Prevention Initiative Demonstration Project (PIDP)

Year Two Evaluation Report

VOLUME 1

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executive summary

executive summary

PREVENTION INITIATIVE DEMONSTRATION PROJECT

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.

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.

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 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.

The majority of people who took advantage of the service were Latino or African-American and over 55% reported earning less than $20,000 annually.

- 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 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)

- **Supervisorial 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). ER 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 vs. 27% of the comparison group).

Over $4.4 million in tax credits were received. (The refunds filed for totaled $4,411,599, with an average refund of $1,062.)

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 to comparison group families suggests that families receiving PIDP services were less likely to be re-referred to 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 support that could help low-income families avoid further engagement with DCFS, and it 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, resources, and support. 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 well PIDP families are able to maintain the initial gains they made.

REFERENCES

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table of contents

Table of Contents

overview

pidp overview

PREVENTION INITIATIVE DEMONSTRATION PROJECT

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

Although PIDP accounted for a relatively modest expenditure of $10 million (including both Year One and Year Two), we believe that the results achieved are strong and significant.

PIDP Overview

National Context: Child Welfare Service Delivery Redesign Is Occurring in Many Communities

Across the United States, many large-scale county and state child welfare reformers who are experiencing success in strengthening families and reducing foster care placements safely have implemented groups of strategies. Some of these include alternative response/differential response, structured safety and risk assessment approaches, aggressive and repeated searches for relatives, family group conferences, team decision-making, economic supports for families, community-based support to strengthen families, and specific public policy reforms. Among these agencies, there is growing recognition that no single solution exists for the complex challenges of helping families find needed support, reducing rates of foster care, and enhancing child safety.

A number of jurisdictions are also recognizing that prevention services offer an important supplement to the traditional focus on protective services and foster care. As the Citizens Committee for Children of New York City Inc. (2010) noted in their recent report, child welfare is a "tripod" that cannot function well unless all three legs (prevention, child protection, foster care) are strong (p. 4):

> Preventive services that strengthen and support families in their communities, so children can remain in their homes without abuse, neglect, removal and/or placement in foster care comprise the vital third leg of the child welfare tripod.

It is also important to note that keeping children safe and preventing maltreatment requires collaboration that extends well beyond the child protective services system. In their partnership with the California State Department of Social Services to map the pathways to prevent child abuse and neglect in California, Schorr and Marchand (2007, p. ii) noted:

> Prevention of child abuse and neglect is not the sole responsibility of any single agency or professional group; rather it is a shared community concern. Effective strategies require multiple actions at the individual, family and community levels to reduce risk factors and strengthen protective factors.

Over the last two years, Los Angeles County's Prevention Initiative Demonstration Project (PIDP) has pilot-tested key strategies and approaches to achieving six key goals illustrated in the Schorr and Marchand report:

1. Children and youth are nurtured, safe, and engaged.
2. Families are strong and concerned.
3. Family access to services is identified.

4. Families are free from substance abuse and mental illness.
5. Communities are caring and responsive.
6. Vulnerable communities have the capacity to respond.

The principles for strengthening families developed by the Center for the Study of Social Policy have also made an essential contribution to prevention in child welfare by highlighting important practice steps that can go beyond assessing risks, strengthening families by focusing on the protective factors that have been shown to prevent child abuse and neglect. These family protective factors include parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and children's social and emotional development. These principles are based on best practices and evidence from research that links increases in family protective factors to reductions in substantiated reports of child abuse and neglect (Center for the Study of Social Policy, 2009; Reynolds & Robertson, 2003). Data on gains in protective factors experienced by families participating in PIDP are described later in this volume.

In 2009-10, the Los Angeles County Department of Children and Family Services (DCFS) completed the second year of its groundbreaking prevention initiative, a community-specific strategy delivered through eight PIDP networks designed to address the full spectrum of child abuse and neglect prevention. This report summarizes findings from the Year Two evaluation, illustrating the results that can be achieved through public-private partnerships guided by the goals of assuring child safety, strengthening families, and developing community partnerships that keep all of the key stakeholders moving forward together. Although PIDP accounted for a relatively modest expenditure of $10 million (including both Year One and Year Two), we believe that the results achieved are strong and significant, demonstrating the potential power of community partnerships for prevention even in a place as large, diverse, and cantankerous as Los Angeles County. The report concludes with implications for how County government and the Department of Children and Family Services (DCFS) can partner even more effectively with community-based service providers to provide different paths for at-risk families when there are no immediate child safety concerns, and how the County should approach partnerships with other funders who share the goal of preventing child maltreatment.

The Significance of PIDP

With a population of over 10 million and a territory that covers 4,061 square miles, DCFS is one of the largest child welfare agencies in the country. Through its network of 18 regional offices and numerous special initiatives, DCFS is experimenting with a number of reform strategies to better serve children and families in a very large and diverse area. The real challenge, in such a large and complicated child welfare jurisdiction, is to pull multiple local efforts that address common goals into a synergistic holistic system that builds on existing capacity and helps County administrators measure outcomes in a meaningful way.

This report is one of a series of evaluation studies on one of DCFS's signature efforts to address the prevention of child abuse and neglect in the diverse and far-flung regions of Los Angeles County. Although not the only prevention and early intervention initiative underway in LA, the Prevention Initiative Demonstration Project (PIDP) 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) networks; First 5 LA's School Readiness, Family Literacy, and other networks; City of LA Family Source Centers and Gang Reduction and Youth Development Zones; and philanthropic investments in related efforts. PIDP networks also receive funding from or participate in all of these efforts.

2. PIDP was designed to fill gaps in local family support and service delivery systems by highlighting social connection and economic opportunity 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.

During these first two years, PIDP required an investment of $5 million annually, a modest amount when compared with the department's annual operating budget of over $1.5 billion. Thus far, the Title IVE Waiver has been essential in freeing funds to invest in this kind of community-based prevention strategy (the waiver accounted for about $3.76 million in PIDP funds).

This second-year evaluation report briefly summarizes the operations of PIDP in each of the County's eight Service Planning Areas (SPAs) and key findings from the initial pilot project before moving on to focus on evaluation findings from Year Two (July 2009 – June 2010). It concludes with implications for the County's overall approach to strengthening families and preventing child maltreatment as well as recommendations for next steps.

families served

families served

DURING THE SECOND YEAR

Families Served during the Second Year

Families and Children Served

During 2009-10, the second year of the initiative, the eight PIDP networks reported that they touched the lives of 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, and 87 percent lived in poor communities targeted by DCFS regional offices as posing enhanced risks for children and families. Table 2.2 provides an overview of how many people participated in activities related to each of the three core strategies (these numbers represent a duplicated count in that a person could be counted in multiple categories). (See Tables 2.1 and 2.2.)

TABLE 2.1 – TOTAL PERSONS SERVED

SPA (LA Geographic Areas)	**DCFS Clients**	**Community Residents** (Non-DCFS)	**TOTAL**
SPA 1	147	467	614
SPA 2	445	173	2,618
SPA 3	281	491	772
SPA 4	121	2,284	2,405
SPA 5	51	74	125
SPA 6	597	3,723	4,320
SPA 7	58	1,528	1,586
SPA 8	691	4,834	5,525
Count of unduplicated people served	**2,391**	**15,574**	**17,965**

TABLE 2.2 – TOTAL PARTICIPANT COUNT BY CORE STRATEGY[1]

Core Strategy	DCFS Clients[a]	Community Residents (Non-DCFS)[a]	List of Common Activities
Decreasing Social Isolation	1,367	7,959	1) Nutrition day w/ families – teaching families how to eat healthy on a budget 2) Fun with Fitness Day 3) Partnership with Free Arts w/their PACT program
Increasing Economic Opportunity	754	5,782	1) Financial literacy training to help families understand bank accounts, saving money, and proper budgeting 2) Provide resources and referrals to local work source centers for training
Community Resources	1,828	7,226	1) Case management services, linkages to health services, mental health and DPSS

[a]Not an unduplicated count – may count individuals' participation in multiple activities, within and across strategies.

year two

year two

ACCOMPLISHMENTS

Year Two Accomplishments of the PIDP Network SPA Profiles

Introduction

Each of the PIDP networks seeks to strengthen and support families in communities, so children can remain safely in their homes without abuse or neglect. The initiative is based on the hypothesis that child abuse and neglect can be reduced if:

- Families are less isolated and able to access the support they need.
- Families are economically stable and can support themselves financially.
- Activities and resources are integrated in communities and accessible to families.

Because families have different kinds of risks, the pathways to child maltreatment are varied and can be difficult to predict.

Because families have different strengths and face different kinds of risks, the pathways to child maltreatment are varied and can be difficult to predict. Waiting until risk factors multiply or families are reported to child protective services has not been effective in preventing child maltreatment, and thus many in the field now believe it is better to focus on enhancing the protective factors that research has shown to decrease the likelihood of referral to child protective services or opening of a child abuse case (Horton, 2003, Reynolds & Robertson, 2003).

Each of the eight PIDP networks has worked with local DCFS regional offices to develop a plan that addresses local needs, enhances family protective factors, decreases social isolation, increases economic resources, and connects families to existing resources, services. To do so, the networks are required to implement three braided and integrated strategies: (1) building social networks by using community organizing approaches; (2) increasing economic opportunities and development; and (3) increasing access to and utilization of beneficial services, activities, resources, and support. Each of the eight PIDP networks has implemented these prevention strategies based on the core concepts that are designed to impact at-risk children and families who could be potentially touched by DCFS. Each contract and set of deliverables required by DCFS was somewhat flexible, however, allowing for customized approaches to meeting high-priority local needs defined by administrators and staff in the local DCFS regional offices.

Complete profiles of each of the PIDP networks, including the geographic and demographic make-up of each of the eight SPAs, as well as a description of the activities and accomplishments of the PIDP networks are available in Volume 2. Brief summary profiles for the networks serving each of LA County's eight SPAs follow.

SPA 1. Grace Resource Center, mentored by Friends of the Family, serves as the lead agency for the PIDP network, which includes six partners who have leveraged resources through relationships with 43 other groups in the Antelope Valley (AV). Key government entities involved in the network include the Cities of Lancaster and Palmdale, local school districts, and the County Sheriff, Probation Department, and the County Chief Executive Office (CEO).

In 2008-09, Grace established its first formal relationship with DCFS. In addition to its food bank, thrift store, computer classes, job placement, parenting, and other services, the PIDP collaborative network works together to provide furniture, food, and support for struggling families. Among other social networking groups, they formed the AV Reentry Coalition to assist those coming out of incarceration in reestablishing homes, jobs, and connections. They work with DCFS families to "wrap" services so that referrals need not become cases and cases can be closed with children remaining safely at home. One of the most successful projects in 2008-10 was in the Paiute neighborhood; volunteers from Grace and five local churches painted over 100 homes, cleaning and repairing homes and fences; the school principal, local sheriff, and citizens established Neighborhood Watch groups. The results included improvements in school performance and decreases in neighborhood crime.

In 2009-10, the network touched the lives of 614 people, including 147 (24%) DCFS clients. They continued activities from the first year, including emergency financial aid, concrete support, social networking, and intensive case management services for DCFS clients. One example of the results for a family referred by DCFS was an ER referral of a mom with seven children in October 2009; PIDP staff helped them to find a home, got the children enrolled in school, provided clothing, and assisted in finding furniture and other home furnishings. PIDP staff also partnered with DCFS and local churches to develop two family visitation centers. The DCFS Lancaster and Palmdale regional administrators (RA) described the network as effective in helping clients provide for their children, working with landlords to allow clients to move in with ameliorated costs, and providing life coaching and other classes. PIDP staff members attend general staff meetings and participate in several Team Decision Making (TDM) meetings each week.

The network addressed the goal of economic self-sufficiency in several ways, including providing access to free tax preparation and Earned Income Tax Credit (EITC) benefits, nine-week POWER (Personal Growth, Order, Wisdom, Ethics, Responsibility) courses, and partnering with Wells Fargo Bank to create a Senior Serve program modeled on one in Bakersfield designed for at-risk seniors with trouble managing SSI or TANF funds. PIDP also worked with United Way's Pathways Out of Poverty Program to create a partnership between the City of Lancaster and PIDP Neighborhood Impact Groups to place free family medical clinics in high-need neighborhoods.

STRATEGIC IMPACTS:

- Given the pockets of extreme poverty in the Antelope Valley, the distances routinely traveled by many residents, and the lack of access to resources that are more common in communities "down below," SPA 1's focus on a comprehensive approach to enhancing family self-sufficiency has been quite strategic.
- The faith-based philosophy of the lead agency, Grace Resource Center, has helped to create a strong network of groups with a common purpose, decreasing the potential for rivalries among service agencies and increasing the impact of a relatively limited amount of resources.
- The 28 SPA 1 participants who completed the protective factors survey showed improvements in all areas of functioning.
- Relationships with local DCFS regional offices are exemplary; both DCFS administrators and PIDP Network staff report that relationships have deepened as a result of PIDP.

SPA 2. Friends of the Family (FOF) serves as the lead agency for the SPA 2 PIDP Network, which includes 11 funded agencies and 17 unfunded partners. Three zip code areas (Pacoima, North Hills, and Van Nuys) with the highest rates of child abuse and teen pregnancy were designated as focal points. Relationships with key government entities involved in the network include LAUSD, the City of LA, Mission College, and the County

Departments of Public Social Service (DPSS), Mental Health (DMH), Parks and Recreation, and the Office of Human Relations. The network also works with the CEO and Probation Department on the County Gang Violence Prevention program in Pacoima.

In 2008-09, the SPA 2 PIDP Network worked with other lead agencies in SPAs 4, 7, and 8 (all active members of the Children's Council of Los Angeles County) to develop a shared community-level change process model reflecting research findings and best practices. They developed a set of core activities including social networking groups, enhanced case management/coaching, employment preparation and enhancement, and building financial assets. This model guided their approach to developing 24 Community Action Groups (CAGs) in the three targeted zip code areas. They also increased points of entry for DCFS families by hiring family support specialists as navigators and case managers. They participated in the cross-SPA Greater Los Angeles Economic Alliance (GLAEA) in the EITC campaign, and developed a number of additional partnerships focused on financial education and employment.

In 2009-10, the SPA 2 PIDP Network touched the lives of 2,618 people, including 445 (17%) DCFS clients. They supported 22 CAGs for adults and youth living in the target zip code areas, using social networking strategies to reduce social isolation and link participants to a wide array of supports. The SPA 2 network distinguishes between three kinds of approaches: 1) those based on the relationship-based community organizing model developed in SPA 8; 2) those formed as social network groups among people with a common link (e.g., Grandparents as Parents); 3) those operating as content-focused networks (e.g., Unusual Suspects Theatre Group).

Opportunities to increase economic stability were integrated into group and individual activities. They participated in GLAEA and developed an Asset Building Campaign, helping residents who receive EITC returns create education funds, grow small businesses, or create Individual Development Accounts. For 2010, SPA 2 residents received $914,000 in total EITC refunds, a 20-percent increase over the 2009 number. The network offered training in starting small businesses and assistance to unemployed participants through LA Mission College WorkSource. Clearpoint Credit Counseling Solutions provided credit counseling and repair services, as well as training family support specialists to help families develop budgets. Through a Foundation partner, the SPA 2 PIDP Network provided over $100,000 in concrete supports to participants for rent, food, clothing, medical, educational, and transportation needs.

Having worked with the DCFS regional offices in developing initiatives such as Family Support and the Annie E. Casey Foundation-funded Family to Family Program, relationships between FOF, collaborative partners, and DCFS were already in place before PIDP. As reported by two DCFS administrators interviewed for this study, PIDP has helped to deepen these relationships. Both administrators reported that they were pleased with PIDP and the services provided to families in their areas, noting that FOF has been instrumental in deepening collaboration between DCFS and local community agencies. By the end of 2008-09, 55 DCFS families were receiving support and enhanced case management services from PIDP family support specialists; about 35 additional slots were added in 2009-10 for a total of 90 slots for DCFS-referred families living in high-need areas to receive ongoing services and resources.

PIDP staff members have also worked closely with the three regional offices in a range of activities including: attending and hosting TDMs, attending DCFS staff meetings, increasing awareness among front-line CSW staff and other first responders, and participating in joint training (e.g., Mediation/Conflict Resolution). The fact that the SFV office's school-based initiative coincided with implementation of PIDP helped to create synergy and enhanced capacity for DCFS to connect families with community-based resources without having to open cases unnecessarily. FOF has also worked with DCFS and Board Offices in Districts 3 and 5 to plan and implement family visitation centers and Safe Child Custody Exchange Programs to serve SPAs 1 and 2.

STRATEGIC IMPACTS:

- Given the fact that most families targeted for secondary prevention come to the attention of DCFS offices in SPA 2 for issues associated with neglect, the network's strategic focus on braiding strategies to reduce social isolation and increase economic stability continues to be extremely strategic.
- In the 2010 tax season, the SPA 2 EITC campaign generated over $914,000 in refunds.
- The 106 SPA 2 participants who completed the protective factors survey showed improvements in all areas of functioning.
- FOF has continued to provide valuable mentoring for the SPA 1 PIDP network. Mentoring activities helped the SPA 1 Network develop social networking groups and strengthen relationships with DCFS and other County departments.
- The SPA 2 PIDP Network builds on a number of existing partnerships and resources (e.g., Family Support, Children's Council, First 5 LA) to help leverage and maximize resources. For example, in 2009-10, the Interagency Child Abuse Network recommended funding AB 2994 proposals thus leveraging the reach of the PIDP work.
- Historic partnerships with the three local DCFS offices have been strengthened through the PIDP network. DCFS administrators report that children's social workers trust the capacity of FOF to respond to a very broad array of family needs; they also rely on FOF and the PIDP network to help them deepen and extend their relationships with a broad array of community-based agencies and groups that provide needed resources for families and children.

SPA 3. Prototypes served as the lead agency for the PIDP network, which includes three subcontractors and 29 network members. Relationships with key government entities include DPSS (the GAIN Transitional Employment Program) and the Department of Mental Health. They also work closely with the San Gabriel/Pomona Regional Center and an array of schools, not-for-profit agencies, and other anchor organizations across the San Gabriel Valley.

In 2008-09, the SPA 3 PIDP Network developed social networking and support groups based on evidence-based models developed by Parents Anonymous (PA). Three case management teams served high-need families in Pomona, El Monte, and Pasadena. The Network served individuals and families through outreach activities, community events, family days, and holiday celebrations. Working collaboratively with the four DCFS regional offices in the San Gabriel Valley, the PIDP network has also focused on regional priorities related to decreasing disproportional numbers of African American children in out-of-home care, reducing over-representation among Latino families and other groups facing special risk factors, and preventing maltreatment among families in targeted high-need communities.

The PIDP model in SPA 3 braids the three core strategies into a collaborative approach that fits the local conditions, but with the added goal of addressing the disproportional representation of children of color in the child protective services system. The approach includes three levels of support: 1) Primary prevention activities, addressed to at-risk families who have no contact with DCFS, include social networking and support groups

Historic partnerships with the three local DCFS offices have been strengthened through the PIDP network.

run by PA as well as possible referral to a PIDP case manager for service linkages. 2) Secondary prevention activities, addressed to families with unsubstantiated DCFS referrals or referrals from community agencies, include PA groups and coordinated services from a PIDP case management team made up of a case manager, mental health therapist, and a parent advocate (a life-trained paraprofessional who has successfully navigated the DCFS system himself or herself). 3) Tertiary prevention activities, addressed to families with open DCFS cases, include all of the above as well as support from a culturally and linguistically appropriate cultural broker who can help families navigate the DCFS system.

In 2009-10, the network touched the lives of 772 people, including 281 (36%) DCFS clients. They continued activities from the first year, including providing 16 mutual support groups and 16 children and youth groups in English and Spanish each month. Ferandell Villarino Associates also offered 12 multi-family groups in El Monte each month. In addition, they organized and worked with local agencies in hosting celebrations, holiday events, information sessions, and family gatherings. They addressed the economic needs of families through financial literacy workshops, individual coaching on family finances, and access to concrete resources. They participated in the Volunteer Income Tax Assistance (VITA) program to provide free tax preparation services, increasing access to EITC and helping undocumented residents get Taxpayer Identification Numbers as an initial step toward legal status. Through the GAIN Transitional Employment Program, Prototypes offered employment training and job placement services for eligible PIDP participants. They also linked families to the Urban League's WorkSource employment assistance programs.

An administrator from the DCFS El Monte office reported in the telephone survey conducted for this study that social workers in his office saw three aspects as particularly useful – PA parent support groups, parent advocates, and cultural brokers. He believed that PIDP activities "promote child safety and well-being, strengthen families and prevent child abuse." In his opinion, "parent advocates are a big asset."

The DCFS Pasadena office administrator interviewed for this study was concerned that their local parent advocate and cultural broker will not be available in Year 3 due to budget cuts. The PIDP network leader explained that unfortunately the cuts were necessary in response to the 50-percent decrease in PIDP funding for Year 3. While the decision was based on comparative usage rates across the three offices and was discussed beforehand with Pasadena liaison, this administrator clearly anticipated that these staff members would be missed. Another challenge noted by the evaluation team concerned the cost of funding the mental health therapists who served on the case management teams. While including mental health services is important given the needs of the families served, it may have been possible to make more use of services already available through local DMH contract agencies or PIDP partners. The lead agency reported that PIDP employed one therapist in Pomona, and funded therapy in Pasadena and El Monte through its subcontractors. Part of the benefit of having a dedicated PIDP therapist was that they were not dependent on Medi-Cal billing. This allowed flexibility for therapists and filled a gap for parents who need therapy but don't have Medi-Cal (i.e., parents whose children are in DCFS placement). In Year Three, the lead agency plans to use Prototypes' DMH-funded services for therapy with Pomona clients and will continue to use subcontractors in the other cities.

STRATEGIC IMPACTS:

- The 35 SPA 3 participants who completed the protective factors survey showed improvements in all areas of functioning.
- The SPA 3 PIDP network had the challenge of maintaining relationships with the largest number of DCFS regional offices. Working collaboratively with all four offices presented several strategic challenges, especially in light of decreasing budgets and some changes in administrative arrangements in the regional offices.

- The SPA 3 PIDP collaborative builds on existing partnerships and resources (e.g., Family Preservation, First 5 LA, GAIN, DMH) in order to leverage and maximize resources. In addition, the network partners drew on their own service systems, for example, referring PIDP families to substance abuse services offered by Prototypes, to Family Preservation services, and to First 5 LA-funded Partnerships For Families.
- Given the pockets of extreme poverty in the San Gabriel Valley, the diverse population groups, and uneven access to resources in different parts of the area, SPA 3's focus on a comprehensive approach through three levels of prevention services that draw on many different partners and network members seems to be systematic and strategic.

SPA 4. Children's Bureau of Southern California serves as the PIDP fiscal lead, with two co-lead agencies – Children's Institute, Inc. and El Centro Del Pueblo. In addition to the three co-lead agencies, the SPA 4 PIDP Network for 2009-10 included twelve partners. Through the Magnolia Place Community Initiative, the network has access to out-stationed staff from the County Departments of Public Social Services, Child Support, and Public Health (the Nurse Family Partnership program), and the CEO (Office of Child Care and Service Integration Bureau). All three co-lead agencies also have a variety of partnerships with other County and City departments and LAUSD that help to leverage support for the PIDP network.

In 2008-09, one of the challenges for SPA 4 was developing a collaborative led by three agencies accustomed to competing for the same resources. As a result of this process, the co-leads report that they have strengthened relationships and drawn on their many pre-existing partnerships to create the SPA 4 PIDP Network. With administrators from the DCFS Metro North office, they identified 90006 and 90026 as high-need zip code areas and designed a referral and services protocol. They planned and implemented four sets of activities: (1) two adult and two youth neighborhood action councils (NACs); (2) a VITA campaign and financial literacy activities; (3) community-based social networking activities such as Community Family Nights and group activities for at-risk, gang-involved, emancipated youth and parents; (4) family support and treatment, including resource navigators, counseling, and youth development. The DCFS administrator interviewed for this study represented the Metro North Office when the SPA 4 PIDP plan was being developed; she reported that the network took a collaborative approach to planning and that their work was "very helpful in planning for the needs of the community." She believes that they are doing a good job in braiding the three core strategies together and that PIDP "is a big help to the families in SPA 4."

In 2009-10, the network touched the lives of 2,405 people, including 121 (5%) DCFS clients. They maintained core activities, developed materials to inform social workers about available services, and worked to increase DCFS staff participation in PIDP meetings and events. They worked with DCFS staff and the local faith-based community to develop a family visitation center. In addition to parent and youth NACs, multi-generational activities included ongoing groups, one-time Community Family Nights, and holiday activities, providing opportunities for family members to socialize and have fun together. In 2009-10, most of those receiving counseling services through the SPA 4 PIDP network were not known to DCFS (about 35 clients per month), and only a few were DCFS clients (about 5 per month). In addition, the SPA 4 network hosted community activities, including a health fair and nutrition workshops, designed to help people learn about local resources and services.

Activities to enhance family economic success included the VITA campaign to increase EITC tax returns providing low-income families with cash in hand; Family Literacy workshops; developing employment opportunities (Census jobs for local youth and adults, and other summer youth employment activities); supporting eligible families in applying for government benefits; and helping families get acquainted with local resources, concrete support, and benefits.

The network reported that it has been challenging to sustain DCFS participation in the PIDP network during the second year, and there appear to have been relatively few referrals for secondary or tertiary clients. This may in part be due to turnover at the RA level and attrition at other levels. The previous RA reported that because she believed in PIDP, she saw to it that Metro North staff received training, and the topic was raised "over and over" (this was necessary due to staff attrition). It may be that administrators have not continued this practice, not appreciating the degree of reinforcement required so that new workers receive the information they need to make use of this unique resource.

STRATEGIC IMPACTS:

- Given the fact that almost 25 percent of households in SPA 4 had incomes under the poverty level, focus on economic development activities such as increasing EITC outreach, connecting youth and adults to summer employment, and developing familiarity with local food and concrete resource programs was well placed.
- Given the educational challenges faced by families in SPA 4, focus on increasing family involvement in education through activities such as Community Family Nights, encouraging family involvement in early childhood development programs, and support for youth NACs was also strategic.
- Community Family Night activities appear to have been very popular, drawing large numbers of parents and children to participate in arts and culture programs, have fun together, and meet their neighbors. These activities are a strategic way to strengthen the social connections between SPA 4 residents.
- The SPA 4 NACs appear to have developed well through the second year of PIDP, retaining participants and developing engaged groups who worked on shared concerns. The youth groups made concrete steps toward solving their own problems, for example by advocating for youth employment with the Census. The adult groups focused on how to help themselves and others in their neighborhoods by visiting local food banks and developing relationships with local DPSS offices and programs.
- The 22 SPA 4 participants who completed the protective factors survey showed improvements in all areas of functioning.
- One of the primary challenges in the second year appeared to be maintaining relationships with the DCFS Metro North regional office, perhaps because a new RA was appointed during the contract period. During 2009-10, there were few referrals from DCFS staff, so many DCFS families missed out on a potentially beneficial experience.

