interviewing as adjunctive and standalone; Multisystemic Family Therapy; Functional Family Therapy; Nurse-Family Partnership; Healthy Families America; Parents as Teachers; Parent Child Interaction Therapy • Multidimensional Family Treatment (MDFT)		and strengthened parenting skills based on identified needs • Improved service capacity Statewide	
EPY, Candidates & Families	• All children, youth, parents/caregivers, families, and individuals in LA County • Family First Candidates: Children aged 0-18 and their parents/caregivers: ○ Served by Family Maintenance or Voluntary Family Maintenance ○ Siblings in-home ○ Adoption at risk ○ Guardianship at risk ○ Youth subject of 602 petition ○ Substantiated or inconclusive disposition • Community Pathway	• Analysis of service need by candidacy population and number accessing services • Analysis of candidacy population service completion • Analysis of service needs of EPY	• Improved Engagement in prevention services • Improved access to evidence-based practices for all Family First candidate subgroups and for EPY • Families experience a reduction in material and	

	• Foster youth expectant or parenting		economic hardships	

Governance Structure and Engagement Strategies

LA County realizes the importance of co-designing and uplifting the voice of community and those with lived expertise when embarking on any system change effort. In the Thriving Family, Safer Children initiative, one community member put it best: “We need a healthy support system, family friends, and a healthy community. It does take a village.” In ongoing collaboration with family serving agencies, DMH, DHS, DPSS, First 5 Los Angeles, DCFS and Probation have been able to engage a diverse array of representatives from the community, partner agencies, and other stakeholders throughout the development of its Comprehensive Prevention Plan (CPP). This meaningful engagement and dialogue with a broad group of key partners has ensured open dialogue and promoted an equitable approach to ensuring that LA County is providing the right primary, secondary, and tertiary services to children and their families. Specifically those with lived expertise and child and family serving organizations invested in the health and well-being of LA County’s children and families.

Tables 5 and 6 below outline the various stakeholders DCFS and Probation coordinated with along with a description of their roles in the decision-making processes for the development of the CPP:

Table 5: Partners required by the CDSS

Partner	Description of Partner and Role in CPP Decision-Making
Non-County Government	
Community-based service providers	Integrated into the Family First Implementation Workgroups, Advisory Committee, and provided updates by contract holders (DCFS, DPH, DMH, First 5 LA, and Probation Department)
Parents and youth with lived experience	Integrated into the Family First Practice Workgroup, Advisory Committee, and Leadership Team; Members of the Prevention Services Task Force
Family Resource Centers	Member of the Advisory Committee
Local Child Abuse Prevention Council	Member of the Advisory Committee
Government	
Department of Children and Family Services	Co-leads the Family First Leadership Team, the Prevention Services Task Force Framework Table, and the Advisory Committee
Department of Mental Health	Participant in the Family First Leadership Team, Advisory Committee, Fiscal/Contracts Workgroup and Co-lead of Practice Workgroup
Probation Department	Co-leads the Family First Leadership Team, Advisory Committee, and member of Practice, Learning Site, Fiscal/Contracts, Community Pathway, Co-lead of CQI Workgroup, Co-lead of Communication/Integration Workgroup
Office of Education	Member of the Advisory Committee
Sovereign Nations	
Indian Tribes	DCFS Tribal Liaisons Co-lead the Practice Workgroup Tribal Pathway Subcommittee, participate in the Family First Leadership Team, Advisory Committee, and facilitate regular discussions with Tribal Nations

Table 6: Additional Partners DCFS and Probation Included

Partner	Description of Partner and Role in CPP Decision-Making
Department of Public Health	Integrated into the Family First workgroups
Eliminating Racial Disproportionality and Disparity Community Advisory Workgroup	Family First Leadership Team designees presented drafted activities/elements and solicited feedback from the partner. Chapin Hall incorporated their input into final responses.
Family Preservation Network	Family First Leadership Team designees presented drafted activities/elements and solicited feedback from the partner. Chapin Hall incorporated their input into final responses.
Family First Advisory Committee Partners	Convenes monthly to learn updates and provide input on all facets of ongoing readiness and implementation efforts. Includes representatives from the following communities and organizations: • Commercially Sexually Exploited Children Program Manager • Commission for Children and Families • Community-Based Organizations • Department of Children and Family Services • Department of Health Services • Department of Mental Health • Department of Public Health • Department of Public Social Services • Domestic Violence Council • First 5 LA • Indian Tribes • Interagency Council on Child Abuse and Neglect • LGBTQ+ Program Manager (Office of Equity) • Los Angeles County Child Abuse Prevention Councils • Los Angeles County Office of Education • Los Angeles Homeless Services Authority • Los Angeles Unified School District • Non-Profit Community Leadership • Office of Child Protection • Opportunities for Youth Collaborative (lived expertise) • Plan of SafeCare Workgroup • Poverty Alleviation Initiative Representative • Probation Department • Racial Equity Program Manager (Office of Equity) • Workforce Development
Family First Communications Workgroup	Convenes monthly to develop Family First resources, targeted FAQs, and develop a webpage.
Family First Fiscal and Contracts Workgroup	Convenes bi-weekly to manage all fiscal, budget, and contracting tasks included in the implementation plan.

Family First Leadership Team	Convenes weekly to review progress across all workgroups and make recommendations for Executive Team approval
Family First Practice Workgroup	Convenes bi-weekly to create and refine business processes for EPY and each candidate subgroup and manage all the practice tasks included in the implementation plan.
Los Angeles County Superior Court	Family First Leadership Team designees presented drafted activities/elements and solicited feedback from the partner. Chapin Hall incorporated their input into final responses.
Opportunity Youth Collaborative	Youth with lived expertise who are supported by the Los Angeles Opportunity Youth Collaborative attend the monthly DCFS Director's Advisory Council.
Parents in Partnership	A parent representative joined the Family First Leadership Team and Practice Workgroups and solicited input from other parents engaged in Parents in Partnership.
Prevention and Aftercare Stakeholders	Family First Leadership Team designees presented drafted activities/elements and solicited feedback from the partner. Chapin Hall incorporated their input into final responses.
Prevention Services Task Force	Family First Leadership Team designees presented drafted activities/elements and solicited feedback from the partner. Chapin Hall incorporated their input into final responses.
System of Care Executive Advisory Team	Family First Leadership Team designees presented drafted activities/elements and solicited feedback from the partner. Chapin Hall incorporated their input into final responses.
System of Care Interagency Leadership Team	Family First Leadership Team designees presented drafted activities/elements and solicited feedback from the partner. Chapin Hall incorporated their input into final responses.
Los Angeles County Thriving Families, Safer Children	Family First Leadership Team designees presented drafted activities/elements and solicited feedback from the partner. Chapin Hall incorporated their input into final responses.
Los Angeles County Youth Commission	Family First Leadership Team designees presented drafted activities/elements and solicited feedback from the partner. Chapin Hall incorporated their input into final responses.
Los Angeles County Youth Justice Reimagined	Family First Leadership Team designees presented drafted activities/elements and solicited feedback from the partner. Chapin Hall incorporated their input into final responses.

After the CPP was drafted, DCFS and Probation publicly posted the CPP on the DCFS webpage to receive feedback from stakeholders in the community before finalization. Additionally, members of the Family First Leadership team sent an executive summary of the CPP, the link to the full CPP draft, and a request for feedback to the following groups who were integral in the development of the CPP:

- CBSD (Family Preservation, CPAIT, APSS, Prevention and After Care, PFF)
- Children's Commissioners
- Director's Youth Advisory Council of Young Leaders
- DMH Contracted Stakeholders
- DPH Contracted Stakeholders
- DPSS Contracted Stakeholders (home visiting providers)
- Eliminating Racial Disproportionality and Disparity (ERDD) & CASA – Community Cultural Brokers
- First 5 LA
- ICAN
- LAC-FCCAC and LAC-CAPC
- LASC Family Court/Dependency Court/CLC
- Prevention and Aftercare Stakeholders
- Prevention Services Task Force
- Probation Contracted Stakeholders
- Reimagine Child Safety Coalition
- Roundtable
- SEIU (Union)
- Systems of Care Interagency Leadership Team
- Thriving Families, Safer Children
- Tribal Partners
- Youth Commission Meeting/Youth Justice Reimagined

The LA County family serving departments are committed to ensuring children, families, and communities lead the efforts of reimagining the prevention services continuum and recognize future changes may need to be made to the CPP. Beginning in January 2023, the focus shifted from exploring needs and development of the CPP to installation of the CPP. The governance structure, as described above, continues to meet to share information between cross-sector collaborative partners engaged in SPA 2 and 6 learning sites and prevention and promotion pilots. Slight enhancements to the governance structure included the expansion of the Family First Advisory Team to include a wider representation of Community Based Organizations; children, youth, parents, and caregivers with lived experience; and tribal partners. This shift ensures stakeholders have ongoing opportunities to be involved in- and review- the work that is being done and recommend adjustments to implementation plans and the CPP as needed.

DCFS and Probation will also build upon the coordinated efforts of the Systems of Care (SOC) teams (Interagency Leadership Team and Executive Advisory Team) designed to develop coordinated, timely, and trauma-informed approaches to caring for children and youth in foster care or at risk of entering foster care to support the work of the CPP and right sizing prevention services in the County.

As described above, LA County family serving departments have strong relationships with partners and stakeholders who have fully embraced the vision of the CPP and the shared focus on prevention services throughout the County. One barrier that family serving agencies have experienced in the engagement process is being able to pay lived experts for their expertise and time in the development and implementation of the CPP. Family serving agencies are committed to exploring ways to overcome this barrier to ensure individuals with lived experts are appropriately compensated for their work.

A second barrier to engagement is securing a meaningful relationship with Tribal Partners. As further described in the next section, Tribal Partners have a distrust with public systems, which has made it difficult to engage with them. DCFS and Probation are committed to strengthening relationships, harmed over the years, by regularly engaging Tribal Partners in meetings.

Engagement with Indian Tribes

LA County has a population of more than 140,000 Native American people and is home to more people of Native heritage than any other County in the U.S.[7] Members are part of the Cherokee, Choctaw, and Navajo tribes as well as the local Tongva, Tataviam, and some southern Chumash peoples.[8]

According to data available through the UC Berkeley California Child Welfare Indicators Project (CCWIP), the Native American child population in LA County has been increasing over the past decade (see Table 7).[9]

Table 7: Native American Child Population in LA County

	Year-Interval											
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Native Americans	4,489	4,567	4,510	4,545	4,491	4,578	4,517	4,542	4,684	4,789	4,867	4,919

The Family First leadership team believes it is critical to include partners that represent and most intimately understand the strengths and challenges of their own communities. Tribes and Tribal Native American organizations are essential partners in building a countywide prevention services continuum that will meet the needs of Angelenos of Native heritage.

It is also important to acknowledge that through the process of developing the CPP, LA County has become aware of its need to consistently engage with Tribes and Indigenous communities in a more thoughtful, focused way and at a much larger scale. LA County has learned about the concerns Tribal service providers and communities have around gaps in services, lack of support for traditional tribal practices (such as drumming, sweat, healing circles, etc.) and the perception of a fractured relationship between Tribal communities and government entities. LA County DCFS is committed to improving its engagement with Tribes and Tribal Native American organizations and is actively exploring strategies around funding for traditional Tribal practices. Additionally, DCFS is exploring improving data collection of hotline calls and cases that involve children of non-federally recognized tribes, as well as exploring ways in which evidence-based services can be culturally specific and more easily accessible for Tribal families. In that spirit, the following steps show collaboration with and engagement with Tribal partners and organizations:

- Participation in the LA Family First Practice Workgroup: a representative of United American Indian Involvement Inc., L.A. DCFS American Indian Unit manager, and DCFS Office of Outcomes and Analytics manager
- A subcommittee focused on Tribal children and families was convened in 2021. Their work entailed drafting a pathway for how Tribal children and families could be connected to Family First prevention services and developing a set of recommendations that will inform

[7] Source: https://www.first5la.org/article/first-5-las-learn-and-grow-tribes-of-l-a-county-and-virtual-activities/
[8] Source: https://imprintnews.org/news-2/l-a-s-one-native-american-foster-mom/18823
[9] Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Hammond, I., Ayat, N., Gomez, A., Jeffrey, K., Prakash, A., Berwick, H., Hoerl, C., Yee, H., Flamson, T., Gonzalez, A. & Ensele, P. (2022).CCWIP reports. Retrieved Jun 29, 2022, from University of California at Berkeley California Child Welfare Indicators Project website. URL: https://ccwip.berkeley.edu

Family First planning across fiscal, contracts, policies, training, data, continuous quality improvement, and equity considerations.

- A subcommittee focused on Tribal children and families was convened in 2021. Their work entailed drafting a pathway for how Tribal children and families could be connected to Family First prevention services and developing a set of recommendations that will inform Family First planning across fiscal, contracts, policies, training, data, continuous quality improvement, and equity considerations.
- In September 2022, DCFS convened a stakeholder meeting with Tribal Partners and Native American Service providers to review and provide input on LA County's transformative vision and logic model in the CPP.
- In October 2022, DCFS convened a meeting with Tribal Partners and Native American Service providers to review the Tribal Pathway (from California's Title IV-E Prevention Plan), as well as the Community Pathway currently being developed. Tribal Partners and organizations provided feedback around gaps in services for Tribal families, barriers to accessing funding (due to LA County having only non-federally recognized tribes) and strategies for continued engagement.
- Tribal Partners and organizations have been invited to become active members of all LA County FFPSA workgroups and to attend regular Advisory Committee meetings.
- On January 25, 2023, FFPSA leadership held a meeting with several tribal representatives and organizations that support and provide services to the American Indian communities. The purpose of the meeting was to obtain input on how to strengthen tribal engagement, solicit interest in establishing regular, and ongoing cadence of collaboration meetings with the aim of obtaining participation from tribal leadership and tribal service providers on American Indian and tribal communities' needs, and to partner in ongoing planning of FFPSA and FFPS activities. All meeting attendees expressed interest in establishing ongoing collaboration meetings to further uplift the needs of American Indian families and children of LA County, discuss prevention services and strengthen partnership and communication.
- In February 2023, FFPSA leadership held a meeting with leaders from the Tatavium community to learn about the needs of their children and families, and with the goals of expanding tribal services and support, exploring prevention strategies, and fostering stronger collaboration with local agencies. Several action items were identified at this meeting, including the possibility of supporting the expansion of the Tatavium community's summer camp and literacy programs.

Over the next three years, DCFS and Probation will continue to prioritize strengthening relationships with Tribal Partners, specifically exploring strategies for implementing Family First prevention services with tribal nations, developing a process of notifying tribal families when tribal children enter the Community Pathway, and improving LA County's ICWA compliance. Ongoing, consistent collaboration between DCFS and Tribal Partners is essential to ensuring Tribal families have the same access to services as other families and that services are designed to meet their unique needs. DCFS recognizes the need to keep engaging tribal partners in discussion surrounding preventative services for American Indian children, the need for culturally appropriate prevention services and funding of those services, communication between service providers and tribal families, as well as communication surrounding any changes in prevention policy, practices, and programs. In April 2023, FFPSA leadership will begin to hold quarterly meetings with tribal partners. Prior to this meeting, FFPSA leadership will draft and share a charter to be discussed

at the April meeting. The hope is that through ongoing communication and collaboration efforts, the voices and needs of American Indian children and families will be met.

Table 8: Tribal Partners who contributed to the CPP

Tribal Partners
United American Indian Involvement
LA County DMH American Indian Counseling Center
Southern California Indian Center (PFF)
Torres Martinez Tribal TANF
Pukuu Cultural Community Services
Indigenous Circle of Wellness
CDSS Office of Tribal Affairs
Native American Indian Commission (NAIC)
Casey Family Programs with Navajo Nation
Navajo Nation
Cherokee Nation of Oklahoma
Choctaw Nation of Oklahoma

Assurance to Meet the Workforce and Training Requirements

LA County will participate in all three tiers of the State's training series and will work with the State to ensure that the LA County Training Section is included in curriculum development, Training for Trainer sessions, and given access to eLearnings and curriculum to upload to the County's Learning Management System. This will allow LA County to facilitate training for its own staff. Training for community agencies will be coordinated as described in the State's training plan.

The California Prevention Plan describes the training requirements as follows:

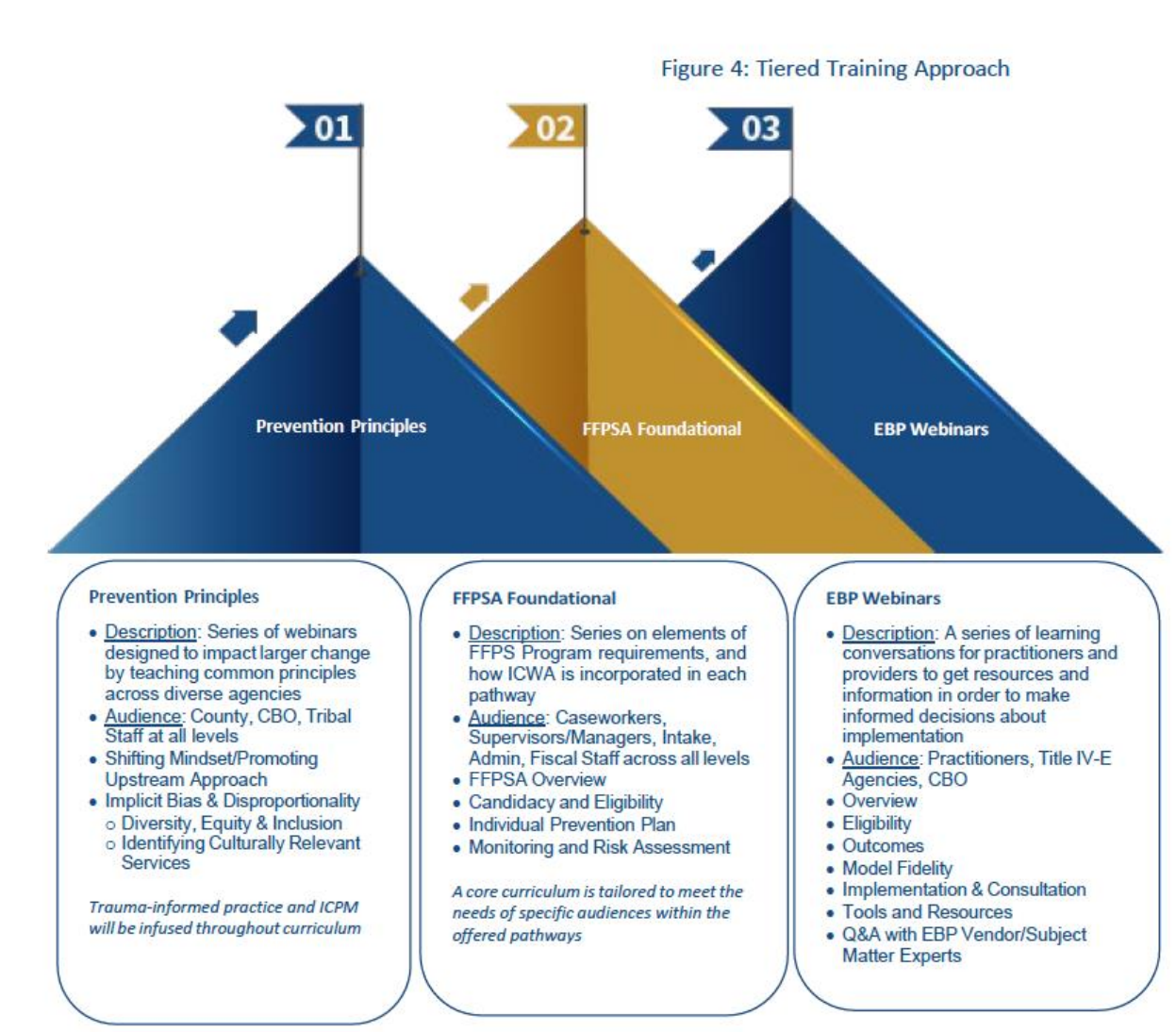
> *"The State will roll out a training plan for a diverse audience of Title IV-E agency staff, local prevention service providers, and other prevention partners with three different tiers. Topics infused throughout all trainings will include trauma-informed practice, ICPM, Diversity, Equity and Inclusion (DEI), tribal engagement, and the community pathway."*

Tier 1: Prevention Principles will outline foundational best practices that are necessary for prevention networks to move toward a system-wide shift of investing in prevention. This system-oriented training will target the widest audience, including local service provider staff, leadership on all levels, and cross-sector partners.

Tier 2: There will be two types of Tier 2 trainings. One training will be for local prevention providers and prevention partners focused on the community pathway. The other training will be for Title IV-E caseworkers. Training specific to Title IV-E agency caseworkers will include tribal engagement, Indian Child Welfare Act (ICWA), and active efforts. This tier of trainings will include the specific details related to the delivery of Family First prevention services, and will be centered around the federal requirements related to determining candidacy, developing a prevention plan, and monitoring safety, etc. Tier 2 will also ensure that staff from child welfare, Probation Department, tribal agencies, and local service providers, who are part of the community pathway, are qualified to develop prevention plans; including how to connect and engage with families and tribes, assess needs, and how families and tribes can access evidence-based services. There is a need to understand when and how often to conduct risk assessments, monitor child safety, develop safety plans, and assess for continued appropriateness of prevention services.

Tier 3: The EBP Webinars will provide comprehensive training to the Title IV-E agencies and local service providers on the EBPs listed in their CPP. Local cross-sector planning entities can use this information to further assess, select, and confirm which EBPs are appropriate to meet the needs of their eligible community candidates. The visual below depicts the topics within each tier of the training plan and the intended audience.

Figure 12: Tiered Training Approach



LA County will ensure its workforce will participate in the Statewide training series through the coordination with the state outlined above along with any future guidance the state provides. They will also ensure their contracted providers participate in the statewide training series that relates to their role. For EBP providers, this training requirement will be clearly articulated in their respective contracts, as well as the minimum qualifications that the practitioners must have to deliver the EBP services.

All staff working with EPY will complete all identified training required by CDSS related to the implementation of FFPS. Additionally, staff working with EPY will continue to follow all policies as it relates to working with this population to include, but not limited to:

- DCFS Child Welfare Policy Manual 0100-510.40 Services for Minor and Nonminor Dependent Parents

- DCFS Child Welfare Policy Manual 0600-507.10 Youth Reproductive Health and Pregnancy
- DCFS Child Welfare Policy Manual 0070-548.07 Assessing the Safety and Risk of Newborns for Families Already Under DCFS Supervision.

In addition to the Statewide training curriculum, DCFS and Probation provided Family First 101 training to SPA 2 in the fall of 2021 and SPA 6 in January 2023. SPA 2 was identified as the first Learning Site to test implementation of the Family First service array. The Family First 101 training, co-developed and co-facilitated by Chapin Hall, the DCFS Deputy Director within SPA 2 and Probation. The training introduced the foundation of Family First for the workforce, including how the purpose and opportunities within Family First align with DCFS's practice model, the major child welfare laws related to Family First, and its requirements. LA County plans to deliver the Family First 101 training to DMH, DPH, DPSS, and Community Based Support Division (CBSD) providers throughout 2023 as part of provider engagement activities.

Motivational Interviewing training will commence in the fall of 2022 and continue to roll out through the Learning Sites over the next three years. The DCFS University Training Section used their existing contract with the University of California Los Angeles (UCLA) to procure a contractor to offer Motivational Interviewing training, leadership training, coder training, Training for Trainers, Coaching, and coding sessions using the Motivational Interviewing Competency Assessment (MICA) fidelity tool for DCFS and Probation Department staff.

In addition, Chapin Hall developed a "Desk Guide" describing each of the EBPs included in California's Prevention Plan to assist the workforce when selecting EBPs that meet individual child and family needs. The Desk Guide will be utilized within the Learning Sites and embedded in new hire training once Family First is fully implemented.

Cross-Sector Collaboration in Ongoing Monitoring of the Family First Prevention Services Program

The LA County family serving departments have consistently held a strong cross-sector partnership, which will be integral as elements of the CPP are implemented across the County. DCFS and Probation have developed a strong Continuous Quality Improvement (CQI) infrastructure for ongoing monitoring of LA County's Family First Prevention Services Program and plan to continue utilizing the established relationships with partnering family serving departments to collaborate and share responsibility in the ongoing monitoring process. A collective effort from multiple agencies is vital to achieve child and family well-being and the relationships already established make this process efficient.

A strong example of cross-sector monitoring includes the approach to implementing the selected EBPs. All early childhood Family First EBP providers are contracted by the DPH or First 5 LA. All mental health Family First EBP providers are contracted by DMH. DPH, First 5 LA and DMH have a long history of monitoring fidelity and outcomes of these EBPs and will continue to do so through Family First implementation. DPH and First 5 LA currently utilize the Persimmony, Penelope, and Stronger Families data systems to monitor early childhood Family First EBPs. DPH is in the process of planning the build of a new unified data system. This system will have the capacity to gather data from all early childhood Family First EBP providers into a centralized data lake. The strong cross-sector partnership with DPH has enabled conversations around integrating elements into the new unified data system that will support Family First EBP data tracking. Another illustration of collaborating with partner departments to track and monitor is found in the various Community Pathway Prevention and Promotion pilots in which data will be collected and shared. This includes the number of families connected to EBPs through community pathways, the number of families who enroll in services and the number of families for which a DCFS case is not opened.

The DCFS Contract Administration Division worked with DMH, DPH, and First 5 LA and their providers to identify contract expectations for the Family First EBPs supported through SBG funding. County departments will share the following data for all EBPs providers in the Learning Sites (SPAs 2 and 6) and providers participating in community pathway referral pilots:

- Each Department shall provide DCFS quarterly fidelity and outcomes data generated by purveyor or agency and biweekly capacity, service, and referral data for programs as identified below in SPAs 2 and 6 and in Community Pathway Referral Pilots.
    - Child Identifier (Indicate the child's record number. This is an encrypted, unique person identification number that is the same for the child across all report periods state/tribal-wide. The child identifier will be generated by DCFS or Probation. DCFS, Probation, or Prevention and Aftercare (P&A)/Family Resource Center (FRC) will provide the child identifier to providers SPAs 2 and 6.
    - Service Dates including start and end date
    - Cost of Service
    - Capacity (total number of slots funded under existing program contract(s) for FY).
    - Current number of Family First eligible clients with open cases in the last two weeks (in treatment)
    - Immediate number of openings to be filled
    - Number of referrals received in the last two weeks from:
        - Number from FM CSW DCFS
        - Number from VFM CSW DCFS

        - Number from Probation Officer (602)
        - Number from EPY CSW DCFS
        - Number from FRC/P&A
        - Number from Plans of Safe Care Hospitals
        - Number from LAUSD (LAUSD Pilots addressed through a Board Letter)
        - Number from LACOE ECE
    - For which funding streams the referred clients qualify as eligible
    - Number of referrals received that were ineligible in the last two weeks
        - Does not meet age range
        - Does not meet clinical need
        - Outside service area.
    - Number of cases closed in the last two weeks before completing treatment
        - Number who entered foster care
        - Number that failed to engage after 3 attempts
        - Number that declined service
        - Number that withdrew/dropped-out
    - Number of clients who successfully completed treatment in the last two weeks
    - Number of clients on waitlist
    - Total number of Family First clients successfully completed treatment since pilot start
    - Quarterly EBP-Specific Fidelity Measures & outcomes data as required by the Model Purveyor
    - Additional qualitative measures appropriate to EBP delivery and pilots

The CQI Workgroup mapped out the array of data that will be monitored by each contractor for each Family First EBP. A collection of CQI tables containing variables under consideration for each EBP can be found in Appendix II. Early phases of Family First implementation of the EBPs may include a manual process for collecting data, such as completion of the CQI tables. However, it is expected that in the future this information will be captured through a portal or directly entered in CWS-CARES by providers once the data management system launches. In partnership with each EBP contractor, DCFS and Probation reviewed the CQI tables to ensure thorough and accurate data collection specific to each EBP.

DCFS and Probation have also created CQI tables for each Prevention and Promotion Pilot (Appendix II). Since the pilots are new approaches to connect families with prevention services without DCFS involvement, outcomes are mostly focused on how many families and children remained out of care and/or DCFS involvement after completing the service, or a portion of the service. As more information is learned through implementation of the Prevention and Promotion Pilots, LA County will continue to improve and refine the CQI tables to ensure a robust system of analysis and feedback loops.

Throughout the development of the CPP, the Family First CQI Workgroup, composed of cross-sector partners and providers, has been critical in the development of CQI processes and tools. Members of this group, along with other governance structure groups will continue to be engaged in ongoing monitoring of the implementation of Family First services and the Prevention and Promotion Pilots. A focused CQI team will convene at least bi-annually to review data and provide recommendations and strategies for continuous improvement. LA County has developed a public-facing Family First data dashboard, which depicts the progress of implementation of Family First.

The data dashboard currently includes data related to children and youth in Short-Term Residential Therapeutic Placements and will soon include data on prevention efforts.

Fidelity Monitoring

DCFS and Probation will prioritize nine out of the ten EBPs in California's Prevention Plan (seven of which have already been implemented in LA County) as each EBP meets the needs of one or more of the target populations discussed above. Each EBP has essential requirements and quality standards to which providers must adhere to implement that EBP with fidelity. The fidelity indicators and outcomes for the EBPs in California's Prevention Plan and to which DCFS and Probation will refer are outlined in Table 9 below.

The ten EBPs included in California's Prevention Plan are rated as well-supported by the Title IV-E Prevention Services Clearinghouse. California is requesting a waiver of the evaluation requirement for each EBP due to the compelling evidence demonstrating their effectiveness and its adherence to the continuous quality improvement processes included in their designs. During an annual planning process with stakeholders, the CDSS indicated they will support the inclusion and evaluation of EBPs rated as supported or promising but lack sufficient evidence to be rated in the Title IV-E Prevention Services Clearinghouse as well-supported. In future years, California is likely to invest in evaluations of EBPs that are designed specifically for African American and Latinx communities, and LGBTQ+ youth. Should California pursue inclusion of EBPs rated as supported or promising, DCFS and Probation will partner with the State to conduct rigorous evaluations as required.

For each EBP included in California's Prevention Plan, the CDSS plans to engage external experts, as well as local Title IV-E Agencies, Tribes, and program developers to develop standardized, statewide approaches to fidelity monitoring and CQI. This statewide approach will draw upon all available technical assistance and training from each EBP's program developer. Once a statewide approach has been determined, DCFS and Probation will develop or amend contracts with local service providers to include fidelity monitoring and CQI processes and requirements that are aligned with State-issued guidance.

DCFS, Probation, and their contracted providers will provide CDSS with any data requested and that must be reported to meet the Title IV-E prevention services requirements. This information will be documented in the Child Welfare Services – California Automated Response and Engagement System (CWS-CARES), the state's in-development automated system that will capture the data necessary to ensure the service delivery of the programs meets model fidelity standards.

LA County's Family First CQI Workgroup's activities include assessing the County's capacity to provide the EBPs outlined in California's Prevention Plan (i.e., number of provider agencies, number of clinicians, and existing fidelity monitoring processes/tools/and monitoring processes). This workgroup's bi-annual meetings (discussed above) will include a review of program and outcome data across all EBPs as a method to identify strengths and develop plans to address areas for improvement.

Table 9: Fidelity Indicators for each Evidence-Based Practice

EBP Service, Description, Rationale, and Manual Version	Target Population	Outcomes	Fidelity Indicators
Nurse-Family Partnership Nurse Family Partnership (NFP) is currently in 21 counties throughout California. NFP is a home-visiting program that is typically implemented by trained registered nurses. NFP serves young, first-time, low-income mothers beginning early in their pregnancy until the child turns two. The primary aims of NFP are to improve the health, relationships, and economic well-being of mothers and their children. Typically, nurses provide support related to individualized goal setting, preventative health practices, parenting skills, and educational and career planning. However, the content of the program can vary based on the needs and requests of the mother. NFP aims for 60 visits that last 60-75 minutes each in the home or a location of the mother's choosing. For the first month after enrollment, visits occur weekly. Then, they are held bi-weekly or on an as-needed basis. NFP is rated as a well-supported practice because at least two studies with non-overlapping samples carried out in usual care or practice settings achieved a rating of moderate or high on design and execution and demonstrated favorable effects in a target outcome domain. At least one of the studies demonstrated a sustained favorable effect of at least 12 months beyond the end of treatment on at least one target outcome. The NFP has shown to be effective in Latino and African American Families based on a review	First-time parents/ caregivers pregnant or with a child under 2 years of age	• Increased positive parenting practices • Improved maternal health • Family self-sufficiency	• Provider received and maintained required training • Meets staffing qualification requirements • 1:8 Supervisor to Staff Ratio • 1:25 Caseload Ratio • Use of NFP standardized web-based data system

from Chaplin Hall from information from the CEBC website. Version: Nurse Family Partnership. (2020). *Visit-to-visit guidelines.*			
<u>Healthy Families America (HFA)</u> Healthy Families America (HFA) is included as the EBP for the In-Home Parenting Skills category. This program focuses on families with children ages 0-5 and is available currently in 41 locations within 23 local jurisdictions. HFA reaches some of California's most vulnerable candidates and has been adapted to meet the cultural needs of tribal families. California intends to apply for use of the HFA Child Welfare Protocol in implementation of the HFA program. This will include local agencies submitting the request to HFA for consideration of adaptation to allow the use the HFA Child Welfare Protocol for families referred through child welfare. Additionally, families will be enrolled into HFA per model fidelity requirements, including the majority of families being enrolled within the first three months of birth but before the child(ren) turn 24 months of age. Version: Healthy Families America. (2018) *Best practice standards*. Prevent Child Abuse America. and Healthy Families America. (2018). *State/multi-site system central administration standards*. Prevent Child Abuse America.	Prenatal to 5 years (services offered within 3 months of birth)	• Increased positive parenting practices • Increased nurturing parent-child relationships	• Provider received and maintained required training • Meets staffing qualification requirements • 1:6 Supervisor to Staff Ratio • Meets caseload requirements • Performance on ratings of HFA Best Practice Standards

Parents as Teachers Parents As Teachers (PAT) is an In-Home Parent Skilled-based program with the objective of increasing parental knowledge of childhood development and school readiness, improving parenting practices, promoting the early detection of developmental delays and other health issues, as well as preventing incidences of child abuse and neglect. The PAT model includes four core components, which include personal home visits, supportive group connection events, child health and developmental screenings, and community resource networks. PAT is designed so that it can be delivered to diverse families with diverse needs, although PAT sites typically target families with specific risk factors. The program is targeted to parents that are expecting or have a child 0 to 5 years of age. The Title IV-E Prevention Services Clearinghouse summary of findings indicate that the program has been shown to demonstrate an improvement in social functioning. PAT is currently available in 12 counties (Monterey County, Merced County of Office of Education, Los Angeles County, Tehama County, Placer County, Mono County, Riverside County, Napa County, Kings County, Madera County, San Francisco County, and Ventura County) PAT also uniquely addresses the distinct challenges facing American Indian and Alaska Native (AIAN) families by leveraging strengths of	Parents/ caregivers with children age zero to kindergarten	• Increased number of developmental milestones met • Increased positive parenting practices • Improvement of parent/caregiver emotional and mental health	• Adherence to PAT 17 Essential Requirements • Annual submission of each essential requirement progress through the Affiliate Performance Report (APR) • Providing the Performance Measures Report (PMR) after APR submission • 1:12 Supervisor to Staff Ratio

their communities. Our tribal affiliate programs are culturally specific, locally implemented and use community-based paraprofessionals, which support the local workforce development. The program honors cultural heritages, tribal teachings, practices, traditions, values, beliefs and incorporates diverse cultural strengths and language into every personal visit. Each Parents as Teachers tribal affiliate works with their tribal elders and leaders when starting-up and implementing a program. Programs are operated by Native staff and organizations. The PAT model program is often enhanced to use Native language, incorporating traditional arts crafts, storytelling and connecting families to tribal events. Version: Foundational Curriculum. Parents as Teachers National Center, Inc. (2016) and/or Foundational 2 Curriculum: 3 Years Through Kindergarten. Parents as Teachers National Center, Inc. (2014) (dependent on age)			
<u>Parent-Child Interaction Therapy</u> PCIT is a program for 2 to 7-year-old children and their parents or caregivers that aims to decrease externalizing child behavior problems, increase positive parenting behaviors, and improve the quality of parent-child relationship. Research indicates that Parent-Child Interaction Therapy (PCIT) is an effective intervention across genders and amongst different ethnic groups. The Title IV-E Clearinghouse summary of findings indicates that PCIT is effective in	Children aged 2-7 and their parents/ caregivers	• Reduction in child negative behaviors • Increased positive parenting practices • Improvement of parent/caregiver emotional and mental health	• Provider received and maintained required training • Meets staffing qualification requirements • Use of Eyberg Child Behavior Inventory (ECBI) and Dyadic Parent-Child Interaction Coding System (DPICS-IV), and Therapy Attitude Inventory

improving the behavioral and emotional functioning of children, overall family functioning and parenting practices and is considered one of the most well supported and effective evidence-based practices in the field today, In PCIT, caregivers are taught specific skills to establish or strengthen a nurturing and secure relationship with their child, while encouraging pro-social behavior and decreasing maladaptive behavior. During weekly sessions, therapists provide live coaching to parents from behind a one-way mirror or in the same room if needed and coach caregivers in skills such as child-centered play, communication, increasing child compliance and problem-solving. Master's level therapist who have received specialized training provide PCIT services to children and caregivers, many PCIT Therapists can be found throughout the State of California and are currently located in these 40 cities: Alhambra, Beverly Hills, Burbank, Campbell, Claremont, Daly City, Fort Bragg, Fresno, Hermosa Beach, Huntington Beach, La Jolla, La Mesa, La Quinta, Los Altos, Los Angeles, Madera, National City, Orange, Palo Alto, Pasadena, Rancho Cucamonga, Redlands, Redwood City, Riverside, Roseville, Sacramento, Salinas, San Diego, San Francisco, San Marcos, San Mateo, San Rafael, Santa Barbara, Santa Rosa, Sherman Oaks, Stanford, Torrance, Ukiah, Ventura, and Windsor. PCIT is rated as a well-supported practice because at least two studies with non-			

overlapping samples carried out on usual care or practice settings achieved a rating of moderate or high. Most families can achieve mastery of the program content in 12 to 20 one-hour sessions. Version: Eyberg, S. & Funderburk, B. (2011). Parent-Child Interaction Therapy Protocol: 2011. PCIT International, Inc			
Multisystemic Therapy Multisystemic Therapy (MST) is an intensive treatment delivered to promote pro-social behavior and reduce criminal activity, mental health symptomology, out-of-home placements, and illicit substance use for troubled youth (12 to 17 years) and their families. MST has a variation specifically for child abuse and neglect, and is already utilized by five counties (Los Angeles, Alameda, Contra Costa and Sacramento). MST was recommended by Chief Probation Department Officers of California (CPOC) due to its success in reducing long-term rates of criminal offenses by youth involved in the juvenile justice system. Version: Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D., & Cunningham, P. B. (2009). *Multisystemic Therapy for antisocial behavior in children and adolescents* (2nd ed.). Guilford Press.	Children aged 12-17 and their parents/ caregivers	• Decrease in youth delinquent behavior and substance use • Improvement of parent/caregiver emotional and mental health	• Provider received and maintained required training • Completion of the Therapist Adherence Measure Revised (TAM-R) • Completion of the Supervisor Adherence Measure (SAM) • At least 66% of therapists have a master's degree in social work or counseling
Functional Family Therapy Functional Family Therapy (FFT) is selected from the Mental Health EBP options. This program serves parents with children 11-18 years of age and may be appropriate for many Probation	Adolescents aged 11-18 and their parent/ caregivers	• Improved child behavioral & emotional functioning • Decrease in youth substance use	• Provider received and maintained required training (3 phases of training) • Meets staffing qualification requirements

Department youth, and teens demonstrating behavioral issues. This program is in use in 15 locations within 7 jurisdictions across the State and serves an age range for which few services are available. This program affords the opportunity for the entire family to receive mental health support. Version: Alexander, J.F., Waldron, H.B., Robbins, M.S., & Neeb, A.A. (2013). Functional Family Therapy for Adolescent Behavioral Problems. Washington, D.C.: American Psychological Association.		• Improvements in parental capabilities	• Completion of Weekly Supervision Checklist • Supervisor completion of Global Therapist Ratings
<u>Motivational Interviewing</u> The CDSS selects Motivational Interviewing (MI), to ensure the inclusion of an evidenced based approach to Substance Use Treatment. MI serves adults with children and youth of any age and is currently available in 14 California child welfare jurisdictions, and all County Probation Department agencies. The Title IV-E Prevention Services Clearinghouse reviewed studies of MI focused on illicit substance and alcohol use among youth and adults, and nicotine or tobacco use among youth under the age of 18. This broad applicability of MI across the lifespan makes it a good fit for serving families. Version: Miller, W.R. & Rollnick, S. (2012). Motivational Interviewing, Third Edition: Helping People Change. New York: The Guilford Press.	Adolescents and their parents/ caregivers	• Decrease in youth substance use • Decrease of parent/caregiver substance use • Improved physiological, psychological and lifestyle outcomes	• Provider received and trained • Completion of the MICA 3.2

Monitoring Child Safety

It is the responsibility of all family serving departments to have oversight over child safety. DCFS and Probation have established six Family First candidacy pathways to describe the process of identifying Family First candidate subgroups, assessing safety and risk, connecting candidates to appropriate EBP services, and ongoing monitoring of child safety and progress.

The assessment and risk monitoring processes will be different for cases with active DCFS and Probation Department involvement and for cases that go through the community pathway. The processes for each are described below and depicted in Appendix IV.

Candidates that come through the Child Welfare Pathway (excludes the Community Pathway and Youth Subject to a 602 Petition)

- Structured Decision Making (SDM) tools will be used by DCFS to assess safety and risk within 30 days of opening or transferring a case.
- The SDM will be completed at a minimum of every six months or more frequently if necessary, to address ongoing needs and concerns.
- In addition, the Child and Adolescent Needs and Strengths (CANS) tool will be utilized by EBP providers every six months, or more frequently as needed, to address ongoing needs and concerns.
- The CSW will provide oversight of child safety monitoring by reviewing monthly reports produced by EBP providers, conducting regular visits with the child and family, providing ongoing review and updating of the child-specific prevention plan as progress is made, and reassessing candidacy every 12 months, if needed.

Expectant and Parenting Youth in Foster Care

- The child welfare worker assigned to the EPY will continue to assess the safety of the EPY throughout the life of the case consistent with existing state regulations contained in Division 31 of the Child Welfare Services Manual of Policies and Procedures (MPP), including regular social work visits and utilization of the CANS as needed to assess ongoing needs.
- As EPY in foster care are eligible for prevention services without an imminent risk or candidacy determination, services will be delivered, and safety monitoring done in such a way that does not indicate a suspicion of risk.

Youth Subject to 602 Petition Pathway (Probation Department) cases

- Youth are assessed by the Deputy Probation Department Officer (DPO) using the Evaluation of Imminent Risk and Reasonable Candidacy (EIRRC).
- DPO also completes the Los Angeles Risk and Resiliency Check-Up (LARRC) risk assessment.

Community Pathway Cases and Scenarios

- Each community-based agency has its own set of assessments to identify needs and will share their assessment with DCFS or Probation for approval of candidacy.
- If the SDM is completed following a call to the Hotline and a referral is made to the community pathway through Prevention and Aftercare (P&A), the SDM tool will be used by DCFS to approve candidacy.

- If a call to the Hotline results in a referral for an Emergency Response (ER) investigation, both the SDM Safety and Risk Assessment tool will be completed. If the allegations under investigation are unfounded, the family will be referred to the community pathway through P&A. If the investigation is inconclusive, the family will be referred to the community pathway through Partnerships for Families (PFF). The SDM Risk Assessment tool will be used by DCFS to approve candidacy.
- If a family is involved with services through a Community-Based Organization (CBO) or Family Resource Center (FRC), and a referral is made to the community pathway, no SDM will be completed. The CBO or FRC's assessment will be shared with DCFS or Probation for approval of candidacy.
- For adoptive parents who reach out to DCFS Post Adoptive Services for support to avoid disruption, the SDM is not completed, unless it results in a referral for an investigation or open case. Absent an investigation or open case, adoptive parents will be linked to services through the community pathway and the CBO would use their own assessment, which will be shared with DCFS or Probation for approval for candidacy.
- Community providers will monitor ongoing safety and respond appropriately as necessary. This will support the family and provide any needed resources and supports to prevent system involvement.

Each pathway is subject to different policies and requirements in terms of the frequency of home visits, family meetings, risk and safety assessments, as well as assessments or tools unique to certain case types. The process and timeline of each pathway is described below in separate visuals (see Appendix IV Candidacy Subgroup Pathways).

DCFS and Probation will also include language in contract amendments for the Family First EBPs that will describe the processes above to ensure that roles and responsibilities are clear.

Integration of the Core Practice Model

The Integrated Core Practice Model (ICPM)[10] is an articulation of the shared values, core components, and standards of practice expected from those serving California's children, youth, and families. It outlines specific expectations for practice behaviors for staff in direct service as well as those who serve in supervisory roles in child welfare, Probation Department, and behavioral health as they work together in integrated teams to ensure effective service delivery for California's children, youth, and families.

Improved outcomes and more efficient services for those receiving care requires improved tracking and data-informed decision-making at all levels – policy, program, and practice – and individualized child- and family-centered planning must respect and demonstrate cultural and linguistic competence, recognize the social determinants of health (including the impact of poverty) and exposure to trauma, and promote the power of hope, resilience, and recovery. Assuring fidelity in the implementation of the ICPM at the County level will result in consistent practices Statewide, guided by values and principles, standards, and activities that will increase the likelihood of positive and enduring outcomes for children, youth, and families.

The ICPM consists of six casework components, each of which has an associated practice behavior. Table 10 below outlines DCFS and Probation's approaches to incorporating those components and practice behaviors into its framework for improving outcomes for children.

[10] https://www.cdss.ca.gov/inforesources/the-integrated-core-practice-model/about-icpm

Table 10: Alignment of ICPM

California's Integrated Core Practice Model Casework Components *(practice behavior)*	LA County's Strategies for the use of California's ICPM
Engagement *(engagement)* • Listen to the child, youth, young adult, and family and demonstrate that you care about their thoughts and experiences. • Demonstrate an interest in connecting with the child, youth, young adult, and family and helping them identify and meet their goals. • Identify and engage family members and others who are important to the child, youth, young adult, and family. • Support and facilitate the family's capacity to advocate for themselves	**Engagement** • LA County is implementing Motivational Interviewing (MI) for use with family maintenance cases. MI is a collaborative, goal-oriented style of communication designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.
Assessment *(inquiry/exploration)* • From the beginning and through all work with the child, youth, young adult, family and their team to engage in initial and ongoing safety and risk assessment and permanency planning • Track and monitor barriers and challenges. • Be transparent with staff and stakeholders. • Seek input and perspective to develop solutions at all staff levels and with stakeholders. • Advance mutually reflective, supportive supervision at all times.	**Assessment** • LA County will use the Structured Decision-Making (SDM) model and the Child and Adolescent Needs and Strengths (CANS) assessment to identify child-specific needs and strengths and to inform subsequent service planning. • Probation Department Officers from the LA County Probation Department will conduct assessments to determine candidacy for foster care using the "Evaluation of Imminent Risk and Reasonable Candidacy" (EIRRC) tool. • Tribal caseworkers will have discretion to determine candidacy for children served by Tribes that have a IV-E agreement with California (Yurok and Karuk Tribal nations). DCFS or Probation Department will inquire whether a child who is referred to the hotline, or who is at risk for entering care or may be an Indian child. • For families entering the Title IV-E prevention program through the Community Pathway, the initial assessment of strengths and needs will be completed by a locally contracted community-based organization or Family Resource Center.

	• For EPY voluntarily choosing to participate in services, the social worker will work with the EPY to identify needed supportive services. Participation in services will be voluntary and services must be delivered in such a way that does not indicate a suspicion of risk given EPY's categorical eligibility for services.
Planning and Service Delivery *(workforce development and support)* • Work with the family and their team to build a culturally sensitive plan that will focus on changing behaviors that led to the circumstances that brought the family to the attention of the child welfare agency and assist the child, youth, young adult, and family with safety, trauma, healing, and permanency. • Work with EPY who are interested in participating in the FFPS prevention program to design a culturally sensitive plan to include supportive services that meet their individualized needs and the needs of their child(ren).	**Planning and Service Delivery** • LA County will work with families and their team to develop child-specific prevention plans to address the circumstances that brought them to the attention of the child welfare agency. • LA County will work with EPY to design a prevention plan that focuses on meeting the individualized needs of the EPY, strengthening the parent-child bond between the EPY and their child, and promote the health and development of the EPY's child. Services and supports for EPY should include access to age-appropriate activities separate from parenting. • LA County has included nine of the ten evidence-based programs (EBP) in California's Prevention Plan, as each EBP meets the needs of one or more of California's and LA County's Family First candidacy populations and/or EPY. Data analyses show that a considerable proportion of LA County children and youth who would be candidates to receive Family First services are non-white, in particular Latinx and Black. All selected EPBs have shown evidence of positive outcomes with Latinx and/or other non-white populations, and most models have materials available in Spanish and other languages, which is important for the multilingual and ethnically diverse communities in LA County. • LA County data analyses also indicate the candidacy populations have significant parenting and parent/caregiver substance use needs, followed by child and caregiver/parent mental health needs.
Monitoring and Adapting *(accountability)*	**Monitoring and Adapting**

• Listen and provide timely feedback to staff and stakeholders and establish a shared expectation for follow-up. • Support staff and hold each other accountable for sustaining the ICPM by utilizing a practice to policy feedback loop that engages staff and stakeholders in data collection and evaluation. • Identify and implement a transparent process at all levels to track staffing gaps and plan organization changes. • Identify and implement a transparent process at all levels to monitor for practice fidelity and effectiveness.	• Motivational Interviewing (MI) coders will use the Motivational Interviewing Competency Assessment (MICA) to provide structured feedback to social workers on their use of MI as a method to identify their strengths and areas for improvement. • LA County will monitor contractor and provider fidelity data for each parenting and mental health EBP. • Booster training may be offered based on themes that arise through ongoing Family First CQI activities.
Transition *(teaming)* • Work with the family to build a supportive team that engages family, cultural, community, and Tribal connections as early as possible. • After exploring with the family how their culture may affect teaming processes, facilitate culturally-sensitive team processes and engage the team in planning and decision-making with and in support of the child, youth, young adult, and family. • Work with the team to address the evolving needs of the child, youth, young adult, and family. • Work collaboratively with community partners to create better ways for children, youth, young adults, and families to access services.	**Transition** • LA County utilizes Child and Family Teams composed of the child (if old enough), their family, child welfare professionals, and others in their community who support them and their family. These teams come together and provide opportunities for families to share their story, identify their needs and strengths, and collaborate with relatives, community partners, and others to identify resources to meet those needs. Child and Family Teams build on families' existing strengths and lead to decisions being made with them rather than for them.
Prevention *(advocacy)* • Promote advocacy by providing frequent and regular opportunities for Tribes, agency partners, staff, youth, families, and caregivers to share their voice. • Advocate for the resources needed to support and develop staff, and to provide effective, relevant, culturally-responsive services for families.	**Prevention** • LA County's advocacy efforts with the CDSS, State officials, and other counties have led to a broader array of prevention services and an expanded group of candidates eligible to receive them in California's Prevention Plan. It is continuing to advocate for the inclusion of additional culturally-specific and culturally-adapted EBPs that would meet the specific needs of LGBTQ+ and Latinx youth and families.

Spending Plan

As described throughout the CPP, LA County has been committed to prevention services for many years and has established funding streams to provide an array of prevention services across the County. The seven Family First EBP's that have been selected in LA County are already in place and supported by existing funding streams such as Medi-Cal Federal Financial Participation (FFP), state general funds, state Mental Health Services Act, CalWORKS, and California Home Visiting Programs. The State Block Grant presents an opportunity to supplement existing funding streams to enhance and expand the existing programs to serve more families. Additionally, the State Block Grant presents an opportunity to promote more primary and secondary prevention programs included in the Prevention and Promotion pilots.

The LA County DCFS & Probation State Family First Program Block Grant spending plan was developed by a subcommittee of the Fiscal and Contracts Implementation Workgroup. Workgroup participants included representatives from the DMH, DPH, DCFS, Probation, and community-based service providers. The subcommittee met over several months and reviewed the plan with external stakeholders identified in the Governance Structure and Engagement Strategies section above. Participants provided service cost per family, existing capacity, and training cost per model from their respective agencies informed the calculations needed to inform this plan after multiple workgroup meetings were dedicated to ensuring potential fiscal 'blending' and 'braiding' options as well as sustainability plans for each EBP were understood and explored by the group. In addition to State Block Grant Funding, Family First Transition Act Funds were chosen as additional funds to leverage for the Learning Sites roll out of the Family First EBPs.

The spending plan includes the following categories and depicted in Figure 13:

Community Prevention and Promotion pilots include (as described in Table 3):

- Primary Prevention and Promotion Pilots
    - Antelope Valley Resource Infusion
    - Community Capacity Building
    - Community Cultural Brokers
    - Community Partners/Family Resource Centers
    - Preventative Legal Advocacy Program Website
    - Thriving Families Safer Children
- Secondary Prevention and Promotion Pilots
    - Child Care Resource Center – Resource and Referral Pilot
    - Enhancing Community-based Resource Sustainability
    - FFPSA Screening/Billing/Plan Integration
    - Homeless Pregnant and Parenting Person Pilot
    - Hospitals
    - Independent Resource Specialist for EPY Conference
    - Mandated Supporting
    - Mentorship Program
    - Preventing Homelessness Among EPY Exiting DCFS Care
    - Referral Infrastructure
    - Safe Families
    - Schools and Early Childhood Education
    - Transition Age Youth Guaranteed Income

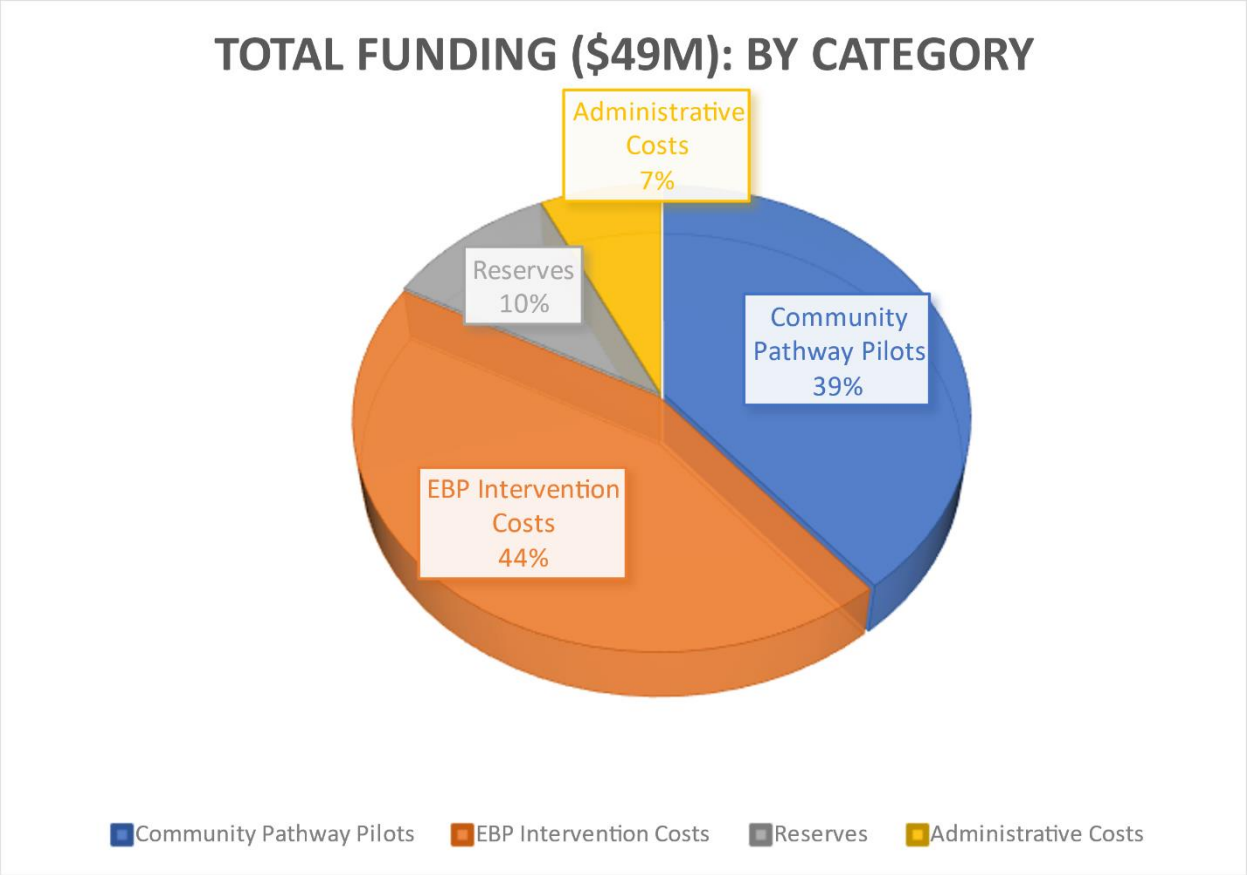
EBP Intervention Costs Include:

- Functional Family Therapy
- Healthy Families America
- Parents as Teachers
- Nurse Family Partnership
- Multisystemic Therapy
- Parent-Child Interaction Therapy
- Motivational Interviewing (will also be covered by Family First Transition Act Funds)

Administrative Costs include:

- Consultants
- DCFS Staff
- Technology
- Reserve Fund

Figure 13: SBG Spending Plan



Coordination with Local Mental Health Plan

In LA County, the Mental Health Plan (MHP) is administered through DMH. DCFS and Probation have been coordinating with DMH since Family First planning began in late 2019. Representatives from DMH are involved in the Family First governance and workgroups as described in Table 11.

