

Appendix A

PIDP Evaluation Advisory Committee

Name	Contact Info	Notes
Harvey Kawasaki	LA Dept of Children and Family Services 501 Shatto Place, Room 304 Los Angeles, CA 90020 kawash@dcfs.lacounty.gov	<ul style="list-style-type: none"> • DCFS lead for PIDP and representative to the program evaluation team
Jacquelyn McCroskey	University of Southern California John Milner Professor of Child Welfare School of Social Work Montgomery Ross Fisher Building Los Angeles, CA 90089-0411 mccroske@usc.edu	<ul style="list-style-type: none"> • USC research lead and co-PI for PIDP/POE evaluation • Qualitative evaluation work group leader
Peter Pecora	Casey Family Programs Managing Director of Research Services 1300 Dexter Ave. North, Floor 3 Seattle, WA 98109 ppecora@casey.org Professor, University of Washington	<ul style="list-style-type: none"> • Casey research lead and co-PI for evaluation • Organization and worker survey work group

Name	Contact Info	Schedule Notes
Tarek Azzam	Senior Research Associate Institute of Org & Program Evaluation Research 175 East 12 th St. Claremont, CA 91711 tarek.azzam@cgu.edu	<ul style="list-style-type: none"> • Organization and worker survey work group
Christina (Tina) A. Christie	Claremont Graduate University Associate Professor School of Behavioral and Organizational Sciences 123 East 8th St. Claremont, CA 91711 Tina.Christie@cgu.edu	<ul style="list-style-type: none"> • Organization and worker survey work group leader • First 5 LA PFF evaluation co-PI
Ruth Chambers	Assistant Professor, Department of Social Work California State University, Long Beach 1250 Bellflower Blvd. Long Beach, CA 90840 rchambe2@csulb.edu	<ul style="list-style-type: none"> • Qualitative evaluation work group

David Dreger	LA Dept of Children and Family Services 501 Shatto Place, Room 304 Los Angeles, CA 90020 drgdvd@dcfs.la.county.gov	<ul style="list-style-type: none"> • Member of Harvey's PIDP administrative team
Dreolin Fleischer	Research Assistant Claremont Graduate University dreolin.fleischer@cgu.edu	<ul style="list-style-type: none"> • Claremont research team
Todd Franke	Associate Professor UCLA Department of Social Welfare tfranke@ucla.edu	<ul style="list-style-type: none"> • Organization and worker survey work group. • First 5 LA PFF evaluation principal investigator
Cecilia Custodio	LA Dept of Children and Family Services E-Government & E-Commerce Manager 12440 Imperial Hwy, 5th Fl., Rm 501 Norwalk, CA 90650 custoc@dcfs.lacounty.gov	
Walter Furman	Research Center Director, UCLA wfurman@ucla.edu	<ul style="list-style-type: none"> • Qualitative evaluation work group
Bill Gould	Research Analyst First 5 LA Commission 750 North Alameda Street, Suite 300 Los Angeles, CA 90012 bgould@first5la.org	<ul style="list-style-type: none"> • First 5 LA representative
Erica Rosenthal	Doctoral student Research assistant Claremont Graduate University erica.rosenthal@cgu.edu	<ul style="list-style-type: none"> • Qualitative evaluation work group
Jaymie Lorthridge	Doctoral student School of Social Work Montgomery Ross Fisher Building Los Angeles, CA 90089-0411 lorthrid@usc.edu	<ul style="list-style-type: none"> • Qualitative evaluation work group
Alan Weisbart	LA Dept of Children and Family Services IV-E Waiver Team Evaluation Lead Bureau of Resources 425 Shatto Place, 5th Floor Los Angeles, CA 90020 weisba@dcfs.lacounty.gov	<ul style="list-style-type: none"> • DCFS lead for POE/Waiver evaluation aspects • CWS/CMS data base analysis work group leader
Bonnie Armstrong	Casey Family Programs Director - Strategic Consulting LA County 1110 E. Green St. Pasadena, CA 91106 barmstrong@casey.org	

Ricardo Hernandez	Casey Family Programs SI Analyst Strategic Consulting 1110 E Green St. Pasadena, CA 91106 rhernandez@casey.org	
Debra Nakatomi	Nakatomi & Associates 1820 14th St. Ste. 500 Santa Monica, CA 90404 debra@nakatomipr.com	
Laura Valles	Center for the Study of Social Policy lvallesassoc@aol.com	

Name	Contact Info	Notes
Chrissie Castro	Center for the Study of Social Policy Chrissie.castro@gmail.com	<ul style="list-style-type: none"> • Project Advisor
Jill McKenzie	PROTOTYPES Outpatient & Day Treatment Services jmckenzie@prototypes.org	<ul style="list-style-type: none"> • RA Rep for SPA 3
Licha Drake (primary)	Children's Bureau - Magnolia Place 1910 Magnolia Avenue Los Angeles, CA 90007 lichadrake@all4kids.org	<ul style="list-style-type: none"> • Rep for SPA 4
Eric Murrillo-Angelo (alternate)	El Centro del Pueblo emurillo@ecdpla.org	
Ana Moscoso (alternate)	Children's Institute, Inc.; amoscoso@childrensinstitute.org	
Julie Yamashita-Dysim	Evaluation Coordinator UCLA and West Side Children's Services juliey@westsidechildrens.org	<ul style="list-style-type: none"> • Reps for Spa 5
Janene Boller	Associate Director Westside Children's Center janeneb@westsidechildrens.org	
Susan Kaplan	Executive Director Friends of the Family susan@fofca.org	<ul style="list-style-type: none"> • Reps for SPA 2 and SPA 1
Deborah Davies	Convener Friends of the Family and SPA 2 Children's Council Director of Programs Friends of the Family 15350 Sherman Way, Ste 140	

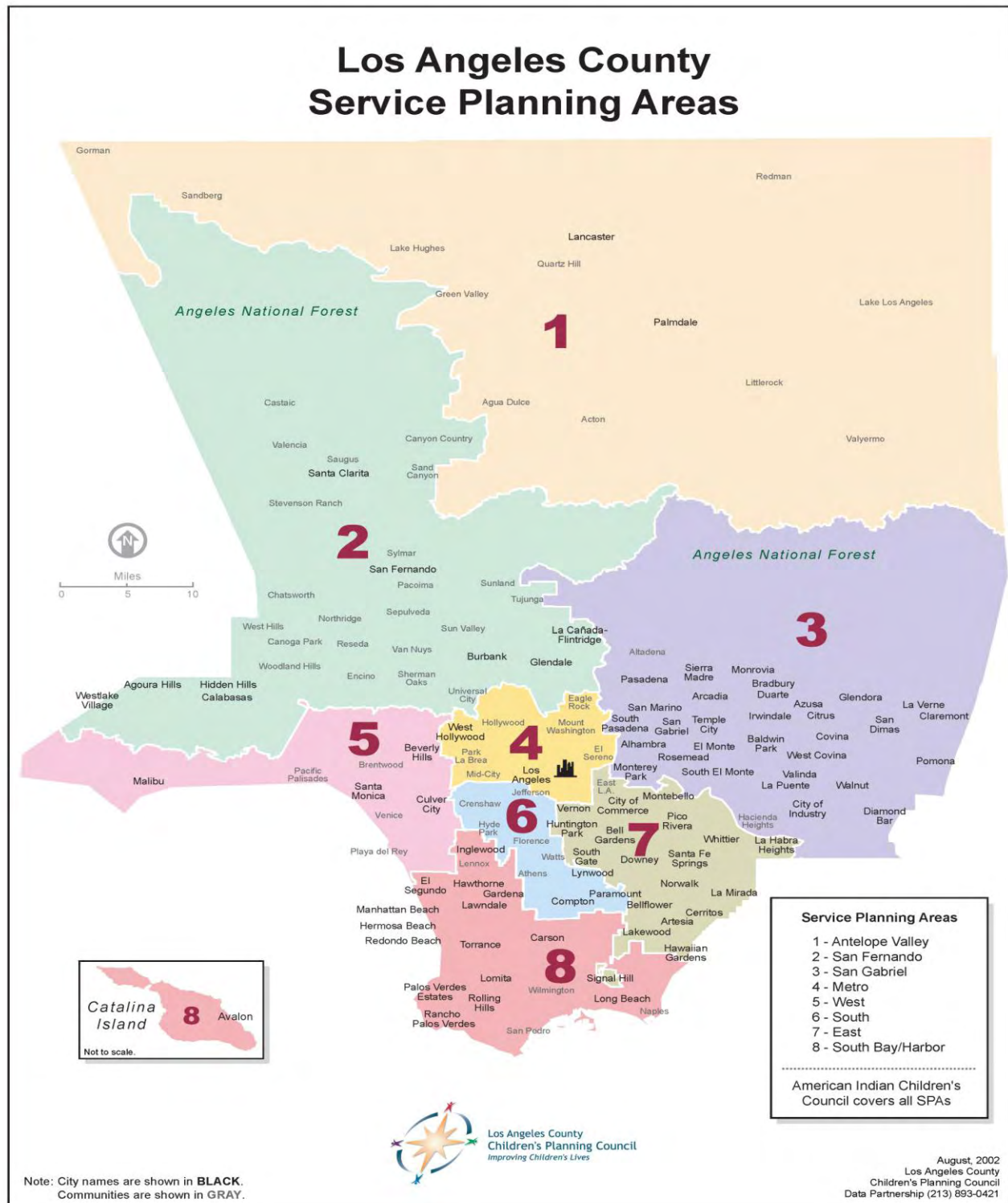
Name	Contact Info	Notes
	Van Nuys, CA 91406 Deborah@fofca.org	
Phillip Nunn Audrey Tousant	Evaluation Consultant for SHIELDS for Families & Liaison to Evaluation Workgroup pkzig@yahoo.com Program Manager atousant@shieldsforfamilies.org	<ul style="list-style-type: none"> • Reps for SPA 6
Kathy Icenhower, Sara Tienda, Audrey Tousant	Shields for Families kicenhower@shieldsforfamilies.org stienda@shieldsforfamilies.org atousant@shieldsforfamilies.org	<ul style="list-style-type: none"> • Back-up Reps for SPA 6
Mary Hammer	South Bay Center for Counseling mlhammer@sbcglobal.net	<ul style="list-style-type: none"> • Rep for Spa 7 and 8
Derrick Perez-Johnson	Children Services Administrator LA County DCFS: Lakewood Office 4060 Watson Plaza Dr., Lakewood, CA 90712 perezdb@dcfs.lacounty.gov	<ul style="list-style-type: none"> • RA Rep for SPA 8

Name	Contact Info	Notes
Advisors from DCFS, Casey Family Programs and Other Organizations		
Stephanie Carter	Clinical Assistant Professor USC School of Social Work slcarter@usc.edu	
Michelle Forniss	Management Secretary Department of Children & Family Services Services Bureau IV 425 Shatto Place Los Angeles, CA 90020 fornim@dcfs.lacounty.gov	
David Fetterman	Director of Evaluation—Division of Evaluation School of Medicine Stanford University Stanford, CA 94305 davidf@stanford.edu profdavidf@yahoo.com	
Teri Gillams	LA Dept of Children and Family Services gillams@dcfs.lacounty.gov	
Ruben Gonzales	Center for the Study of Social Policy RubenGnzls@aol.com	

Name	Contact Info	Notes
Armando Jimenez	Director of Research First 5 LA ajimenez@first5.org	
Susan Smith	Director of Data Advocacy Systems Improvement Services Casey Family Programs 1300 Dexter Ave N Seattle, WA 98109 SSmith@casey.org	
Patricia Bowie	Consultant to Casey Family Programs and the Children's Council patriciabowie@mac.com	
Jane Yoo	Director, Results Research jane@r-squared.org	
Cheryl Wold	Consultant to the Children's Council and First 5 LA Cheryl@cherylwold.com	

Appendix B

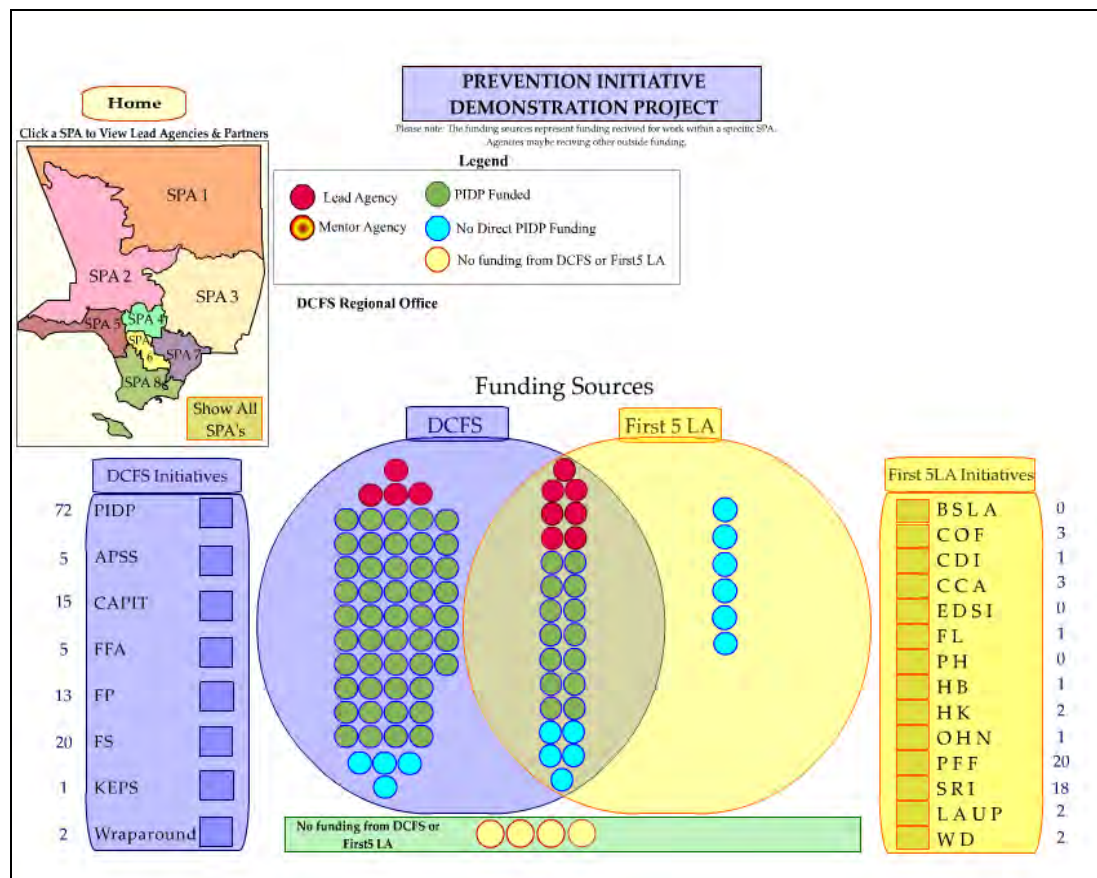
Los Angeles County Service Planning Areas