SPA 5. Westside Children's Center (WCC) serves as the lead agency for the PIDP network, which includes six partners. The network indicated that it had relationships with DPSS and Probation, and intends to work more closely with these departments in the future. In 2008-09, the SPA 5 PIDP network focused on building community through collaboration among key social service agencies, local small businesses (family daycare providers), and other key institutions. They leveraged existing partnerships (e.g., Family Preservation, Family Support, and the First 5 LA-funded Partnerships For Families or PFF). The Network included non-traditional participants such as People Organized for Westside Renewal, an organizing group focused on affordable housing, community safety, and transportation. One of the challenges identified by thenetwork was the limited funding ($210,000) available to SPA 5 compared with the other SPAs.

In 2009-10, the SPA 5 PIDP network touched the lives of 125 people, including 51 (41%) DCFS clients. The network used a Parent Café model to build social networks. Partner agencies offered training and classes on topics such as infant mental health, child development, and parenting; and WCC hosted monthly family events to promote positive parent-child interaction. WCC linked their Early Childhood Education Center program with other childcare centers and family daycare providers around common goals, and helped providers leverage shared

resources. For example, they hosted training on using developmental screening tools to assess children in need of additional resources, and a Transition Forum to bring preschool and kindergarten teachers and parents together to support young children transitioning into kindergarten.

While the network provided referrals to local job training and financial literacy resources, PIDP network leaders admit that they have faced challenges in the area of expanding economic opportunities. These challenges were exacerbated by the unstable economy and funding limitations. One example of a current program is the culinary training program offered by one of the PIDP network partners, St. Joseph's Center; this provides an introduction to the food industry for low-income residents. They recently partnered with local WorkSource Centers to discuss potential collaboration, and expect to be able to provide job training, educational classes, and additional activities such as food assistance, legal advice, financial literacy, and pre-employment services in Year Three.

The DCFS administrator interviewed for this study suggested that there has been a "disconnect" between the PIDP network and the DCFS West LA Office. She reported that she was "not sure" what services were offered and had not seen much impact from the project as a whole, although she was hopeful that the new manager would improve things. The lead agency, WCC, agreed there has been a "disconnect" with DCFS, in part due to changes in agency leadership. In February 2009, executive leadership at WCC changed; during the interim period, lines of communication and responsibility were less delineated and the relationship with DCFS was strained. The new PIDP program management team, which includes an administrative director and a clinical director, has helped to bridge the gap. DCFS and WCC staff members have been attending community meetings together, continuing to build relationships and service capacity, and are beginning to work on developing plans for a family visitation center.

STRATEGIC IMPACTS:

- Plans are underway to address the disconnect between the PIDP network lead and the local DCFS office. New partnerships are also being developed to better address the economic needs of families.
- The 6 SPA 5 participants who completed the protective factors survey showed improvements in all areas of functioning

SPA 6. SHIELDS For Families serves as the lead agency for the PIDP network, which includes 8 subcontractors and 12 partners. Partnerships include federal entities such as the US Census and the Social Security Administration. State partners include the California AmeriCorps Program and the Office of Assembly Speaker Emeritus Karen Bass. County-level partnerships include DPSS, DMH, Public Health (DPH Alcohol and Drug Programs), Parks and Recreation, and Child Support Services. They also have partnerships with LAUSD Local District 3, the Office of Los Angeles City Mayor Antonio Villaraigosa, and the County-City Los Angeles Homeless Services Authority (LAHSA).

In 2008-09, the SPA 6 PIDP Network developed four Ask, Seek, Knock (ASK) Centers open to all families regardless of income, residency, or DCFS status. The lead agency reports that PIDP helped the SPA 6 network address the many economic and social needs facing families in SPA 6 without imposing restrictive eligibility requirements (e.g., income, zip code) that can make it difficult to support families before a crisis occurs. The ASK model recognizes that all families need a safe place with trusted advisors so they can discuss issues and find appropriate resources. Since many African American families have historically found the church to be a safe and trusted place, one of the Centers was designed as a faith-based navigation site. In 2008-09, ASK Centers also focused on employment, engaging over 700 adult students in employment-related workshops and classes.

In 2009-10, the network touched the lives of 4,320 people, including 597 (14%) DCFS clients. The four ASK Centers linked families to services and resources through navigators available at each site and a database of over 1500 local resources. Since some of the families referred by DCFS in 2008-09 refused services or were unable to

Given the fact that about 29% of SPA 6 households had incomes under the poverty level, the network's emphasis on developing multiple pathways to meet concrete needs and ensure economic stability and employment is very strategic.

access the ASK Centers, the network developed an outreach strategy to engage DCFS families. During the second year, AmeriCorps community outreach specialists visited DCFS-referred families, delivering "Welcome Bags" and connecting families to needed resources. The network also provided an array of support and activity groups requested by families; organized groups such as community advisory councils, conflict resolution training, and Spanish-language computer classes; and created special events, such as health fairs, family outings to sports events and holiday celebrations.

The ASK model includes several strategies to enhance family self-sufficiency and provide economic opportunities. They provide on-site high school diploma (GED), computer, and job development classes, and employment certification and job placement programs for Emergency Medical Technicians, Medical Billing and Fiber-optics. ASK supplements all course-related costs (e.g., computers, books, test materials, instructors). Between 2008-10, the SPA 6 PIDP Network trained and placed nearly 300 local residents in the workforce.

Recognizing that many people in SPA 6 face legal issues that limit employment, ASK partnered with Public Counsel and other pro bono legal services groups to provide on-site legal clinics addressing issues such as immigration, child support, homeless court, adoption, and guardianship. They hosted free workshops to educate the community on navigating the court system, expunging criminal records, eligibility for reduction in convictions, and/or certification of rehabilitation. Overall, they linked over 1,000 residents to legal services. They also offered mediation and conflict resolution services to assist in cases of eviction, helped to prevent eviction, and worked to secure housing and provide housing for homeless families. ASK helps school-age youth by providing Saturday Academies, after-school tutoring, and bus tokens for transportation to school. Another strategy developed in 2009-10 was a partnership with the US Census. ASK provided employment testing and training facilities for Census jobs; more than 300 community members applied for Census employment and received employment training through the ASK Centers. Additionally, ASK centers participated in the VITA campaign to provide assistance with income tax preparation and access to EITC benefits. Over 100 families took advantage of this service in 2009-10.

The PIDP collaborative has worked with all three offices in SPA 6 to develop the ASK model, refer and track DCFS clients, and plan family visitation centers. During telephone interviews conducted for this study, DCFS administrators from the Vermont Corridor and Compton Regional Offices affirmed that the lead agency works very well with their offices and has done a good job in PIDP. Both stressed the importance of the family visitation centers to their on-going work. As one administrator said: "… although we have the same number of referrals to our office, it might have been worse without the help SHIELDS provides to the community."

STRATEGIC IMPACTS:

- Given the fact that about 29 percent of SPA 6 households had incomes under the poverty level, the network's emphasis on developing multiple pathways to meet concrete needs and ensure economic stability and employment is very strategic. Between 2008-10, the SPA 6 PIDP Network trained and placed nearly 300 local residents in the workforce.

- Given the fact that 31 percent of adults in SPA 6 have less than a 9th-grade education and only 20 percent of third graders are proficient in reading (the lowest level in the county), focus on classes to help adults pass the GED and gain basic skills, as well as continuing support to help youth stay in school, was well placed.
- Given the broad range of challenges faced by families in SPA 6, the ASK Center model has been cost-effective in helping families navigate a fragmented services system, while making maximum use of existing resources.
- Recognition of the legal barriers facing families in SPA 6 led to creation of a partnership with Public Counsel that provided access to pro bono legal services that were used by over 1,000 residents.
- PIDP has strengthened historic partnerships with the three DCFS offices in SPA 6. 2009-10 implementation of an outreach system to follow up with DCFS-referred families who are unable or unwilling to follow up on their own seems promising.
- The 36 SPA 6 participants who completed the protective factors survey showed improvements in all areas of functioning.

SPAs 7 and 8. South Bay Center for Counseling serves as a mentor to the three co-lead agencies in SPA 7: Human Services Association, Alma Family Services, and Helpline Youth Counseling. The network includes two additional subcontractors and five key partners who have helped to leverage resources. The collaborative name for the SPA 7 PIDP network is Partnership for Change…Transforming Communities One Relationship at a Time. The SPA 7 PIDP partners have also established relationships with DPSS, DPH, DMH, Probation, and Parks and Recreation.

South Bay Center for Counseling (SBCC) serves as the lead agency for the PIDP Network in SPA 8, which includes fourteen partners who have leveraged resources through their extensive network of relationships. Relationships with key government entities include the Cities of Carson and Inglewood, local school districts, DPSS, DMH, DPH, and Probation.

Given their close relationship and similarity of approaches, the summary below describes PIDP approaches used in both SPAs 7 and 8.

Overall impact of the SPA 7 & 8 PIDP networks in Years 1 & 2. In 2009-10, the SPA 7 PIDP Network served 1,586 individuals, of whom 58 (4%) were referred by DCFS and 1,528 (96%) were self-referred community residents. In SPA 8, 5,525 individuals were served, of whom about 12% (N=691) were referred by DCFS and 87% (N=4,384) were self-referred. Services were provided through the three network core strategies of building social networks through community organizing; increasing economic opportunities and development; and increasing access to and utilization of services and resources.

These integrated strategies, centered on networks of resident-led neighborhood action councils (NACs), led to demonstrable gains in key areas strongly linked to the prevention of child abuse and neglect. The PIDP networks recruited, facilitated, and supported the development of 10 NACs in SPA 7 and 22 in SPA 8. Each NAC is composed of 10-25 resident members, and functions according to the relationship-based community organizing (RBCO) model developed by the South Bay Center for Counseling (SBCC) and positioned as the centerpiece of the overall PIDP network strategy in the two SPAs. Participation in RBCO by residents in SPA 7 & SPA 8 led to demonstrable gains in both the individual and community protective factors that are strongly associated with the prevention of child abuse and neglect, and the promotion of healthy child development and early education. Participants also displayed increases in social connectedness and resident capacity to carry out ongoing primary prevention strategies at the community level.

Because the RBCO model is both a strategy in its own right within the PIDP network, and also the central approach for the network's overall strategies, the model, its theory of change, and its 2-year progress to date are presented in somewhat greater detail in Section II below.

The organizing component of the project also helped to increase the effectiveness of Strategy 2 (increased economic opportunities and development). Outreach through organizations of trusted community residents (i.e., the NACs) broadened the initiative's access to hard-to-reach and socially isolated families and individuals. Because these individuals and families are often those in greatest immediate need of access to asset-building and financial education services, this level of outreach and facilitation of community "buy-in" was indispensable to the overall success of the project, leading to EITC and other tax preparation services being provided free of charge to 522 SPA 7 families and 994 SPA 8 families. These services led to a total of over $1.6 million in tax refunds to these families (over $600,000 in SPA 7 and over $1 million in SPA 8). Strategy 3 services also included financial education workshops on topics including food stamps and housing assistance, entrepreneurship training, and personal financial coaching. These economic development activities and outcomes directly support the networks' overall commitment to primary prevention, serving to decrease the financial stressors on families that represent a significant contributing factor to elevated rates of abuse and neglect.

Participation of a widespread corps of organized residents also directly impacted outcomes for Strategy 3 (access and utilization of resources), placing residents in ongoing contact and collaboration with CBOs and public agencies providing services in their communities; empowering NAC members to provide knowledgeable and timely service referrals to each other and to other community members; and increasing NAC member and broader community knowledge of key resources including nutritious food (and associated healthy shopping and food preparation practices), mental health services, employment opportunities, and financial assistance with housing or utility emergencies. Collaboration with nonprofit and public agencies also further deepened the impact for NAC members of their participation in the RBCO strategy, increasing their sense of self-efficacy by empowering them to provide resources to their broader community, and utilizing their skills and capacities in ongoing planning and service delivery conversations with these institutional partners.

II. Further information on Relationship-Based Community Organizing and its role in primary prevention. RBCO is the core strategy for community-level change in the SPA 7 and SPA 8 PIDP networks, and is based on the understanding that while services may be a necessary component in achieving change in prevention, outcomes, services themselves are not sufficient without the development of an engaged, empowered, and resident-led organization or organizations committed to this change. Research in public health, early child education, child abuse prevention, and other fields strongly indicates that socially isolated, at-risk individuals and families develop more effective support-seeking strategies, more effective use of community resources, and diminished perceptions of stigma attached to support-seeking in the context of effective networks of peer social engagement and support.

The RBCO model used in SPA 7 and SPA 8 is based on this fundamental insight, and works through a developmental process that includes a first year (2008-09 in the case of the PIDP network) in which project staff recruit and engage community members in resident-led neighborhood action councils (NACs); facilitate each NAC's development of social relationships, group cohesion, and clearly articulated shared values; and support the development of leadership and planning capacity for all NAC members. The second developmental year (2009-10 in the case of the PIDP network) is devoted to each NAC's development of a mission statement and the planning and execution of a community outreach, education, service, or advocacy project related to core prevention outcomes. Community projects have included community workshops on prevention of child abuse, domestic violence, teen pregnancy, and drug abuse; health and nutrition workshops; and long-term engagement of youth in foster care by "adoptive" community families. At the current stage of development, the NACs in the PIDP network are also developing cross-neighborhood organizing and project planning initiatives, working at both the SPA

and County-wide levels. This larger scale of engagement and activity provides further avenues for leadership development, personal and community empowerment, and social support network development among participants.

While services provided through these Year Two community projects are valuable in their own right, the core outcomes of the RBCO process lie in the development of "internal" and "external" protective factors among participants that are strongly linked to prevention of child abuse and neglect, healthy child development and early education, and improved family functioning. These protective factors include parental resiliency; hope and a sense of personal power to improve oneself, one's family, and one's community; self-empowerment; knowledge of nurturing parenting skills and behaviors; social connectedness and a network of social support; reduced stigma and increased access to services; and increased social/emotional competence among young children. Focus groups conducted with NAC leaders, a letter-writing campaign carried out by NAC members County-wide, and a protective factors survey repeatedly administered to NAC members indicate significant (and in some cases dramatic) gains in individual mental health, sense of self-efficacy and leadership capacity, knowledge and access to community services, knowledge and use of child health-promoting behaviors, and expansion/intensification of networks of social support—all key factors in a primary prevention strategy. (Details on these outcomes are provided in the full SPA 7 and 8 Community Profile document in Volume Two.)

III. Background: Targeted Communities and Organizational Partnerships. The PIDP networks in SPA 7 & SPA 8 are broad partnerships with deep community roots, and include the collaborative participation of an array of public agencies (including DCFS), NACs, community-based organizations, and faith-based organizations. Within a context of SPA-wide high family poverty rates, elevated crime rates, low levels of adult educational attainment, high incidence rates of protective service referrals, and large DCFS caseloads, the specific ZIP codes and neighborhoods targeted for participation in the PIDP network were selected according to the following criteria:

1. Co-presence of multiple family stressors (e.g., family poverty, low education attainment, large numbers of single-parent households, high alcohol and substance abuse rates, etc.).
2. Collaborative identification by the PIDP lead and DCFS regional offices of priority neighborhoods.
3. Neighborhoods with large numbers of calls to the DCFS hotline.

Development of a primary prevention network to positively impact outcomes for children and families in these targeted neighborhoods was carried out through lead agencies with extensive prior experience working in collaboration with DCFS and providing family services within these areas. In SPA 7, three co-lead agencies were selected: Human Services Association, Alma Family Services, and Helpline Youth Counseling. The South Bay Center for Counseling (SBCC) served as a mentor organization to the SPA 7 network, assisting in collaboration development and in the design and implementation of the Relationship-Based Community Organizing (RBCO) model that formed the center of primary prevention activities. In SPA 8, SBCC served as lead agency.

These services led to a total of over $1.6 million in tax refunds to these families (over $600,000 in SPA 7 and over $1 million in SPA 8).

These lead agencies in turn have built and sustained SPA networks drawing on the full collaborative participation of multiple agencies and organizations. In SPA 7, participating organizations are Mexican American Opportunity Foundation, Oldtimers Foundation, South Gate Police Department Domestic Violence Program, Southeast Community Development, Rio Hondo Temporary Homes, Rio Vista YMCA, and Los Angeles Centers for Alcohol and Drug Abuse. The SPA 8 network includes City of Carson Parks and Recreation, Community Helpline, Families for Children, For the Child, City of Inglewood Parks and Recreation, National Council on Alcoholism and Drug Dependence – South Bay, Pacific Asian Counseling Services, Richstone Family Center, Lennox Guardian Angels NAC, Quantum Community Development Corporation, YWCA of San Pedro, Southern California Indian Center, and South Bay Children's Health Center.

protective and risk

protective and risk factor

SURVEY

To better understand the impact of prevention efforts on families throughout Los Angeles County, an instrument designed to measure protective factors was developed by Dr. Franke in close consultation and collaboration with PIDP agency staff, families, and community members.

Protective and Risk Factor Survey

Introduction

To better understand the impact of prevention efforts on families throughout Los Angeles County, an instrument designed to measure protective factors was developed by Dr. Todd Franke in close consultation and collaboration with PIDP agency staff, families, and community members from SPAs 2, 4, 7, and 8. This instrument, the Relationship-Based Organizing Protective Factors Survey (RBO-PFS), is composed of 72 items. There are four factors designed to measure an individual's protective factors: Social Support, Personal Empowerment, Economic Stability/Economic Optimism, and Quality of Life and an additional single item measuring quality of life. Also included are five factors specific to families with children: Immediate and Extended Family Support, Professional Support, Personal Non-Family Support, Successful Parenting, and Parenting Challenges. The survey also contained several socio-demographic items.

Two versions of the survey were used in the Year 2 PIDP evaluation. To estimate change in protective factors, a retrospective version of the survey was administered. With this survey, respondents reported current ratings on survey items and 6-month retrospective ratings on the same set of items. In the second version of the survey, which was administered to PIDP families in SPAs 1, 3, and 5, respondents reported only current ratings on items. Both survey versions were translated into Spanish, and each 72-item section took approximately 45 minutes to complete. (Contact Dr. Franke at TFranke@ucla.edu for both the English and Spanish versions of the surveys.)

Results from the RBO-PFS are presented below in three sections. In the first section, findings are reported for all PIDP survey respondents across all SPAs. Data presented in this section were collected at either one of two time points in time: December 2009 or April 2010. Because of limited time and research capacity at some PIDP agencies, only a non-random sub-sample of respondents completed the retrospective version of the survey. Thus, findings in this section offer an overall picture of PIDP prevention efforts in relationship to estimated change in protective factors and at a single point in time. In the second section, findings are reported for PIDP survey respondents who participated in neighborhood action councils (NACs), supported through PIDP. Year One PIDP evaluation findings identified NACs as a promising prevention strategy.

Results presented in the section, then, offer a closer examination of a particular strategy implemented across SPAs. Also included in this analysis are data collected at a third time point: (1) a 6-month retrospective (relative to December 2009) in addition to (2) December 2009 and (3) April 2010. To analyze data over time, NAC facilitators assigned each member a unique identifier, which is designed to link individual respondent data longitudinally. In the third section, findings are reported from survey respondents participating in NACs throughout LA County that were supported by PIDP as well as through other funding sources. Data presented in section two are a sub-set of this larger dataset presented in section three. Sample sizes for this larger NAC RBO-PFS dataset are more robust and therefore are presented as a means of offering an enhanced understanding of the potential impact of the NAC prevention strategy on protective factors.

RBO-PFS Factor Analysis

An exploratory factor analysis was used to estimate the factor structure in the 72 items that comprised the RBO-PFS. Principal axis factoring (paf) with a varimax rotation was used to identify the factor structure. Screen plots were used to graphically display the number of factors present in the data, and ultimately an iterative process was used to determine what the appropriate number of factors was for the data. Items with factor loadings below .4 were eliminated. Items that loaded on more than one factor were examined in detail and a determination was made about whether the item would be dropped to retain the idea of simple structure (Thurstone, 1947) or be incorporated into more than one factor.

Nine factors were retained and a single-item item was also retained because of its conceptual importance to the PIPD project: Quality of Life (QOL). A detailed process was undertaken to name the factors. This included meeting with agency staff, and most importantly, a series of meetings with volunteer community members who helped develop the names for the nine factors. Reliabilities (internal consistency) were calculated for each factor and are presented in Table 4.1 (Cronbach, 1951). Factors in the instrument measure the following domains:

Social Support

- Personal Empowerment
- Economic Stability/Economic Optimism
- Quality of Life Scale
- Quality of Life Global Assessment (Single Item)

For families with children

- Immediate and Extended Family Support
- Professional Support
- Personal Non-Family Support
- Successful Parenting
- Parenting Challenges

TABLE 4.1 – FACTORS AND RELIABILITIES

Factor	Factor Name/Label	Cronbach's alpha
1	Social Support	.95
2	Personal Empowerment	.92
3	Economic Stability/Economic Optimism	.87
4	Quality of Life Scale	.90
**	Quality of Life (Single Item)	
Factors Addressing Children/Parenting		
5	Immediate and Extended Family Support	.86
6	Professional Support	.88
7	Personal Non-Family Support	.86
8	Successful Parenting	.91
9	Parenting Challenges	.72

** Single item – no measure of internal consistency presented.

Protective and Risk Factors Survey Response Rates

The survey completion rates are presented in Table 4.2.

TABLE 4.2 – PROTECTIVE FACTOR SURVEY COMPLETION RATES

SPA[1]	PIDP[2] N	PIDP/NAC[2] N	NAC Only[3] N	Total N
1	28	0	62	90
2	84	54	106	244
3	35	0	152	187
4	0	27	50	77
5	0[4]	0	43	43
6	36	0	128	164
7	0	129	107	236
8	0	145	353	498
Approx. Total	**183**	**355**	**1,001**	

[1]Additional data were collected from all the SPAs that are not reflected in the survey count. These numbers do not reflect individuals served or participating in programs, only those available and willing to complete survey instrument; [2]Surveys from agencies funded by PIDP funds; [3] neighborhood action councils are located in every SPA and funded through a variety of sources; [4]Data were received too late to be used in analysis.

RBO-PFS Results

Findings presented in the three sections to follow were generated using data collected across SPAs. Specific SPA-level analyses are presented in the SPA summaries contained in Volume 2 of this Year 2 PIDP report.

Section 1: Overall PIDP RBO-PFS Findings

Described in this section are findings for all PIDP survey respondents across all SPAs (PIDP NAC and other PIDP data). Results presented in Table 4.3 and in the figures to follow suggest that overall PIDP prevention strategies have positively impacted families in relationship to the protective factor domains as measured by the RBO-PFS domains. In all cases, an effect size (listed in the last column) was used to estimate the magnitude of improvement.[1] Note that medium to large effect sizes (.48 and above) were found for 5 of the 9 functioning areas.

TABLE 4.3 – RESULTS OF PAIRED T-TESTS – RETROSPECTIVE TO CURRENT

Factor		Retrospective	Current	t	Mean Difference	Effect Size (Cohen's d)
F1: Social Support (N=344)	M	2.45	3.15	11.676***	.700	.72
	SD	1.063	.880			
F2: Personal Empowerment (N=343)	M	2.53	3.18	14.868***	.650	.95
	SD	.767	.596			
F3: Economic Stability/ Economic Optimism (N=329)	M	2.56	2.83	7.826***	.265	.36
	SD	.798	.691			
F4: Quality of Life Scale (N=352)	M	3.25	3.69	9.270***	.439	.48
	SD	.992	.822			
Quality of Life – Single Item (N=328)	M	64.30	74.96	10.923***	10.668	.54
	SD	22.011	17.306			
F5: Immediate and Extended Family Support (N=175)	M	9.65	10.97	4.372***	1.326	.20
	SD	6.560	6.814			
F6: Professional Support (N=173)	M	10.03	13.35	6.368***	3.318	.40
	SD	8.325	8.540			
F7: Personal Non-Family Support (N=168)	M	7.65	10.49	7.352***	2.839	.48
	SD	5.781	6.119			
F8: Successful Parenting (N=217)	M	5.14	5.43	2.567*	.296	.20
	SD	1.523	1.517			
F9: Parenting Challenges (N=206)	M	4.66	4.15	-4.167***	-.515	.14
	SD	1.703	1.859			

*** p < .001; ** p < .01; * p < .05. With the exception of Factor 9, positive mean differences represent improvement over time. Effect size .2-.5-small; .5-.8-medium; .8 and above-large

As seen in Table 4.3, data show significant improvements on all nine factors and the single item measuring quality of life. It should be noted that in the case of Parenting Challenges, improvement is represented by a reduction in mean ratings. The largest change was evident in Personal Empowerment, followed by improvements in Social Support, Quality of Life (single item), and the Quality of Life subscale. On the families with children factors, significant improvement in Personal Non-Family Support was found. Displayed in the bar charts below are changes in mean ratings for all factors and the single-item quality of life measure. As seen in the charts, improvements were found for each factor and the quality-of-life single item.

FIGURE 4.1. MEAN RATINGS – SOCIAL SUPPORT

Rating scale:
1-Not at all, 2 - 1-2 times/week, 3-About 1 time a week, 4-Several times a week, 5-About every day.