Table 11: DMH Involvement in Family First Governance and Workgroups

LA Family First Governance or Workgroup	Description of DMH role
Leadership Team	A DMH representative is an active participating member
Practice Workgroup	A DMH representative serves as a co-lead along with DCFS and a young leader
Fiscal & Contracts Workgroup	A DMH representative is an active participating member
Other: Family First 101 Presentation to Providers	DMH and DCFS partnered to provide fundamental Family First information to the DMH provider community in August 2022, including covering programmatic and fiscal questions and concerns.

DMH and DCFS representatives are participating in the AB 153 Payer of Last Resort workgroup, which was convened by the Department of Health Care Services (DHCS) and the Department of Social Services (DSS). The workgroup focuses on developing a joint written protocol to identify the prevention services provided under FFPS, which may be eligible for payment, in part, or whole, under the Medi-Cal program. Consistent with federal laws and regulations for Early and Periodic Screening, Diagnostic and Treatment services (EPSDT), DMH Medi-Cal services for beneficiaries include all medically necessary services, including services to correct or ameliorate mental health conditions. Consistent with DMH's cross sector engagement in LA County's FFPSA Governance and multiple FFPSA workgroups, DMH was a signature on the Family First Prevention Services (FFPS) Letter of Intent (LOI) and DMH has been immersed in the development of LA County's CPP. DCFS and DMH continue to monitor the state workgroup for deliverables, specifically the joint written protocol regarding payment responsibility for prevention services. In addition, in fall of 2022, DMH provided FFPSA 101 training to the Medi-Cal providers delivering EPSDT, and prevention and early intervention services. The FFPSA 101 training was developed in partnership with Chapin Hall and DCFS, and was co-facilitated by Chapin Hall, DCFS and DMH. The training provided an introduction and foundation of Family First for the workforce and providers, including how the purpose and opportunities within Family First align with LA's practice model, the major child welfare laws related to Family First, and its requirements. DMH has been collaborating with DCFS and Probation around the evidence-based programs (EBPs) that DMH has implemented to identify the candidacy populations each EBP may meet, the specific training and outcomes requirements, the services DMH currently funds through EPSDT Medi-Cal, and the work DMH has done to ensure fidelity to the model.

This section of the CPP will be updated once the work on the AB 153 Workgroup is concluded and the ACL is released describing the Payment for Prevention Services and payer of last resort.

Sustainability Plan

DCFS and Probation cannot improve the well-being of children, youth, and families alone. A collaborative effort between LA County family serving departments is needed in order to enable a safer, stronger, thriving, and more connected community. Therefore, sustainability planning goes beyond funding, as prevention services are a shared responsibility and not exclusive to Title IV-E agencies. A robust network of community stakeholders is crucial to ensuring lasting change. An effective stakeholder community assists with identifying and maximizing community resources, creating long-term buy-in, and institutionalizing novel policies and practices within their unique populations and organizations. Consequently, the LA County Prevention Task Force, Systems of Care, the Family First Leadership Team, and associated Family First Communications Workgroup will be vital to the sustainability of services in the CPP. Expected potential barriers to the sustainability of these services include:

- The continuing impact of the COVID-19 pandemic and its effects on in-person prevention service provision;
- Workforce needs across the prevention services continuum, including staff turnover and high caseload sizes;
- The expense and low update/completion rates of evidence-based interventions;
- Delays in building and launching CWS-CARES to be able to accurately track services and draw down title IV-E prevention services funding;
- Ongoing disproportionality and other inequities that impact Black, Latino/a/x, American Indian/Alaska Native, Native Hawaiian, Pacific Islander, low-income and other marginalized communities;
- The overall organizational culture shift to focus on prevention, while extremely important, is a significant change that will take time and adjustment, and can even result in resistance at times;
- The community perception of DCFS, which is oftentimes not a positive one, and how this could impact efforts within the community pathway (for example, still needing to determine candidacy within the community pathway when families do not want any connection to DCFS;
- Community distrust/hesitancy engaging with government systems;
- Structural barriers and existing systems preventing a collaborative culture where there is shared accountability and coordination can be most effective;
- Statutory requirements and regulatory limitations hampering multi-departmental coordination efforts, including braided/blended funding;
- Lack of capacity across systems in data sharing and integration to better serve clients;
- User navigation barriers hindering community members from accessing the array of services available to them;
- Lack of services tailored to client needs; and
- Ad hoc approach to community partnerships, which hinders meaningful relationships, shared decision-making, and co-creation of effective solutions.

DCFS and Probation, along with members of the Fiscal & Contracts Implementation Workgroup, have identified potential funding to sustain all SPA 2 and SPA 6 Learning Site activities and Community Pathway Prevention and Promotion Pilots.

This transformative plan for LA County will strengthen the collaboration between all child and family serving departments. LA County will develop shared responsibility across departments, uplifting prevention and promotion and the implementation of FFPS, with an emphasis on addressing social determents of health and other social conditions that impact the ability for children, youth and families to thrive. This plan will re-imagine how we will address equity, community co-creation from those with lived experience to support a plan that will meet the needs of all children, youth and families.

Title IV-E Prevention Program Plan Assurances

As the designated Title IV-E agencies for LA County, the LA County Department of Children and Family Services (DCFS) and the County of Los Angeles Probation Department provide assurances of all other requirements under the State Title IV-E Prevention Program Plan approved by the federal Administration for Children and Families on 04/07/2023.

SIGNATURE LINE

Brandon T. Nichols
L.A. County DCFS Director

Guillermo Viera Rosa
L.A. County Interim Chief Probation Department Officer

Appendix I

Data Analysis

Beginning in November of 2019 Chapin Hall at the University of Chicago (Chapin Hall), with the funding support from Anthony & Jeanne Pritzker Family Foundation, LA County Department of Children & Family Services (DCFS), and Casey Family Programs, partnered with the County of Los Angeles Probation Department (Probation Department) and DCFS to assist with readiness and implementation of the Family First Prevention Services Act (Family First).

Chapin Hall's scope of work included:

(1) comprehensive readiness assessment of DCFS and Probation Department infrastructure;

(2) thorough data analysis to understand the historical needs of DCFS and Probation children and families;

(3) scan of evidence-based prevention services available throughout the County;

(4) engage service providers and internal and external stakeholders to review the results of the data analysis and recommend prevention service array;

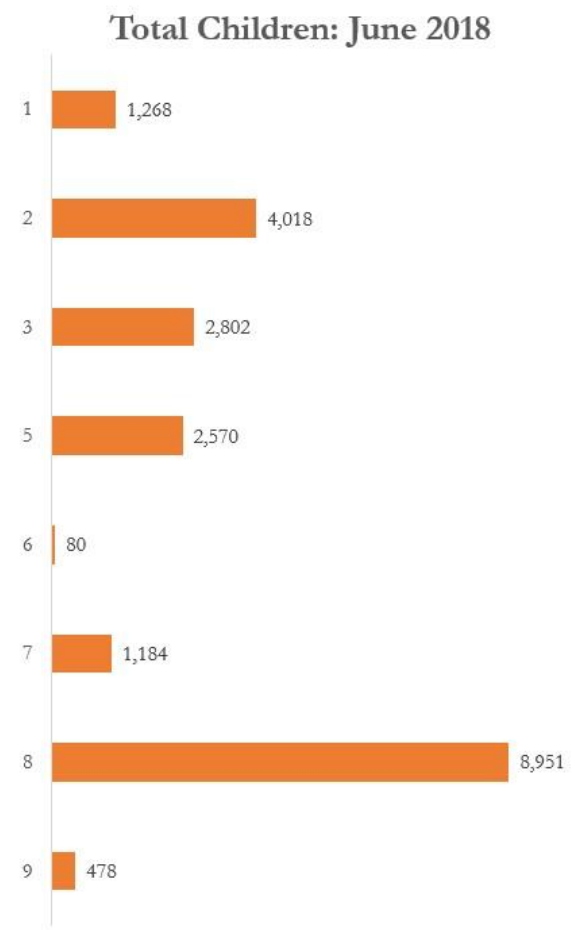
(5) develop case-management process maps for each Family First candidate population; and

(6) provide implementation and capacity building support in the preparation and rollout of the Family First Plan.

To support these goals, Chapin Hall engaged in three analytic activities. First, DCFS and Probation administrative data was analyzed to understand the needs of the Family First target populations. Second, existing prevention services were cataloged. Third, prevention services were mapped to visually depict where children and families were located compared to where prevention services were offered.

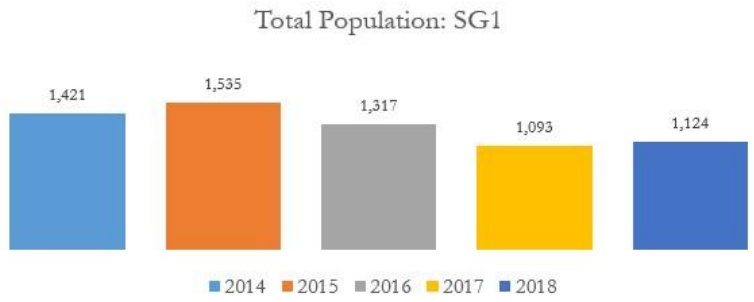
LA County FFPSA Sub-Groups

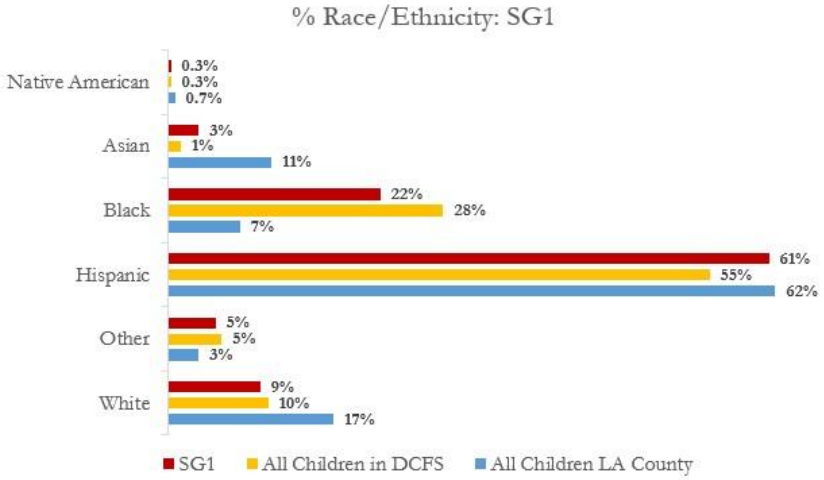
1. Investigations with at least one child safety threat as indicated on the SDM assessment.
2. Investigations with a high or very high score on the SDM risk assessment.
3. Open cases with siblings where a sibling remains at home when one sibling enters foster care.
4. *Open cases where youth are the subject of a 602 petition (data pending)*
5. Open cases where the youth is 18-21 years old and eligible for Extended Foster Care (a non-minor dependent).
6. Youth who exit foster care to adoption but have a single safety threat or high or very high risk following their exit.
7. Youth who exit foster care to guardianship but have a single safety threat or high or very high risk following their exit.
8. Court-ordered in-home family maintenance cases.
9. Open cases with expectant and parenting youth (EPY).

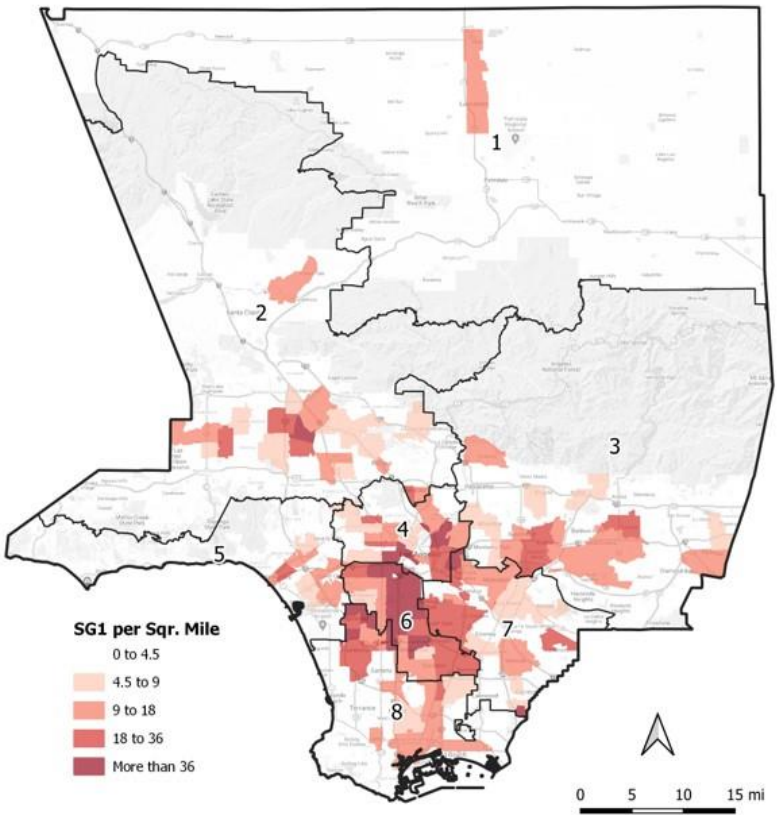


SG1: Investigations with at least one child safety threat as indicated on the SDM assessment. (June)

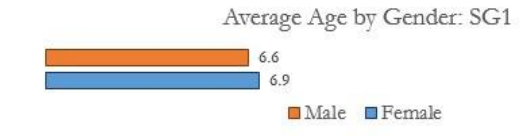
Percentage Change 2014 to 2018: -21%

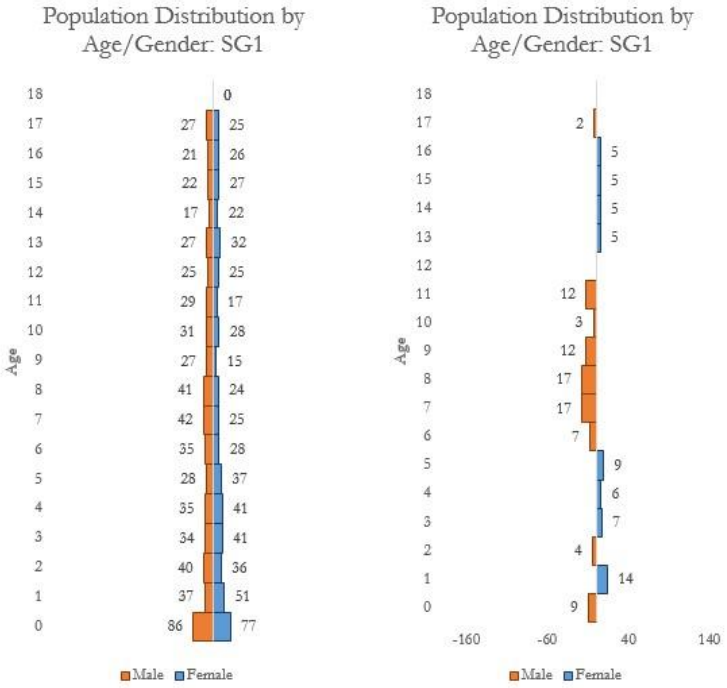


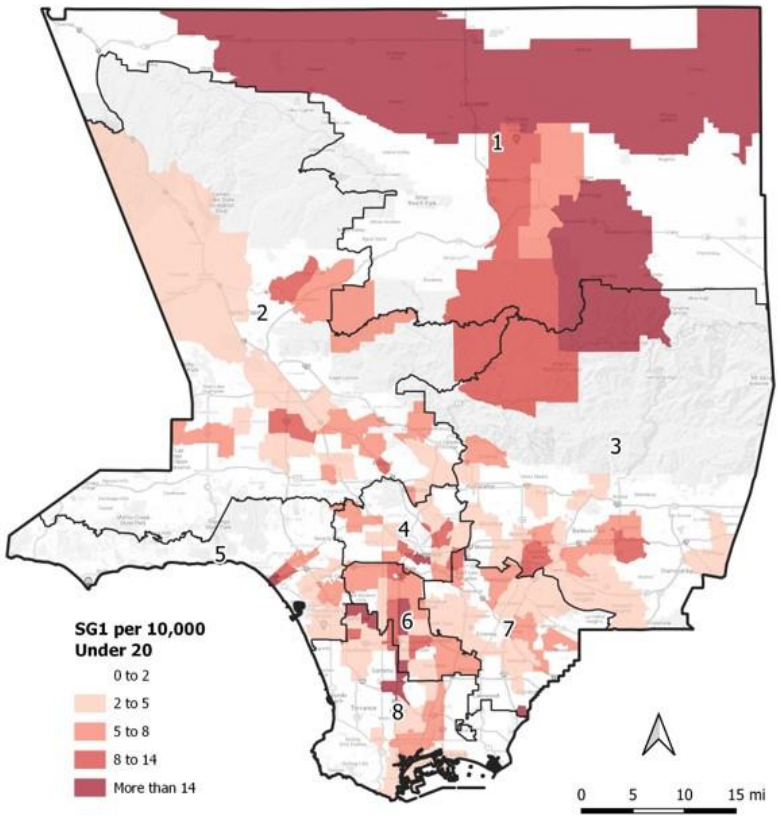




SG1: Investigations with at least one child safety threat as indicated on the SDM assessment. (June)

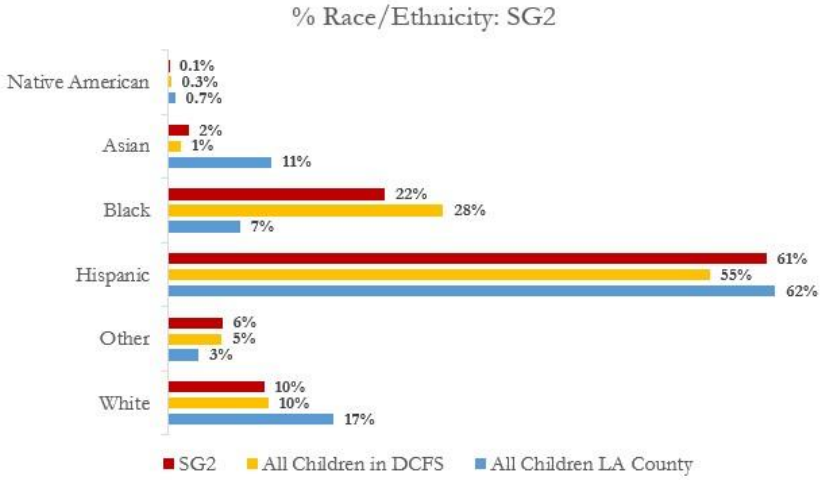


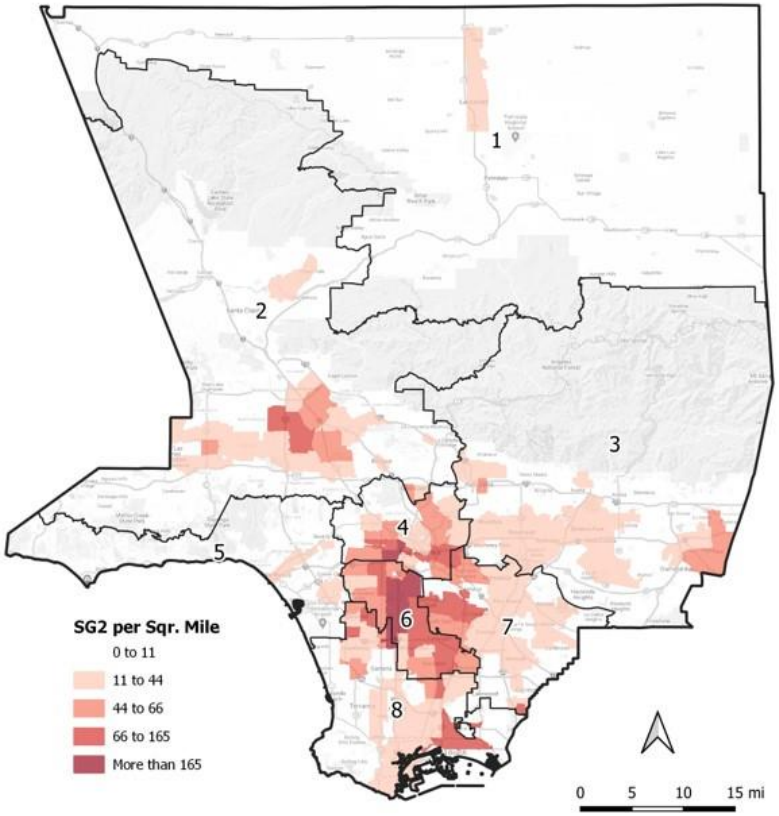




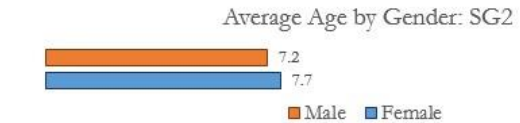
SG2: Investigations with a high or very high score on the SDM risk assessment. (June)

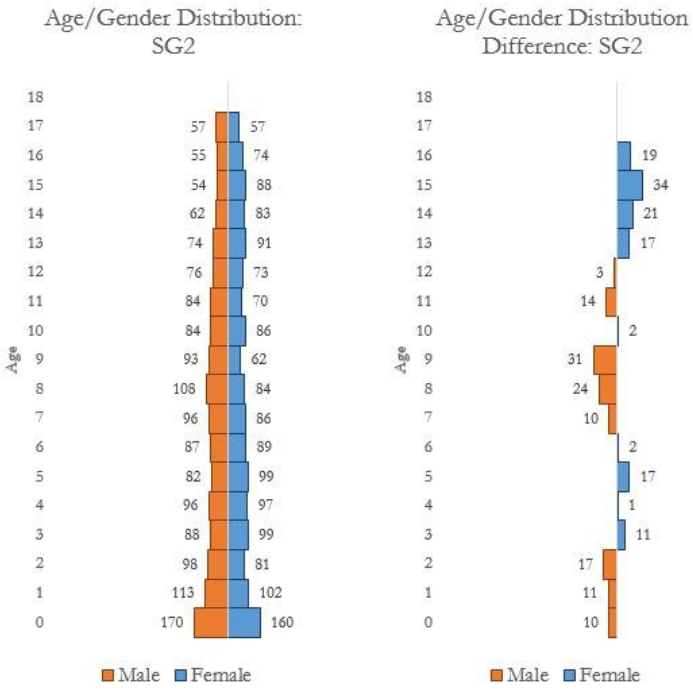
Percentage Change 2014 to 2018: -25%

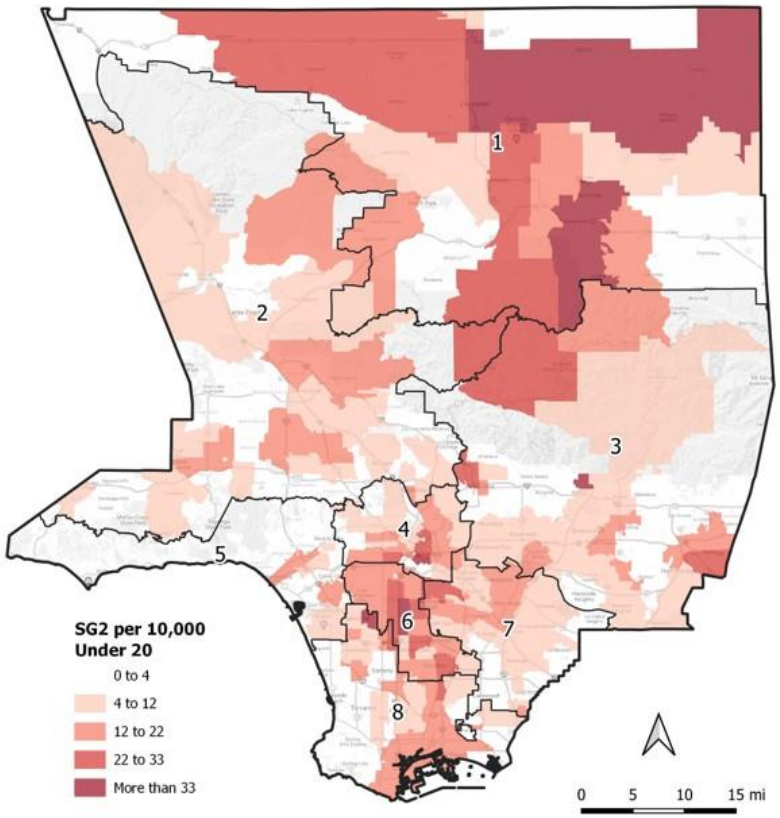




SG2: Investigations with a high or very high score on the SDM risk assessment. (June)

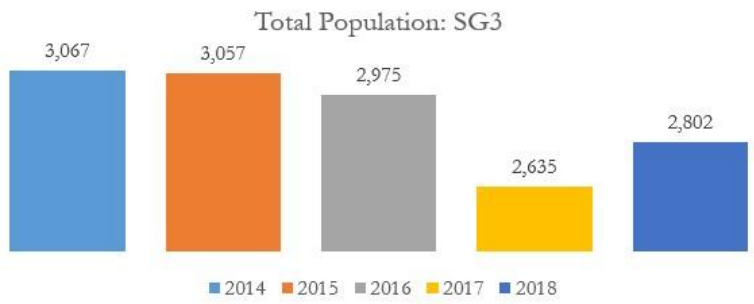


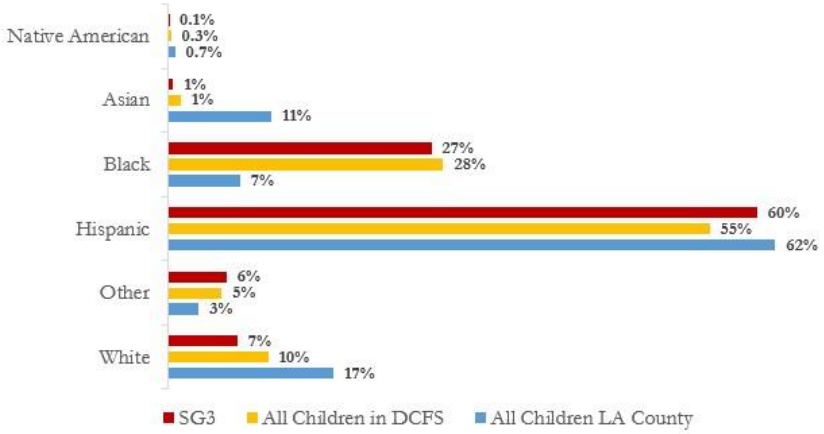


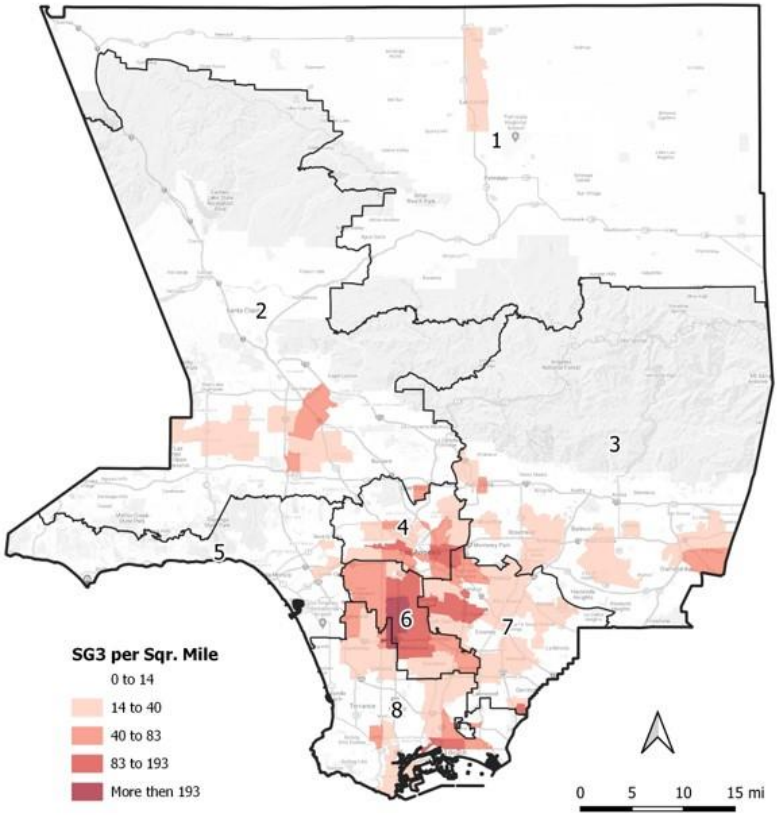


SG3: Open cases with siblings where a sibling remains at home when one sibling enters foster care. (June)

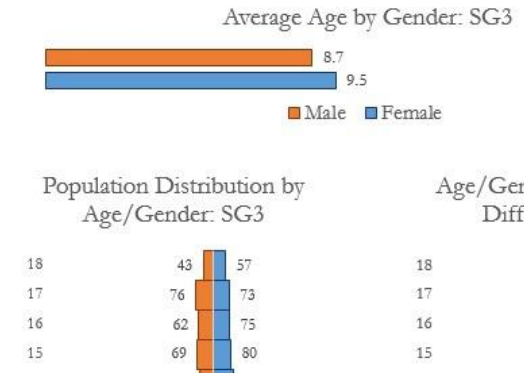
Percentage Change FY14 to FY18: -9%

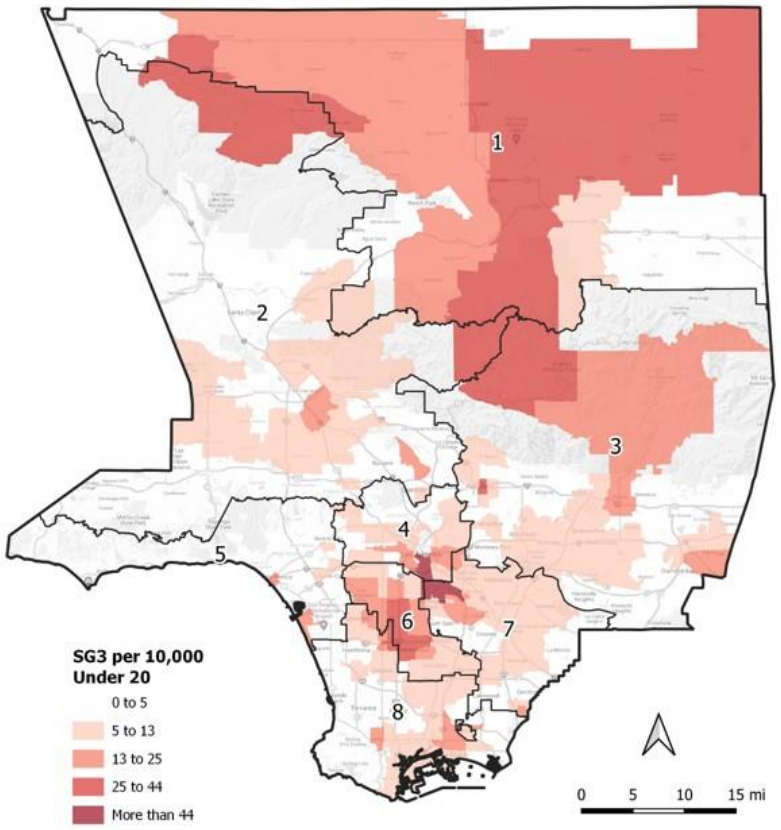






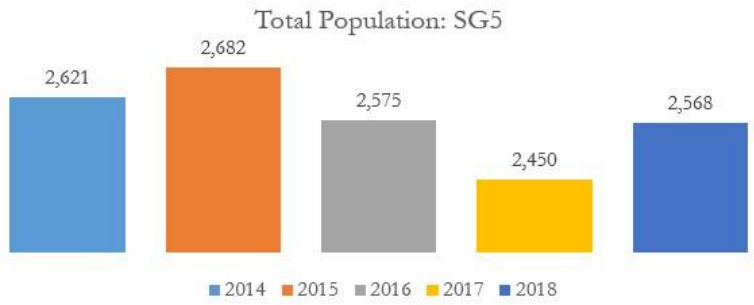
SG3: Open cases with siblings where a sibling remains at home when one sibling enters foster care. (June)

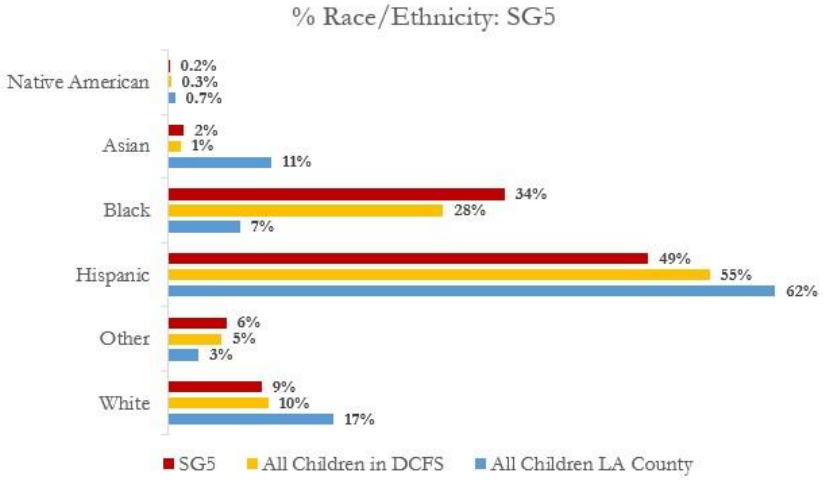


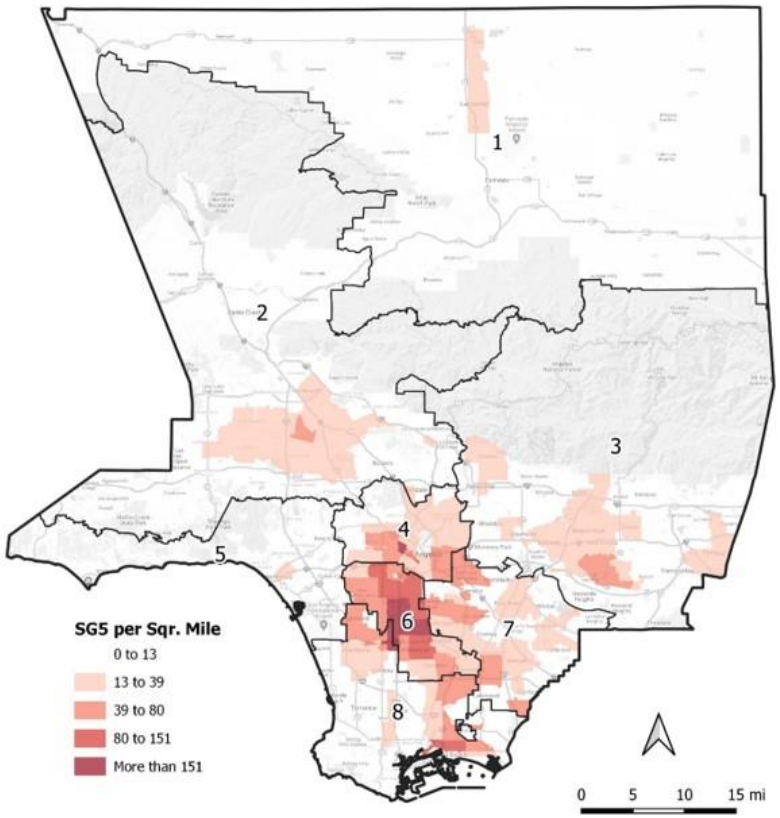


SG5: Open cases where the youth is 18-21 years old and eligible for Extended Foster Care. (June)

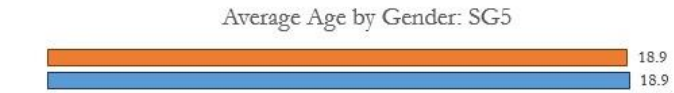
Percentage Change FY14 to FY18: -2%

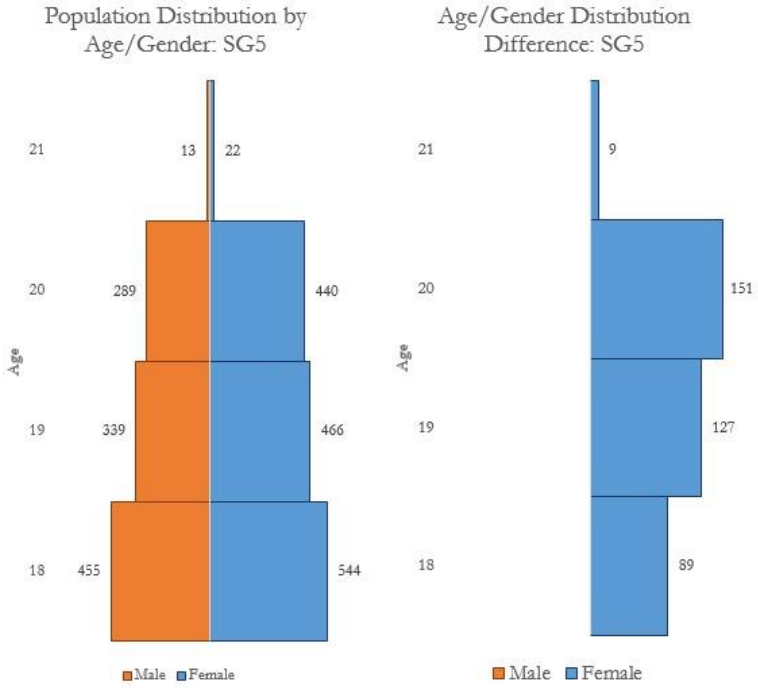


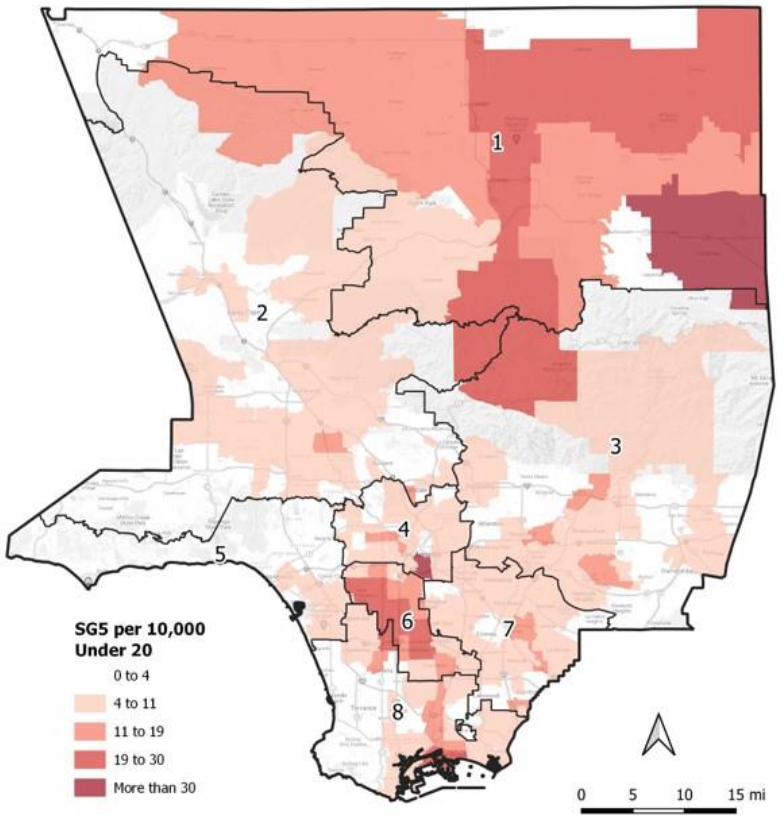




SG5: Open cases where the youth is 18-21 years old and eligible for Extended Foster Care. (June)

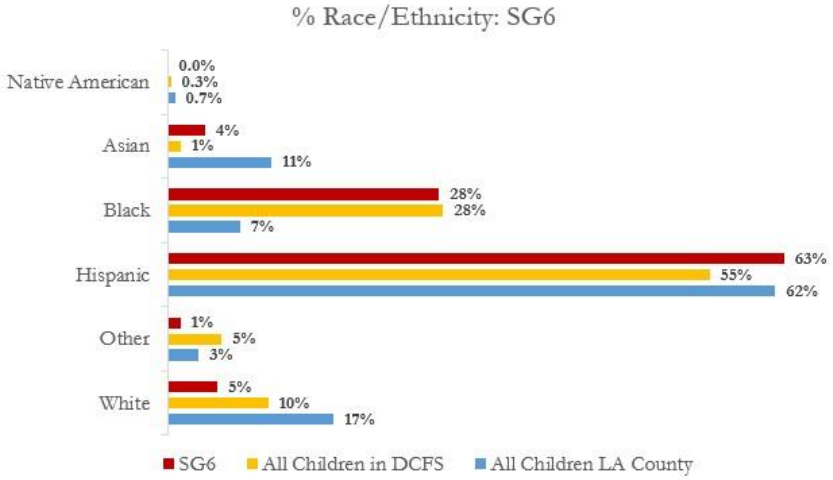


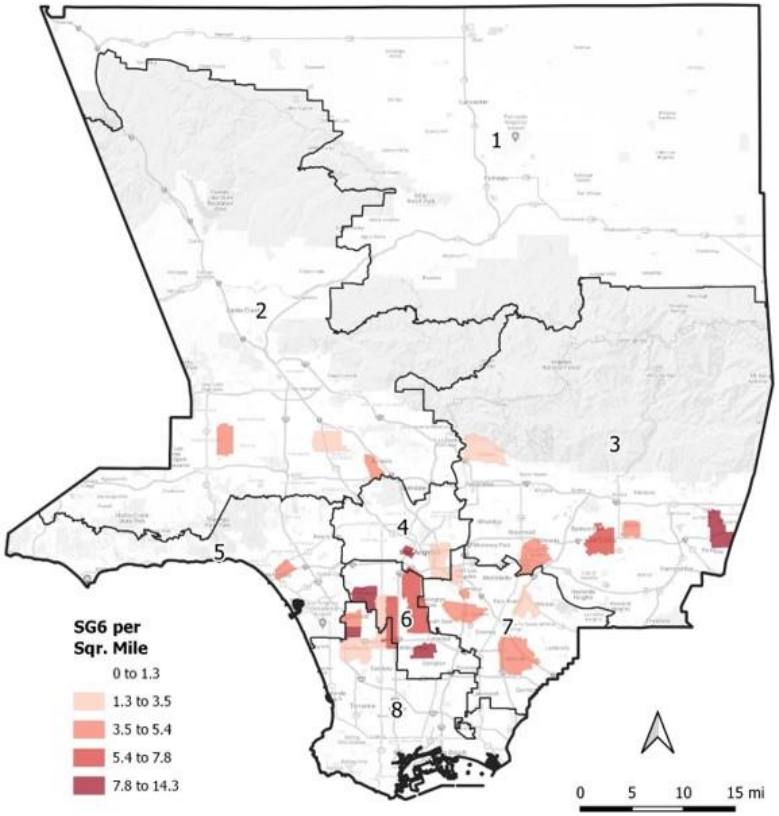




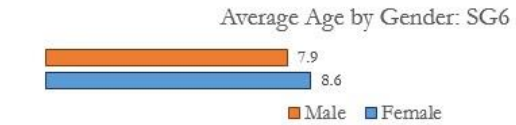
SG6: Youth who exit foster care to adoption but have a single safety threat or high or very high risk following their exit. (June)

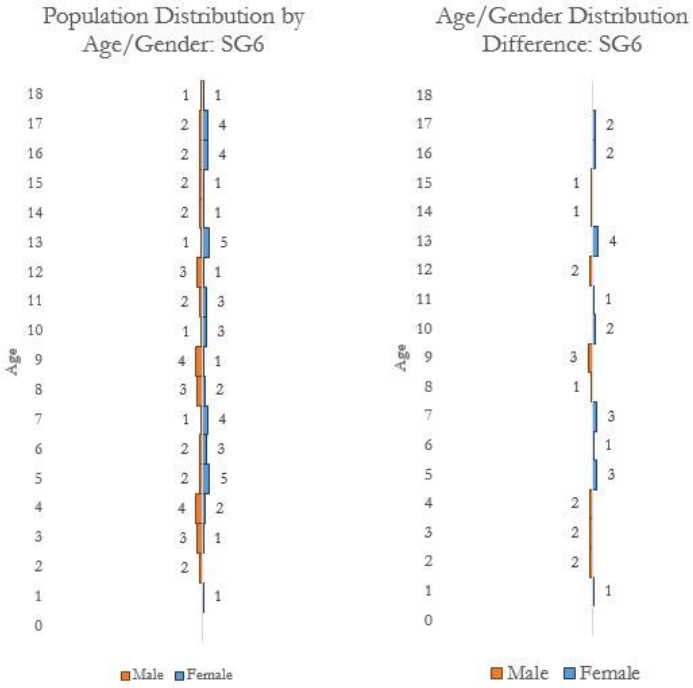
Percentage Change FY14 to FY18: -42%

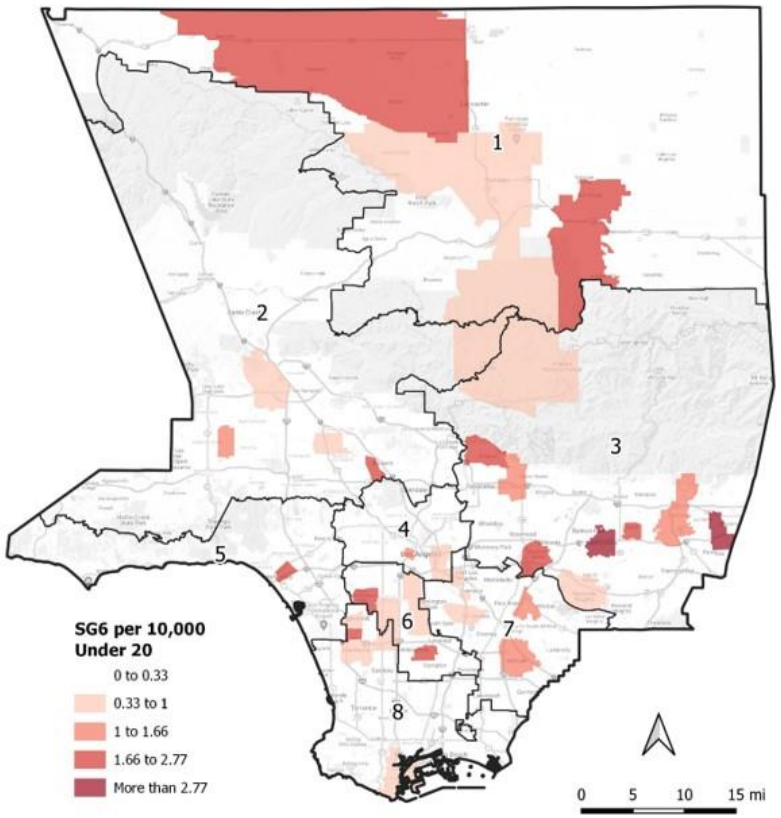




SG6: Youth who exit foster care to adoption but have a single safety threat or high or very high risk following their exit. (June)

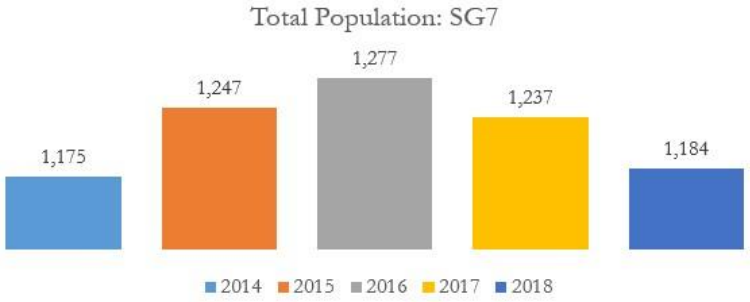


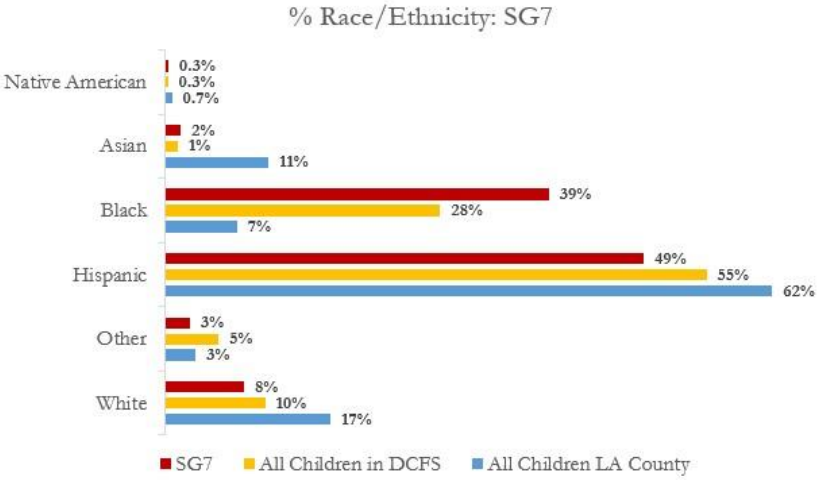


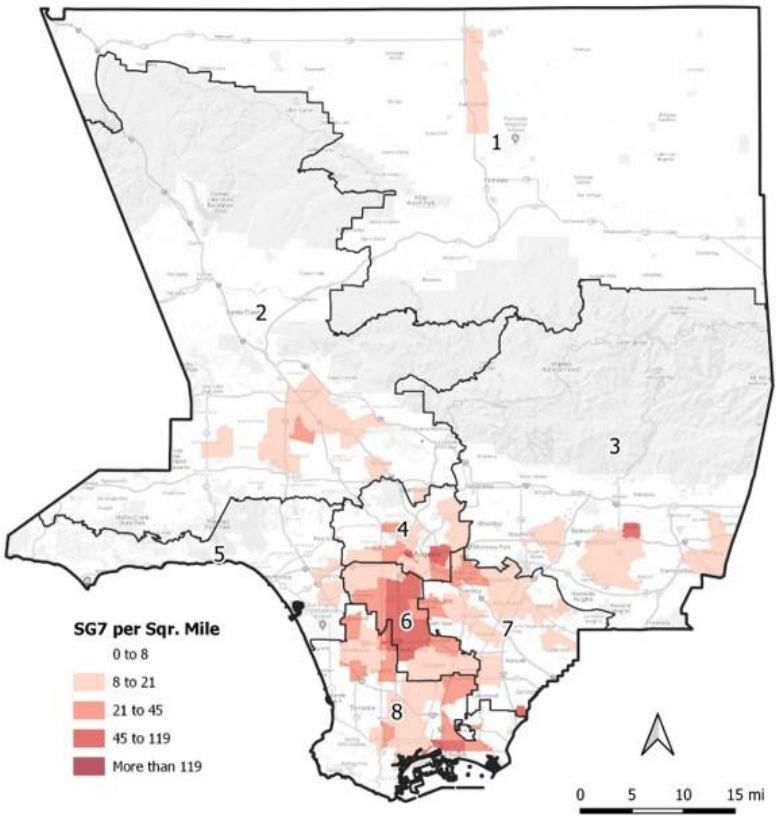


SG7: Youth who exit foster care to guardianship but have a single safety threat or high or very high risk following their exit. (June)

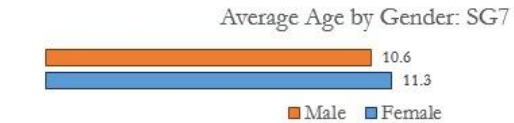
Percentage Change FY14 to FY18: 1%

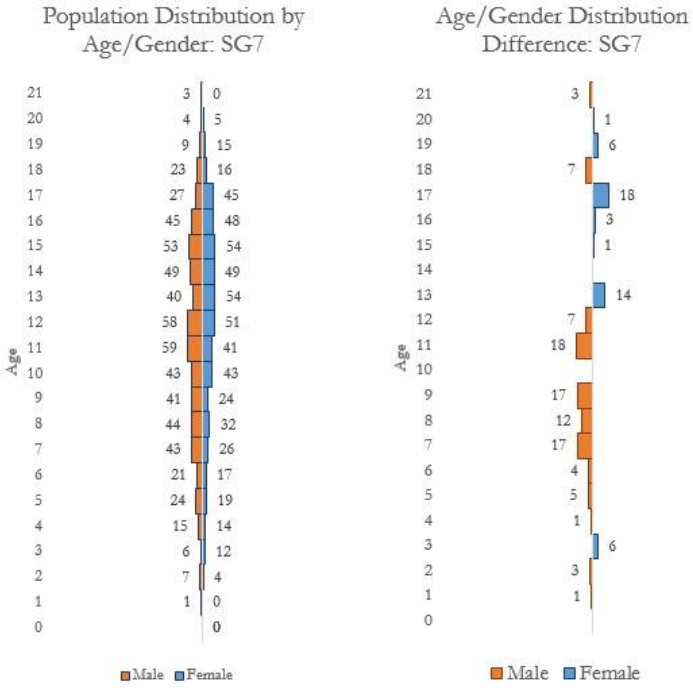


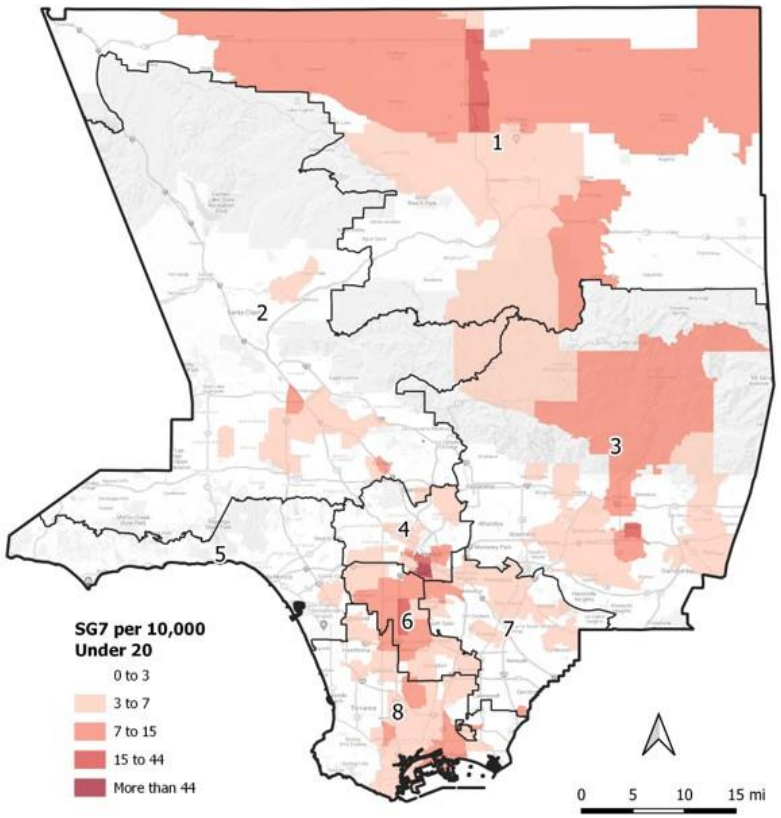




SG7: Youth who exit foster care to guardianship but have a single safety threat or high or very high risk following their exit. (June)