Appendix C

Maps Showing PIDP Network Participation and Funding from DCFS and First 5 LA

Overall Perspective



Legend

PIDP: Prevention Initiative Demonstration Project

APSS: Adoption Promotion and Support Services

CAPIT: Child Abuse Prevention, Intervention, and Treatment Program

FFA: Foster Family Agency/Foster Care

FP: Family Preservation Program

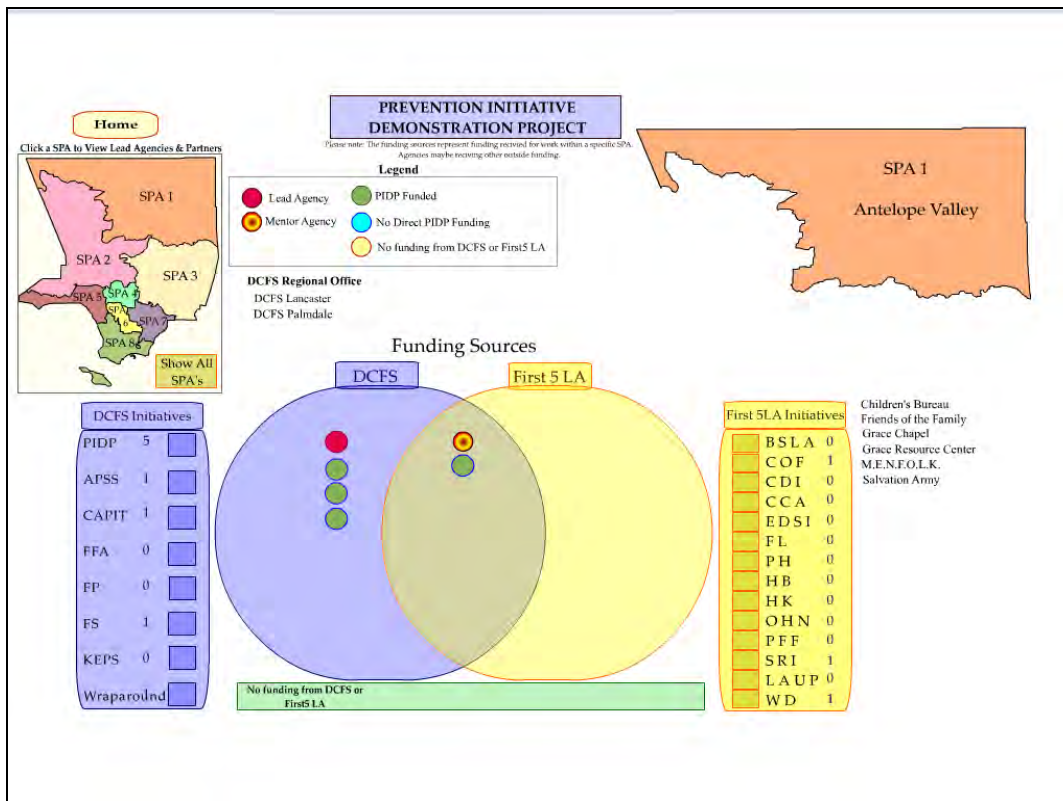
FS: Family Support Program

KEPS: Kinship Education, Preparation, and Support

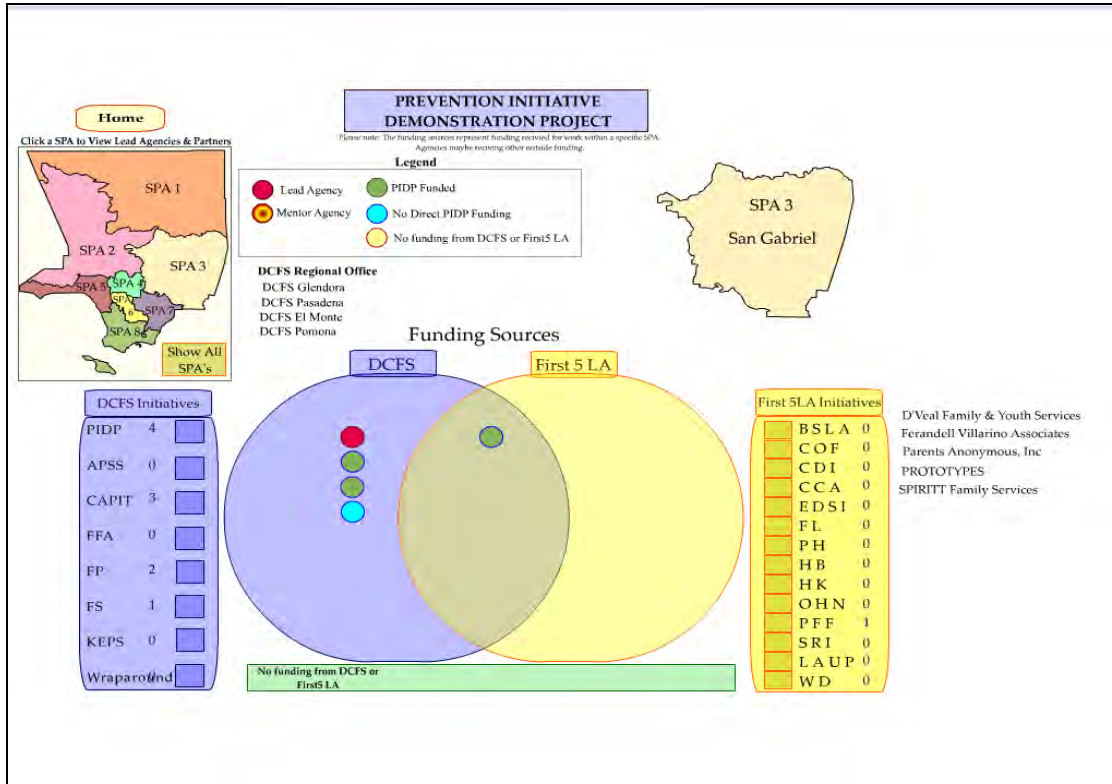
Wraparound: Wraparound is a multi-agency initiative.

- BSLA:** Best Start Los Angeles
- COF:** Community Opportunities Fund
- CDI:** Community-Developed Initiatives
- CCA:** Cross-Cutting Approaches
- EDSI:** Early Developmental Screening and Intervention
- FL:** Family Literacy
- PH:** LA Parent Helpline
- HB:** Healthy Births
- HK:** Healthy Kids
- OHN:** Oral Health & Nutrition
- PFF:** Partnerships for Families
- SRI:** School Readiness Initiative
- LAUP:** Los Angeles Universal Preschool
- WD:** Workforce Development

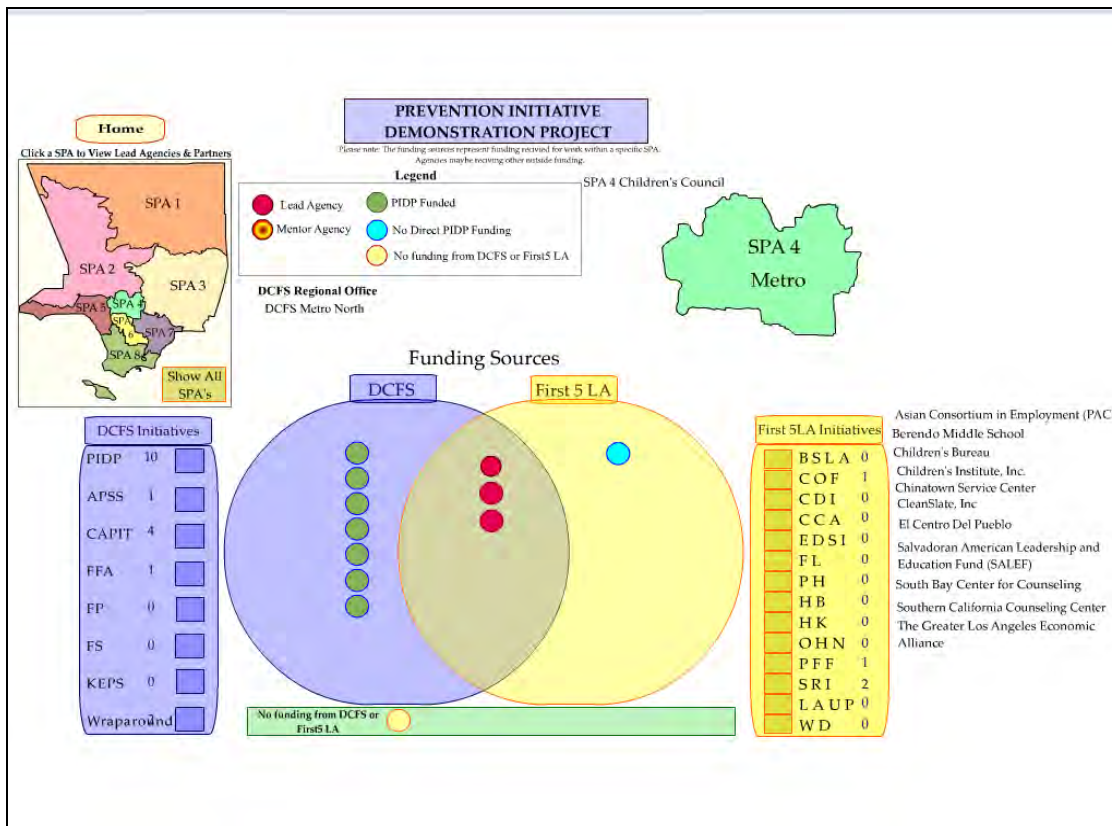
SPA 1



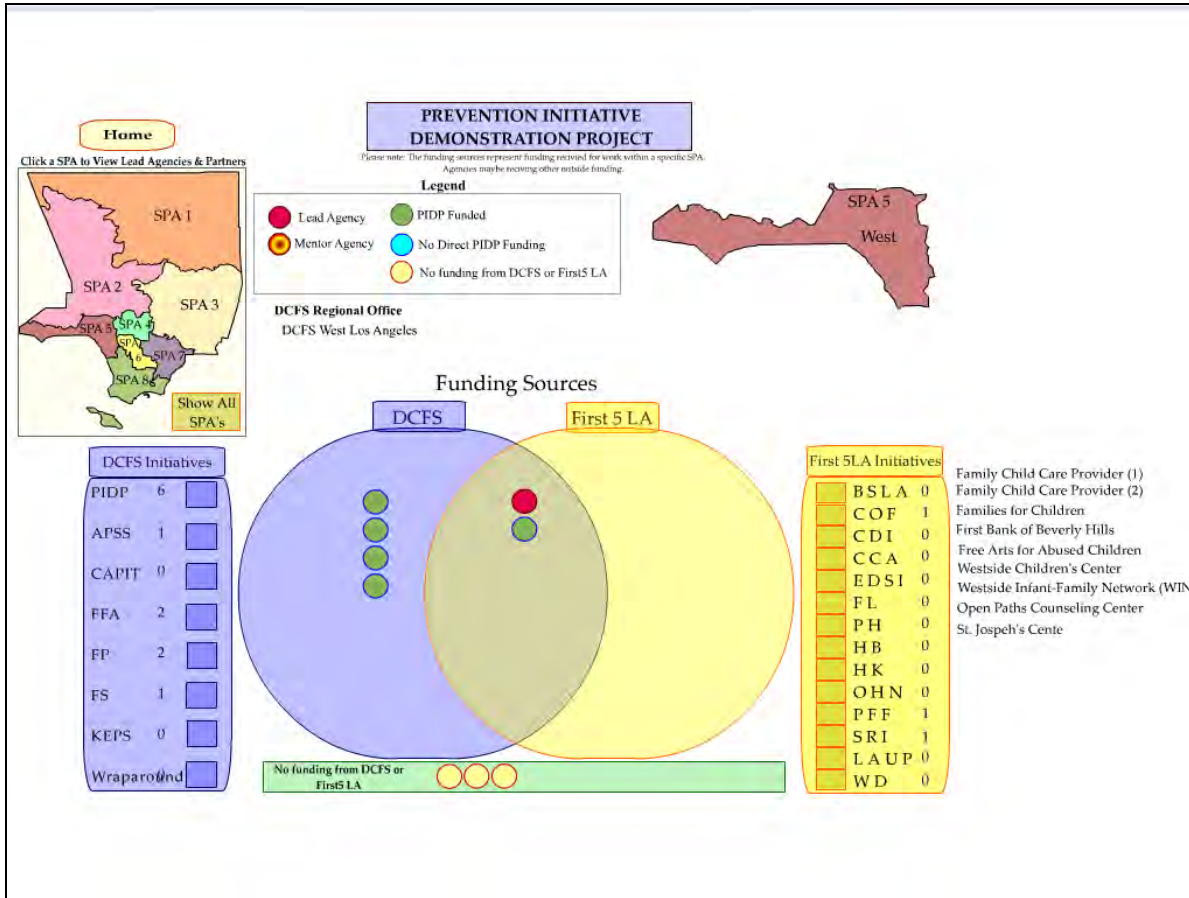
SPA 3



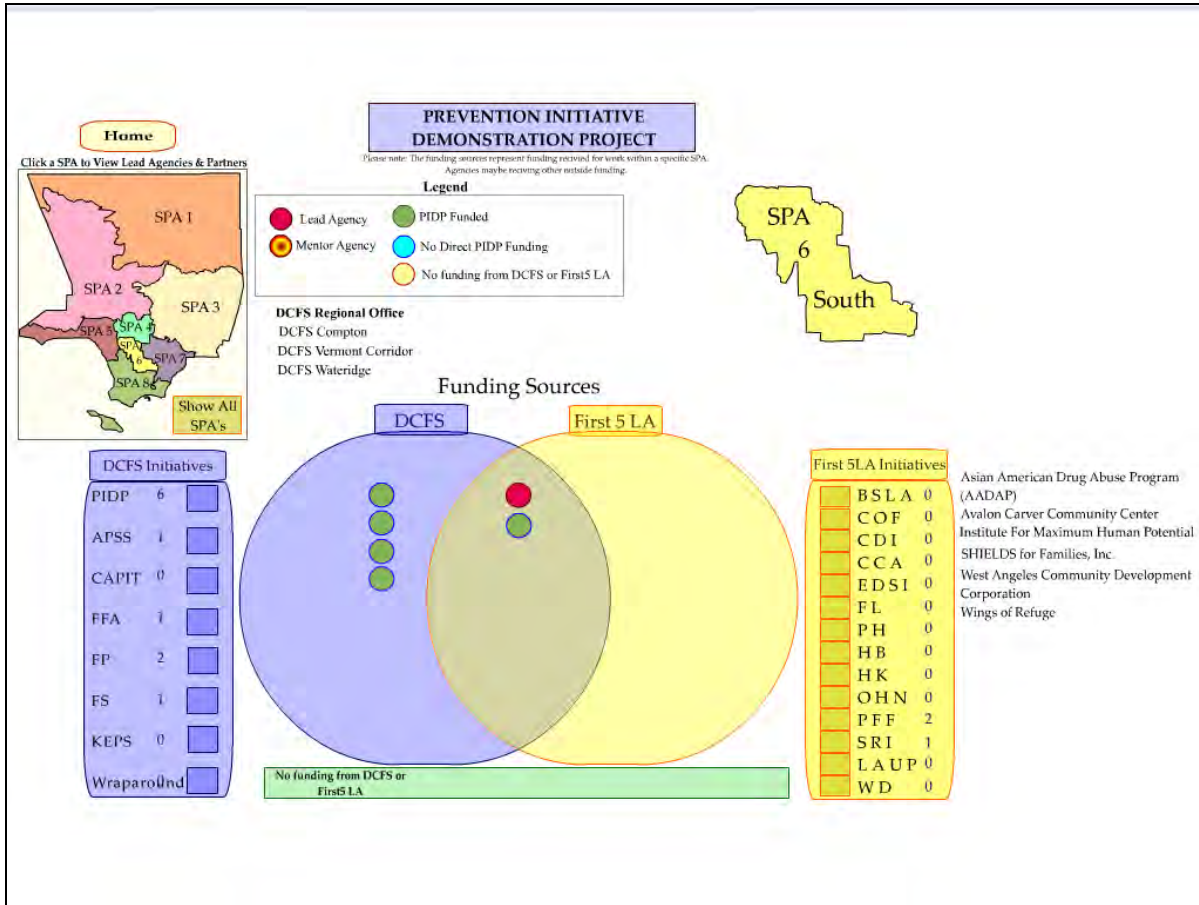
SPA 4



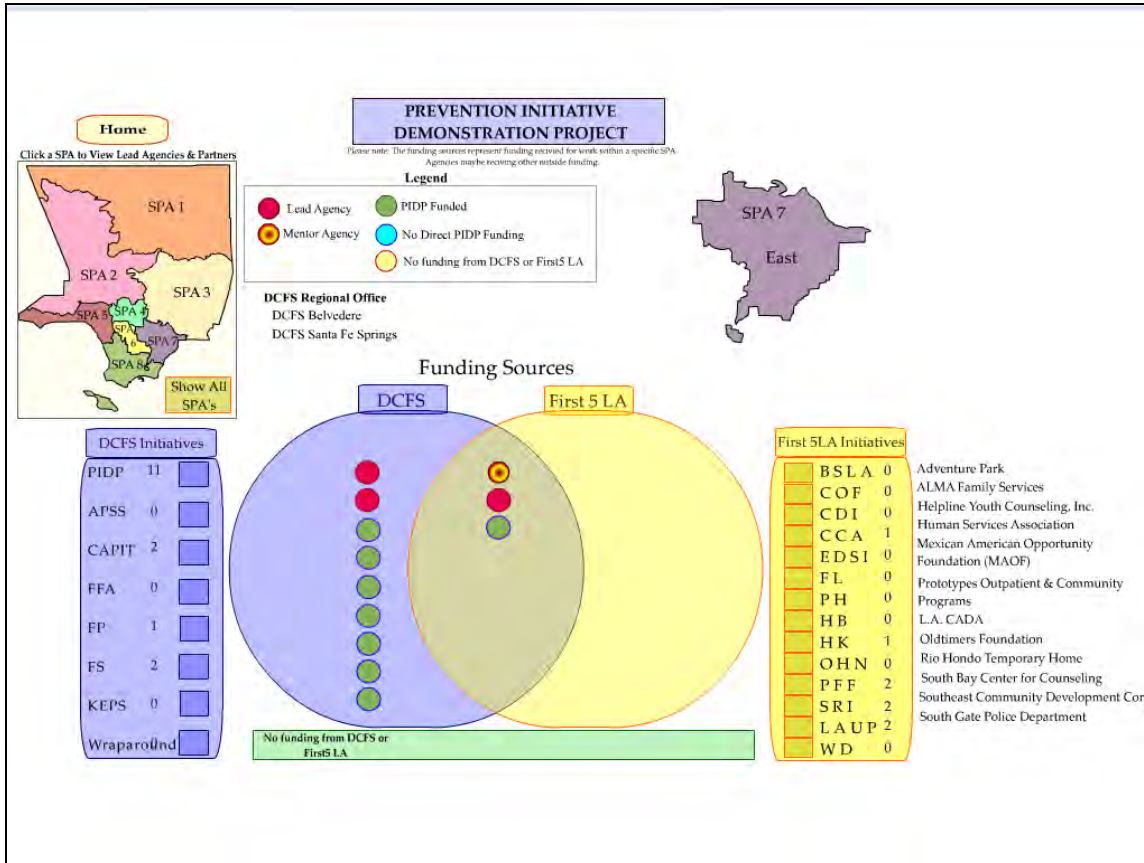
SPA 5



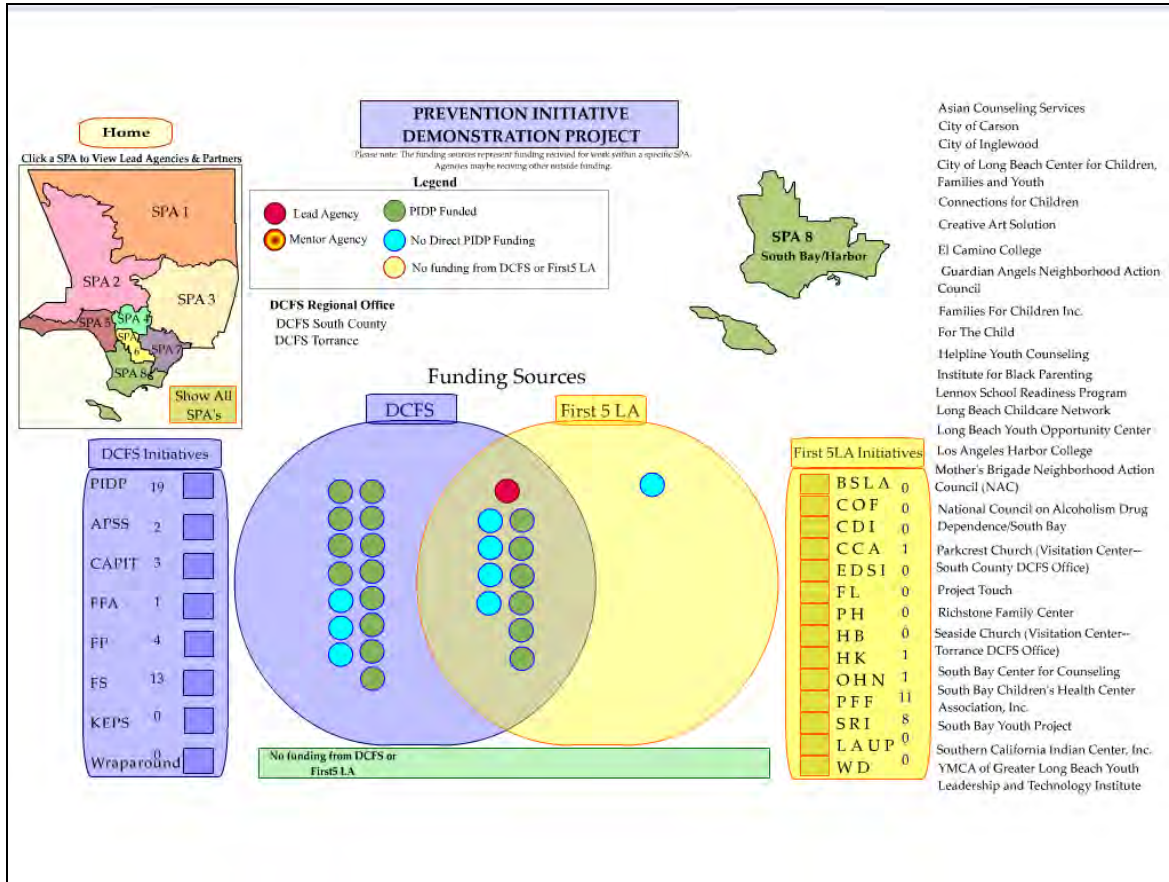
SPA 6



SPA 7



SPA 8



Appendix D

DCFS Regional Office Staff Participating in Qualitative Interviews

Table D.1
DCFS Regional Offices and Staff Participating in Qualitative Interviews