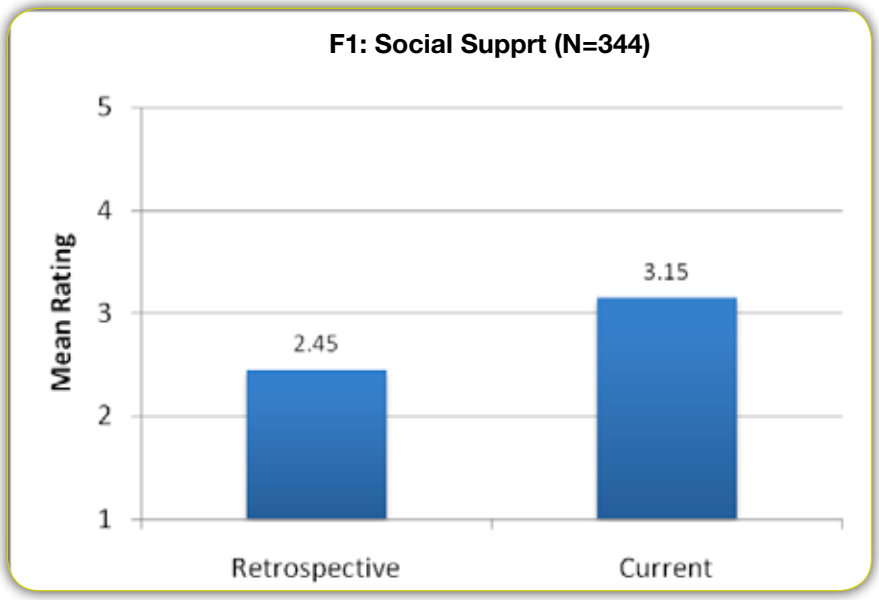


FIGURE 4.2. MEAN RATINGS – PERSONAL EMPOWERMENT

Rating Scale:
1-Not at all true, 2-Sometimes true, 3-Often true, 4-Always true.

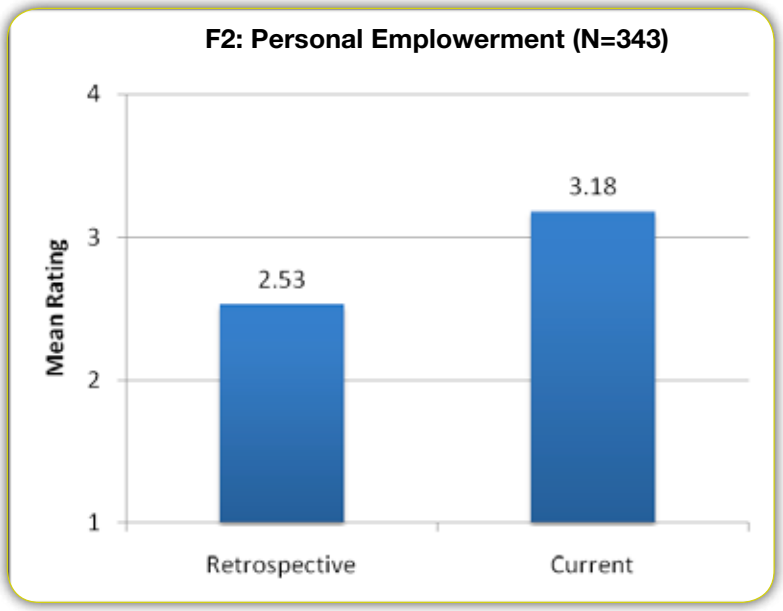


FIGURE 4.3. MEAN RATINGS – ECONOMIC STABILITY/ECONOMIC OPTIMISM

Rating Scale:
1-Not at all true, 2-Sometimes true, 3-Often true, 4-Always true.

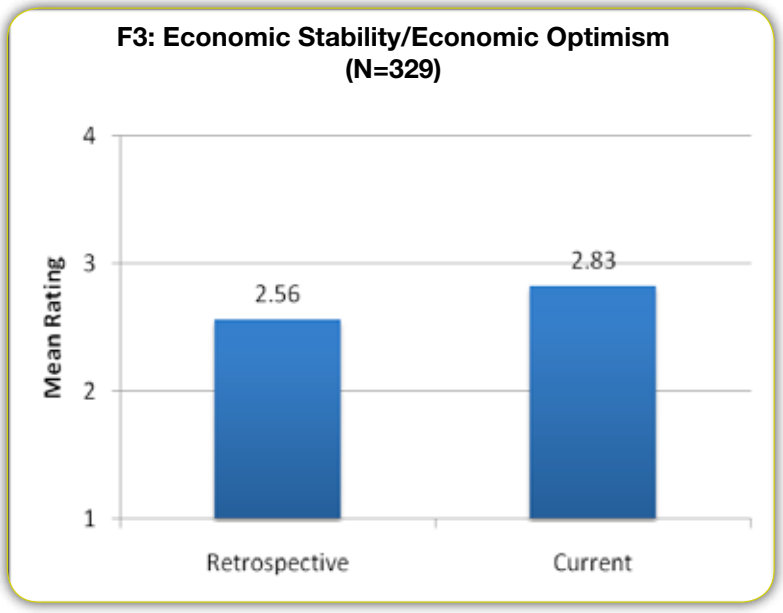
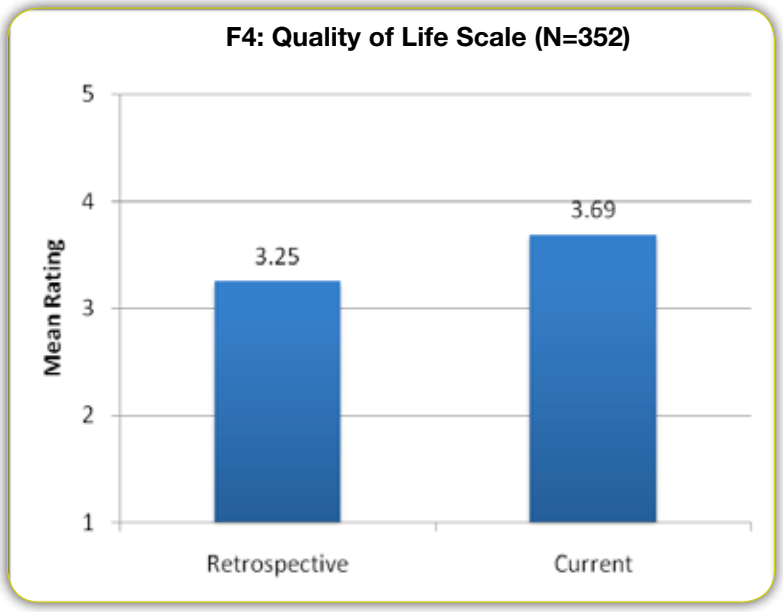


FIGURE 4.4. MEAN RATINGS – QUALITY OF LIFE SCALE

Rating Scale:
1-Strongly agree, 2-Mostly agree, 3-Slightly agree, 4-Neutral, 5-Slightly disagree, 6-Mostly disagree, 7-Strongly disagree



FIGRURE 4.5. MEAN RATINGS – QUALITY OF LIFE (SINGLE ITEM)

Rating Scale:
0-No quality of life to 100-Perfect quality of life.

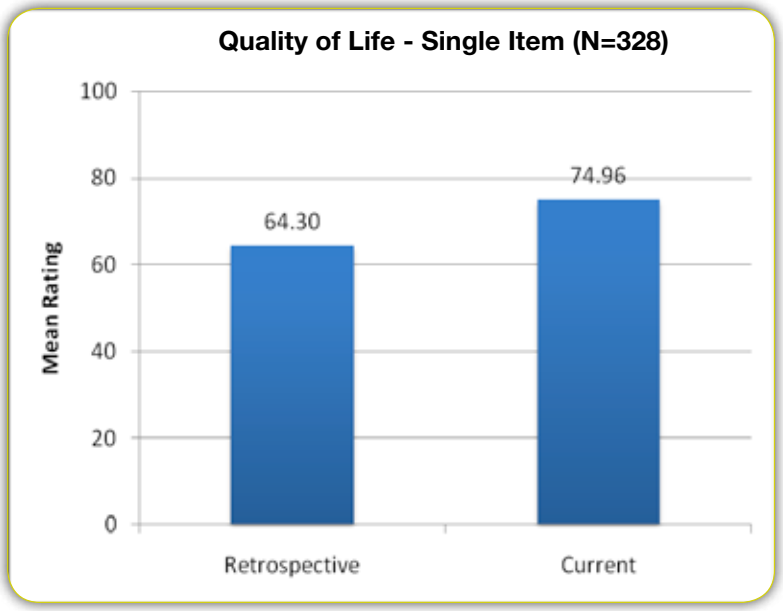


FIGURE 4.6. MEAN RATINGS – IMMEDIATE AND EXTENDED FAMILY SUPPORT

Rating Scale:
Sum of 5 items – range 5-25; 1-Not at all helpful, 2-Sometimes helpful, 3-Generally helpful, 4-Very helpful, 5-Extremely helpful.

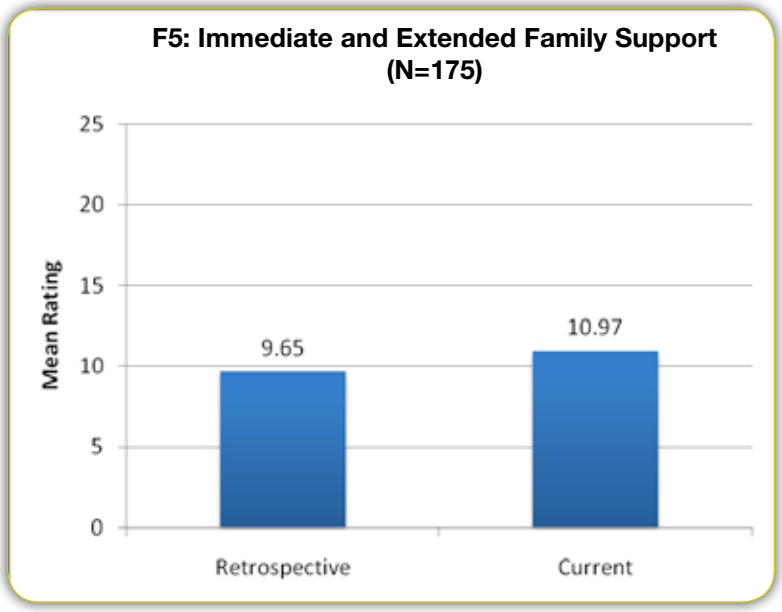


FIGURE 4.7. MEAN RATINGS – PROFESSIONAL SUPPORT

Rating Scale:
Sum of 6 items - range 6-30; 1-Not at all helpful, 2-Sometimes helpful, 3-Generally helpful, 4-Very helpful, 5-Extremely helpful.

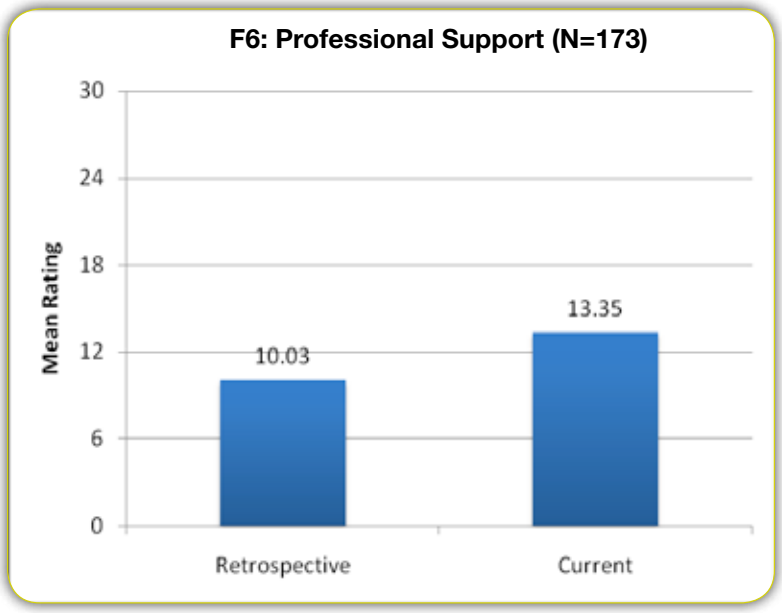


FIGURE 4.8. MEAN RATINGS – PERSONAL NON-FAMILY SUPPORT

Rating Scale:
Sum of 5 items – range 5-25; 1-Not at all helpful, 2-Sometimes helpful, 3-Generally helpful, 4-Very helpful, 5-Extremely helpful.

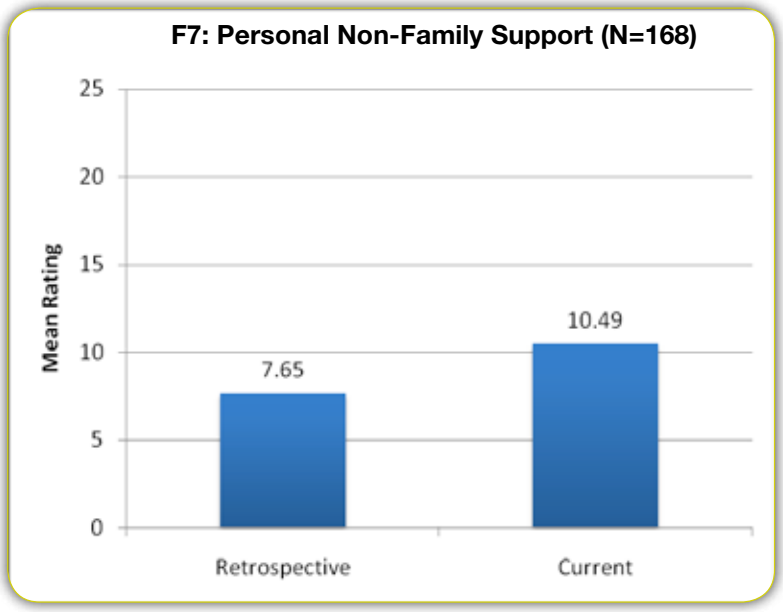


FIGURE 4.9. MEAN RATINGS – SUCCESSFUL PARENTING

Rating Scale:
1-Strongly agree, 2-Mostly agree, 3-Slightly agree, 4-Neutral, 5-Slightly disagree, 6-Mostly disagree, 7-Strongly disagree.

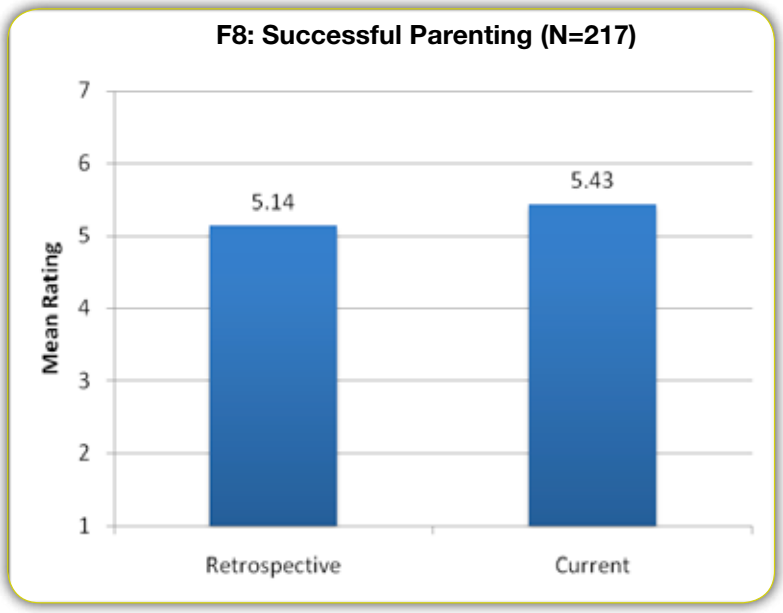
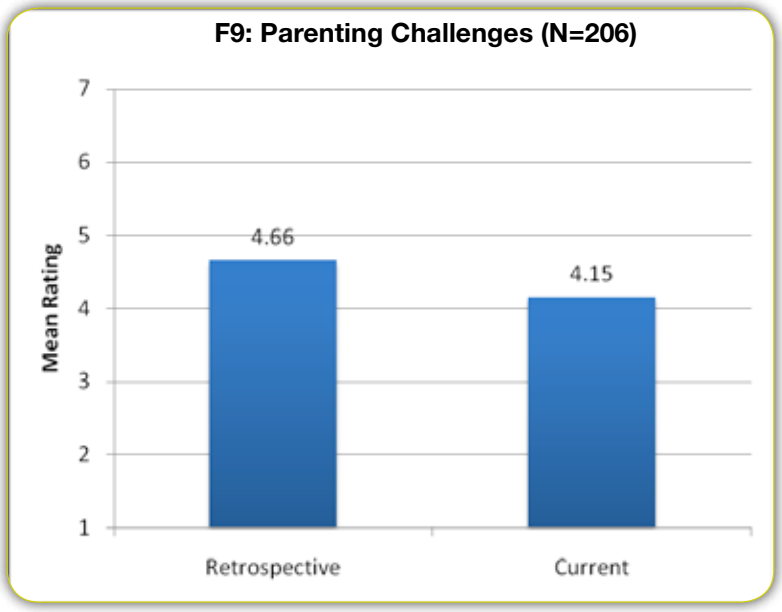


FIGURE 4.10. MEAN RATINGS – PARENTING CHALLENGES

Rating Scale:
1-Strongly agree, 2-Mostly agree, 3-Slightly agree, 4-Neutral, 5-Slightly disagree, 6-Mostly disagree, 7-Strongly disagree.



Section 2: PIDP NAC RBO-PFS Findings

In this section, findings are reported for PIDP survey respondents who participated in NACs supported through the PIDP initiative. As a promising prevention strategy, examining PIDP NAC survey respondent data offers a focused look at this particular prevention strategy in relationship to enhancing the protective factors measured by the RBO-PFS. Moreover, examining PIDP NAC data from SPA's 2, 4, 7, and 8 (these are the SPAs in which PIDP NACs were held), allows for estimating changes in protective factors across three time points, offering a more nuanced look at this particular prevention strategy in relationship to changes in RBO-PFS domains over time.

Sample sizes for each SPA are presented in Table 4.4. Analyses of the total sample of PIDP NAC survey respondent findings are presented in Table 4.5, which displays the results of the repeated measures analysis of variance. This analysis describes changes over time on each of the 9 factors and the single quality of life item.

TABLE 4.4 – RESPONDENT FREQUENCIES

Time of Completion	SPA 2	SPA 4	SPA 7	SPA 8	Overall
December 2009 Retrospective (T1r)	27	22	86	111	246
December 2009 Current (T2)	27	22	86	112	247
April/May 2010 Current (T3)	46	19	91	98	254

TABLE 4.5 – RESPONDENT FREQUENCIES BY SCALE FACTOR WITH TREND ANALYSES

Factor	Descriptives				Tests of Within-Subjects Effects		Trend Analysis	
		T1r	T2	T3	F	Effect Size[a]	Linear	Quadratic
F1: Social Support	N	138	138	138	F 2,274= 47.311***	.257	p<.05	p<.05
	M	2.40	3.18	3.23				
	SD	1.112	.886	1.007				
F2: Personal Empowerment	N	141	141	141	F 2,280= 88.059***	.386	p<.05	p<.05
	M	2.44	3.23	3.23				
	SD	.762	.599	.548				
F3: Economic Stability/ Economic Optimism	N	134	134	134	F 2,266= 19.118***	.126	p<.05	p<.05
	M	2.47	2.80	2.88				
	SD	.800	.714	.754				
F4: Quality of Life Scale	N	145	145	145	F 2,288= 30.454***	.175	p<.05	p<.05
	M	3.25	3.76	3.79				
	SD	1.019	.770	.806				
Quality of Life (Single Item)	N	131	131	131	F 2,260= 26.995***	.172	p<.05	p<.05
	M	64.75	76.30	74.56				
	SD	22.052	17.086	15.354				
F5: Immediate and Extended Family Support	N	59	59	59	F 2,116= 1.856	.031	NS	p<.05
	M	9.59	10.81	9.44				
	SD	6.465	6.899	5.700				
F6: Professional Support	N	58	58	58	F 2,114= 7.804**	.120	p<.05	p<.05
	M	9.57	13.55	13.98				
	SD	8.174	8.978	7.557				
F7: Personal Non-Family Support	N	53	53	53	F 2,104= 12.721***	.197	p<.05	NS
	M	7.75	10.83	12.25				
	SD	5.744	6.336	5.064				
F8: Successful Parenting	N	74	74	74	F 2,146= 1.646	.022	NS	NS
	M	5.17	5.36	5.55				
	SD	1.606	1.642	1.323				
F9: Parenting Challenges	N	67	67	67	F 2,132= 3.316*	.048	NS	NS
	M	5.11	4.46	4.63				
	SD	1.716	1.926	1.626				

[a] Partial h2

As seen in Table 4.5, linear trend analyses (whether there is a change, i.e., improvement) across the three time points) were significant for five factors and the single quality-of-life item. No significant changes in linear trend analyses were found for three factors: Immediate and Extended Family Support, Successful Parenting, and Parenting Challenges. The effect sizes for all the functioning areas were in the “small” range.

In addition to the linear trend analysis, the bar charts presented below show change patterns (quadratic) in mean ratings for each factor. In general, data show a noticeable improvement between the retrospective and current ratings (collected December 2009) and then a stabilization of reported means between the current ratings collected December 2009 (time 2) and the current ratings collected April 2010 (time 3). Factor 7, Personal Non-Family Support, was an exception to this, where a more notable improvement was seen between time 2 and time 3.

FIGURE 4.11. MEAN RATINGS – SOCIAL SUPPORT

Rating scale:
1-Not at all, 2 - 1-2 times/week, 3-About 1 time a week, 4-Several times a week, 5-About every day.

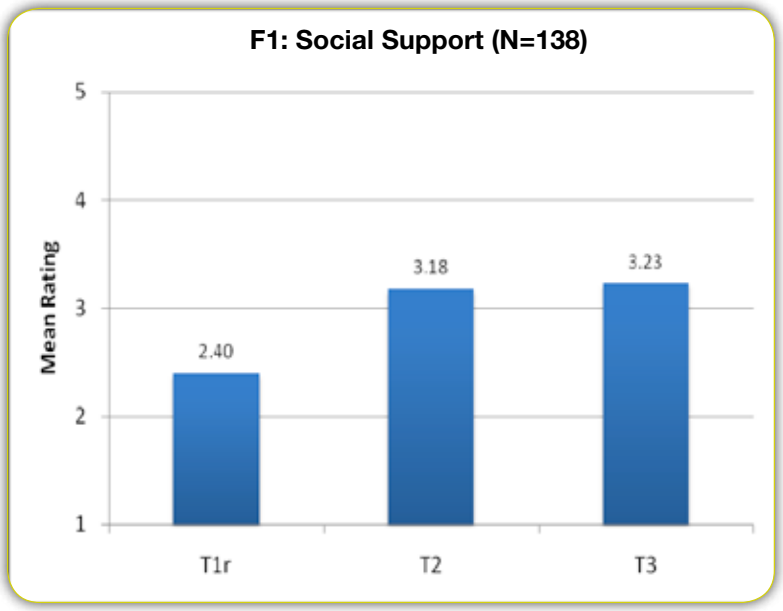


FIGURE 4.12. MEAN RATINGS – PERSONAL EMPOWERMENT

Rating Scale:
1-Not at all true, 2-Sometimes true, 3-Often true, 4-Always true

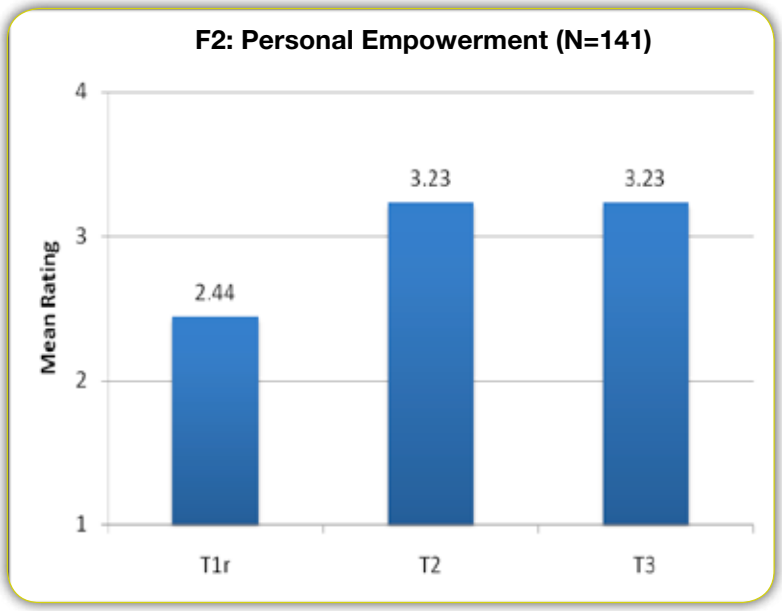


FIGURE 4.13. MEAN RATINGS – ECONOMIC STABILITY/ECONOMIC OPTIMISM

Rating Scale:
1-Not at all true, 2-Sometimes true, 3-Often true, 4-Always true.

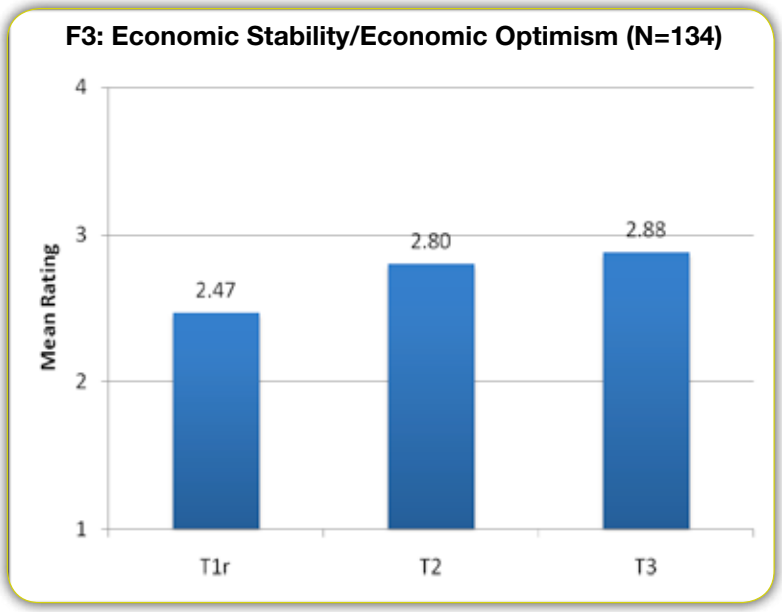


FIGURE 4.14. MEAN RATINGS – QUALITY OF LIFE SCALE

Rating Scale:
1-Strongly agree, 2-Mostly agree, 3-Slightly agree, 4-Neutral, 5-Slightly disagree, 6-Mostly disagree, 7-Strongly disagree

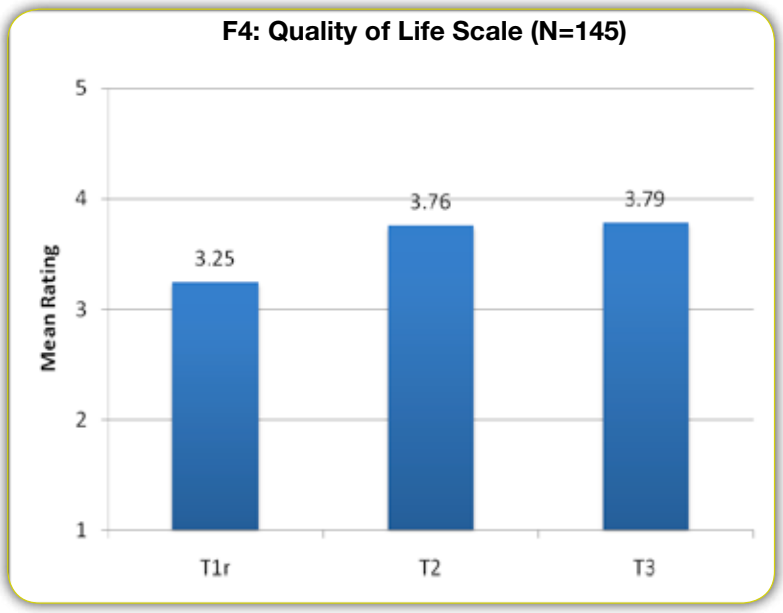


FIGURE 4.15. MEAN RATINGS – QUALITY OF LIFE (SINGLE ITEM)

Rating Scale:
0-No quality of life to 100-Perfect quality of life.