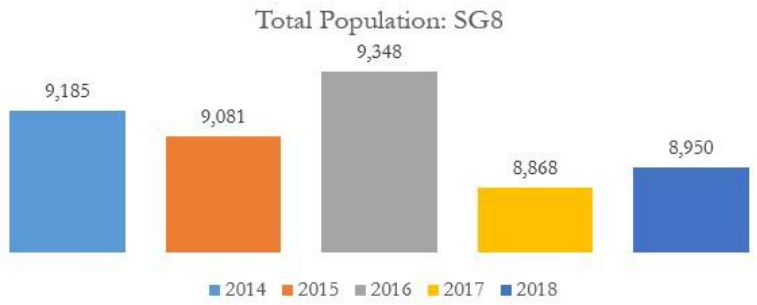


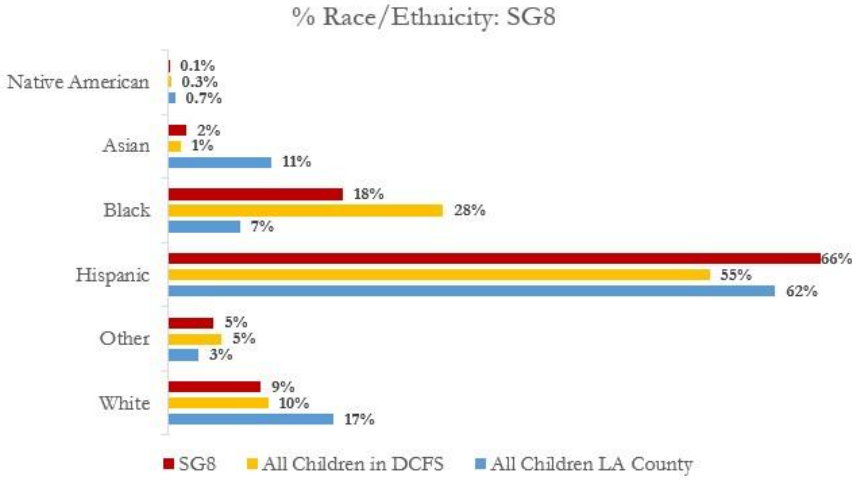


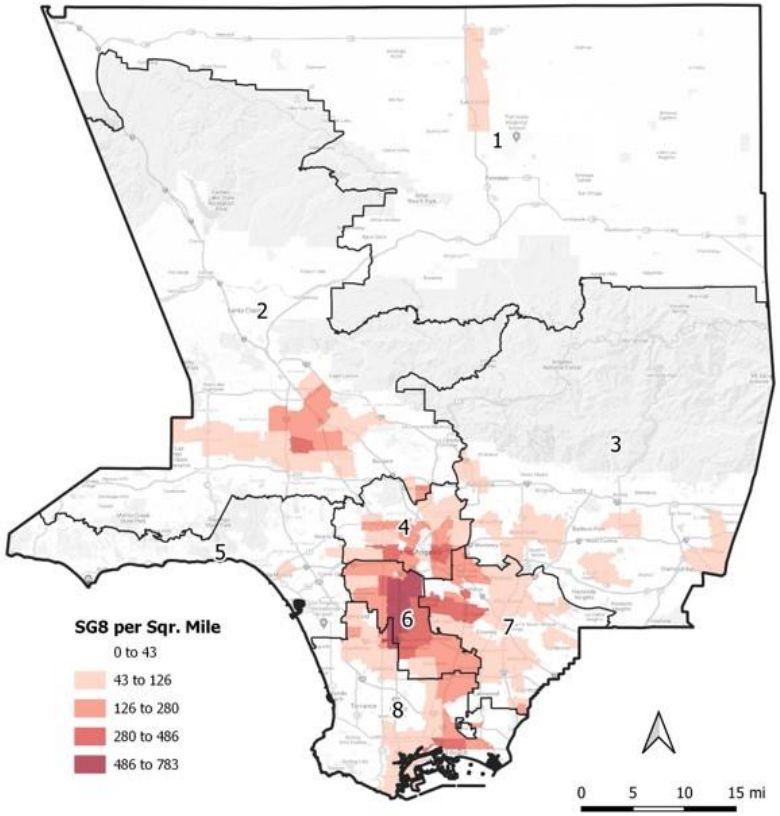


SG8: Of all court-order in-home family maintenance cases. (June)

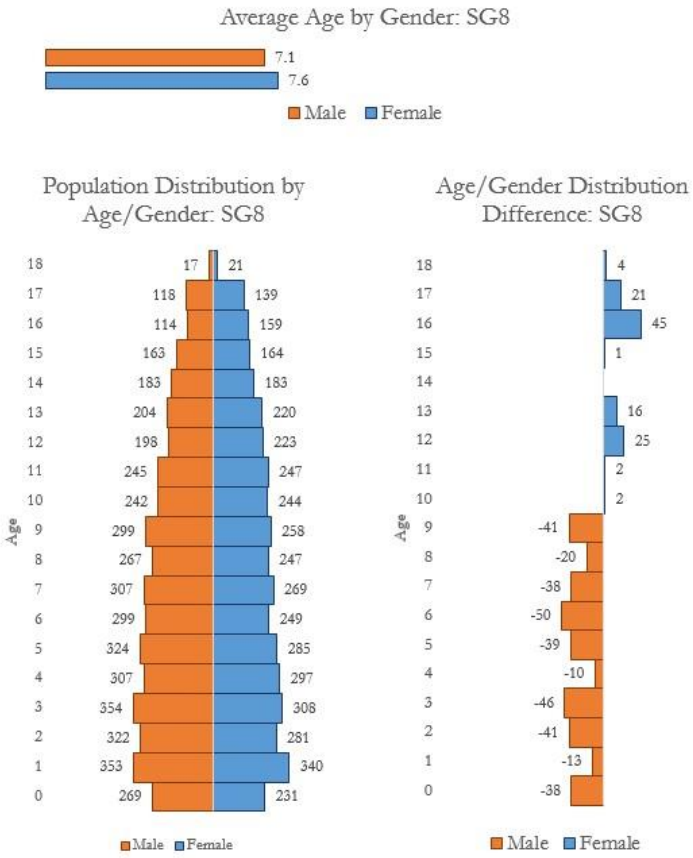
Percentage Change FY14 to FY18: -3%

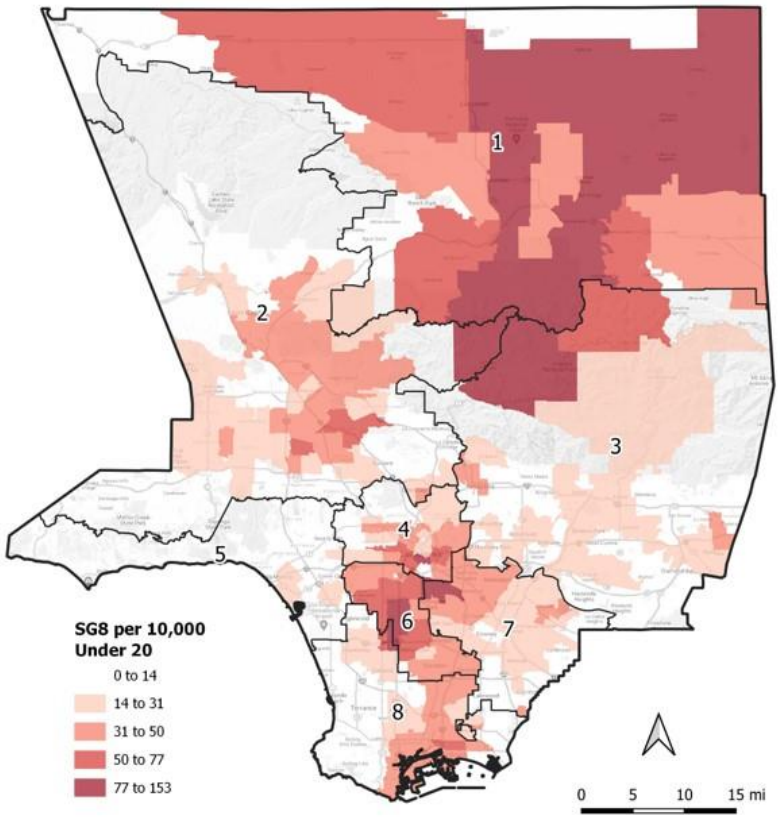






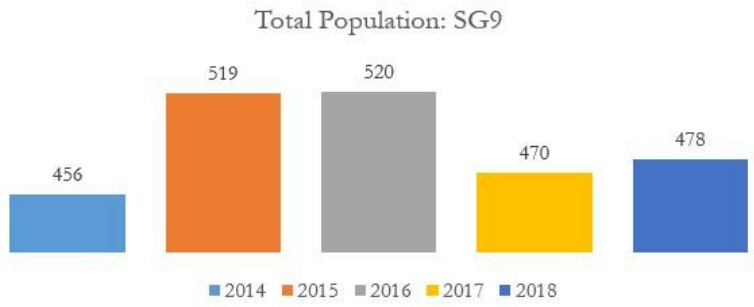
SG8: Of all court-order in-home family maintenance cases. (June)

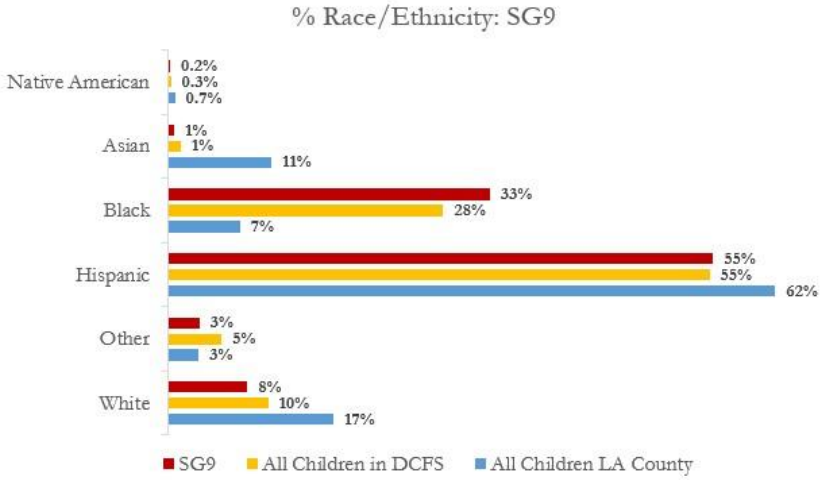


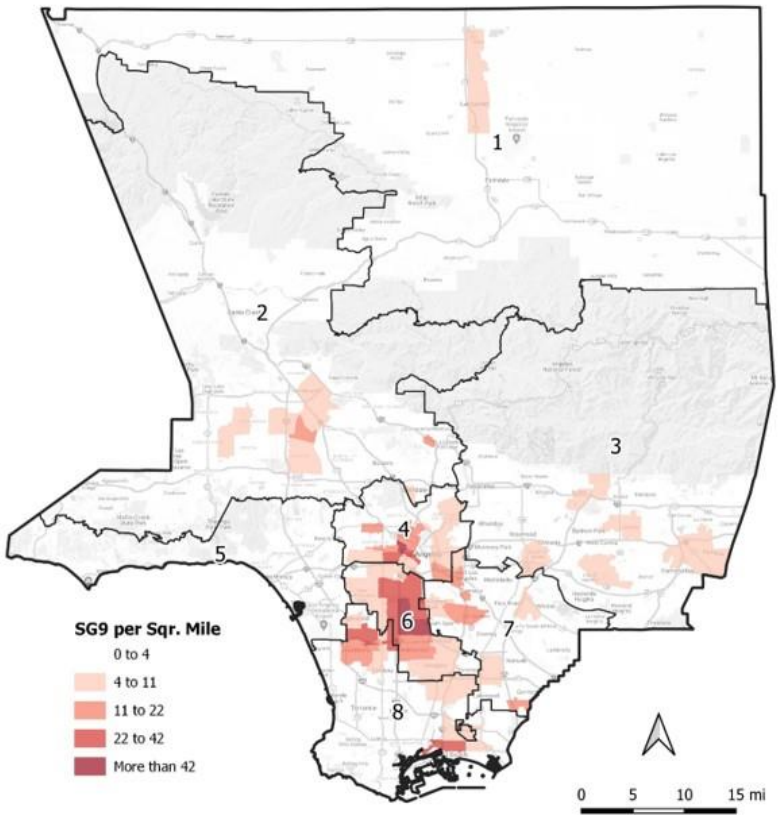


SG9: Of all open cases with expectant and parenting youth (EPY). (June)

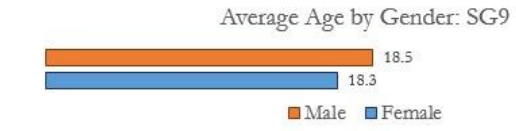
Percentage Change FY14 to FY18: 5%

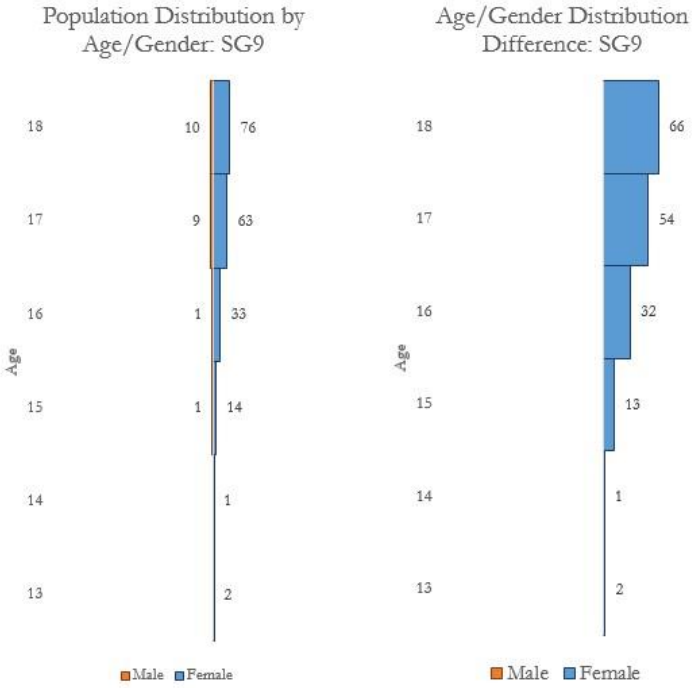


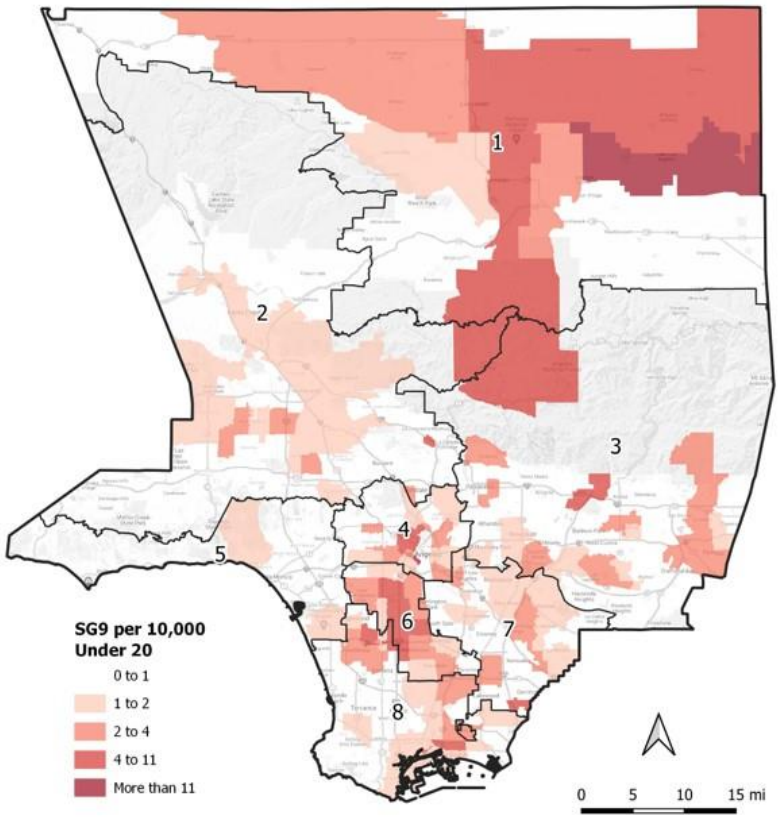




SG9: Of all open cases with expectant and parenting youth (EPY). (June)

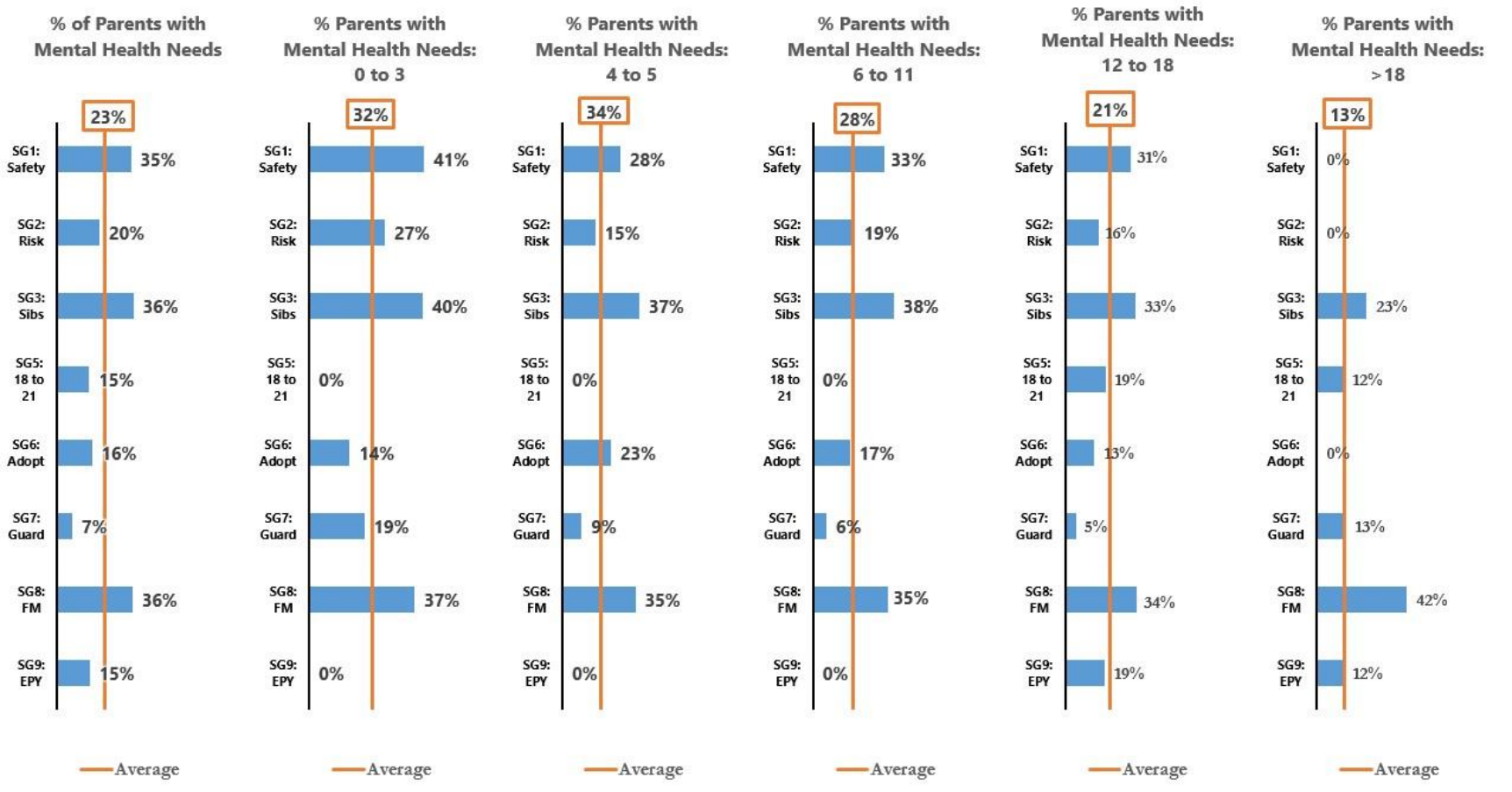




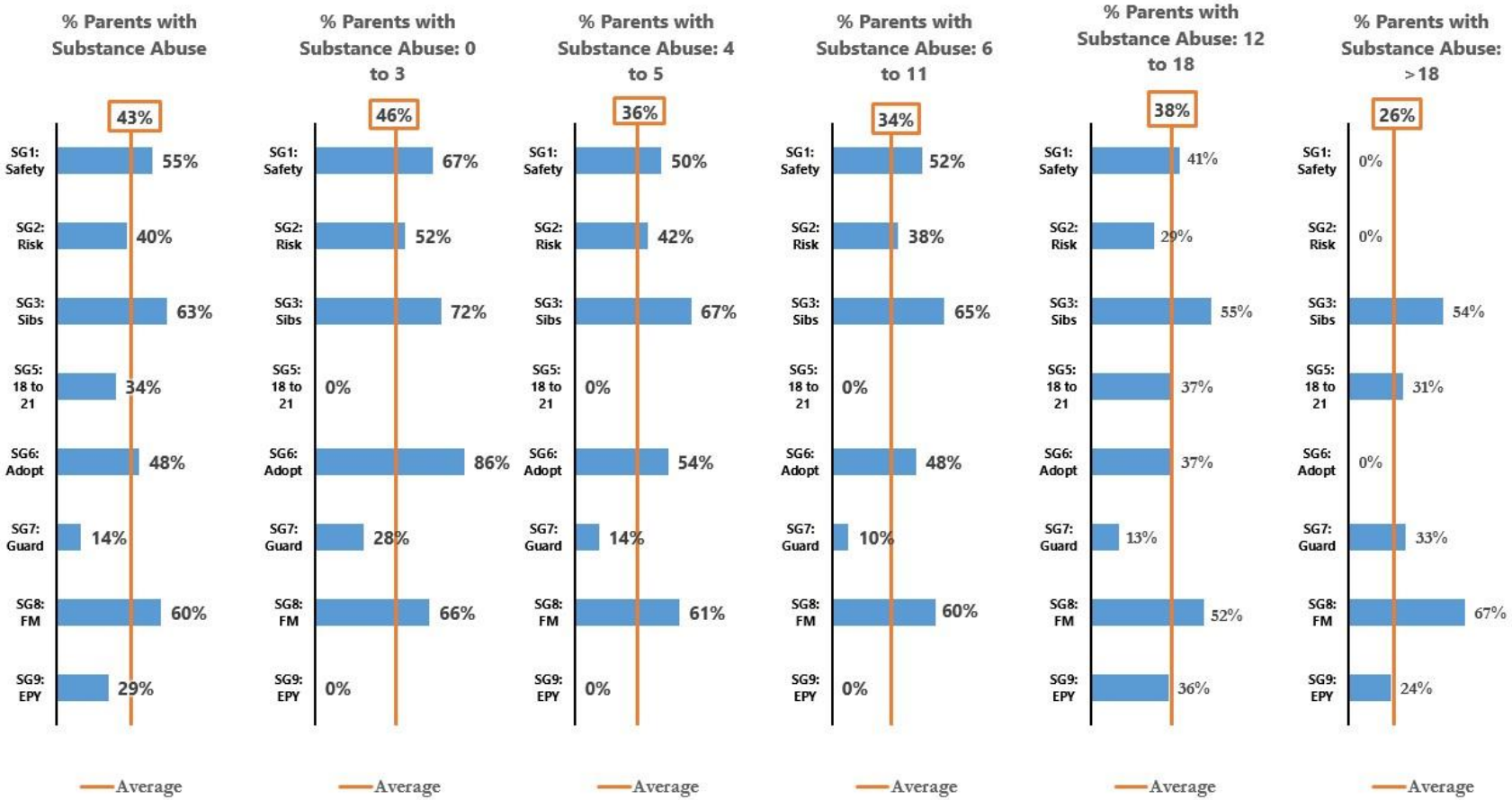


Parent and Child Needs by Sub-Group:

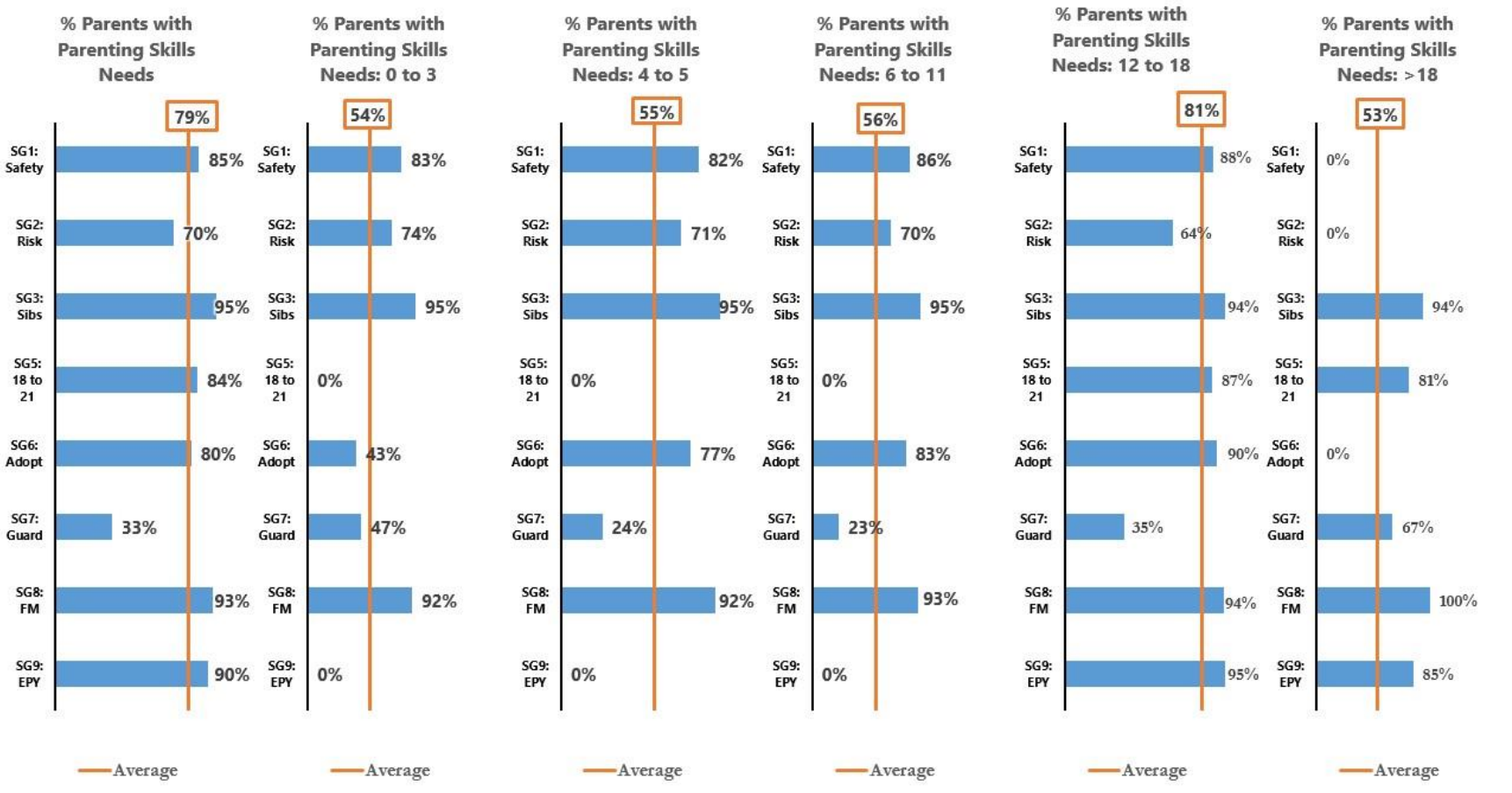
Parent Mental Health Needs by Child Age Group:



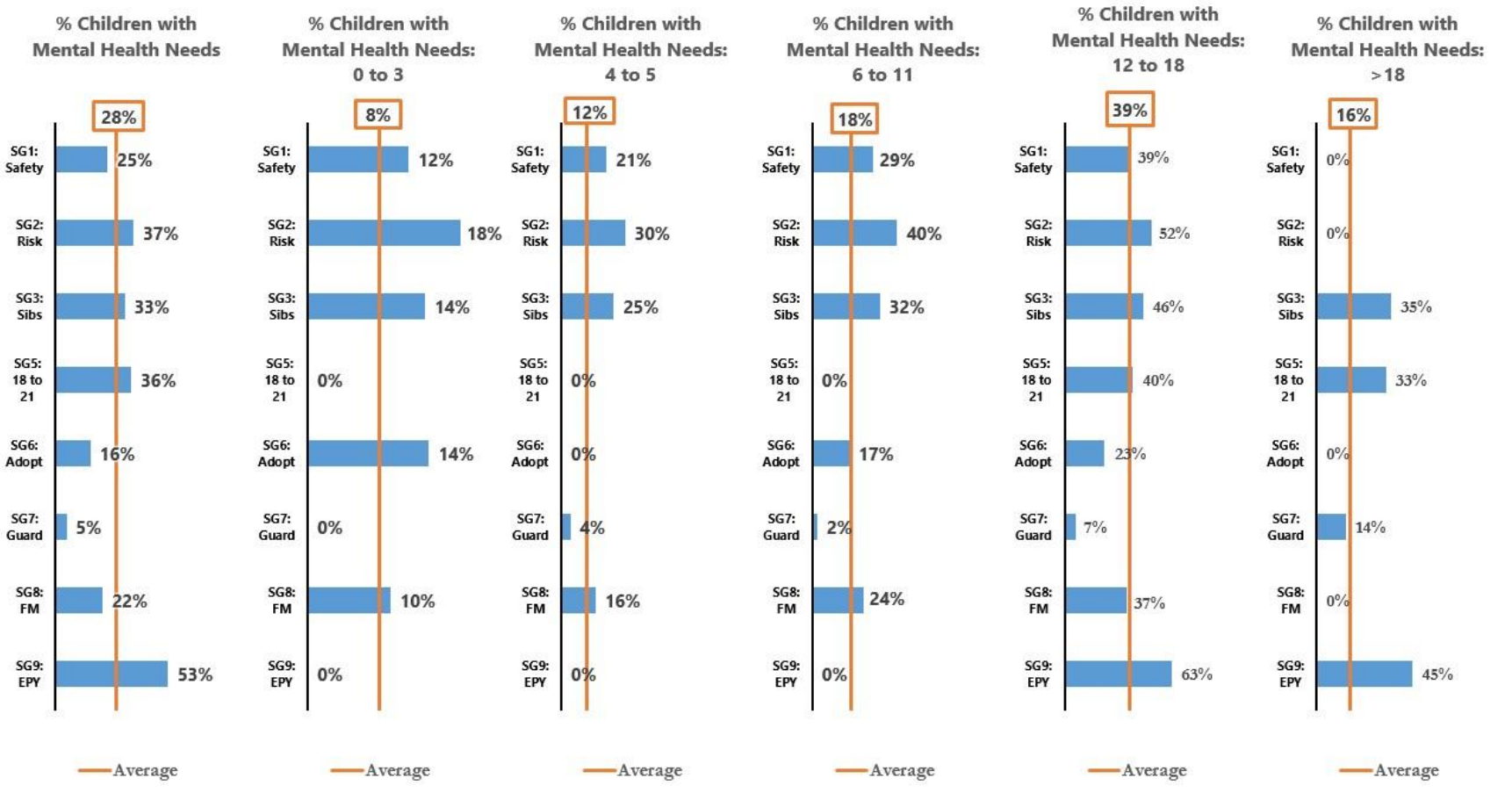
Parent Substance Abuse by Child Age Group:



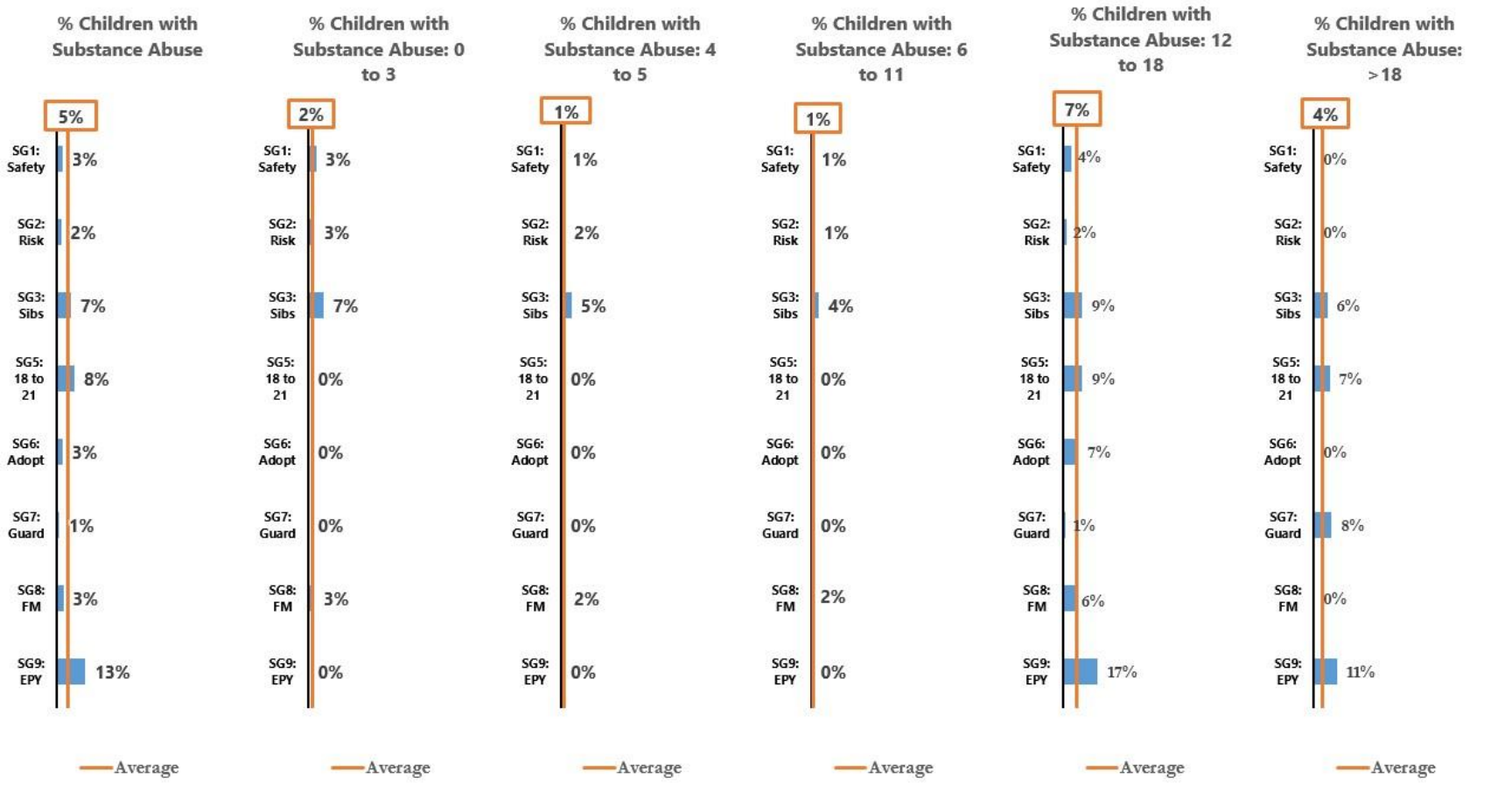
Parents with Parenting Skills Needs by Child Age Group:



Children with Mental Health Needs by Age Group:

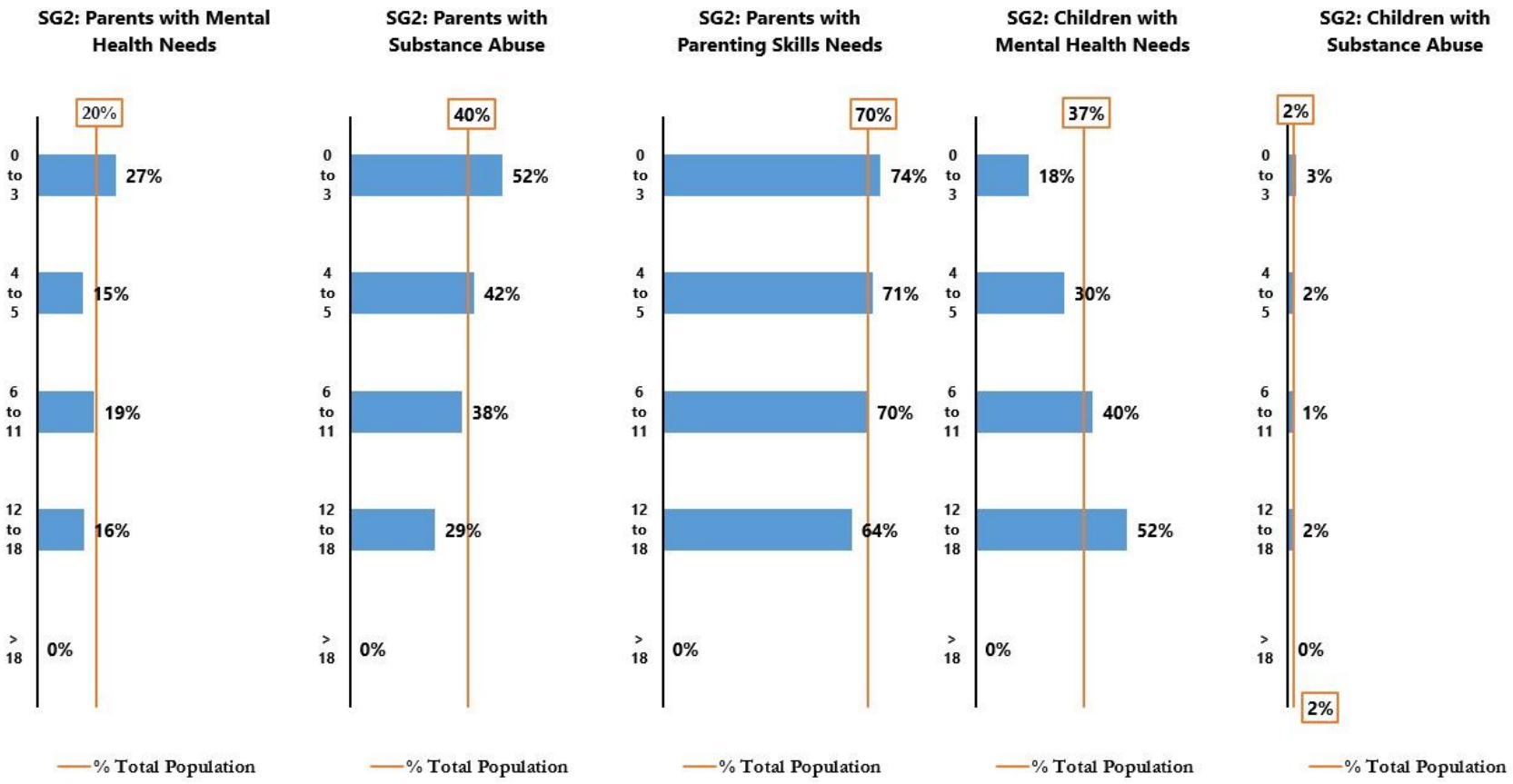


Children with Substance Abuse by Age Group:

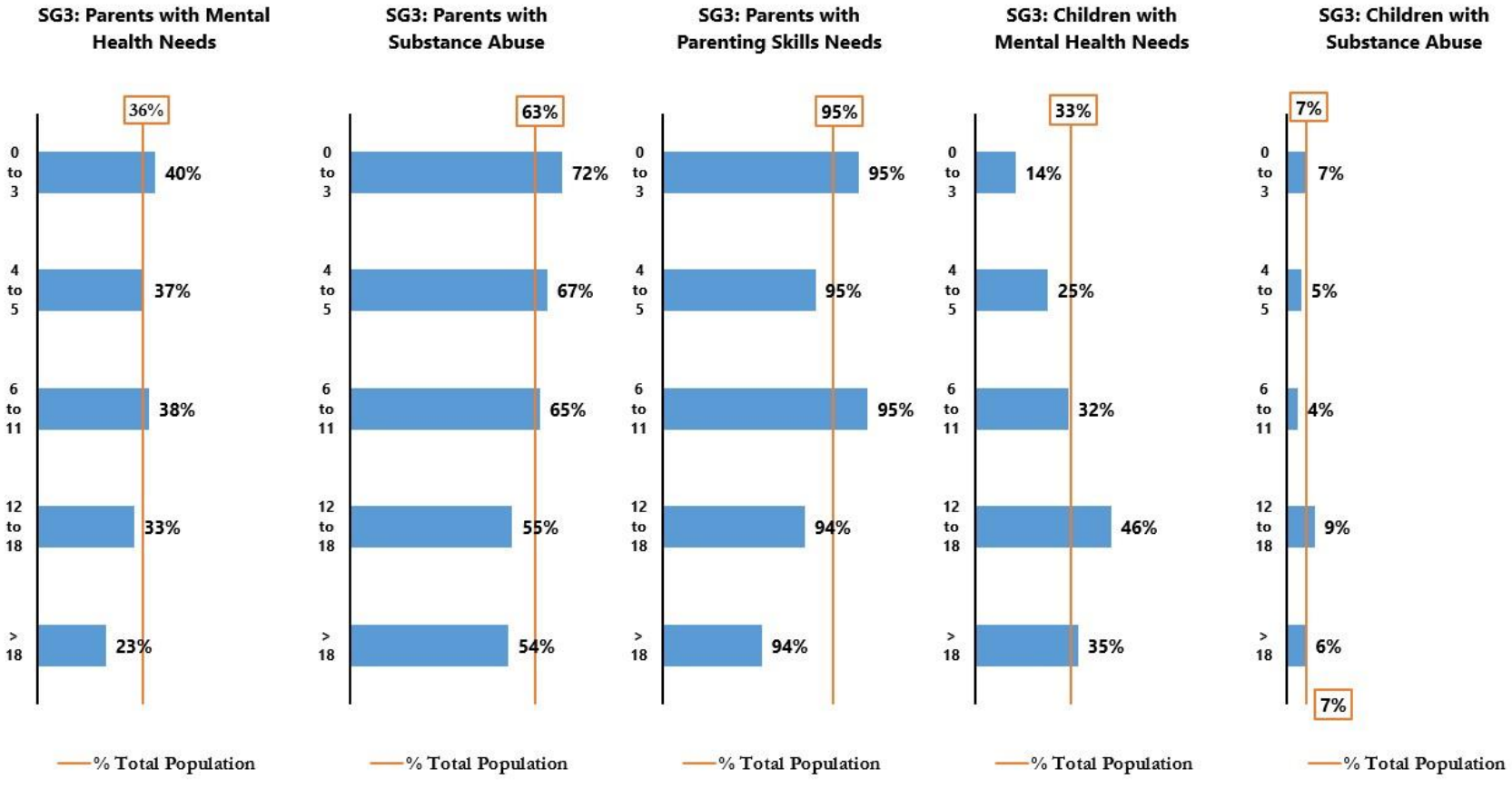


SG1: Investigations with at least one child safety threat as indicated on the SDM assessment: n = 1,124

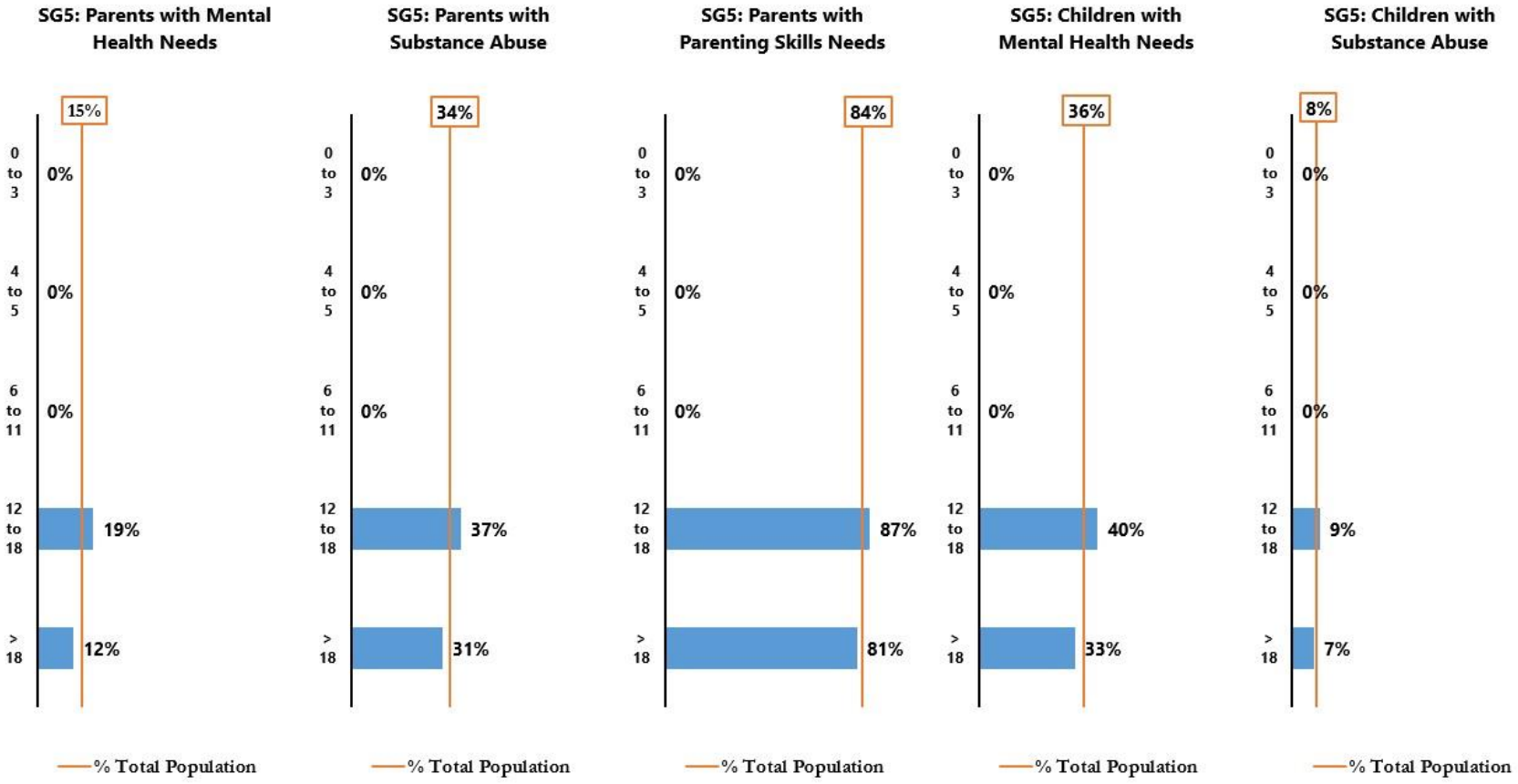
SG2: Investigations with a high or very high score on the SDM risk assessment: n = 3,071



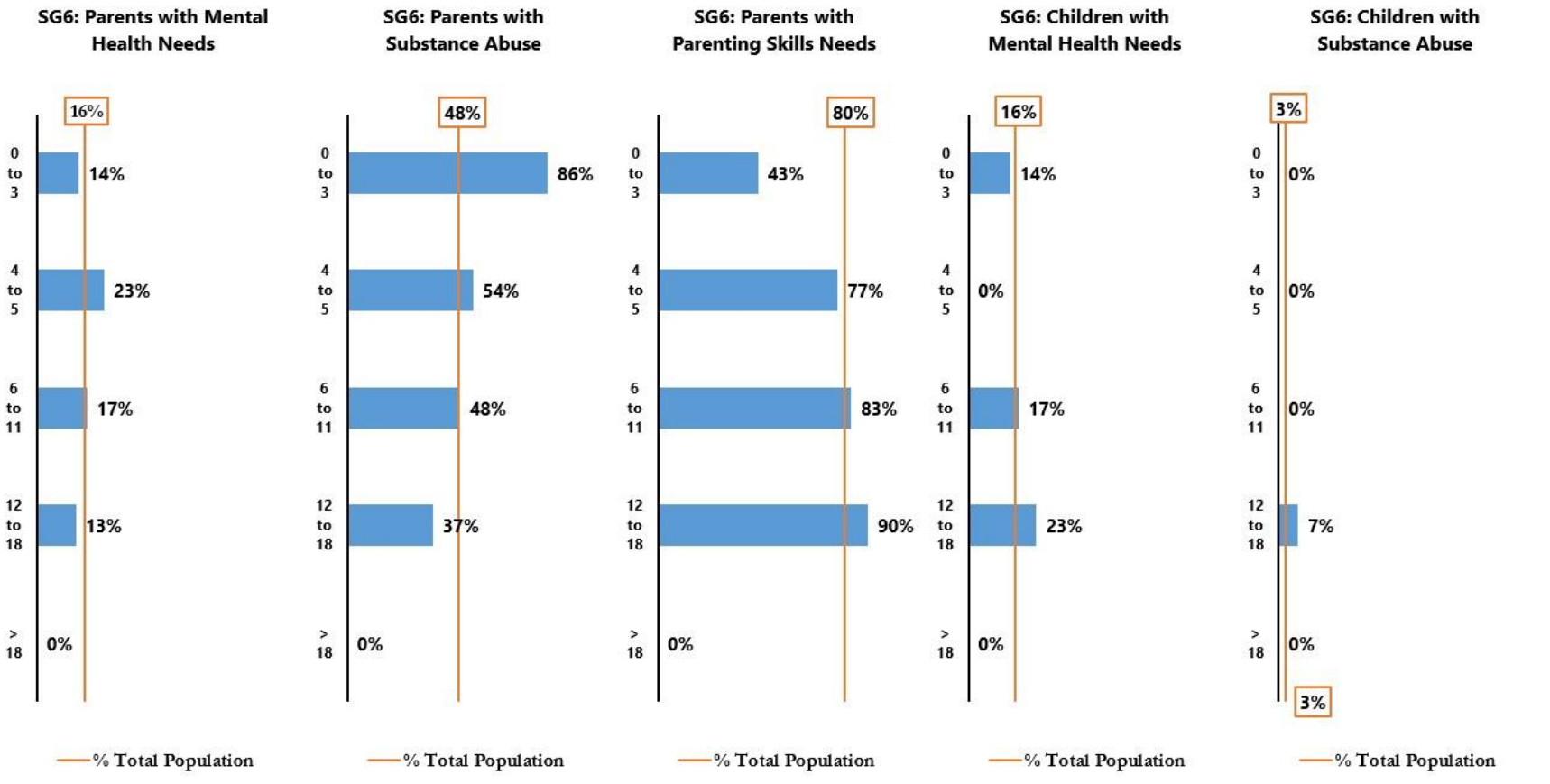
SG3: Open cases with siblings where a sibling remains at home when one sibling enters foster care: n = 2,802



SG5: Open cases where the youth is 18-21 years old and eligible for Extended Foster Care: n = 2,568

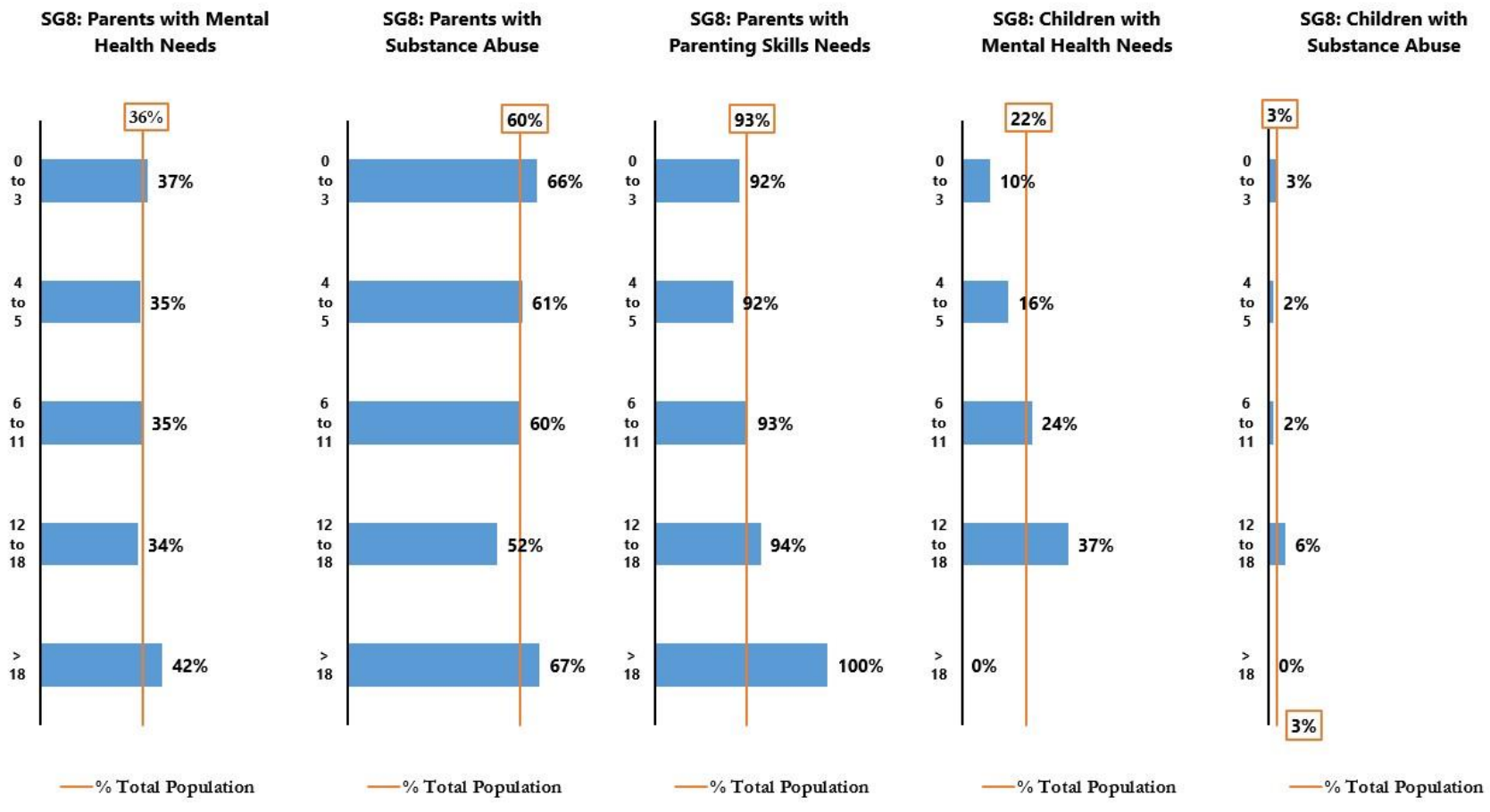


SG6: Youth who exit foster care to adoption but have a single safety threat or high or very high risk following their exit: n = 80

