

# Prevention Initiative Demonstration Project (PIDP) Year Two Evaluation Report: Executive Summary

**Revised:** November 3, 2010. Compiled by Jacquelyn McCroskey, Todd Franke, Christina (Tina) A. Christie, Peter J. Pecora, Jaymie Lorthridge, Dreolin Fleischer, and Erica Rosenthal.

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## EXECUTIVE SUMMARY

As described in the Year One evaluation report, Los Angeles County's Prevention Initiative Demonstration Project (PIDP) was designed to address the full spectrum of child abuse prevention including primary prevention approaches directed to the whole community as well as secondary and tertiary approaches directed to families already referred to or engaged with the Department of Children and Family Services (DCFS). PIDP networks were asked to devote about 50 percent of their resources to primary prevention, supporting and engaging families and strengthening social networks so that child abuse/neglect would not occur. They were asked to devote about 30 percent of their resources to secondary prevention, involving parents with unfounded and inconclusive referrals as decision-makers in promoting their children's development, learning, and well-being, and addressing potential risk factors so that re-referrals were reduced. And the networks should devote about 20 percent of PIDP resources to strengthening the capacity of parents with open DCFS cases to care for and protect their children.

Although PIDP is not the only prevention and early intervention initiative underway in LA, it is particularly significant for three reasons:

1. **Through a request for qualifications (RFQ) process, PIDP was designed to build on existing community capacity developed over the last decade or more.** Related efforts that have enabled capacity building include DCFS-funded Family Support and Family Preservation networks; DCFS contracts for services and funding from Preserving Safe and Stable Families – Child Abuse Prevention Intervention Treatment (PSSF-CAPIT); contract processes run by other County departments; First 5 LA's Partnerships for Families (PFF), School Readiness, Family Literacy, and other networks; City of LA Family Source Centers, Gang Reduction and Youth Development Zones; and philanthropic investments in related efforts.
2. **PIDP was designed to fill gaps in local family support and service delivery systems** by highlighting social connections and economic opportunities for families, and encouraging partnerships with existing services to increase access to community services and resources.
3. **PIDP was designed to build relationships between leaders of DCFS regional offices and leaders of community-based networks serving families and children** by encouraging joint planning to fill local gaps in services, joint problem-solving, and ongoing communication.

Thus, while PIDP, to date, represents a relatively modest investment of \$10 million over two years, the implications for partnerships with community-based services, efforts to provide different paths for at-risk families when there are not immediate safety concerns about children, and partnerships with other funders who share the goal of preventing child maltreatment go well beyond PIDP alone. Part of the funding was from the Title IV-E Waiver (\$3.76 million); PIDP was designed as a demonstration project to make strategic use of those funds.

Since spring of 2008, each of the eight PIDP networks has worked to prevent child maltreatment by decreasing social isolation, decreasing poverty, strengthening families and increasing family protective factors, increasing access to services and supports, and building durable community-based collaboratives to support families. Each of the eight PIDP networks has implemented three integrated core strategies: building social networks through community organizing; increasing economic opportunities and development; increasing access to and use of beneficial services, activities, resources, and support.

By the end of Year Two, it has become apparent that the foundational infrastructure and relationship building work done in Year One is paying off. The Year Two evaluation found that PIDP networks are making a continued difference for families. Parents report significant initial gains in family support,

connections to the community, and less parenting stress in a wide range of areas after six months of participating in various family action groups or neighborhood action councils. Those gains are powerful, meaningful to families, and maintained over time. Analysis of CWS/CMS data on families in five specific communities who were already known to DCFS revealed that PIDP activities were helping children and families to find safety and stability. Findings show that engaging families with unfounded or inconclusive Emergency Response referrals in supportive services has decreased re-referrals in some areas, and that PIDP activities are helping speed the timeline to permanency for children in out-of-home care.

## KEY FINDINGS FROM THE YEAR TWO EVALUATION

### Network Development

- During 2009-10, the second year of the initiative, the eight PIDP networks served 17,965 people. Thirteen percent or 2,391 were individuals involved with DCFS – either during the referral stage or after a child abuse case had been opened. The other 87 percent lived in poor communities targeted by DCFS regional offices as posing enhanced risks for children and families.
- Networks demonstrated creativity in blending funding from multiple sources. Existing program infrastructure and cross-agency collaboration facilitated identification of additional resources for individual families, including participation of faith-based and community groups, businesses, and other partners. Consequently, many networks included members funded through other means along with PIDP-funded members; thus relatively modest amounts of DCFS funding supported networks that leveraged additional resources and developed formal relationships with partners who contributed services and resources for needy families.
- Integration of the three core strategies (networking, economic opportunity, and access) appeared to produce the most positive outcomes for families. Some notable approaches that blended these strategies include Neighborhood Action Councils and Ask Seek Knock (ASK) Centers. Two other notable strategies highlighted in the first-year evaluation report were the faith-based family visitation centers established to serve Service Planning Area (SPA) 8, and the combination of cultural broker and parent advocate approaches into a case management team approach in SPA 3. By the end of Year Two, almost all of the PIDP networks had been instrumental in planning and developing faith-based family visitation centers.