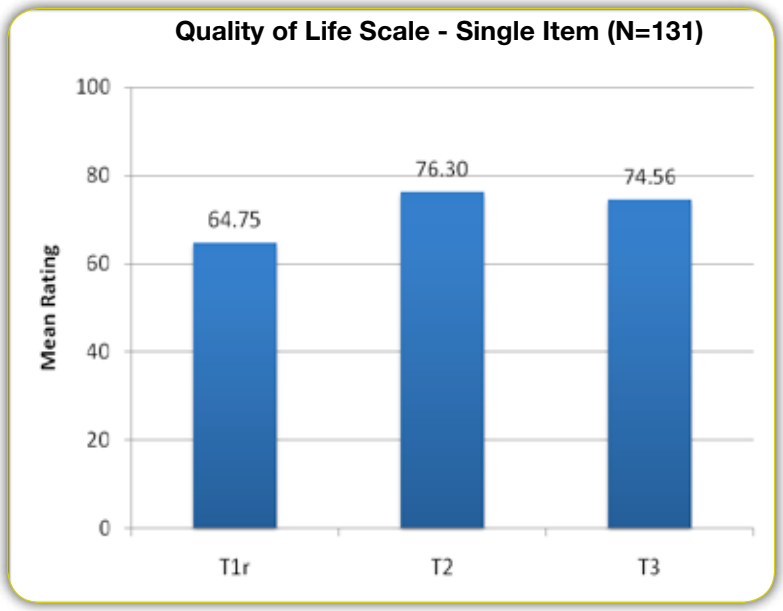


FIGURE 4.16. MEAN RATINGS – IMMEDIATE AND EXTENDED FAMILY SUPPORT

Rating Scale:
Sum of 5 items – range 5-25; 1-Not at all helpful, 2-Sometimes helpful, 3-Generally helpful, 4-Very helpful, 5-Extremely helpful.

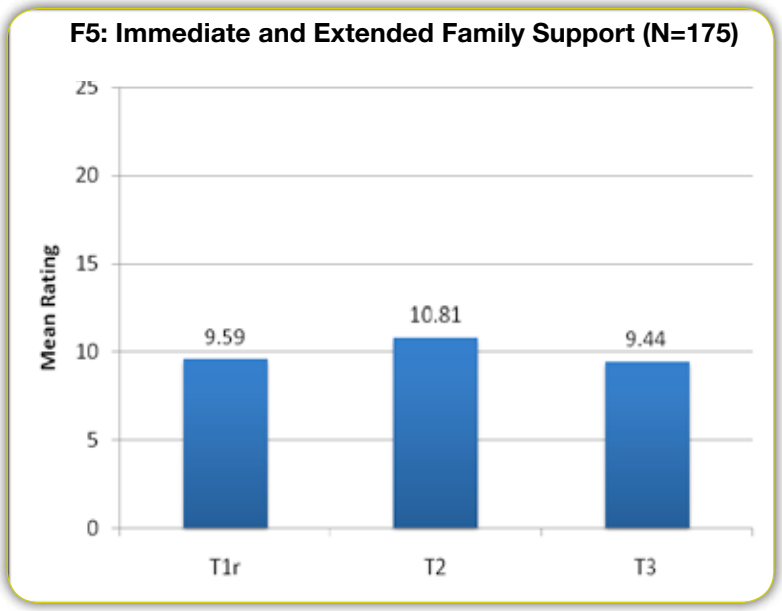


FIGURE 4.17. MEAN RATINGS – PROFESSIONAL SUPPORT

Rating Scale:
Sum of 6 items - range 6-30; 1-Not at all helpful, 2-Sometimes helpful, 3-Generally helpful, 4-Very helpful, 5-Extremely helpful

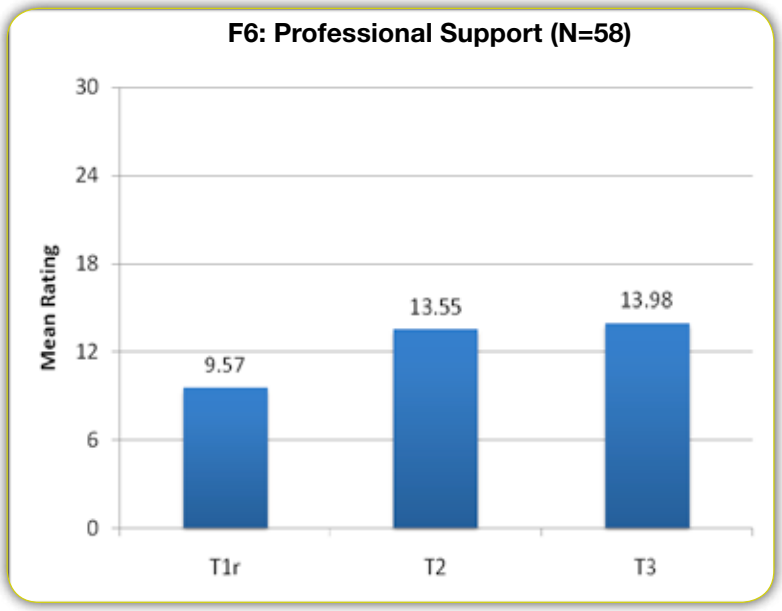


FIGURE 4.18. MEAN RATINGS – PERSONAL NON-FAMILY SUPPORT

Rating Scale:
Sum of 5 items – range 5-25; 1-Not at all helpful, 2-Sometimes helpful, 3-Generally helpful, 4-Very helpful, 5-Extremely helpful.

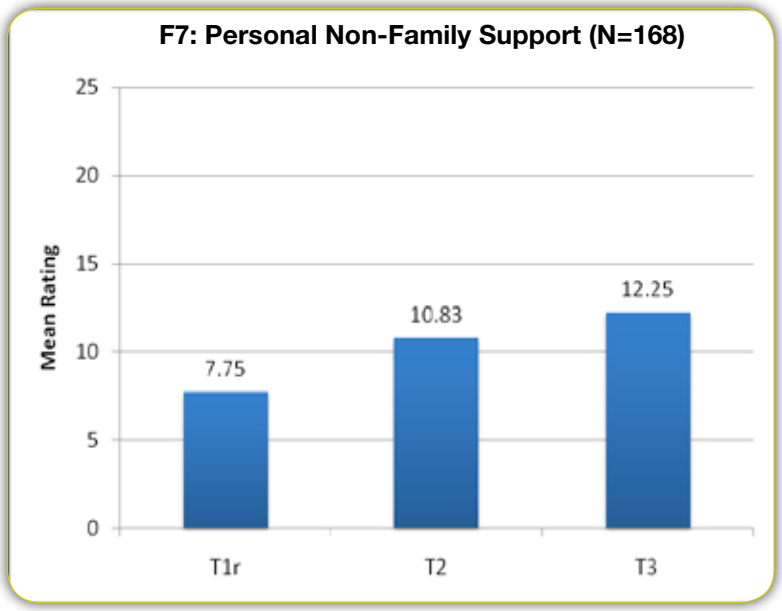


FIGURE 4.19. MEAN RATINGS – SUCCESSFUL PARENTING

Rating Scale:
1-Strongly agree, 2-Mostly agree, 3-Slightly agree, 4-Neutral, 5-Slightly disagree, 6-Mostly disagree, 7-Strongly

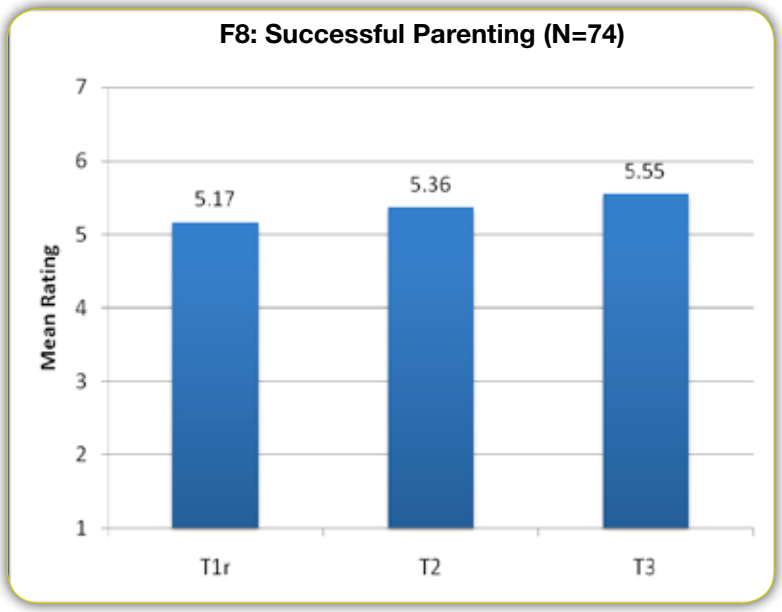
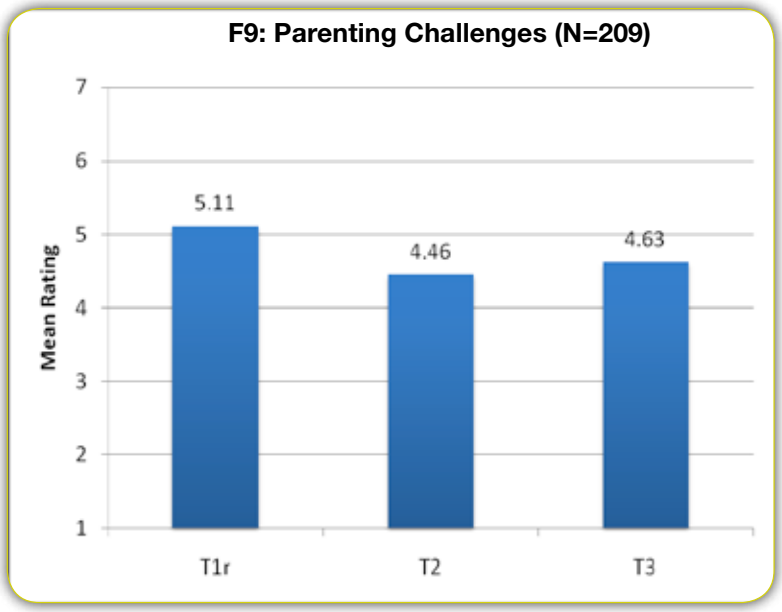


FIGURE 4.20. MEAN RATINGS – PARENTING CHALLENGES

Rating Scale:
1-Strongly agree, 2-Mostly agree, 3-Slightly agree, 4-Neutral, 5-Slightly disagree, 6-Mostly disagree, 7-Strongly disagree.



SECTION 3: OVERALL NAC RBO-PFS FINDINGS

Currently, more than 1100 individuals are participating in NACs throughout Los Angeles County. In this section, RBO-PFS data are presented for NACs supported through PIDP as well as other sources. Data presented in Section 2 are a sub-sample of these data. Data comprising the larger NAC dataset, and presented in this section, were collected from individuals across all 8 SPA's. By presenting results of analyses using this larger more stable dataset, we hope to offer a more robust understanding of a prevention strategy supported by PIDP in relationship to changes in protective factors domains as measured by the RBO-PFS.

Table 4.6 presents the results of the repeated measures analysis of variance, designed to examine change (improvement) over time on each of the 9 factors and the quality of life item. Significant linear trends were found for all factors except Factor 5 - Immediate and Extended Family Support. The effect sizes for all the functioning areas were in the "small" range.

TABLE 4.6 – RESULTS OF REPEATED-MEASURES ANOVA ACROSS MEASUREMENT INTERVALS

Factor	Descriptives				Tests of Within-Subjects Effects			
		T1r	T2	T3	F	Effect size[a]	Linear	Quadratic
F1: Social Support	N	593	593	593	F 2,1184= 203.817***	.256	p<.05	p<.05
	M	2.43	3.31	3.24				
	SD	1.078	.905	.916				
F2: Personal Empowerment	N	622	622	622	F 2,1242= 489.621***	.441	p<.05	p<.05
	M	2.47	3.35	3.30				
	SD	.747	.552	.533				
F3: Economic Stability/ Economic Optimism	N	613	613	613	F 2,1224= 73.633***	.107	p<.05	p<.05
	M	2.60	2.92	2.97				
	SD	.772	.692	.678				
F4: Quality of Life Scale	N	629	629	629	F 2,1256= 130.655***	.172	p<.05	p<.05
	M	3.37	3.90	3.88				
	SD	.947	.744	.746				
Quality of Life (Single Item)	N	556	556	556	F 2,1110= 120.172***	.178	p<.05	p<.05
	M	67.22	78.79	77.63				
	SD	19.710	15.490	15.759				
F5: Immediate and Extended Family Support	N	349	349	349	F 2,696= 18.902***	.052	NS	p<.05
	M	10.78	12.66	10.96				
	SD	6.475	6.587	5.650				
F6: Professional Support	N	334	334	334	F 2,666= 42.927***	.114	p<.05	p<.05
	M	12.24	16.28	15.72				
	SD	7.916	8.152	7.123				
F7: Personal Non-Family Support	N	331	331	331	F 2,660= 73.379***	.182	p<.05	p<.05
	M	8.88	12.75	12.65				
	SD	5.994	6.143	5.112				
F8: Successful Parenting	N	416	416	416	F 2,830= 5.564**	.013	p<.05	NS
	M	5.43	5.56	5.75				
	SD	1.529	1.671	1.459				
F9: Parenting Challenges	N	396	396	396	F 2,790= 13.534***	.033	p<.05	NS
	M	4.79	4.37	4.23				
	SD	1.662	1.867	1.862				

*** p < .001; ** p < .01; * p < .05; † p < .10. With the exception of Factor 9, higher means represent improvement. [a]Partial h2 (eta squared)

The following bar charts for each factor display mean changes over time. In addition to the linear trend, these graphs show other patterns (quadratic) of change. As seen below, for many factors we found a marked improvement between the retrospective and current ratings (collected December 2009) and then a flattening out or a small (not significant, except in the case of Immediate and Extended Family Support) decrease between the current ratings collected in December 2009 (time 2) and the current ratings collected in April 2010 (time 3). This is seen for Factors 1, 2, 4, 5, 6, and 7. Three factors deviate from this pattern: Economic Stability/Economic Optimism, Successful Parenting, and Parenting Challenges. The steady increase over time seen for Economic Stability//Economic Optimism is worth noting as it occurred during the most recent economic downturn.

FIGURE 4.21. MEAN RATINGS – SOCIAL SUPPORT

Rating scale:
1-Not at all, 2 - 1-2 times/week, 3-About 1 time a week, 4-Several times a week, 5-About every day

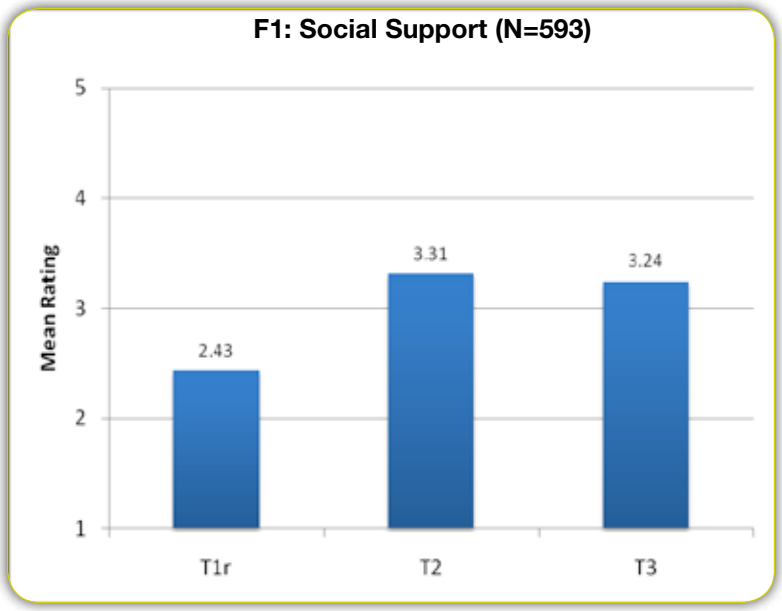


FIGURE 4.22. MEAN RATINGS – PERSONAL EMPOWERMENT

Rating Scale:
1-Not at all true, 2-Sometimes true, 3-Often true, 4-Always true

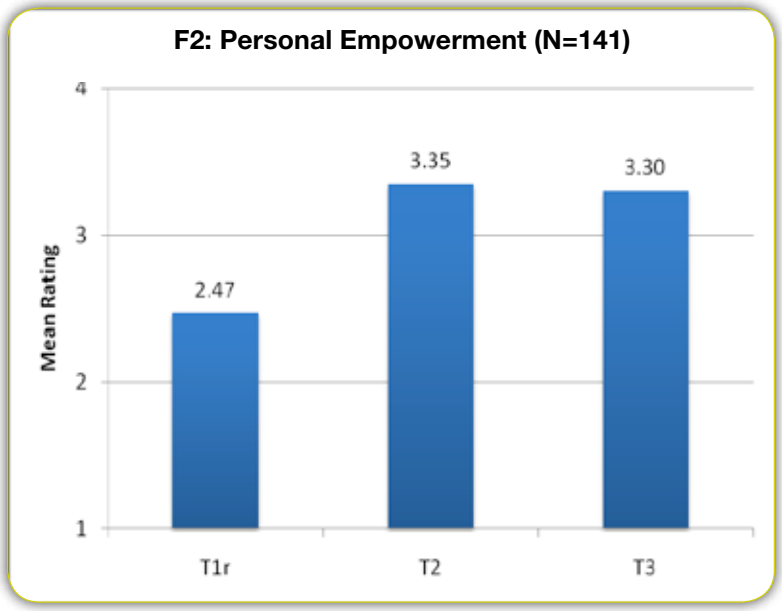


FIGURE 4.23. MEAN RATINGS – ECONOMIC STABILITY/ECONOMIC OPTIMISM

Rating Scale:
1-Not at all true, 2-Sometimes true, 3-Often true, 4-Always true

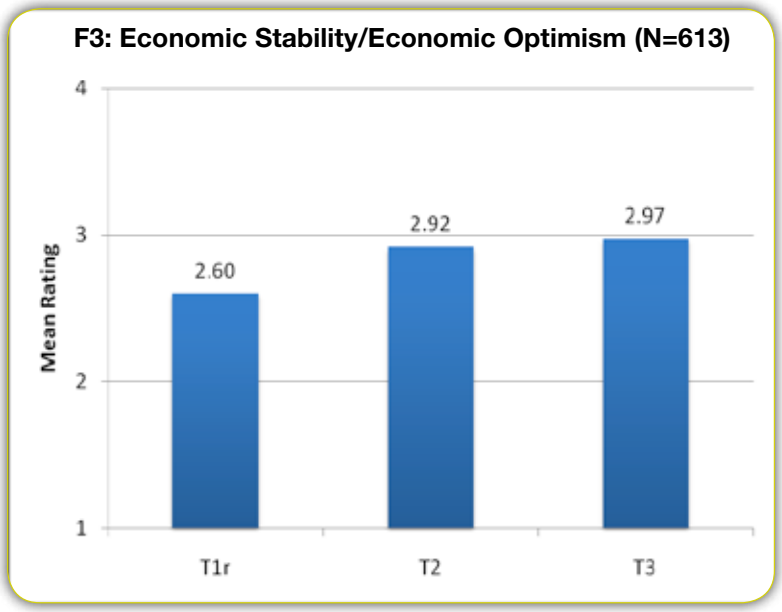


FIGURE 4.24. MEAN RATINGS – QUALITY OF LIFE SCALE

Rating Scale:
1-Strongly agree, 2-Mostly agree, 3-Slightly agree, 4-Neutral, 5-Slightly disagree, 6-Mostly disagree, 7-Strongly disagree

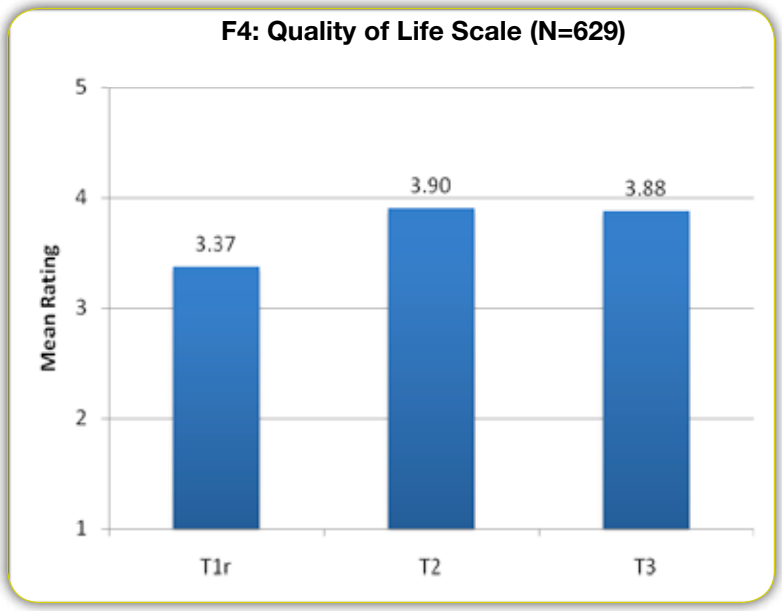


FIGURE 4.25. MEAN RATINGS – QUALITY OF LIFE (SINGLE ITEM)

Rating Scale:
0-No quality of life to 100-Perfect quality of life

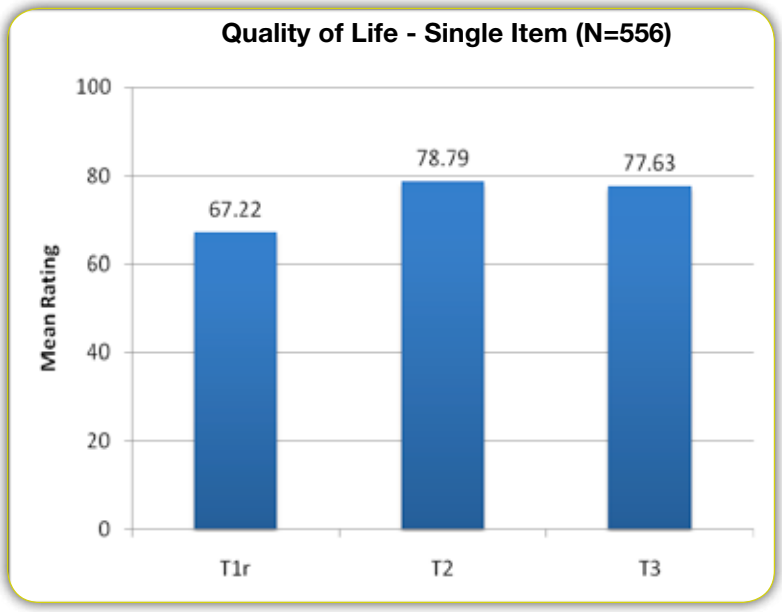


FIGURE 4.26. MEAN RATINGS – IMMEDIATE AND EXTENDED FAMILY SUPPORT

Rating Scale:
Sum of 5 items – range 5-25; 1-Not at all helpful, 2-Sometimes helpful, 3-Generally helpful, 4-Very helpful, 5-Extremely helpful

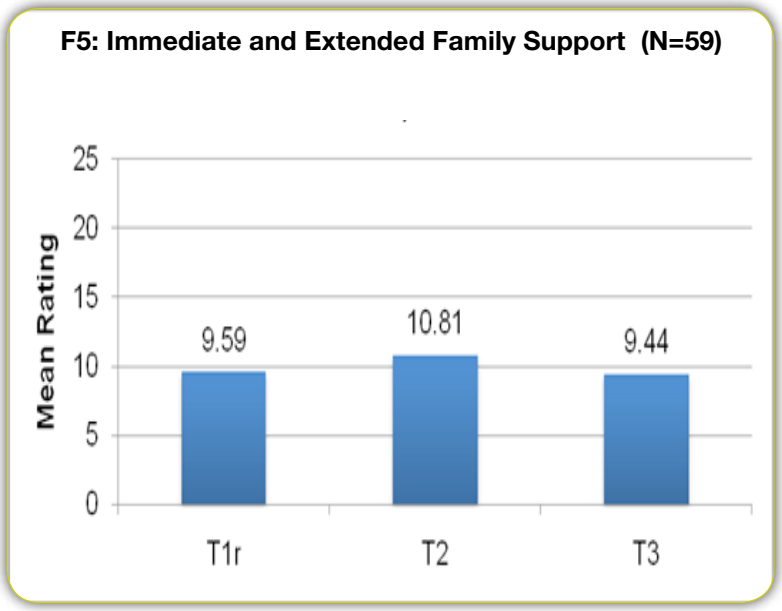


FIGURE 4.27. MEAN RATINGS – PROFESSIONAL SUPPORT

Rating Scale:
Sum of 6 items – range 6-30; 1-Not at all helpful, 2-Sometimes helpful, 3-Generally helpful, 4-Very helpful, 5-Extremely helpful