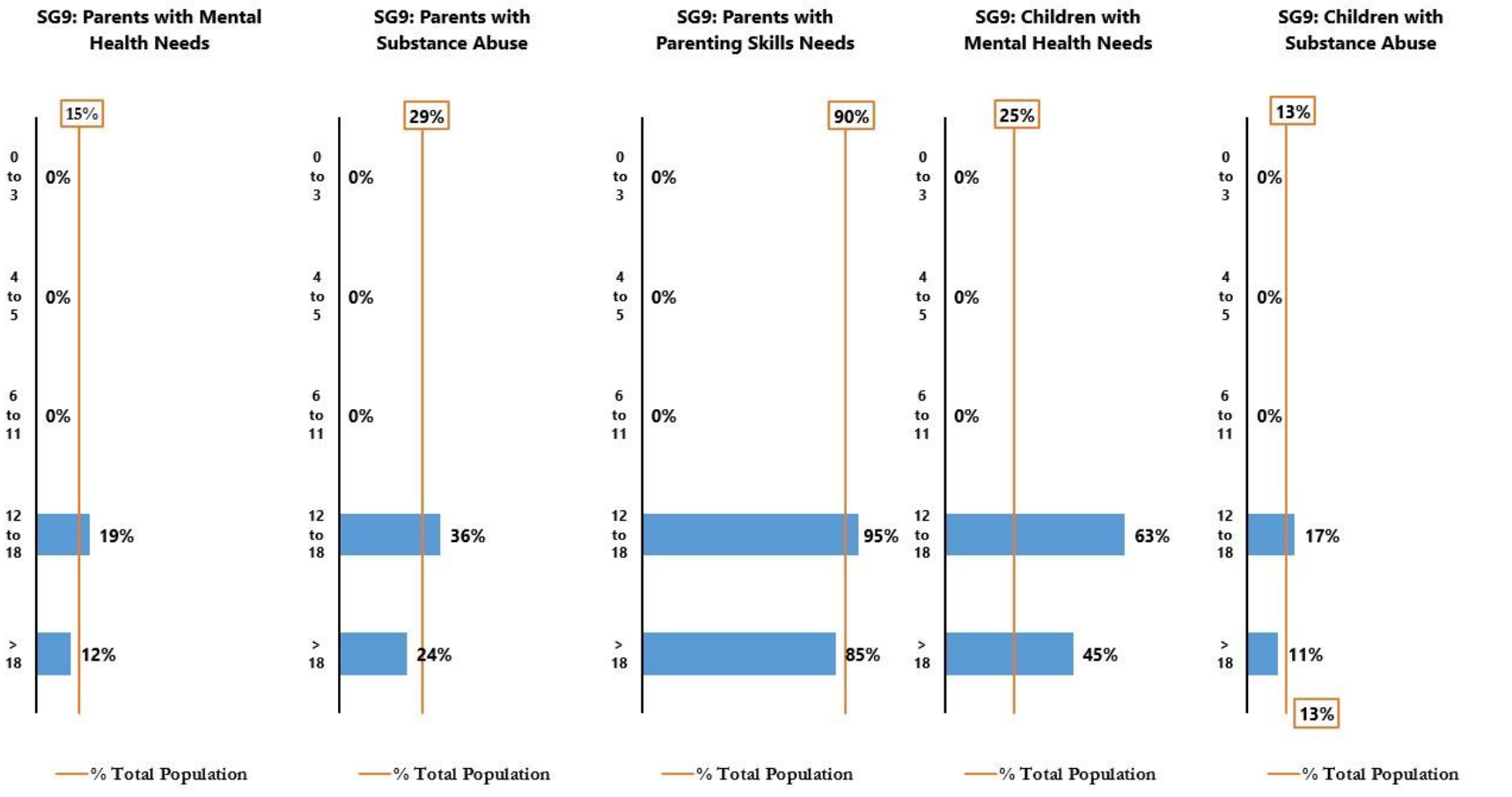


SG7: Youth who exit foster care to guardianship but have a single safety threat or high or very high risk following their exit: n = 1,184

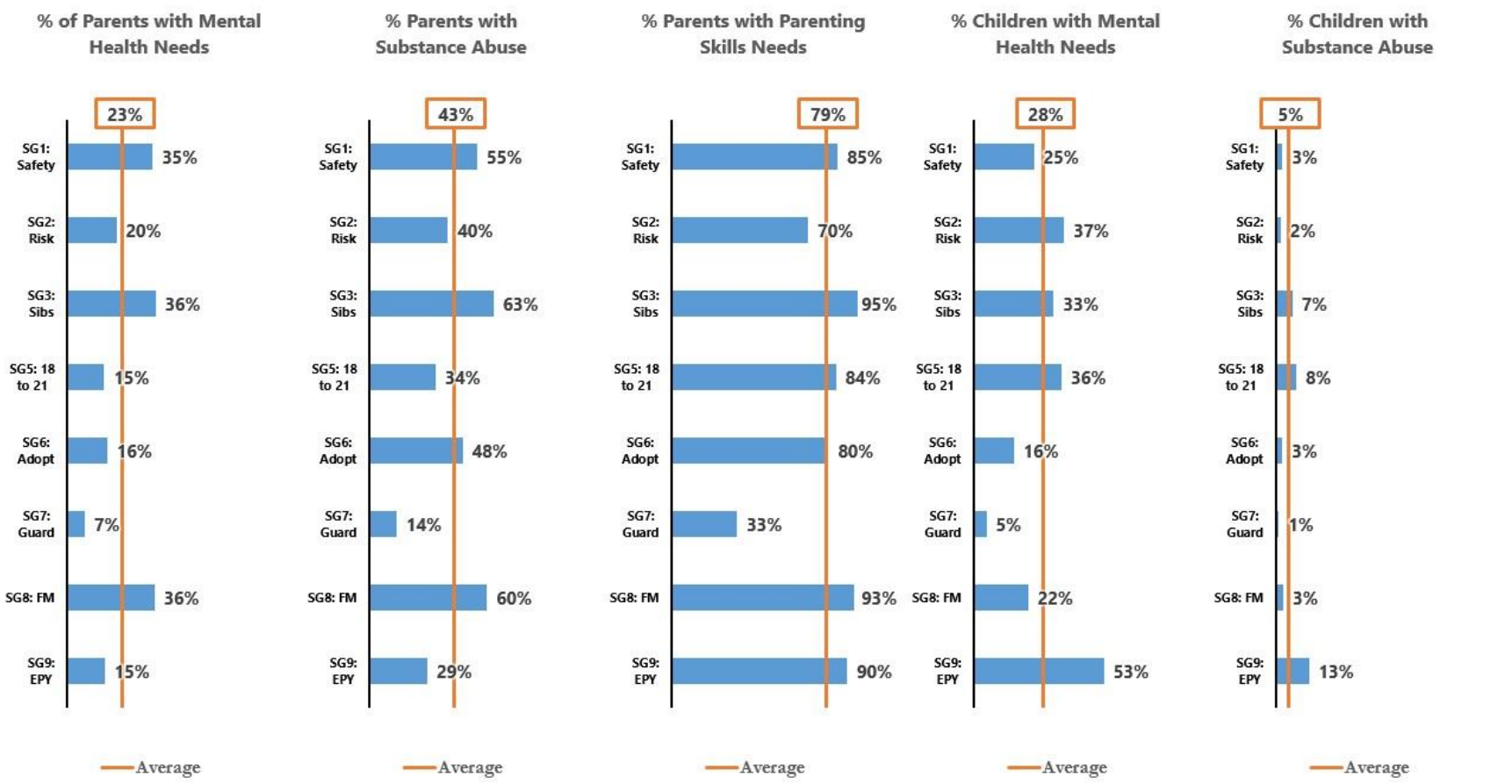
SG8: Of all court-order in-home family maintenance cases: n = 8,950



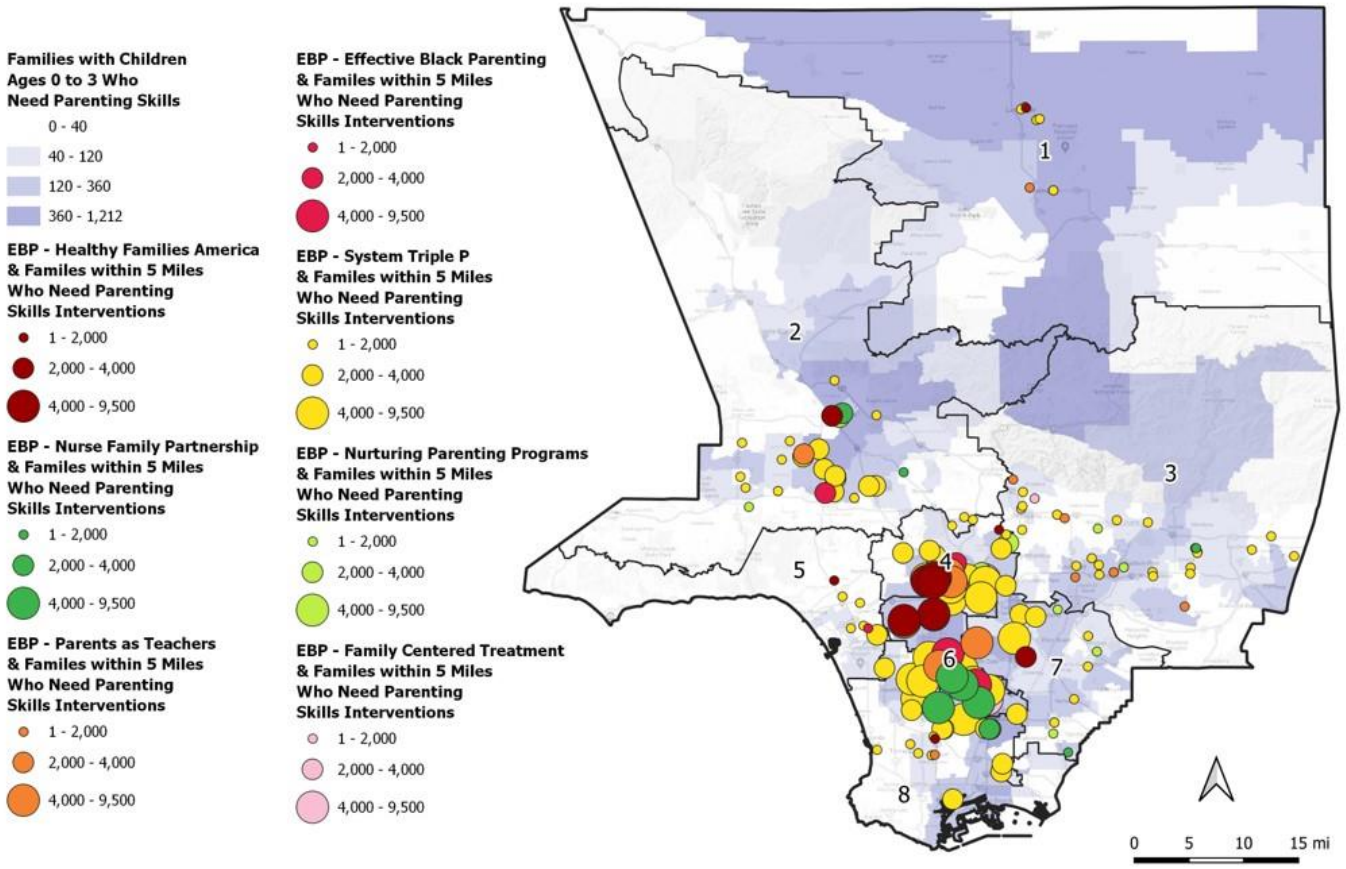
SG9: Of all open cases with expectant and parenting youth (EPY): n = 478



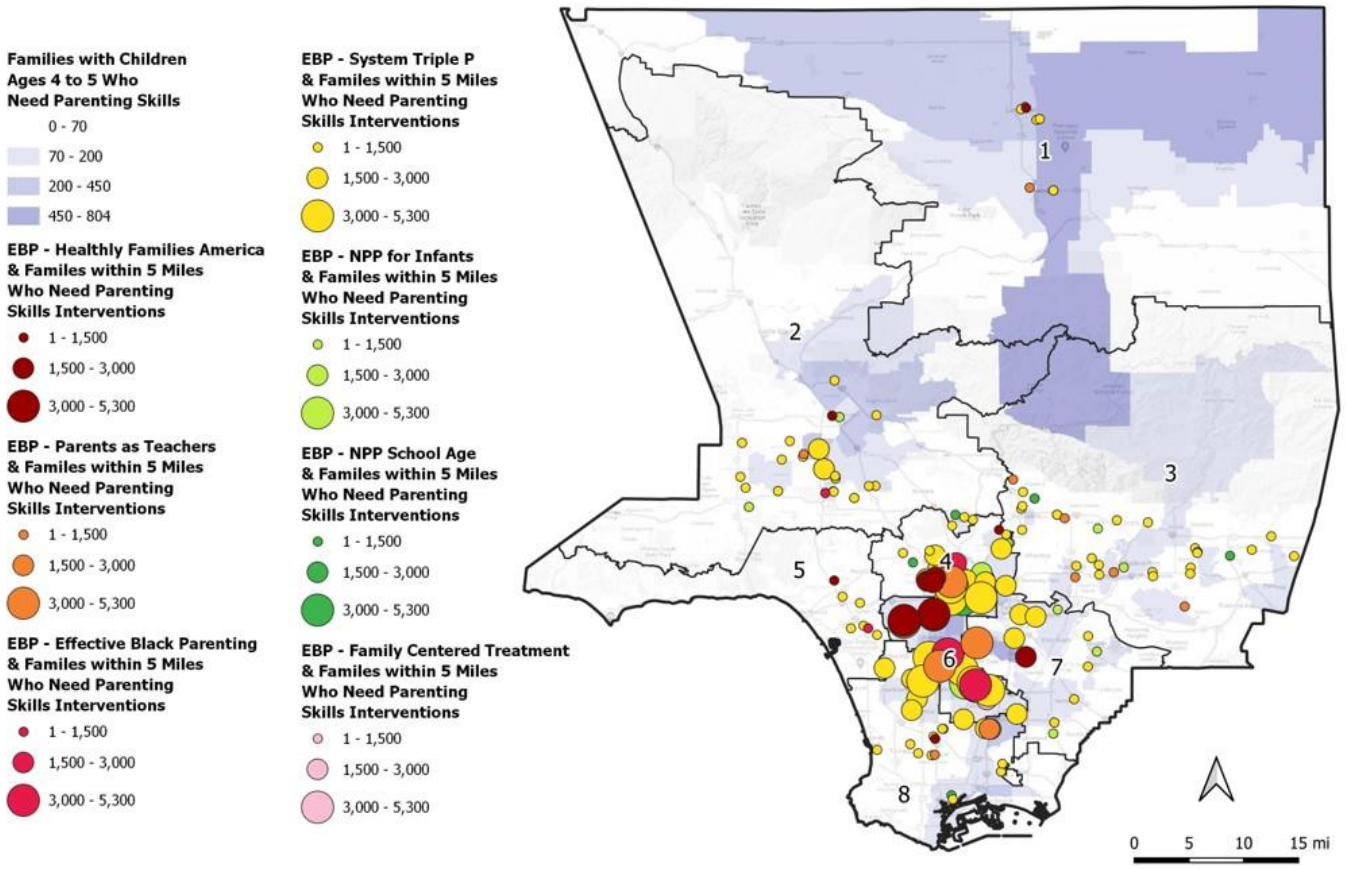
Parent and Child Needs by Sub-Group:



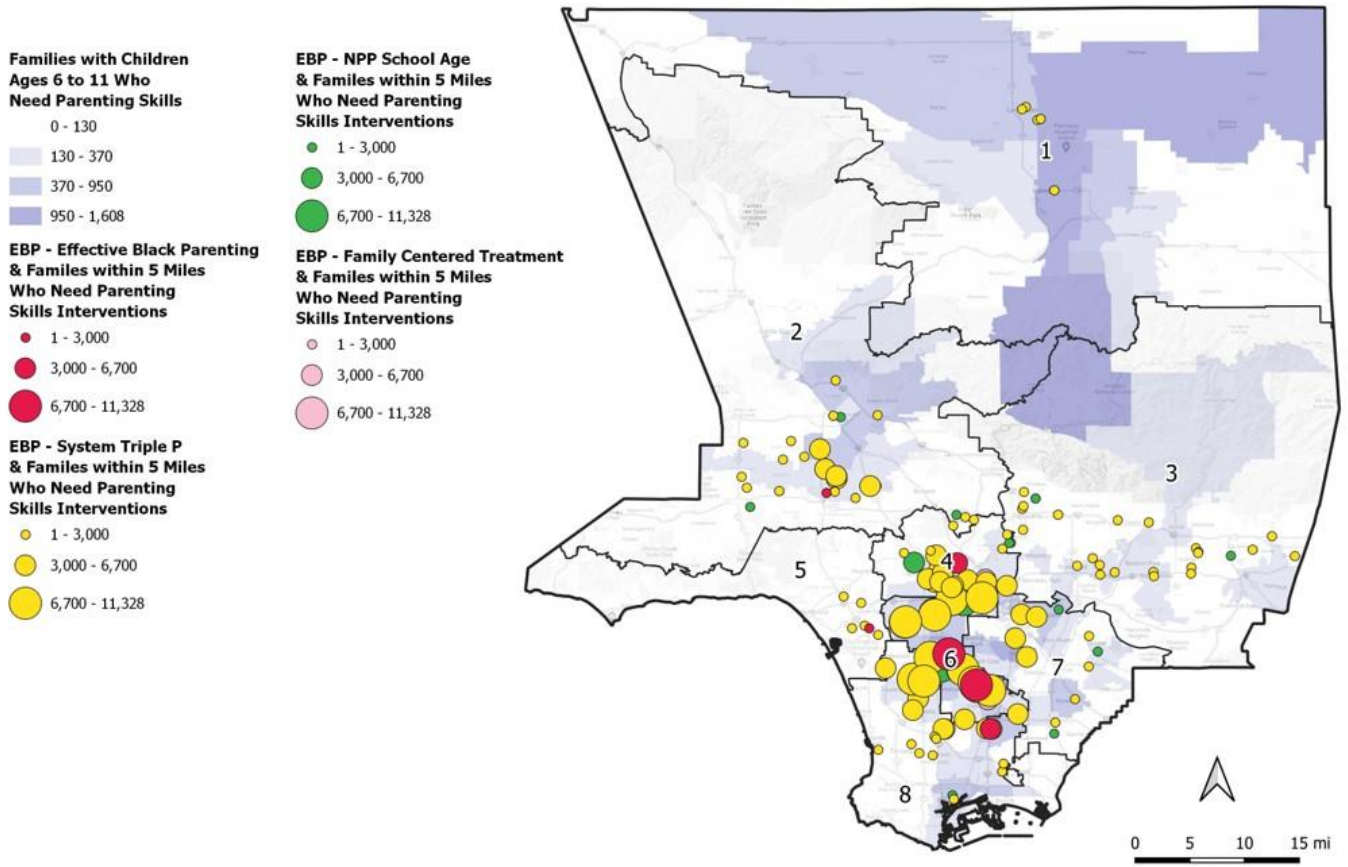
Distribution of Families with Children Ages 0 to 3 & Selected Array of Parenting Skills EBPs



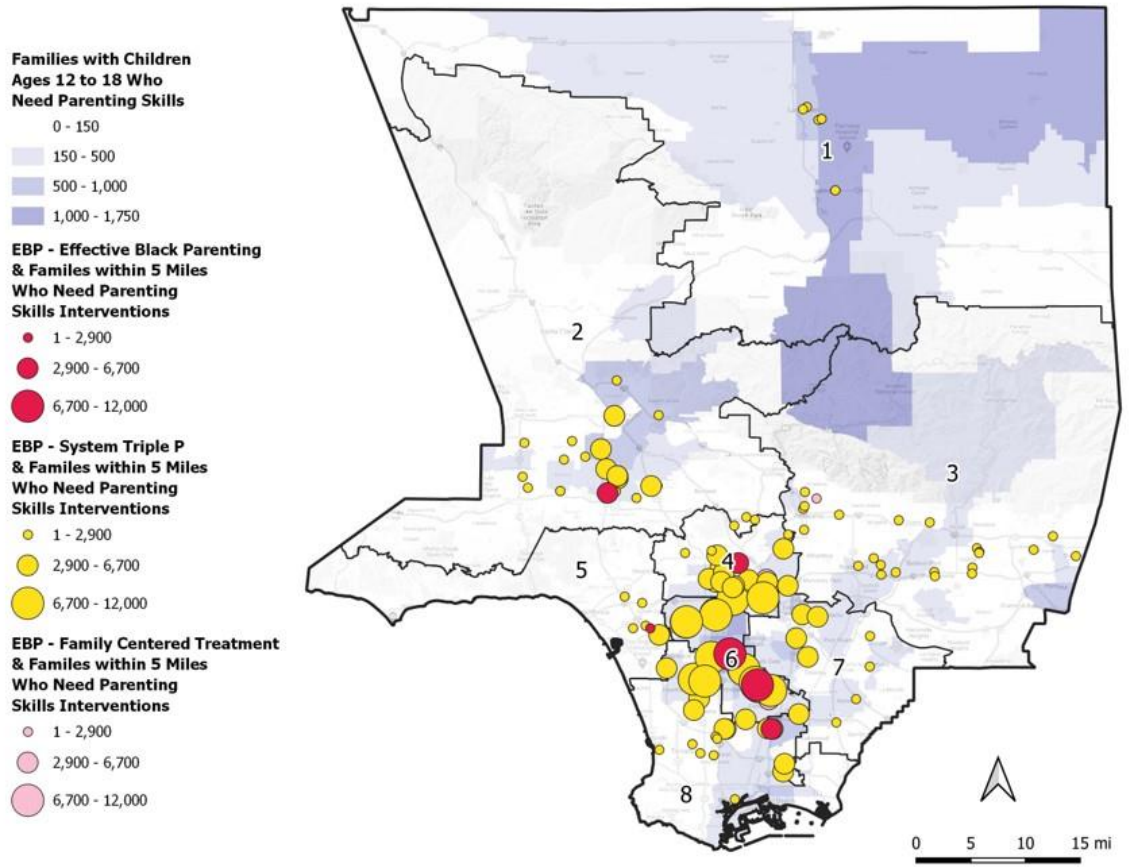
Distribution of Families with Children Ages 4 to 5 & Selected Array of Parenting Skills EBPs



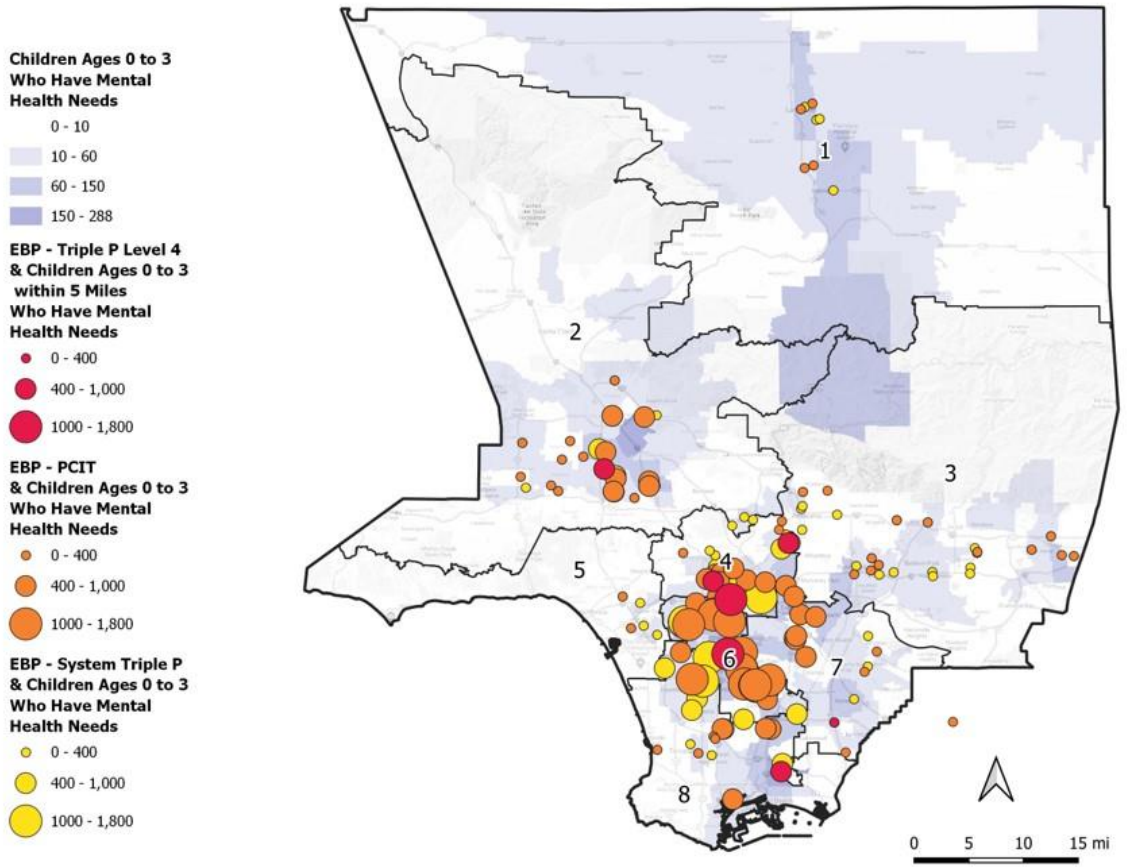
Distribution of Families with Children Ages 6 to 11 & Selected Array of Parenting Skills EBPs



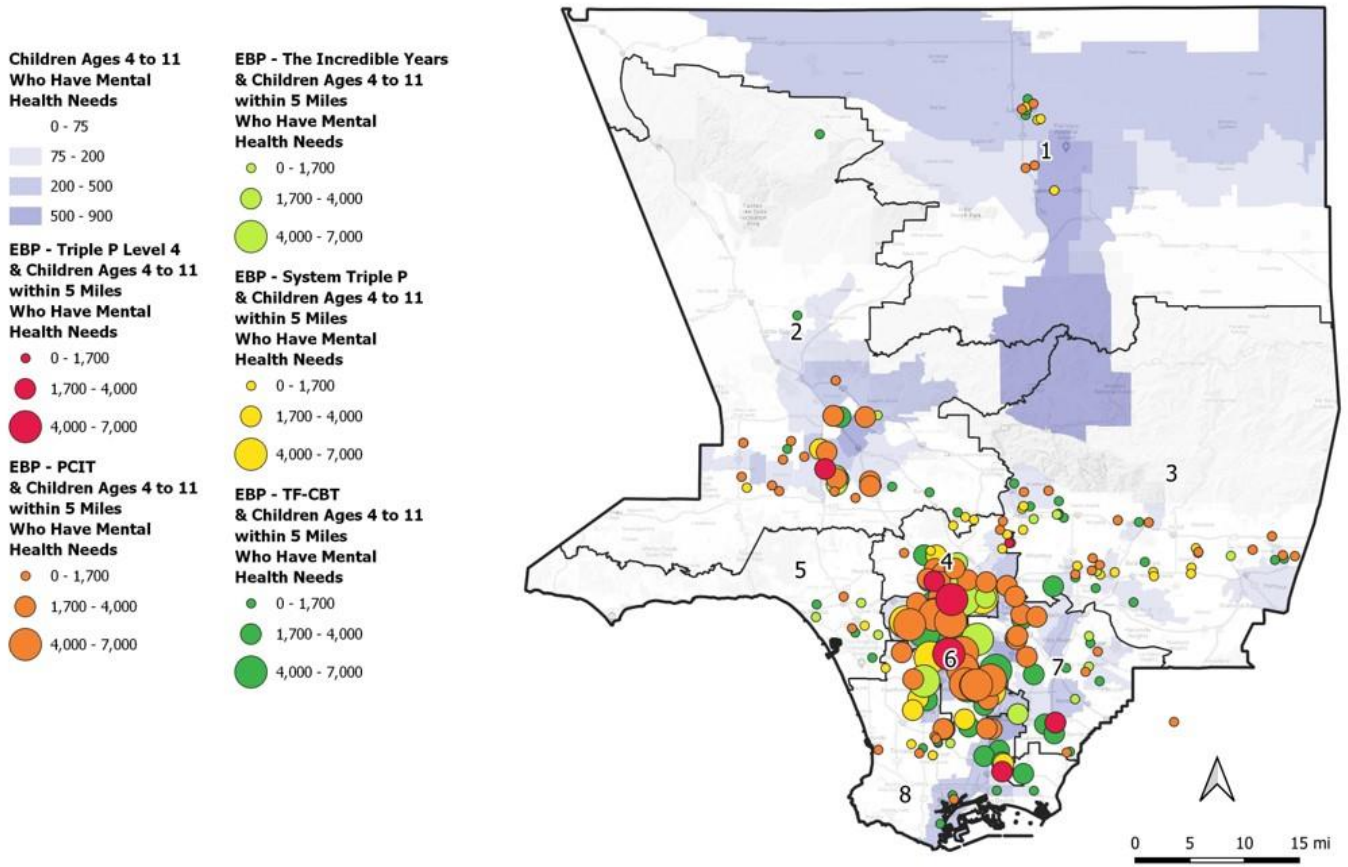
Distribution of Families with Children Ages 12 to 18 & Selected Array of Parenting Skills EBPs



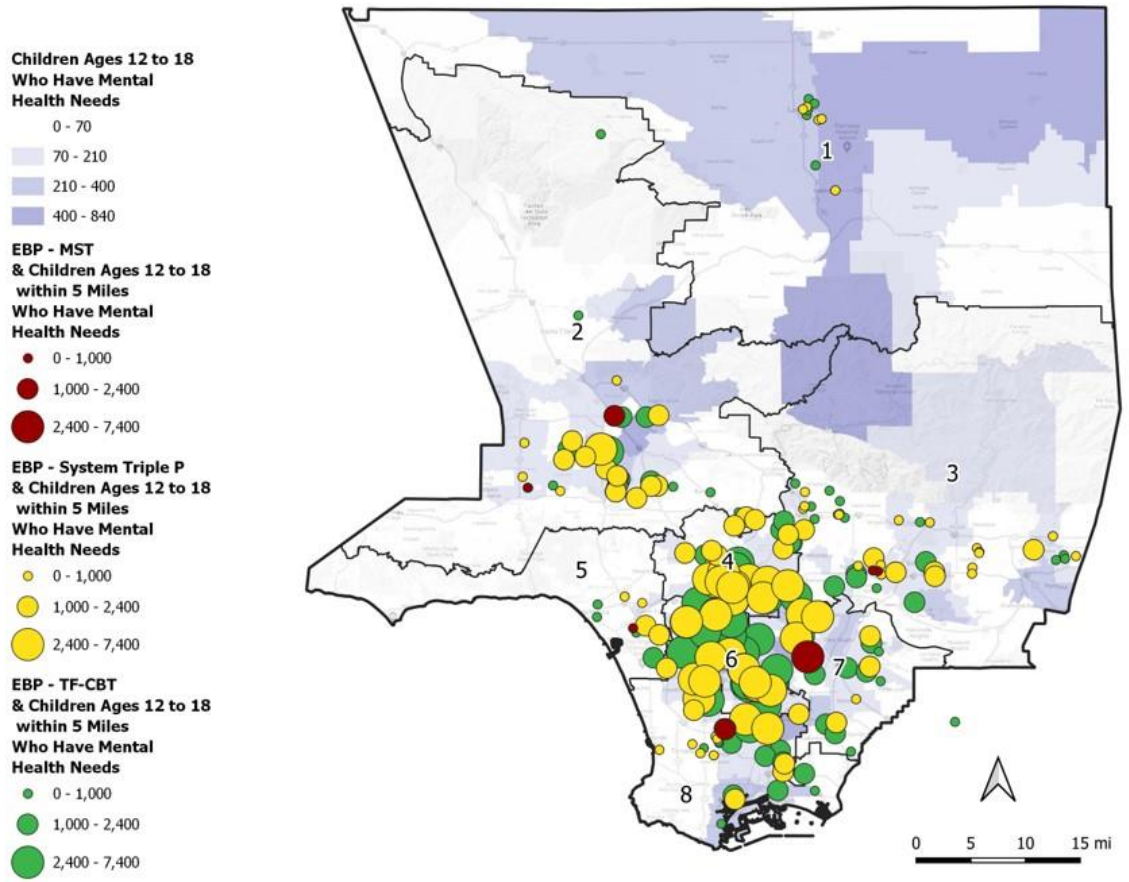
Distribution of Children Ages 0 to 3 & Selected Array of Mental Health EBPs



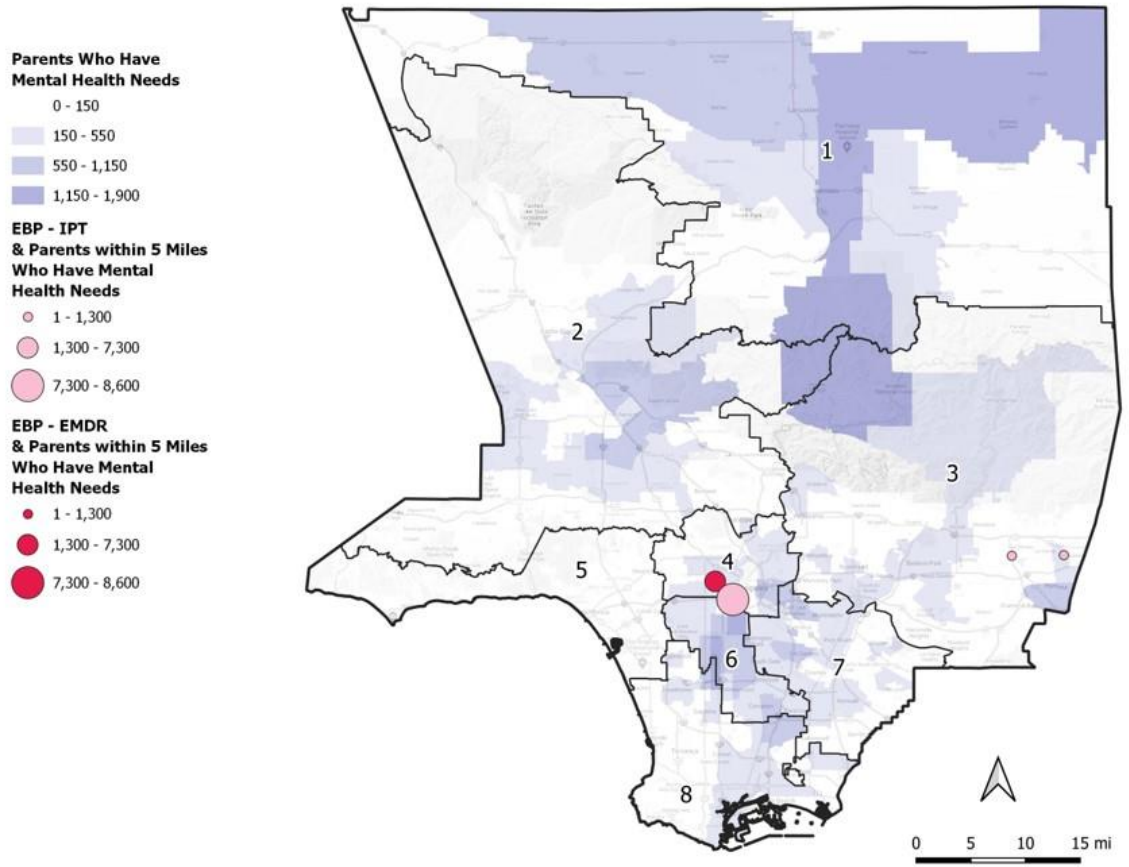
Distribution of Children Ages 4 to 11 & Selected Array of Mental Health EBPs



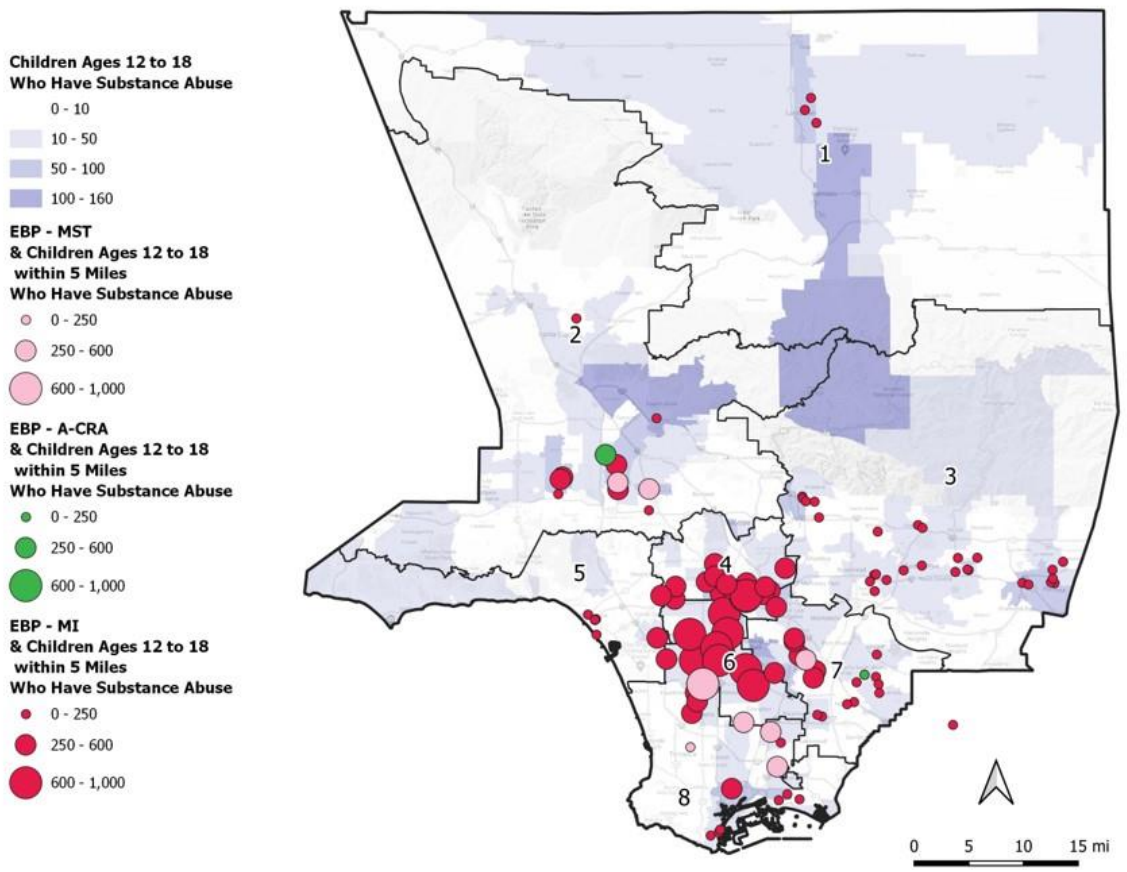
Distribution of Children Ages 12 to 18 & Selected Array of Mental Health EBPs



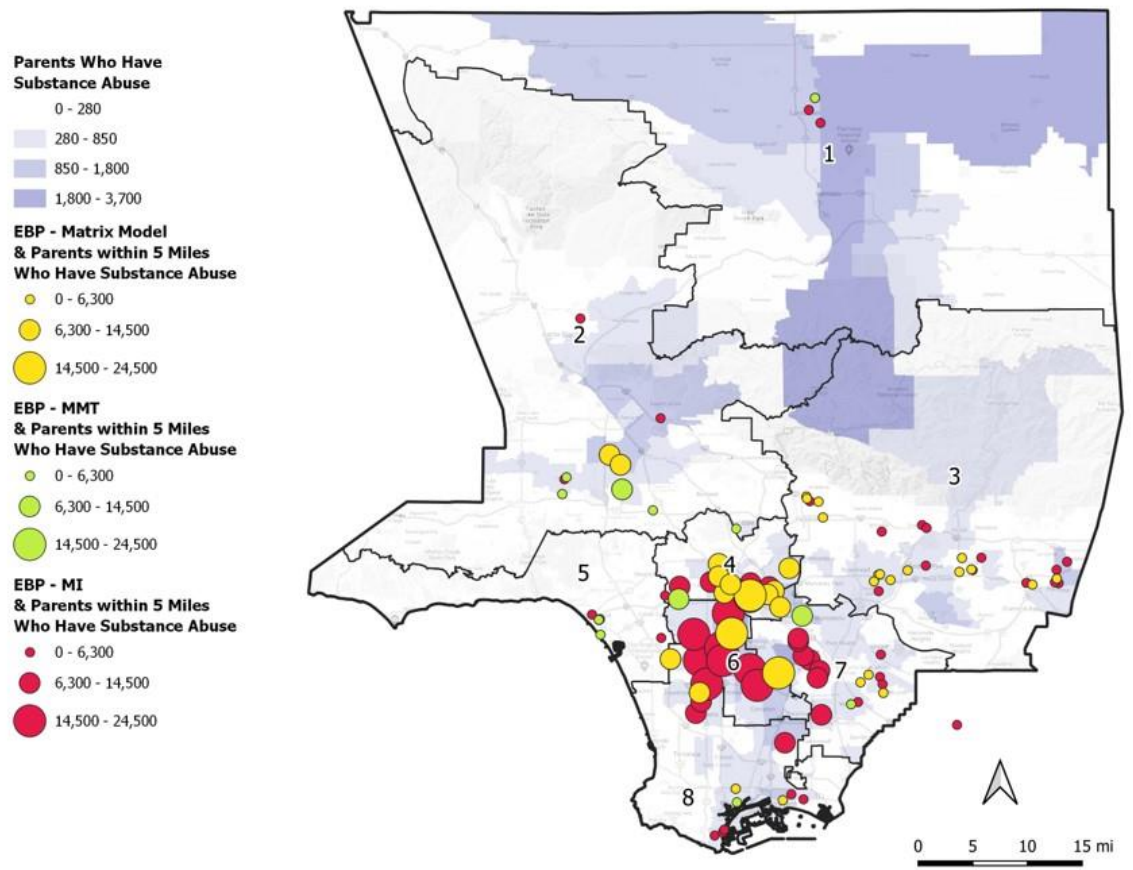
Distribution of Parents Who Have Mental Health Needs & the Selected Array of EBPs



Distribution of Children Ages 12 to 18 & Selected Array of Substance Abuse EBPs



Distribution of Parents Who Abuse Substances & the Selected Array of EBPs



Gap Analysis

Gap Analysis - Approach

- Using the data available, we attempted to follow the path for each candidate subgroup to a prevention program and provide an annual estimate of the number of potential referrals by service area.
  - Stratification 1: counts of eligible individuals (children and caregivers) that fall into each zip code
  - Stratification 2: counts of eligible individuals (children and caregivers) that fall into a 30-minute drive time distance from each provider location

- Limitations
  - Estimates for eligible individuals at the provider level are not mutually exclusive
  - Zip code analysis based on zip code centroids – only counts if centroid falls in drive time (an all or nothing approach)

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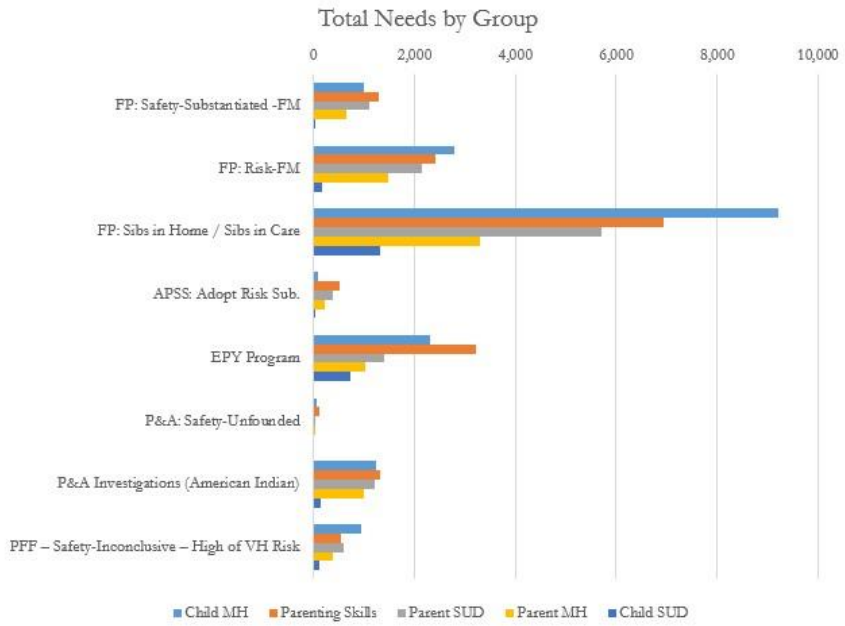
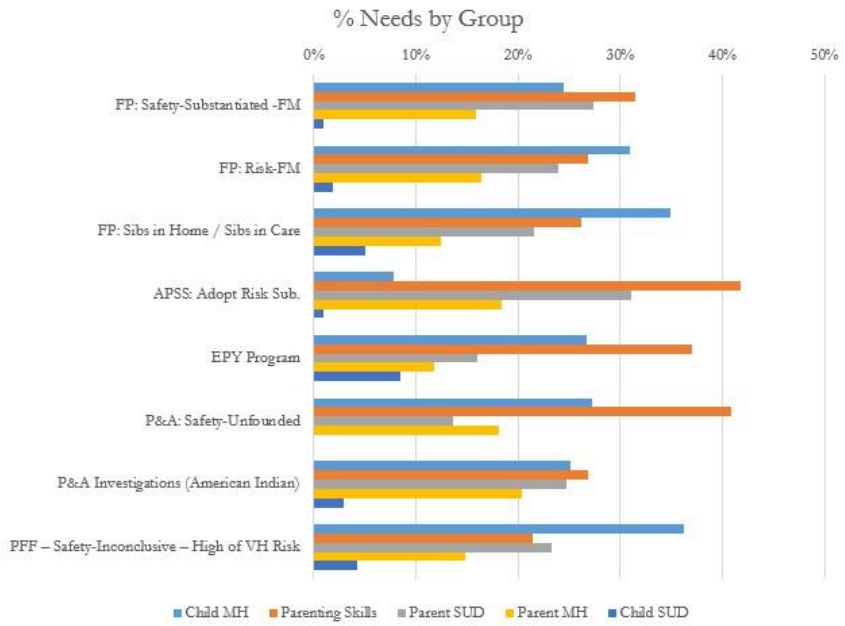
Estimated Annual Family First Referrals

Subgroup	Pathway to Prevention Programs	C-MH Annual Estimate	C-SA Annual Estimate	PS Annual Estimate	P-MH Annual Estimate	P-SA Annual Estimate
P&A	P&A: Safety-Unfounded	24	0	84	48	36
	P&A: Investigations (American Indian)	540	84	648	396	468
	P&A: Risk-Substantiated-Reunified after 90 days					
	P&A: NMD, Guardianship, Adoption, or FM-Closed Case					
Family Prez	FP: Sibs in home while other sibs in care	5,004	1,044	4,836	2,004	3,276
	FP: Safety-Substantiated-FM	420	48	624	264	384
	FP: Risk-FM	1,044	120	1,092	468	672
	FP: Risk-Substantiated-Reunified under 90 days					
	FP: Probation involved					
APSS	APSS: Risk-Substantiated-Adopted	36	24	240	60	132
	APSS: Adoptive-Safey or Risk After					
EPY	EPY Program (youth is child – caregiver is parent)	2,460	768	3,504	1,104	1,428
PFF	PFF: Safety-Inconclusive-High or VH Risk					

Needs by Pathway





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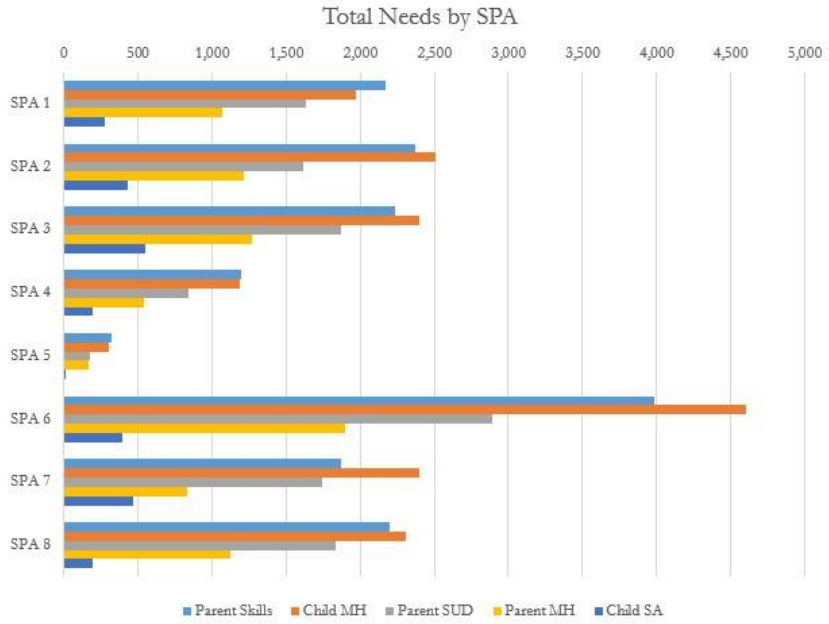
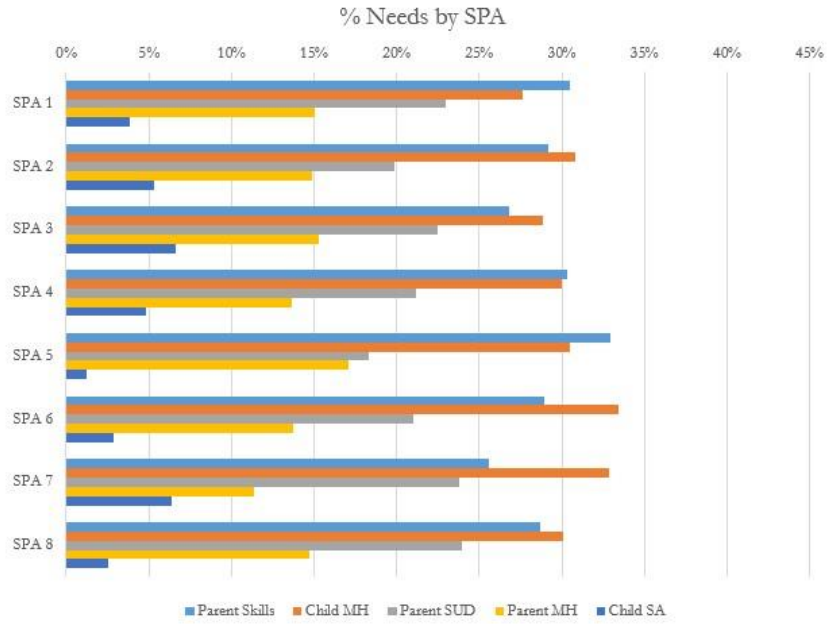
Needs by SPA





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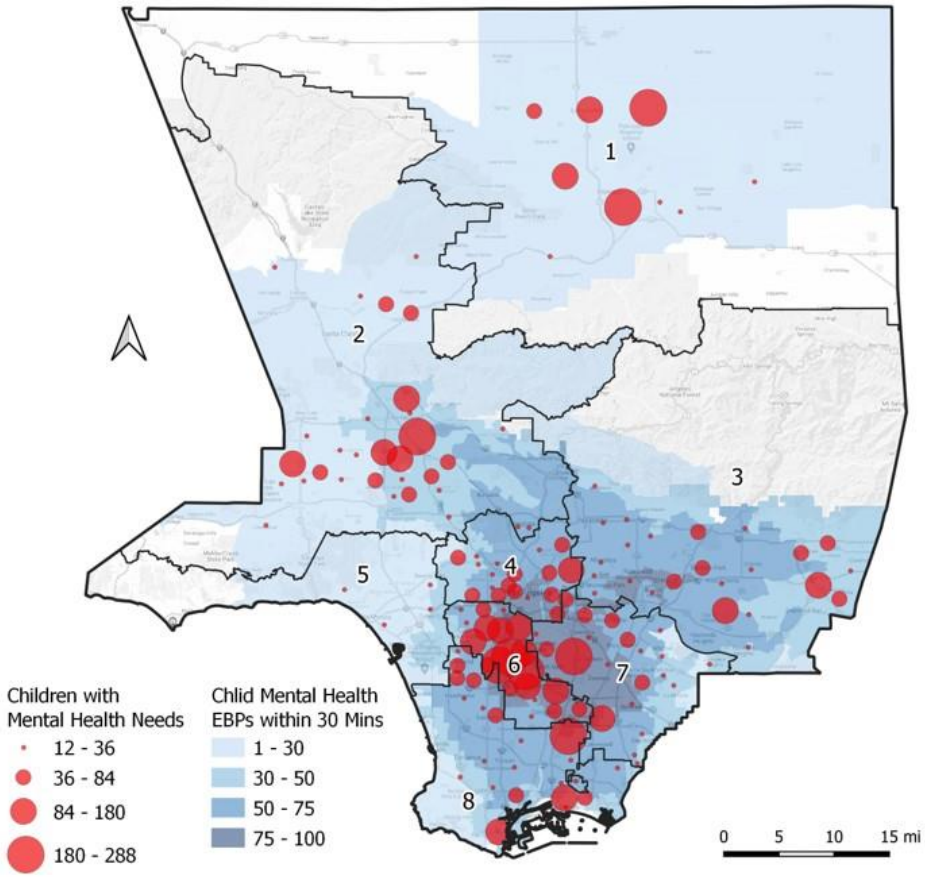
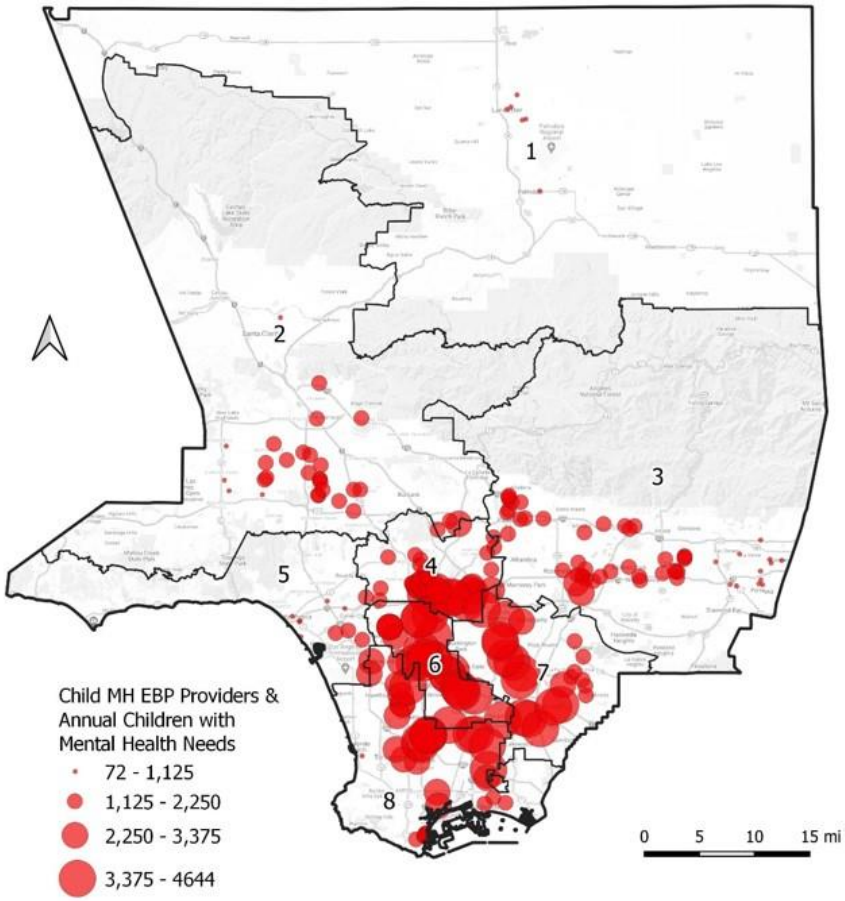
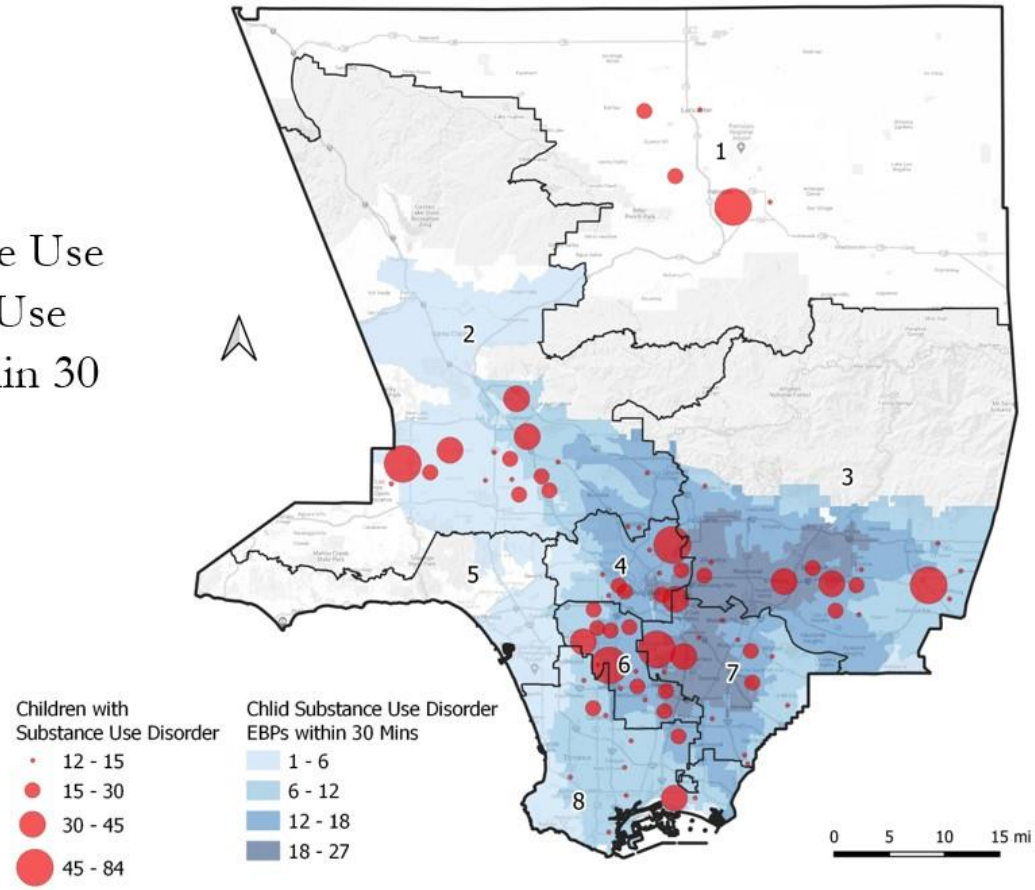
Total Children with Mental Health needs & Child Mental Health EBP providers within 30 minutes.