	RA	ARA	SCSW	CSW	TOTAL
<u>SPA 1</u>					
Lancaster	1	2	4	2	9
Palmdale	1 (acting)	1	4	4	10
<u>SPA 2</u>					
San Fernando	1	1	5	3	10
Santa Clarita	1	2	4	5	12
<u>SPA 3</u>					
Glendora/ El Monte*	1	1	6	10	18
Pasadena	1	3	7	1	12
Pomona	1	1	8	5	15
<u>SPA 4</u>					
Metro North	1	2	7	4	14
<u>SPA 5</u>					
West LA	1	2	4	5	12
<u>SPA 6</u>					
Compton	1	1	3	4	9
Vermont Corridor	1	1	9	8	19
Wateridge	1	1	4	1	7
<u>SPA 7</u>					
Belvedere	1	1	5	5	12
Santa Fe Springs	1	1	7	6	15
<u>SPA 8</u>					
South County (formerly Lakewood)	1	1	3	4	9
Torrance	1	3	4	4	12
Totals	16	24	84	71	195

* One RA directs both the Glendora and El Monte offices; staff were combined for interviews and focus groups.

^bTable abbreviations: **RA** = Regional Administrator; **ARA** = Assistant Regional Administrator; **SCSW** = Supervising Children's Social Worker; and **CSW** = Children's Social Worker.

Appendix E

Agency Staff Survey Tables

Table E.1.
Respondent Demographics

Gender	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	All SPAs	All SPAs
	n=15	n=26	n=29	n=21	n=15	n=16	n=16	n=34	%	N
Male	46.7%	30.8%	27.6%	33.3%	20.0%	6.2%	18.8%	26.5%	26.7%	46
Female	53.3%	69.2%	72.4%	66.7%	80.0%	93.8%	81.2%	73.5%	73.3%	126
Race/Ethnicity ⁽¹⁾	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	All SPAs	All SPAs
	n=14	n=28	n=32	n=22	n=16	n=16	n=16	n=34	%	N
American Indian or Alaskan Native	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.9%	1.1%	2
Asian	0.0%	3.7%	6.9%	4.5%	6.2%	0.0%	6.2%	5.9%	4.6%	8
Black or African American	6.7%	7.4%	24.1%	0.0%	12.5%	56.2%	0.0%	14.7%	14.9%	26
Hispanic or Latino(a)	20.0%	40.7%	44.8%	59.1%	37.5%	25.0%	68.8%	23.5%	39.4%	69
Native Hawaiian or other Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	8.8%	1.7%	3
White	60.0%	48.1%	27.6%	27.3%	37.5%	12.5%	25.0%	41.2%	35.4%	62
Other	6.7%	0.0%	6.8%	9.0%	6.2%	6.2%	0.0%	0.0%	4.2%	7
Don't Know	0.0%	3.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	.6%	1
Age	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	All SPAs	All SPAs
	n=14	n=27	n=28	n=21	n=16	n=13	n=16	n=32	%	N
18 – 29	0.0%	11.1%	3.6%	23.8%	12.5%	7.7%	0.0%	21.9%	11.4%	19

30 – 39	21.4%	25.9%	25.0%	38.1%	37.5%	7.7%	43.8%	37.5%	30.5%	51
40 – 49	21.4%	29.6%	28.6%	23.8%	12.5%	7.7%	31.2%	9.4%	21.0%	35
Age	SPA 1 N=14	SPA 2 N=27	SPA 3 N=28	SPA 4 N=21	SPA 5 N=16	SPA 6 N=13	SPA 7 N=16	SPA 8 N=32	All SPAs %	All SPAs N
50 – 59	57.1%	22.2%	28.6%	14.3%	25.0%	69.2%	25.0%	25.0%	29.9%	50
60 or older	0.0%	11.1%	14.3%	0.0%	12.5%	7.7%	0.0%	6.2%	7.2%	12

(1) Respondents were asked to select all applicable races/ethnicities. As a result, frequencies do not sum to 100%.

Education

Overall, the majority of respondents (38%) held a Master’s degree or a Bachelor’s degree (26%), with an additional 18% reporting a community college or Associate’s degree. Of the 58 respondents who reported that they were currently pursuing a degree, 43% were pursuing a Master’s degree and 29% were pursuing a Bachelor’s degree.

Table E.2 Respondent Education Level

Education Achieved	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	All SPAs	All SPAs
	n=14	n=27	n=28	n=21	n=16	n=16	n=16	n=33	%	N
Less than high school education	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0
High school graduation (or GED)	7.1%	11.1%	0.0%	9.5%	0.0%	12.4%	6.2%	9.1%	7.0%	12
Community college or Associate’s degree	14.3%	3.7%	17.9%	19.0%	6.2%	18.8%	18.8%	33.3%	17.5%	30
Bachelor’s degree	42.9%	33.3%	10.7%	14.3%	43.8%	25.0%	18.8%	27.3%	25.7%	44
Master’s degree	14.3%	48.1%	53.6%	47.6%	37.5%	25.0%	50.0%	21.2%	38.0%	65
Doctoral degree	14.3%	0.0%	10.7%	0.0%	12.5%	12.5%	6.2%	9.1%	7.6%	13
Other	7.1%	3.7%	7.2%	9.6%	0.0%	6.2%	0.0%	0.0%	4.2%	7
Pursuing a Degree	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	All SPAs	All SPAs
	n=3	n=6	n=7	n=11	n=9	n=6	n=4	n=12	%	N
High school graduation (or GED)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0
Community college or Associate’s degree	33.3%	0.0%	0.0%	9.1%	22.2%	33.3%	0.0%	25.0%	15.5%	9
Bachelor’s degree	0.0%	33.3%	42.9%	36.4%	0.0%	16.7%	50.0%	41.7%	29.3%	17
Master’s degree	33.3%	66.7%	42.9%	45.5%	77.8%	33.3%	0.0%	25.0%	43.1%	25
Doctoral degree	33.3%	0.0%	14.3%	0.0%	0.0%	16.7%	25.0%	8.3%	8.6%	5
Other	0.0%	0.0%	0.0%	9.1%	0.0%	0.0%	25.0%	0.0%	3.4%	2

Job Characteristics

More than three-quarters of respondents have been with their agency for at least one year, though a substantial portion of staff members in SPA 5 (44%), SPA 6 (31%), and SPA 8 (32%) reported joining their agency within the last year. There was nobody in the sample who reported working in his or her current position for more than five years. The majority of respondents in each SPA (except for SPA 6) reported being in their current positions for at least one year.

Table E. 3 Respondent Job Characteristics

Job Description	SPA 1 n=15	SPA 2 n=27	SPA 3 n=29	SPA 4 n=22	SPA 5 n=16	SPA 6 n=16	SPA 7 n=16	SPA 8 n=34	All SPAs %	All SPAs N
Case manager	0.0%	7.4%	10.3%	4.5%	6.2%	0.0%	12.5%	2.9%	5.7%	10
Community organizer	6.7%	3.7%	0.0%	13.6%	0.0%	0.0%	12.5%	32.4%	10.3%	18
Cultural broker	0.0%	0.0%	6.9%	0.0%	0.0%	0.0%	0.0%	0.0%	1.1%	2
Direct service staff	6.7%	7.4%	20.7%	9.1%	18.8%	12.5%	12.5%	5.9%	11.4%	20
Outreach staff	0.0%	7.4%	0.0%	0.0%	0.0%	6.2%	0.0%	2.9%	2.3%	4
Parent advocate	0.0%	3.7%	10.3%	0.0%	0.0%	0.0%	0.0%	0.0%	2.3%	4
Program manager/ director	40.0%	51.9%	27.6%	45.5%	12.5%	31.2%	43.8%	35.3%	36.6%	64
Other	46.9%	18.5%	23.8%	27.0%	62.0%	49.6%	18.6%	20.3%	30.0%	53
Time at Agency	SPA 1 n=15	SPA 2 n=27	SPA 3 n=29	SPA 4 n=22	SPA 5 n=16	SPA 6 n=16	SPA 7 n=15	SPA 8 n=34	All SPAs %	All SPAs N
Less than 1 year	6.7%	3.7%	24.1%	13.6%	43.8%	31.2%	6.7%	32.4%	20.7%	36
1 – 5 years	13.3%	55.6%	27.6%	40.9%	43.8%	12.5%	33.3%	29.4%	33.3%	58
6 – 10 years	13.3%	18.5%	17.2%	18.2%	0.0%	18.8%	13.3%	14.7%	14.9%	26
11+ years	66.7%	22.2%	31.0%	27.3%	12.5%	37.5%	46.7%	23.5%	31.0%	54
Time in Current Position	SPA 1 n=11	SPA 2 n=21	SPA 3 n=20	SPA 4 n=16	SPA 5 n=14	SPA 6 n=9	SPA 7 n=11	SPA 8 n=26	All SPAs %	All SPAs N

Less than 1 year	9.1%	14.3%	40.0%	25.0%	50.0%	77.8%	18.2%	46.2%	34.4%	44
1 – 5 years	90.9%	85.7%	60.0%	75.0%	50.0%	22.2%	81.8%	53.8%	65.6%	84
6 – 10 years	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0
11+ years	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0

Appendix F

SPA-Level Participation in PIDP

Table F.1

Attendance at Prevention Initiative Demonstration Project (PIDP) Related Meetings

Meetings Attended	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	All SPAs %	All SPAs N
Local SPA-level PIDP meetings	66.7%	88.9%	75.9%	81.8%	50.0%	100.0%	87.5%	88.2%	81.1%	142
Monthly countywide PIDP meetings	33.3%	33.3%	37.9%	54.5%	12.5%	93.8%	50.0%	41.2%	43.4%	76
PIDP peer learning roundtables	33.3%	51.9%	27.6%	45.5%	6.2%	81.2%	81.2%	67.6%	49.7%	87
Never attended any PIDP-related meetings	26.7%	7.4%	13.8%	9.1%	50.0%	0.0%	0.0%	5.9%	12.6%	22

Table F.2

Percentage of Respondents Who Indicated That the Following Meeting Activities Occurred at Local SPA-Level Meetings

Survey Question: <i>Which of the following activities occurred during each type of meeting you attended?</i>	Local SPA-Level	N	Monthly Countywide	N	Peer Learning Sessions	N
Meeting Activities						
Collaborative announcements/updates/highlights	78.3%	137	39.4%	69	37.7%	66
Sharing knowledge	73.7%	129	37.1%	65	38.9%	68
Discussion of available resources	72.6%	127	29.7%	52	24.6%	43
Brainstorming solutions to problems	68.0%	119	30.3%	53	32.6%	57

Discussion of challenges related to the implementation of PIDP	64.0%	112	33.1%	58	35.4%	62
Discussion of community capacity building	62.3%	109	33.7%	50	32.6%	57
Discussion of future plans for PIDP	62.3%	109	35.4%	62	41.1%	72
Planning community outreach events for PIDP families	61.1%	107	17.7%	31	10.3%	18
Planning community events	61.1%	107	17.7%	31	9.7%	17
Discussion of internal PIDP evaluation progress/procedures	54.3%	95	25.1%	44	29.1%	51
Case sharing/advice	53.1%	93	18.9%	33	17.1%	30
Planning trainings for staff	52.6%	92	18.9%	33	10.9%	19
Discussion of PIDP external evaluation progress/procedures	46.9%	82	26.9%	47	33.1%	58

Table F.3
Knowledge Gained and Shared Concerning PIDP
Implementation Strategies

Survey Question: <i>Please indicate how much you agree or disagree with the following statements: At this time...</i>		SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	All SPAs
I am more knowledgeable about community organizing.	N*	15	27	29	21	16	16	16	34	174
	M**	3.93	4.22	3.52	4.14	3.31	4.12	4.50	4.50	4.06
	SD** *	.884	.698	.829	.910	1.08	.957	.632	.663	.898
I have told others about community organizing.	N	15	26	29	21	16	16	16	33	172
	M	4.20	4.23	3.52	4.29	3.06	4.19	4.38	4.48	4.06
	SD	.941	.652	.871	.956	1.18	.981	.719	.667	.950
I am more knowledgeable about economic development.	N	15	27	28	21	15	16	15	34	171
	M	3.33	3.67	3.39	3.81	2.80	3.94	3.87	4.09	3.66
	SD	.816	.877	.786	1.08	.941	.998	.834	.712	.928
I have told others about economic development.	N	15	26	29	21	15	16	16	34	172
	M	3.20	3.65	3.17	3.81	2.67	4.06	3.62	4.15	3.60
	SD	1.21	.977	.805	1.29	1.18	.998	.957	.784	1.08
I am more knowledgeable about access to community resources.	N	15	26	29	21	16	16	16	34	173
	M	4.00	4.42	4.24	4.10	3.81	4.44	4.00	4.44	4.23
	SD	1.07	.809	.689	.995	1.17	.727	.894	.746	.877
I have told others about community resources.	N	15	26	29	22	16	16	16	34	174
	M	4.47	4.38	4.31	4.36	3.88	4.69	4.44	4.53	4.39
	SD	.640	.637	.761	.953	1.41	.602	.727	.615	.810
I am more knowledgeable about what I can do to	N	15	26	29	22	16	16	16	33	173
	M	3.80	4.19	4.38	4.09	3.50	4.56	4.12	4.55	4.21

support prevention strategies than I was in the past.	SD	.941	.895	.622	.971	1.03	.727	.719	.617	.851
---	----	------	------	------	------	------	------	------	------	------

N=Sample Size; M=Mean; & SD=Standard Deviation

Rating Scale: 1=Strongly disagree; 2=Disagree; 3=Neutral; 4=Agree; 5=Strongly agree

Table F.4
Perceived Change in Resource Availability within a Collaborative

Survey Question: <i>To what extent have the following resources decreased or increased within your PIDP collaborative since PIDP began?</i>		SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	All SPAs
Childcare/daycare ¹	N	14	22	26	14	14	15	15	26	146
	M	3.14	3.50	3.35	3.29	3.36	3.93	3.47	3.46	3.44
	SD	.363	.673	.562	.469	.633	.884	.640	.905	.695
	N/A*	1	5	2	5	2	1	1	6	23
Community organizing (e.g., relationship-based community organizing, ABCD) ²	N	15	25	27	19	13	15	16	33	163
	M	3.93	4.24	3.89	4.26	3.69	4.33	4.25	4.52	4.18
	SD	.799	.779	.698	.653	.855	.724	.775	.619	.753
	N/A	0	2	1	2	3	0	0	1	9
Developmental screening/assessment ¹	N	15	22	23	18	13	13	13	24	141
	M	3.60	3.36	3.57	3.44	3.46	3.92	3.62	3.58	3.55
	SD	.737	.658	.590	.511	.877	.862	.650	.776	.701
	N/A	0	3	4	2	3	2	3	9	26
Family activities (e.g., resource fairs or social events for families) ²	N	15	24	26	18	14	16	16	33	162
	M	3.80	3.83	3.85	3.89	3.71	4.44	4.00	4.36	4.01
	SD	.862	.637	.675	.583	.726	.727	.632	.603	.705
	N/A	0	2	2	2	2	0	0	0	8
Financial Assistance for concrete or emergent needs ³	N	14	23	24	18	12	16	15	30	152
	M	3.57	3.65	3.38	3.78	3.33	4.19	3.67	3.93	3.70
	SD	.756	.647	.824	.647	.888	.911	.816	.785	.804
	N/A	1	3	3	1	4	0	1	3	16