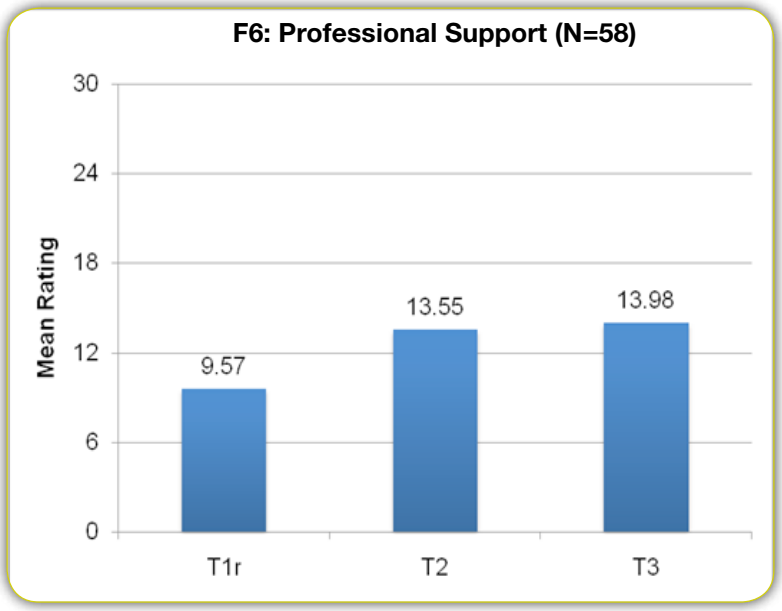


FIGURE 4.28. MEAN RATINGS – PERSONAL NON-FAMILY SUPPORT

Rating Scale:
Sum of 5 items – range 5-25; 1-Not at all helpful, 2-Sometimes helpful, 3-Generally helpful, 4-Very helpful, 5-Extremely helpful

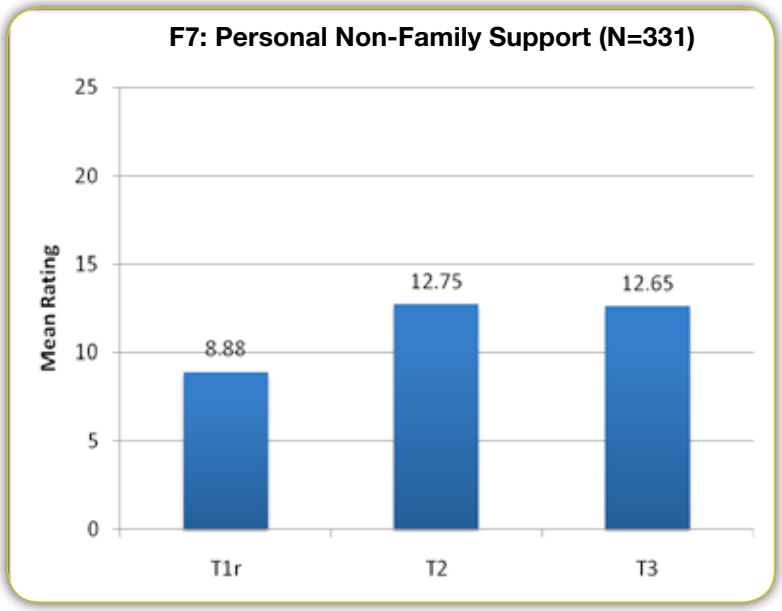


FIGURE 4.29. MEAN RATINGS – SUCCESSFUL PARENTING

Rating Scale:
1-Strongly agree, 2-Mostly agree, 3-Slightly agree, 4-Neutral, 5-Slightly disagree, 6-Mostly disagree, 7-Strongly disagree

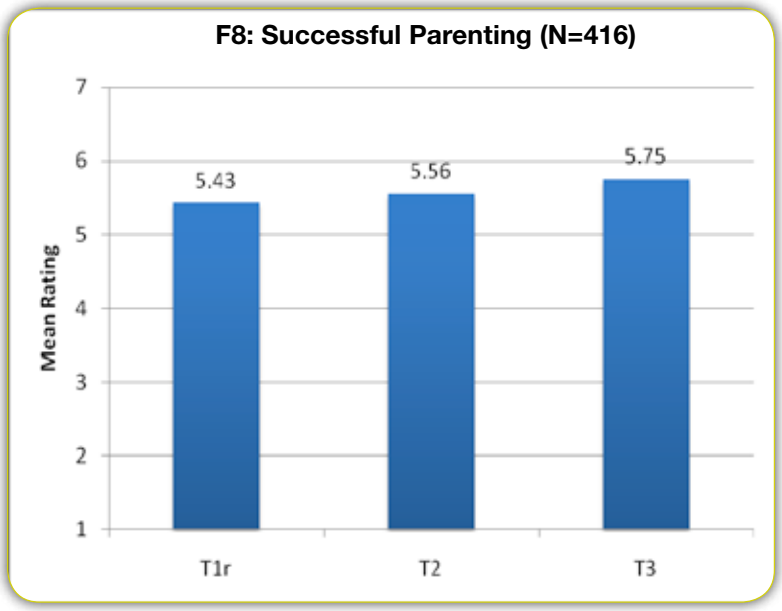
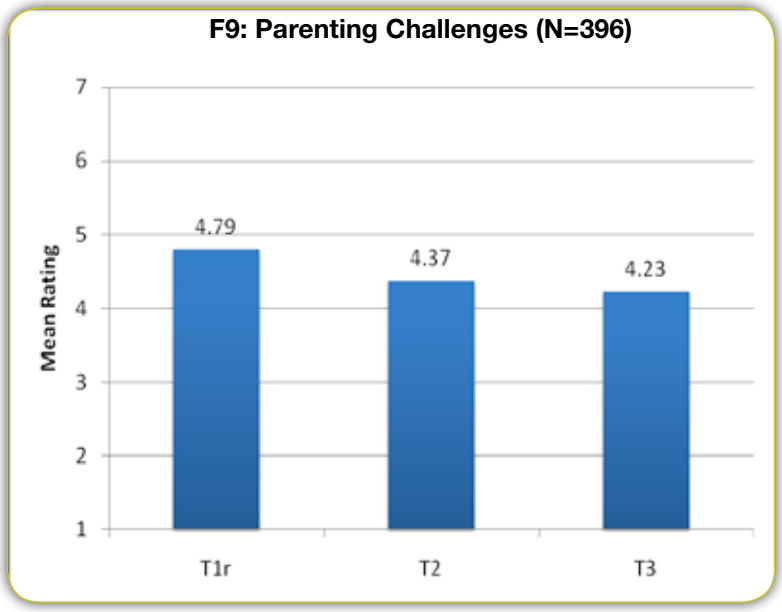


FIGURE 4.30. MEAN RATINGS – PARENTING CHALLENGES

Rating Scale:
1-Strongly agree, 2-Mostly agree, 3-Slightly agree, 4-Neutral, 5-Slightly disagree, 6-Mostly disagree, 7-Strongly disagree



Summary of Protective Factor Surveys

Patterns found in Section 2 and Section 3 of this report suggest that, in general, the reported impact of the NAC 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 by the RBO-PFS 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 6 months of the group forming, changes in perceived levels of support as a result of group participation would stabilize. To better understand whether changes in protective factors will continue to remain stable (by and large), future data collection (ideally Fall 2010) is necessary to determine whether the NAC strategy has an impact beyond the data presented in this report (and the nature of the change, if it is detected).

These findings are noteworthy because these are the kinds of risk and protective factors linked with child maltreatment. So it is logical to assume that if these factors are improving, then the likelihood of child welfare agency involvement is lessened. These findings are similar to what is being found in other communities. For example, the University of Houston (2009) evaluated three Texas child welfare prevention programs, finding that families in all three programs experienced a statistically significant increase in protective factors and resiliency after completing the services.

economic strategies

economic strategies

THE EXAMPLES OF EARNED INCOME TAX CREDITS

Economic Strategies: The Example of Earned Income Tax Credits

Overview

In cases involved with child welfare, indeed across all children, the NIS-4 and other data suggest that developmental outcomes are influenced by individual and environmental risk factors as well as by a host of cultural resources and practices that may either buffer against risk or potentially promote recovery from negative life events. One of the most frequently discussed risk factors is poverty. Low-income families are less likely to have adequate food, safe housing, and prenatal or other medical care. Households that are living near or below the poverty line tend to have few social supports and experience more stress in child rearing, all of which can increase the risk of child maltreatment.

Generally, poverty has a direct negative influence on maternal behavior and subsequently on the quality of parenting that children receive (Brooks-Gunn, Klebanov, & Liaw, 1995). For children, living in poverty is associated with a host of negative consequences, including poor physical health, diminished cognitive abilities, reduced educational attainment, increased emotional and behavioral problems, and higher risk of maltreatment (Brooks-Gunn & Duncan, 1997; Ridge, 2009; Sedlak et al., 2010).

The relationship of poverty to maltreatment and other negative child developmental outcomes appears mediated in part by stress.

The relationship of poverty to maltreatment and other negative child developmental outcomes appears mediated in part by stress. In a recent analysis, Wilkinson and Pickett (2009) charted the level of health and social problems against the level of income inequality in 20 of the world's richest nations and in each state of the United States. Wilkinson and Pickett found that the incidence of mental illness, drug and alcohol abuse, obesity, and teenage pregnancy were more common in states and countries with a big gap between the incomes of rich and poor households. Moreover, areas with this income gap also had higher homicide rates, shorter life expectancy, and worse scores for children's educational performance and literacy. The Scandinavian countries and Japan have consistently scored at the positive end of this spectrum, and these countries have the smallest differences between higher and lower incomes and the best record of psychosocial health. The countries with the widest gulf between rich and poor, and the highest incidence of health and social problems, are Britain, the United States, and Portugal.

The Wilkinson and Pickett (2009) data have suggested that poverty creates not only physical hardship but also a stressful environment that exacerbates social and health problems. Commenting on Wilkinson and Pickett, Carey (2009) argued:

> It is not only the poor who suffer from the effects of inequality, but the majority of the population. For example, rates of mental illness are five times higher across the whole population in the most unequal than in the least unequal societies in their survey. One explanation...is that inequality increases stress right across

> society, not just among the least advantaged. Much research has been done on the stress hormone cortisol, which can be measured in saliva or blood, and it emerges that chronic stress affects the neural system and in turn the immune system. When stressed, we are more prone to depression and anxiety, and more likely to develop a host of bodily ills including heart disease, obesity, drug addiction, liability to infection and rapid ageing. (p. 1)

Although it is far beyond the capacity of service providers to influence national income differentials, these data suggest that health promotion and child safety may be associated with poverty and stress. In seeking to reduce stress, researchers are increasingly looking at protective factors, including cultural rootedness and resources, which buffer against stress related to poverty and other adversities such as racial discrimination.

Each of the PIDP networks were charged with improving the economic conditions of families, weaving economic and community development strategies into their approach to preventing child maltreatment. The networks used a variety of different approaches and activities ranging from employment preparation and placement, summer youth jobs, and support for small business development to providing classes on financial literacy, computers, and GED. The wide variety of activities reflects the fact that enhancing economic opportunities and development for families and communities requires strategies that focuses on creating access to capital by utilizing effective partnerships that generate revenue for residents and their neighborhoods, increasing employability, decreasing roadblocks to employment, and increasing family financial literacy.

Some highlights of outcomes associated with these different approaches are included in the next section. The most common set of activities used by the PIDP networks helped families take advantage of federal tax credits available through the EITC and local collaboratives developed around VITA. Although it does not provide direct access to employment (the best anti-poverty strategy), EITC has been acknowledged as one of the most powerful short-term programs in the U.S. today in terms of increasing cash in hand for families (Plotnick, 2009).

Both PIDP and other aligned networks across the County have joined forces, under the leadership of the South Bay Center for Counseling and the Children's Council, in creating the Greater LA Economic Alliance (GLAEA) to create a County-wide Earned Insurance Tax Credit Program (EITC) campaign. In 2009, 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. The EITC campaign was seen as a test of the Community-Level Change Model described earlier. Some of the PIDP networks with overlapping membership in the Children's Council leveraged this effort to improve family economics by participating in this widespread campaign.

The 2009 collaborative EITC campaign demonstrated that resident and community relationships created through the NACs build social supports, provide linkages to resources, and strengthen economic stability. Next steps will focus on how to continue building upon the NAC groups and networks to strengthen economic development strategies. In 2010, many of the PIDP networks once again joined GLAEA to help families benefit from EITC.

EITC Program

Earned Income Tax Credit (EITC) is a regional initiative offering free tax assistance to low-income families. The goal is simple: to ensure that people file their taxes, take advantage of all the credits for which they are eligible, and do not pay filing fees to commercial tax preparers.

The purpose of the EITC program is to provide free tax return preparation assistance to taxpayers in the community, including those persons with a low to moderate income, persons with disabilities, non-English speaking persons, and elderly individuals. The sites, often referred to as VITA (Volunteer Income Tax Assistance) sites, utilize trained volunteers to provide assistance to families in the preparation of their tax return. For 2009 eligibility was open to families if:

- the family had three or more qualifying children and earned less than $43,279 ($48,279 if married filing jointly)
- the family has two qualifying children and earned less than $40,295 ($45,295 if married filing jointly),
- the family has one qualifying child and earned less than $35,463 ($40,463 if married filing jointly), or
- the individual had no qualifying child and earned less than $13,440 ($18,440 if married filing jointly).

In most cases, all household members had to have social security numbers.

Methods

Two different versions of the survey were created. One was to be distributed prior to the families' visit with the tax preparation specialist and one to be completed following their visit before they left the VITA site. Surveys were available in both English and Spanish and were, by design, anonymous. Not everyone chose to complete a survey and some of those who completed the survey prior to their visit indicated that they did not have time to complete the survey after their visit. In addition, individuals occasionally left particular questions blank. The total number of surveys collected was 1,616. This number represents the people who completed the survey, not necessarily all of those who actually took advantage of the tax preparation assistance. The total number of returns completed through the VITA sites was 4,153. Aggregate information on the filed returns is available in Table 5.1.

The tables below represent descriptive information obtained from the survey. Tables 5.1-5.4 provide basic socio-demographic information about the families. There were VITA sites in all eight SPAs, and the individuals who attended came from approximately 207 zip codes in Los Angeles County. The majority of people who took advantage of the service were Latino or African-American, and over 55 percent reported earning less than $20,000 annually. For those families with children, approximately 32 percent reported that their children were receiving free or reduced lunch or Medi-Cal.

As can be seen in tables 5.5 and 5.6, almost 77 percent of the respondents indicated that they were getting a refund. If they were receiving a refund, individuals were asked what they planned to do with their money. While they could indicate more than one use, the category selected by more than 80 percent of the respondents was "pay bills/debts." The next two most often selected categories were "buy food" and "save." These results are very similar to the results obtained last year with respect to how people planned to use their tax refund.

On the exit survey, several questions were asked about their experience with the VITA service (Tables 5.8 to 5.10). Almost 90 percent of the respondents felt that their experience was respectful, and over half described their experience as "beneficial" and "hopeful." A small percentage (5%) reported that the experience was "time-consuming." When asked if the services were useful, more than 97 percent indicated that they were; over 98 percent indicated that they would come back next year and that they would encourage a friend to attend. Approximately 80 percent indicated that they had told a friend about the service.

Table 5.11 provides detailed information from the VITA sites. As mentioned previously, 4,315 individuals participated in this year's program. The refunds filed in 2009 totaled $4,411,599, with an average refund of $1,062. The average refund from EITC was $1,521 (not shown) and the average refund from the CTC was $1,498 (not shown). Tax preparations sites in SPAs 2, 4, and 6 each produced more than $900,000 in refunds to families. Based on the data from the survey, this will primarily go to pay existing bills

TABLE 5.1 – DISTRIBUTION BY ZIP CODE

Zip Code	N	Percent	Cumulative %
90006	42	4.22	4.22
90007	38	3.82	8.04
90044	34	3.42	11.46
90011	33	3.32	14.77
90047	29	2.91	17.69
90201	26	2.61	20.3
90250	24	2.41	22.71
90650	24	2.41	25.13
90037	23	2.31	27.44
90018	21	2.11	29.55
90301	21	2.11	31.66
90016	20	2.01	33.67
90255	20	2.01	35.68
+ 194 other zip codes for a total of 207 zip codes in LA County		64.32	100%

TABLE 5.2 – RACE/ETHNICITY

Ethnicity	N	Percent
American Indian/Alaska Native	9	0.57
Asian	60	3.81
Black or African American	360	22.84
Hispanic, Latino, or Spanish	938	59.52
Native Hawaiian/Other Pacific	11	0.7
White	125	7.93
Other	48	3.05
Multiracial	25	1.59

TABLE 5.3 – INCOME

Income in categories	N	Percent
0-10K	472	37.25
10,001-20K	354	27.94
20,001-30K	246	19.42
30,001-40K	113	8.92
40,001-50K	59	4.66
Over 50K	23	1.82

TABLE 5.4 – MEDI-CAL/FREE AND REDUCED LUNCH

Children receive free or reduced lunch	N	Percent
Yes	396	32.97

Children receive MediCal	N	Percent
Yes	438	32.25

TABLE 5.5 – PERCENT RECEIVING REFUND

Did you get a refund	N	Percent
Yes	975	76.59

TABLE 5.6 – USE OF REFUND

If you are receiving a tax refund, what do you plan to do with the money	N	Percent
Pay bills/debts	522	80.31
Buy food	179	27.58
Save	178	27.43
New purchases	40	6.16
Other	40	6.15

TABLE 5.7 – CHECKING/SAVINGS ACCOUNT

Have a checking account	N	Percent
Yes	1,152	74.56

Have a savings account	N	Percent
Yes	811	53.5

Use check cashing service	N	Percent
Yes	405	26.72

How often do you use a check cashing service	N	Percent
Weekly	74	19.58
Twice a month	163	43.12
Monthly	95	25.13
Twice a year	18	4.76
Once a year or less	28	7.41

TABLE 5.8 – EXPERIENCE AT TAX CENTER

Experience at tax center was	N	Percent
Respectful	663	89.23
Beneficial	399	53.7
Hopeful	442	59.49
Convenient	343	46.16
Time-Consuming	35	4.71
Disorganized	6	0.81
Confusing	14	1.88
Stressful/Intimidating	16	2.15

TABLE 5.9 – USEFULNESS OF VITA SERVICE

How useful were the VITA services	N	Percent
Not at all useful	11	1.58
Somewhat useful	29	4.17
Very useful	655	94.24

TABLE 5.10 – RETURNING NEXT YEAR

Would you come back next year	N	Percent
Yes	1,445	98.57

Would you encourage a friend to use VITA	N	Percent
Yes	1,465	98.79

Did you tell a friend about the VITA service	N	Percent
Yes	576	79.67

TABLE 5.11 – FILED TAX RETURN INFORMATION

SPA	Total Returns	Total Refund	Average Refund	% with EITC	EITC Refund	% with CTC	CTC Refund
1	27	$25,561	$947	37%	$10,731	11%	$3,674
2	983	$909,019	$925	21%	$281,474	12%	$155,903
3	60	$34,387	$573	13%	$12,350	13%	$8,633
4	971	$1,066,911	$1,099	24%	$376,675	21%	$270,028
5	63	$54,612	$867	37%	$23,263	13%	$8,359
6	218	$278,099	$1,276	30%	$116,804	25%	$72,542
7	522	$626,583	$1,200	25%	$197,417	19%	$125,661
8	984	$1,067,160	$1,085	24%	$393,074	10%	$273,630
Special Events	108	$188,708	$1,747	45%	$93,470	46%	$56,484
Prior Year Returns	217	$160,559	$740	24%	$38,671	10%	$13,648
Totals	**4153**	**$4,411,599**	**$1,062**	**24%**	**$1,543,939**	**16%**	**$988,562**

CTC – Child Tax Credit

family impacts

impacts on families

KNOWN TO CHILD WELFARE
IN SELECTED COMMUNITIES

Impacts on Families Known to Child Welfare in Selected Communities

The eight PIDP networks reported that they served 2,391 people known to DCFS during 2009-10 or about 13% of the total PIDP participants (by unduplicated count). This section reports on outcomes for these families and children based on analysis of data maintained in the Child Welfare Services/Case Management System (CWS/CMS).

This subset of DCFS participants covers both "secondary" prevention (when the family has received a hotline referral but does not have an open case) and "tertiary" prevention (an open DCFS case) activities of PIDP. Although the major aim of the PIDP initiative was to demonstrate new approaches to primary prevention (about 50 percent of overall efforts), the contract also required networks to include a mix of "secondary" and "tertiary" prevention efforts. There were three "pathways" through which people known to DCFS could come into contact with PIDP: (1) referrals of families being assessed and investigated through Emergency Response (ER); (2) referrals of children with open Family Maintenance (FM) or Family Reunification (FR) cases; and (3) self-referred PIDP participants who were later found to have a DCFS connection.

These findings show an extremely impressive pattern of positive results achieved by PIDP networks across the County.

In many parts of the County DCFS regional offices and PIDP staff worked together to develop referral criteria that fit the programmatic aims of the local PIDP network and they established systematic tracking protocols to assure that children's social workers (CSWs) referred appropriate families to the local PIDP network. In some SPAs, specific high-need geographic or zip code areas were identified as focal areas for referral to PIDP. In other SPAs, referral was based on more informal criteria and largely dependent on the CSW's knowledge of network agencies and activities. Thus the referral patterns used to identify DCFS client families participating in PIDP varied substantially across the County, from SPAs that limited PIDP referrals based on the family's presenting problems and residence, to those that relied largely on the efforts of PIDP network staff in reaching out to local CSWs.

One group included in this analysis is made up of families with allegations of maltreatment who were referred to PIDP during the process of ER assessment and investigation. It should be noted that since ER focuses on assessing the safety of children in the context of their entire family, ER referrals to PIDP were for *families* who might be willing to take advantage of the broad range of local prevention activities. The primary research question for the subset of families referred by ER was whether PIDP prevention activities prevented subsequent re-referrals to DCFS.

If allegations are sustained and a child protective services case is opened, the focus of attention switches from the family as a whole to individual children under the care of the department and the court. CSWs in all SPAs were also asked to refer the families of individual children who had open DCFS cases to a variety of services that might be beneficial in maintaining children safely at home and preventing recurrence of abuse or neglect. This might include families of children with open cases who remained at home with their families while receiving FM services and/or families of FR children who were preparing for reunification. The key research question for the subgroup of FR families

was whether PIDP activities had contributed to timely positive planned "permanency exits" from foster care through reunification, adoption, or guardianship.

Since the array of services offered by PIDP networks differed from SPA to SPA (see Volume Two for complete description of PIDP operations in each SPA) and referral patterns differed among DCFS offices, the research team took an individualized approach to analyzing CWS/CMS data to highlight results achieved using different patterns of services aimed at different target groups of families. The following sections describe specific findings that illustrate the breadth of PIDP services and outcomes achieved using different approaches to prevention in five areas of Los Angeles County. The five areas selected for attention reflect different aspects of PIDP designed to serve different kinds of communities, and they also represent the five SPAs in which PIDP networks served the largest number of DCFS families.

Methods. Planning to determine the specific focus of CWS/CMS analysis in each community began with presentations by network leads on the details of PIDP services for DCFS managers in the Bureau of Information Services (BIS) and Community Based Services Division (CBSD). A series of follow-up telephone calls and meetings with leaders of DCFS regional offices and PIDP staff in the five areas helped to determine the details of the analysis, including identification of the PIDP samples and the methods for establishing appropriate comparison groups using random sampling. These discussions also helped to determine the outcomes that were most relevant to local service delivery patterns and potentially most useful for program improvement at the local level. In some SPAs, the PIDP networks were able to provide additional data that clarified the different "pathways" and results of services. Basic descriptive data on local needs, resources, and the flow of child protective services were also assembled by BIS staff to provide context for understanding the contribution of PIDP services in each area.

Evaluators worked closely with administrators in local offices to identify persons served by PIDP and to assure accurate description of the criteria used for referrals to PIDP, so that BIS could identify CWS/CMS records of ER families and children with open cases and develop criteria for selecting meaningful comparison groups. In most areas, this process required collaboration between PIDP networks and several levels of DCFS regional office staff (RAs, Assistant Regional Administrators or ARAs, and Community Service Liaisons or CSLs). The team encountered a number of difficulties in tracking and cross-checking clients referred to and served by PIDP in many communities. These challenges point to a need to establish more systematic referral and tracking procedures in almost all regional offices; this would help to assure that case records can be more easily accessed to support ongoing performance review and assessment of outcomes. A systematic comprehensive approach that spans a broad array or continuum of programs (family support, family preservation, etc.) would be particularly beneficial, supporting social workers and regional managers who often struggle to sort among the different sets of criteria used to determine who is appropriate for which community-based services programs (e.g., family support, family preservation, alternative response services, Partnerships for Families).

Working together, the PIDP networks and regional offices identified 1,176 PIDP participants whose names were forwarded for potential inclusion in this analysis process. In some cases, PIDP program services spanned Year One and Year Two (2008-09 and 2009-10), but the majority of cases included in these analyses were served in Year Two. This suggests that about half (49%) of the DCFS-related participants reported by the eight networks as having been served in 2009-10 were identified for inclusion in these analyses. (See Appendix A.) Some records were discarded because they could not be matched (e.g., case numbers were not available or could not be located), or they included duplicates or inaccurate information. Others were not appropriate based on refinements to inclusion criteria or the specific kinds of analyses being completed. Each case study below includes specific details on the records submitted and those used for analysis.

Dr. Jacquelyn McCroskey led the team working on the CWS/CMS analysis for this report with the assistance of Corey Hanemoto from CBSD. Data elements that might be used to identify individuals or families were handled confidentially, and known only to DCFS and PIDP staff members. The primary analyses were completed by

Thomas Nguyen, with assistance and review by Dr. Rae Hahn and Cecilia Custodio (all with BIS). BIS staff also selected the random sample of comparison families used in each of the case studies based on criteria developed by the team, in consultation with staff from DCFS regional offices. The team met regularly to review progress, assess output, and review findings.