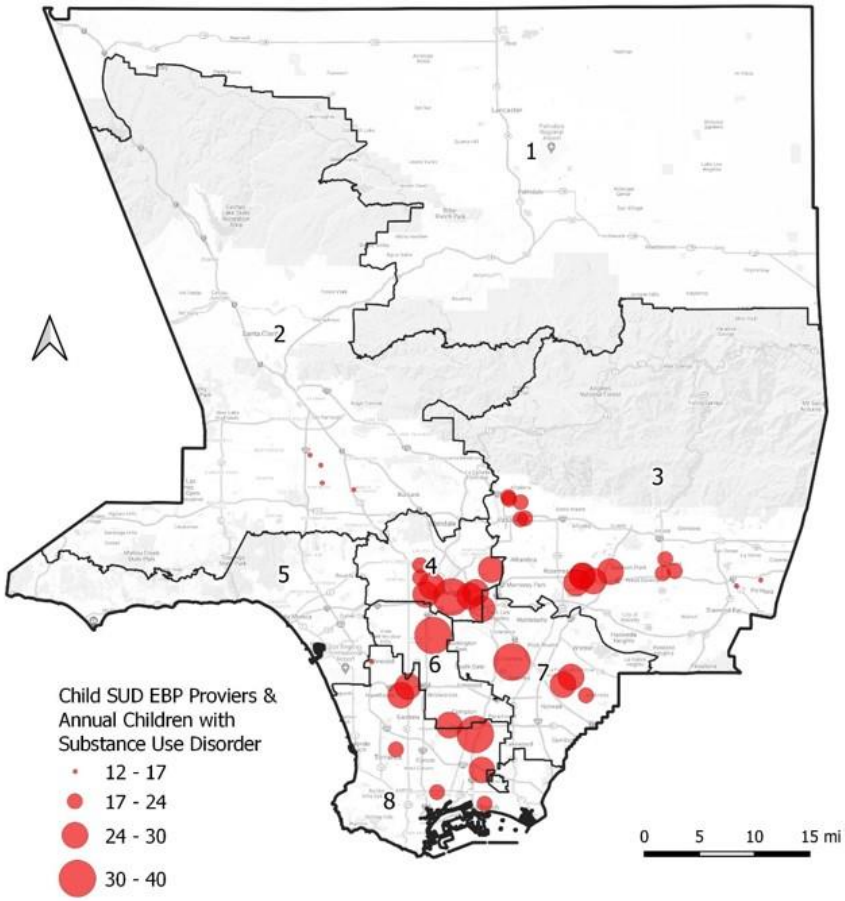
Child Mental Health EBP providers & total Children with Mental Health needs within 30 minutes.



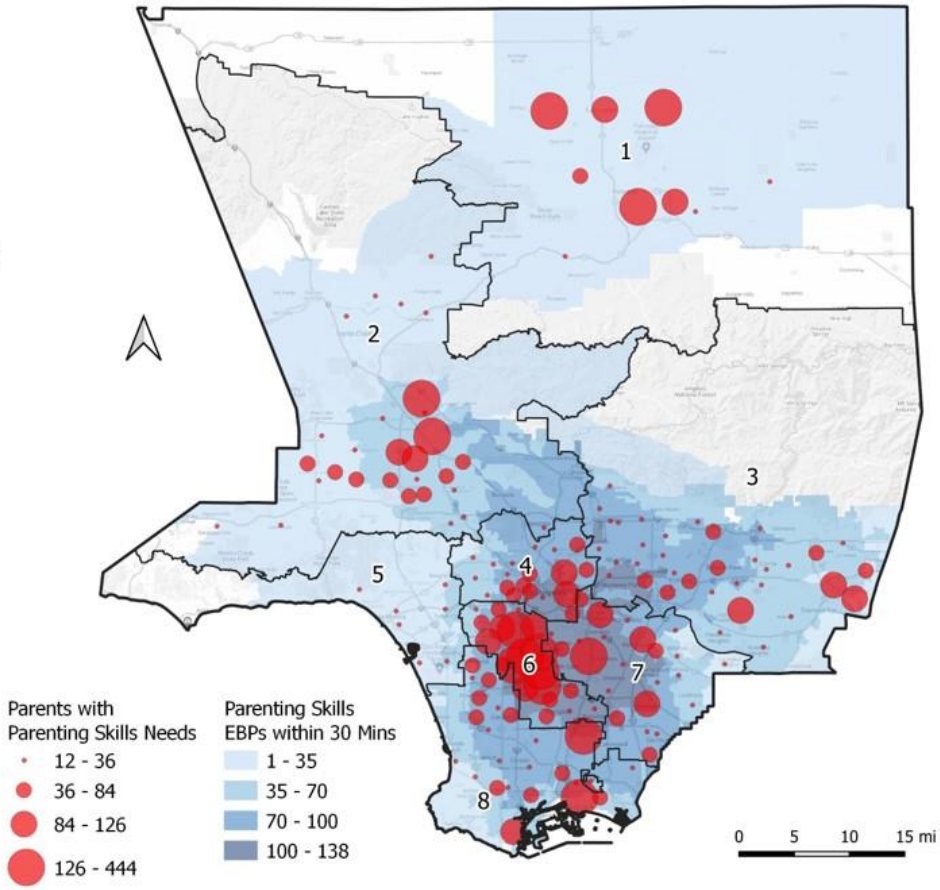
Total Children with Substance Use Disorder & Child Substance Use Disorder EBP providers within 30 minutes.



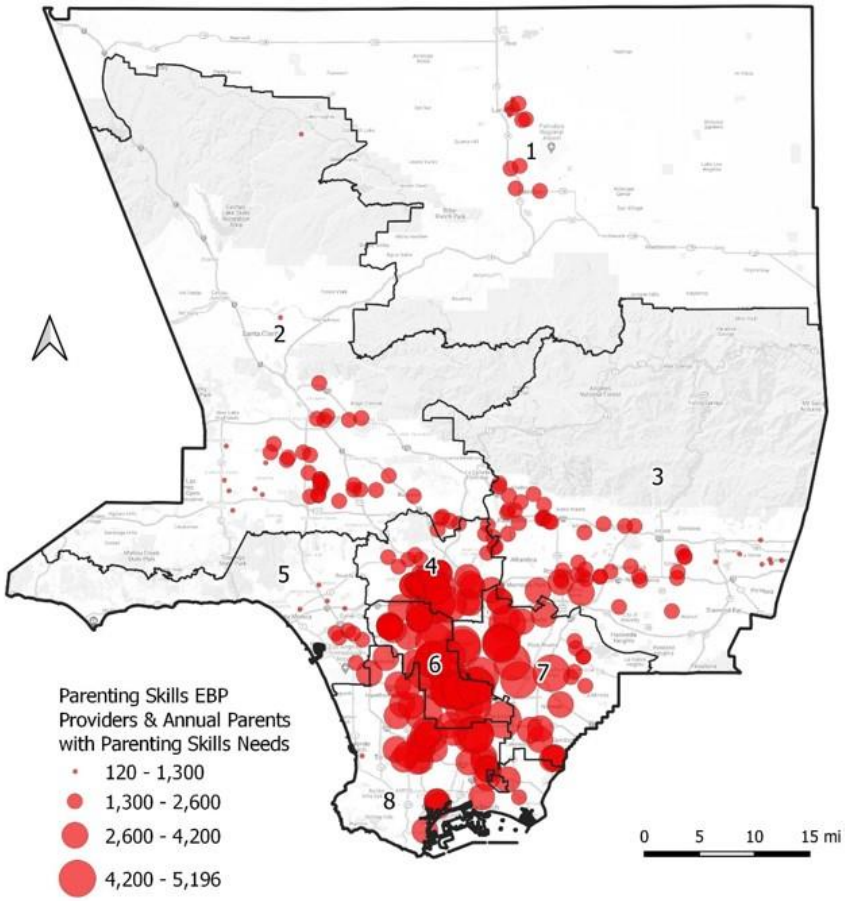
Child Substance Use Disorder EBP providers & total Children with Substance Use Disorder needs within 30 minutes.



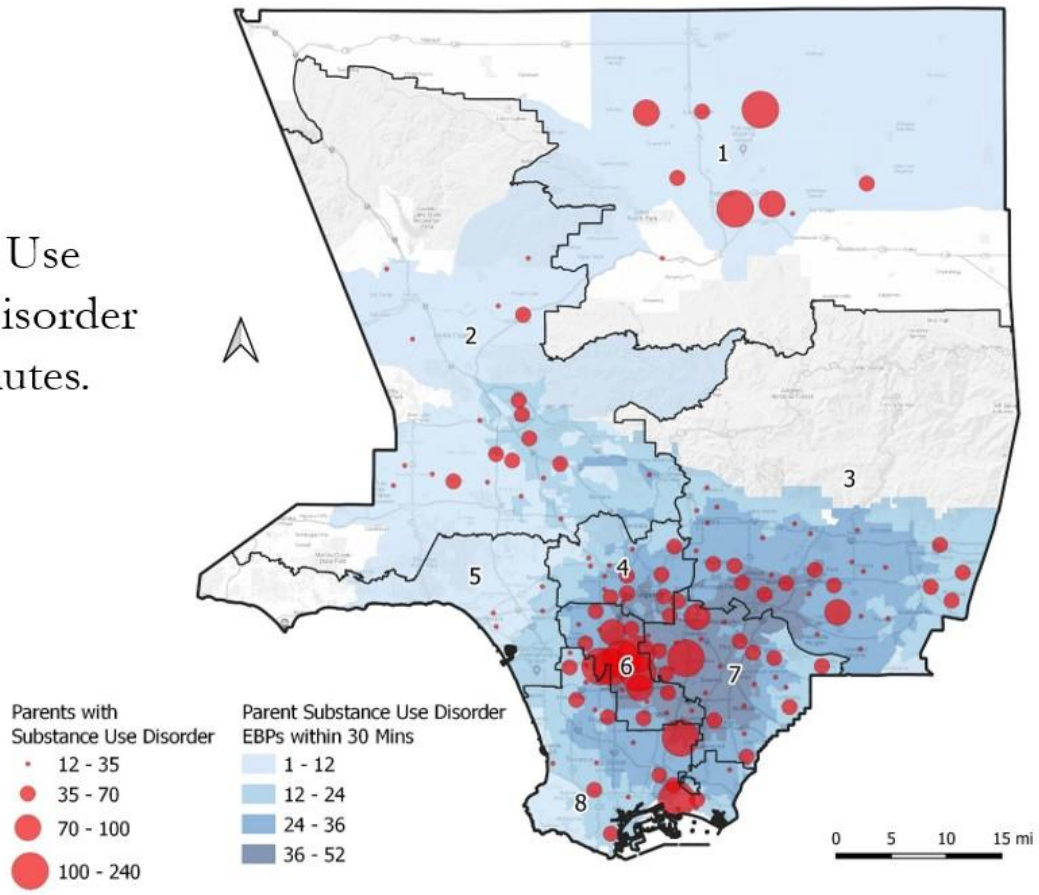
Total Parents with Parenting Skills Needs & Parenting Skills EBP providers within 30 minutes.



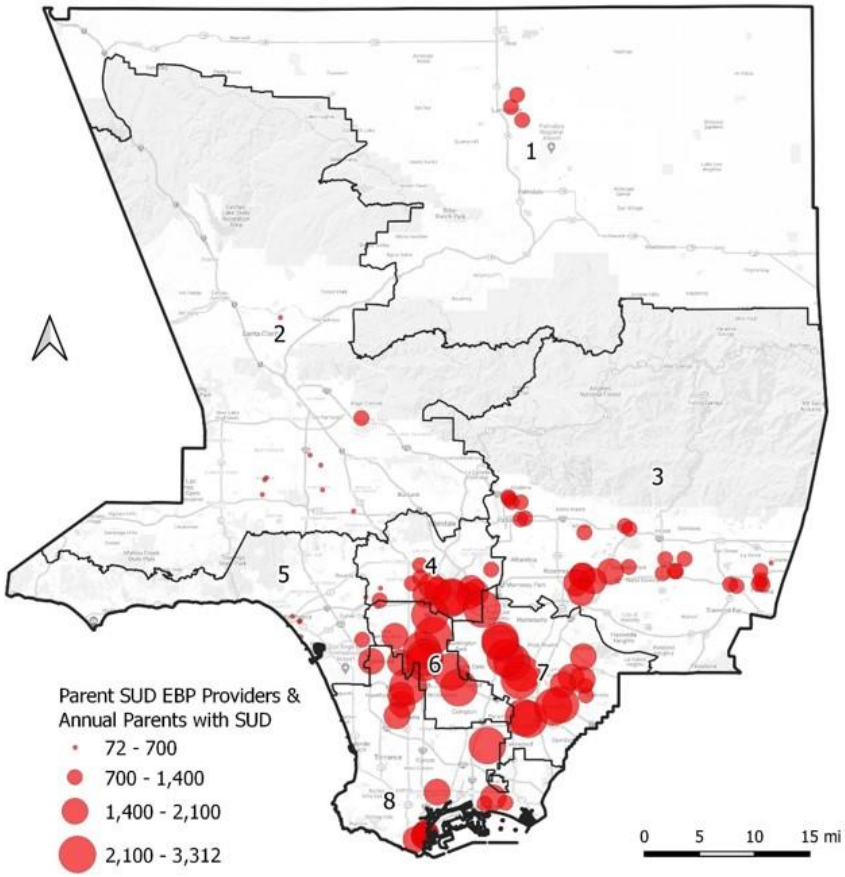
Parenting Skills EBP providers & total Parents Parenting Skills needs within 30 minutes.



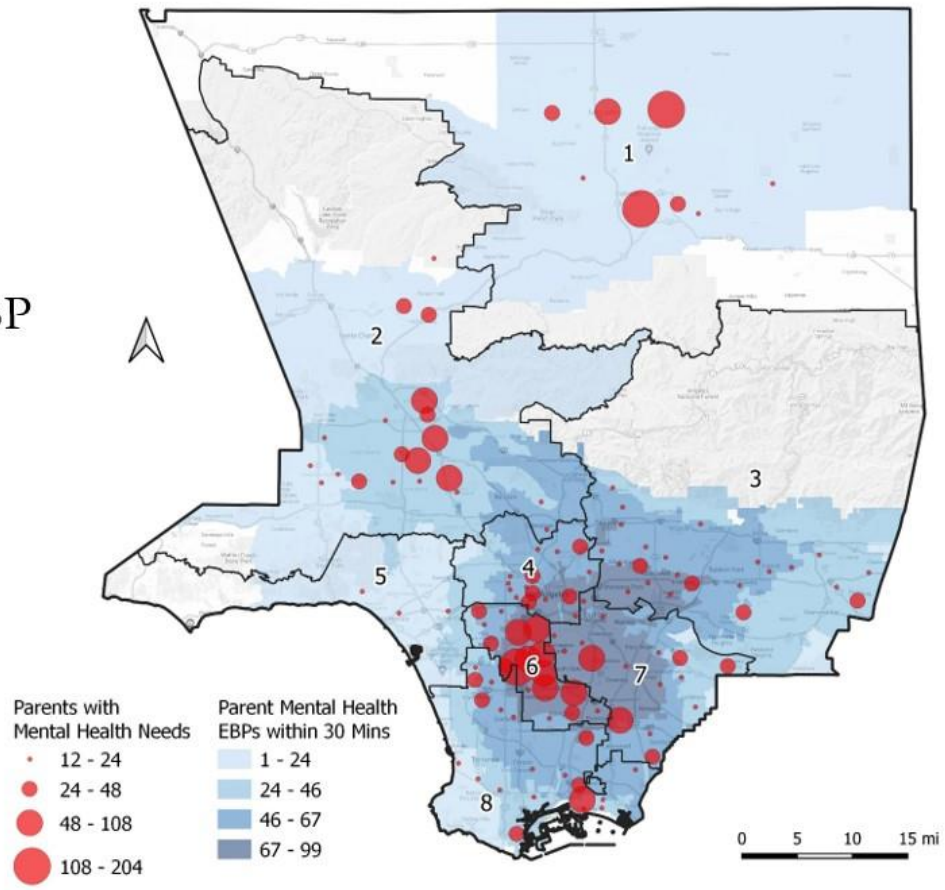
Total Parents with Substance Use Disorder & Substance Use Disorder EBP providers within 30 minutes.



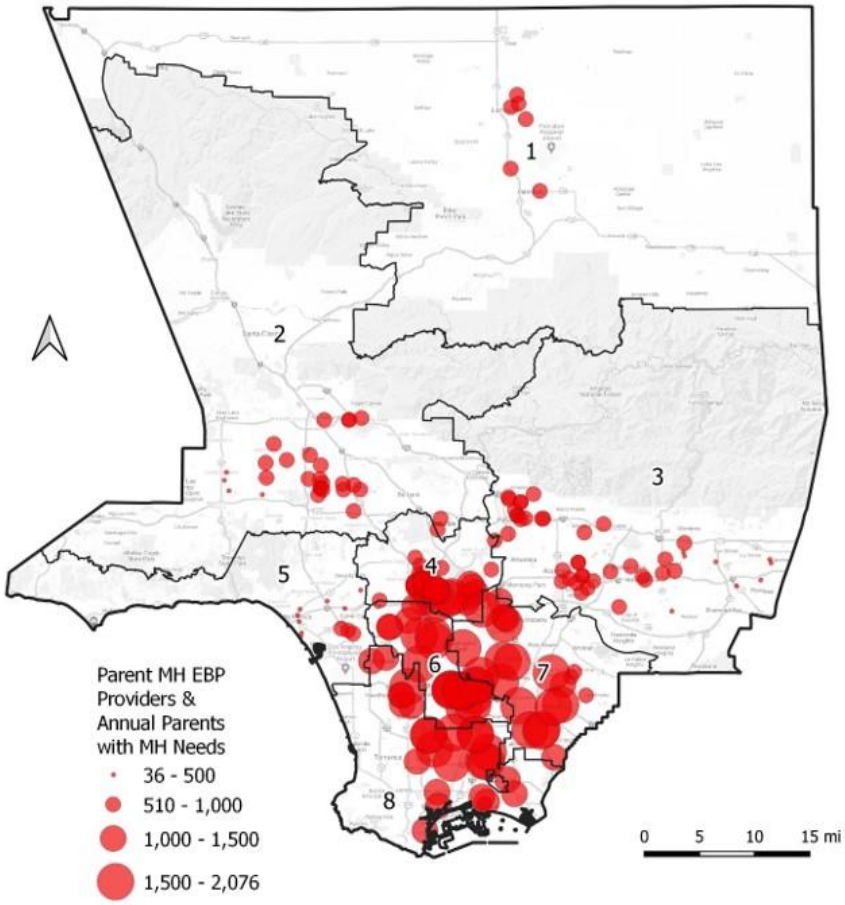
Parent Substance Use Disorder EBP providers & total Parents with Substance Use Disorder within 30 minutes.



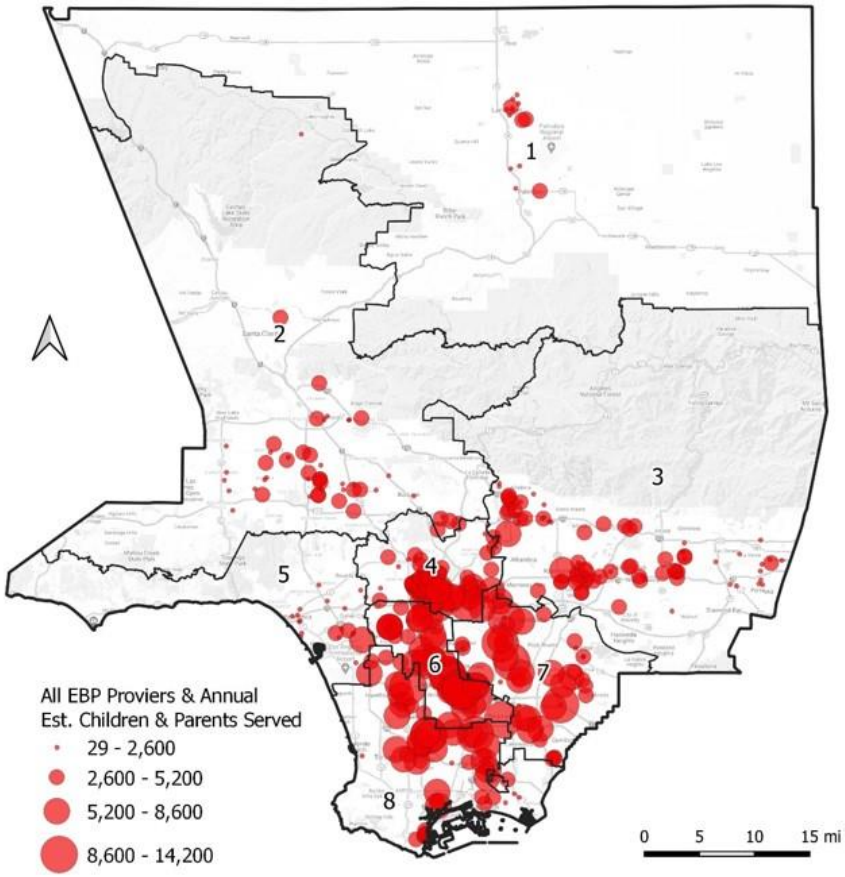
Total Parents with Mental Health needs & Parent Mental Health EBP providers within 30 minutes.



Parent Mental Health EBP providers & total Parents with Mental Health needs within 30 minutes.



All Child/Parent EBP providers & total Children/Parents with needs within 30 minutes.



Forecasting Pathways to Prevention

Pathway to Prevention Programs

Subgroup	Pathway to Prevention Programs
Safety Threat	P&A: Safety-Unfounded
	PFF: Safety-Inconclusive-High or VH Risk
Risk Assessment	FP: Risk-Substantiated-Reunified under 90 days
	P&A: Risk-Substantiated-Reunified after 90 days
Sibs in Care	FP: Sibs in home while other sibs in care
NMD	P&A: NMD-Closed Case
Adoption	APSS: Risk-Substantiated-Adopted
	APSS: Adoptive-Safey or Risk After
Guardianship	P&A: Guardianship-Closed Case
FM	FP: Safety-Substantiated-FM
	FP: Risk-FM
	P&A: FM Closed Case
EPY	EPY Program
Probation	FP: Probation involved
Am Indian	P&A: Investigations

ARS is not included as it focuses on low to moderate risk and CDSS candidacy is focused on high to very high risk

Data Analysis – Annual Estimates

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	FM: Safety	FM to FP	VFM	FM: Risk	RFM: FP	FM: Sibs in Home / Sibs in Care	APSS: Adopt Risk Sub.	P&A: Safety-Unfounded	P&A Investigations (American Indian)	P&A Hotline (2019)	PFF – Safety-Inconclusive – High or VH Risk (includes all ages)
Child MH	1,140	420	204	2,964	972	9,504	96	108	1,296		996
Parenting Skills	1,656	636	264	2,772	1,140	7,116	588	168	1,464	*4,316	552
Parent SUD	1,392	528	168	2,424	864	5,796	504	48	1,344		600
Parent MH	756	276	120	1,632	588	3,384	240	48	1,092		396
Child SUD	72	24	12	204	84	1,332	24	0	144		108
Total	**5,016**	1,884	768	**9,996**	3,648	**27,132**	**1,452**	**372**	**5,340**	**4,316**	**2,652**

FP Annual Estimated Total = 42,144

APSS=1,452

P&A Total = 10,028

PFF Total = 2,652

families referred for multiple services, 4,316 total referrals

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Racial/Ethnic Disparity

Disparity Index (DI)

- Disparity measures compare the likelihood of **one group** experiencing an event to the likelihood of **the total population** experiencing that same event
- For example: Disparity in foster care entry rates

Group	Entry Rate per 1,000	DI Calculation	DI Result
White	2.91	2.91 / 5.56	0.52
Black	8.40	8.40 / 5.56	1.51
Native American	6.29	6.29 / 5.56	1.13

- = 1 : **equally likely** to experience the event
- < 1 : **less likely** to experience the event
- > 1 : **more likely** to experience the event

For example

Black children are **1.51** times more likely than all children to enter foster care

From Annie E. Casey Foundation. (2015). 10 Practices Part Two: Making the business case: Research and References for 10 Practices and Appendices. Baltimore, MD. Retrieved from https://www.aecf.org/resources/10-practices-part-two/.

Racial/Ethnic Disparity

- Disparity index
  - SPA and zip code: total, rate per 10,000, and subgroup

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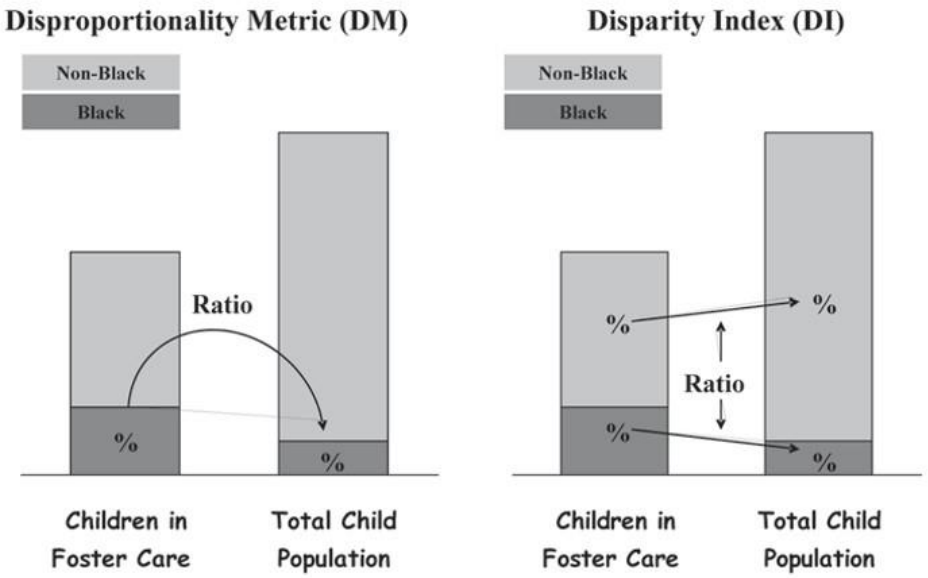
Racial/Ethnic Disparity Analysis

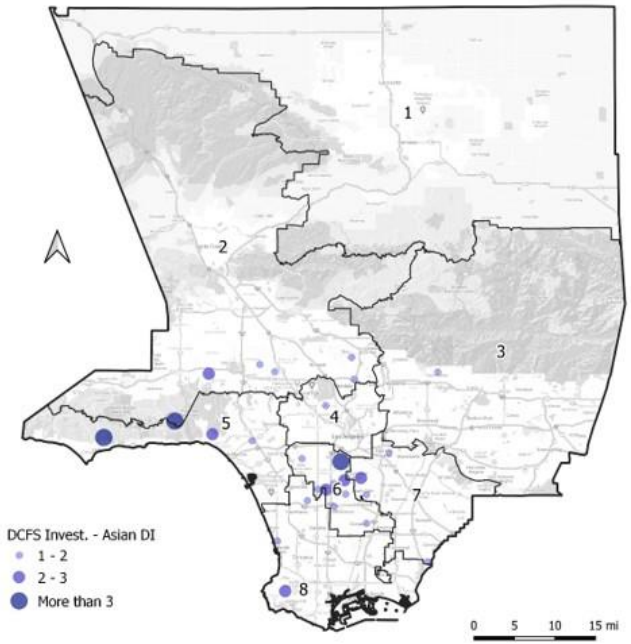
The unequal outcomes of one racial or ethnic group as compared to outcomes for the total population.

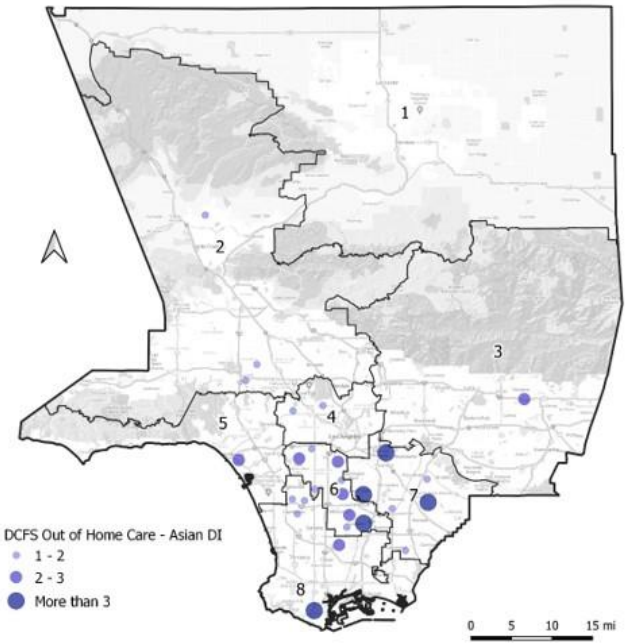


Shaw, Terry & Putnam-Hornstein, Emily & Magruder, Joseph & Needell, Barbara. (2008). Measuring Racial Disparity in Child Welfare. Child welfare. 87. 23-36.

Racial/Ethnic Disparity Analysis

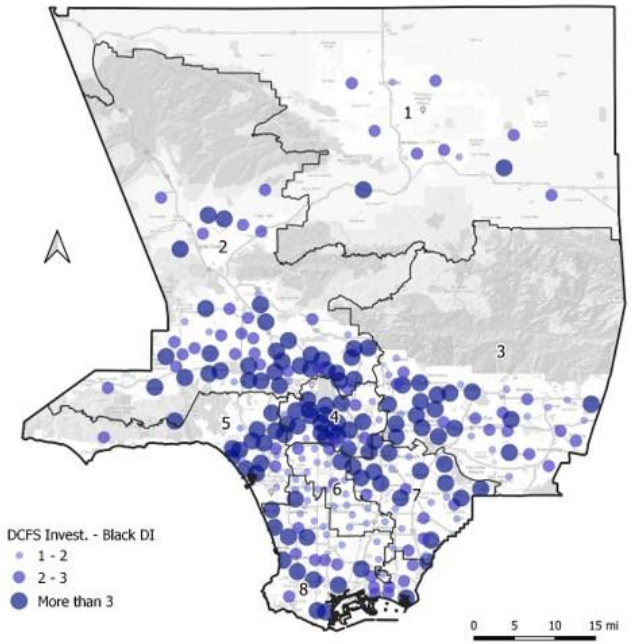
DCFS Investigations & Out of Home Care: Asian

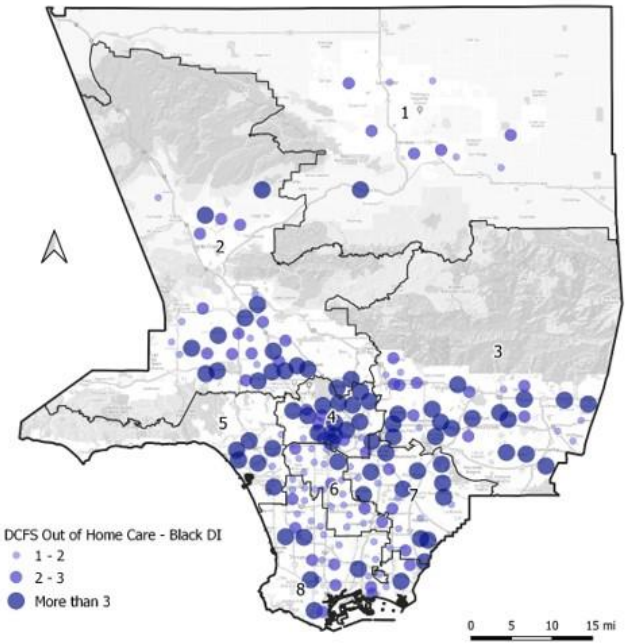




Racial/Ethnic Disparity Analysis

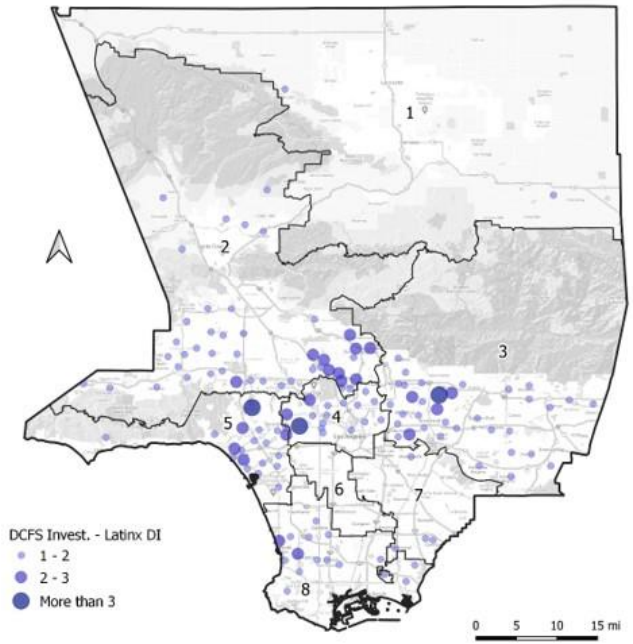
DCFS Investigations & Out of Home Care: Black / African American

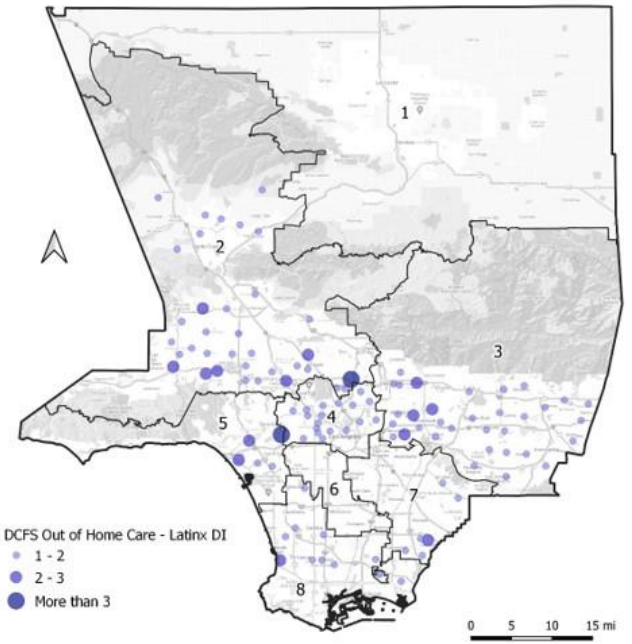




Racial/Ethnic Disparity Analysis

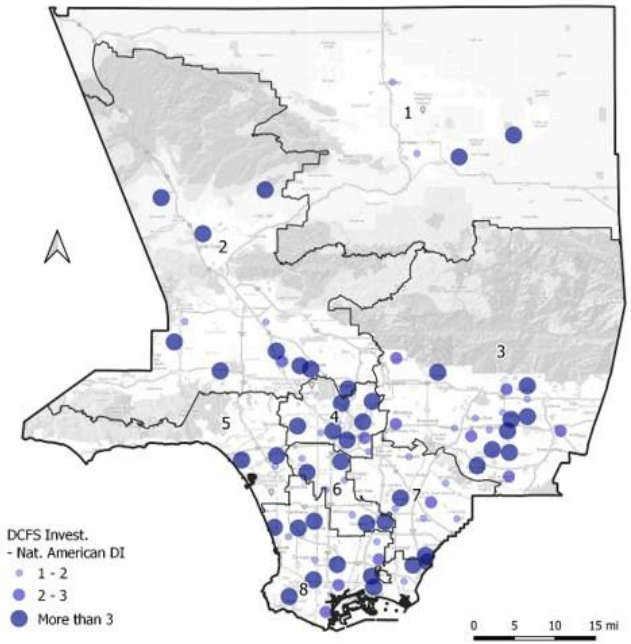
DCFS Investigations & Out of Home Care: Latinx

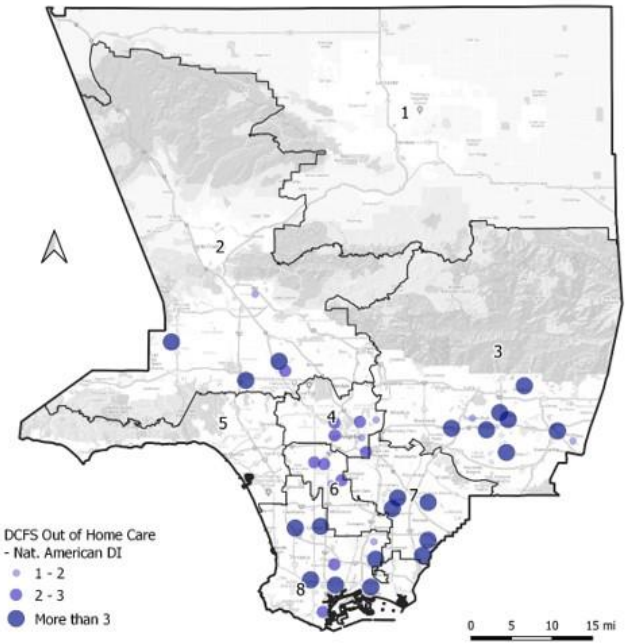




Racial/Ethnic Disparity Analysis

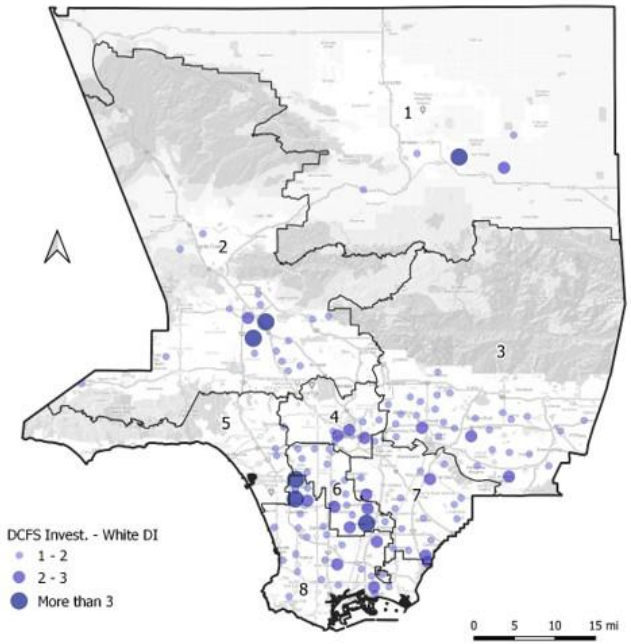
DCFS Investigations & Out of Home Care: Native American

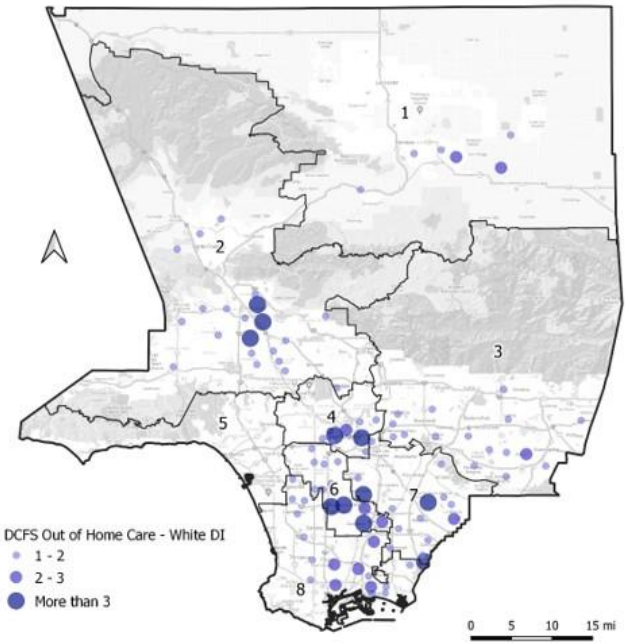




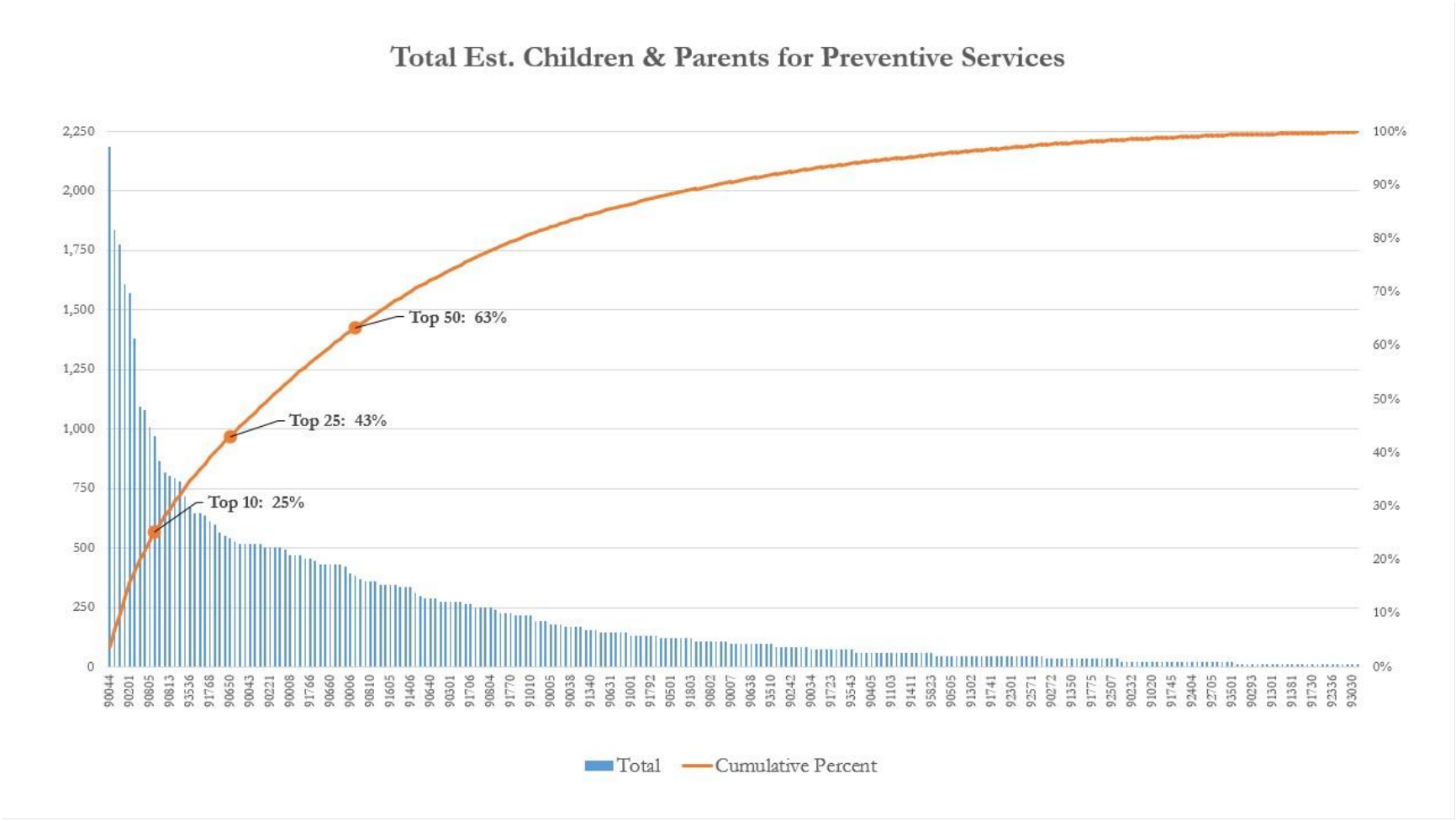
Racial/Ethnic Disparity Analysis

DCFS Investigations & Out of Home Care: White





Needs by Zip Code


Total Est. Children & Parents for Preventive Services
2,250
2,000
1,750
1,500
1,250
1,000
750
500
250
0
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Top 50: 63%
Top 25: 43%
Top 10: 25%
90044 90201 90805 90813 93536 91768 90650 90043 90221 90008 91766 90660 90006 90810 91605 91406 90640 90301 91706 90804 91770 91010 90005 90038 91340 90631 91001 91792 90501 91803 90802 90007 90638 93510 90242 90034 91723 93543 90405 91103 91411 95823 90505 91302 91741 92301 92571 90272 91350 91775 92507 90232 91020 91745 92404 92705 93501 90293 91301 91381 91730 92336 93030
Total
Cumulative Percent

Needs by Zip Code

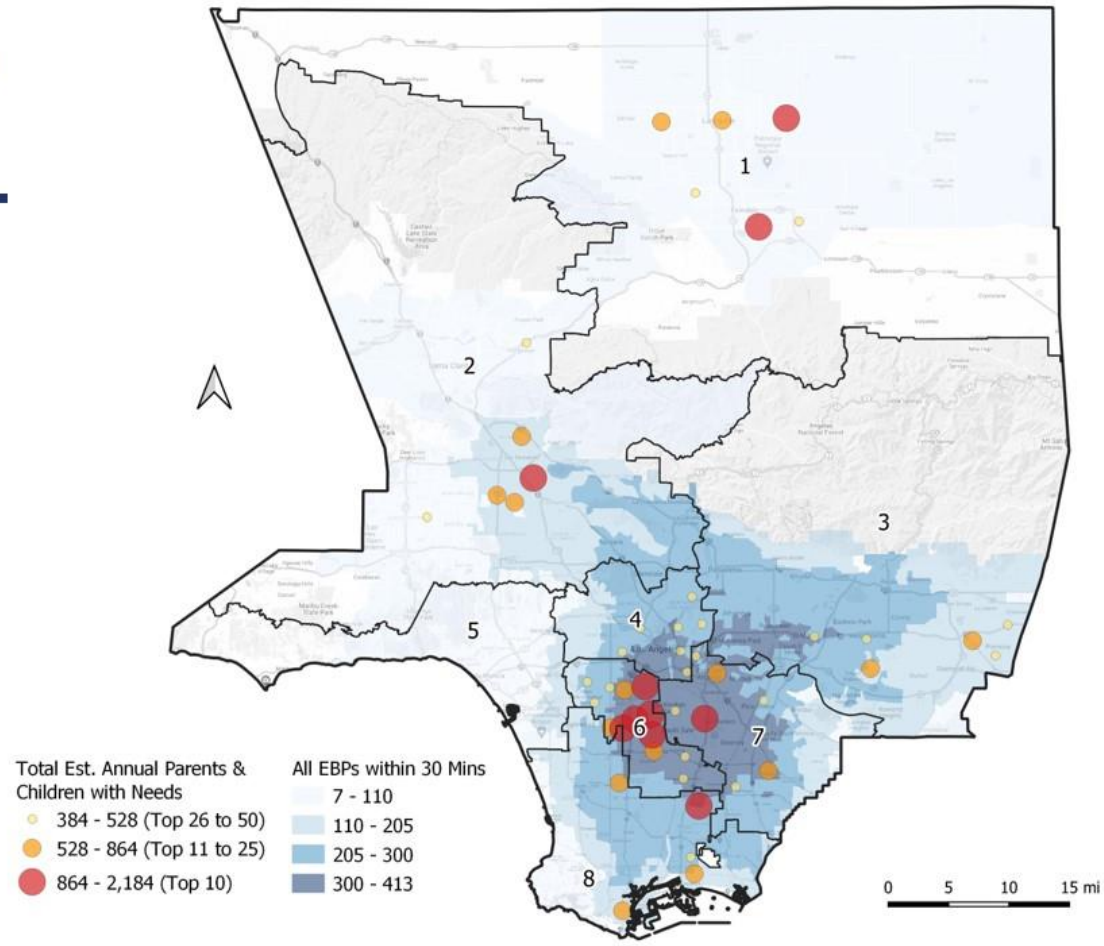
Total Annual Estimated Need for Services by Service Type

Zip Code	Child MH	Parent SKLS	Parent SUD	Parent MH	Child SUD	Total	Rank	Cummulative % of Total
90044	588	648	504	360	84	2,184	1	4%
90003	708	564	372	192	0	1,836	2	7%
93535	372	624	444	336	0	1,776	3	10%
93550	480	504	300	216	108	1,608	4	13%
90201	552	384	384	216	36	1,572	5	16%
90002	612	396	228	132	12	1,380	6	18%
91331	432	288	204	96	72	1,092	7	20%
90011	312	312	264	168	24	1,080	8	22%
90805	480	168	228	84	48	1,008	9	24%
90001	276	324	252	120	0	972	10	25%
90037	288	228	204	120	24	864	11	27%
90059	252	264	144	132	24	816	12	28%
90813	204	216	240	108	36	804	13	30%
91343	216	228	192	144	12	792	14	31%
91402	264	240	132	120	24	780	15	32%
90047	180	168	228	132	12	720	16	34%
93536	168	168	180	132	24	672	17	35%
91342	180	204	120	84	60	648	18	36%
91744	228	168	132	96	24	648	19	37%
93534	252	132	120	120	12	636	20	38%
91768	216	132	72	24	168	612	21	39%
90731	240	144	120	84	12	600	22	40%
90022	264	132	132	36	0	564	23	41%
90247	204	108	132	96	12	552	24	42%
90650	156	216	108	60	0	540	25	43%

% of Total Annual Estimated Need by Service Type

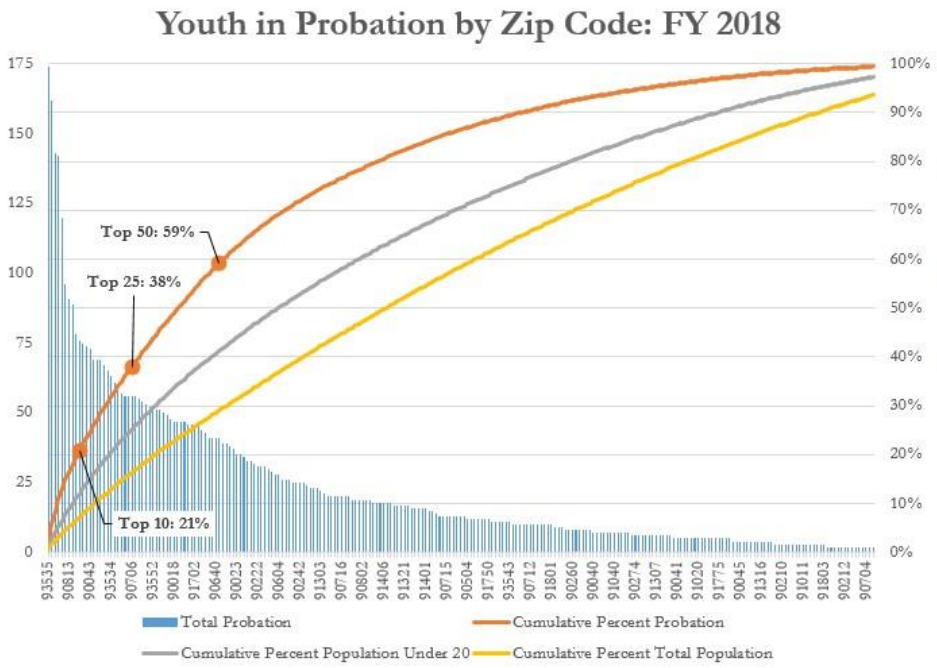
Zip Code	Child MH	Parent SKLS	Parent SUD	Parent MH	Child SUD	Graph
90044	27%	30%	23%	16%	4%	
90003	39%	31%	20%	10%	0%	
93535	21%	35%	25%	19%	0%	
93550	30%	31%	19%	13%	7%	
90201	35%	24%	24%	14%	2%	
90002	44%	29%	17%	10%	1%	
91331	40%	26%	19%	9%	7%	
90011	29%	29%	24%	16%	2%	
90805	48%	17%	23%	8%	5%	
90001	28%	33%	26%	12%	0%	
90037	33%	26%	24%	14%	3%	
90059	31%	32%	18%	16%	3%	
90813	25%	27%	30%	13%	4%	
91343	27%	29%	24%	18%	2%	
91402	34%	31%	17%	15%	3%	
90047	25%	23%	32%	18%	2%	
93536	25%	25%	27%	20%	4%	
91342	28%	31%	19%	13%	9%	
91744	35%	26%	20%	15%	4%	
93534	40%	21%	19%	19%	2%	
91768	35%	22%	12%	4%	27%	
90731	40%	24%	20%	14%	2%	
90022	47%	23%	23%	6%	0%	
90247	37%	20%	24%	17%	2%	
90650	29%	40%	20%	11%	0%	