Survey Question: <i>To what extent have the following resources decreased or increased within your PIDP collaborative since PIDP began?</i>		SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	All SPAs
Financial literacy & income security supports ³	N	14	23	24	20	12	16	14	30	153
	M	3.57	3.74	3.50	4.25	3.33	4.31	3.64	3.90	3.80
	SD	.756	.689	.834	.639	.888	.873	.745	.662	.795
	N/A	1	3	3	1	4	0	2	3	17
Information & referral/resource linkage ¹	N	15	23	26	22	15	16	15	34	166
	M	4.07	4.30	4.08	4.27	3.80	4.62	3.87	4.29	4.19
	SD	.799	.703	.628	.631	.862	.719	.834	.719	.744
	N/A	0	3	2	0	1	0	1	0	7
Job training/employment ³	N	15	24	25	17	12	16	15	31	155
	M	3.67	3.62	3.32	3.41	3.08	4.38	3.27	3.71	3.57
	SD	1.11	.647	.476	.618	.900	.719	.458	.864	.797
	N/A	0	2	3	4	4	0	3	3	17
Legal assistance ¹	N	15	24	25	15	12	16	13	27	147
	M	3.40	3.38	3.24	3.47	3.08	4.56	3.08	3.59	3.48
	SD	.737	.711	.597	.640	.900	.727	.277	.747	.788
	N/A	0	2	3	4	4	0	3	6	22
Other supports for children & youth (e.g., tutoring, mentoring, recreation) ¹	N	15	22	26	19	14	15	15	33	159
	M	3.60	3.86	4.00	3.79	3.29	4.60	3.60	4.06	3.89
	SD	.507	.560	.693	.631	.914	.632	.737	.788	.755
	N/A	0	4	2	1	2	0	1	1	11
Parenting classes & support groups ²	N	15	24	26	21	15	16	14	32	163
	M	4.00	4.12	4.27	4.10	3.73	4.50	3.64	4.03	4.07

Survey Question: <i>To what extent have the following resources decreased or increased within your PIDP collaborative since PIDP began?</i>		SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	All SPAs
	SD	.845	.741	.724	.700	1.03	.632	.745	.695	.774
	N/A	0	2	2	1	1	0	2	2	10
Other	N	4	5	8	4	3	9	2	6	41
	M	3.25	3.20	3.25	3.75	3.67	4.44	4.00	4.50	3.80
	SD	.500	.447	1.28	.957	1.16	.882	1.41	.837	1.03
	N/A	1	4	6	5	4	0	3	7	30

*N/A=The number of respondents who indicated “not applicable” presumably because this resource is not available in the respondents’ PIDP collaborative.

1=Resources related to the access to community resources strategy.

2=Resources related to the community organizing strategy.

3=Resources related to the economic development strategy.

Rating Scale: 1=Decreased a great deal; 2= Decreased; 3=Stayed the same; 4=Increased; 5=Increased a great deal

Table F.5
Communication Methods Used in Collaborating

Survey Question: <i>Please provide the extent to which you use the following to collaborate with others:</i>		SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	All SPAs
In-person meetings	N	14	27	29	22	15	16	16	32	171
	M	3.36	3.41	3.55	3.41	3.27	3.69	3.75	3.56	3.50
	SD	.745	.636	.572	.854	1.10	.479	.577	.619	.698
In-person conversations	N	15	27	27	20	14	16	15	34	168
	M	3.27	3.19	3.26	3.05	2.64	3.50	3.33	3.26	3.20
	SD	.799	.834	.656	.887	1.01	.816	.724	.828	.823
Conference calls	N	14	25	29	21	11	15	15	32	162
	M	2.50	2.60	2.55	2.29	1.82	3.13	2.07	2.03	2.38
	SD	1.23	.913	1.15	1.01	.982	.834	.884	1.12	1.08
One-on-one phone conversations	N	15	26	28	21	14	16	15	33	168
	M	3.27	3.15	3.14	2.90	3.07	3.38	3.07	3.27	3.16
	SD	.961	.732	.891	1.09	1.14	.719	.884	.839	.891
E-mail	N	14	27	28	22	14	15	15	34	169
	M	3.71	3.33	3.14	3.36	2.93	3.47	3.53	3.74	3.41
	SD	.726	.832	.891	1.00	1.27	.915	.640	.618	.876

Rating Scale: 1=Not at all; 2=A little bit; 3=Some extent; 4=A great extent

Table F.6
Perceived Effectiveness of Addressing PIDP Pursuits

Survey Question: <i>In your SPA, to what extent has the PIDP collaborative been effective or ineffective with the following?</i>		SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	All SPAs
The level of exchange of resources and information among organizations	N	13	27	25	19	12	16	16	33	161
	M	2.92	3.26	3.52	3.32	3.33	3.62	3.19	3.30	3.32
	SD	.760	.813	.714	.478	.492	.500	.834	1.02	.771
The ability of member organizations to pursue goals related to PIDP	N	10	24	21	18	10	15	16	31	145
	M	3.20	3.17	3.48	3.22	3.30	3.67	3.31	3.29	3.32
	SD	.422	.761	.512	.428	.483	.488	.793	1.04	.716
The ability of PIDP organizations to secure additional resources for prevention	N	13	21	25	18	10	15	13	30	145
	M	3.08	3.19	3.40	3.17	3.40	3.47	3.15	3.17	3.25
	SD	.641	.750	.577	.383	.516	.834	.801	1.02	.741

Rating Scale: 1=Very ineffective; 2=Ineffective; 3=Effective; 4=Very effective

Table F.7
Perceived Visibility of PIDP

		SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	All SPAs
In your SPA, how visible do you think the PIDP collaborative is to families?	N	15	26	28	20	14	16	16	33	168
	M	2.60	3.00	3.18	2.80	2.86	3.75	3.13	3.45	3.13
	SD	.986	.938	.905	.696	.864	.683	.719	1.03	.926

Rating Scale: 1=Very low visibility; 2=Low Visibility; 3=Medium visibility; 4=High visibility; 5=Very high visibility

Appendix G

Summaries of PIDP Network Processes and Activities (SPAs 1-8)

The following summaries were submitted by each PIDP Network lead agency to describe their planning, logic and the activities undertaken during the first year of PIDP implementation.

SPA 1 Summary

I find it difficult to imagine that one person in one agency can write a summary for the entire SPA. We are so busy with what we do that I am able to summarize only our part in the prevention initiative.

In looking back over the past 18 months, I see an impact on reducing child abuse in three distinct areas. First, and most successful in our eyes, is the neighborhood impact project in the Piaute school neighborhood. Over a thousand volunteers went into the neighborhood and transformed it through the concept of grace.

Grace Resource Center, in conjunction with five local churches, painted over 100 homes in the neighborhood, allowing the owners to choose their own colors and providing this service free of charge. Our volunteers worked many hours to clean up yards and the street, repair houses and fences, and transform the look of the neighborhood almost overnight.

The principal of the school, a sergeant from the local L.A. County Sheriff's office, and a citizen addressed the consortium that began the project. Neighborhood watches have been established on almost every street. Children are coming to school with better attitudes, they are improving their grades, and they are secure in the knowledge that there is a neighborhood house where they will always be safe.

Crime is down 35% in that neighborhood according to the Sheriff's Department. The citizens shared his doubt that churches could provide any real help, and they now share his conviction that having them in the neighborhood has been the best thing that ever happened.

Through contacts in the neighborhood, we have been able to provide furniture, bed frames, and much needed food to families that were struggling financially. Our thrift store provides clothing in a price range these people can afford. Shirts and pants sell for .25 cents each. Shoes are sold for .50 cents. We sold nearly 50 winter coats to families with children in the neighborhood. Those coats varied in price from \$1.00 to \$5.00.

Second, our partnerships with other agencies throughout the Antelope Valley have pinpointed two areas that needed something more than we all had to give. As a result, the A.V. Reentry Coalition was formed to help formerly incarcerated individuals with families in our area. Along with that coalition, we have identified agencies that best support each other with special individual needs.

A Safe Exchange and Monitored Visits program is also underway and will hit the ground running in July of this year [2009].

Third, we have identified a family that is currently in the DCFS system, and a family that was heading that way, and are providing full wrap-around services to both in such a way that we are confident of success. The couple in the system will soon have their case closed. The couple that could be in the system is making good steps toward helping themselves out of their current situation and providing a good, safe, home for their unborn infant.

I'm sure the Children's Council and other agencies have seen success in their endeavors as well. We are still in the learning curve here and we all know it. Some of the things we attempted didn't work, others needed to be tweaked to succeed, and still more are on the drawing board. I am quite confident that our partner agencies operate with a fuller understanding of what we all do best and why we are an integral part of this initiative.

SPA 2 Summary¹

Introduction and Background

The Prevention Initiative Demonstration Project (PIDP), approved by the Los Angeles County Board of Supervisors in February 2008, is a one-year demonstration effort to identify effective approaches to preventing child abuse and neglect. For the lead agencies in Service Planning Areas (SPA) 8, 7, 4, and 2, PIDP has served as an opportunity to expand upon their continued investment and the implementation of a primary prevention strategy designed to integrate three strategies: building neighborhood-based and/or common-link social networks; increasing economic opportunities and development; and increasing access to and utilization of family-desired beneficial services, activities, resources, and support. As long-time partners in advocating for investments in family support and child abuse prevention, the following agencies have been working together as a "regional collaborative" under the umbrella of PIDP.

Lead Agency	Service Planning Area
Friends of the Family	2
Children's Bureau of Southern California El Centro Del Pueblo Children's Institute	4
Helpline Youth Counseling Human Services Association	7
South Bay Center for Counseling	8

These agencies, in a process running concurrent to the PIDP initiative, have been instrumental in developing a community-level change model through their membership in the Children's Council of Los Angeles. This community-level change model highlights the logic behind the building of resilience (at the individual, family, and social levels) and the community-level changes sought. It is a graphic representation of a theory of change built upon research, some key assumptions, and years of implementing and learning from community-based prevention strategies.

¹ For more information, please contact Susan Kaplan, Executive Director, Friends of the Family (susan@fofca.org); Deborah Davies, Director of Programs, Friends of the Family (Deborah@fofca.org); Danny Molina, Family Development Programs Division Manager, Friends of the Family, (danny@fofca.org)

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 Groups or NACs) through the organizing model developed over the past 10 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.

Participating residents make social connections, increase their resilience for coping with stress, gain a knowledge of parenting techniques and the stages of child development, foster their children's social and emotional growth, and find concrete support in times of need. From these "protective factors" comes a greater sense of community and connectedness, plus a move toward civic engagement that is truly resident-owned and resident-led. Building out from this authentic engagement are networks and partnerships that change institutional policies and practices, transforming and creating neighborhood assets such as high-quality schools and childcare, economically viable jobs, good affordable health care and mental health services, safe and affordable housing, safe streets and parks, and other community elements like libraries, banks, stores, transportation options, and so on. Ultimately, these neighborhood-level assets contribute to the health and well-being of those living within them contributing to the community-level outcomes of good health, safety and survival, economic well-being, social and emotional well-being, and education and workforce readiness.

This community-level change model is a developmental process supported by research within each stage of development. The fields of Early Childhood Development and Education stress the ecological context of child and family development, where healthy communities support families in the complex and multifaceted tasks of raising and nurturing children. Research within this domain has identified key behaviors or protective factors that contribute to positive outcomes for children. These protective factors include parental resilience of hope and personal power to act to improve oneself, one's family, and one's community; knowledge of nurturing parenting; social connectedness; ability to access basic services in times of need, and the social/emotional competence of young children.

Social scientists have long held that the neighborhood where one lives is a unit of social identity and action that should support those who live there through a range of facilities, services, and provisions for everyday life. In addition, the approach is predicated on a belief that relationships among and between community residents not only contribute to self-efficacy but can create a sense of belonging and community pride that will enhance communities and improve individual and family functioning. As a unit of action, neighborhood groups both negotiate and collaborate with outside interests and improve individual and family capacity, health, and well-being.

Thus, community building or seeking positive neighborhood-level change involves strengthening the neighborhood to serve as the unit of action for linking individual behavior to the broader influences and trends that are driven by factors beyond an individual's control, such as the economic base, changes in economic trends, policy changes that influence access to needed resources and support such as education, and health care, among others.

The variables or points of intervention at the neighborhood level thought to link micro-level influences or individual behaviors to macro-level changes or societal trends involve increasing the density of social ties, acquaintanceship and networking, and civic participation. Social networks then influence formal and informal mechanisms of support, resource distribution, and control.

The public health community has long understood that there is a link between an individual's health and social determinants of health, including the social, environmental, and economic conditions within which an individual resides and interacts. Social determinants of health are identified as food supply, housing, economic and social relationships, transportation, education, and healthcare. The higher the quality of these resources and supports, and the more open the access for all community members, the more community outcomes will be tipped toward positive outcomes.

Thus, improving conditions at the individual and community levels involves improving societal conditions, including social and economic conditions (freedom from racism and discrimination, job opportunities, and food security), the physical environment (housing, safety, access to health care), the psycho-social conditions (social networks and civic engagement), and psychological conditions (positive self-concept, resourcefulness, and hopefulness).

The intervening factors promoted by the public health field include building a sense of community, increasing social networks and social supports, increasing opportunities for civic participation and leadership, increasing political influence, and establishing and strengthening organizational networks. Social network research and theory has identified the developmental process necessary for social networks to serve as vehicles for change for individuals and within neighborhoods. Individuals first connect by bonding or linking with people most like them. Individuals within the network or the network itself must then bridge with or connect to people or groups they may not otherwise engage, increasing access to resources, such as education, employment, and training opportunities and then ultimately expanding their opportunity and access to building alliances with individuals in positions of power over resources for economic and social development.

Each PIDP agency within SPAs 8, 7, 4, and 2 has taken on the responsibility for implementing this community-level change model within its respective communities. This has included the development of relationship-based groups and utilizing a region-wide EITC campaign to demonstrate the relationship-based group members' ability to build social supports, provide linkage to resources, and strengthen economic stability not only for themselves but by also reaching out to and engaging those within the community with no knowledge or access to these supports.

Implementation in SPA 2

Specifically, as lead agency for the SPA 2 PIDP implementation, Friends of the Family helped bring focus to a clear vision of how the project would be optimally carried out, what could be accomplished, and what the desired outcomes were.

Building on 37 years of experience in developing partnerships and collaboratives, and with an organizational commitment to social justice, community capacity building and empowerment, equity, and family support, Friends of the Family sought to assemble a PIDP network that would reflect this commitment and be willing to experiment with new approaches for increasing parents' capacity to care for their children and bold ways of working together to achieve identified outcomes.

The current SPA 2 PIDP network is composed of 18 community-based organizations (CBOs) as funded partners, 4 CBOs actively involved as non-funded partners, and institutional partners including the three SPA 2 DCFS regional offices. In order to become a funded partner, each CBO agreed to act as organizer/facilitator of at least one community-based social network group. As a result, SPA 2 has two dozen currently active Community Action Groups (called NACs in other SPAs), some of which are modeled on the relationship-based community organizing (RBCO) paradigm pioneered by SPA 8 and

some built on the social network building model developed by SPA 2, which includes common-link and content-based, but still relationship-based, groups. SPA 2 is an active part of the cross-SPA collaboration that has been catalyzed by the PIDP wherein multiple SPAs are using the RBCO approach and the integration of three implementation strategies to test a new paradigm for child abuse/neglect prevention and reduction. Additionally, SPA 2 chose to increase points of entry for potential PIDP participants, both outside of and within the public systems, particularly DCFS, by making available family support specialists who act as navigators/case managers and connect participants with social network groups and enhance participant ability to utilize desired activities, resources, and services. Specifically, for easy connection to the PIDP by families within the DCFS system, a unique referral process was jointly developed by the lead agency and the SPA 2 regional offices and has been used quite effectively.

For the PIDP implementation, Friends of the Family posited five theories of change. The SPA 2 network has chosen to implement activities that have a strong association with producing the desired changes. The SPA 2 theories of change are:

- Increases in social capital resulting from social connection and network building strengthen family systems.
- Relationship-based community organizing resulting in increased social density enhances community capacity to self-manage and self-care.
- Improvement in family economic conditions is associated with reduction in child neglect and abuse.
- Families benefit from easy access to self-chosen activities, resources, services, and supports.
- Enhancing protective factors (resilience, pro-social connections, availability of concrete support, social and emotional competence, quality knowledge and information) that are associated with strong families increases children's safety and ability to thrive.

All SPA 2 PIDP network activities are sub-sets of three implementation strategies that are strongly associated with the theories of changes (for an expanded description of specific activities, please contact Danny Molina at danny@fofca.org). The strategies are:

- Build neighborhood-based and/or common-link social networks.
- Increase economic opportunities and development.
- Increase access to and utilization of family-desired beneficial services, activities, resources, and supports.

Anecdotal information indicates that the implementation of the three braided, integrated strategies are effectively producing the SPA 2 shared outcomes/results for families.

- Increased sense of community connectedness/interpersonal connectedness
- Increased resilience
- Increased parent competence
- Increased knowledge that beneficial assistance/help is available and increased ability to access and utilize it
- Enhanced and expanded community-based network

Lastly, SPA 2 has emerged with a set of specific research questions around the social network building strategy.