Overall, these findings show an extremely impressive pattern of positive results achieved by PIDP networks across the County. PIDP results in each community were compared with those of randomly selected comparison groups designed to match local program conditions and reflect the kinds of results achieved under usual conditions. This striking pattern of positive results includes:

- PIDP services offered to families with ER referrals in Lancaster and Compton had a positive impact in terms of relieving pressure on the front end of the child protective services system by decreasing the number of ER families who were re-referred to the DCFS hotline.
- Although the numbers were small, data from Lancaster and the San Fernando Valley suggest that PIDP referrals were appropriate and that when subsequent re-referrals were received for high-need PIDP families, these re-referrals for PIDP families were more likely to be substantiated. Perhaps social workers had additional information on cases through their PIDP partners, were more likely to trust in the information received, or PIDP services helped to sort out those with the most challenging problems who required re-referral to assure child safety.
- Families 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. In addition, the group of 31 foster children whose families took advantage of ASK Centers were more likely to have planned legal "permanency exits" from foster care (i.e., family reunification, adoption, or legal guardianship).
- Findings from the Pomona and El Monte offices suggest that the PIDP Case Management model designed to address disproportionality helped to shorten the timeline to permanency for children with open FM and FR cases. PIDP FR children were more likely to leave foster care during the study period and more likely to experience legal "permanency exits," and the open FM cases of children served by PIDP were more likely to have been closed through family reunification.
- Findings from the SPA 8 faith-based family visitation centers also showed better results in helping children find permanency. Children with open FR cases were more likely to leave foster care in a timely manner and more likely to exit through a legal "permanency exit."

CWS/CMS Results for Five Communities

SPA 1. LANCASTER

Analysis of CWS/CMS data on 40 families served by the SPA 1 PIDP Network compared with a random sample of 70 families suggests that families receiving PIDP services were less likely to be re-referred to DCFS. Although the numbers were very small, subsequent re-referrals for PIDP families were also more likely to be substantiated. It may be that social workers had more information from their PIDP partners or those with more challenging problems required re-referral to address child safety and risk issues.

As described earlier in this report, the SPA 1 PIDP Network serves both the Lancaster and Palmdale DCFS offices in the Antelope Valley, but because of the location of the Grace Resource Center and its history of faith-based leadership in Lancaster, the relationship between the PIDP network and the Lancaster office grew quickly during

the first two years of the PIDP initiative. Thus the evaluation team decided to focus analysis on results for families referred by ER staff in the Lancaster office and served by Grace Resource Center between 2008-10. According to the Lancaster DCFS staff, they primarily referred families who had urgent needs for concrete resources including housing, beds, and furniture and other household furnishings.

From an initial group of 47 families identified by DCFS staff, 40 families were identified for this analysis. Unfortunately, it was not possible to select a comparison group of families with similar needs for concrete services since CWS/CMS does not include such indicators. However, the comparison group of 70 Lancaster families served in the same time period was randomly selected and matched in terms of the referral year and disposition of allegations. (See Tables 6.1A and 6.1B.)

TABLE 6.1A – SPA 1 PIDP REFERRALS

PIDP Referral	Referred Families
New Referrals[a]	36
Referrals on Existing Case[b]	4
1. Cases Still Active	3
2. Cases Closed	1
a. Within 6 Months	1
b. Over 6 Months	0

[a] New Referrals – Those on families who were not being served by DCFS at the time of referrals.
[b] Referrals on an Existing Case – Referrals received for families who were already being served by DCFS at the time of referrals served (open DCFS cases).

TABLE 6.1B - SPA 1 COMPARISON GROUP

Comparison Group	Referred Families
New Referrals[a]	60
Referrals on Existing Case[b]	10
1. Cases Still Active	6
2. Cases Closed	4
a. Within 6 Months	3
b. Over 6 Months	1

a New Referrals – Those on families who were not being served by DCFS at the time of referrals.
b Referrals on an Existing Case – Referrals received for families who were already being served by DCFS at the time of referrals served (open DCFS cases).

Data on results of the initial referral for both groups included dispositions (substantiated, inconclusive, unfounded, not disposed), whether cases were opened, and whether children were removed from home. Table 6.1C shows that families served by PIDP were somewhat less likely to have substantiated allegations of abuse and neglect (63% vs. 73%) as a result of the first referral, suggesting that they may have had fewer serious family needs or concerns related to child maltreatment than the comparison group. This also supports the program goal of supplying concrete support that could help poor families avoid further engagement with DCFS, and suggests that CSWs were referring families who were appropriate for the prevention approach used in SPA 1.

Since "re-referrals to DCFS after receiving PIDP services" was a variable of particular interest for all "secondary" referrals from ER staff, analysis focused on subsequent re-referrals during the program period (between June 2008 and July 2010). As shown in Table 6.1D, 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.

Although the numbers were quite small, there was a striking difference in dispositions for those with subsequent allegations, with 56 percent (N=5) of those for PIDP families being substantiated while only 27 percent (N=6) of subsequent allegations were substantiated for the comparison group. This suggests that, having tried a supportive prevention-oriented approach, CSWs may have weighed subsequent allegations more strongly, received additional information from their PIDP partners, or had additional information on family circumstances that went well beyond the concrete needs presented by the family initially.

TABLE 6.1C – SPA 1 PIDP REFERRALS VS. COMPARISON GROUP

Referral Type	Referrals	Substantiated		Inconclusive		Unfounded		Not Disposed		Case Opening		Removal	
	Family Count	Family Count	%	Family Count	%	Family Count	%	Family Count	%	Family Count	%	Family Count	%
PIDP Referrals	40	25	63%	8	20%	3	8%	4	10%	25	63%	10	25%
New Referrals	36	25	69%	7	19%	2	6%	2	6%	25	69%	10	28%
Referrals on Existing Case	4	0	0%	1	25%	1	25%	2	50%	0	0%	0	0%
Comparison Group	70	51	73%	13	19%	6	9%	0	0%	36	51%	14	20%
New Referrals	60	42	70%	12	20%	6	10%	0	0%	36	60%	11	18%
Referrals on Existing Case	10	9	90%	1	10%	0	0%	0	0%	1	10%	3	30%

Referral Type: is the highest disposition of all allegation for children in the referral (1. Substantiated, 2. Inconclusive, 3. Unfounded).
Case Opening: The families that have at least one child who had a case opening as a result of the referral.

TABLE 6.1D – SPA 1 SUBSEQUENT REFERRALS ON PIDP REFERRALS VS. COMPARISON GROUP

Referral Type	Original Referrals	Subsequent[a]		Substantiated		Case Opening		Removal	
	Family Count	Family Count	%	Family Count	%	Family Count	%	Family Count	%
PIDP Referrals	40	9	23%	5	56%	1	3%	4	10.0%
New Referrals	36	9	25%	5	56%	1	3%	4	11%
Referrals on Existing Case	4	0	0%	0		0	0%	0	0%
Comparison Group[b]	70	22	31%	6	27%	2	3%	5	7.1%
New Referrals	60	17	28%	5	29%	2	3%	5	8%
Referrals on Existing Case	10	5	50%	1	20%	0	0%	0	0%

[a] Subsequent: The families who had at least one subsequent in-person-response referral after the initial referral.
[b] Comparison Group: A random selection of Lancaster referrals from zip codes 93534 and 93535 weighted by ER referral year and allegation disposition.

- A referral represents a family and not individual children.
- A family may have more than one subsequent referral, whereas at least one child in a family had a substantiated allegation disposition, a case opening, or a removal.
- New Referral: A referral on a family without an open DCFS case.
- Referral on Existing Case: A referral on a family with an open DCFS case.
- Percent for Re-Referrals, Case Opening, and Removal was calculated based on the total number of PIDP referrals.
- The Percent for Substantiated Re-Referrals was calculated on the number of re-referrals.
- Removals may occur as a result of opening a new case or as a result of child placement/removal or a re-referral on an open case.
- (Source: CWS/CMS Data as of 8/30/10)

SPA 2. SAN FERNANDO, WEST SAN FERNANDO, AND SANTA CLARITA

Analysis of CWS/CMS data on 38 families served by the SPA 2 PIDP Network shows that families receiving PIDP services had similar chances of being re-referred to DCFS as did the comparison group of 100 families (32% of PIDP families versus 27% of the comparison group). Since the regional offices primarily referred highly distressed families often with histories of multiple previous referrals, it is not surprising that re-referral rates were similar to that of the comparison group. Although the numbers analyzed were very small, subsequent re-referrals for PIDP families were more likely to be substantiated and cases were more likely to be opened than in the comparison group. This suggests that the workers may have had more trust in the information and services provided by the PIDP network.

The SPA 2 PIDP network serves three DCFS regional offices – San Fernando, West San Fernando, and Santa Clarita. Given the scale of the area covered and the limitations in PIDP services, the group decided early on to focus attention on three high-need areas with the highest rates of child abuse and teen pregnancy; the focus was narrowed to zip code areas in Pacoima (91331), North Hills (91343), and Van Nuys (91406). Referrals were made to PIDP family support specialists at Friends of the Family (FOF) who provided enhanced case management and access to a broad range of prevention-oriented services and activities. By the end of 2008-09, 55 DCFS families were receiving support and enhanced case management services; about 35 additional slots were added in 2009-10 for a total of 90 DCFS-referred families from the three communities receiving ongoing services and resources.

The regional offices provided initial data on 53 families referred to PIDP, but the list was winnowed down to 38 after consultation with RAs and ARAs from each office. Thus, this analysis focuses on 38 of the 53 ER families with comparatively lesser serious and sustained problems (e.g., histories of domestic violence, violent criminal charges). Discussions, however, with managers in the three offices revealed that CSWs tended to refer both prevention-oriented and seriously troubled ER families to FOF because they trusted that the agency could deal effectively with all kinds of family problems, and had shown that they would go "above and beyond" to assure that families were linked to appropriate service providers. After the team decided to exclude the most seriously troubled ER families for whom cases were opened immediately from the special PIDP analysis, ARAs in two offices recommended deleting 12 names from this analysis.

As shown in Tables 6.2A and 6.2B, the PIDP sample includes 38 ER referrals (combined from all three offices) and a comparison group of 100 referral families selected by thirds from the target zip codes in the three offices. The comparison group includes ER families with at least one referral within 12 months prior to the current referral. The PIDP sample was made up of families with new referrals (having previous history of referral but no open case), and the comparison group included 94 new referrals and 6 referrals on existing cases.

TABLE 6.2.A – SPA 2 PIDP REFERRALS

PIDP Referral	Referred Families
New Referrals	38
Referrals on Existing Case	0
1. Cases Still Active	0
2. Cases Closed	0
a. Within 6 Months	0
b. Over 6 Months	0

TABLE 6.2.B – SPA 2 COMPARISON GROUP

Comparison Group	Referred Families
New Referrals	94
Referrals on Existing Case	6
1. Cases Still Active	0
2. Cases Closed	6
a. Within 6 Months	3
b. Over 6 Months	3

Table 6.2C shows data on the initial referral for both groups including dispositions (substantiated, inconclusive, unfounded, not disposed), case openings, and children removed from home. Table 6.2C shows that the families served by PIDP were much less likely to have substantiated allegations of abuse and neglect in the original referral (16% vs. 51%), suggesting that fewer of the PIDP families had substantiated child maltreatment problems at the time of this referral than those in the comparison group. Substantiation rates for the PIDP sample were in line with overall rates of substantiation for the three offices taken together; for example, in 2008-09, the three offices substantiated about 18 percent of all allegations. Substantiation rates for the comparison group at the time of referral were much higher, perhaps reflecting the social and economic problems concentrated in these three very high-need zip code areas.

Despite the difference in disposition of the original allegation, Table 6.2D shows that the percentage of families who had re-referrals were similar in size as those of the comparison group (32% [N=12] of the PIDP group versus 27% [N=27] of the comparison group). Although the numbers were small, there was a significant difference in the percentage of subsequent allegations on re-referrals that were substantiated (33% [N=4] of the subsequent allegations were substantiated for the PIDP group versus only 15% [N=4] for the comparison group). DCFS also opened cases on all four of the cases substantiated from the PIDP group versus only one of the substantiated cases in the comparison group.

Although the numbers are quite small, this suggests that CSWs may think differently about the families served by PIDP. Discussions with managers in these three offices suggested that whether subsequent referrals are from mandated reporters in the PIDP network or from other sources, they turn to PIDP staff for further information when another allegation comes in. They feel that they can trust and rely on their information, as well as the quality of services provided, and they know that either FOF or their partner agencies will continue to be involved in the family's life. This suggests that the prevention approach taken in SPA 2 may enhance the safety of children because "another set of eyes" is available to support caseworkers dealing with troubled families in these high-need areas. Additionally, effectiveness and efficiency are enhanced when re-referrals result in substantiation and appropriately opened cases.

TABLE 6.2C – SPA 2 PIDP REFERRALS VS. COMPARISON GROUP

Referral Type	Referrals	Substantiated		Inconclusive		Unfounded		Not Disposed		Case Opening		Removal	
	Family Count	Family Count	%	Family Count	%	Family Count	%	Family Count	%	Family Count	%	Family Count	%
PIDP Referral	38	6	16%	10	26%	22	58%	0	0%	0	0%	0	0%
New Referrals	38	6	16%	10	26%	22	58%	0	0%	0	0%	0	0%
Referrals on Existing Case	0	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Comparison Group	100	51	51%	13	13%	6	6%	0	0%	36	36%	2	2%
New Referrals	94	14	15%	16	17%	64	68%	0	0%	8	9%	2	2%
Referrals on Existing Case	6	1	17%	1	17%	4	67%	0	0%	0	0%	0	0%

Referral disposition type is the highest disposition of all allegation for children in the referral (1. Substantiated, 2. Inconclusive, 3. Unfounded).
Case Opening: The families that have at least one child who had a case opening as a result of the referral.

TABLE 6.2D – SPA 2 SUBSEQUENT REFERRALS ON PIDP REFERRALS VS. COMPARISON GROUP

Referral Type	Original Referrals	Subsequent[a]		Substantiated		Case Opening		Removal	
	Family Count	Family Count	%	Family Count	%	Family Count	%	Family Count	%
PIDP Referrals	38	12	32%	4	33%	4	11%	0	0.0%
New Referrals	38	12	32%	4	33%	4	11%	0	0%
Referrals on Existing Case	0	0	0%	0	0%	0	0%	0	0%
Comparison Group[b]	100	27	27%	4	15%	1	1%	5	5.0%
New Referrals	94	23	24%	3	13%	1	1%	4	4%
Referrals on Existing Case	6	4	67%	1	25%		0%	1	17%

[a] Subsequent - The families who had at least one subsequent in-person-response referrals after the initial referral.
[b] Comparison Group - A random selection of San Fernando Valley, West San Fernando Valley, and Santa Clarita referrals from ZIP Codes 91331, 91406, and 91343 for 2008 to 2010, weighted by allegation disposition. (Source: CWS/CMS Data as of 9/1/2010)

- A referral represents a family and not children.
- A family may have more than one subsequent referral.
- At least one child in a family has a substantiated allegation disposition, a case opening, or a removal.
- New Referral: A referral on a family without an open DCFS case.
- Referral on Existing Case: A referral on a family with an open DCFS case.
- Percent for Re-Referrals, Case Opening, and Removal is calculated based on the total number of PIDP referrals.
- The percent for Substantiated Re-Referrals is calculated on the number of re-referrals.
- Removal from Case Opening: a removal from a referral where there is a new case opening.
- Removal from Existing Case means a removal from a re-referral on an opened case, and there is no new case opening.

SPA 3. POMONA AND EL MONTE

Findings from the Pomona and El Monte offices in SPA 3 suggest that the PIDP Case Management model has helped to shorten the timeline to permanency for tertiary cases. Children served by PIDP were more likely to leave foster care (81% vs. 58%) and more likely to have positive "permanency exits" than those in the comparison group (67% vs. 54%). PIDP children with FM cases were also somewhat more likely to have their cases closed (91%) versus the comparison group (80%). 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 measured including use of alcohol and drugs, family problems, housing problems, and mental health problems.

The SPA 3 PIDP Network led by Prototypes works with four DCFS regional offices in Pasadena, Glendora, El Monte, and Pomona. Administrators in these local offices were particularly concerned about addressing disproportionate numbers of African American and Latino families who came to the attention of the child protective services system, and the group focused on specific neighborhoods in three communities with high numbers of DCFS referrals and open cases, and disproportional representation of families of color. The SPA 3 case management model includes a four-person team with a case manager, a mental health clinician, a parent advocate (a life-trained paraprofessional who has successfully navigated the DCFS system themselves), and a cultural broker (a culturally and linguistically appropriate person who assist families in navigating the child protective services system).

Three case management teams were located to serve high-need communities in Pomona, El Monte, and Pasadena. In addition, the cultural brokers are available to help DCFS staff and families by attending Team Decision Making meetings (TDMs) when CSWs believe they could be helpful; in 2009-10 the network reported that PIDP cultural brokers attended 200 TDMs in the El Monte (N=86) and Pomona (N=114) offices. The network also referred families to social networking groups provided by Parents Anonymous (PA) and a broad range of services provided by other network partners.

Analysis of CWS/CMS data focused on results in reunification and case closings. The initial lists of DCFS children referred to the SPA 3 PIDP case management teams included a total of 172 cases from El Monte (N=115) and Pomona (N=57). From these, a total of 110 PIDP cases (74 from El Monte and 36 Pomona) with open cases were matched to CWS/CMS records. The El Monte group included 42 FR cases where children were in placement and 32 FM cases where children remained at home. The Pomona group included 25 FR cases and 11 FM cases. Since results in both offices were very similar, the samples were combined for this analysis. The SPA 3 PIDP services combined group included 67 FR cases and 43 FM cases; approximately 10 percent were African American, 10 percent were Asian, and 80 percent were Latino. A randomly selected comparison group from the same time frame and geographic areas included 200 cases of Latino children, equally divided between FM and FR. Table 6.3A and Figure 6.1 shows that PIDP children were more likely to leave foster care and more likely to have positive "permanency exits" than those in the comparison group. Eighty-one percent of PIDP children left care versus 58 percent of the comparison group; and 67 percent of PIDP children had permanency exits versus 54 percent of the comparison group. PIDP children with FM cases were also somewhat more likely to have their cases closed (91%) than those in the comparison group (80%).

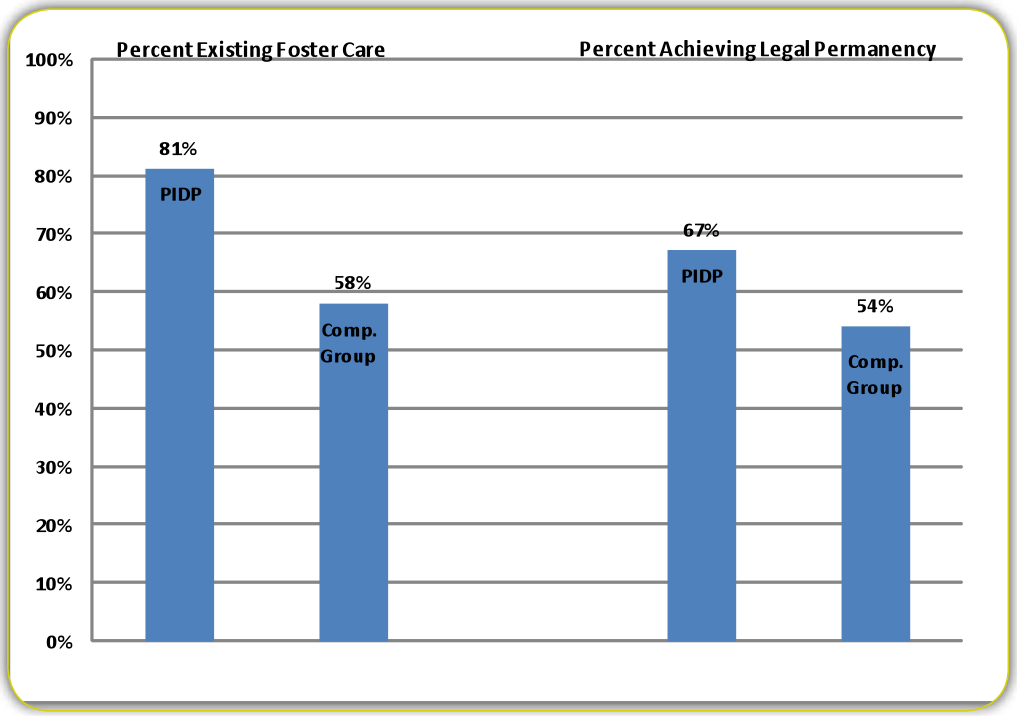
TABLE 6.3A – EXITS FROM FOSTER CARE IN SPA 3 POMONA AND EL MONTE OFFICES

(POMONA AND EL MONTE REGIONAL OFFICE CHILDREN REFERRED TO PIDP CASE MANAGEMENT SERVICES VERSUS A RANDOM SAMPLE OF POMONA AND EL MONTE CWS CASES 2008-2010)

	Children	Percent
Total PIDP Children	**110**	
A. In Placement	**67**	**61%**
1. Exit from Foster Care	54	81%
Permanency Exits	45	67%
Other Exits	9	13%
2. Still in Foster Care	13	19%
B. In Home	**43**	**39%**
Case Closed	39	91%
Case Still Open	4	9%

Total Random Comparison Group	Children	Percent
	200	
A. In Placement	**100**	**50%**
1. Exit from Foster Care	58	58%
Permanency Exits	54	54%
Other Exits	4	4%
2. Still in Foster Care	42	42%
B. In Home	**100**	**50%**
Case Closed	80	80%
Case Still Open	20	20%

FIGURE 6.1 – POMONA (SPA 3) EXITS AND ACHIEVEMENT OF LEGAL PERMANENCY



PIDP: N=110
Comparison Group: N=200

Additional data provided by the SPA 3 PIDP Network shows results for 121 parents referred by PIDP between June 2009 and July 2010 to PA groups (see Appendix B in Volume Two). Parents not only had very positive responses to the groups, but average ratings before and after group participation showed substantial decreases in all of the stressors tested including alcohol and drug use, family problems, housing problems, and mental health problems.

SPA 6. COMPTON

Analysis of CWS/CMS data on 130 families served by the SPA 6 PIDP Network shows that families receiving PIDP services were significantly less likely to be re-referred to DCFS compared with a randomly selected comparison group (12% of PIDP families versus 23% of the comparison group). In addition, the group of 31 foster children whose families took advantage of ASK Centers were more likely to have planned legally permanent exits from foster care than those in the randomly selected comparison group.

The SPA 6 PIDP Network serves three DCFS offices in South Los Angeles: Compton, Vermont Corridor, and Wateridge. In consultation with the DCFS deputy director who covers this area, the team decided to focus on results for families referred to the ASK Centers by the Compton office between 2008-10. The Compton office initially provided a list of 229 names, which yielded 180 matched records for families who had been referred to the PIDP network. These included 130 families referred by ER staff and 50 families whose children had open cases and were receiving FM or FR services. Between them, the 50 families had 120 children with open cases, including 31 FR cases for children who were in out-of-home placement.

The 130 "secondary prevention" families referred by ER staff in the Compton office included 109 new referrals and 21 referrals on existing open cases. A comparison group of 150 Compton families was randomly selected to match these proportions weighted by referral year and allegation disposition as shown in Tables 6.4.A and 6.4.B below.

TABLE 6.4A – SPA 6 PIDP REFERRALS

PIDP Referrals	Referred Families
New Referrals	**109**
Referrals on Existing Case	**21**
1. Still Active	10
2. Closed	11
a. Within 6 Months	*5*
b. Over 6 Months	*6*

TABLE 6.4B – SPA 6 COMPARISON GROUP

Comparison Group	Referred Families
New Referrals	**129**
Referrals on Existing Case	**21**
1. Still Open	13
2. Closed	8
a. Within 6 Months	*4*
b. Over 6 Months	*4*

New Referrals: Those on families who were not being served by DCFS at the time of referral.
Referrals on Existing Case: Those on families who were being served (open DCFS case) by DCFS at the time of referrals.

Data on the initial referral for both groups includes dispositions (substantiated, inconclusive, unfounded, not disposed), case openings and children removed from home. Table 6.4.C shows that families served by PIDP were marginally less likely to have substantiated allegations of abuse and neglect (28% vs. 33%), suggesting that they were experiencing slightly fewer family problems and less maltreatment than those in the comparison group. This also suggests that CSWs were referring appropriate families who were likely to follow up on referrals to the ASK Centers and who might be motivated to pursue linkages with service referrals received there. Substantiation rates for both groups were in line with overall rates of substantiation for the office as a whole; for example, in 2008-09, the Compton office substantiated 27.6 percent of all allegations.

TABLE 6.4C – SPA 6 PIDP REFERRALS VS. COMPARISON GROUP

Referral Type	Referrals	Substantiated		Inconclusive		Unfounded		Not Disposed		Case Opening		Removal	
	Family Count	Family Count	%	Family Count	%	Family Count	%	Family Count	%	Family Count	%	Family Count	%
PIDP Referrals	130	37	28%	23	18%	52	40%	18	14%	18	14%	12	9%
New Referrals	109	33	30%	17	16%	45	41%	14	13%	18	17%	8	7%
Referrals on Existing Case	21	4	19%	6	29%	7	33%	4	19%	0	0%	4	19%
Comparison Group	150	50	33%	31	21%	69	46%	0	0%	36	24%	27	18%
New Referrals	129	46	36%	25	19%	58	45%	0	0%	36	28%	25	19%
Referrals on Existing Case	21	4	19%	6	29%	11	52%	0	0%	0	0%	2	10%

Referral disposition type is the highest disposition of all allegation for children in the referral (1. Substantiated, 2. Inconclusive, 3. Unfounded).
Case Opening: The families who have at least one child who had a case opening as a result of the referral.
Removal: The families who have at least one child initially removed from home as a result of the referral.

Once again, "re-referrals to DCFS after receiving PIDP services" was the outcome variable of primary interest for these "secondary" referrals from Compton ER staff. As shown in Table 6.4.D and Figure 6.2, only 12 percent (N=15) of families who had received PIDP services were re-referred to DCFS during the study period versus 23 percent (N=34) of the comparison group. The PIDP group had a significant advantage over the comparison group for both subcategories of families – new referrals (11% vs. 19%) and referrals on existing open cases (14% vs. 48%).

TABLE 6.4D – SPA 6 SUBSEQUENT REFERRALS ON PIDP REFERRALS VS. COMPARISON GROUP

Referral Type	Original Referrals	Referrals		Substantiated		Case Opening		Removal	
	Family Count	Family Count	%	Family Count	%	Family Count	%	Family Count	%
PIDP Referrals	130	15	12%	4	27%	2	2%	3	2.3%
New Referrals	109	12	11%	3	25%	2	2%	2	2%
Referrals on Existing Case	21	3	14%	1	33%		0%	1	5%
Comparison Group	150	34	23%	10	29%	6	4%	6	4.0%
New Referrals	129	24	19%	6	25%	5	4%	5	4%
Referrals on Existing Case	21	10	48%	4	40%	1	5%	1	5%

Subsequent: The families who had at least one subsequent in-person-response referrals after the initial referral.