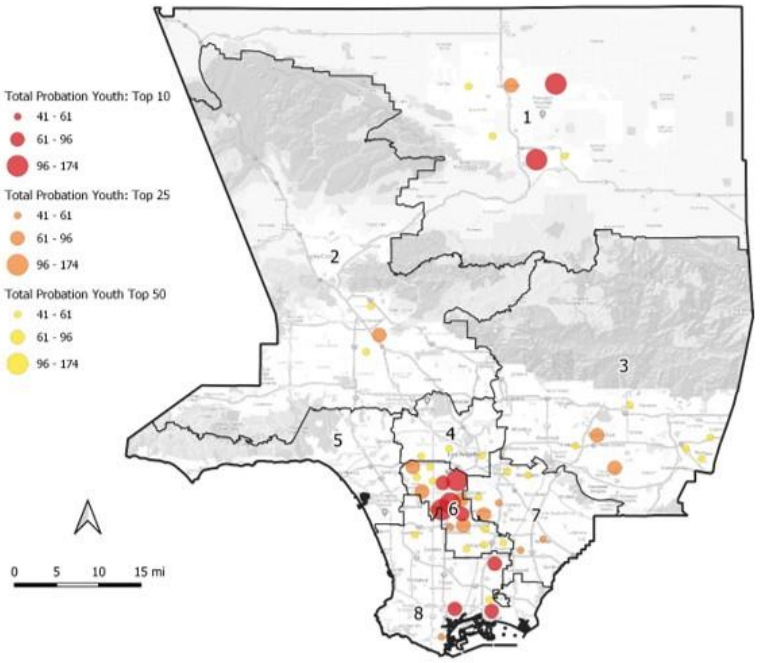
Map by Zip Code

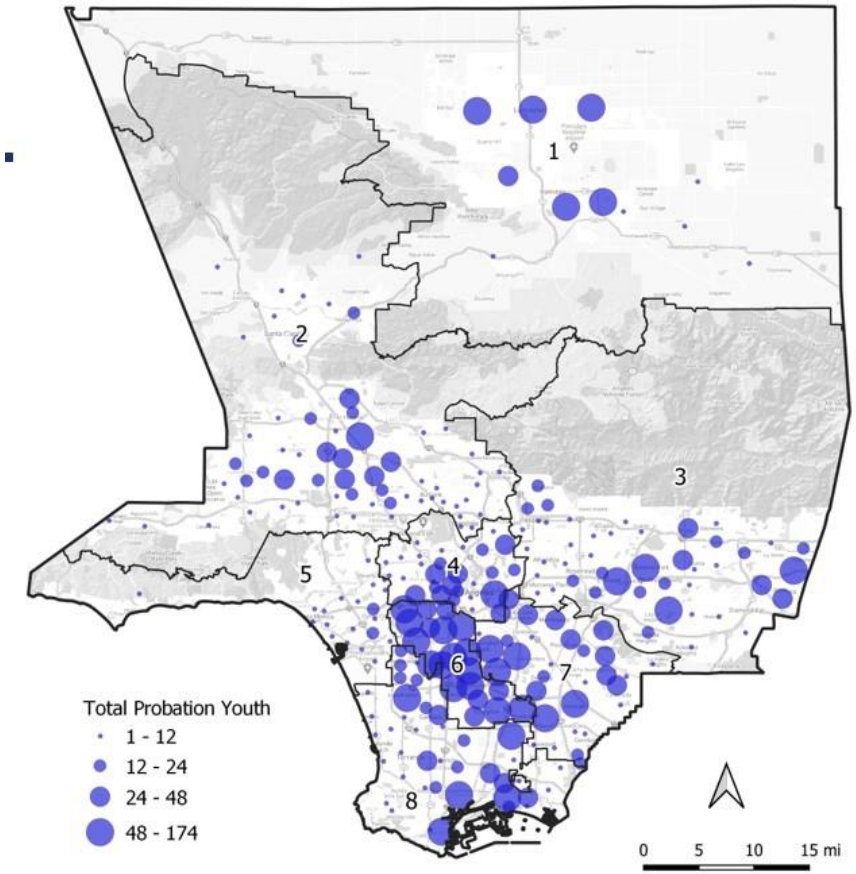


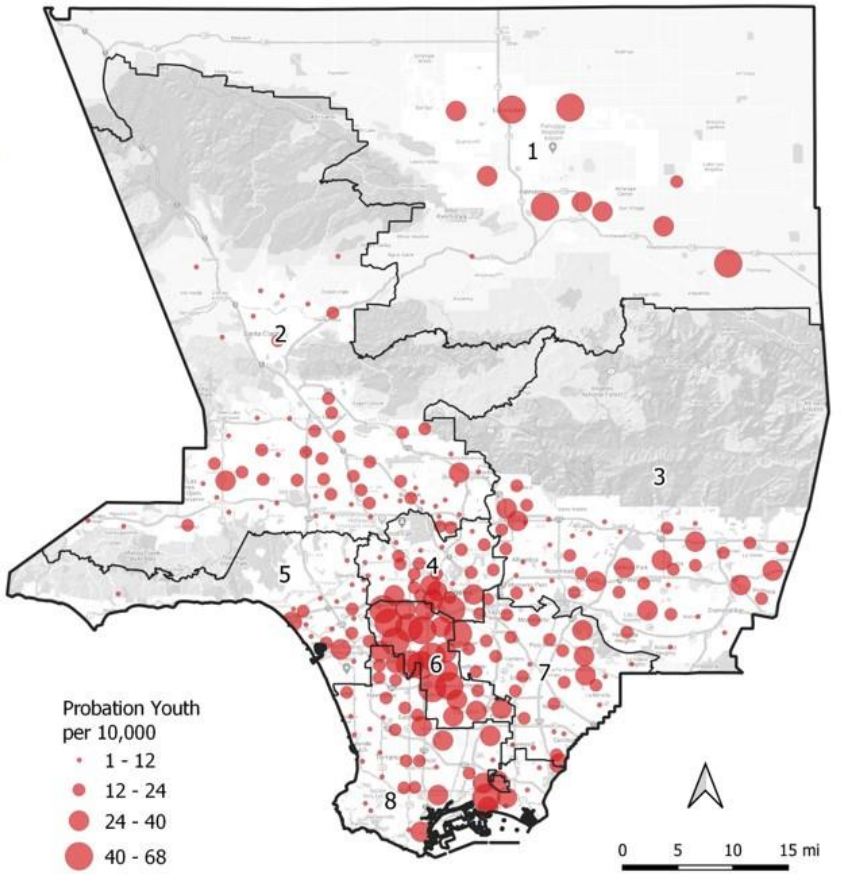
Probation Youth Data Analysis

Probation Youth were more geographically concentrated than all youth and the general population:



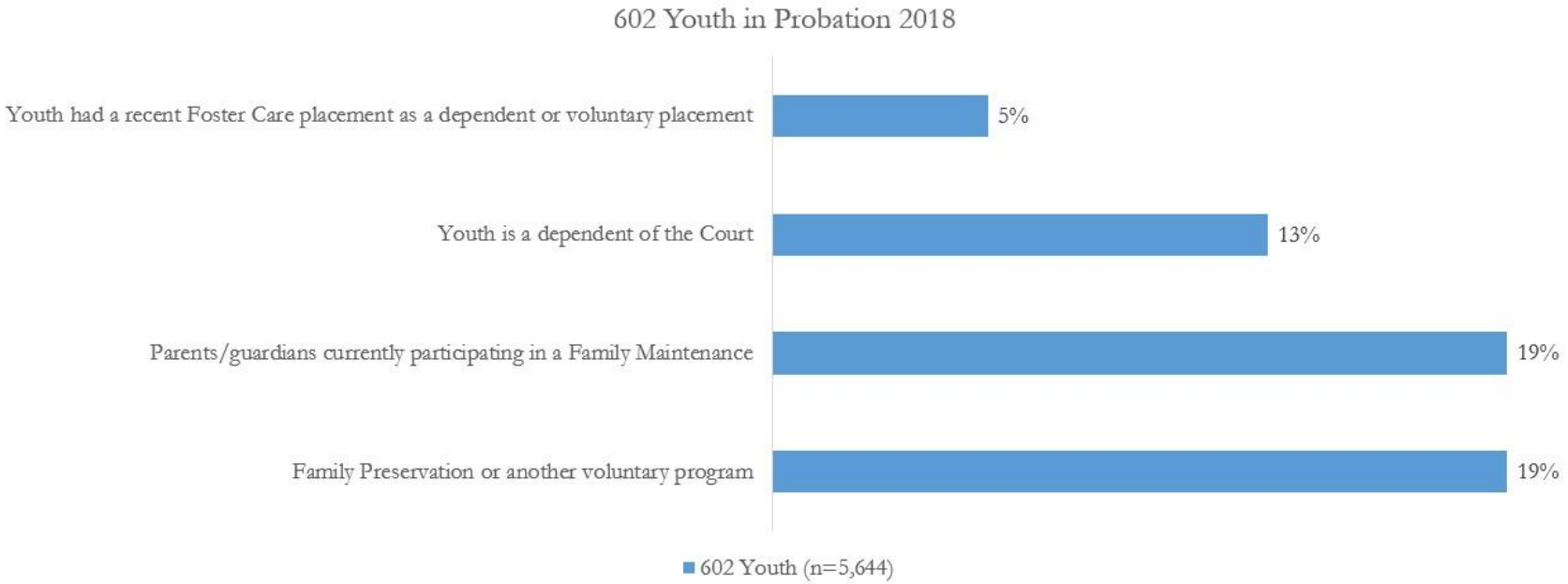



1
2
3
4
5
6
7
8
Total Probation Youth
1 - 12
12 - 24
24 - 48
48 - 174
0 5 10 15 mi


1
2
3
4
5
6
7
8
Probation Youth
per 10,000
1 - 12
12 - 24
24 - 40
40 - 68
0 5 10 15 mi

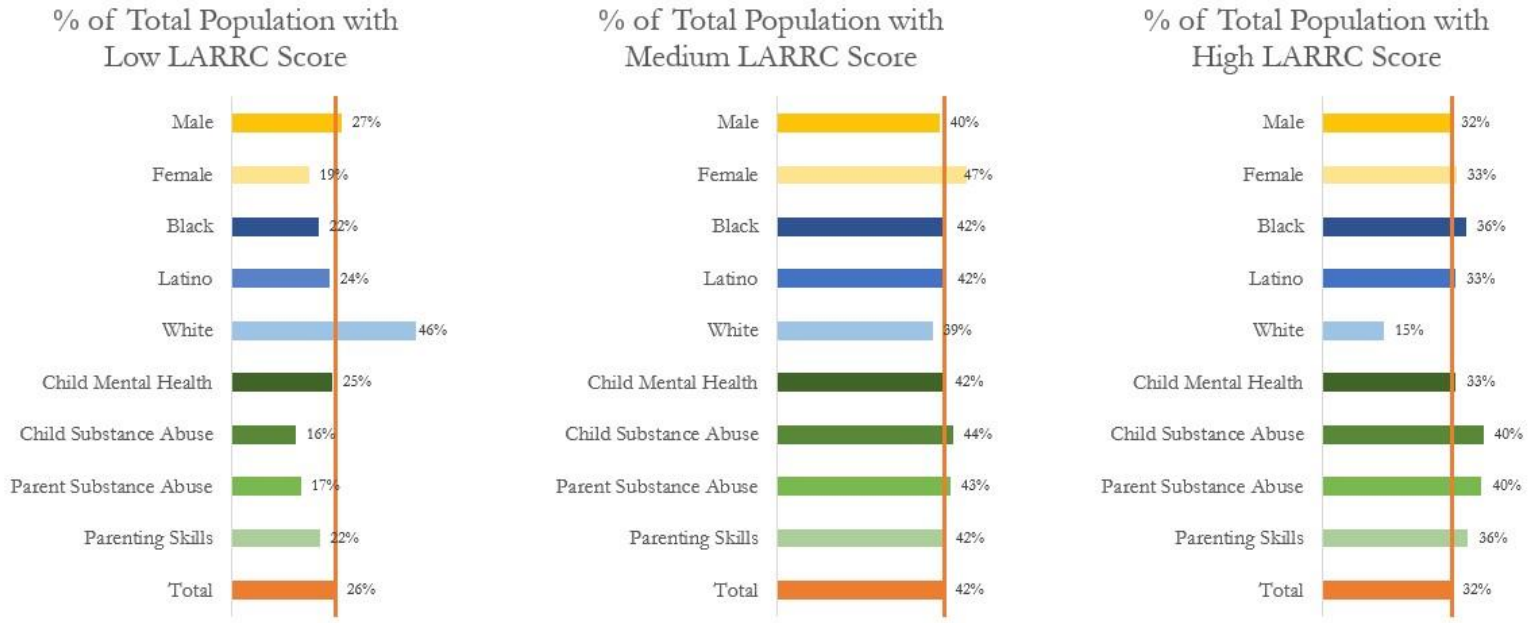
Probation Youth Data Analysis

602 Youth (n=5,644) made up 96% of all Probation Youth (n=5,894). They had the following involvement with Social Service Agencies:



Probation Youth Data Analysis

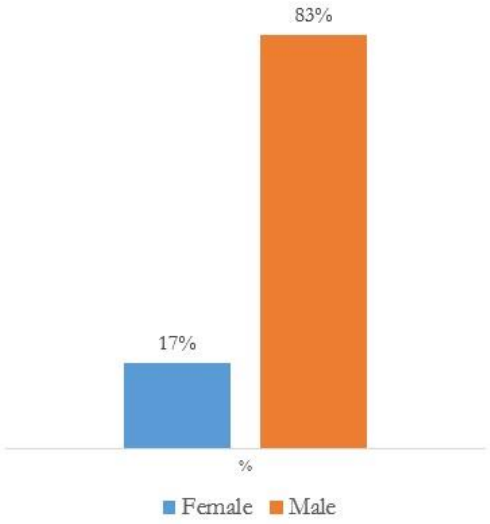
Youth needs varied by intensity and type:



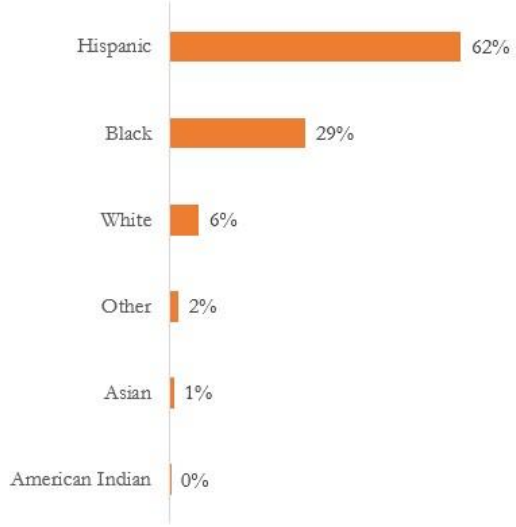
Probation Youth Data Analysis

In FY 2018 there were 5,894 unique youth involved in LA County Probation:

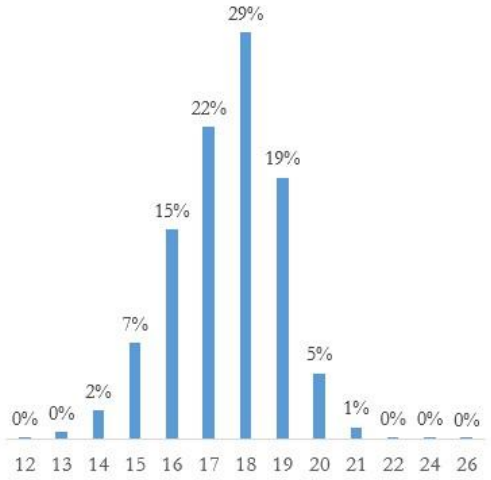
Youth in Probation by Gender: FY 2018



Youth in Probation by Race/Ethnicity: FY 2018

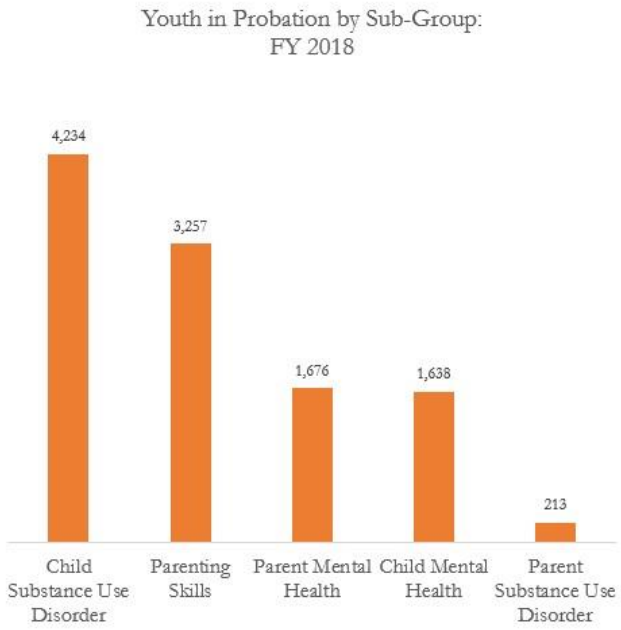


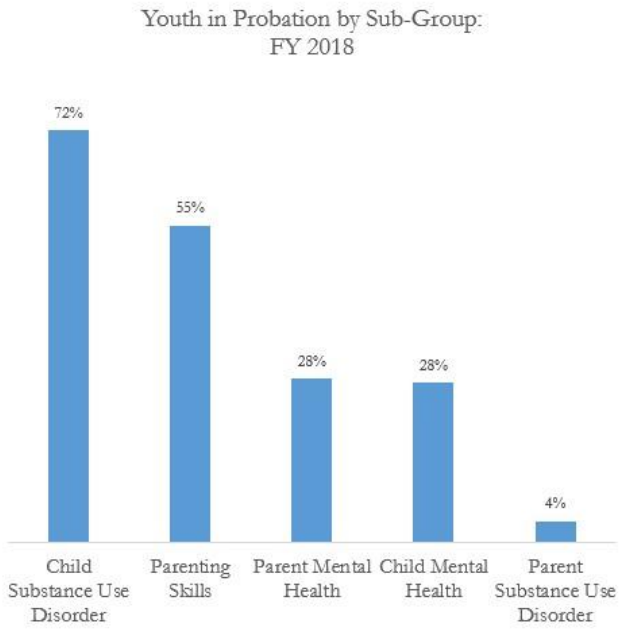
Youth in Probation by Age: FY 2018



Probation Youth Data Analysis

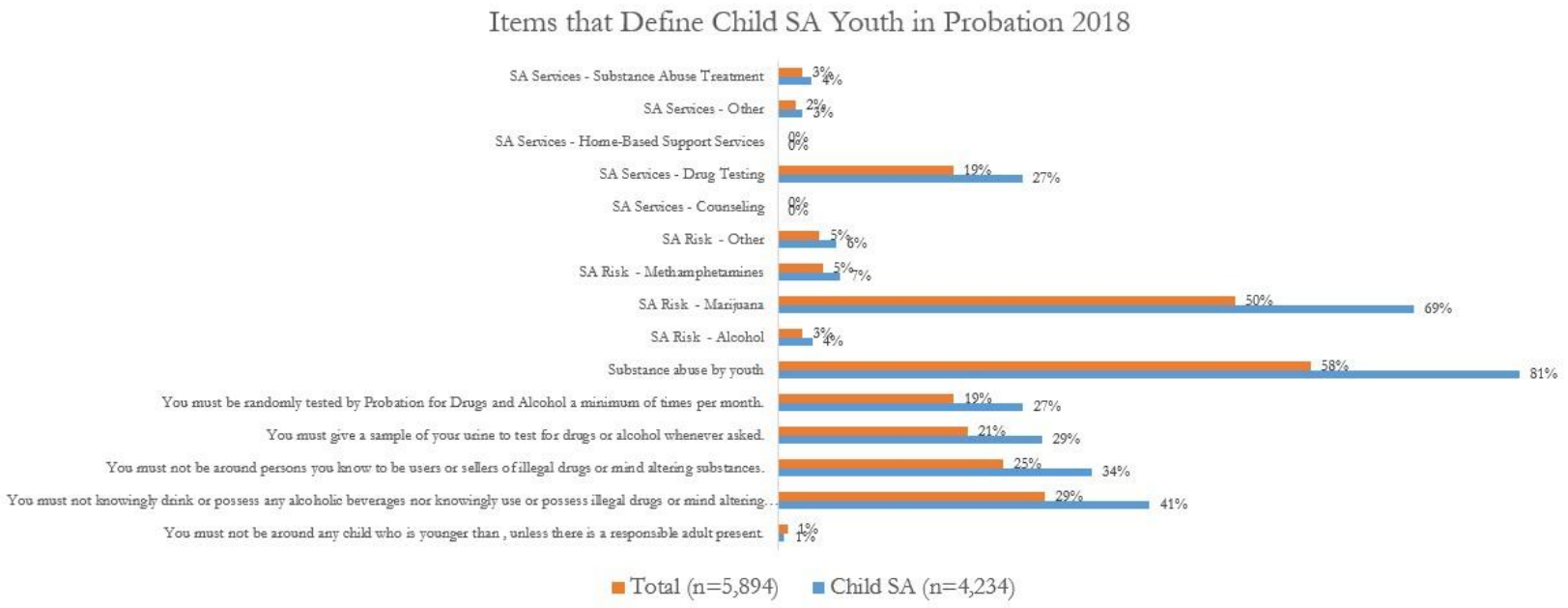
Distribution of youth and family needs





Probation Youth Data Analysis

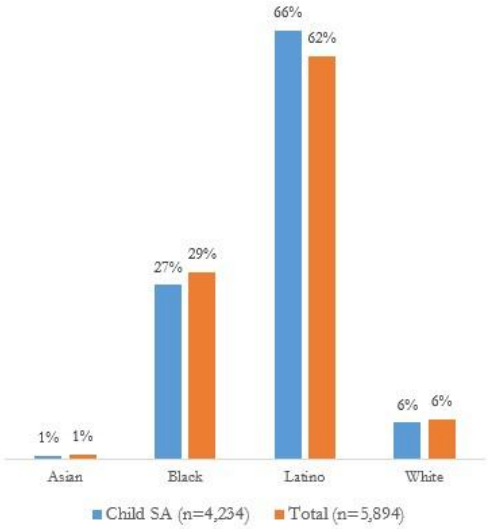
Youth with Substance Abuse risks were identified with the following items:



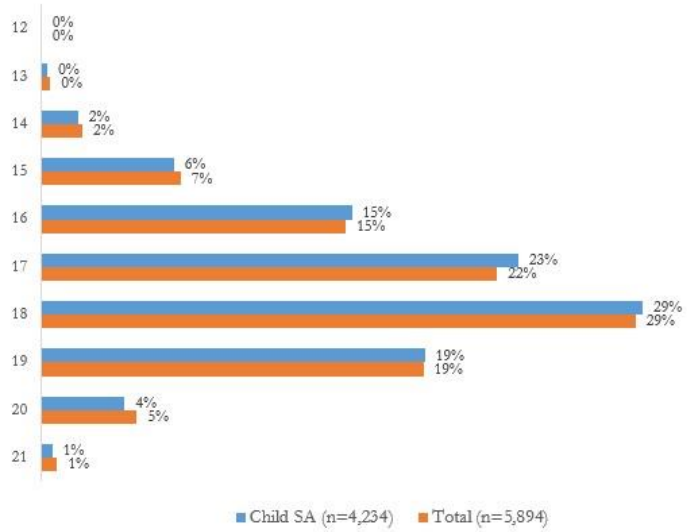
Probation Youth Data Analysis

Youth Substance Abuse risks compared to Total Probation Youth.

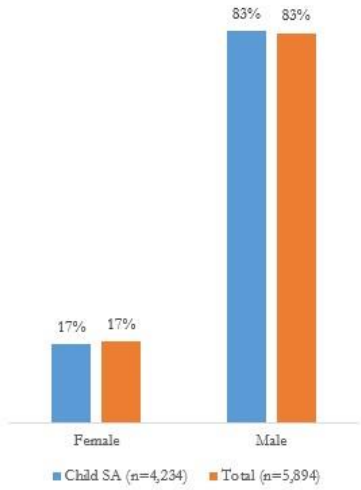
Race/Ethnicity of Child SA & Total Youth in Probation 2018



Age Distribution of Child SA & Total Youth in Probation 2018

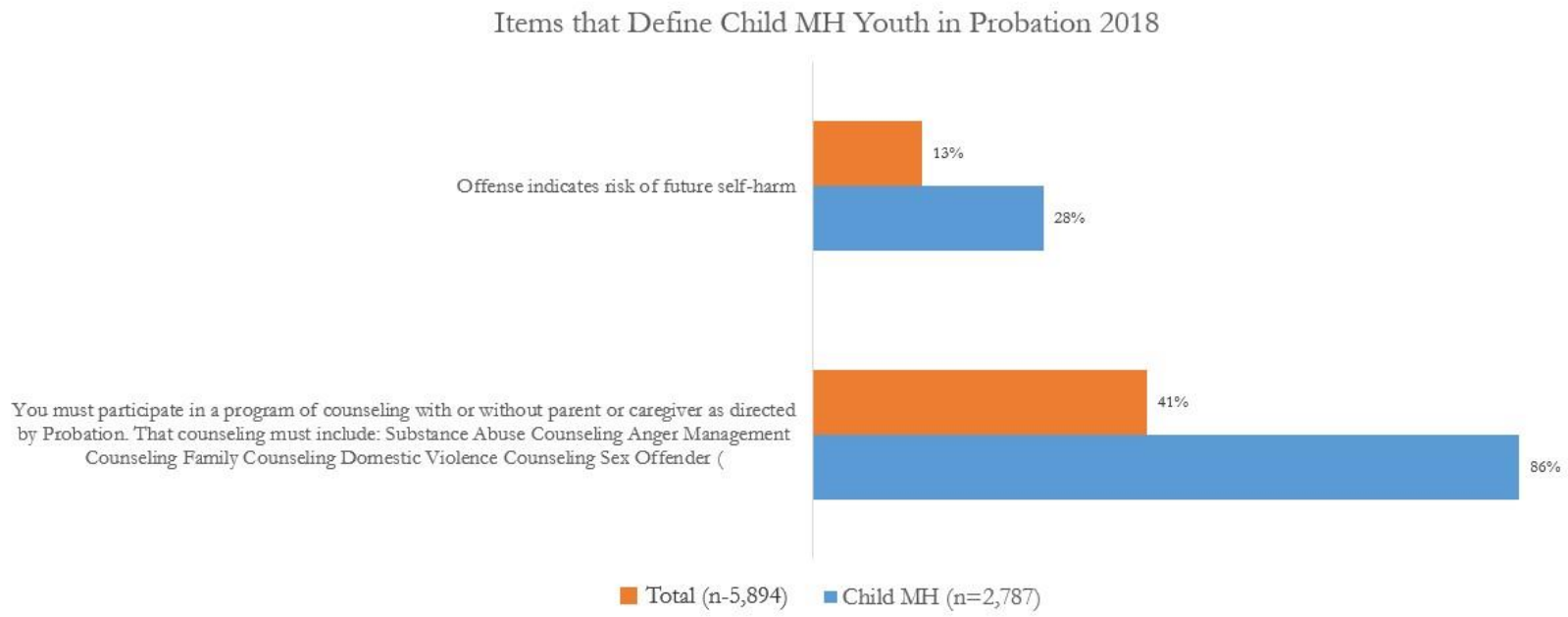


Gender of Child SA & Total Youth in Probation 2018



Probation Youth Data Analysis

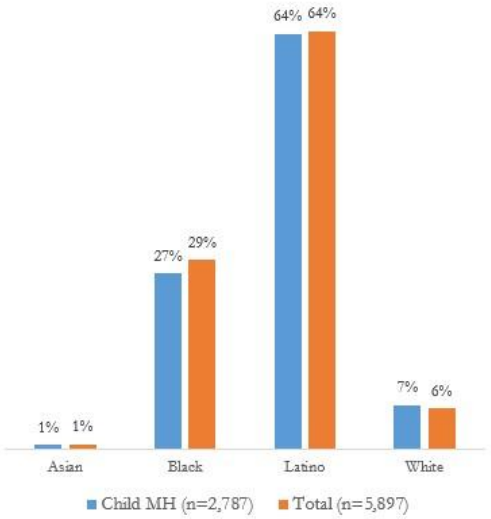
Youth with Mental Health needs were identified with the following item:



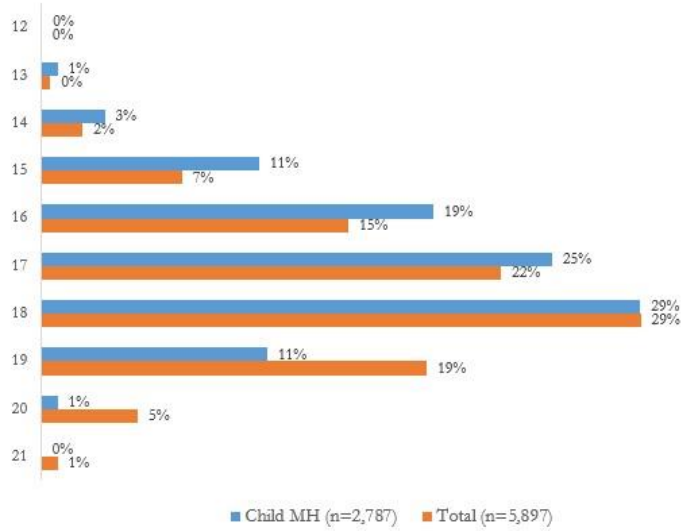
Probation Youth Data Analysis

Youth with Mental Health needs compared to Total Probation Youth.

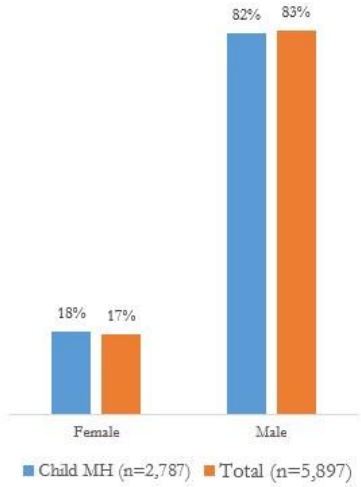
Race/Ethnicity of Child MH & Total Youth in Probation 2018



Age Distribution of Child MH & Total Youth in Probation 2018

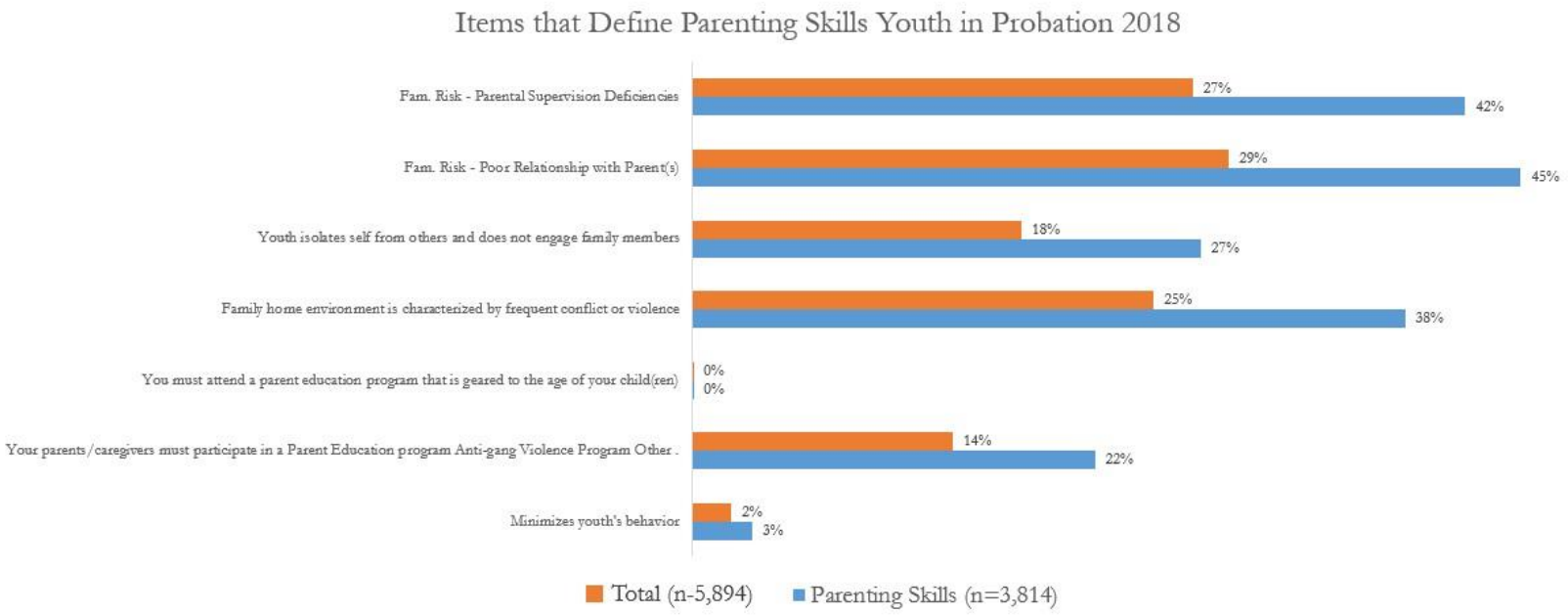


Gender of Child MH & Total Youth in Probation 2018



Probation Youth Data Analysis

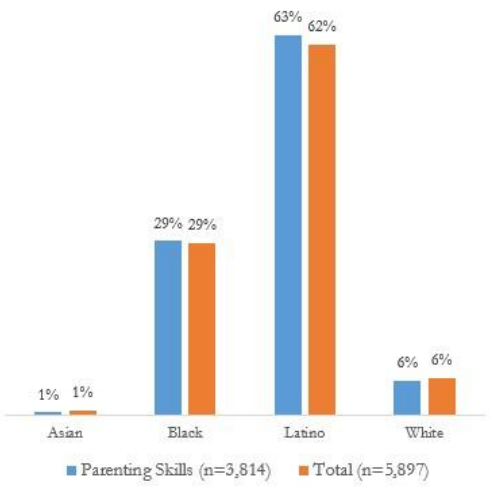
Youth with Parenting Skills needs were identified with the following items:



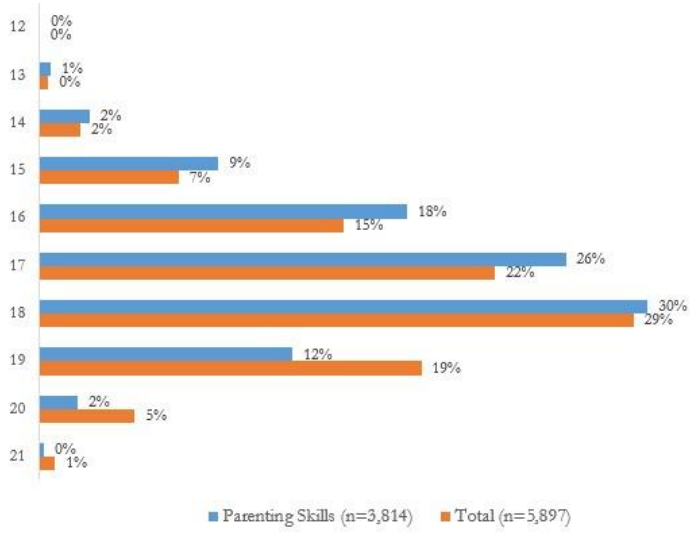
Probation Youth Data Analysis

Youth with Parenting Skills needs compared to Total Probation youth.

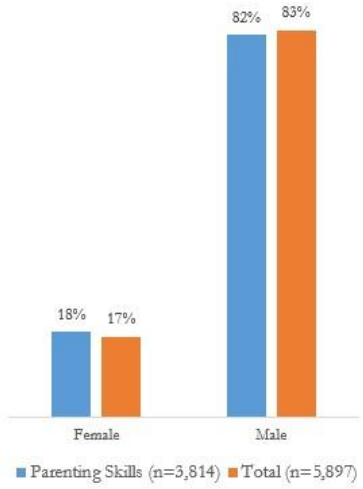
Race/Ethnicity of Parenting Skills & Total Youth in Probation 2018



Age Distribution of Parenting Skills & Total Youth in Probation 2018

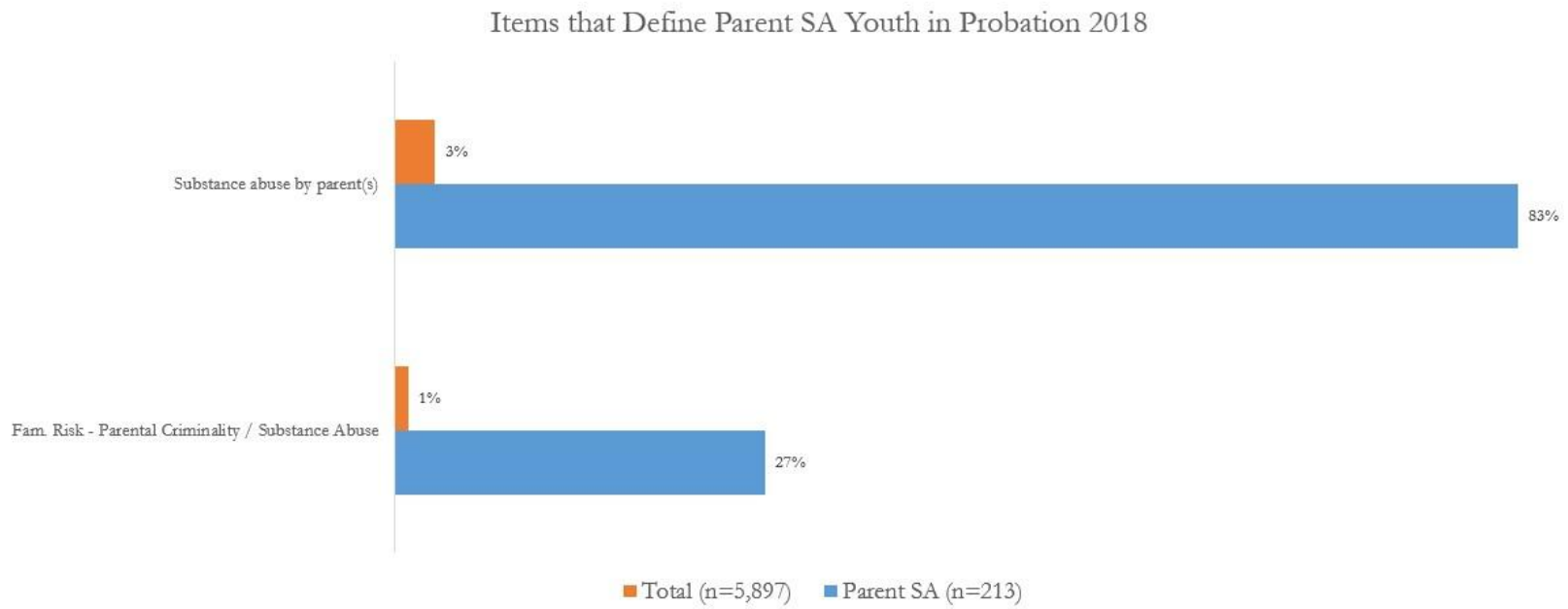


Gender of Parenting Skills & Total Youth in Probation 2018



Probation Youth Data Analysis

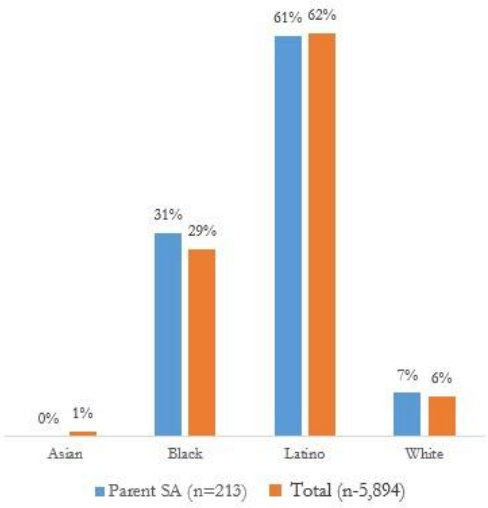
Youth with Parental Substance Abuse were identified with the following items:



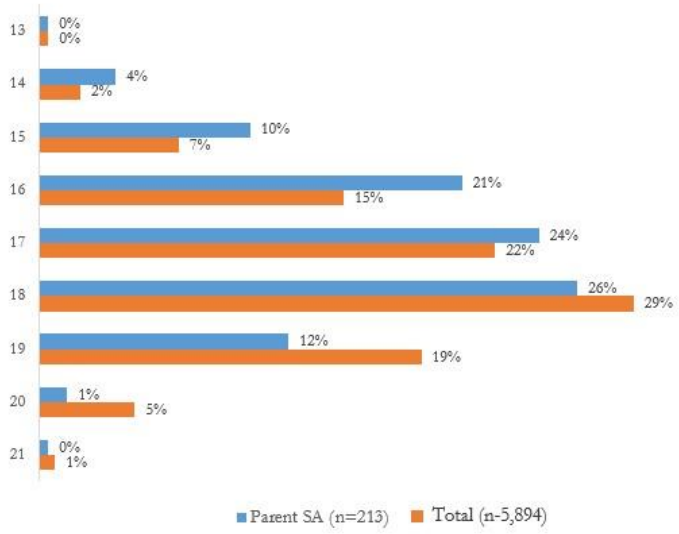
Probation Youth Data Analysis

Youth with Parental Substance Abuse compared to Total Probation youth.

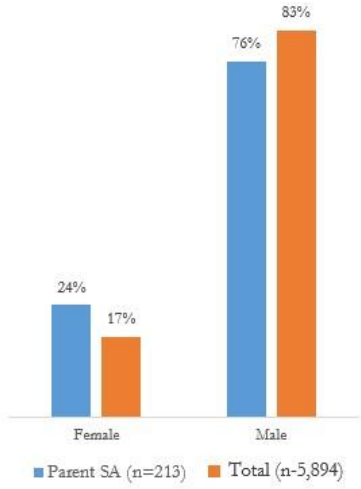
Race/Ethnicity of Parent SA & Total Youth in Probation 2018



Age Distribution of Parent SA & Total Youth in Probation 2018

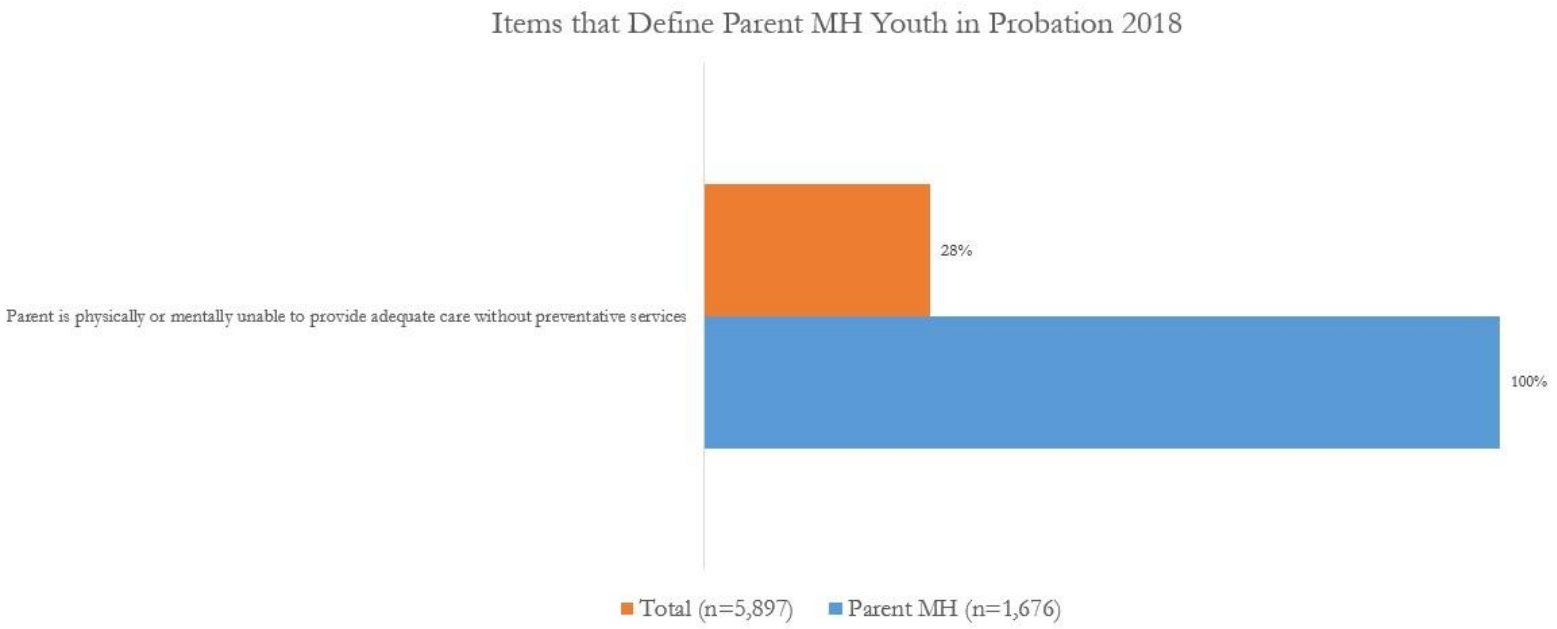


Gender of Parent SA & Total Youth in Probation 2018



Probation Youth Data Analysis

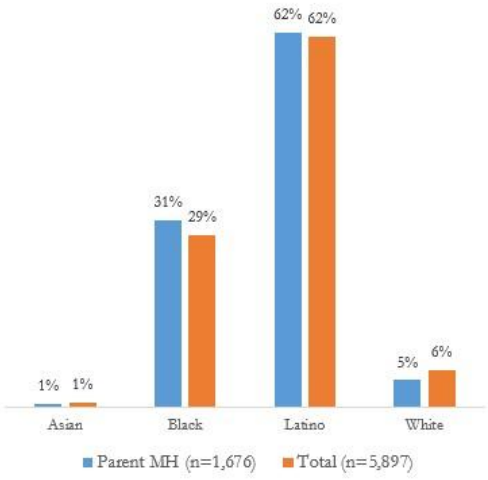
Youth with Parental Mental Health needs were identified with the following items:



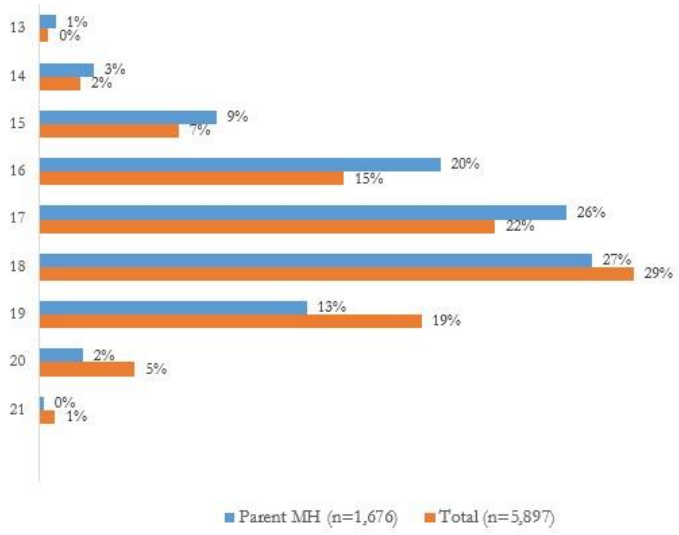
Probation Youth Data Analysis

Youth with Parental Mental Health needs compared to Total Probation youth:

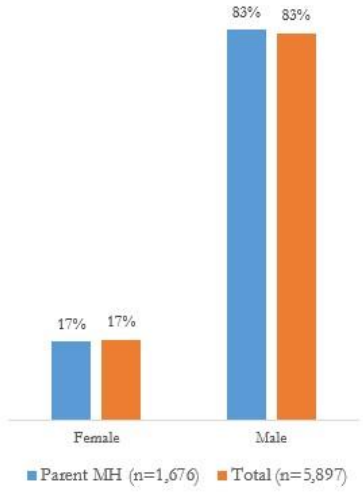
Race/Ethnicity of Parent MH & Total Youth in Probation 2018



Age Distribution of Parent MH & Total Youth in Probation 2018

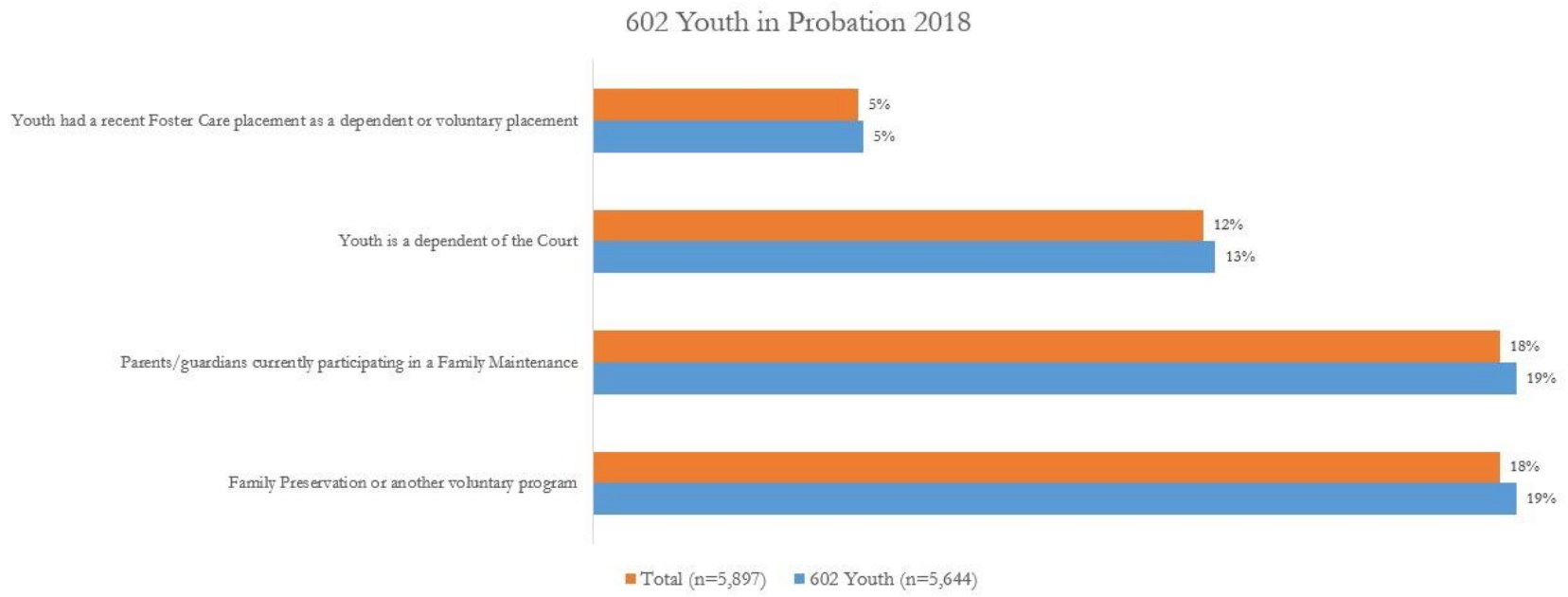


Gender of Parent MH & Total Youth in Probation 2018



Probation Youth Data Analysis

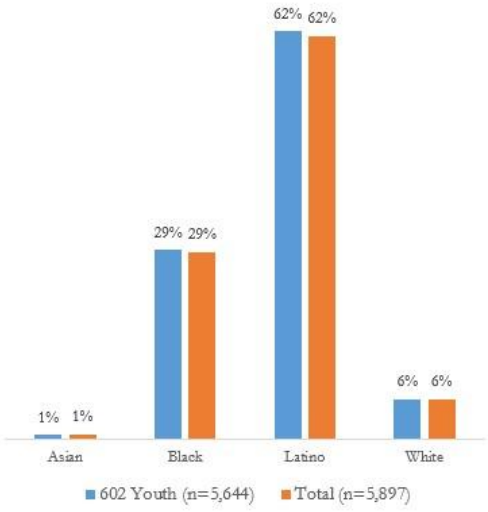
602 Youth needs had the following involvement with a Social Service Agencies:



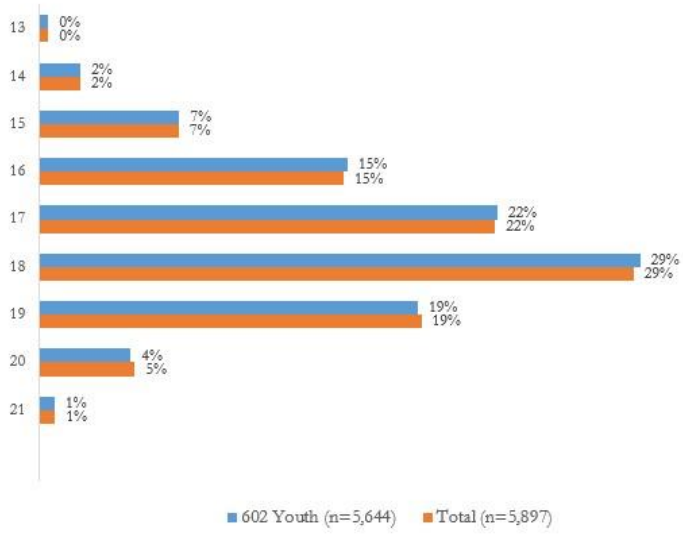
Probation Youth Data Analysis

602 Youth compared to Total Probation youth.

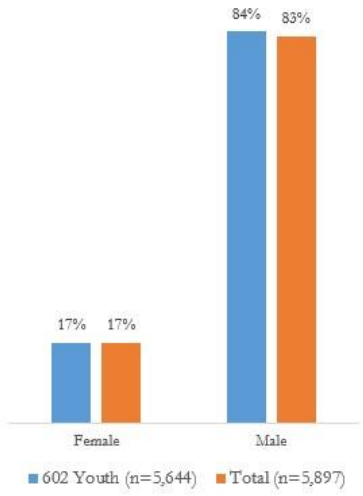
Race/Ethnicity of 602 Youth & Total Youth in Probation 2018



Age Distribution of 602 Youth & Total Youth in Probation 2018



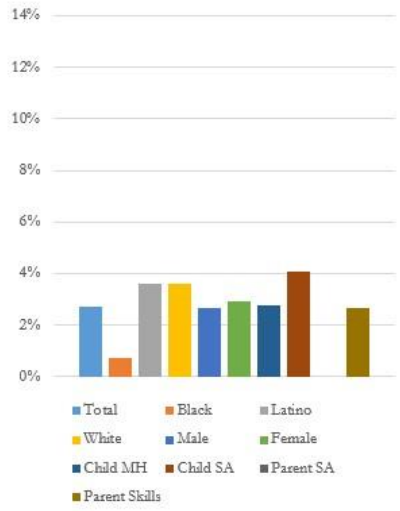
Gender of 602 Youth & Total Youth in Probation 2018



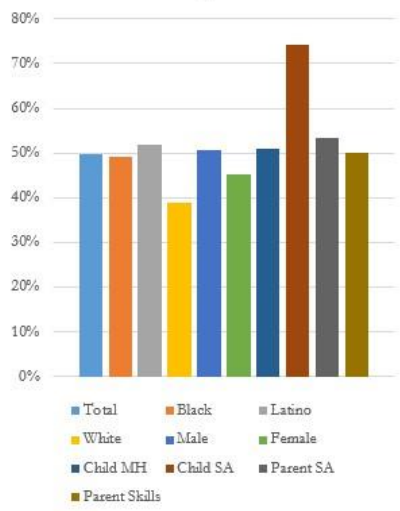
Probation Youth Data Analysis

Youth Substance Abuse risks were somewhat consistent across groups.