- How does social network group involvement compare to individual case management as a strategy for connecting people to economic opportunity/stability and resource/service/activity connection and utilization?
- What outcomes tied to the protective factors (resilience, social and emotional competence, concrete support, pro-social connection) does social network group participation best produce?
- Are there differences in outcomes associated with different group building strategies (RBCO, common link, content-focused)?
- Is the way that a person comes to the group a critical factor in outcomes?
- Who is the group experience working for and who not?

In SPA 2, PIDP looks dynamic, challenging, collegial, groundbreaking, productive, energetic, and engaging. We are seeing nascent evidence that the PIDP will have strong efficacy for achieving community-desired child welfare outcomes.

SPA 3 Summary

In SPA 3, Prototypes' Prevention Initiative Demonstration Project (PIDP) envisioned a community where children were safe in their homes, parents were empowered to achieve success, and families were connected in an effort to support each other towards the vision of creating a healthier community. In order to achieve these goals, Prototypes has cultivated an agency network that includes Parents Anonymous, Inc.™, D'Veal Family and Youth Services, Ferandell Villarino Associates, Pomona Youth Employment Services, Pomona Girl Scouts, Southern California Dream Center, Pacific Clinics, San Gabriel Child Abuse Council, Westland Mobile Home Park Community Center, Trinity United Methodist Church, Spiritt Family Services, El Monte Head Start Program, El Monte Boys and Girls Club, El Monte WIC Office, Altadena Public Library, and Nia Educational Charter School.

This network serves four DCFS offices: Pomona, El Monte, Glendora, and Pasadena. Examples of network activities include primary prevention change strategies through parent support groups, youth leadership groups, shared leadership meetings/trainings for parents in the SPA 3 community, and assistance with access to housing, employment, food, mental health services, and other public benefits.

In addition, Prototypes has partnered with the LA DCFS in the SPA 3 offices to eliminate racial disproportionality and disparity among African American families involved in the foster care system. Our unique strategy towards this goal and the goal of creating a healthier SPA 3 community is the use of cultural brokers and parent advocates, a model first developed in the Fresno and Contra Costa counties. Cultural brokers work to increase the quality of the relationship between DCFS and the families it serves. They are community members who, ideally, are from the same culture as birth families and help families understand the culture and expectations of DCFS, communicate strengths of families and their community of origin to DCFS, and when possible, prevent unnecessary removal of children that can occur as a result of cultural misunderstandings that may occur in team decision-making meetings. Parent advocates are life-trained paraprofessionals who have successfully negotiated through the foster care system and provide advocacy, leadership, and hands-on parent skills training to parents experiencing the same plight. They are accessible to families on a daily basis, also participate in DCFS team decision-making meetings, help parents understand DCFS case plans, provide transportation, and most importantly, provide social and emotional support.

As of May 31, 2009, the SPA 3 PIDP network had served over 1500 people through community outreach events, parent leadership meetings, parent support groups, youth support groups, financial literacy seminars, parent appreciation days, family resource picnics, DCFS team decision-making meetings, case management, and therapy services. In addition, with the assistance of cultural brokers, parent advocates, and PIDP network support, the Pomona DCFS office reported a decrease in the referrals and detainment of African American children to out-of-home placements in the past 12 months.

SPA 4 Summary

Children's Institute, El Centro del Pueblo, Children's Bureau

February 2008 – June 2009

As mentioned earlier, the Prevention Initiative Demonstration Project (PIDP), approved by the Los Angeles County Board of Supervisors in February 2008, was a one-year demonstration effort to identify effective approaches to preventing child abuse and neglect. For the lead agencies in Service Planning Areas (SPA) 8, 7, 4, and 2, PIDP has served as an opportunity to expand upon their continued investment and the implementation of a primary prevention strategy designed to integrate three strategies: building neighborhood-based and/or common-link social networks; increasing economic opportunities and development; and increasing access to and utilization of family-desired beneficial services, activities, resources, and support.

In addition, for SPA 4, the Prevention Initiative Demonstration Project set out to develop a collaborative network to address child abuse prevention and the continuum of risk factors that bring families to the attention of DCFS through a geographically specific, strengths-based, and comprehensive prevention strategy incorporating the PIDP theories of change.

The SPA 4 collaborative's approach is based on our belief in and success with community-defined solutions and practices. By raising the consciousness of community residents to their potential as community leaders, the community becomes the solution to individual, family, and social problems. Through concrete financial empowerment strategies and building on people's strengths, communities can redefine and reach economic viability. Lastly, we believe that youth hunger for knowledge, and by providing them with patience, the forum, and the tools, they can access their impending leadership and gain a greater understanding of their human potential.

Throughout the Countywide initiative, each collaborative/network began with key strategies: community building/community organizing, social networking, economic development, and family support/treatment. Despite these common key strategies, the SPA 4 collaborative had the following challenges:

- Identifying specific geographic locations in which to focus its prevention strategies in a dense service planning area (SPA) with a high level of need (see Children's 2004 ScoreCard showing demographic information for the Los Angeles County SPAs at http://thechildrenscouncil.net/TCC%20Dox/Scorecards/2004_Scorecard/2004Scorecard.pdf).
- Effectively developing a network with three lead agencies that have customarily competed for many of the same resources and who have decades of experience providing services to their communities and strong, pre-existing partner networks and relationships.
- Aligning the agency's core missions, values, and goals in order to commit to a comprehensive prevention strategy and relationship whose key long-term goals include self-sufficiency.

However, the collaborative was able to work through the challenges by focusing on prevention definitions, rethinking assumptions, and defining our expectations of PIDP. It was through this process that the relationships among the co-leads were strengthened. In addition, we were able to draw upon our multitude of pre-existing partner networks to create a PIDP network that would come together in the community around our strategies to address child abuse prevention.

In collaboration with DCFS Metro North, the Collaborative identified the zip codes of 90006 and 90026 for the focus of the initiative and began to design a referral and services protocol to address the specific treatment needs of these two communities. With its defined, collective focus on team leadership aimed at strengthening family life, working in partnership with large human service agencies as well as smaller community-based agencies, and building on lessons learned from decades of community work, the collaborative implemented its four key strategies through:

- Relationship-based organizing: strengthening community through relationships and collective action, operating from an asset-based perspective of individuals and communities:
 - Alianza Magnolia (Adult) – Institutional partner: Children’s Bureau
 - Berendo Alegria (Adult) – Institutional partner: Children’s Institute
 - Berendo Middle School (Youth) – Institutional partner: Children’s Institute
 - Angelinos Youth – Institutional partner: El Centro del Pueblo
- Economic Development: including VITA (Volunteer Income Tax Assistance Sites) and financial literacy courses. (VITA site information follows.)

VITA Sites	
February 1 to April 15, 2009	
Total returns prepared	257
Total # of e-files	236
Total # of paper returns	21
# of direct deposits	74
# of EITC claims	83+
Total of EITC amount	\$152,000.00
# of child tax credit (CTC) claims	44
Total of CTC amount	\$52,289.00
# of other credits	9
Total amount from other credits	\$3,297.00
Total refund amount	\$323,254.00

- Social networking: including Family Nights, activities and groups for at-risk, gang-involved, emancipating/emancipated youth, and groups (parents/youth).
- Family support and treatment: including resource navigators, counseling, and youth development.

In addition, SPA 4, as long-time partners in advocating for investments in family support and child abuse prevention, have been working together with the following agencies as a regional collaborative under the umbrella of PIDP.

Lead Agency	Service Planning Area
Friends of the Family	2
Children’s Bureau of Southern California, El Centro Del Pueblo, Children’s Institute	4
Helpline Youth Counseling, Human Services Association, Alma Family Services	7
South Bay Center for Counseling	8

These agencies, in a process running concurrent to the PIDP initiative, have been instrumental in developing a community-level change model through their membership in the Children’s Council of Los Angeles. This community-level change model highlights the logic behind the building of resilience (at the individual, family, and social levels) and the community-level changes sought. It is a graphic representation of a theory of change built upon research, some key assumptions, and years of implementing and learning from community-based prevention strategies.

As in SPA 2, 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 Groups or NACs) through the organizing model developed over the past 10 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. (See the SPA 2 description for a summary of how the community-led change model and the support for that model within child development, public health, and social network theory and research.)

SPA 5 Summary

Community building through collaboration. One key strategy was to expand and refine existing collaborations among area social service agencies so that 1) the community’s diversity of service organizations were better represented and engaged (i.e., financial institutions, childcare homes, etc., joined mental health and housing/food bank providers); 2) small businesses such as family childcare providers were linked to resources to more fully support the families they serve; 3) residents could receive services from multiple providers in a more streamlined and user-friendly way; 4) existing partnerships such as those in PFF collaborations could be leveraged; 5) collaborations included DCFS and other County representatives; and 6) the community infrastructure could more knowledgeably and effectively cradle residents.

During Year 1, SPA 5 created a network that included representatives from a bank, family childcare homes, university medical settings, small family-run neighborhood restaurants, residents, policy advocacy groups, schools, etc., as well as a variety of social service organizations and DCFS. For example, People Organized for Westside Renewal (POWER) became an active participant, bringing their efforts to help residents organize for affordable housing, community safety, increased transportation options, and access to affordable healthcare to the network and clients of network agencies. Further, all network members reported an increased awareness of the challenges that area families face and a renewed commitment to making changes within each organization and together as a

collaboration. As a result, residents gained more opportunities for financial literacy training, employment development, and after-school programs as well as less cumbersome interagency referrals and increased access to child care.

Leveraging resources to expand and enrich service delivery. Another prevention goal was to increase access to much-needed bilingual mental health, special needs screening, parenting education, multi-family events, and care management support for the underserved monolingual Spanish-speaking residents. Three agency subcontractors and one network partner brought home- and center-based services to more than 150 people who did not qualify for services under any other funding stream, as well as providing aftercare to ARS families. Social isolation was significantly reduced through monthly multi-family activities serving from 40 to 130 individuals at each event. As a result, outcomes indicated that social support, family well-being, parenting skills, and economic well-being indicators all improved from “in crisis” or “at risk” to “stable” or “safe” after receiving program services. Further, 100% of participating residents reported satisfaction with all aspects of service delivery, with 80% reporting great satisfaction.

SPA Context

One strength of the SPA’s lead agency was the fact that it has two First 5 LA-funded programs as well as Family Preservation and Family Support funding, through which strong relationships had been developed before the onset of the PIDP network partners group, allowing PIDP funding to support strengthening and expansion of the collaboration rather than start-up of a new community of prevention services.

One challenge was the very limited funding allocated to SPA 5 (\$210,000) compared to other SPAs. As a result, project scope, numbers of residents served, etc., are proportionate.

SPA 6 Summary

Background

In SPA 6, SHIELDS for Families has had a long-standing positive relationship with both DCFS and the community in general. As early as 2000, evaluation findings from other family reunification and family preservation projects indicated that families involved with DCFS had a variety of other problems including difficulty navigating the “system.” Even though no directional inferences could be drawn (both directions make logical sense), this correlation nevertheless existed. Other problems included employment, legal issues, childcare, personal counseling, and other health needs. In more recent years, the community at large has reflected more economic needs evidenced by the growth of more food banks and homeless shelters.

SHIELDS has offered one-stop services, when funding has been available, to address these community needs but to date, no substantial funded effort has been mounted. PIDP has provided an ideal platform to address these needs because meeting the needs of these families will ultimately have an impact on reducing the number of secondary and tertiary families (lower risk) encountered by DCFS at the Compton, Vermont Corridor, and Wateridge offices. In order to be effective in this collaborative project, partners with similar credibility in the community and with DCFS needed to be engaged. SHIELDS has partnered with the Institute for Maximum Human Potential (IMHP), Wings of Refuge, Avalon-Carver Community Center, Asian American Drug Abuse Program (AADAP), and the West Angeles Community Development Corporation. These agencies not only span a wide geographic area in SPA 6 but also reflect a variety of specialty services offered.

The PIDP SPA 6 collaborative adopted a community drop-in family resource center (FRC) as the program model because it has the collective experience of the partners that clients (families) often know their own needs but have difficulty locating or navigating the resources to meet those needs. Families need a safe and trusted place to discuss their issues/needs and to find appropriate resources. Historically, many African Americans have found the church to be one of those “safe and trusted” places to give and receive information. It is for this reason that the Ask, Seek, Knock (ASK) Collaborative included a faith-based site to meet the needs of any community individuals who fell into this category.

An Alternative to Case Management

The initiative for SPA 6 was launched August 1, 2008, and later adopted the agreed-upon name of Ask, Seek, Knock (ASK). The intent was to enhance the unification of the partners so that staff of the project would identify as the initiative instead of a member of an agency working on the initiative. There are currently four family resources center in SPA 6, including one faith-based navigation site. At each resource center, English- and Spanish-speaking navigators provide linkages and referrals to community resources. The FRCs also provide direct service through vocational and educational services, supportive services, transportation assistance, and legal referral services.

The ASK family resource centers provide full-service referrals to help and support the entire community and classes on a broad range of topics including basic skills and employment training. Resource center navigators work with DCFS cases as well as clients referred and recruited from other community sources. There is no differentiation of services for DCFS-referred or walk-in clients.

The ASK Center presents an alternative to case management where clients are able to have a say in what they need and what services would have the most impact in their families. This model is designed to empower families and have them become more invested in meeting personal and familial goals. Staff help guide clients to successful outcomes by connecting them to existing community resources. ASK Center staff become partners in the clients’ outcomes and follow up with them to see if the clients encountered any barriers or need additional resources. Moreover, navigators serve as a community resource themselves as they pass on general information to families about childcare, low or no-cost health and dental checkups, job openings, and other community events as they arise.

Improving Economic Stability

One of the options for families to improve their economic success is implemented through a vocational certification program, high school equivalency classes, financial literacy workshops, entrepreneurial education, job readiness/development, legal services, and job placement. The latter services are offered to both DCFS-referred families and non-DCFS referred families free of charge. SHIELDS for Families supplements all related costs (computers, books, notebooks, instructors, test materials, etc.) associated with the latter services to provide families with access to skill building/educational attainment to secure livable wages for economic stability.

Program Impact

In an initiative with less than one year of implementation, it is unlikely that there will be a significant impact on long-term goals—in this case, the number of Level 2 and 3 families encountered by the respective DCFS offices. However, a great amount of progress has been made using other indicators or milestones that are logical contributors to the ultimate goals. The following is a short summary of these achievements.

Family Linkages to Community Services

Through May 2009, ASK navigators had worked with over 1200 families (n=1221). This number excludes 100 families that returned to work with the navigators more than once. Of the 1200 unduplicated clients, over half (n=675) were referred by the three DCFS offices mentioned previously, and 320 were linked to services that addressed their needs. The remainder of clients were unable to be contacted for the evaluation (i.e., the handoff information was invalid or the client had moved out of the area) or refused to be linked to services.

Top 10 Needs (Linkages) for All Families and DCFS Families*

Service	All Families	DCFS Families
Food	626	326 (2)
Housing/shelter	558	210 (3)
Counseling**	432	356 (1)
Legal aid	389	42 (16)
Clothing	240	138
Employment	230	59 (15)
Parenting	218	192 (4)
Transportation	163	42 (17)
Emergency funds	160	68 (10)
Childcare	159	115 (6)
Furniture	156 (11)	101 (7)
Tutoring	97 (13)	94 (8)
Mental health	76 (15)	69 (9)

*Ranks are presented next to the number if it is different from the other category's rank.

**Counseling includes family and individual counseling but excludes more serious mental health referrals.

In total, over 4100 linkages were made, and approximately 2200 of them were made to DCFS-referred families in 32 different categories.

Vocational and General Education Classes

In SPA 6, ASK resource centers have engaged over 700 adult students in employment-oriented workshops and classes. General education courses include job readiness, basic skills, and high school equivalency courses oriented to helping students earn their GED or high school diploma. Vocational offerings include business office communications, emergency medical technician, medical billing, medical coding (upcoming), and a course in fiber optics. Specialty workshops have thus far addressed financial literacy, entrepreneurial skills, and family planning. All of these educational offerings are designed to improve the economic stability and self-sufficiency of families. The following summarizes the student hours logged through May 2009.

Student Hours in Vocational and General Education Classes

Name of class	Student Hours
High school GED/basic skills	15,700
Fiber optics	5,250
Medical billing	1,404
English and math basic skills	905
Business office communications	687
Job readiness	493
Family planning/planned parenthood	356
Emergency medical technician (EMT) training ^a	328
Financial literacy	108
Entrepreneur workshop	32
Total student hours	25,263

^a EMT training is a six-month course. Student hours in the table only reflect the initial coursework.

Legal Services

PIDP in SPA 6 has identified a strong need for legal aid services to remove barriers to employment. Therefore, the ASK program has engaged the services of a legal services coordinator to help link families with attorneys and legal aid entities in the community who offer pro-bono or sliding scale counseling. To date, nearly 400 referrals have been made. Through collaboration with various entities such as the Public Counsel Law Center, Los Angeles County Region V Gain office, Los Angeles County Child Support Services Dept, etc., ASK has been able to provide legal workshops in the following areas: criminal record expungement, child support services, special education law, homeless court legal advocacy, and immigration law.

Value Added

While at this time we can only estimate the impact of the initiative in SPA 6, focus groups consisting of families linked to community services will be conducted in June and July of 2009. The purpose is to gather first-hand information about the impact or value that these services have added to the lives of participants in the initiative. The findings from these focus groups will be shared in late July.