- Comparison Group: A random selection of Compton referral weighted by ER referral year and allegation disposition.
- A referral represents a family and not children.
- A family may have more than one subsequent referral.
- At least one child in a family has a substantiated allegation disposition, a case opening, or a removal.
- New Referral: A referral on a family without an open DCFS case.
- Referral on Existing Case: A referral on a family with an open DCFS case.
- Percent for Re-Referrals, Case Opening, and Removal is calculated based on the total number of PIDP referrals.
- The percent for Substantiated Re-Referrals is calculated on the number of re-referrals.
- Removal from Case Opening: a removal from a referral where there is a new case opening.
- Removal from Existing Case: a removal from a re-referral on an opened case, and there is no new case opening.

Source: CWS/CMS Data as of 8/31/2010

FIGURE 6.2 - COMPTON (SPA 6) RE-REFERRALS TO CHILD PROTECTION SERVICES

Compton CSWs also referred a significant number of "tertiary" services cases of children (N=50) who were receiving FM/FR services to the PIDP ASK Centers. While most of the 120 children in these families (N=89) remained at home while they received FM services, 31 were in out-of-home placement receiving FR services. The comparison group for this analysis included 150 open cases of children in the Compton service area receiving FM/FR services.

Table 6.4.E shows that the two groups had about the same percentage of exits from foster care during the study period (52% [N=16] of the PIDP group versus 48% [N=24] of the comparison group). It also shows that 100 percent of the PIDP children left foster care for "permanency exits" or planned positive outcomes including family reunification, adoption or guardianship, compared with 83 percent of the comparison group. The remaining 17 percent (N=4) of children in the comparison group left care for other reasons that were unlikely to enhance permanency or well-being (i.e., run away, incarceration, emancipation).

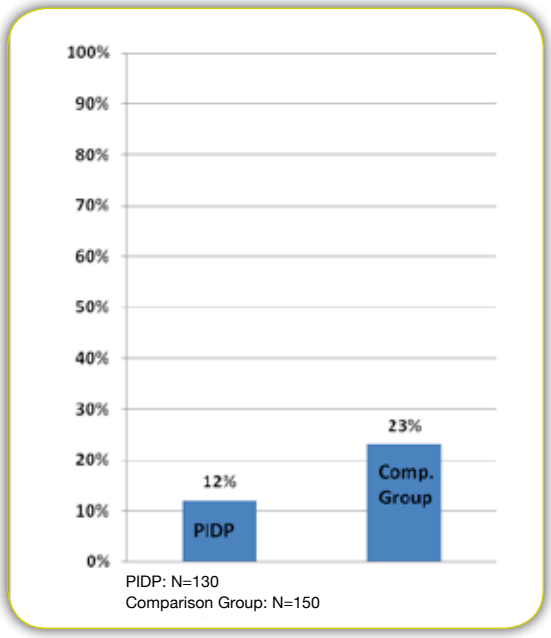


TABLE 6.4E – SPA 6 COMPTON REGIONAL OFFICE CHILDREN REFERRED TO PIDP SERVICES VERSUS A RANDOM SAMPLE OF COMPTON CASES 2008-2010

	Children	Percent
Total PIDP Children	120	
A. In Placement	**31**	**26%**
1. Exit from Foster Care	16	52%
Permanency Exits	*16*	*100%*
Other Exits	*0*	*0%*
2. Still in Foster Care	15	48%
B. In Home	**89**	**74%**
Case Closed	54	61%
Case Still Open	35	39%

	Children	Percent
Total Random Comparison Group	150	
A. In Placement	**50**	**33%**
1. Exit from Foster Care	24	48%
Permanency Exits	*20*	*83%*
Other Exits	*4*	*17%*
2. Still in Foster Care	26	52%
B. In Home	**100**	**67%**
Case Closed	60	60%
Case Still Open	40	40%

In Placement: A child was in placement at the time of PIDP intake date, or anytime during this case open period.
In Home: A child was not in placement during this case open period.
Selection of random sample of comparison cases of children in placement based on PIDP service start date.
Source: CWS/CMS Datamart - Data as of 8/25/2010.

Because the ASK Centers provide a voluntary service, linking people to the services they request, families must be motivated to participate in and follow up on service linkages. The SPA 6 PIDP Network was able to provide additional information on services requested and whether DCFS families referred by the Compton office were actually linked to services. Of the 52 families with open DCFS cases in this additional sample, 59.6 percent (N=31) were linked to services and 38 percent (N=20) could not be contacted. About the same percentages were found for the 133 DCFS ER referral families in this sample: 54.8 percent (N=73) were linked to services and 35 percent (N=47) could not be contacted. Obviously, not all families were willing to volunteer for services, nor were they all motivated to pursue additional information and linkages to needed services. However, the benefits for those who did access PIDP services in SPA 6 are clear – decreased chances that families would be re-referred and improved chances that children already in care would find permanency.

To illustrate the kinds of services and resource linkages available to families through the ASK Centers, the SPA 6 PIDP Network also provided data on service requests and follow-up, illustrating the kinds of services most often sought by DCFS families. The top five services requested by DCFS clients in 2009-10 were (in order of preference): counseling, food, housing, parenting classes, and clothing.

Some of the services requested by DCFS and non-DCFS families were the same; for example, the most common request from the non-DCFS group was for help with food. However, differences in the frequency of requests for specific services illustrated that there were also differences in priorities between DCFS and non-DCFS families. For example, the DCFS families were much more likely to request counseling and parenting classes (services that might be required by child protective services or the courts) than were non-DCFS families; counseling was the #1 service request for DCFS families and #9 for non-DCFS families, and parenting was #4 for DCFS families but #11 for the non-DCFS group.

Another interesting difference was that non-DCFS families were much more likely to request assistance in finding help with concrete financial needs including transportation (#2 for the non-DCFS group and #16 for DCFS) and employment (#5 for non-DCFS and #12 for DCFS). As described in Volume Two, the SPA 6 PIDP Network also discovered pressing needs for access to pro bono legal assistance especially among non-DCFS families (legal aid was ranked #4 for non-DCFS and #18 for DCFS clients). The data also show that DCFS families who came to the ASK Centers more than once were most likely to request help with housing and emergency funds, while the most common requests for returning non-DCFS families were for legal aid and food.

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. Children with open FR cases were more likely to leave foster care and more likely to exit through a positive "permanency exit" than were members of the 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.

In Torrance, only 35 percent of placed children whose families used visitation centers were still in placement as of July 2010 versus 49 percent of the comparison group. In South County, only 29 percent of placed children whose families used visitation centers remained in placement as of July 2010 versus 48 percent of the comparison group.

The primary focus of PIDP in SPA 8 is on neighborhood action councils (NACs) based on a relationship-based community organizing model described earlier in this volume (for additional details and a case study of the combined impact of multiple NACs in the Wilmington area, see Volume Two). However, the SPA 8 PIDP Network was also the first to anchor development of faith-based family visitation centers during Year One of the PIDP partnership. In Year Two, DCFS required all PIDP networks to help local offices develop such community partnerships using their relationships and expertise in developing public-private collaboratives. Since SPA 8 has the most experience with faith-based family visitation centers, it seemed useful to focus this analysis on reunification and the likelihood of enhanced "permanency exits" for families with access to the two faith-based family visitation centers serving the South County and Torrance DCFS regional offices.

The Torrance office submitted a list of 88 FR cases referred to the local visitation center between 2008-10, of which 64 were matched with CMS/CWS records. The South County office submitted 23 names, 15 of which were matched for analysis. Because results in the two offices were similar, these records were combined yielding a total sample of 79 FR cases referred to PIDP family visitation centers. The comparison group included a randomly selected group of 100 FR cases matched on geography, FR status, having received at least one supervised visit in a DCFS office, and worker indication of need for monitored family visits.

Table 6.5.A and Figure 6.3 show that children with open cases served by the two 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 comparison group. Seventy-one percent of the PIDP sample (N=56) left foster care during the study

period versus 55 percent (N=55) of the comparison group. For the PIDP group, 69 percent (N=55) experienced "permanency exits." 1 percent (N=1) had a less positive exit, and 29 percent (N= 23) were still in care. For the comparison group, 50 percent (N=50) experienced "permanency exits," 5 percent (N=5) had a less positive exit, and 45 percent (N=45) were still in care.

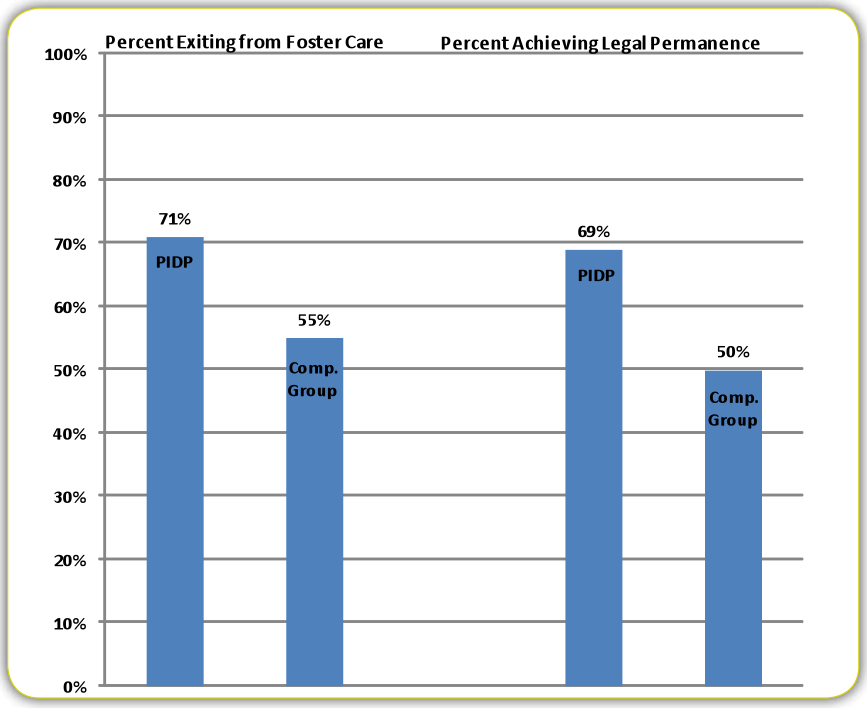
TABLE 6.5A – EXITS FROM FOSTER CARE FOR CHILDREN IN OUT-OF-HOME PLACEMENT IN SPA 8 SOUTH COUNTY AND TORRANCE OFFICE CHILDREN REFERRED TO PIDP VISITATION CENTERS VERSUS A RANDOM SAMPLE OF SOUTH COUNTY AND TORRANCE CHILDREN IN PLACEMENT 2008-2010

	Children	Percent
Total PIDP Placement Children	79	
1. Exit from Foster Care	56	71%
Permanency Exits	*55*	*69%*
Other Exits	*1*	*1%*
2. Still in Foster Care	23	29%

	Children	Percent
Total Random Comparison Group	100	
1. Exit from Foster Care	55	55%
Permanency Exits	*50*	*50%*
Other Exits	*5*	*5%*
2. Still in Foster Care	45	45%

Total PIDP cases submitted: N=111
PIDP cases duplicates excluded: N=2
PIDP cases not matched: N=10
PIDP inappropriate cases excluded: N+2
PIDP FM cases excluded: N=18
PIDP cases matched and used for analysis: N=79

FIGURE 6.3 – SOUTH COUNTY AND TORRANCE (FROM SPA 8) EXITS FROM FOSTER CARE WITH FAITH-BASED VISITATION SERVICES



PIDP: N=73
Comparison Group: N=100

conclusions

conclusions and recommendations

Conclusions and Recommendations

The Year Two PIDP evaluation has shown that parents report significant gains in family support, connections to the community, and less parenting stress as a result of program participation.

The Year Two evaluation offers very encouraging and important results that are consistent with national research on what works to strengthen families, prevent child maltreatment, and reduce out-of-home placements. The evaluation found that PIDP networks continue to operate and leverage DCFS and Title IV-E Waiver funds to provide family support, economic empowerment, and other services designed to prevent child maltreatment. Parents report significant initial gains in family support, connections to the community, and less parenting stress in a wide range of areas after 6 months of participating in various family action groups or neighborhood action councils. Those gains are maintained over time. The histograms in Section IV reflect the gains experienced by parents participating in a broad array of social network activities across all of the eight SPAs.

The CWS/CMS data findings revealed outcomes for families involved with DCFS in five communities, and highlight a powerful pattern of promising results. The data illustrate how some PIDP activities helped to relieve pressure at the front end of the child protective services system by engaging families with unfounded or inconclusive referrals in supportive services, while other PIDP activities were effective in speeding the timeline to permanency for children in out-of-home care.

Conclusions

This strong and significant pattern of improvements for families across the three levels of prevention described in this report underlines the fact that PIDP has accomplished exactly what it was designed to do in only two years. First, it has pilot-tested locally relevant approaches to strengthening families. And second, it has demonstrated the potential for significant improvements in child safety and well-being as a result of well-designed prevention services that integrate the three core elements to create accessible and welcoming webs of community activities and services for families. Although the pilot project continues and additional data can shed light on key elements that contribute to success, the findings from Year Two should be helpful not only to DCFS, but to County government and a broad range of community partners. The fact that the promising practices reported here are also consistent with national research on what works to strengthen families, prevent child maltreatment, and reduce out-of-home placements provides additional support for these conclusions.

Overall, the Year Two PIDP evaluation has shown that parents report significant gains in family support, connections to the community and less stress as a result of program participation. Parents in vulnerable neighborhoods in certain high-risk communities in all eight SPAS who are involved in social networking groups reported significant improvements in factors shown to lower child maltreatment. PIDP also worked well for families who were already known to DCFS, decreasing re-referrals for families being investigated by Emergency Response social workers in some communities and improving timelines to permanency for children with open Family Maintenance and Family Reunification cases in other areas.

The pattern of gains reported by parents in every SPA suggests that DCFS's strategy of selecting experienced network leads, building on existing local partnerships, and encouraging local DCFS office staff to work collaboratively with local networks to customize local approaches has paid off. Rather than specifying exactly what services should be provided, as is common in traditional contracting arrangements, PIDP allowed local partners to use creativity in meeting local conditions and needs.

Leadership and initial support from DCFS was essential in order to create and fund this demonstration project. However, the organization and accomplishments of the networks should be of interest to other County departments, cities, schools and community groups that see just how deeply the multiple stresses of poverty, social isolation, and the inability to find help before a crisis occurs can hurt families and children.

The most promising child maltreatment prevention strategies should be imbedded into the DCFS contract redesign process that is already underway. In addition, the Chief Executive Office should facilitate discussions among the Departments of Mental Health, Public Health, Public Social Services, Child Support, and Probation to assess their support for selected strategies and/or for replication across Los Angeles County. The key prevention strategies highlighted by this evaluation include:

1. Social connections strategies such as neighborhood action councils and ASK Centers.
2. Parent economic empowerment strategies such as career counseling, job training, job placement, and the Earned Income Tax Credit program (EITC).
3. Faith-based family visitation centers.
4. The combination of cultural broker and parent advocate approaches is designed to support professionals working in case management teams.

These types of strategies deserve support from multiple county departments and community groups – not just DCFS – and they will assist the County in achieving its goals of keeping children safe and strengthening families. By moving forward together, multiple County departments and their community partners can increase their impact, improving outcomes for more children and families in high-need communities throughout LA County.

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

1. DCFS continues to invest in strengthening families, using contracting approaches that include the three integrated strategies demonstrated under PIDP: (1) building social networks through community organizing; (2) increasing economic opportunities and development; and (3) increasing access to and use of 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 training and employment programs, tax assistance, parent aides who act as navigators and cultural brokers, and faith-based visitation centers.
2. DCFS work with other County departments to share funding and support for these activities, especially focusing on departments most often reported by the PIDP networks as already being involved in PIDP local activities – DPSS, DPH, DMH, Probation, and Child Support. The CEO should facilitate discussions and collaboration, as well as convening external funders to assess the potential for leveraging private support (e.g., First 5 LA, the California Endowment, LA Partnership for Early Childhood Investment).
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 high-need communities and assuring that local strategies are widely understood among front-line staff. In some areas, DCFS should also task its regional offices to assure a consistent flow of appropriate ER referrals so that families have the opportunity to

participate in effective services. In some areas, local DCFS offices are building on relationships with PIDP network lead agencies by asking them to help social workers find the most appropriate local services to meet the needs of specific families; DCFS should continue to work with these lead agencies to determine the feasibility of enhancing this role.

4. With the increased expectations from government leaders for rigorous outcome and cost data, DCFS will need to consider adopting more rigorous evaluation designs as part of planning for any subsequent demonstration efforts. For recruiting the sample sizes necessary for robust analyses of the data to be collected by each funded agency across all SPAs, a minimum standard response rated should be established. This should also include a sample of comparison group families to better understand outcomes.
5. Re-administer the protective and risk factors survey in the fall of 2010 to determine how well PIDP families are able to maintain the initial gains they made.
6. Establish more systematic referral and tracking procedures in almost all regional offices to assure that case records can be more easily accessed to support ongoing performance review and assessment of outcomes. A systematic comprehensive approach that spans a broad array or continuum of programs would be particularly beneficial, supporting social workers and regional managers who often struggle to sort among the different sets of criteria used to determine who is appropriate for which community-based services programs (e.g., family support, family preservation, alternative response services, Partnerships for Families).

PIDP Year Two findings continue to provide strong evidence of the benefits of an integrated approach to preventing child maltreatment by building social networks through community organizing, increasing economic opportunities and development, and increasing access to and use of services. Although there were some glitches in operationalizing this complex theory of change and results were not evenly distributed, decision makers should remember that each of the 18 DCFS regional offices in LA County serve caseloads larger than the protective services system in many smaller states. Achieving a pattern of positive results in a short timeframe with a relatively modest investment is no small feat. Similar results achieved in another jurisdiction might even be called the "XYZ model" and celebrated as a national exemplar. PIDP's achievement is that, working together, networks and regional offices have demonstrated a number of locally relevant models that strengthen families and keep children safe.

While it is beyond the scope of this evaluation to estimate a cost-benefit ratio on the lessons learned from this demonstration project, simple math tells us that fewer unnecessary re-referrals and targeted assistance to help children leave placement sooner reduce costs to the system. Perhaps even more important, families are strengthened by focusing on the protective factors that help to prevent child maltreatment; and children are safer when public and private agencies collaborate to identify the children who most need protection to assure their safety and well-being. These results highlight the potential for even stronger results over the long term if all of the key players who care most about the welfare of children work together to strengthen families and keep children safe.

references

references

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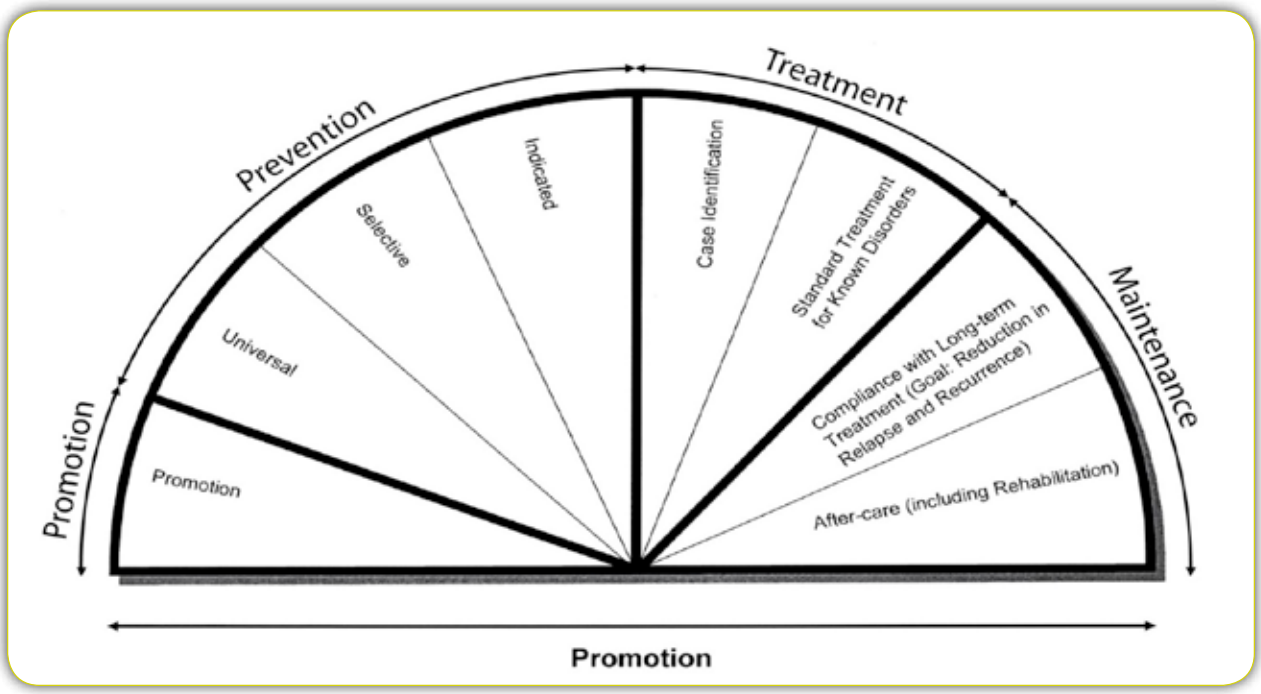
appendices

Appendix A:
Conceptual Framework for Evaluating Prevention

As diagrammed in Figure A.1, a broader conceptualization based on findings from the emerging prevention science now exists that places various services and other strategies along a continuum of health promotion, universal, selected, and indicated prevention programs (National Research Council & the Institute of Medicine, 2009). *Promotion* refers to strategies designed to encourage or nurture good health. *Universal* is the term applied when a prevention program is helping all populations. *Selective* is the term applied when focusing on only vulnerable or high-risk populations. *Indicated* is the term used when prevention programs focus on working with individuals with early symptoms or a problem of illness (Mrazek & Haggerty, 1994). The PIDP array of approaches is congruent with this conceptualization, and network activities span multiple levels of prevention.

FIGURE A.1 – CONTINUUM OF PROMOTION AND PREVENTION STRATEGIES FOR MENTAL HEALTH



Source: National Research Council & the Institute of Medicine. (2009). Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities. Washington, DC: Authors. National Research Council and the Institute of Medicine of the National Academies. http://www.nap.edu/catalog.php?record_id=12480

During the extensive discussion leading to the development of PIDP, several leading organizations in LA have developed a consensus around a "community-level change model" that reflects their perspective – and an increasing consensus in LA – on prevention. The group includes a regional collaborative of PIDP networks from SPAs 2, 4, 7, and 8, the Children's Council, First 5 LA, and the Magnolia Place Network.[1] This community-level work is aimed at improving the same five outcomes for children and families that were adopted over a

decade ago by the Board of Supervisors as guiding all of the County's efforts: Good Health, Safety and Survival, Economic Well-Being, Social and Emotional Well-Being, and Education/Workforce Readiness.[2]

This ecological orientation shows how social networks and relationship-based community organizing approaches can enhance traditional social service delivery systems that focus on intervention for those identified as being "in need." In this scheme, protective factors work to strengthen social connections, sense of community, and civic engagement, which leads to enhanced networks, more assets, and improvements at the community level. The core values that inform this approach are (1) empowerment is the key to self-sufficiency; (2) collaboration is about equal relationships where people share power and money; (3) organizing is the most effective way to change neighborhoods; (4) given the opportunity, neighborhood residents will make good decisions and choices for themselves, their families, and their communities; and (5) adequate resources need to be available so residents have the practical ability to act on their own behalf.

> Within the model, the foundational building block for achieving individual family and community-level change is developing relationship-based resident groups (sometimes referred to as Neighborhood Action Councils or NACs) through the organizing model developed over the past ten years by South Bay Center for Counseling. Based on the Asset Building Community Development Model of John McKnight, resident groups are formed by members coming together to be each other's support systems, to learn and grow as individuals, and to become more aware of and involved in improving their neighborhoods.[3]

Research from the Strengthening Family Initiative shows that key family protective factors known to diminish the likelihood of child maltreatment include parent resilience, social connections, knowledge of parenting and child development, children's social and emotional development, and concrete support in times of need (Center for the Study of Social Policy, 2009): "Extensive research supports the common-sense notion that when these Protective Factors are present and robust in a family, the likelihood of child abuse and neglect diminishes."