### Protective Factors

- Data collected from surveys and focus groups in all eight SPAs highlighted the benefits that parents and youth felt they had received from PIDP. Benefits cited by parents included greater involvement in their community, more desire to engage in community activities, and feeling less lonely or isolated. More specifically, there was a significant improvement across three points in time for five factors and a “quality of life” item. Significant changes were found for three additional factors between two time points. The effect sizes, while statistically significant, were in the “small” range for all of the functioning areas.
- Data collected from participants in Neighborhood Action Councils (NACs) (including those not funded by PIDP funds) demonstrate similar results around the impact of the NAC strategy on a much larger group of primary prevention participants.
- Patterns in responses to a parent survey suggest that, in general, the reported impact of this prevention strategy on protective factors is most evident during the first 4-6 months of participation, and then stabilizes. Given the nature of the relationship-based model that serves as the framework for the NACs, it would be expected that as the NAC forms, and as the groups become cohesive and participants develop

relationships with each other, perceived improvements in the protective factors measured would be evident. Similarly, it would be expected that once the group attains a moderate to high level of cohesion, which is likely to occur within the first 4-6 months of group formation, changes in perceived levels of support as a result of group participation would stabilize.

- This pattern of findings is particularly important because such protective factors have been linked to long-term strengthening of families (Center for the Study of Social Policy, 2009) and significant reductions in substantiated reports of child maltreatment (Reynolds & Robertson, 2003).

## Economic Empowerment

- The family economic empowerment strategy produced some positive results in terms of employment training, placement, and income supplements across SPAs. For example, families had access to training in financial literacy, budgeting, banking, and credit management. Some had access to personal coaching on achieving educational goals, employment preparation, and developing small businesses.
- Pro bono legal assistance was shown to help parents in navigating the court system, expunging criminal records, establishing eligibility for reduction in convictions and/or certification of rehabilitation, all of which increase employability.
- Between 2008-10, the SPA 6 Ask, Seek, Knock (ASK) Centers trained and placed nearly 300 local residents in the workforce, and provided pro bono legal services to over 1,000 residents.
- PIDP networks in SPAs 2, 4, 7, and 8 joined forces, with the leadership of the South Bay Center for Counseling and the SPA 8 Children's Council, in creating the Greater LA Economic Alliance (GLAEA). GLAEA provided free income tax preparation for individuals with a maximum gross annual income of \$50,000, free workshops on earned income tax credits and childcare tax credits, small business tax preparation, Individual Taxpayer Identification Number application preparation, and banking services. Others approached the issue of expanding access to tax benefits by working through Volunteer Income Tax Assistance (VITA) sites. Highlights:
  - There were VITA sites in all eight SPAs and the individuals who attended came from approximately 207 LA County zip code areas; 4315 individuals participated in the 2010 program.
  - The majority of people who took advantage of the service were Latino/Hispanic or African-American and over 55 percent reported earning less than \$20,000 annually. Almost 77 percent of the respondents indicated that they were getting a refund.
  - Over \$4.4 million in tax credits were received. (The refunds filed for totaled \$4,411,599, with an average refund of \$1,062.) Based on the data from the survey, this will primarily go to pay existing bills.

## Agency Information Systems (CWS/CMS Findings)

- **Supervisory District 1 (SPA 3), Pomona and El Monte.** Findings from these offices suggest that the PIDP Case Management model designed to address disproportionality in SPA 3 has helped to shorten the timeline to permanency for children with open Family Maintenance (FM, N=43) and open Family Reunification (FR, N=67) cases. PIDP FR children were more likely to leave foster care during the study period and more likely to experience positive "permanency exits" (reunification, adoption, legal guardianship), and FM children were more likely to have closed cases compared with those in randomly selected comparison groups.

Children with open FR cases served by PIDP were more likely to leave foster care (81% vs. 58%) and more likely to achieve legal permanency through positive “permanency exits” (reunification, adoption, guardianship) than children with open cases selected randomly for the comparison group (67% vs. 54%). PIDP children with open FM cases were also somewhat more likely to have their FM cases closed (91%) versus the comparison group (80%). The 121 parents referred by PIDP who participated in social network groups run by Parents Anonymous also reported that they had substantial pre/post decreases in all of the family stressors assessed including use of alcohol and drugs, family problems, housing problems, and mental health problems.