SPA 7 Summary

Helpline Youth Counseling, Alma Family Services, Human Services Association

During the last year, the SPA 7 Partnership for Change PIDP Collaborative has successfully implemented the community-level change model through the three-pronged approach of relationship-based community organizing, economic development, and access to resources. Structurally, the partnership is composed of three co-lead agencies, Helpline Youth Counseling, Alma Family Services, and Human Services Association, and a collaborative of community-based organizations, faith-based organizations, law enforcement, and County departments (e.g., Department of Children and Family Services and Parks and Recreation). South Bay Center for Counseling serves as the mentor agency for the partnership. Each of the co-leads and partner agencies is committed to partnering with community

residents by forming a Neighborhood Action Council (NAC) in their self-described community. Prior to developing relationship-based resident groups, partnership members participated in a series of training sessions by SBCC focusing on the key elements of the relationship-based community organizing model.

To date, the partnership has developed 12 NACs throughout SPA 7. The focus has been on recruiting residents who have been traditionally marginalized, have not been involved regularly in community activity, and have generally connected with services in a deficit manner. To ensure efficacy, community organizers receive weekly supervision by Kelly Hopkins, SBCC Director of Community Organizing. Developmentally, the NACs have completed the group identification and creation stages and are now working on relationship building, core value development, and project planning. All NACs meet on a weekly basis and as they have moved through group development, they have used a variety of participatory processes, team-building activities, discussions, and group decision-making. Through group discussions, NAC members have chosen topics important to them and have shared thoughts and experiences while building deep and powerful connections with each other as residents of the community. For the large majority of NAC members, this has been the first time they have been approached by institutions as community partners and asked about their assets, gifts, and talents as a vehicle for improving the quality of life in their neighborhoods.

At a network level, organizers from the co-lead agencies; under the supervision of Kelly Hopkins, went through the project planning stage to create an SPA 7 Sensational Super Saturday on which members from all NACs came together and participated in a day of social networking and relationship-building. Event activities included a shared meal, structured child watch activities, relationship-building games, and opportunities for residents to connect with each other and discuss the processes and work they are doing within their NACs. Attended by over 200 residents, this event served as an opportunity for residents and collaborative agency members to “step outside their own self and neighborhood” and experience first hand the power of social connectedness and sense of community that is at the foundation of creating networks.

Economic Development

In the area of economic development, the SPA 7 partnership, in working with residents, has determined that direct access to financial resources is a key to building economic stability. Under the umbrella of the Greater Los Angeles Economic Alliance (founded by SBCC in partnership with the SPA Councils, Quantum CDC, and the SPA 7 PIDP), the SPA 7 partnership opened four community tax centers to assist residents in claiming the earned income tax credit. Designed to provide free income tax preparation services and access to mainstream banking, the centers were opened in neighborhoods where NACs were located, building upon the trust, relationships, social supports, and networks of neighborhood connection that are at the foundation of the relationship-based community organizing model. SPA 7 generated nearly 500 returns and close to \$500,000 in refunds during the recent tax season, contributing greatly to the total County outcomes of nearly 5,000 returns filed and approximately \$5 million dollars received in refunds. The success of SPA 7 was due in large part to the trusting relationship developed in its NACs leading to information being shared by NAC members with friends, family, and neighbors.

SPA 7 has also invested in strengthening economic stability of residents and neighborhoods by offering small business development training to interested NAC members. In partnership with PACE, business skills training classes are being scheduled in three geographic areas linked to NACs. Residents will receive classroom and individualized instruction and coaching in how to prepare a business plan and practical guidance in all areas related to starting a business, including bookkeeping, marketing, financial

projections, and access to capital. The basic premise behind the training course is that the business/or person who plans is the business/or person who succeeds. Planning is a learned skill. For this reason, the training places a premium on teaching entrepreneurs through classroom instruction and one-on-one business counseling, better planning skills, from business concept development to the preparation of a business plan.

In the last year, the SPA 7 Partnership has worked to build the framework for social supports through relationship-based community organizing and the formation of NACs. As NACs have formed, links for the community to services and supports have occurred in an organic manner. Key examples of this include the development of a visitation center through a partnership with the Santa Fe Springs DCFS office and Zoe Christian Center, child watch training for NAC members to learn about child development while enhancing their opportunity for economic development, computer skills classes formulated in partnership with NAC members to help them with their day-to-day knowledge of computers and assist them in their NAC planning, and the establishment of a NAC composed of relative caregivers in partnership with the DCFS Kinship Support Center. These examples highlight how the SPA 7 partnership is expanding the existing network of services and supports for members of our communities.

SPA 8 Summary

South Bay Center for Counseling (SBCC) is the PIDP lead agency in Service Planning Area 8 (SPA 8). SBCC and the SPA 8 Family Support Collaborative have emerged as leaders in building public and private partnerships, agency linkages, and community collaborations within SPA 8, as well as throughout Los Angeles County. We are at the forefront of a community development movement driven by the desire to more effectively address the interests and concerns of community residents. The Prevention Initiative Demonstration Project (PIDP) was created by leveraging the well-established infrastructure of the SPA 8 Family Support collaborative, which includes community-based organizations, park and recreation departments, a foster care agency, substance abuse and alcohol treatment, early care and education, workforce investment boards, specific populations such as Native Americans and Asian Pacific Islanders, the faith-based community, the Department of Children and Family Services, and Neighborhood Action Council (NAC) members.

The PIDP created an opportunity to enhance our established framework for a community-level change model. SBCC has used the integrated strategies of community organizing, economic stability opportunities, and access to community-based supports, services, activities, and resources to strengthen communities and families. Even though the strategies were not new to SBCC, the capacity of the agency and collaborative grew through building relationships between residents and agencies/institutions. In addition, as an agency we benefited from developing relationships with collaboratives outside of SPA 8. *Relationship building* is the key principle to create change on the community, family, and organizational levels, which has allowed us to achieve the vision of a regional collaborative approach to improving outcomes for children and families.

The SPA 8 objectives are designed to impact the successful implementation of the community-level change model:

- Increase community organizing activities throughout SPA 8.
- Enhance families' connections to others in their community,
- Increase families' economic opportunities.

- Increase parent resilience.
- Improve family functioning.
- Improve capacity of County department(s) to work in partnership with community-based contractors to achieve objectives.

The SPA 8 overarching outcomes demonstrate that shifting from a deficit model to an asset model empowers community residents to assume ownership of their neighborhood and accountability for their lives:

- Establish a Neighborhood Action Council (NAC) connected to an institutional partner.
- Propose and implement an economic development strategy for families based on population needs, specifically, focused on small-business opportunities.
- Provide social services to youth and families that are focused on the parent/child bond,

Specific activities have helped us achieve the SPA 8 outcomes to support the community-level change model:

- Established 18 NACs in partnership with residents and community agencies.
- NAC members developed a Mentoring Foster Youth Project in partnership with DCFS Torrance office.
- Offered financial literacy education.
- NAC members developed neighborhood-based child abuse prevention workshops.
- Offered education and support for early care and education providers.
- Developed a loan fund for residents that streamlines the application process.
- Provided one-on-one coaching for residents to overcome barriers to achieving economic stability.
- Small business development classes focused on home-based businesses for interested families, along with individual coaching sessions focused on business plan development.
- Supported the development of the first Native American NAC.
- Developed two DCFS visitation centers in partnership with local churches.
- Developed an urban and media arts NAC for at-risk youth.
- Developed the Greater Los Angeles Economic Alliance (GLAEA), a tax preparation and EITC campaign, which generated \$5 million in federal income tax returns Countywide.
- Created jobs for NAC members.
- Provided emergency basic support services for residents.
- Provided legal services advice to assist NAC members to understand and navigate the legal system.
- Implemented a resident and agency partnership community building project. The “relationship building process” for this project created an authentic mutual partnership between residents and institutions.

In SPA 8, the development of the NACs has been an effective strategy to integrate the economic stability opportunities and access to social service supports. The NAC is a resident-driven group that comes together through common goals and values. The NAC members determine what is important in their neighborhood to improve the quality of life for their children and families. Their common interest motivates them to take action and participate in community building. The SBCC model builds on the belief that everyone has gifts and talents to contribute to the community. The NAC members meet every week and are very committed to their common values, each other, and their community. It is the commitment to each other that exemplifies the value of relationship building: “No one mandates them to

attend the meeting, no one states something is wrong with you and go fix it at this meeting, no one states you will be penalized if you don't participate." The group process facilitates the realization that residents have the power to create change within their family and neighborhood. NAC representation includes but is not limited to pregnant/parenting teens, birth parents (children placed in foster care), housing development residents, youth, intergenerational Native American families, Asian Pacific Islander youth, family childcare providers developing a NAC and providing parent education, former youth graffiti taggers, women in recovery, and relative caregivers.

The economic climate experienced nationwide has affected the economic stability opportunities in the local neighborhood. The reduction of the labor force in many industries has affected families who traditionally do not access social service programs at community-based organizations and/or public institutions. Many of these families have experienced for the first time the need to request financial assistance. SBCC developed an economic strategy to address the need for direct dollars into resident pockets. In partnership with the Children's Council, Wells Fargo, Quantum Community Development Corp., and Long Beach Chapter AIM-IRS, we developed the Greater Los Angeles Economic Alliance to provide, in the community, tax preparation, EITC, ITIN applications, small business tax preparation, banking services, and child care tax credit information. GLAEA generated \$5 million dollars in federal income tax returns Countywide.

The SPA 8 Family Support Collaborative provided and linked families to social services activities identified by residents as necessary to strengthen their family relationships with each other or the community. One of the most effective methods for linking families to resources are the NAC members. This trust of referrals is based on the strength of the relationship.

Appendix G

Leveraging Examples for SPAs 1-8

Examples of how PIDP networks managed to add or “leverage” additional resources to serve families were submitted by the individual networks in response to a request from the evaluation team.

SPA 1

Example 1:

We have been leveraging various kinds of expertise, supplies, influence, or other resources to make a difference for people in the network for a long time, 18 years to be exact. With the new partnerships through PIDP, we have merely linked those resources to our new services.

Through DCFS, I met Casey and Sarah and their delightful baby boy, Isaac. This young couple had no support group and would soon have slipped through the cracks, as so many do. When I realized their plight, I determined that Grace Resource Center would become their support group.

They graduated from Tarzana Treatment Center and have now been drug-free and sober for nine months. However, without our direct intervention in their lives, they would soon have given up. We help them with \$200 each month toward their rent; they pay \$300. When their car broke down, we were able to send them to a mechanic and tap resources to help pay the \$700 of repairs. Through our resources network, they have begun to thrive, instead of just surviving.

Both want to go back to school, earn a high school diploma, and go on to college. Again, resource providers we have treasured are there to help. Casey used to put his arms in front of his face, fists clenched, and say: “I hate my life!” I haven’t heard that for about a month. He calls me every day, just to say “hi,” and every time he has a problem he doesn’t know how to deal with.

The bottom line is this: Casey, Sarah, and Isaac are going to make it because they have a very strong support group through their church, through Grace Resource Center, and through our many partners that have stepped forward to help. DCFS is one of those partners, and they have helped tremendously in helping this couple provide a safe and encouraging home for Isaac.

Example 2:

Late last year, I attended a TDM where a grandmother was caring for the children. She couldn’t walk, was confined to a wheelchair, but couldn’t get out and about because her trailer had steps, not a ramp. Someone donated an electric chair worth \$5,000 to our thrift store. I offered it to her. A local church offered to build a ramp. The city waved all the permit fees and merely inspected the work when it was finished to be sure it was in code. Now grandma has a car that works, a lift for her chair, and a ramp so she can get out and about! Not a dime of that came from PIDP funds!

Example 3:

Joisha is another single mom who was introduced to me through a TDM. Her caseworker called me and told me she had no furniture in her apartment. That day I was able to provide a couch, end table, and a chair. Since then we have provided a baby rocker for her six-month-old son, and are working on a crib, changing table, high chair, and dinette table and chairs.

Again, this was all through generous donations from those who support Grace Resource Center. I can't begin to tell you how many lives have been touched and improved through the services of DCFS, the Children's Bureau, and GRC.

SPA 2

Example 1:

The Cruz & Juan V. family came to DCFS attention when Mom (Cruz) hit Debbie, age 7, with a belt leaving a distinctive mark on her arm. The mother reportedly hit the child due to the overwhelming stress she had been experiencing resulting from:

- Husband Juan's loss of his job three months earlier and inability to find a new one
- Exhaustion from having taken on overtime in her own job as a short-order cook
- Inability to meet monthly bills resulting in rent arrears and the impounding of the family car

Family Support Specialist, Max, in his role as coach and advocate, worked with the family and did the following:

- In order to immediately help alleviate some of their financial stress, the family was enrolled in the "Working Poor" program, a financial assistance initiative that Friends of the Family provides with one of its unfunded PIDP partner organizations, a local foundation. Through the "Working Poor" program, the family received financial assistance of four months' rent (enabling them to pay for the month they were behind and three months ahead), \$400 for school clothing for the girls, and \$200 for immediate food assistance. This alleviated a major stressor for the family enabling them to focus on future solutions. They also gained the opportunity to save some money to provide a small cushion for the future.
- The father, Juan, was connected with a PIDP partner, Work Source at Mission College. Work Source helped Juan create a resume highlighting his strong work ethic, his past employment stability, and his skills as a restaurant cook and provided coaching on interviewing skills. When a new restaurant opened in Pacoima, Juan's Work Source coach personally called to pave the way for an interview, which resulted in a job as cook at \$9/hour, an 11% increase over Juan's previous salary. During the time that Juan was working with Work Source, his personal qualities so impressed the staff there that a circulated email requesting assistance for the family resulted in \$300 being collected and donated to them.

Example 2:

Sara P. came to the attention of DCFS after her husband and 6-year-old son Henry were in a car accident while the father was under the influence of alcohol. During the accident, Henry broke both of his legs and needed to receive extensive surgery and physical therapy. After DCFS conducted a home visit, it was found that the home was not adequately furnished and Henry did not have a proper/ safe place to sleep and recuperate. Therefore, Henry was placed in out-of-home care until the mother was able to provide her son with a bed. The case was referred to Friends of the Family under the PIDP, and Family Support Specialist (FSS) Max Frausto contacted La Curacao for furniture referral and was told that it would take about 3 months for the family to receive a bed. After negotiations with La Curacao's community relations manager, FSS was able to use Friends of the Family's influence and relationship with La Curacao to expedite the referral process and help the family receive a bed within two days. Shortly after Sara received the bed, her son Henry was returned home.

SPA 3

Example 1:

We have established a collaborative relationship with the Outward Bound program, which supports the PIDP mission to improve the self-sufficiency of at-risk families through an eco-literature program. Our SPA 3 families are taught leadership and family coping skills while participating in a monthly camping trip. In addition, while assisting in forming this collaboration with Outward Bound and the SPA 3 PIDP, one of our parent leaders was hired by Outward Bound because they were impressed by his leadership skills. So, through this leveraged resource, another SPA 3 family is closer to establishing economic independence.

Example 2:

A SPA 3 PIDP father was released from jail in August 2008 and was immediately required to take custody of his four young children who had special needs. Through PIDP, this father now receives services through the Regional Center and Tri-Cities mental health services for himself and the children. He also now receives Social Security Supplemental Income assistance, food stamps, and Medi-Cal insurance. Currently, because of PIDP linkage, the father participates in the SPA 3 GAIN program towards the goal of establishing permanent employment.

Example 3:

Through the advocacy of our cultural broker and parent advocate, a young mother was able to keep her children from being detained by the Department of Children and Family Services and instead participated in their Voluntary Family Maintenance program. With the support of PIDP, this mother has now been accepted into the pharmaceutical program at the University of Southern California and will begin classes in Fall 2009. PIDP staff also linked her children to Head-Start childcare services beginning in Summer 2009.

SPA 4

Example 1:

As a result of being PIDP co-leads, CII and El Centro del Pueblo submitted a grant proposal together and got it: Rampart Gang Reduction Youth Development (GRYD).

Example 2:

As a result of being 3 co-leads, we were able to provide full and comprehensive support to cases that have multiple family members requiring services and resources.

Example 3:

In leveraging \$15,000 to a PIDP network partner to host a VITA (Volunteer Income Tax Assistance) site, we were able to provide the community with free tax preparation and brought in \$252,749.00 of tax refund money to the community.

Example 4:

In hosting Family Nights, we were able to leverage volunteer time, support, and donations to provide opportunities for families to build their social networks: Neighborhood Thanksgiving Potluck, Toy Boutique, Movie Night.

SPA 5

Example 1:

We were able to leverage existing program infrastructures and cross-agency collaborations to expand the scope of existing multi-family activities, and to increase the number of families served, thereby reducing social isolation and increasing the opportunities for quality family time. Bilingual monthly group events now serve both biological and foster parents, with their children, and offer both educational and recreational activities. Multi-family groups in 8-week cycles, such as Parents and Children Together with Art and Spirituality for Kids, offer new venues for older children.

Example 2:

PIDP allowed existing efforts to create a DASH bus route among social service agencies, health care settings, and schools to be expanded. Several organizations joined together in legislative advocacy efforts, new communications strategies, and other activities to help build the capacity of the community to better support families.

Example 3:

One of the strategies for this SPA's PIDP efforts was to enrich existing social service partnerships with diverse community representatives, such as family child care providers, financial institutions, etc. As a result, families were able to obtain child care more easily, receive personal finance management support, and many other resources that either prepared them to obtain employment or manage financial issues with employment.

SPA 6

Example 1:

A young father of three and an ex-offender was in a half-way house when he heard of SHIELDS for Families. He was struggling with employment issues because of his prison record and his lack of work experience. He got out of the half-way house and started the fiber optics cable certification course at SHIELDS the very next day. He was provided with criminal record expungement information. He got a job immediately and has worked as a technical consultant and an independent contractor with several reputable firms. With this experience under his belt, he decided to start his own company. Now he can hire others. As he said of SHIELDS: "Through this organization, the spirit of opportunity that was once lost can be found and a new beginning be realized for so many individuals who just need to be given that one chance."