The community-level change model illustrated in Figure A.2 guides much of the PIDP work in LA. It shows a series of concentric circles, at the center of which are children and families.[4]

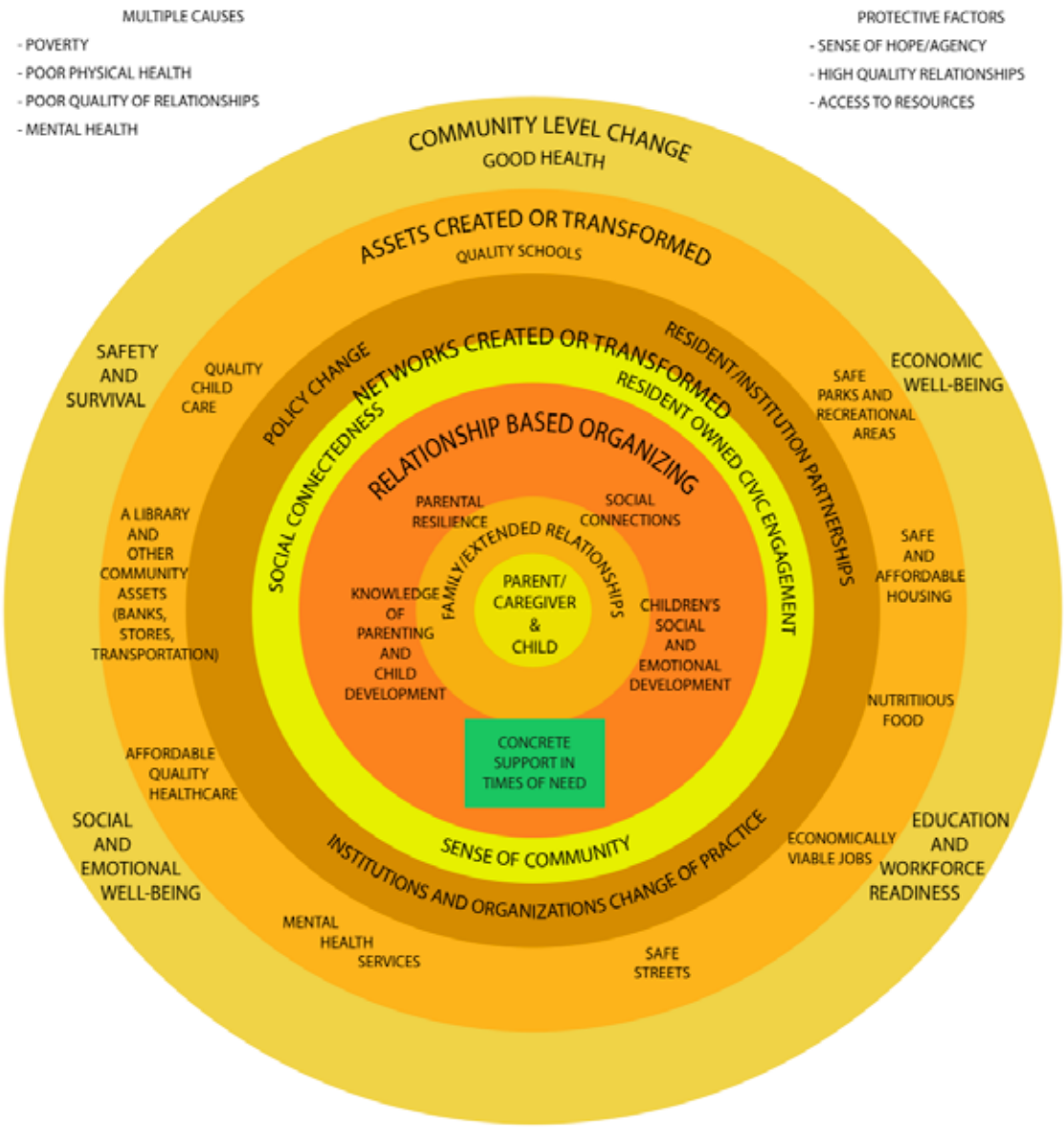
[1] First 5 LA is a unique child-advocacy organization created by California voters to invest tobacco tax revenues in programs for improving the lives of children in Los Angeles County, from prenatal through age 5. www.first5la.org

[2] These outcome areas were developed by the Children's Council (then the Children's Planning Council) and adopted by the Board of Supervisors in 1993; they have been reflected by a series of biannual LA County Children's ScoreCards, beginning in 1994.

[3] Pat Bowie as quoted by Susan Kaplan, Executive Director, Friends of the Family. See description of SPA 2 PIDP Network in Volume Two of this report.

[4] Special thanks to Pat Bowie and Cheryl Wold for their contributions to this report section.

FIGURE A.2 – COMMUNITY-LEVEL CHANGE MODEL



Development facilitated by Patricia Bowie and Cheryl Wold in partnership with The Children's Council, the Magnolia Place Network, and First 5 LA

In a county as large as Los Angeles, it is virtually impossible for even the best intervention programs to keep up with the demand for services to address the problems of individuals and families. The power of PIDP is that it has helped network leaders band together to think creatively about the long-term prospects for prevention and community-level change. While individual agencies never seem to have enough to go around, these networks have been able to draw on shared resources, making better use of what resources were already available, not duplicating services, and increasing the capacity of each individual member as well as the whole.

Network approaches help to build and use connectivity among people and organizations to bring about socially desirable ends. Social networks help people overcome isolation, instilling confidence and self-worth by broadening the personal, material, and informational resources that individuals and families can rely on (Bailey, 2006). In a similar fashion, organizational networks play a critical role in helping organizations spread innovation and adapt to change. Having the capacity to adapt to change means having the ability to harness knowledge and creativity to fashion unique responses, stimulate organizational learning, and sometimes embrace and successfully achieve transformational change (Sussman, 2003).

Understanding how individuals can be connected highlights the potential of social and organizational networks to help people in local communities address challenges and find solutions to their own problems. In a place as large as LA, the number of individuals functioning in the role of hub or connector should not be limited. In fact, continuing attention to building hubs and connections is necessary to achieve economies of scale. Healthy vibrant networks have numerous hubs with dense ties to many other hubs as well as to individuals. The role of connector is rarely assigned but is most often self-determined through self-agency, a sense of community, and civic engagement.

Relationship-based building strategies, such as those included in PIDP, intentionally strengthen social networks, contributing to social and emotional well-being and helping people get by in times of need, thus reducing the need to access services. Relationship-based building strategies also foster a sense of personal resiliency, self-agency, community belonging, and social connectedness so that people are willing to act as hub or connector for others.

Child welfare systems will always need to rely on a number of strategies to ensure child safety. One of the unique aspects of PIDP is that it intentionally builds on network theory to guide development of organizational PIDP networks in each SPA, supporting development of community-based interpersonal networks at the level of smaller communities. Developing and strengthening these organizational and community networks augments service delivery strategies through wellness promotion, preventing the need for professional intervention but also linking people to effective intervention in times of need.

Appendix B:
Year One PIDP Highlights and the Evaluation Design for Year Two Evaluation

PIDP's First Year (March 2008 – June 2009)

On February 26, 2008, the Los Angeles County Board of Supervisors approved the Prevention Initiative Demonstration Project (PIDP), an innovative County-wide effort to demonstrate effective approaches to preventing child abuse and neglect. PIDP was launched as a $5-million, one-year child abuse and neglect prevention project led by 12 community-based organizations selected as leads or co-leads of local networks that were serving each of the County's eight regional Service Planning Areas (SPAs). This first "year" of operation was later extended through June 30, 2009, allowing start-up time for new networks and up to 18 months of operation for more established networks. Guided by the values of collaboration and capacity building, DCFS and community organizations have been working closely with each other and with residents to demonstrate promising strategies that have been designed to ensure child safety, to support families, and to build on community assets.

From the beginning, it was been clear that PIDP network leaders and their DCFS partners were not settling for "business as usual." They developed a broad range of approaches, building on and deepening previous efforts, testing new ideas, importing and enhancing ideas from other jurisdictions, engaging families and community groups, and developing and strengthening partnerships with DCFS and other County departments. The Request for Qualifications process developed by DCFS and its County government partners drew from the best of LA's extensive private sector, allowed small-scale efforts to expand, unleashed creativity, and gave local organizations an unprecedented opportunity to develop "proof" of a wide array of concepts and approaches.

Key findings from the first Year One evaluation included:

- The functioning of PIDP networks was as good as or better than most other social delivery networks in other parts of the country, when measured by the same measurement instrument and concepts.
- The PIDP networks served nearly 20,000 persons in the eight SPAs.
- The 89 organizations participating in the PIDP networks also received funding from DCFS to provide Family Support services (N=20), Family Preservation services (N=13) and Child Abuse Prevention, Intervention, and Treatment (CAPIT) services (N=15). About half of the networks also received support from First 5 LA including funding from the Partnership for Families (N=20) and the School Readiness Initiative (N=18).
- PIDP agencies had a long history of working in their respective communities. Most of the agencies (87%) had been working in the community to support families and protect children for more than 10 years, with more than half (53%) working in the community for more than 25 years.
- Networks demonstrated creativity in blending funding from several sources. Existing program infrastructure and cross-agency collaboration facilitated identification of additional resources for individual families. Leaders of many PIDP networks reached out well beyond the "usual" CBO players to include faith-based and community groups, businesses, and other partners. As a result, many networks included unfunded members along with funded members; thus DCFS gained formal relationships partners who contributed free services and resources for needy families.

- DCFS administrators reported that RAs and ARAs were directly involved in planning with the PIDP lead agencies, although the specifics varied considerably across offices. Planning processes included identifying high-need communities based on CWS/CMS, SPA, zip code, and community-specific data as well as identified problems, such as disproportionality or domestic violence. Some offices developed detailed maps down to the block level; these supported more effective outreach to the highest-need families. DCFS offices that had long-standing collaborative relationships with community partners had an advantage in moving more expediently from planning to implementation, and in adjusting implementation strategies to meet changing community conditions.
- DCFS front-line staff had less knowledge about PIDP than administrators. There was some confusion about the meaning of "prevention" because the terminology is global and may not have been defined specifically around PIDP. Though DCFS staff members were not always clear about what prevention meant, reactions to the idea of prevention were quite positive, especially when there was direct benefit for individual families.
- Data collected from surveys and focus groups 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.
- Integration of the three core strategies appeared to produce the most positive outcomes. Some notable approaches that blended these strategies included neighborhood action councils and ASK Centers. Two other notable strategies highlighted in the first year evaluation report were the faith-based family visitation centers established to serve SPA 8, and the combination of cultural broker and parent advocate approaches into a case management team approach in SPA 3.
- Under 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. During the EITC campaign, GLAEA assisted residents in completing nearly 5,000 tax returns and generating almost $5 million in refunds[5]—dollars that went directly to residents and their communities (Greater Los Angeles Economic Alliance, 2009).

Others approached the issue of expanding access to tax benefits by working through Volunteer Income Tax Assistance (VITA) sites. For example, SPA 4 reported a total tax refund amount of $323,254 for residents working between February 1 and April 15, 2009. SPA 6 secured additional funding through partnering with AmeriCorps to implement the VITA program in SPA 6.

SPA 6 also collaborated with Public Counsel Law Center, the Region V GAIN office, and the Child Support Services Department to provide legal education on Criminal Record Expungement, Child Support Services, Special Education Law, Adoptions & Guardianship, Homeless Court Legal Advocacy, and Immigration Law. They also leveraged resources for related costs (computers, books, instructors, test materials, space). Through their ASK Centers, SPA 6 combined vocational certification training with legal services to assist families in removing barriers to employment.

Overall, the detailed descriptive evaluation conducted in the first year helped lay groundwork for this report so that if outcome data from the Child Welfare Services/Case Management System (CWS/CMS) or other sources showed positive outcomes in key areas, the evaluation team would be able to provide reasonable explanations

[5] The data source for the 2008 Greater Los Angeles Economic Alliance report is the Internal Revenue Service (IRS) Taxwise System. Personal Communication, Mary Hammer, September 3, 2009.

for how those results were being achieved. Given the multiple program innovations underway in DCFS and the LA communities, it would have been very difficult to implement random assignment control groups to establish greater causal linkages. But with increased expectations from government leaders for rigorous outcome and cost data, DCFS will need to consider adopting more rigorous evaluation designs as part of planning for any subsequent effort.

Braiding Three Strategies Together

Each of the PIDP networks focuses on impacting a set of outcomes associated with the prevention of child maltreatment: decreased social isolation, decreased poverty and lack of resources, increased protective factors, and increased collaboration between the County's public child welfare system and community-based organizations. To do so, the networks have implemented three braided and integrated strategies: (1) building social networks by using community organizing approaches; (2) increasing economic opportunities and development; and (3) increasing access to and utilization of beneficial services, activities, and esources.

The three strategies rest on theories of change that suggest that increases in social capital resulting from social connection and network building strengthens family systems; relationship-based community organizing enhances community capacity for self-management and self-care; and enhancing protective factors associated with strong families increases children's safety and ability to thrive. The networks focused on shoring up some of the protective factors that are known, through other research, to mitigate the effects of risk factors associated with child maltreatment and placement. The promising trends shown in the NAC survey presented later in this report do bode well in the future for potentially impacting child abuse rates if 3-5 years of such an investment in prevention services were made.

Braiding the three strands into a welcoming, flexible, and accommodating neighborhood-based web means that families can choose to engage on their own terms. In addition, relationships can be nurtured through civic engagement and community improvement projects, and network navigators can help people who need additional help accessing local services. This "no wrong door" approach to delivering services for families and children means that families can find what they want and need when they want it, DCFS workers can find the right kinds of help for the families they serve, and community organizations can help families navigate through a confusing array of programs and agencies. Perhaps even more important, however, is the fact that service delivery can be embedded in a public health approach that strengthens the web of social connections in neighborhoods throughout Los Angeles County.

This kind of holistic braiding adds some important new layers to the traditional professionalized service delivery system where "clients" are identified as having problems, professionals assess and develop case plans, and people are referred to services that may or may not be integrated, accessible, or affordable. In addition to linking families to specific services in a time of crisis or need, the PIDP networks offer help with employment and family finances, navigating the maze of community services and supports, and empowering families to solve their own problems. Following the idea that three strands braided together are stronger than the separate strands, the intent of DCFS and the PIDP networks is to purposefully achieve a synergistic and exponential impact using all three complementary strategies.

A note about the importance of the PIDP economic development strategy: While stronger child welfare-public assistance/TANNF collaborations are being formed in some states, it is fairly rare for a public child welfare agency to design an agency funding model that enables a community-based network of agencies to work "upstream" in terms of helping families improve their economic situation. This is important for a number of reasons, as highlighted by Reynolds, Mathieson, and Topitzes (2009, p. 202):

> … Interventions and policies to increase economic well-being deserve further attention. Paxson and Waldfogel (2003), in a state-level analysis of welfare involvement, found that higher welfare benefits to mothers were associated with fewer cases of child neglect and out-of-home placement, although these effects varied by family structure. Parental employment among single-parent families also was associated with lower rates of child maltreatment. The influence of socioeconomic experiences on maltreatment rates may interact, however, with child welfare spending and other policy resources (Malcolm, 2005; Slack et al., 2003). Such findings reflect the potential importance of comprehensive two-generation approaches to maltreatment prevention and related outcomes. Only after examination of a wide range of intervention approaches over longer intervals of time will a better understanding of the prevention of child maltreatment emerge.

Conceptual Framework for Evaluating Prevention

PIDP networks developed community-level change models that recognize the strengths of all families, including those who are involved with DCFS as well as those who are not. The unique contribution of the three braided community-change strategies lies in working to mobilize each person's gifts, talents, assets, and strengths in the context of his or her daily life experience; in empowering families to care for themselves by building deep bonds between residents in their neighborhoods; and in developing pathways to support families working together to create and enhance neighborhood assets. In this period of economic turmoil, PIDP's emphasis on helping families address economic concerns has been especially significant. While it has at times been challenging for DCFS and its community partners to stretch beyond the social services paradigm, focus on family economics – helping parents qualify for jobs, create small businesses, maximize tax options, and increase financial literacy – could not have been more on point. (Additional detail on the conceptual framework is available in Appendix A.)

In its initial formulation, PIDP networks were asked to develop primary prevention approaches directed to the entire community in their Service Planning Area (SPA), along with secondary approaches that would help families referred to the public child welfare system and tertiary approaches designed for those with open child protection cases. Because resources only stretch so far and the spread of Los Angeles County is so extensive, most networks worked with their local DCFS regional offices to target the highest-need communities (by zip code) for this work. Thus, some activities offered by the PIDP networks have been restricted to small geographic high-need areas, while others are open to all regardless of where they live.

PIDP stresses relationship-based building strategies that intentionally strengthen social networks, contributing to social and emotional well-being and helping people get by in times of need, thus reducing the need to access services. Relationship-based building strategies also foster a sense of personal resiliency, self-agency, community belonging, and social connectedness so that people are willing to act as hub or connector for others.

PIDP builds on research from the Strengthening Family Initiative, which has shown that key family protective factors are likely to diminish the likelihood of child maltreatment. These important protective factors include: parent resilience, social connections, knowledge of parenting and child development, children's social and emotional development, and concrete support in times of need (Center for the Study of Social Policy, 2009):

> "Extensive research supports the common-sense notion that when these Protective Factors are present and robust in a family, the likelihood of child abuse and neglect diminishes."

Child welfare systems will always need to rely on a number of strategies to ensure child safety. One of the unique aspects of PIDP is that it intentionally builds on existing evidence about strengthening families and enhancing community capacity to support families in order to prevent child maltreatment. The model also builds on network theory to guide development of PIDP networks in each SPA, encouraging experienced community-based organizations and groups to work together and supporting development of community-based interpersonal networks in smaller communities. Developing and strengthening these organizational and community networks augments service delivery strategies through wellness promotion, preventing the need for professional intervention and linking people to effective intervention in times of need.

Partnerships with DCFS Regional Offices

During the last few years, DCFS offices have adopted a prevention-oriented perspective, making significant strides in supporting families at their "point of engagement" with the child protective services system by engaging parents and providing individualized responses to family needs, including linkages to community-based resources and services. Starting in 2004, Point of Engagement (POE) has become the Department's umbrella for a number of internal reform strategies including Team Decision Making, Structured Decision Making, Concurrent Planning, and others. DCFS has been able to use the financial flexibility afforded by the Title IV-E Waiver to support prevention, assessment, and early intervention in order to keep children safely at home whenever possible.

DCFS offices have also worked to enhance partnerships with other County departments. One key alliance is the Linkages partnership with the Department of Public Social Services (DPSS), which co-locates DPSS staff in DCFS regional offices where they can give immediate assistance to families facing economic hardship. Another is the partnership with the Department of Mental Health, which has been significantly enhanced through formal agreements under the Katie A. settlement that specified that a broad range of mental health services be available to children served by DCFS.

With all of these initiatives happening at the same time, DCFS is essentially creating a differential response system equal to the challenges and complexities of LA. DCFS regional offices work to prevent child maltreatment and provide individualized help, referrals, and support to families referred to the child protective services system by investing in three overall strategies: (1) engaging families from their first contact with child protective services; (2) enhancing teamwork internally and with key institutional partners; and (3) creating effective community partnerships in neighborhoods throughout the County. PIDP is an especially important community partnership because it is the only one that takes a community-based approach to primary prevention in high-need neighborhoods, linking community building with services for any individual or family who seeks help whether or not they are known to DCFS. For this reason, it provides an interesting holistic vantage point from which to view public and private contributions to the overall child welfare system in Los Angeles County.

Evaluation Design and Measures

EVALUATION OVERVIEW

The evaluation design reflects the complexity of a multifaceted new program and systems change model that is still in development. As described by Hargreaves (2010), this kind of developmental evaluation of system changes is designed to:

> …support the development of new program models, the ongoing development of an intervention model, the adaptation of an intervention model to new dynamic environments; the development of a rapid response to a sudden change or crisis; or the evaluation of complex multilevel, multi-sector system change interventions….

> Developmental evaluations of system change initiatives can be used in simple, complicated, and complex contexts but are well suited for complex interventions that emphasize ongoing evolution and adaptation of intervention models in dynamic contexts. (p. 12)

Initial discussions about PIDP identified the need for evaluation results that could (1) identify best practices in teamwork, family engagement, case management, and collaboration between community-based networks and County departments; (2) make recommendations on how County government and its community partners could bring these best practices to scale; (3) revisit current County service contracts (such as DCFS's PSSF-CAPIT contracts) to incorporate findings and best practices into future-year contracting; and (4) leverage external resources to support and sustain the most effective aspects of the PIDP initiative over time. Since key decision-makers at different levels wanted different kinds of information to guide systems development over time, and there was an urgent need to determine impact at multiple levels in eight geographic regions with varying program models, the evaluation team took a systems change approach to evaluating PIDP.

The team has gone through several phases in this evaluation process. During 2008, evaluators reviewed documents and analyzed emerging networks, administered on-line surveys on organizational change, and conducted interviews and focus groups with DCFS staff. In 2008-09, the team interviewed 200 DCFS staff in 16 regional offices to describe the implementation of POE and determine the impact of multiple reform processes including PIDP. During the first half of 2009, the evaluation team surveyed staff from participating community-based organizations, interviewed parents, conducted focused studies of specific PIDP network approaches, and analyzed data collected by DCFS. In addition, the team helped DCFS collect data on the lessons being learned around the county at two PIDP learning forums, one in November 2008 and one in April 2009. For 2010 the focus changed to analyzing data on the impact of PIDP for DCFS client families in a few communities and documenting the accomplishments of the PIDP networks in all eight SPAs.

This report incorporates four strategies:

1. Integrating data from multiple sources to describe the accomplishments of all eight PIDP networks in their second year of operation.
2. Determining the impact of PIDP on DCFS families in at least 5 key communities.
3. Measuring family protective factors to determine links with traditional (and more easily measured) child welfare outcomes.
4. Summarizing data on the economic benefits to families of participation in the ongoing Earned Income Tax Credit (EITC) campaign, which is sponsored by the eight SPA Councils with participation of about half of the PIDP networks.

Multi-Level Approach to Year Two Evaluation Questions

In order to respond to different kinds of research questions – while optimizing available data and minimizing the need for new data collection – the team used five key themes and sets of questions to guide the evaluation process.

1. **Protective Factors**. Did participation in PIDP increase the protective factors known to strengthen families and prevent child maltreatment? If so, were improvements in protective factors associated with decreased need for child welfare intervention or different kinds of intervention? This is a key question important for understanding how prevention activities contribute to family well-being. (See section IV.)
2. **DCFS Case Flow**. Overall, for each SPA and each regional office, what were the trends in terms of referrals, substantiation rates, new cases coming into the DCFS system, children removed into out-of-home care, and disproportional attention to children of color? (These data are included in the PIDP Network SPA Profiles in volume 2.)

3. **PIDP Activities.** How many families participated in PIDP activities? What is known about the characteristics of PIDP participants and how they were "touched" by PIDP? This includes families who had not had any contact with DCFS prior to their involvement with PIDP. (See section III and the PIDP Network SPA Profiles in volume 2.)
4. **Involvement of DCFS Families.** To what extent did children and families already involved with DCFS participate in PIDP activities? What factors help to explain different patterns of involvement? (See section III and PIDP Network SPA Profiles in volume 2.)
5. **Impact on Case Opening and Reunification.** Did PIDP affect the likelihood that families in three specific high-risk communities would move from an ER referral status to an open case? Did it affect the likelihood of family reunification for cases in two other communities? (See section VI.)

Evaluation Measures, Data Sources, and Data Collection Procedures

Integrating Data to Identify Results of PIDP in Specific Communities. One of the first tasks was to determine whether it was feasible to integrate data from multiple sources to clarify retrospective results for identifiable families in key communities during 2008-9. Although families served by PIDP in 2008-9 may not be identifiable everywhere, there are two advantages in focusing on 2008-9 where possible – attitudes toward allowing families known to DCFS to participate in preventive services were arguably more open in this time period than they are now, and longer-term follow-up was possible. Due to regional differences in implementation, analysis strategies varied across the five regions. It is also important to note that, due to the different strategies employed and resources available in different SPAs, the focus of analysis varied from community to community. In three regions, the focus was on referrals of ER cases while in two others the focus was on reunification of children already in out-of-home care with their families. The intentions and goals of the regional offices were also taken into account; for example, only SPA 3 identified reduction of disproportionality as an overall goal for families known to DCFS.

The following five communities were the focus of particular attention. The evaluation team discussed data needs and plans with deputy directors, RAs, and the PIDP networks in order to develop a focused but practical analysis plan. The specific communities selected for attention were:

1. Lancaster
2. Pomona/El Monte
3. Compton
4. Pacoima, San Fernando, and Santa Clarita Valleys
5. South County and Torrance

Staff from each regional office and from the local PIDP networks participated in sample selection and identification of case numbers for a specific category of families served. DCFS staff from the Community Based Services Division (CBSD) assisted in organizing the data, including liaison with appropriate staff at regional offices and with Bureau of Information Services (BIS). In order to assure confidentiality, all analyses were completed by DCFS BIS staff.

PIDP Network SPA Profiles

Profile data was collected from five sources:

1. BIS reports on overall trends in child protective services reports and case findings and other case activity from July 2008-June 2010

2. Statistical data from Healthy City and other websites on demographic and economic conditions in each SPA
3. Phone survey of regional administrators in DCFS regional offices; the survey instrument, designed by evaluators and administered by CBSD staff between May and July 2010, assessed attitudes and involvement with local PIDP networks
4. Data from contract files maintained by the CBSD, including contract deliverables, total numbers served, and monthly reports on activities and accomplishments; data were abstracted from the files by two MSW students under the supervision of a doctoral student active in the PIDP evaluation team
5. Electronic survey through which PIDP network leads described their approach to braiding the three core strategies and changes in activities in 2009-10
6. Local reports on special data collection efforts

Draft reports were reviewed by PIDP network leaders to assure accuracy and consistency with the local approach to prevention.

Appendix C:
Methodological Notes for the CWS/CMS Analysis

Total Family Records Considered

ER REFERRALS (FAMILY LEVEL)

	ER Referrals (family) included in analysis
SPA 1. Lancaster	47
SPA 2. San Fernando Valley	17
SPA 2. West San Fernando Valley	17
SPA 2. Santa Clarita	19
SPA 6. Compton	229
Total	**329**

Calculation of average family members included in each referral is based on actual rate for Compton PIDP referral group (2.4).
Subtotal in ER referral families = 329 x 2.4 = 789.

OPEN CASES (CHILD LEVEL)

	Open cases (one child) included in analysis
SPA 3. Pomona	58
SPA 3. El Monte	115
SPA 3. Additional Pomona families who had help only with TDMs	75
SPA 3. Additional El Monte families who had help only with TDMs	28
SPA 8. South County	23
SPA 8. Torrance	88
Subtotal	387
Total DCFS client contacts reported by PIDP	**2391**
Subtract SPAs 4, 5, and 7 not included in this analysis (N=230)	2161
Person records submitted for analysis	1176

Percentage of DCFS-related persons included in this analysis.

Acknowledgments

The evaluation team would like to acknowledge the continuing contributions of the PIDP network leaders, liaisons, and DCFS staff involved in local efforts for sharing their ideas and recommendations, for working closely with us over two years to assure that data were accurate and timely, and for assuring that the evaluation design reflected the wide array of prevention approaches and activities included under the PIDP umbrella. We appreciate the advice, support, and hard work of the DCFS leaders and staff members who supported this second year report including Patricia Ploehn, Norma Doctor Sparks, Harvey Kawasaki, Corey Hanemoto, Jonathan Sydes, Janis Williams, Cecilia Custodio, Rae Hahn, Thomas Nugyen, and Elizabeth Castillo (MSW intern).

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SPA Prevention Initiative Demonstration Project Networks
SPA 1 Antelope Valley, SPA 2 San Fernando Valley, SPA 3 San Gabriel Valley, SPA 4 Metro, SPA 5 West, SPA 6 South, SPA 7 East, SPA 8 South Bay

casey family programs

fostering families. fostering change.®

Casey Family Programs is the nation's largest operating foundation focused entirely on foster care and improving the child welfare system. Founded in 1966, we work to provide and improve—and ultimately prevent the need for—foster care in the United States. As champions for change, we are committed to our 2020 Strategy—a goal to safely reduce the number of children in foster care and improve the lives of those who remain in care.

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