- **Supervisorial District 2 (SPA 6), Compton.** Since “re-referrals to DCFS after receiving PIDP services” was a variable of particular interest for all “secondary” referrals from Emergency Response (ER) staff, analysis focused on subsequent re-referrals during the program period (between June 2008 and July 2010). Emergency Response families (N=130) who accessed the ASK Centers in Compton were significantly less likely to be re-referred to DCFS; about 12 percent had re-referrals compared with 23 percent of the randomly selected comparison group. The PIDP group had a significant advantage over the comparison group for both subcategories of families (new referrals to DCFS and re-referrals on existing open cases). It should be noted that the Compton office experienced re-referrals on 31 percent of families referred to ER during this same period, a rate that was even higher than the experience of the comparison group. In addition, the group of 31 children in foster care whose families took advantage of ASK Centers were more likely to have planned positive “permanency exits” from foster care compared to children with open cases in the comparison group (100% vs. 83%).
- **Supervisorial District 3 (SPA 2), San Fernando, West San Fernando, and Santa Clarita.** Analysis of CWS/CMS data on 38 of the ER families served by the SPA 2 PIDP Network during Year Two showed that families receiving PIDP services had similar chances of being re-referred to DCFS as compared with the comparison group (32% of PIDP families versus 27% of the comparison group).

Although the numbers were small, data from San Fernando Valley also suggest that subsequent re-referrals for the highest-need PIDP families were more likely to be substantiated. Perhaps DCFS caseworkers who had additional information on cases by working closely with their PIDP partners were more likely to trust in the information received, or PIDP services helped to identify those with the most challenging problems requiring re-referral. (These suggestions were supported during a focus group with regional administrators and managers in the three offices who reported that CSWs trust the ability of the lead agency to help even the most troubled families find appropriate services.)

- **Supervisorial District 4 (SPA 8), South County and Torrance.** Findings from the SPA 8 faith-based family visitation centers also showed better results in helping children find permanency. The 79 children with open FR cases who had access to the family visitation centers were more likely to leave foster care and more likely to exit through a positive “permanency exit” than were members of the randomly selected comparison group. Seventy-one percent of the PIDP sample left foster care during the study period versus 55 percent of the comparison group, and 69 percent of the PIDP children experienced “permanency exits” compared with 50 percent of the comparison group.
- **Supervisorial District 5 (SPA 1), Lancaster.** Analysis of CWS/CMS data on 40 families served by the SPA 1 PIDP Network compared with a sample of the comparison group families suggests that families receiving PIDP services were less likely to be re-referred to

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DCFS. Only 23 percent (N=9) of families who had received PIDP services were re-referred to DCFS during the study period versus 31 percent (N=22) of the comparison group families. Although the numbers were very small, subsequent re-referrals for PIDP families were also more likely to be substantiated. It may be that caseworkers had more information from their PIDP partners or more challenging problems were identified through re-referral.

Families served by PIDP were somewhat less likely to have substantiated allegations of abuse and neglect (63% vs. 73%) on the initial referral, suggesting that they may have been somewhat less “troubled” than the comparison group. This supports the program goal of supplying concrete supports that could help low-income families avoid further engagement with DCFS, and suggests that CSWs were referring families who were appropriate for the prevention approach used in SPA 1.

## Recommendations

Based on these findings, the evaluation team recommends the following:

1. Continue support for programs that strengthen families and use contracting methods that include the three integrated/braided strategies implemented by the PIDP networks: (a) building social networks by using community organizing approaches; (b) increasing economic opportunities and development; and (c) increasing access to and utilization of beneficial services, activities, and resources. The new family support contract redesign process offers an opportunity to put into place some of the best PIDP strategies, such as family councils of varying kinds, neighborhood-based family centers with training and employment programs, tax assistance, parent aides who act as navigators and cultural brokers, and faith-based family visitation centers.
2. The County should encourage cross-departmental efforts to share funding and support for prevention. Begin by focusing on departments most often reported by the PIDP networks as already involved in PIDP activities: DPSS, DPH, DMH, Probation, and Child Support.
3. Working with the best practices already developed in some regional offices, DCFS should develop consistent protocols to help regional offices assure that the families referred are those most likely to benefit from these strategies. This would include targeting and mapping high-need communities, and assuring that local strategies are widely understood among front-line staff. In some areas with small numbers of referrals to PIDP, DCFS should also task its regional offices to assure a consistent flow of ER referrals with unfounded or inconclusive allegations.
4. With increased expectations from government leaders for rigorous outcome and cost data, DCFS and its partners will need to consider adopting more rigorous evaluation designs as part of early planning for any subsequent demonstration efforts. This should include designating a sample of comparison group families to better measure outcomes.
5. Re-administer the protective and risk factors survey in the fall of 2010 to determine how much PIDP families are able to maintain the initial gains they made.

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## REFERENCES

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