Example 2:

In January, a homeless woman was referred to PIDP from the DCFS-Compton Office for counseling, financial assistance, shelter, food, and clothing. This client has three minor children and an open case with the Department. We provided her with linkage to the latter resources. Four months later, the woman returned to our office stating that she was being reunified with her three children and needed to locate permanent housing. Family Preservation was scheduled to pick up the case once she secured a transitional or permanent housing. From her visit to the family resource center in January, she had received moving assistance from the DPSS Homeless Prevention Initiative program. Now she just needed to locate housing. Working with the SHIELDS housing department, we were able to secure transitional housing for the mother and the children until the Family Preservation program picked up her

case. The mother is currently enrolling in our medical coding course to gain occupational skills/certification to sustain her family.

Example 3:

On May 29, 2009, we hosted our first annual PIDP Job Fair. We had 22 employers in attendance and 282 community members attended the fair. The PIDP Job Development class was required to attend the job fair. Two women attended the fair together (Woman A and Woman B). Woman A has been enrolled in our job development classes. She and her friend submitted their resumes and interviewed at the job fair. Now, less than two weeks later, Woman A was hired by an employer who attended the job fair. We had worked with Woman A on resume building, interviewing skills, etc. We linked her to the job fair and now she is gainfully employed.

SPA 7

Example 1:

According to our partnering agency, a number of youth NAC members are being considered for job placement and training in the agency through the summer youth programs. Prior to the youth's involvement in the NAC, these NAC members were isolated and identified as at-risk youth, with previous drug, gang, and jail records. Having the youth identified as "at risk" prevented the agency from considering them for any leadership opportunities in their agency as young staff. Since their involvement in the NAC, these youth have demonstrated far more sophisticated leadership abilities than the "high-achieving" students. Our partnering agency has now decided to include them as potential young staff after graduation. This is entirely based on their performance and the relationships between the NAC members and our partnering agency that have been built throughout the NAC process. For many of the graduating NAC members, job placement within the agency will be a pleasant but well-deserved surprise.

Example 2:

A number of NAC members participated in the PIDP economic development child watch training. They have now attained the skills necessary to provide child watch for other NACs as well as community-based organizations in the community. Some of the NAC members utilized the new skills to further develop their own abilities as current child-watch providers in their community. All of the NAC members were currently unemployed, but now because of the training, they are stronger candidates for job placement in the field. At this point, the NAC members who have gone through the training can be contracted regarding an employment opportunity. For many of the parents, the training served to enhance their skills not only as child-watch providers, but as mothers and fathers within their own families.

Example 3

One of our NAC members was used for the SPA 7 PIDP NAC community event as the designer of the event. Currently, the NAC member was struggling with his small business and had not received any employment for a few months. Hiring him for the event provided an opportunity for him to better develop his skills as well as to market his work within the network of PIDP NACs. The NAC member has since been asked by other NAC members for potential decoration gigs. In addition, the NAC member was able to further develop his management, invoicing, and budgeting skills through one-on-

ones with the organizer, where we discussed and created a plan for more detailed and efficient time management, invoicing, and budgeting techniques as a small business owner.

Example 4:

A community tax center was established at our agency in Bell Gardens to assist PIDP NAC members and other residents in the community in preparing their income tax returns, including applying for earned income tax credit. PIDP residents were trained and given a stipend to assist in providing translation and administrative assistance. Some PIDP NAC members were volunteers for marketing and administrative assistance. Some of these NAC members had been unemployed. The NAC members participating in this experience reported feeling increased self-esteem and financial support.

Example 5:

The opportunity to engage and participate in a group that has been created, led by, and enriched by community members has done more to decrease social isolation than most community resource fairs or agency-led presentations and workshops. The NACs have created a shift where the community is the expert and not those providing services to the community. The NACs are the vehicle in which community members focus on their assets and strengths, in which they engage in open dialogues about what's important to them, in which they share power and leadership. Social isolation is rooted in fear, lack of knowledge, and lack of understanding. Relationship-based community organizing and the NACs we have established through this community organizing model are rooted in assets, strengths, empowerment, and the belief that the community and its members are the experts of their own lives and circumstances. I can think of no better way to decrease social isolation.

As the NACs have formed and grown, a paradigm shift has occurred not only within the NACs and their members, but within institutional partners, community agencies, and the community itself. NAC members are no longer viewed as "clients" in need of help, but as residents with something to offer. What a powerful difference!

Example 7:

As a partner in the Greater LA Economic Alliance, the SPA 7 Partnership for Change PIDP collaborative was able to successfully operate four strategically located community tax centers in the communities of Bell Gardens, Huntington Park, Maywood, and Norwalk as part of the EITC campaign. The centers were opened in communities where the PIDP collaborative has established NACs) Through the relationships that NAC members have with residents of these communities, we were able to successfully process 480 returns during the tax season totaling over \$488,000 in refunds; 104 of the returns were Earned Income Tax Credit filings that totaled \$202,079. The community tax centers are part of the overall economic development strategy of the SPA 7 PIDP Partnership and during the current nationwide economic crisis, a prime example of providing concrete support in times of need for community residents. The success of the SPA 7 community tax centers was due to the trusting relationships developed in our PIDP NACs, which allowed for information regarding the centers to be shared with members' friends, family, and neighbors. The EITC campaign clearly demonstrated the potential of relationship-based organizing to reach community residents who have historically been disenfranchised and marginalized and connect them to resources that improve their daily lives. In SPA 7, families that were at risk of eviction were able to maintain their homes due to having access to this essential economic resource. The majority of NAC members who filed for EITC were previously unaware of their eligibility and had thus never accessed this available and valuable economic resource, highlighting the power of the relationship-based community organizing model as a prevention framework that leads to community-level change.

SPA 8

Example 1:

The South Bay Children's Health Center utilized a portion of their PIDP funding to create a Neighborhood Action Council (NAC) at LA Vida North, a school for pregnant and/or parenting teenagers. Throughout the grant period, the students have been offered different opportunities through South Bay Children's Health Center as well as from the South Bay Center for Counseling (SBCC). The School Readiness Program at SBCC, funded by First 5 LA, offered a 9-week financial literacy workshop series to the juniors and seniors at La Vida North. Throughout this workshop series, the students learned how to budget, how to open a bank account, and the difference between debit and credit as well as many other topics that will assist them in the future. In December, five of the students graduated and in January, two of these teen parents were hired to work during the tax season at Quantum CDC. Leveraged resources from the Greater Los Angeles Economic Alliance (GLAEA), a partnership between the Children's Council of Los Angeles, Wells Fargo, the IRS, Loyola Law School, Quantum CDC, and the South Bay Center for Counseling made this happen. This employment was meant to be temporary but has become permanent. The two teen moms like the fact that they are "helping low-income families' financial worries by helping them and making them save money." This experience has impacted their perception of themselves. They are no longer "just" a teen mom but an individual with a future.

Example 2:

Southern California Indian Center (SCIC), a PIDP partner, started a NAC, which faced some challenges in the beginning. At the same time, under the Family Support program, South Bay Center for Counseling has been supporting a SCIC group that meets to do beadwork and looming. This work (beading and looming) tells a story of the history of the culture among the different tribes and allows for the members of the group to share their culture not only with other tribes but with non-natives as well. These resources were leveraged from the Family Support program. Individuals from the original NAC and from the Family Support group are active members of the current NAC. This NAC is composed of many generations and many different Indian tribes. By being active in these groups, there is one family in particular that is passing on the knowledge of community organizing to another family member, a son who is in prison in San Diego. During their visits with their son, they are sharing with him experiences from the NAC meetings and how being a member of the NAC has made an impact on their life. As a result of this family passing along the knowledge, their son is planning a POW WOW for the other inmates. He is absorbing all of the stories and information that his family has passed along to him and putting it to good use. He sees the importance of relationship building and of sharing his culture with others.

When people are released from prison, there is usually not a great connection to the community. Fortunately for this gentleman, he will not only have the support of his family but that of his community as well. He will return to the community with new experiences that will make his assimilation smoother. The mother is helping her son put on the powwow/cultural event in prison and the staff at SCIC have put her in contact with the Wildhorse Drum Group, cultural consultants, and community members who can help her son put on the event. The drum group and some SCIC staff/community members will also be attending the event at the prison.

NAC members and staff have volunteered to provide a Native dish to be shared at the event in the prison. They will donate the ingredients and take time to prepare the dishes that will be served at the event. SCIC will also be leveraging resources to provide childcare for the imprisoned son's son. The grandmother is happy to be keeping her grandson for a month but works full-time and has no childcare. SCIC has set it up so that the child will have childcare and also participate in Native Kids Club activities while he is with his grandmother. Attending the NAC meetings and Family Support activities has helped both the family deal with the depression they have been in since the son's imprisonment. They have found support in the relationships they have made through the programs from SBCC and SCIC and a way to move forward with the children who are left behind.

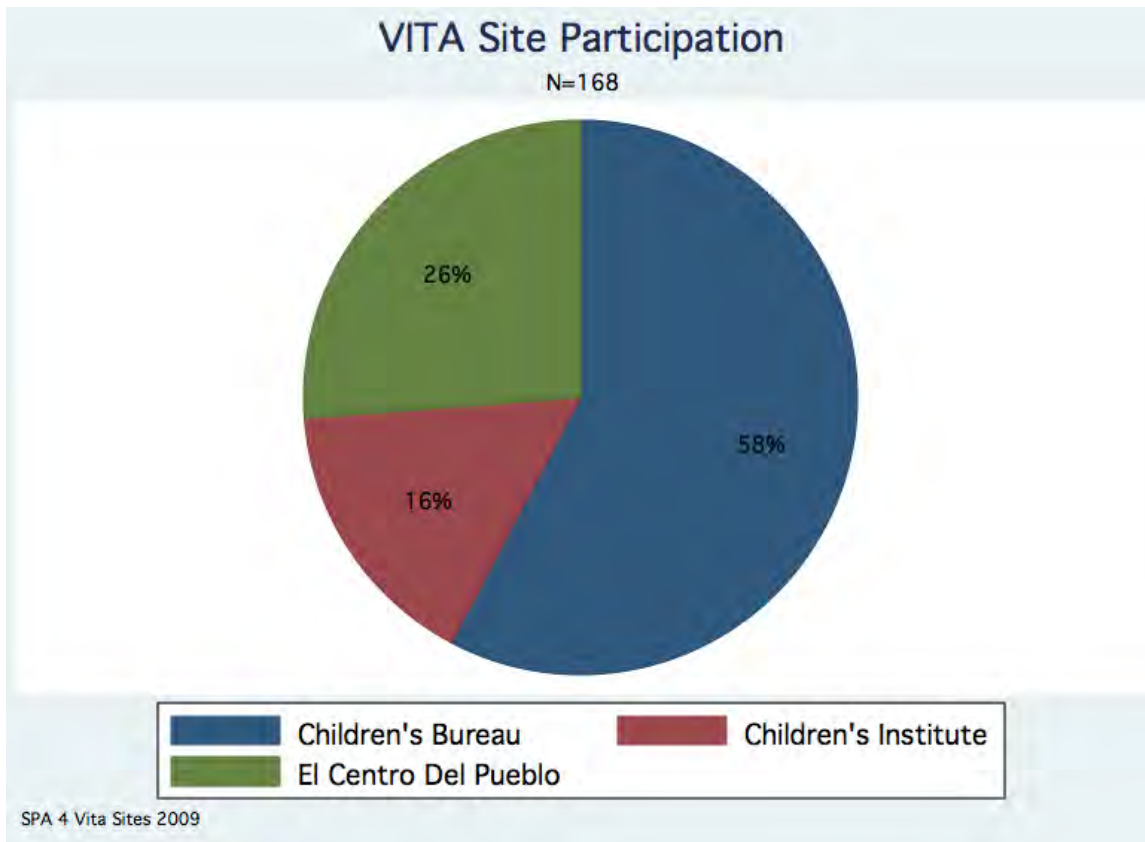
Example 3:

Through the PIDP partnership, Families for Children, an adoption and foster care agency in Inglewood, has started a NAC, Parents in Motion, Creating New Beginnings, composed of birth parents. They are dedicated to supporting one another through their personal family struggles as well as their experience with the Department of Children and Family Services. Since the inception of the group, the members have been offered many different resources. Through the South Bay Center for Counseling School Readiness Program, funded by First 5 LA, the parents participated in a 9-week financial literacy course that taught them how to budget, keep track of their finances, fix their credit rating, and spend only what is available. Many of these parents have criminal backgrounds and in order to be employable, they needed to obtain the knowledge of what to do regarding their background. The NAC organizer brought in a lawyer to explain legal issues. Families for Children leveraged other funding sources in order to have staff who supported these parents in navigating the DCFS system so they were better educated on what they need to do in order to get their children placed back in their homes. One of the NAC members who emerged as a leader has since been hired as a community organizer. Kellye A. is working with another NAC of women in recovery. This is a good fit for her as she is able to share her personal experiences with these women, and show that through perseverance and commitment, they can change their lives.

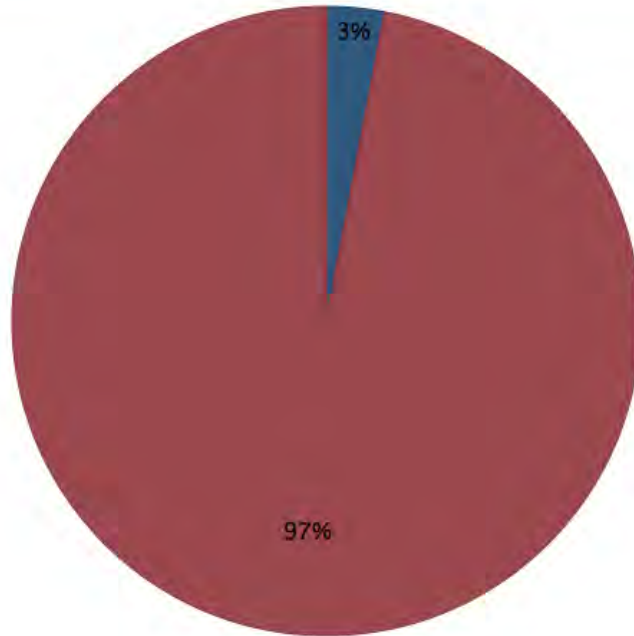
Appendix H

Additional Tables and Figures from PIDP Special Studies

Additional Tables and Figures from SPA 4 VITA Study

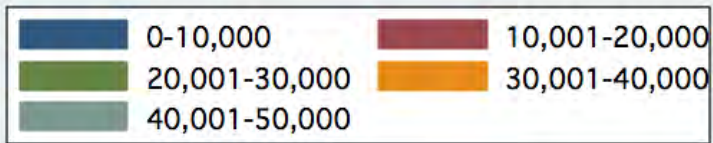
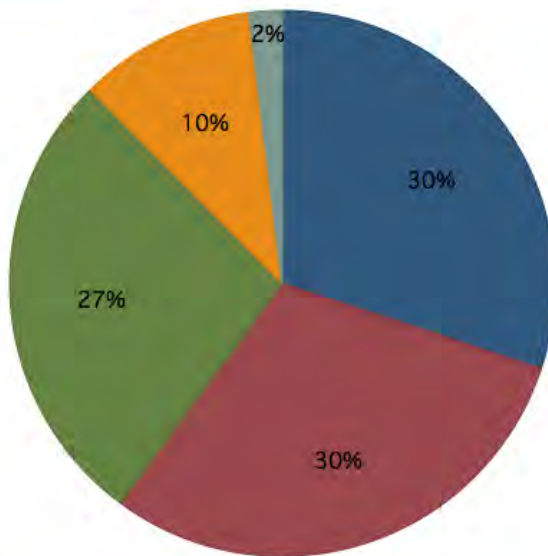


Race/Ethnicity



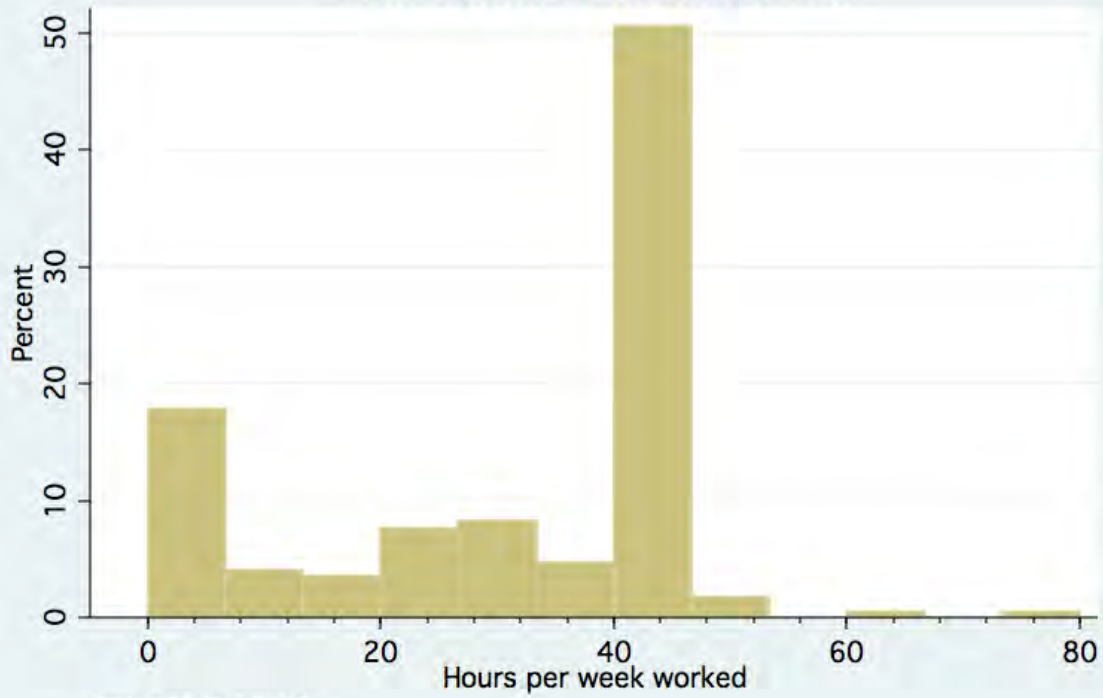
SPA 4 Vita Sites 2009

Yearly Income



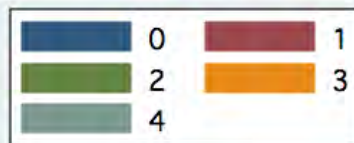
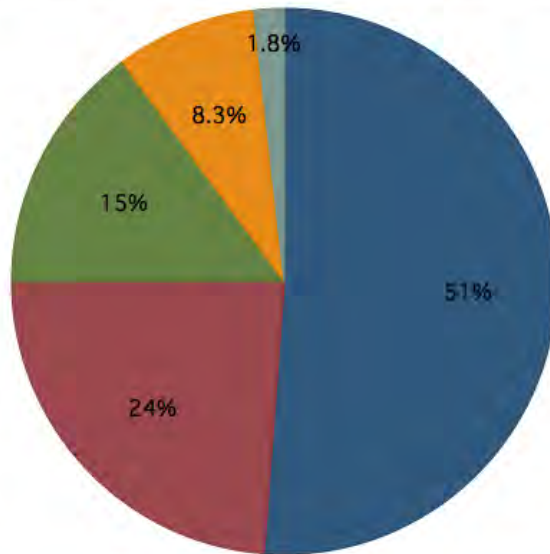
SPA 4 Vita Sites 2009