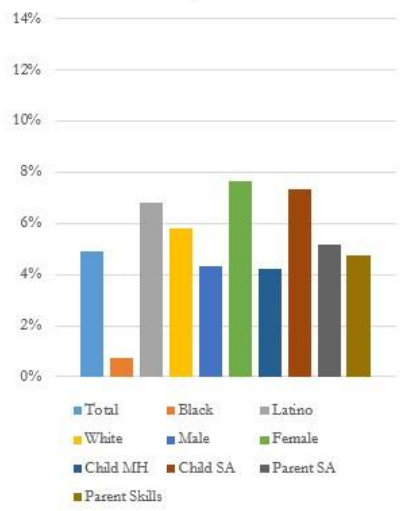
Youth in Probation with Substance Abuse Risk - Alcohol



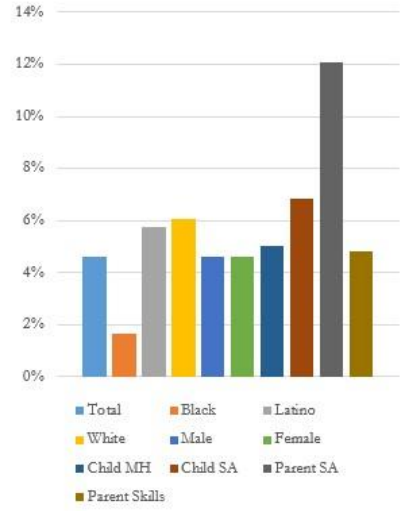
Youth in Probation with Substance Abuse Risk - Marijuana



Youth in Probation with Substance Abuse Risk - Methamphetamines

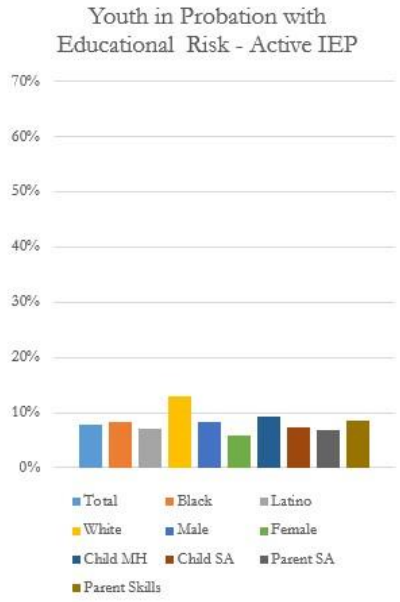


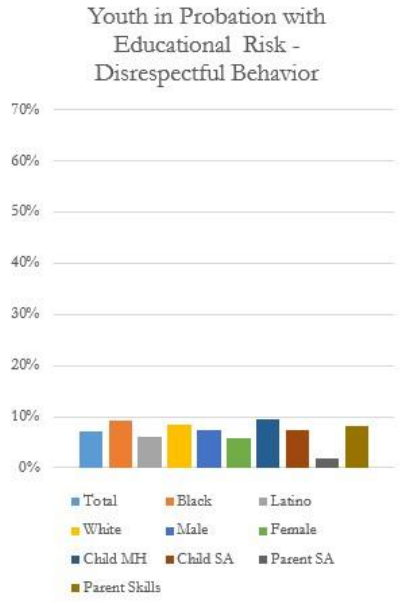
Youth in Probation with Substance Abuse Risk - Other

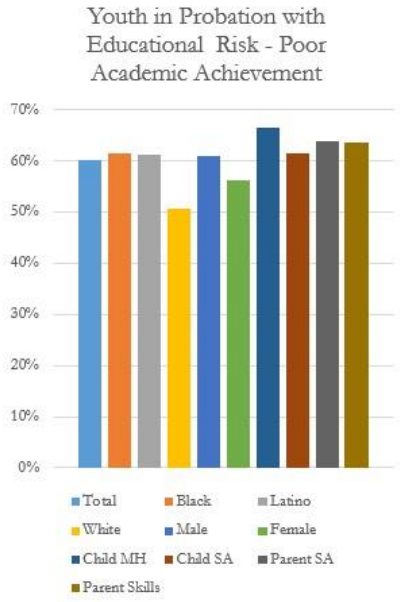


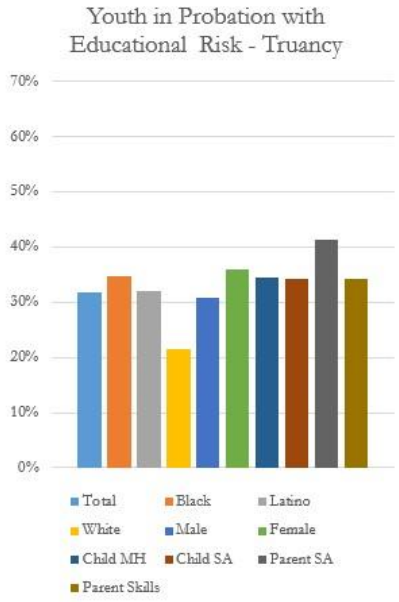
Probation Youth Data Analysis

Youth Education risks were somewhat consistent across groups.



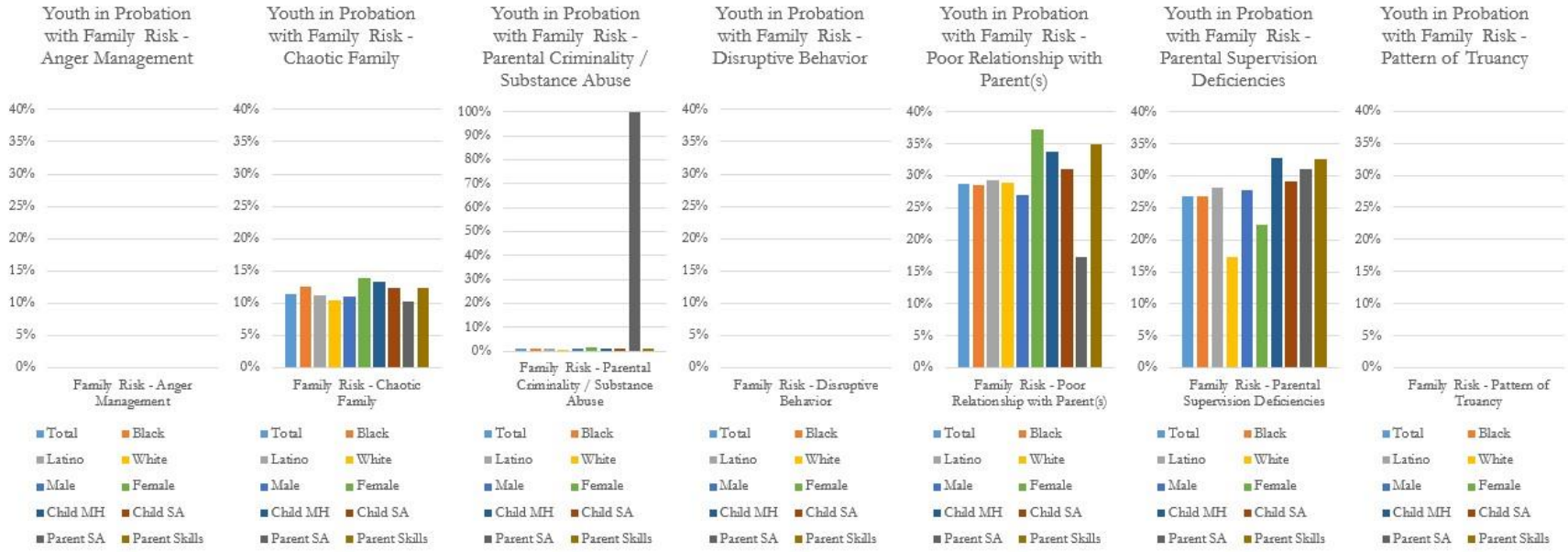






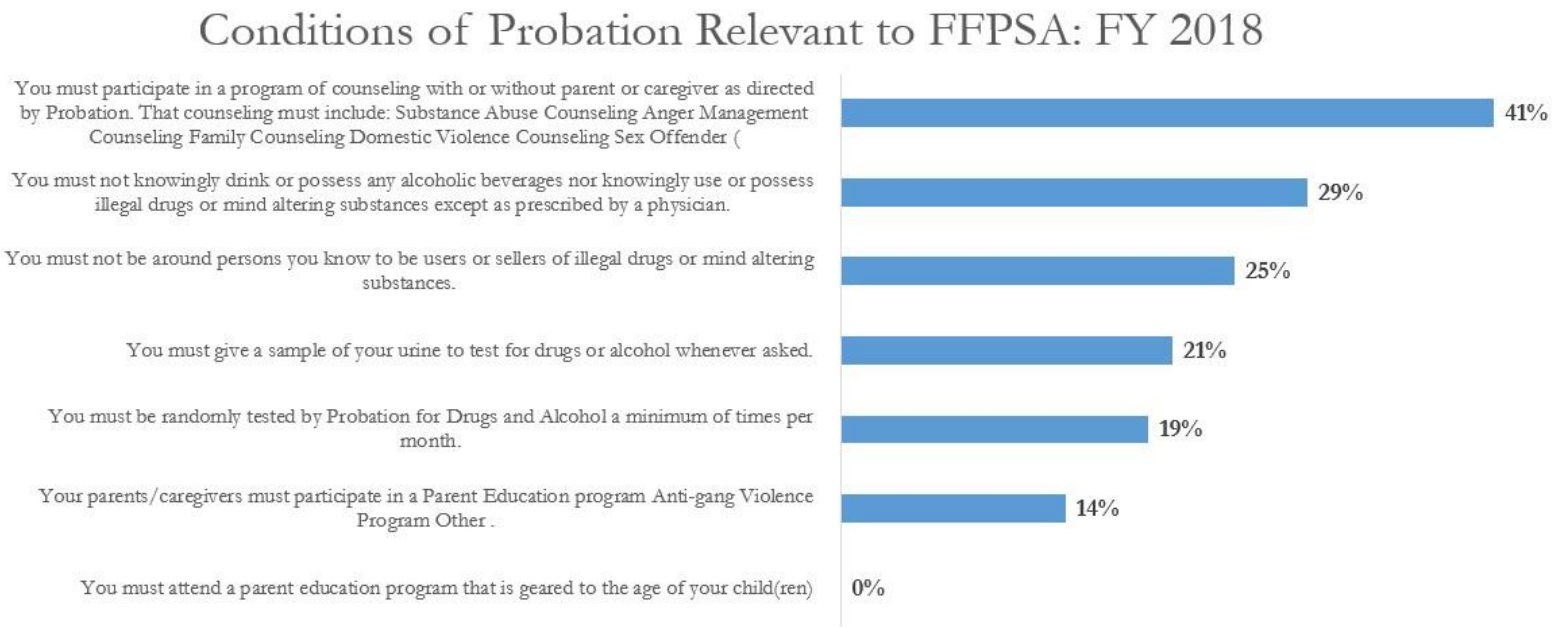
Probation Youth Data Analysis

Youth Family risks were somewhat consistent across groups.



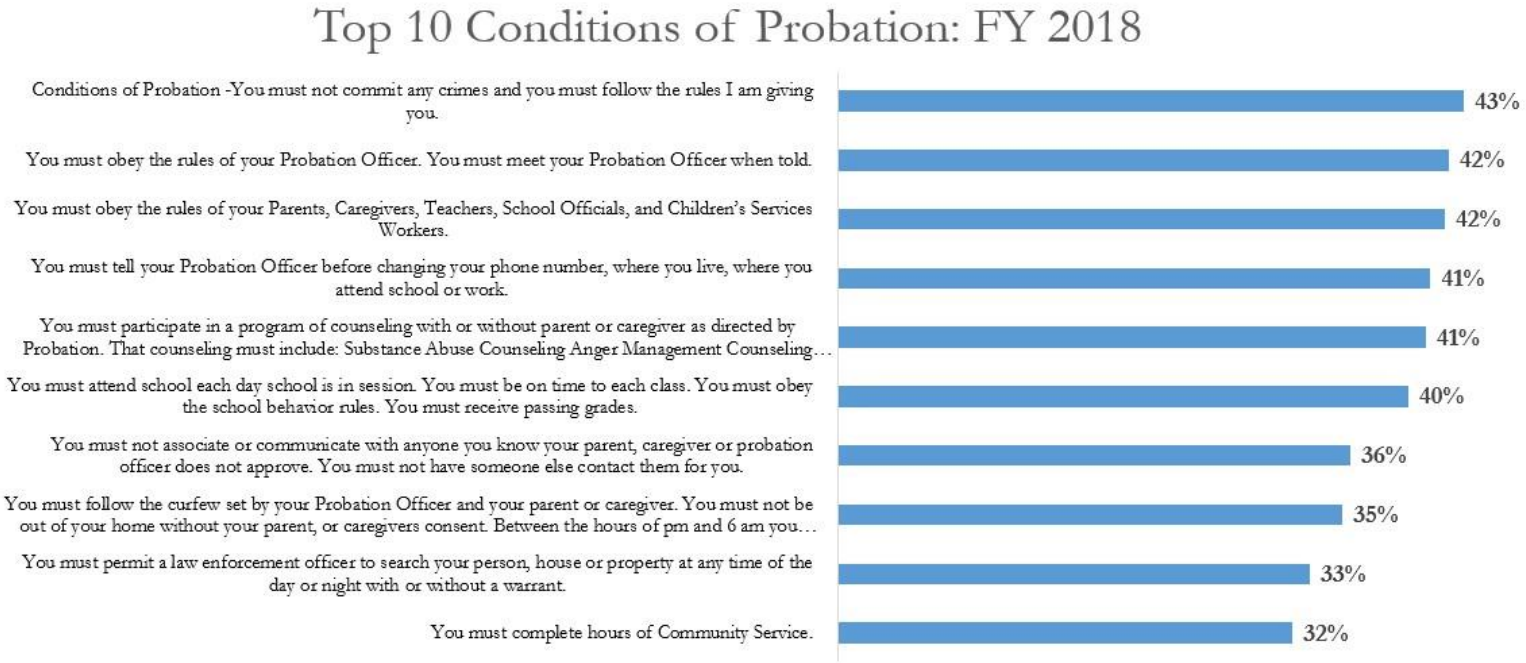
Probation Youth Data Analysis

Youth had he following probation conditions that are relevant to FFPSA:



Probation Youth Data Analysis

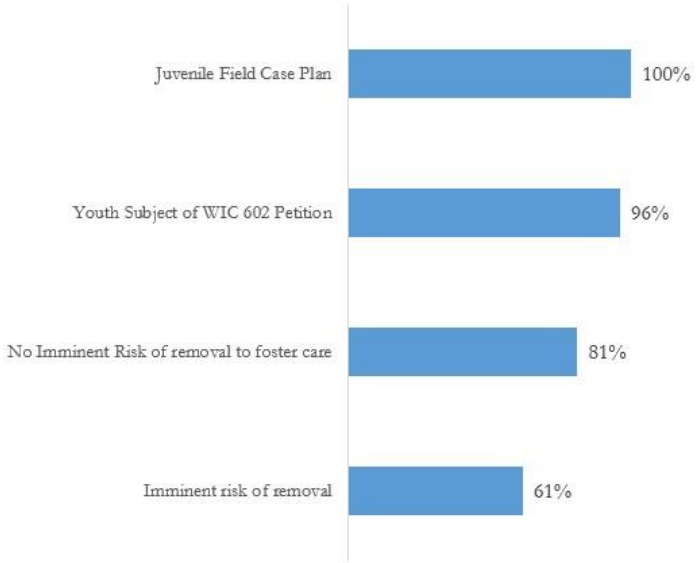
Probation Youth had a wide variety of probation conditions:



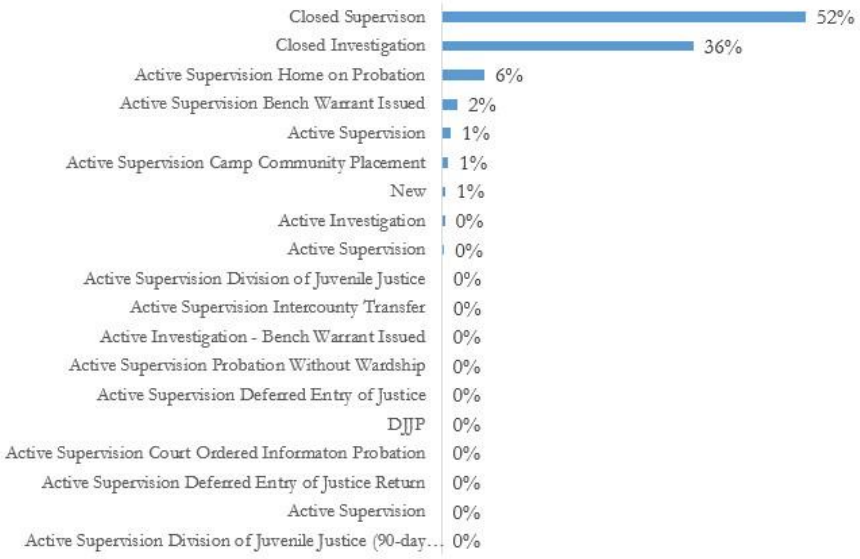
Probation Youth Data Analysis

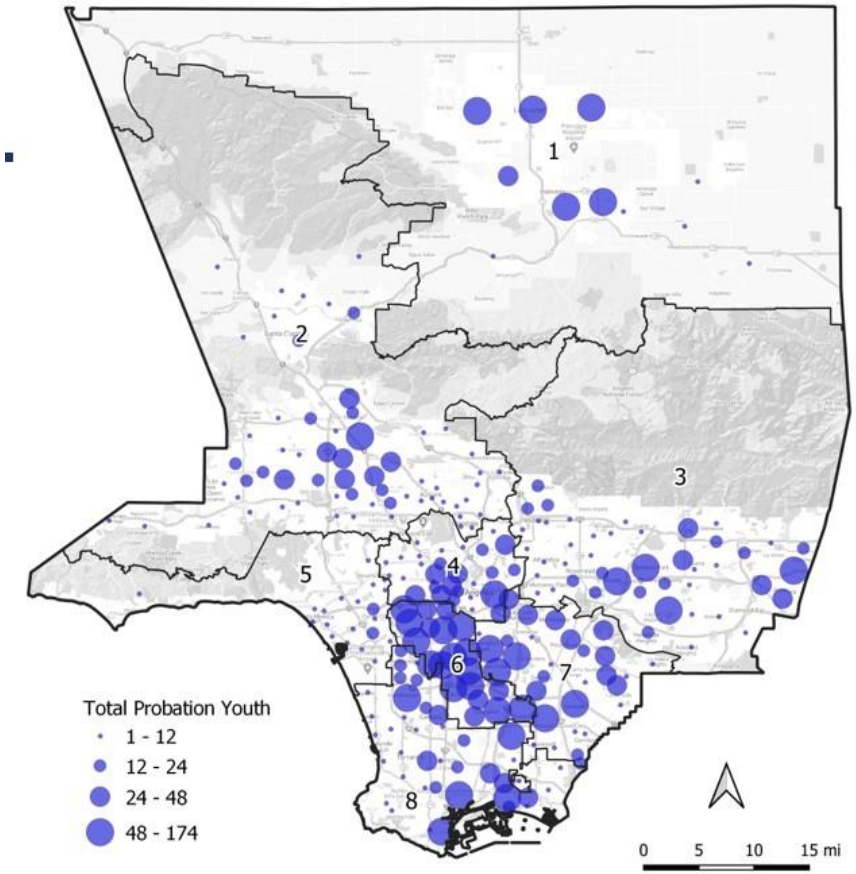
The vast majority of youth had a closed supervision or investigation status and 96% were 602 petition youth.

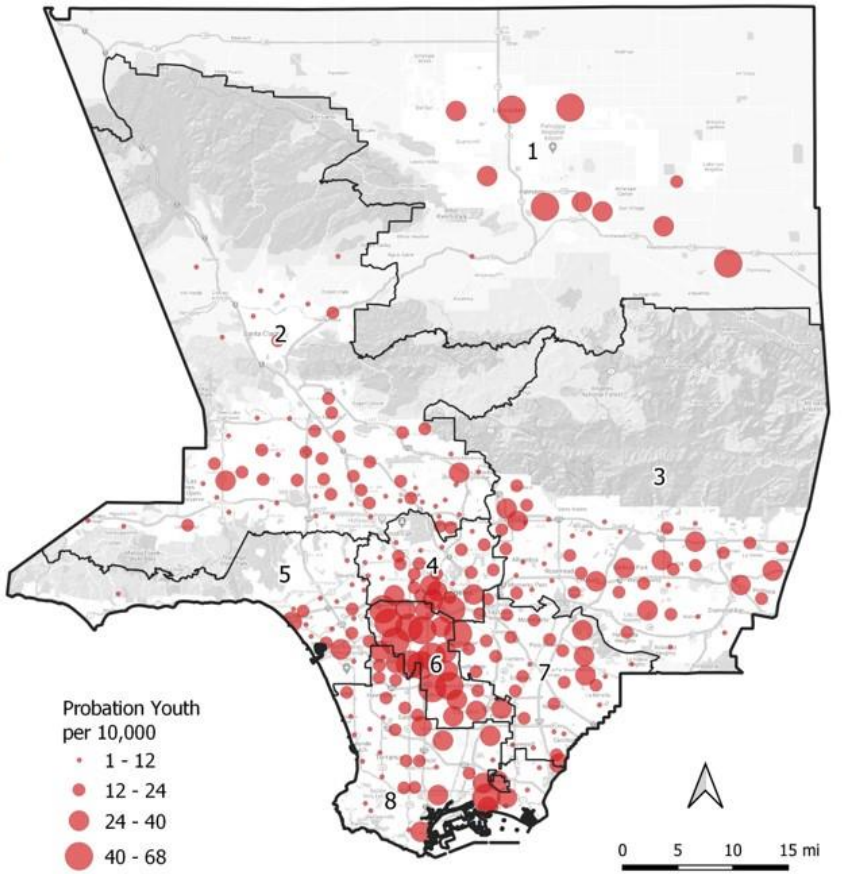
Youth in Probation: FY 2018



Youth in Probation Legal Status: FY 2018




1
2
3
4
5
6
7
8
Total Probation Youth
1 - 12
12 - 24
24 - 48
48 - 174
0 5 10 15 mi


1
2
3
4
5
6
7
8
Probation Youth
per 10,000
1 - 12
12 - 24
24 - 40
40 - 68
0 5 10 15 mi

Racial/Ethnic Disparity

Disparity Index (DI)

- Disparity measures compare the likelihood of **one group** experiencing an event to the likelihood of **the total population** experiencing that same event
- For example: Disparity in foster care entry rates

Group	Entry Rate per 1,000	DI Calculation	DI Result
White	2.91	2.91 / 5.56	0.52
Black	8.40	8.40 / 5.56	1.51
Native American	6.29	6.29 / 5.56	1.13

- = 1 : **equally likely** to experience the event
- < 1 : **less likely** to experience the event
- > 1 : **more likely** to experience the event

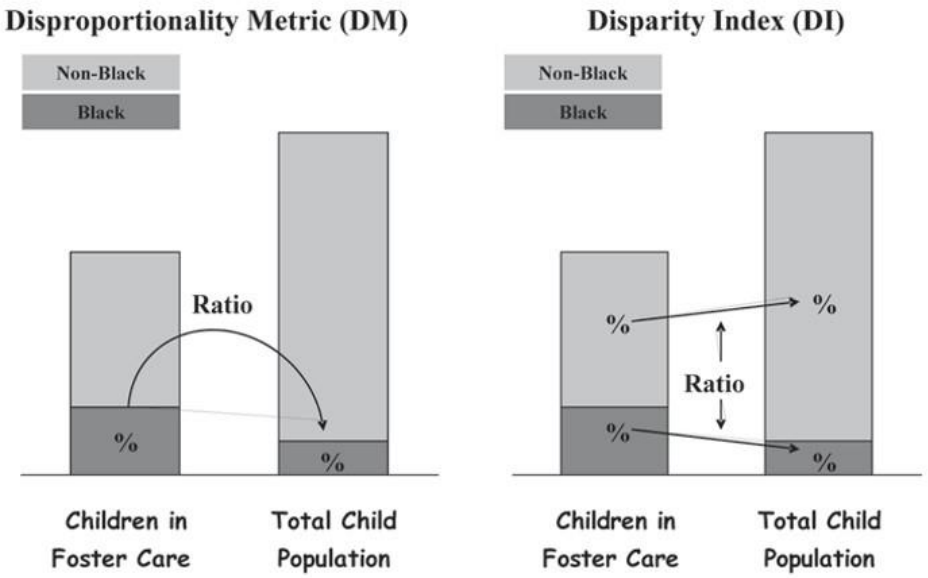
For example

Black children are **1.51** times more likely than all children to enter foster care

From Annie E. Casey Foundation. (2015). 10 Practices Part Two: Making the business case: Research and References for 10 Practices and Appendices. Baltimore, MD. Retrieved from https://www.aecf.org/resources/10-practices-part-two/.

Racial/Ethnic Disparity Analysis

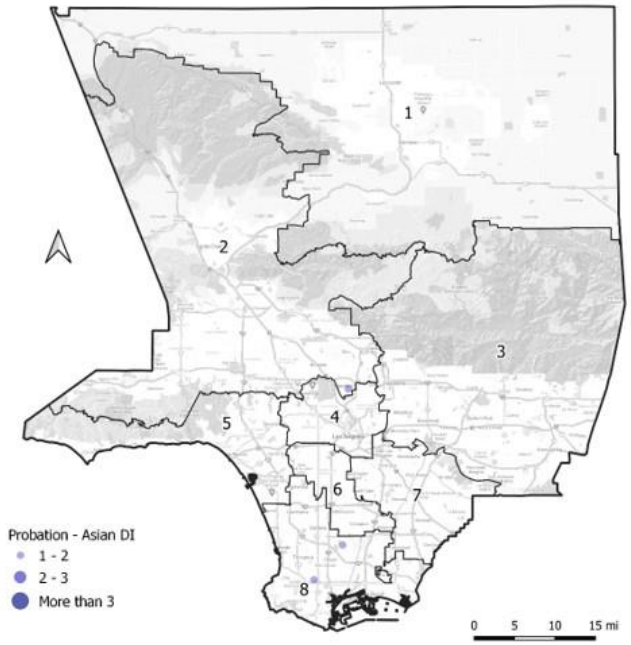
The unequal outcomes of one racial or ethnic group as compared to outcomes for the total population.



Shaw, Terry & Putnam-Hornstein, Emily & Magruder, Joseph & Needell, Barbara. (2008). Measuring Racial Disparity in Child Welfare. Child welfare. 87. 23-36.

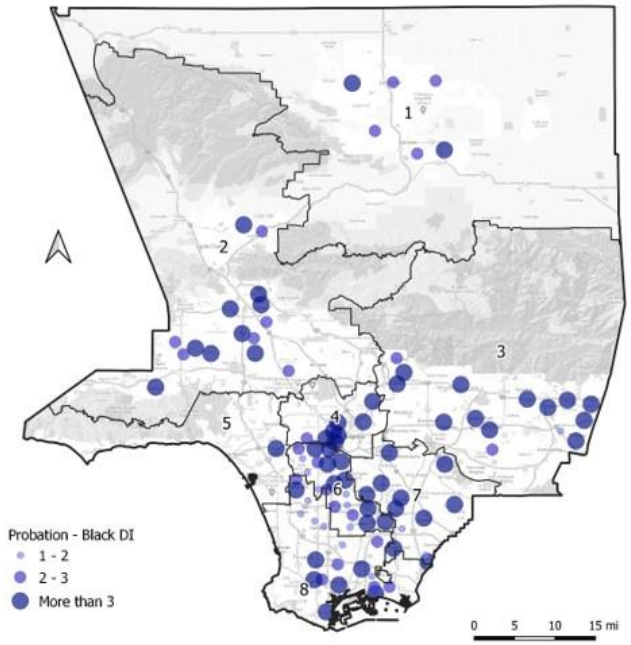
Racial/Ethnic Disparity Analysis

Probation: Asian



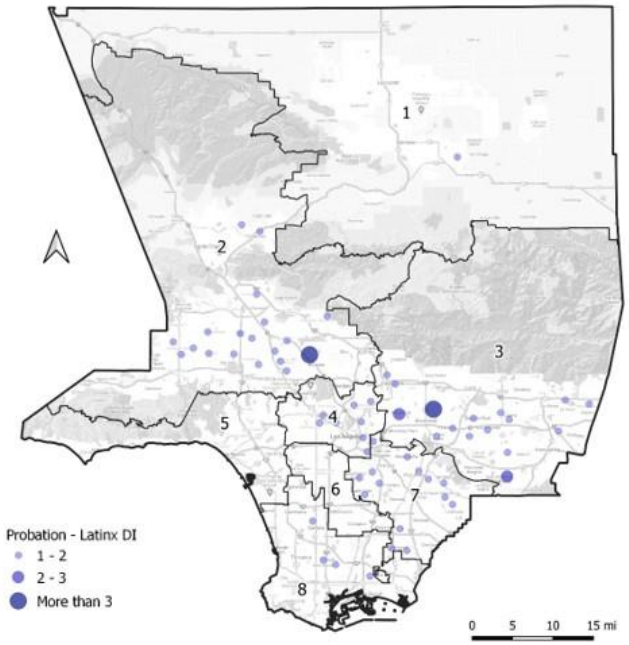
Racial/Ethnic Disparity Analysis

Probation: Black / African American



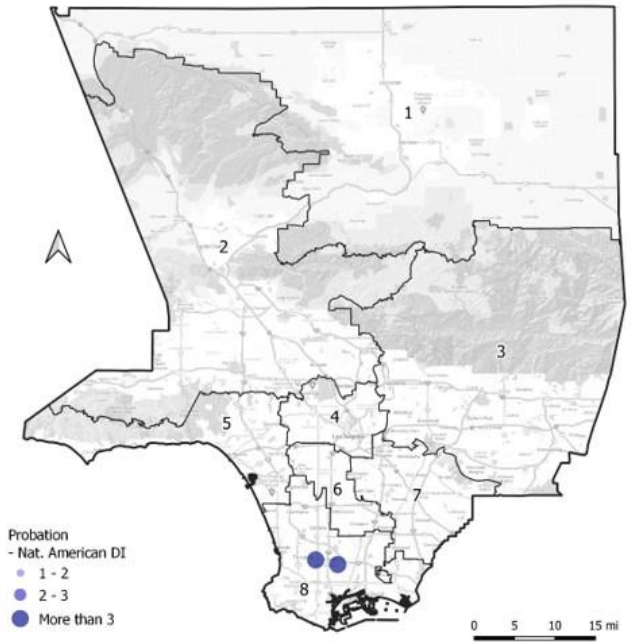
Racial/Ethnic Disparity Analysis

Probation: Latinx



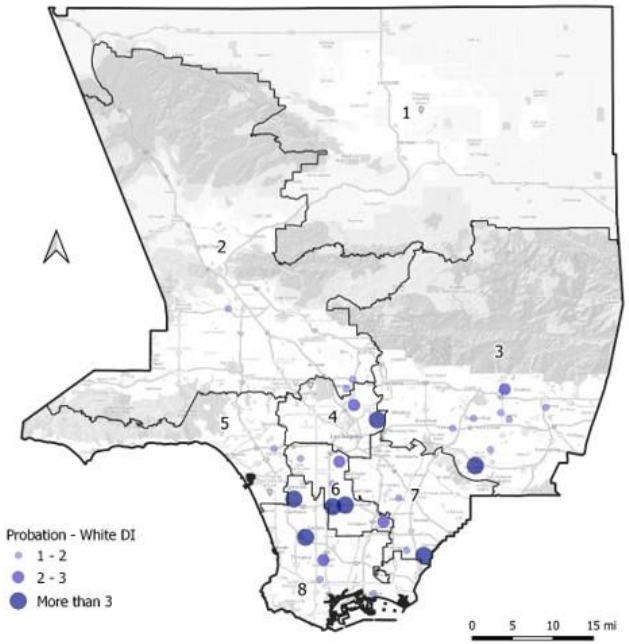
Racial/Ethnic Disparity Analysis

Probation: Native American



Racial/Ethnic Disparity Analysis

Probation: White



Appendix II

EBP CQI Tables for SPAs 2 and 6

Motivational Interviewing (MI)

The LA Family First CQI Workgroup is continuing to work through the following areas:

- Additional data points to capture Children's Social Workers (CSW) using MI, case outcomes, case timeframes, etc.
- Additional outcome measures for children, parents, and families and how to best measure those outcomes.

Motivational Interviewing (MI)

Table X. Utilization, Reach, Fidelity and Outcomes xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DCFS**	**DCFS**	**DCFS**	**DCFS**	**LAC Total**
Office					
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
# of caseworkers					
# of open cases					
Caseworker/caseload ratio (from above two lines)					
Meets caseload size standard?					
# cases with documentation of MI					
# cases reunified or closed case successfully					
# cases referred to prevention services					
# cases children entered foster care					
# cases with more than one investigation or open case in time period					

Motivational Interviewing (MI)
Table X. Outcomes for Parents Referred xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DCFS**	**DCFS**	**DCFS**	**DCFS**	**LAC Average**
Office					
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
# Completed					
PRE-INTERVENTION					
Average # sessions					
Average Outcome: Parent/Caregiver substance abuse (how to measure?)					
Average Outcome: Parent Physiological, Psychological & Lifestyle Factors (how to measure? Parent assessment?)					
Average Outcome: Parent Engagement					
POST-INTERVENTION					
Average Outcome: Decrease in Parent/Caregiver substance abuse (how to measure?)					
Average Outcome: Increase in Parent Physiological, Psychological & Lifestyle Factors (how to measure?)					
Average Outcome: Increase in Parent Engagement					

Motivational Interviewing (MI)

Table X. Outcomes for Families Referred xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DCFS**	**DCFS**	**DCFS**	**DCFS**	**LAC Average**
Office					
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
# Completed					
PRE-INTERVENTION					
Average # sessions					
Average Outcome: Family Physiological, Psychological & Lifestyle Factors (how to measure? Family assessment?)					
POST-INTERVENTION					
Average Outcome: Increase in Family Physiological, Psychological & Lifestyle Factors (how to measure? Would these be informed by the other outcomes?)					
Average Outcome: Increase in Family Engagement					
Average Outcome: Family Completes Services					

Motivational Interviewing (MI)

Table X. Outcomes for Youth Referred xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DCFS**	**DCFS**	**DCFS**	**DCFS**	**LAC Average**
Office					
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
# Completed					
PRE-INTERVENTION					
Average # sessions					
Average Outcome: Youth Substance Use (how to measure? Will this inform family outcome?)					
Average Outcome: Youth Physiological, Psychological & Lifestyle Factors (how to measure? Youth assessment?)					
POST-INTERVENTION					
Average Outcome: Decrease in Youth Substance Use (how to measure?)					
Average Outcome: Increase in Youth Physiological, Psychological & Lifestyle Factors (how to measure? Youth assessment?)					
Average Outcome: Increase in Youth Engagement					

Motivational Interviewing (MI)
Table X. Fidelity Ratings (MICA) xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DCFS**	**DCFS**	**DCFS**	**DCFS**	**LAC Average**
Office					
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
MICA Summary Scores					
Question-to-reflection ratio (based on microskill counts)					
MICA Composite Score (reflecting the average of the two strategies added to the average of the five intentions)					
Microskills Counts					
Reflections captured					
Questions Captured					
Strategy Competence Ratings (5-point scale of practitioner competency)					
Strategically responding to change talk					
Strategically responding to sustain talk					
Intention Competence Ratings (5-point scale of practitioner competency)					
Evoking					
Expressing Empathy					
Guiding					
Partnering					
Supporting Autonomy & Activation					

Motivational Interviewing (MI)
Table X. Staffing and Certification xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DCFS**	**DCFS**	**DCFS**	**DCFS**	**LAC Total**
Office					
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
SUPERVISORS					
# filled					
# of vacancies					
# in training					
# in certification process					
# fully certified					
EBP TRAINERS					
# filled					
# of vacancies					
# in training					
# in certification process					
# fully certified					
CASEWORKERS					
# filled					
# of vacancies					
# in training					
# in certification process					
# fully certified					
CODERS					
# filled					
# of vacancies					
# in training					
# in certification process					
# fully certified					

Healthy Families America (HFA)

The LA Family First CQI Workgroup is continuing to work through the following areas:

- Incorporation of the HFA Best Practice Standards ratings within the CQI table.

Healthy Families America (HFA)
Table X. Utilization, Reach, Fidelity and Outcomes xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DPSS**				**LAC Total**
Agency	**Pacific Asian Counseling Services**	**[insert additional agency here]**	**[insert additional agency here]**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
Average # of funded slots					
Average # of active slots					
Average utilization of funded slots					
Average utilization of active slots					
# referrals					
# referrals accepted					
Started X					
Did not start X					
Waitlisted					
Pending					
Served					
Discharged					
# referrals accepted					
# attended ≥ 1 session					
Completed					
Not completed					
Entered care					
Involvement remains open					
Not completed					
Entered care					

Family withdrew/dropped out					
Stabilization/intensive intervention					

Healthy Families America (HFA)
Table X. Reasons for Referral Rejection xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DPSS**				**LAC Total**
Agency	**Pacific Asian Counseling Services**	**[insert additional agency here]**	**[insert additional agency here]**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
# referrals rejected					
REASONS FOR REFERRAL REJECTION					
Not eligible (no children 24 months or younger at time of enrollment)					
Not eligible (does not meet risk factor criteria- score of 25 or below not accepted)					
Outside service area					
Other					

Healthy Families America (HFA)
Table X. Outcomes for Parents Referred xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DPSS**				**LAC Average**
Agency	**Pacific Asian Counseling Services**	**[insert additional agency here]**	**[insert additional agency here]**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
# Completed					
PRE-INTERVENTION					
Average # sessions					
Average Outcome: Positive Parenting Practices- PHQ-9					
Average Outcome: Positive Parenting Practices- GAD-7					
Average Outcome: Positive Parenting Practices- Parent's Assessment of Protective Factors (PAPF)					
Average Outcome: Positive Parenting Practices- Parental Life Skills (PLS)					
POST-INTERVENTION					
Average Outcome: Positive Parenting Practices- PHQ-9					
Average Outcome: Positive Parenting Practices- GAD-7					
Average Outcome: Positive Parenting Practices- Parent's Assessment of Protective Factors (PAPF)					
Average Outcome: Positive Parenting Practices- Parental Life Skills (PLS)					

Healthy Families America (HFA)
Table X. Outcomes for Families Referred xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DPSS**				**LAC Average**
Agency	**Pacific Asian Counseling Services**	**[insert additional agency here]**	**[insert additional agency here]**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
# Completed					
PRE-INTERVENTION					
Average # sessions					
Average Outcome: Nurturing Parent-Child Relationships-CHEERS Check-in					
POST-INTERVENTION					
Average Outcome: Nurturing Parent-Child Relationships-CHEERS Check-in					

Healthy Families America (HFA)
Table X. Outcomes for Children Referred xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DPSS**				**LAC Average**
Agency	**Pacific Asian Counseling Services**	**[insert additional agency here]**	**[insert additional agency here]**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
# Completed					
PRE-INTERVENTION					
Average # sessions					
Average Outcome: Ages & Stages Questionnaire (ASQ-3)					
POST-INTERVENTION					
Average Outcome: Ages & Stages Questionnaire (ASQ-3)					

Healthy Families America (HFA)
Table X. Fidelity Ratings xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DPSS**				**LAC Average**
Agency	**Pacific Asian Counseling Services**	**[insert additional agency here]**	**[insert additional agency here]**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
Fidelity Measures					
Provider Received & Maintained Required Training					
Meets Staffing Qualification Requirements					
1:6 Supervisor to Staff Ratio					
Meets Caseload Requirements (12 cases per clinician)					
HFA Best Practice Standards Ratings					

Healthy Families America (HFA)
Table X. Staffing and Certification xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DPSS**				**LAC Total**
Agency	**Pacific Asian Counseling Services**	**[insert additional agency here]**	**[insert additional agency here]**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
SUPERVISORS					
# filled					
# of vacancies					
# in training					
# in certification process					
# fully certified					
EBP TRAINERS					
# filled					
# of vacancies					
# in training					
# in certification process					
# fully certified					
CLINICIANS					
# filled					
# of vacancies					
# in training					
# in certification process					
# fully certified					
ACCREDITATION					
Meets Accreditation Requirements (every 4 years)					

Nurse-Family Partnership (NFP)[11]

Table X. Utilization, Reach, Fidelity and Outcomes xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DPSS**	**DPSS**	**DPH-NCC/DMH**		**LAC Total**
Agency	**Los Angeles County Department of Public Health (Chatsworth)**	**Los Angeles County Department of Public Health (Burbank)**	**Los Angeles County Department of Public Health (San Fernando)**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
Average # of funded slots					
Average # of active slots					
Average utilization of funded slots					
Average utilization of active slots					
# referrals					
# referrals accepted					
Started X					
Did not start X					
Waitlisted					
Pending					
Served					
Discharged					
# referrals accepted					
# attended ≥ 1 session					
Completed					
Not completed					
Entered care					
Involvement remains open					

[11] The LA Family First CQI Workgroup is continuing to work through the following areas:

- How to measure the family outcome identified in California's Title IV-E Prevention Plan, family self-sufficiency.

Not completed					
Entered care					
Family withdrew/dropped out					
Stabilization/intensive intervention					

Nurse-Family Partnership (NFP)
Table X. Reasons for Referral Rejection xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DPSS**	**DPSS**	**DPH-NCC/DMH**		**LAC Total**
Agency	**Los Angeles County Department of Public Health (Chatsworth)**	**Los Angeles County Department of Public Health (Burbank)**	**Los Angeles County Department of Public Health (San Fernando)**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
# referrals rejected					
REASONS FOR REFERRAL REJECTION					
Not eligible (not a first time parent)					
Not eligible (child under 2 years of age)					
Not eligible (parent does not meet income requirements)					
Outside service area					
Other					

Nurse-Family Partnership (NFP)
Table X. Outcomes for Parents Referred xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DPSS**	**DPSS**	**DPH-NCC/DMH**		**LAC Average**
Agency	**Los Angeles County Department of Public Health (Chatsworth)**	**Los Angeles County Department of Public Health (Burbank)**	**Los Angeles County Department of Public Health (San Fernando)**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
# Completed					
PRE-INTERVENTION					
Average # sessions					
Average Outcome: Positive Parenting Practices- Parent's Assessment of Protective Factors (PAPF)					
Average Outcome: Parent Well-Being- PHQ-9					
Average Outcome: Parent Anxiety & Depression- GAD-7					
POST-INTERVENTION					
Average Outcome: Positive Parenting Practices- Parent's Assessment of Protective Factors (PAPF)					
Average Outcome: Parent Well-Being- PHQ-9					
Average Outcome: Parent Anxiety & Depression- GAD-7					

Nurse-Family Partnership (NFP)
Table X. Outcomes for Families Referred xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DPSS**	**DPSS**	**DPH-NCC/DMH**		
Agency	**Los Angeles County Department of Public Health (Chatsworth)**	**Los Angeles County Department of Public Health (Burbank)**	**Los Angeles County Department of Public Health (San Fernando)**	**[insert additional agency here]**	**LAC Average**
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
# Completed					
PRE-INTERVENTION					
Average # sessions					
Average Outcome: Family Self-Sufficiency (how to measure?)					
POST-INTERVENTION					
Average Outcome: Family Self-Sufficiency (how to measure?)					

Nurse-Family Partnership (NFP)
Table X. Outcomes for Children Referred xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DPSS**	**DPSS**	**DPH-NCC/DMH**		
Agency	**Los Angeles County Department of Public Health (Chatsworth)**	**Los Angeles County Department of Public Health (Burbank)**	**Los Angeles County Department of Public Health (San Fernando)**	**[insert additional agency here]**	**LAC Average**
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
# Completed					
PRE-INTERVENTION					
Average # sessions					
Average Outcome: Child Development- Ages & Stages Questionnaire (ASQ-3)					
Average Outcome: Socioemotional Challenges- Ages & Stages Questionnaire- Socioemotional Edition (ASQ:SE-2)					
POST-INTERVENTION					
Average Outcome: Child Development- Ages & Stages Questionnaire (ASQ-3)					
Average Outcome: Socioemotional Challenges- Ages & Stages Questionnaire- Socioemotional Edition (ASQ:SE-2)					

Nurse-Family Partnership (NFP)
Table X. Fidelity Ratings xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DPSS**	**DPSS**	**DPH-NCC/DMH**		**LAC Average**
Agency	**Los Angeles County Department of Public Health (Chatsworth)**	**Los Angeles County Department of Public Health (Burbank)**	**Los Angeles County Department of Public Health (San Fernando)**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
Fidelity Measures					
Provider Received & Maintained Required Training					
Meets Staffing Qualification Requirements					
1:8 Supervisor to Staff Ratio					
1:25 Caseload Ratio					
Use of NFP Standardized Web-Based Data System					

Nurse-Family Partnership (NFP)
Table X. Staffing and Certification xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DPSS**	**DPSS**	**DPH-NCC/DMH**		**LAC Total**
Agency	**Los Angeles County Department of Public Health (Chatsworth)**	**Los Angeles County Department of Public Health (Burbank)**	**Los Angeles County Department of Public Health (San Fernando)**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
SUPERVISORS					
# filled					
# of vacancies					
# in training					
# in certification process					
# fully certified					
EBP TRAINERS					
# filled					
# of vacancies					
# in training					
# in certification process					
# fully certified					
CLINICIANS					
# filled					
# of vacancies					
# in training					
# in certification process					
# fully certified					

Parents as Teachers (PAT)
Table X. Utilization, Reach, Fidelity and Outcomes xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**F5LA**	**DPSS/CHVP**	**F5LA**		**LAC Total**
Agency	**El Nido Family Centers**	**Friends of the Family**	**Child Care Resource Center, Inc**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
Average # of funded slots					
Average # of active slots					
Average utilization of funded slots					
Average utilization of active slots					
# referrals					
# referrals accepted					
Started X					
Did not start X					
Waitlisted					
Pending					
Served					
Discharged					
# referrals accepted					
# attended ≥ 1 session					
Completed					
Not completed					
Entered care					
Involvement remains open					
Not completed					
Entered care					
Family withdrew/dropped out					
Stabilization/intensive intervention					

Parents as Teachers (PAT)

Table X. Reasons for Referral Rejection xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**F5LA**	**DPSS/CHVP**	**F5LA**		**LAC Total**
Agency	**El Nido Family Centers**	**Friends of the Family**	**Child Care Resource Center, Inc**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
# referrals rejected					
REASONS FOR REFERRAL REJECTION					
Not eligible (>kindergarten entry age)					
Not eligible (not expectant or parenting)					
Outside service area					
Other					

Parents as Teachers (PAT)

Table X. Outcomes for Parents Referred xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**F5LA**	**DPSS/CHVP**	**F5LA**		**LAC Average**
Agency	**El Nido Family Centers**	**Friends of the Family**	**Child Care Resource Center, Inc**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
# Completed					
PRE-INTERVENTION					
Average # sessions					
Average Outcome: Ages & Stages Questionnaire					
Average Outcome: PHQ-9					
Average Outcome: Parents' Assessment of Protective Factors (PAPF)					
POST-INTERVENTION					
Average Outcome: Ages & Stages Questionnaire					
Average Outcome: PHQ-9					
Average Outcome: Parents' Assessment of Protective Factors (PAPF)					

Parents as Teachers (PAT)

Table X. Outcomes for Families Referred xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**F5LA**	**DPSS/CHVP**	**F5LA**		**LAC Average**
Agency	**El Nido Family Centers**	**Friends of the Family**	**Child Care Resource Center, Inc**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
# Completed					
PRE-INTERVENTION					
Average # sessions					
Average Outcome: Ages & Stages Questionnaire					
Average Outcome: PHQ-9					
Average Outcome: Parents' Assessment of Protective Factors (PAPF)					
POST-INTERVENTION					
Average Outcome: Ages & Stages Questionnaire					
Average Outcome: PHQ-9					
Average Outcome: Parents' Assessment of Protective Factors (PAPF)					

Parents as Teachers (PAT)

Table X. Fidelity Ratings (Essential Requirements) xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**F5LA**	**DPSS/CHVP**	**F5LA**		**LAC Average**
Agency	**El Nido Family Centers**	**Friends of the Family**	**Child Care Resource Center, Inc**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
Infrastructure					
Staffing					
Leadership					
Supervision (# hours)					
Supervision (# supervisees)					
Training					
Professional Development					
Family-Centered Assessment					
Goals					
Visit Planning					
Personal Visits (Families)					
Personal Visits (Staff level)					
Group Connections					
Screening					
Resource Connection					
Family Feedback					
Data Reporting & CQI					

Parents as Teachers (PAT)
Table X. Staffing and Certification xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**F5LA**	**DPSS/CHVP**	**F5LA**		**LAC Total**
Agency	**El Nido Family Centers**	**Friends of the Family**	**Child Care Resource Center, Inc**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
SUPERVISORS					
# filled					
# of vacancies					
# in training					
# in certification process					
# fully certified					
EBP TRAINERS					
# filled					
# of vacancies					
# in training					
# in certification process					
# fully certified					
CLINICIANS					
# filled					
# of vacancies					
# in training					
# in certification process					
# fully certified					

Parent-Child Interaction Therapy (PCIT)[12]
Table X. Utilization, Reach, Fidelity and Outcomes xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DMH**	**DMH**	**DMH**	**DMH**	**LAC Total**
Agency	**Child and Family Guidance Center**	**Didi Hirsch**	**Village Family Services**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
Average # of funded slots					
Average # of active slots					
Average utilization of funded slots					
Average utilization of active slots					
# referrals					
# referrals accepted					
Started X					
Did not start X					
Waitlisted					
Pending					
Served					
Discharged					
# referrals accepted					
# attended ≥ 1 session					
Completed					
Not completed					
Entered care					

[12] The LA Family First CQI Workgroup is continuing to work through the following areas:

- Determining which parent outcomes to measure and how to measure them. California's Title IV-E Prevention Plan cites parent outcomes of positive parenting practices, improved parent/caregiver emotional health and improved parent/caregiver mental health. DCFS and Probation Department have proposed contract language that States that PCIT will provide specific measures, checklists, etc.
- Determining if family outcomes (such as increase in positive family functioning) should be included and how to measure them. California's Title IV-E Prevention Plan does not include specific family outcomes.

Involvement remains open					
Not completed					
Entered care					
Family withdrew/dropped out					
Stabilization/intensive intervention					

Parent-Child Interaction Therapy (PCIT)
Table X. Reasons for Referral Rejection xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DMH**	**DMH**	**DMH**	**DMH**	**LAC Total**
Agency	**Child and Family Guidance Center**	**Didi Hirsch**	**Village Family Services**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
# referrals rejected					
REASONS FOR REFERRAL REJECTION					
Not eligible (child/ren not of age 2 through 7)					
Not eligible- does not meet criteria (no emotional/behavioral needs)					
Not eligible- does not meet criteria (no parent-child attachment issues)					
Outside service area					
Other					

Parent-Child Interaction Therapy (PCIT)
Table X. Outcomes for Parents Referred xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DMH**	**DMH**	**DMH**	**DMH**	**LAC Average**
Agency	**Child and Family Guidance Center**	**Didi Hirsch**	**Village Family Services**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
# Completed					
PRE-INTERVENTION					
Average # sessions					
Average Outcome: Positive Parenting Practices					
Average Outcome: Improvement in Parent/Caregiver Emotional Health					
Average Outcome: Improvement in Parent/Caregiver Mental Health					
POST-INTERVENTION					
Average Outcome: Positive Parenting					

Practices					
Average Outcome: Improvement in Parent/Caregiver Emotional Health					
Average Outcome: Improvement in Parent/Caregiver Mental Health					

Parent-Child Interaction Therapy (PCIT)
Table X. Outcomes for Families Referred xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DMH**	**DMH**	**DMH**	**DMH**	**LAC Average**
Agency	**Child and Family Guidance Center**	**Didi Hirsch**	**Village Family Services**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
# Completed					
PRE-INTERVENTION					
Average # sessions					
Average Outcome: Positive Family Functioning (how to measure?)					
POST-INTERVENTION					
Average Outcome: Positive Family Functioning (how to measure?)					

Parent-Child Interaction Therapy (PCIT)
Table X. Outcomes for Children Referred xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DMH**	**DMH**	**DMH**	**DMH**	**LAC Average**
Agency	**Child and Family Guidance Center**	**Didi Hirsch**	**Village Family Services**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
# Completed					
PRE-INTERVENTION					
Average # sessions					
Average Outcome: Reduction in Child Negative Behaviors- Eyberg Child Behavior Instrument (ECBI)					
Average Outcome: Reduction in Child Negative Behaviors- Eyberg Student Behavior Instrument (ESBI)					
POST-INTERVENTION					
Average Outcome: Reduction in Child Negative					

Behaviors- Eyberg Child Behavior Instrument (ECBI)					
Average Outcome: Reduction in Child Negative Behaviors- Eyberg Student Behavior Instrument (ESBI)					

Parent-Child Interaction Therapy (PCIT)
Table X. Fidelity Ratings xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DMH**	**DMH**	**DMH**	**DMH**	**LAC Average**
Agency	**Child and Family Guidance Center**	**Didi Hirsch**	**Village Family Services**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
Fidelity Measures					
Provider Received & Maintained Required Training					
Meets Staffing Qualification Requirements					
Use of Eyberg Child Behavior Inventory (ECBI)					
Use of Dyadic Parent-Child Interaction Coding System (DPICS-IV)					
Use of Therapy Attitude Inventory					
Meets Core Competencies in PCIT Outcomes Competencies Chart					
Maintain					

necessary equipment and will continue their education, including attending the Annual Oregon PCIT Conference					

Parent-Child Interaction Therapy (PCIT)
Table X. Staffing and Certification xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DMH**	**DMH**	**DMH**	**DMH**	**LAC Total**
Agency	**Child and Family Guidance Center**	**Didi Hirsch**	**Village Family Services**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
SUPERVISORS					
# filled					
# of vacancies					
# in training					
# in certification process					
# fully certified					
EBP TRAINERS					
# filled					
# of vacancies					
# in training					
# in certification process					
# fully certified					
CLINICIANS					
# filled					
# of vacancies					
# in training					
# in certification process					
# fully certified					

Multisystemic Therapy (MST)[13]

Table X. Utilization, Reach, Fidelity and Outcomes xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DMH**	**DMH**	**DMH**	**DMH**	**LAC Total**
Agency	**Child and Family Guidance Center**	**Village Family Services**	**[insert additional agency here]**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
Average # of funded slots					
Average # of active slots					
Average utilization of funded slots					
Average utilization of active slots					
# referrals					
# referrals accepted					
Started X					
Did not start X					
Waitlisted					
Pending					
Served					
Discharged					
# referrals accepted					
# attended ≥ 1 session					
Completed					
Not completed					

[13] The LA Family First CQI Workgroup is continuing to work through the following areas:

- Determining if family outcomes (such as increase in positive family functioning) should be included and how to measure them. California's Title IV-E Prevention Plan does not include specific family outcomes.
- Including providers monitoring caseworker application of teamwork, engagement, assessment and understanding skills through caregiver questions on the PSC-35 (this language is included in the proposed contract language for MST providers).

Entered care					
Involvement remains open					
Not completed					
Entered care					
Family withdrew/dropped out					
Stabilization/intensive intervention					

Multisystemic Therapy (MST)
Table X. Reasons for Referral Rejection xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DMH**	**DMH**	**DMH**	**DMH**	**LAC Total**
Agency	**Child and Family Guidance Center**	**Village Family Services**	**[insert additional agency here]**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
# referrals rejected					
REASONS FOR REFERRAL REJECTION					
Not eligible (no youth ages 12 through 17)					
Not eligible (does not meet criteria-behavioral health issues, mental health issues or substance abuse)					
Outside service area					
Other					

Multisystemic Therapy (MST)
Table X. Outcomes for Parents Referred xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DMH**	**DMH**	**DMH**	**DMH**	**LAC Average**
Agency	**Child and Family Guidance Center**	**Village Family Services**	**[insert additional agency here]**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
# Completed					
PRE-INTERVENTION					
Average # sessions					
Average Outcome: Parent/Caregiver Emotional & Mental Health-Pediatric Symptoms Checklist (PSC-35) Caregiver Questions					
POST-INTERVENTION					
Average Outcome: Parent/Caregiver Emotional & Mental Health-Pediatric Symptoms Checklist (PSC-35) Caregiver					

Questions					

Multisystemic Therapy (MST)
Table X. Outcomes for Families Referred xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DMH**	**DMH**	**DMH**	**DMH**	**LAC Average**
Agency	**Child and Family Guidance Center**	**Village Family Services**	**[insert additional agency here]**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
# Completed					
PRE-INTERVENTION					
Average # sessions					
Average Outcome: Positive Family Functioning (how to measure?)					
POST-INTERVENTION					
Average Outcome: Positive Family Functioning (how to measure?)					

