

MOTION BY SUPERVISOR HILDA L. SOLIS

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**Expanding Reach and Increasing Diversity of Los Angeles County Home Visiting Programs to Improve Access for Women at Highest Risk**

According to a recent federal report, home visiting services during pregnancy and early childhood have long-term positive impacts on mothers' and children's health, child development, educational outcomes, and family economic wellbeing. Over the past decade, Los Angeles County has made significant investments in home visiting services through the use of available federal and State resources for this type of intervention.

However, the County system does not yet have the capacity to reach all women who could benefit from such services. As of 2017, publicly funded home visiting programs in Los Angeles County had capacity to serve about 24,500 pregnant women and families per year, including intensive services to approximately 9,500 high-risk families per year. Recent efforts by the Department of Public Health (DPH) to expand home visiting services have resulted in the increased capacity of Nurse Family Partnership (NFP), Healthy Families America (HFA) and Parents as Teachers (PAT) home visiting programs to provide services to about 4,000 additional clients. This is still

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much lower than the estimated 32,300 high-risk women who could have benefitted from intensive home visiting services.

Women who are homeless are one of the hardest groups for current home visiting programs to reach and retain. Reaching these women is critical, though, as they are at highest risk for adverse outcomes. In 2018, DPH-funded home visiting programs (NFP, HFA, and PAT) saw a combined total of 112 women who reported experiencing homelessness at some point during pregnancy, although this figure is underreported because it does not include women who were referred for services but may not have had a follow-up due to their mobility. Particularly, African-American women, who are at the highest risk of adverse birth outcomes and both immediate and long-term maternal health impairment, also have the highest probability among other races to experience homelessness at some point during pregnancy, according to 2016 survey by the Los Angeles Mommy and Baby (LAMB) Project. Moreover, for other high-risk groups, including incarcerated women and women in the mental health or substance abuse treatment systems, the prescribed content of current home visiting models may be inappropriate given their distinct needs for more flexible and individualized services.

Collectively, these challenges require a more focused effort to create a coordinated and broadened approach that adds new program models to both expand and diversify available services for Los Angeles County's most vulnerable residents.

**I, THEREFORE, MOVE** that the Board of Supervisors direct the Department of Public Health, in consultation with the Departments of Mental Health, Health Services, and Children and Family Services and First 5 Los Angeles, to report back to the Board in 180 days with the following:

1. An assessment of unmet needs for home visiting services for vulnerable women in Los Angeles County, including data on the number of women of childbearing age who are homeless (sheltered or non-sheltered), incarcerated, or engaged in treatment for substance abuse or mental health needs, the percentage and number of women in each of those groups who are likely to become pregnant and of those, to bear children, in a given year, and the percentage and number of women in each of those groups who are currently receiving home visiting services;
2. Recommendations for new home visiting models to serve high-risk women in Los Angeles County, based on a review of current home visiting models, other models of supportive care for pregnant and parenting women, and models of outreach to high-risk populations that are currently in use nationally; and
3. A summary of potential funding needs and streams for an appropriate level of services to meet the needs of high-risk groups.

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