Multisystemic Therapy (MST)
Table X. Outcomes for Youth Referred xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DMH**	**DMH**	**DMH**	**DMH**	**LAC Average**
Agency	**Child and Family Guidance Center**	**Village Family Services**	**[insert additional agency here]**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
# Completed					
PRE-INTERVENTION					
Average # sessions					
Average Outcome: Youth Delinquent Behavior-Pediatric Symptoms Checklist (PSC-35)					
Average Outcome: Youth Substance Abuse-Pediatric Symptoms Checklist (PSC-35)					
POST-INTERVENTION					
Average Outcome: Youth Delinquent					

Behavior-Pediatric Symptoms Checklist (PSC-35)					
Average Outcome: Youth Substance Abuse-Pediatric Symptoms Checklist (PSC-35)					

Multisystemic Therapy (MST)
Table X. Fidelity Ratings xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DMH**	**DMH**	**DMH**	**DMH**	**LAC Average**
Agency	**Child and Family Guidance Center**	**Village Family Services**	**[insert additional agency here]**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
Fidelity Measures					
Provider Received & Maintained Required Training					
Completion Therapist Adherence Measure-Revised (TAM-R)					
Completion of Supervisor Adherence Measure (SAM)					
At least 66% of therapists have master's degree in social work or counseling					

Multisystemic Therapy (MST)
Table X. Staffing and Certification xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DMH**	**DMH**	**DMH**	**DMH**	**LAC Total**
Agency	**Child and Family Guidance Center**	**Village Family Services**	**[insert additional agency here]**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
SUPERVISORS					
# filled					
# of vacancies					
# in training					
# in certification process					
# fully certified					
EBP TRAINERS					
# filled					
# of vacancies					
# in training					
# in certification process					
# fully certified					
CLINICIANS					
# filled					
# of vacancies					
# in training					
# in certification process					
# fully certified					

Functional Family Therapy (FFT)[14]

Table X. Utilization, Reach, Fidelity and Outcomes xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DMH**	**DMH**	**DMH**	**DMH**	**LAC Total**
Agency	**Child and Family Guidance Center**	**Village Family Services**	**[insert additional agency here]**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
Average # of funded slots					
Average # of active slots					
Average utilization of funded slots					
Average utilization of active slots					
# referrals					
# referrals accepted					
Started X					
Did not start X					
Waitlisted					
Pending					
Served					
Discharged					
# referrals accepted					
# attended ≥ 1 session					
Completed					
Not completed					
Entered care					
Involvement remains open					
Not completed					

[14] The LA Family First CQI Workgroup is continuing to work through the following areas:

- Determining if family outcomes (such as increase in positive family functioning) should be included and how to measure them. California's Title IV-E Prevention Plan does not include specific family outcomes.

Entered care					
Family withdrew/dropped out					
Stabilization/intensive intervention					

Functional Family Therapy (FFT)
Table X. Reasons for Referral Rejection xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DMH**	**DMH**	**DMH**	**DMH**	**LAC Total**
Agency	**Child and Family Guidance Center**	**Village Family Services**	**[insert additional agency here]**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
# referrals rejected					
REASONS FOR REFERRAL REJECTION					
Not eligible (no children of ages 11-18)					
Not eligible (does not meet criteria of moderate to severe behavioral issues, substance abuse or involved in juvenile justice)					
Outside service area					
Other					
…					

Functional Family Therapy (FFT)
Table X. Outcomes for Parents Referred xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DMH**	**DMH**	**DMH**	**DMH**	**LAC Average**
Agency	**Child and Family Guidance Center**	**Village Family Services**	**[insert additional agency here]**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
# Completed					
PRE-INTERVENTION					
Average # sessions					
Average Outcome: Parental Capabilities (Family Self Report)					
Average Outcome: Parental Capabilities (Therapist Self Report)					
POST-INTERVENTION					
Average Outcome: Parental Capabilities (Family Self Report)					
Average Outcome:					

Parental Capabilities (Therapist Self Report)					

Functional Family Therapy (FFT)
Table X. Outcomes for Families Referred xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DMH**	**DMH**	**DMH**	**DMH**	**LAC Average**
Agency	**Child and Family Guidance Center**	**Village Family Services**	**[insert additional agency here]**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
# Completed					
PRE-INTERVENTION					
Average # sessions					
Average Outcome:					
POST-INTERVENTION					
Average Outcome:					

Functional Family Therapy (FFT)
Table X. Outcomes for Youth Referred xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DMH**	**DMH**	**DMH**	**DMH**	**LAC Average**
Agency	**Child and Family Guidance Center**	**Village Family Services**	**[insert additional agency here]**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
# Completed					
PRE-INTERVENTION					
Average # sessions					
Average Outcome: Child Behavioral & Emotional Functioning (Youth Outcome Questionnaire)					
Average Outcome: Child Behavioral & Emotional Functioning (Youth Outcome Questionnaire-Self Report)					
Average Outcome: Youth Substance Abuse (Youth Outcome					

Questionnaire)					
Average Outcome: Youth Substance Abuse (Youth Outcome Questionnaire-Self Report)					
POST-INTERVENTION					
Average Outcome: Child Behavioral & Emotional Functioning (Youth Outcome Questionnaire)					
Average Outcome: Child Behavioral & Emotional Functioning (Youth Outcome Questionnaire-Self Report)					
Average Outcome: Youth Substance Abuse (Youth Outcome Questionnaire)					

Average Outcome: Youth Substance Abuse (Youth Outcome Questionnaire-Self Report)					

Functional Family Therapy (FFT)
Table X. Fidelity Ratings xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DMH**	**DMH**	**DMH**	**DMH**	**LAC Average**
Agency	**Child and Family Guidance Center**	**Village Family Services**	**[insert additional agency here]**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
Fidelity Measures					
Average Rating: Weekly Supervision Checklist (specific to single cases)					
Average Rating: Global Therapist Ratings (3x per year)					

Functional Family Therapy (FFT)
Table X. Staffing and Certification xx/xx/xxxx – xx/xx/xxxx

Contract Holder	**DPH**	**DPH**	**DPH**	**DPH**	
Funding Source	**DMH**	**DMH**	**DMH**	**DMH**	**LAC Total**
Agency	**Child and Family Guidance Center**	**Village Family Services**	**[insert additional agency here]**	**[insert additional agency here]**	
SPA	**SPA 2**	**SPA 2**	**SPA 2**	**SPA 2**	
SUPERVISORS					
# filled					
# of vacancies					
# in training					
# in certification process					
# fully certified					
EBP TRAINERS					
# filled					
# of vacancies					
# in training					
# in certification process					
# fully certified					
CLINICIANS					
# filled					
# of vacancies					
# in training					
# in certification process					
# fully certified					

Appendix III

Community Promotion and Prevention Pilots: CQI Tables

Plan of Safe Care #1 @ Harbor/UCLA: Test of Referral Pathway (Successful connection) Timeframe: xx/xx/xxxx – xx/xx/xxxx				
	SPA 2	**SPA 6**	**SPA 8**	**LAC Total**
# referrals				
# referrals accepted				
# families served				
# attended 1 or more sessions				
# not completed service				
# families on waitlist				
# open DCFS cases within 12 months of creation of Safe Care Plan				
# children entered care within 12 months of creation of Safe Care Plan				

Plan of Safe Care #2 Welcome Baby @ Private Hospital (TBD) Timeframe: xx/xx/xxxx – xx/xx/xxxx				
	SPA 2	SPA 6	SPA 8	LAC Total
# referrals				
# referrals accepted				
# families served				
# attended 1 or more sessions				
# not completed service				
# families on waitlist				
# open DCFS cases within 12 months of creation of Safe Care Plan				
# children entered care within 12 months of creation of Safe Care Plan				

LAUSD- TRiEE teams 0-5 at risk children Timeframe: xx/xx/xxxx – xx/xx/xxxx				
	SPA 2	SPA 6	SPA 8	LAC Total
# referrals				
# referrals accepted				
# families served				
# attended 1 or more sessions				
# not completed service				
# families on waitlist				
# open DCFS cases within 12 months of creation of referral				
# children entered care within 12 months of creation of referral				

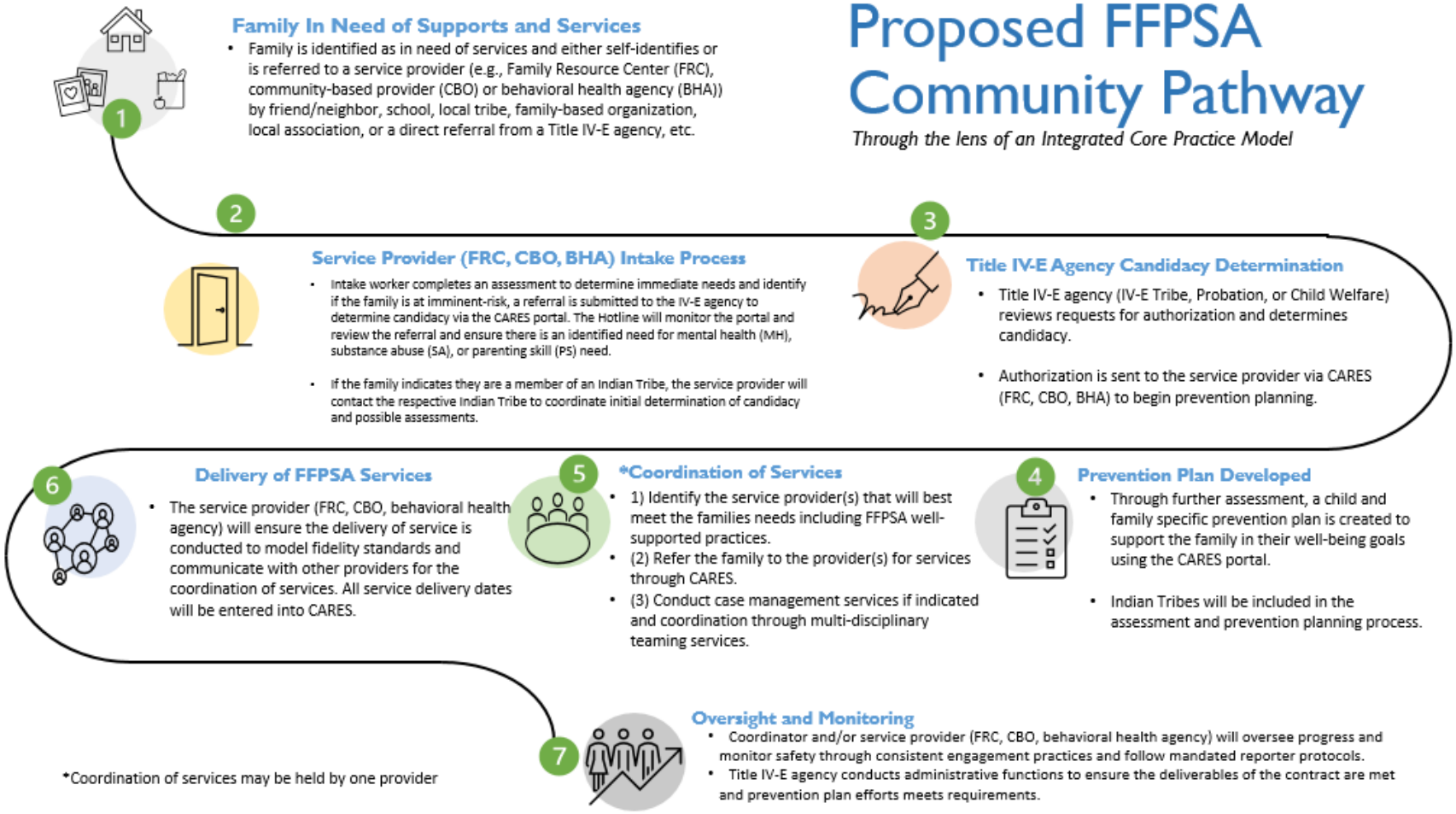
LAUSD- Homeless Students Timeframe: xx/xx/xxxx – xx/xx/xxxx				
	SPA 2	SPA 6	SPA 8	LAC Total
# referrals				
# referrals accepted				
# families served				
# attended 1 or more sessions				
# not completed service				
# families on waitlist				
# open DCFS cases within 12 months of creation of Referral				
# children entered care within 12 months of creation of Referral				

LACOE- Head Start ECE Programs Timeframe: xx/xx/xxxx – xx/xx/xxxx				
	SPA 2	SPA 6	SPA 8	LAC Total
# referrals				
# referrals accepted				
# families served				
# attended 1 or more sessions				
# not completed service				
# families on waitlist				
# open DCFS cases within 12 months of creation of Referral				
# children entered care within 12 months of creation of Referral				

Cross-system Navigator/Service Linkage Specialist Timeframe: xx/xx/xxxx – xx/xx/xxxx				
	SPA 2	SPA 6	SPA 8	LAC Total
# referrals				
# referrals accepted				
# families served				
# attended 1 or more sessions				
# not completed service				
# families on waitlist				
# open DCFS cases within 12 months of referral				
# children entered care within 12 months of referral				

Appendix IV

Target Population Subgroup Pathways



Proposed VFM/FM Pathway

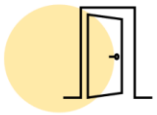
Through the lens of an Integrated Core Practice Model

1

Family Identified as VFM/FM by ER CSW

ER Family is identified as VFM/FM. Initial SDM completed. SDM modified to include any additional imminent risk data needed for FFPSA. Data also should include Pregnant and Parenting Youth and Native American identification. Initiates transition to VFM/FM CSW. Recommend that specific FM Units be in each Regional Office to ensure service delivery, data collection and CQI is monitored effectively.

2



VFM/FM CSW to Assess for FFPSA Service Eligibility

CSW conducts SDM within 14 days of transfer. SDM modified to include need/eligibility criteria for all FFPSA EBPs. (Note: All families will meet imminent risk criteria, however may not have identified need for MH, SUD or parenting services AND meet the EBP eligibility criteria. Recommend adding these criteria to SDM to assist with identification of eligible families and plan development. Further, families may develop need as they progress so these criteria will need to be re -assessed as part of case planning and review.) If the family indicates they are a member of an Indian Tribe the CSW will contact the respective Indian Tribe of which a child and/or their family may be a member of to coordinate plan development and services or transition to Tribal Unit.

3

Family identified as Candidate for FFPSA Services

If a family meets FFPSA EBP Eligibility Criteria, CSW will work with CBL to contact EBP providers for the services identified to initiate the Prevention Planning process. CBL will maintain Regional listing of EBP providers along with slot availability. If more than one EBP provider is available, referrals will be made on a rotating basis and/or selected based on geographical location or family request. The CSW is also responsible for the identification of other CBO providers needed to meet family needs.

4

Prevention Plan Completed

Within 14 days of determining FFPSA EBP eligibility, a CFT Facilitator will host a CFT in order to develop a comprehensive Child and Family Prevention Plan that incorporates the FFPSA specific plan elements will be developed in order to support the family in their well-being goals. The CSW will have responsibility for setting up the CFT and completion of the plan in collaboration with the family, FFPSA EBP Provider(s) and any other CBO provider(s) necessary. Indian Tribes will be included in the prevention planning process as indicated.

5

Coordination of Services

The CSW will have the responsibility of ensuring the linkage to and the coordination of services for the family as identified on the Child and Family Prevention Plan. This includes the FFPSA EBP Provider(s) and any other CBO provider(s) necessary. The CSW will also be responsible for conducting CFTs every 75 days with the family and all providers to ensure family needs are being met, review progress made on the Prevention Plan, re -assess for any change in needs, and referral to any additional service, including an EBP provider if the family meets eligibility criteria.

6

Delivery of FFPSA Services

The EBP service provider will ensure the delivery of service is conducted to model fidelity standards and communicate with CSW and any other providers involved in case for the coordination of services. Provider will participate in CFTs as scheduled by CSW and initiate CFT if concern identified outside of regularly scheduled meetings. Monthly reports with any required data elements will be sent to CSW (Note: Provider Contract language should include reporting requirements, fidelity, training and meeting requirements.)

7

Oversight and Safety Monitoring**

The CSW will maintain responsibility for oversight of the family's progress and monitor safety through the following: minimum of monthly visits with families, regularly scheduled CFTs, review of FFPSA EBP providers monthly reports and ongoing monitoring of the Prevention Plan progress. These efforts will be assisted through the administrative monitoring of contractor's data, fidelity monitoring and CQI audits to ensure the deliverables of the contract are met.

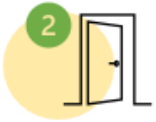
**All service providers are mandated reporters and based on their training, will make appropriate referrals to the Child Abuse Hotline and contact CSW, as indicated.

EPY Pathway

Through the lens of an Integrated Core Practice Model

1 Youth Identified as EPY by CSW

- Open Family Reunification, Another Permanent Plan Living Arrangement (APPLA), or Family Maintenance case
- CSW learns youth is pregnant
- CSW authentically engages in trust-building with youth in age-appropriate manner about their reproductive rights and options.
- CSW documents pregnancy as "observed condition" tab or "parent/child relationship" field with name of child in CWS/CMS for parenting youth.
- CSW documents pregnancy/parenting as "diagnosed condition" in CWS/CMS, if medically necessary.
- Number of pregnant youth requested by Child Welfare Health Services Section every four months.



2 CSW to Assess for FFPSA Service Needs

- **EPY are automatically candidates for FFPSA due to expecting/parenting designation.**
- Use of CANS/**LARCC** to assess service needs
- **CSW must offer an EPY Conference to the youth; after initial conference, follow ups scheduled every 3-6 months as desired.**
- If youth declines EPY Conference, FFPSA service needs can be assessed during regular CFTs, within 45 days and every 90 days **if the youth provides written consent to disclose pregnancy (note: the condition of pregnancy should not be disclosed during CFT without youth's written consent).**
- CSW consider use of Universal Referral Tool to identify service needs for EPY

3 FFPSA Services Identified

- CSW considers options for potential collaborative planning or service referrals
  1. **CSW requests an EPY conference with youth's consent** (including expectant and parenting fathers); EPY conference held. **EBP Providers to rotate into Conferences; youth chooses neutral party/advocate to be present, i.e. Public Counsel, Alliance for Children's Rights, or other.**
  2. CFTs held for EPY youth who decline EPY Conference.
- **CSW requests collaborative planning** with a Public Health nurse from DPH through **referral to a parenting education/home visiting program** (e.g., PFF, PAT, HFA, NFP).

4 Prevention Plan Developed

- CSW updates and reviews the **Child Specific Prevention Plan/**Case Plan and ensures plan includes youth's input, information from the PHN and EBP provider as applicable, and includes language pertaining to services to assist EPY youth in parenting their child.

5 Coordination of Services

- CSW will coordinate services in partnership with the youth and service provider/s with a primary emphasis on strengthening their parenting skills, meeting their individual needs and building their independent living skills.
- If family can't be reunified:
  - Permanency planning; adoption finalized; referral to APSS; DCFS case closed.
- If family can be reunified:
  - If more than 90 days from expected reunification date, may be referred to P&A if it's the only program that can provide services and they aren't duplicative of FP
  - If less than 90 days to expected reunification date, may be referred to FP; child(ren) reunified; Family Maintenance (FM); DCFS case closed (consider PFF or P&A referral)

6 Delivery of FFPSA Services

- In partnership with the CSW, EBP service provider ensures the delivery of service is conducted to model fidelity standards and communicates with CSW and any other providers involved in case for the coordination of services.
- **Provider participates in or informs CFTs, if requested; Provider participates in EPY Conference, if youth consents verbally.** CFTs scheduled by DCFS every 90 days and CSW initiates CFT if concerns are identified outside of regularly scheduled meetings.
- **EBP provider sends monthly reports** with any agreed-upon information to CSW
- (Note: Provider Contract language should include reporting requirements, fidelity, training and meeting requirements.)

7 Oversight and Monitoring**

- CSW review **Child Specific Prevention Plan/**Case Plan and re-assessment every 12 months to confirm ongoing need; CSW to complete each Prevention Plan update. EPY are eligible for prevention services without an imminent risk or candidacy determination, services will be delivered and safety monitoring done in such a way that does not indicate a suspicion of risk.
- CS-CSW in-person monthly contact
- **EBP Provider provides information/data to DCFS monthly for fidelity monitoring**
- SDM and CANS utilized every 6 months or as needed to assess ongoing risk and safety of youth

Youth Subject to 602 Petition Pathway

1 Defined as a Youth Who is the Subject of a 602 Petition

- 653.5 WIC referred to District Attorney's (DA) office
- Case screened by DA's office for Petition filing.
- Youth becomes the subject of the petition once the petition request is forwarded to the District Attorney. This applies to both detained and non - detained cases.

2 Assessment for FFPSA Service Eligibility

- DPO completes the Evaluation of Imminent Risk and Reasonable Candidacy (EIRRC) and completes the Los Angeles Risk and Resiliency Check-Up (LARRC) risk assessment.

3 Youth identified as Candidate for FFPSA Services

Pre-plea hearing/conference; adjudication hearing; if the petition is sustained, disposition hearing; community -based supervision (HOP, 654.2 WIC, 725(A) WIC, or 790 WIC)

4 Case Plan Completed

- Case plan entered into the Probation Case Management System after pre -plea interview and EIRRC **(possibly entered into CWS-CARES once launched)**
- The Supervision DPO administrators update on the LARRC and Juvenile Case Plan assessment with family 30 days from case assignment

5 Coordination of Services

- Supervision Deputy initiates direct service referrals
  - Supervision Deputy sends a referral to a Prospective Authorization Utilization Review (PAUR) unit to look for appropriate contracted service
  - Supervision Deputy initiates service referral directly to a provider

6 Delivery of FFPSA Services

- In partnership with the DPO, the EBP service provider will deliver the service to model fidelity standards.

7 Oversight and Safety Monitoring**

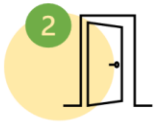
- Supervision Deputy provides ongoing supervision and monitoring based on LARCC score and other criteria
- Supervision Deputy readministers LARCC and Juvenile Case Plan with family every six months or when change of circumstances occur while youth is on probation
- Probation follows mandated child abuse reporting protocols

Tribal Pathway

Through the lens of an Integrated Core Practice Model

1 Youth Identified as a Tribal Child/Youth by CSW/PO

- Could be youth subject to 602 petition, child/youth with substantiated or inconclusive disposition, EPY in foster care, FM/VF M or FR, adopted youth at risk of disruption, or member of the community identified by CBO or FRC at risk of foster care
- CSW learns child/youth is a member of a tribe or has American Indian/Alaska Native heritage – **develop standard questions/tool** to ask about AI/AN ancestry at first point of engagement (no screening questions yet on hotline/SDM tool); raise awareness/include questi ons to determine ancestry in tribes that aren't federally recognized (i.e., self-identified, indigenous); **develop standard process for CSWs to document tribal ancestry in CWS beyond federally recognized tribes/ICWA** tab (if info is only in narrative sections, DCFS can't collect accurate data on number of tribal children/youth); expand **toolkit for CSWs** about UAI services and resources; consider **expanding ethnicity report** in CWS/CMS beyond AI/AN categories
- Partner with Office of Equity on town hall to inform staff of tribal issues/resources/launch toolkit
- PO doesn't always document tribal heritage in CWS/CMS – improve process to identify youth ancestry at intake; develop toolkit. PO doesn't currently have centralized unit for ICWA youth; **establish specialized staff/ICWA liaisons in probation** to partner & share resources with DCFS
- Once tribal affiliation or heritage is known, DCFS is mandated by law to reach out to tribe, legal noticing, CSW sends ICWA f orm letter to tribes, once receive response from tribe regional worker can transfer case to DCFS AI unit – **centralize ICWA notices** (learn from Orange County) to provide services to children/families earlier



2 CSW/PO to Assess for FFPSA Service Eligibility

- CSW completes SDM to identify SA, MH, or Parenting needs; joint case planning, CFTs (within 30 days for ICWA children for foster care placement - EPY) and CANS to be done in partnership with Tribal social worker
- Before tribal member eligibility determination, DCFS can provide child/family with Native American services
- PO completes LARRC to identify SA, MH, or Parenting needs
- CBO/FRC completes assessment to identify SA, MH, or Parenting needs – perhaps use Protective Factors survey (Providers use CANS and DMH providers use Pediatric Symptom Checklist; information is entered into what data system???)

3 Family Identified as Candidate for FFPSA Services

- CSW/PO work within CFT process and CANS with AI Unit and UAII to develop child specific prevention plan and identify service referrals (attending CFTs is challenging **need for more dedicated AI Unit staff so heritage and federal cases can also receive supports and FM cases can tap AI Unit. Consider UAII coordinator/liaison individual for offices where high populations exist e.g., Van Nuys, Antelope Valley, Palmdale, Lancaster, Santa Clarita, Long Beach, Santa Fe Springs**
- Toolkit will be helpful resource during CFTs as well
  1. Am In counseling center is another resource for ICWA families needs
  2. Tribal TANF – FM family resource
  3. Southern California Indian Center PFF contract for 50
- CBO provider submits assessment to DCFS to obtain candidacy approval. (Process TBD)

4 Prevention Plan Completed

- CSW/PO or EBP CBO Provider updates the child specific prevention plan–
- Always co-create tribe in case planning/every decision-making point in the case; culturally relevant/appropriate services included; non-traditional services
- Timeframe – 12 months at a time with renewed assessment identifying ongoing need

5 Coordination of Services

- CSW/PO will coordinate services in partnership with the family/tribe? And service provider/s.
- Future: CSW/PO makes referral to CBO based on identified needs of child/family (CARES?)
- Current:
  - FP and P&A – CBLs receive referrals from CSWs (Form 800); CBLs submit through FCS.
  - UAII – referrals from community providers (e.g., schools) (CAPIT).
  - Referral Portal – make referrals to DMH, AICC, other CBOs that offer services (need to know which EBPs are offered)
- UAII completes protective factors survey/cultural assessments (e.g., heritage) to determine family needs and provide services

6 Delivery of FFPSA Services

- In partnership with the CSW/PO, EBP service provider ensures the delivery of service is conducted to model fidelity standards & communicates with CSW/PO and any other providers involved in case for the coordination of services.
- Provider participates in CFTs as scheduled by CSW/PO every 90 days and initiate CFT if concerns are identified outside of regularly scheduled meetings. If family is not involved with DCFS, participate in case planning process with the referral agent; no plan for CFT
- EBP provider sends monthly reports with any required data elements to CSW/PO (FM/VFM, 602); DCFS Contract Administration
- IF Community Pathway and case is being managed by CBO/FRC services will be tracked in CARES

(Note: Provider Contract language should include reporting requirements, fidelity, training and meeting requirements.)

7 Oversight and Safety Monitoring

- CSW/PO review child specific prevention plan and re -assessment every 12 months to confirm ongoing candidacy; CSW/PO or EBP CBO Provider to complete each Prevention Plan update
- CSW/PO in-person monthly contact
- EBP CBP Provider sends data to DCFS monthly for fidelity monitoring
- SDM and CANS utilized every 6 months or as needed to assess ongoing risk and safety of youth

Proposed Permanency (Closed Case Adoption or Guardianship At-Risk of Disruption) Pathway

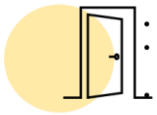
Through the lens of an Integrated Core Practice Model

1 Family Identified as Needing Prevention Services

- CLOSED CASE ADOPTION: Family could call Post Adoption Services (PAS) for support as needed – PAS CSW may submit a referral to APSS as needed
- CLOSED CASE GUARDIANSHIP – Go through KinGap or Probate Court
- CBO, Specialized Foster Care System (DMH), FURS Referral, Hotline: Family is identified as being in a closed adoption or guardianship

DEFINITIONS:

- CLOSED CASE ADOPTION: Adoption finalized in court; DCFS case no longer open
- CLOSED CASE GUARDIANSHIP: Guardianship established by the court; DCFS case no longer open.



2 Assessment for FFPSA Service Eligibility

- CLOSED CASE ADOPTION: Services have traditionally gone through PAS
- CLOSED CASE GUARDIANSHIP: Often come through Hotline or FURS – reassessment of circumstances with ER
- CANS (used by DCFS, DMH, CBOs) to identify SA, MH, or Parenting needs
- PAS determines if family eligible for AAP based on having finalized adoption through LA county

3 Family Determined to be a Candidate for FFPSA Services

- CLOSED CASE GUARDIANSHIP: If goes through Hotline, process would follow what's set up through there (Hotline worker can see through CWS/CMS that this was an adoptive family – previous history is captured)
- CLOSED CASE ADOPTION: PAS needs a process to assess for FFPSA; PAS has a limited set of voluntary referrals they can make (APSS, Wrap Around, Community Based Services); Central Referral Source for FFPSA would allow PAS to link most directly; PAS enters data into Adoption Info Sys (AIS) – roster of daily calls/emails to track
- P&A Services: Can help determine candidacy

4 Prevention Plan Completed

- DMH MH Services: develops a client treatment plan – generally Medi-Cal but doesn't have to be limited
- Prevention plan includes family and youth's input, any providers who have administered services to the family/youth as applicable (Ensure Youth Perspective via CFTs)
- CLOSED CASE ADOPTION/GUARDIANSHIP: If might become a voluntary case – can go through P&A, through CBO or VFM
- CSW enters prevention plan into CARES

5 Coordination of Services

- Only one program can be billed through Medi-Cal: Wrap Around
- CLOSED CASE ADOPTION/GUARDIANSHIP: Follow Community Pathway

6 Delivery of FFPSA Services

- CLOSED CASE ADOPTION: PAS CSW does preliminary assessment for services, sends referral to DMH for Wrap Around; to APSS for follow-up with families to finalize service needs
- APSS would link to EBP service provider ensures the delivery of service is conducted to model fidelity standards
- CLOSED GUARDIANSHIP: Call to Hotline, then follow path for Hotline referrals
- PAS CSW: Currently receive email from provider and enter as case note into AIS
- EBP provider sends monthly reports with any required data elements to CSW

7 Oversight and Safety Monitoring**

- PAS: Role of oversight and monitoring is limited;
- Provider updates the child specific prevention plan every 6 mos or as circumstances warrant a change
- EBP service provider sends data to DCFS monthly for fidelity monitoring
- SDM and CANS utilized every 6 months or as needed to assess ongoing risk and safety of youth

Appendix V

1

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Los Angeles County Department of Children and Family Services

Family First in Los Angeles County: Evidence-Based Programs to Consider

Across Los Angeles County, community based provider agencies are using a variety of evidence-based practices (EBPs) to serve children and families receiving preventive services. Family First legislation encourages states to expand use of EBPs, which have documented evidence of effectiveness. EBPs may be added to the existing preventive service array to address three leading causes of child maltreatment: underdeveloped parenting skills, mental health needs and substance use disorder. Los Angeles County is considering recommending the following 25 EBPs for inclusion in the California Family First Prevention Plan.

The pages which follow briefly describe each model. For each EBP, the target population is in italics, followed by a brief summary of the model's key elements and intended outcomes as well as the Title IV-E Clearinghouse or CEBC rating. Click on the title of each EBP for a link to a more detailed description. The Legend provides a guide for the shading and symbols used in this document to provide further rationale for inclusion of each EBP.

Motivational Interviewing *(Children ages 12-18 or Adults)*

Parenting Skills

- Nurse Family Partnership (*Parents with children ages 0-2*)
- Nurturing Parenting Program and Their Infants, Toddlers, and Preschoolers (*Parents with children ages 0-4*)
- Healthy Families America (*Parents with children ages 0-5*)
- Parents as Teachers (*Parents with children ages 0-5*)
- Nurturing Parenting Program and Their School-Aged Children (*Parents with children ages 5-11*)
- Nurturing Families Program 5-19 (*Parents with children ages 5-19, with 0-5 supplement*)
- CICC's Effective Black Parenting Programs (*Parents with children ages 0-17*)
- Family Centered Treatment - FCT (*Parents with children ages 0-17*)
- Homebuilders *(Parents with children ages 0-18)*
- Motivational Interviewing *(Children ages 12-18 or Adults)*

Mental Health

- Parent-Child Interaction Therapy – PCIT (*Children ages 2-6*)
- The Incredible Years – School Age Basic Program (*Children ages 6-12*)
- Trauma-Focused Cognitive Behavioral Therapy (*Children ages 3-17*)
- Functional Family Therapy – FFT (*Children ages 11-17*)
- Multisystemic Therapy - MST (*Children ages 12-17*)
- Positive Parenting Program – Standard (Level 4) Triple P (*Parents with children ages 0-11*)
- Positive Parenting Program - System Triple P (*Parents with children ages 0-15*)
- Eye Movement Desensitization and Reprocessing - EMDR (*Adults*)
- Interpersonal Psychotherapy for Depression - IPT (*Adults*)
- Cognitive Therapy *(Adults)*
- Motivational Interviewing *(Children ages 12-18 or Adults)*

Substance Use Disorder

- Sobriety Treatment and Recovery Teams - START (*Parents with children ages 0-5*)
- Multisystemic Therapy - MST (*Children ages 12-17*)
- Adolescent Community Reinforcement Approach - A-CRA (*Children ages 12-25*)
- Methadone Maintenance Therapy - MMT (*Children ages 12-18 or Adults*)
- Matrix Model Intensive Output Program (*Adults*)
- Helping Women Recover & Beyond Trauma *(Adults)*
- Motivational Interviewing *(Children ages 12-18 or Adults)*

Family First Service Array Strategy

Eligible for Federal Claiming as of August 2020

Below are 13 EBPs for which Title IV-E claiming under Family First is currently permitted due to a favorable rating by the Title IV-E Clearinghouse. If California's Title IV-E Family First Prevention Plan is approved inclusive of one or more of these EBPs, Los Angeles County will be able to claim federal funds for those services, except in cases where payer of last resort restrictions apply.

Nurse-Family Partnership (NFP)* (21):

Parents w/Children 0-2 (IV-E: Well-Supported)

Young, first-time, low-income parents starting from early pregnancy.

Registered nurses provide support related to individualized goal setting, preventative health practices, parenting skills, and educational and career planning.

[CEBC indicates model shown to be effective with Latinx & African American families]

Parents as Teachers (PAT) * (10):

Parents w/Children 0-5 (IV-E: Well-Supported

New and expectant parents in high risk environments

Home-visiting parent education program that teaches new and expectant parents skills intended to increase parent knowledge of early childhood development, improve parenting practices, promote early detection of developmental delays and health issues, prevent child maltreatment, and increase school readiness and success.

Healthy Families America (HFA)* (18):

Parents w/Children 0-5 (IV-E: Well-Supported)

Pregnant parents or families with infants who have increased risk for maltreatment or other adverse experiences

Home visiting program aims to cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family functioning by reducing risk and building protective factors.

[Evidence of effectiveness with many populations, including API & Native American children/families]

Parent-Child Interaction Therapy (PCIT) * (16):

Children Ages 2-6 (IV-E: Well-Supported)

Families whose children have frequent, intense emotional and behavioral problems

Parents are coached in behavior-management and relationship skills to decrease externalizing child behavior problems, increase child social skills and cooperation, and improve parent-child attachment relationship. Therapists use "bug-in-the-ear" technology to provide live coaching from behind a one-way mirror.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) * E (18):

Children Ages 3-17 (IV-E: Promising)

Children and adolescents who have experienced trauma with current symptoms of PTSD

Cognitive-behavioral approach to treat children with PTSD and their caregivers; Builds child's self-regulation and parent's behavior management & supportive care abilities.

[Has positive outcomes with Native American children/youth; Available in several languages]

The Incredible Years – School Age Basic Program * E (3):

Children Ages 6-12 (IV-E: Promising)

Parents of children diagnosed with behavioral problems

Focuses on 3 developmentally appropriate topics during the group sessions: promoting positive behavior, reducing inappropriate behaviors, and supporting children's education.

LEGEND:

* = EBP is currently available to some extent in Los Angeles County
GREEN Header = Does not draw Medi-Cal – Can maximize Family First funding
BLUE Shading = EBP has culturally relevant/inclusive aspects
$ = Approved to Claim Transitional Payments
E = Will need evaluation
(#) = No. of CA Counties (or at least 1 CA Tribal Nation) that provide the EBP

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Los Angeles County Department of Children and Family Services

3

Family First Service Array Strategy

Eligible for Federal Claiming as of August 2020 (Continued)

Homebuilders (1):
Parents w/Children 0-18
(IV-E: Well-Supported)

Families who have children at imminent risk of out-of-home placement, or needing intensive services to return home from out-of-home care.

Provides parents intensive in-home counseling, skill building and support services to prevent placement and support reunification.

Multisystemic Therapy (MST) * (5):
Children Ages 12-17 (IV-E: Well-Supported)

Youth at risk of engaging in delinquent activity or substance abuse, with mental health concerns, and at risk for out-of-home placement. Includes their families.

Intensive treatment for troubled youth delivered in multiple settings which aims to promote pro-social behavior and reduce criminal activity, mental health symptomology, out-of-home placements, and illicit substance use.

[CEBC indicates model shown to be effective with African American youth]

Functional Family Therapy (FFT) * (14):
Children Ages 11-18 (IV-E: Well-Supported)

Youth who have behavioral or emotional problems, or family discord
Aims to address risk and protective factors that impact the adaptive development of youth through family therapy. Master's level therapist will meet weekly with families.

Methadone Maintenance Therapy * E (22):
Children Ages 12-18/Adults
(IV-E: Promising)

Adults or individuals under 18 if two prior treatment attempts were unsuccessful.

Medication-assisted treatment that aims to reduce the use of heroin and other opioids for individuals with opioid use disorder.

Motivational Interviewing (MI) * (14):
Children Ages 12-18/Adults
(IV-E: Well-Supported)

Adolescents and adults with a diagnosed substance use disorder or dependence.

Method of counseling clients designed to promote behavior change and improve physiological, psychological, and lifestyle outcomes by identifying ambivalence and increasing motivation.

Triple P Positive Parenting Program Standard (Level 4) * E (29):
Children Ages 0-11 (IV-E: Promising)

Parents of children w/behavior and emotional difficulties
One-on-one sessions that include parent training that aims to promote children's social competence and self-regulation.

Interpersonal Psychotherapy – IPT (Weissman, et al. Manual) * E (13):
Adults (IV-E: Supported)

Adults diagnosed w/major depression
Aims to support patients in improving interpersonal relationships or circumstances that are directly related to the current depressive episode. Consists of 3-phases.

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GREEN Header = Does not draw Medi-Cal – Can maximize Family First funding
BLUE Shading = EBP has culturally relevant/inclusive aspects
$ = Approved to Claim Transitional Payments
E = Will need evaluation
(#) = No. of CA Counties (or at least 1 CA Tribal Nation) that provide the EBP

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Los Angeles County Department of Children and Family Services

Family First Service Array Strategy

On IV-E Clearinghouse Working List for Review

Below are 5 EBPs for which Title IV-E claiming under Family First is not currently permitted but *may* be permitted in the near future, pending the results of reviews underway by the Title IV-E Clearinghouse. If California's Title IV-E Family First Prevention Plan is approved inclusive of one or more of these EBPs, Los Angeles County may be able to claim federal funds for those services—pending the results of the reviews.

Sobriety Treatment and Recovery Teams (START) E $ ⓪:

Parents w/Children 0-5 (CEBC: Promising)

Child-welfare involved families with at least one child under 6 and a parent whose substance use is a primary child safety risk factor

Trauma-responsive program that pairs child welfare workers trained in family engagement with family mentors. Parents have rapid access to intensive SUD treatment services to safely maintain child placement in the home.

[CEBC indicates there is some research showing this model is effective with African-American families.]

Matrix Model Intensive Outpatient Program * E ④:

Adults
(CEBC: Promising)

Adults with substance use disorders

Intensive outpatient treatment for substance use disorders, uses a cognitive behavioral approach imbued with a motivational interviewing style and supplemented with social support groups.

Family Centered Treatment (FCT) * E $ ②:

Parents w/Children 0-17 (CEBC: Promising)

Families with children at imminent risk of placement, or needing intensive services to return from out-of-home care

Intervention uses a strengths-based framework to enhance family stability and reduce harmful behaviors that impact family functioning.

[CEBC research shows model is effective with non-white youth]

Adolescent Community Reinforcement Approach * E ⑫:

Children Ages 12-25 (CEBC: Supported)

Adolescents and young adults with substance abuse issues

Outpatient behavioral program that promotes abstinence from substances, positive social activity, and caregiver support of the adolescent's recovery.

[CEBC research shows model is effective with non-white youth]

Eye Movement Desensitization & Reprocessing (EMDR) * E ㊹:

Adults (CEBC: Well-Supported)

Children, adolescents and adults who have experienced trauma

In phases, the client processes emotionally disturbing material in brief sequential doses that include the client's beliefs, emotions, and body sensations associated with the traumatic event while simultaneously focusing on an external stimulus.

[CEBC research shows model is effective with non-white youth]

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Family First Service Array Strategy

Not Yet Selected for IV-E Clearinghouse Review but Nominated by Jurisdictions for Review

Below are 4 interventions that have not yet been selected for review by the Title IV-E Clearinghouse. For these services, Title IV-E claiming under Family First is not currently permitted but *may* be permitted in the future. If California's Title IV-E Family First Prevention Plan is approved inclusive of one or more of these interventions, Los Angeles may be able to claim federal funds for those services—pending the selection of the services for review, and pending the results of the reviews. Although not currently eligible for federal claiming, these programs may have unique benefits worth considering for specific populations.

CICC's Effective Black Parenting Program* E (2):

Parents w/Children 0-17 (CEBC – Promising)

African-American families at risk for child maltreatment

A parenting skill-building program created specifically for parents of African-American children that aims to strengthen family cohesion by teaching parenting skills infused with cultural pride and cultural relevance. It was originally designed as a 15-session program to be used with small groups of parents. A one-day seminar version of the program for large numbers of parents has been created.

[Focus on Black Families]

Helping Women Recover & Beyond Trauma * E (5):

Adults (CEBC: Well-Supported)

Adult women with addictive disorders and a trauma history (e.g., abuse, domestic violence, community violence, etc.)

29-session manualized program that integrates a theory of addiction, a theory of women's psychological development, and a theory of trauma; and then adds a psychoeducational component that teaches women what trauma is, its process, and its impact.

[CEBC research shows this model has been effective with Latina women.]

Cognitive Therapy* E (16):

Adults (CEBC – Well-Supported)

Adults with a range of mental health disorders including depression, anger and anxiety.

CT is a form of psychotherapy that is effective for a wide variety of disorders. Therapists help clients change their thinking, behavior, and emotional responses by using techniques including problem-solving therapy, stress-inoculation therapy, motivational interviewing, and behavioral modification. CT is designed to include family members in the treatment as needed.

Triple P-Positive Parenting Program * E (12):

Parents w/Children 0-16 (CEBC: Supported)

Parents and caregivers of children and youth
Multi-tiered system of 5 levels of education and support that teaches parents strategies that promote social competence and self-regulation in children.

[Available in multiple languages & serves diverse populations]

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6

Family First Service Array Strategy

Reviewed but Did Not Meet Criteria or Not Yet Rated by IV-E Clearinghouse **or** CEBC

Below are 3 Nurturing Parenting/Families interventions. Two have been reviewed by the Title IV-E Clearinghouse but did not meet criteria while one has efforts underway to document the evidence. There is reason to believe that organizations and jurisdictions across the country are making progress on getting these interventions re-reviewed. For these services, Title IV-E claiming under Family First is not currently permitted but *may* be permitted in the future if these interventions are re-reviewed and rated as well-supported, supported or promising by the IV-E Clearinghouse. If California's Title IV-E Family First Prevention Plan is approved inclusive of one or more of these interventions, Los Angeles will not be able to claim federal funds for these services at this time. Although not currently eligible for federal claiming, these programs may have unique benefits worth considering for specific populations.

Nurturing Parenting Program and Their Infants, Toddlers, and Preschoolers* E (8):
Parents w/Children 0-4
(CEBC: Not Able to be Rated)

Families who have been reported to the child welfare system for child maltreatment

Family-centered and trauma-informed program designed to build nurturing parenting skills in order to prevent and treat child abuse and neglect. Both parents and their children participate in home-based, group-based, or combination group-based and home-based program models. Lessons are competency-based ensuring parental learning and mastery of skills.

[Research shows effectiveness with Latinx & API children/families]

Nurturing Parenting Program and Their School Aged Children* E (8):
Parents w/Children 5-11 (CEBC: Promising)

Families who have been reported to the child welfare system for child maltreatment

Family-centered and trauma-informed program designed to build nurturing parenting skills in order to prevent and treat child abuse and neglect. Both parents and their children participate in home-based, group-based, or combination group-based and home-based program models. Lessons are competency-based ensuring parental learning and mastery of skills.

A 15-session program that is group-based. During group sessions, parents and their children attend separate groups that meet concurrently. Each session is scheduled for 2.5 hours with a 20-minute break in which parents and children get together and have fun.

[Research shows effectiveness with Latinx & API children/families]

Nurturing Families Program 5-19 * E (1) with infant to 5 supplement:
Parents w/Children 5-19 (supplement 0-5)
(CEBC: Not Yet Rated)

Families and others in a co-parenting relationship (step, kinship, foster, adoption, grandparents, etc) who are involved in child abuse and neglect prevention or treatment services

Nurturing Program for Families 5-19™ is an evidence based, trauma informed and nationally validated family systems model that focuses on: Bonding & Attachment; Healthy Relationship Maintenance; Emotional Regulation; Healing & Recovery; Empathy & Self-Awareness; Sense of Belonging; Self-Identity & Self-Worth; Age Appropriate Expectations ; Dignified Discipline Alternatives

[Research shows effectiveness with Latinx & API children/families]

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Appendix VI

DRAFT Prevention 2023 Inventory: Child & Family Well-being System Change Initiatives

✓ indicates lead entity ✓ indicates partner

** As of February 2023 - This is a point in time list of major system change initiatives; it is not exhaustive, and additional projects exist in the County that may not be listed. All of these initiatives are evolving and may add additional partners.*

Developed by the LA County Office of Child Protection and Big Orange Solar, LLC

Initiative	Focus	Target Impact			Partners																
		Primary	Secondary	Tertiary	DCFS	OCP	DMH	DPH	DHS	DPSS	First 5 LA	Probation	LAUSD	LACOE	Commission	CEO (incl. ARDI, BBI)	CIO	Health Plans & Hospitals	CSP	Lived Exper. Co-Int.	CBO re-designed	Community Advisor
Mandated Supporting Initiative (Local & State)	Efforts to reform the system of mandated reporting to ensure child safety and family well-being, improve capacity to connect families in need to high quality community-based services and supports, and reduce racial disproportionality. Focus areas include policy, training, and community alternatives.	✓	✓		✓	✓	✓						✓	✓	✓			✓				✓
FURS	Hotline for support for caregivers and youth in care; working to continue to enhance services.	✓	✓	✓	✓		✓													✓	
Community Pathways (Local & State)	Enhancing community-based access to supports and services, aligned with mandated supporter goals, including but not limited to FFSPA options.	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓	✓			✓		✓		✓	✓
Pilot #1: Schools	Building and testing bridges from LAUSD preschool and specialized services (for homeless families) to family supports, including but not limited to FFPSA eligible home visiting programs, with a plan to replicate with LACOE and Countywide.		✓		✓	✓	✓	✓		✓		✓	✓	✓					✓		✓	
Pilot #2: Hospitals	Federal and state laws require that a Plan of Safe Care (POSC) be developed for substance-affected newborns and their families. This pilot at DHS's Harbor-UCLA hospital is testing the use of draft POSC processes in conjunction with new resource referral pathways to better support these infants and families and reduce the need for child welfare involvement. The statewide goal is to socialize and educate all (80) birthing hospitals in LA County in utilizing POSC tools to connect families to home visiting, substance treatment, and other supports.		✓		✓	✓			✓	✓								✓			✓	
Pilot #3: ECE/Child Care	Proactively screening and supporting all families receiving child care subsidies in SPA 1; connecting families to home visiting, developmental and other supports when appropriate.	✓	✓		✓	✓		✓		✓				✓							✓	✓
Pilot #4: FRC's and Prevention & Aftercare	Testing applying motivational interviewing and FFPSA procedures in the Family Resource Center context in partnership with SPA 2 and SPA 6 Prevention & Aftercare agencies to prevent abuse and neglect and child welfare system involvement.	✓	✓		✓	✓	✓			✓				✓							✓	✓
Family First (FFPSA)	Drawing down new federal funds to prevent entry into foster care; FFPSA specifically provides 50% reimbursement for federally qualified and State selected parenting, mental health, and substance abuse EBPs (evidence-based practices).		✓	✓	✓	✓	✓	✓	✓	✓		✓						✓				✓
Pilot #5: DCFS Candidates	Connecting DCFS involved families in voluntary or court-ordered Family Maintenance service cases, children whose guardianship or adoption arrangement is at risk of disruption, children with a substantiated or inconclusive disposition, children who have a sibling in foster care, and EPY youth in foster care to FFPSA resources and testing reimbursement processes.		✓	✓	✓	✓	✓	✓	✓	✓												✓
Pilot #6: Probation	Connecting Probation 602 youth to FFPSA resources in order to prevent entry into foster care; training Probation Officers in how to make referrals to home visiting programs.		✓		✓	✓			✓	✓	✓											✓
Medi-Cal/CalAIM drawdown	Multiple departments are working with managed care plans and partners to draw down new Medi-Cal funding to better meet families' needs, including to manage comprehensive needs through whole person care approaches, address social drivers of health, to reduce health disparities, and transform the delivery system through value-based initiatives, modernization, and payment reform.	✓	✓			✓	✓	✓	✓	✓						✓		✓		✓		✓
For Community Health Workers & Doulas	Department of Health Care Services (DHCS) added Community Health Worker (CHW) services as a Medi-Cal benefit starting July 1, 2022. Managed care plans are working with multiple departments and community entities to build out provider networks and community support under this new funding.	✓	✓			✓		✓	✓	✓								✓		✓		✓
For Home Visiting	Enhanced care management (ECM) and CHW funding are being explored as funding opportunities for home visiting programs.	✓	✓					✓		✓								✓		✓		✓
For Peer Support	DHCS launched the Medi-Cal Peer Support Services benefit in July 2022, in compliance with Senate Bill (SB) 803 (Beall, Chapter 150, Statutes of 2020).		✓	✓			✓					✓	✓									
Additional Child Welfare opportunities	OCP and DCFS are also exploring additional opportunities for Medi-Cal to support care for youth with complex needs and families involved in child welfare.			✓	✓	✓	✓															
Prevention Services Task Force (led by ARDI)	Convened to develop recommendations for a countywide community-based prevention delivery system. Specific Board directed asks included to: - develop a governance structure and coordinated service delivery; - conduct a funding analysis; and - develop prevention metrics and data integration.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓			✓				✓
Resource & Referral Technology Enhancement (CIO)	Building data-sharing capacity across resource and referral technologies; enhancing County R&R technology	✓	✓			✓		✓	✓	✓					✓	✓	✓					✓

Cross-Departmental Data Sharing	Continued efforts to improve data-sharing across departments and organizations in order to provide improved, more family-centered services and better outcome tracking.		✓	✓	✓	✓	✓		✓	✓		✓		✓	✓	✓	✓	✓						
Thriving Families, Safer Children	Community led innovations in prevention, partnering deeply with individuals with lived experience using participatory budgeting and research approaches to document and demonstrate the power of anti-racist structural changes at the state, local, and national level.	✓			✓	✓				✓				✓	✓			✓	✓	✓	✓		
Home Visiting System Enhancement	Enhancing sustainable funding stream options, blended/braided billing capacity, data consolidation and sharing capacity, fatherhood and equity-driven approaches, and community-linked referral bridges.	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓		✓	✓		✓
Early Childhood Education Stabilization	Updating LA's ECE fiscal analysis; partnering with state level efforts to restructure payment rates; investing in infant/toddler care, workforce capacity and facility enhancement (new construction and renovation).	✓						✓			✓			✓	✓					✓			✓
Poverty Alleviation Initiative	Addressing poverty and financial insecurity across the continuum: how to prevent, mitigate, and avoid re-entry into poverty. Key PAI initiatives include: GI/Breathe, supporting community-led projects, increasing tax credit filings, improving DPSS customer service, and reforming GR.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓		✓		✓	✓		✓
Community Schools Initiative	Partnering with school districts to expand access to mental health and community-based supports,	✓	✓				✓					✓	✓										
Help Me Grow	Help Me Grow (HMG) is a national systems change model that promotes cross-sector coordination and integration at the local level to strengthen developmental screening, assessment and linkage to early intervention supports. In Los Angeles County, HMG LA is a collaboration between First 5 LA and the Los Angeles County Department of Public Health.	✓	✓			✓		✓			✓							✓					✓
African American Infant and Maternal Mortality (AAIMM) Prevention Initiative	Initiative to reduce the high rates of Black infant and maternal deaths in Los Angeles County by promoting safe and joyous births. AAIMM works to: 1) reduce black women's exposure to stressors in the social environment, 2) block the path from social stress to physiological stress; 3) intervene early if and when stress has taken a toll on health and 4) create the infrastructure to achieve strategies 1 through 3.	✓					✓	✓	✓		✓				✓			✓	✓	✓	✓	✓	✓	✓
Homeless Family Reproductive and Perinatal Health Pilot	Testing new model of providing reproductive, prenatal, and post partum support to individuals and families experiencing homelessness.	✓	✓		✓			✓															
Safe Families - Antelope Valley	Respite care for struggling families to avoid child welfare involvement, partnering with the faith community.	✓	✓		✓		✓												✓		✓	✓	
Antelope Valley Resource Infusion	Collaborative of Antelope Valley partners (Steering committee members include community members, LA County public partners, and CBOs) focused on strengthening child and family wellbeing and safety in the AV through community driven systems change. Near Star: Reduction of unsubstantiated referrals to DCFS involving black children in three AV neighborhoods experiencing the greatest inequities.	✓	✓		✓		✓	✓	✓		✓							✓	✓	✓	✓	✓	✓	✓
Hotline to Helpline	Phase II: Deepening focus on families with young children, particularly infants and toddlers, diverted from the DCFS Hotline.		✓		✓	✓								✓				✓					
Linkages 2.0	Continuing to enhance DPSS and DCFS partnership for child welfare involved families			✓	✓				✓														
Domestic Violence Hotline Project	Enhancing practice for social workers in upfront investigations relating to domestic violence.		✓		✓			✓						✓									✓
Cultural Brokers	Provides an opportunity for Black/African American community and faith-based stakeholders to provide peer support for Black/African American families that interface with the child welfare system. Community Cultural Brokers assist families in navigating the child welfare system by connecting them to localized and culturally relevant resources that support child safety, permanency, and well-being.	✓	✓	✓	✓	✓															✓	✓	
One Roof	Connecting child welfare involved families and TAY to housing			✓	✓		✓			✓										✓			✓
Pre-Petition Advocacy Model Development	Determine the feasibility of creating a pre-petition advocacy model in LA County, with a goal of keeping families safely together and reducing racial disproportionality in the child welfare system.			✓	✓									✓							✓		
Mentorship Program	Mentorship in Temporary Shelter Care			✓	✓																✓		

DRAFT Prevention 2023 Inventory: Child & Family Well-being System Change Initiatives ✓

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Developed by the LA County Office of Child Protection and Big Orange Splot, LL

Appendix VII

Breathe Expansion Proposal – Former Foster Youth Cohort

The County's Breathe guaranteed income program is one of the largest and longest running in the country: 1,000 people are receiving $1,000 a month for three years. We propose adding an additional cohort of 200 former foster youth, ages 21 - 24, to receive $1,000 a month for two years. This program will be part of a randomized control study conducted by the University of Pennsylvania and the University of California, Los Angeles, and include an additional control group of 450 former foster youth.

Background

Guaranteed Income (GI) is a monthly cash benefit provided with no obligations imposed upon the recipient. GI allows for people to receive a set amount of money to spend as they choose. It gets money directly into the hands of people who need it and empowers recipients to be the "experts of their own lives." Unlike most safety net cash transfers, which impose restrictions on how benefits can be spent or are transactional in nature and establish work requirements, GI allows recipients to spend the money as they choose–no strings attached.

A few long-term benefits of GI include helping to lessen the disparities that stem from poverty, reducing income volatility, addressing the inequitable distribution of wealth, strengthening the local economy and financial stability of low-income households – so there is less reliance on safety net services and programs – and helping to improve the overall health of our communities. Overall, recipients of GI programs have been found to be healthier, showing less depression and anxiety and an enhanced sense of well-being. Additionally, GI participants in other programs were twice as likely to find full-time work at the conclusion of the program compared to non-participants.

Timeline

The estimated start date to launch the application process will be May 2023, with first payments anticipated to be distributed between June and August 2023. Baseline data will be collected at the time of application and survey data will be requested every six months throughout the program, with a final survey conducted six months after the program concludes.

Funding

The funding needed to support the stipends to participants is $4.8M. There are additional programmatic costs ranging from $240K - $770K, depending on some design decisions that still need to be made. The costs for the research evaluation can be absorbed by the current Breathe budget.

Therefore, the total funding needed to support this proposal ranges from $5.04M to $5.57M.

Please see the DCFS GI Budget Projection document for additional budget details.