Distribution of hours worked



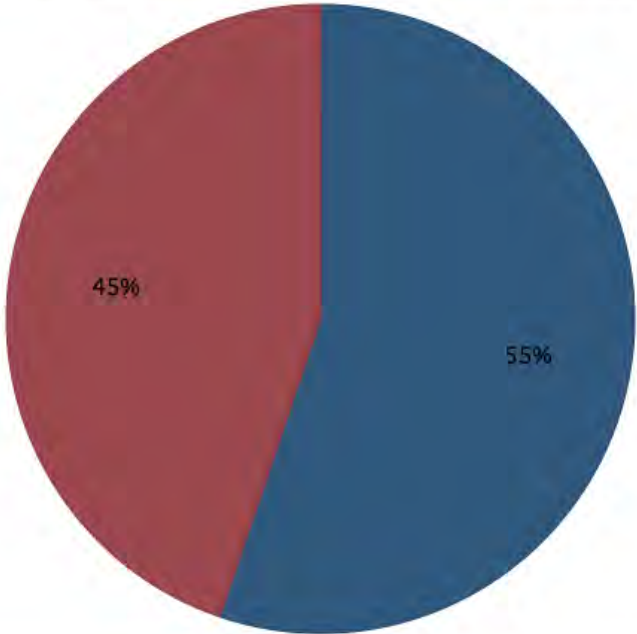
SPA VITA Sies 2009

Number of children in household



SPA 4 Vita Sites 2009

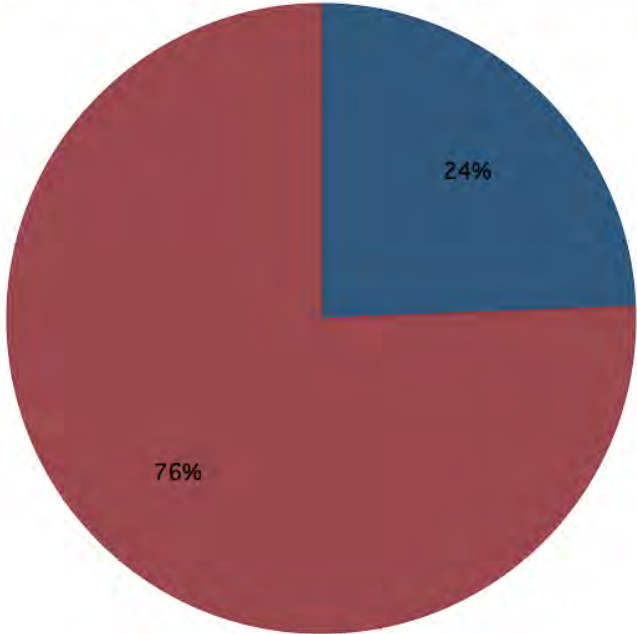
Percent of children receiving free/reduced lunch



No Yes

SPA 4 Vita Sites 2009

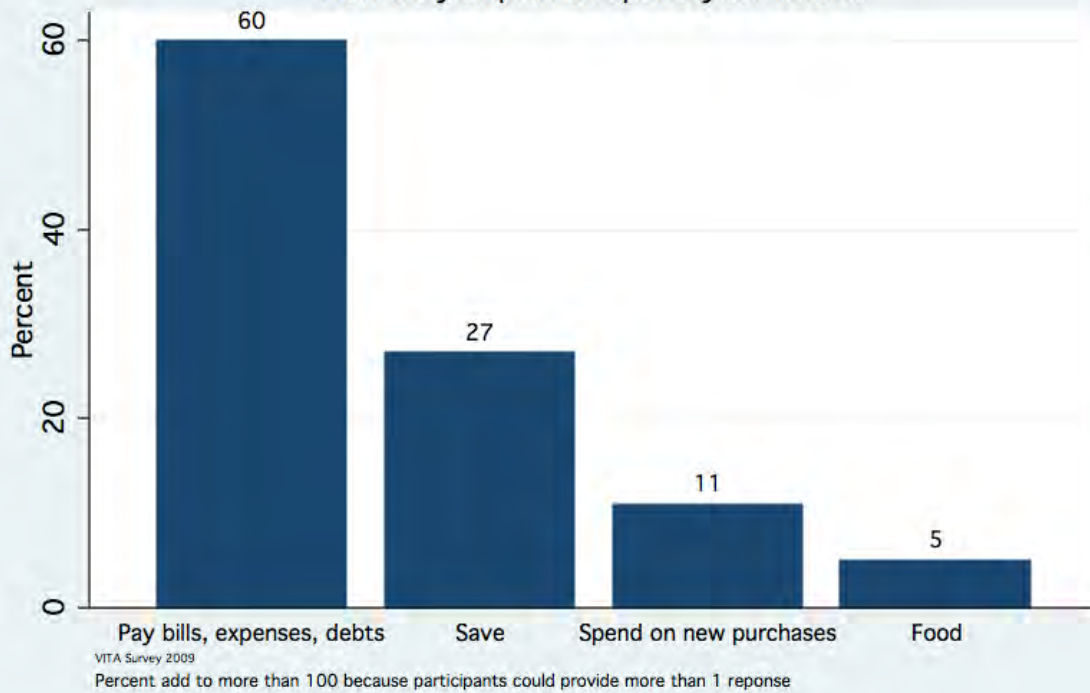
Percent of children receiving MediCal



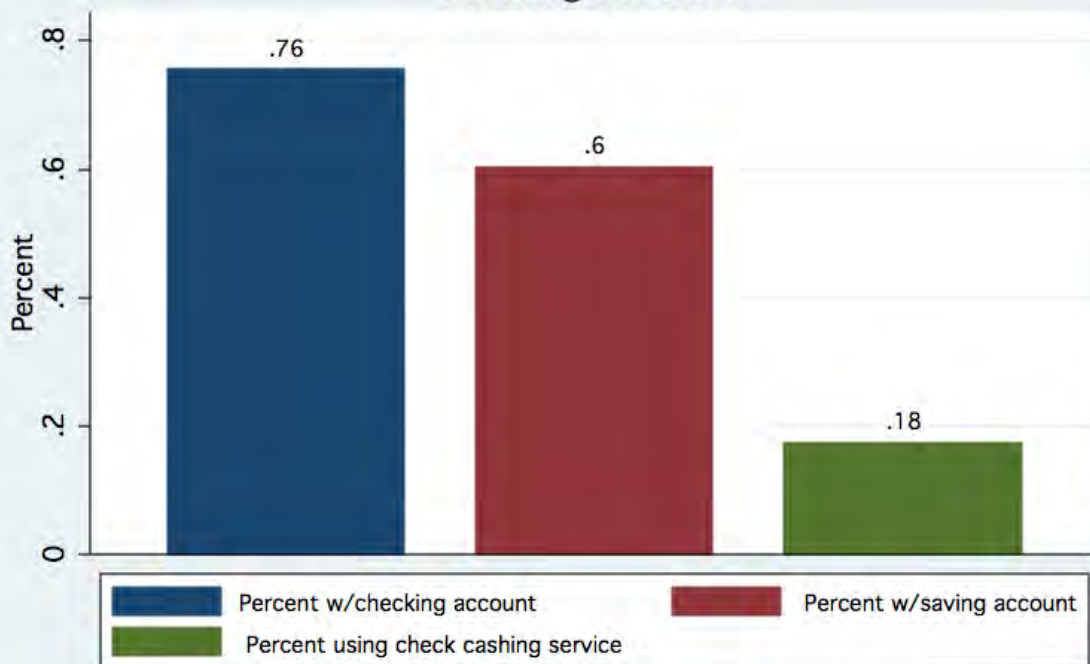
No Yes

SPA 4 Vita Sites 2009

Reponses to the question How do you plan to spend your refund



Banking Services



SPA 4 VITA Sites 2009

Use of check cashing service approx. twice a month

SPA 4 VITA Program Data in Table Format

Table 1. Member of Participants Per Site

Site	Freq.	Percent	Cum.
Children's Bureau	97	57.74	57.74
Children's Institute	27	16.07	73.81
El Centro Del Pueblo	44	26.19	100.00
Total	168	100.00	

Table 2. Income

Yearly Income	Freq.	Percent	Cum.
0-10,000	46	30.07	30.07
10,001-20,000	46	30.07	60.13
20,001-30,000	42	27.45	87.58
30,001-40,000	16	10.46	98.04
40,001-50,000	3	1.96	100.00
Total	153	100.00	

Table 3. Race/Ethnicity

Race/Ethnicity	Freq.	Percent	Cum.
Asian	2	1.19	1.19
Hispanic	163	97.02	98.21
White	2	1.19	99.40
Other	1	0.60	100.00
Total	168	100.00	

Table 4. Race/Ethnicity Recoded

Race/Ethnicity	Freq.	Percent	Cum.
Other	5	2.98	2.98
Hispanic	163	97.02	100.00
Total	168	100.00	

Table 5. Average hours worked per week

Variable	Obs	Mean	Std. Dev.	Min	Max
Hours Worked	168	29.03571	16.34477	0	80

Table 6. Times moved in last 2 years

Times moved in last 2 years	Freq.	Percent	Cum.
0	142	84.52	84.52
1	19	11.31	95.83
2	4	2.38	98.21
3	2	1.19	99.40
4	1	0.60	100.00
Total	168	100.00	

Table 7. Checking account

Do you have a checking account?	Freq.	Percent	Cum.
No	41	24.40	24.40
Yes	127	75.60	100.00
Total	168	100.00	

Table 8. Savings account

Do you have a savings account?	Freq.	Percent	Cum.
No	66	39.52	39.52
Yes	101	60.48	100.00
Total	167	100.00	

Table 9. Check cashing services

Do you use check cashing services?	Freq.	Percent	Cum.
No	136	82.42	82.42
Yes	29	17.58	100.00
Total	165	100.00	

Table 10. Check cashing services: how often

Check cashing - how often?	Freq.	Percent	Cum.
Weekly	4	13.33	13.33
Twice a month	18	60.00	73.33
Monthly	6	20.00	93.33
Twice a year	2	6.67	100.00
Total	30	100.00	

Table 11. Previous VITA experience

First time at VITA service center	Freq.	Percent	Cum.
No	14	8.33	8.33
Yes	154	91.67	100.00
Total	168	100.00	

Table 12. Tax preparation

Tax preparation method	Freq.	Percent	Cum.
Self	2	1.23	1.23
Friend/Family member	7	4.29	5.52
Professional	135	82.82	88.34
None	19	11.66	100.00
Total	163	100.00	

Table 13. Children

Reported number of children	Freq.	Percent	Cum.
0	86	51.19	51.19
1	40	23.81	75.00
2	25	14.88	89.88
3	14	8.33	98.21
4	3	1.79	100.00
Total	168	100.00	

Table 14. Free and reduced lunch

Free or reduced lunch	Freq.	Percent	Cum.
No	12	15.00	15.00
Yes	68	85.00	100.00
Total	80	100.00	

Table 15. Medical

Children receive medical services	Freq.	Percent	Cum.
No	20	24.39	24.39
Yes	62	75.61	100.00
Total	82	100.00	

Appendix J.

Glossary of Key Terms

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

Glossary

ABCD Model

Asset-based community development model or asset-building community development model (see Asset-Based Community Development).

Alternative Response (also Differential Response)

Within the Department of Children and Family Services, Point of Engagement (POE) is the response system housing Alternative Response and Differential Response. *Alternative Response* is defined as provision of a community-based network of formal and informal support services for children with multiple inconclusive child abuse and neglect referrals. *Differential Response* is provision of community-based formal and informal support services for children and families with an inconclusive child abuse and neglect referral. Both Alternative and Differential Response divert families from entering the child protective system.

Asset-based Perspective

The asset-based perspective focuses on a person's and a community's existing capacities and strengths.

Asset-Based Community Development

An approach that uses the assets of the community and community members as a foundation for planning and actualization of community development strategies. Based on the work of John McKnight at the Asset Based Community Development Institute, School of Education and Social Policy, Northwestern University. (www.abcdinstitute.org)

Assistant Regional Administrator (ARA)

Administrative position within a Department of Children and Family Services office; the ARA reports to the RA.

Best Practices

An umbrella term, often used interchangeably with evidence-based practices, indicating the most effective practice that can be used in a particular environment, with a specified type of client, and identified resources.

Cascading Diffusion

The transfer of an idea or innovation from a larger entity or community to one smaller.

Casey Family Programs

Casey Family Programs is the nation's largest operating foundation entirely focused on foster care, working to provide and improve and ultimately prevent the need for foster care in the United States. <http://www.casey.org/#>

Child Abuse Prevention, Intervention and Treatment Programs (CAPIT)

Programs funded by the Child Abuse Prevention and Treatment Act, originally signed into law in 1974 and reauthorized in 2003 under the Keeping Children and Families Safe Act.

Children's Social Worker (CSW)

Worker, within the Department of Children and Family Services, who interfaces with clients. Workers are typically assigned to the front-end investigatory unit or the back-end case-management unit.

Child Welfare Services Case Management System (CWS/CMS)

California's statewide automated information system composed of multiple software applications that provide comprehensive case management functions.

Community-Based Organization (CBO, also Community-Based Agency)

An agency offering supportive services such as counseling, parent skills training, child care, job training, and substance abuse treatment.

Community-Level Change Model

A model specifying how change can happen at the community level; the ABCD model is an example of a community-level change model.

Concurrent Planning

Simultaneous provision of family reunification services and permanency planning.

Department of Children and Family Services (DCFS)

The public child protective services agency serving Los Angeles County. The Department of Children and Family Services, with public, private and community partners, provides quality child welfare services and supports so children grow up safe, healthy, educated, and with permanent families. <http://dcfs.co.la.ca.us/>

Department of Public Social Services (DPSS)

The Los Angeles County Department of Public Social Services provides programs designed to both alleviate hardship and promote health, personal responsibility, and economic independence. Examples of benefits and services are free and low-cost health care insurance for families with children, pregnant women and aged/blind/disabled adults, and food benefits for families and individuals. <http://dpss.lacounty.gov/>

Differential Response Path One

The first path is community response. This path is designed for low-risk families whose investigation does not result in a substantiated claim of abuse or neglect. These families are experiencing problems and need professional assistance. The families are given a referral, by a children's social worker, to a community-based

organization, and the community-based organization maintains oversight of the family while servicing the family according to the family's needs.

Diffusion of Innovation

Spreading of an innovation between individuals or groups

Disproportionality

Over-representation of a race or cultural group in a system such as the child welfare system.

Earned Income Tax Credit (EITC)

Enacted in 1975, EITC is a tax credit based on the income earned and family size; only low-income workers are eligible.

Ecological Orientation

An approach, based on Ecological Systems Theory, which views a person's behavior as being influenced by four nested systems; and the systems in turn are influenced by the person. While the system components are unique to each individual, the systems can be widely categorized as either a micro-, meso-, exo-, or macrosystem. **(See books and articles by Urie Bronfenbrenner)**

Family Group Conferences

Meetings convened for the purposes of planning and monitoring the safety, protection, and care of children and resolving conflicts. These conferences may include social workers, children, biological parents, relatives, and community members. The three phases of the conference include a discussion of family strengths and resources, family development of a safety plan, which is done in private, and presentation of the plan to the children's social worker.

Family Preservation (FP)

An integrated, comprehensive, community-based approach to service delivery that ensures child safety while strengthening and preserving families who are experiencing problems in family functioning evidenced by child abuse or neglect. There is a myriad of services and programs that are available to families being served by Family Preservation.

First 5 LA

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.

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

Front-line staff (also Emergency Response [ER] Staff)

Staff at the Department of Children and Family Services who process and respond to calls to the child protection hotline. Staff responsibilities may include investigation of allegations, risk assessment, coordination of Team Decision Making meetings, and referring families to supportive services.

Grounded Theory

A method for conducting qualitative research, which emphasizes generation of theory, or a hypothesis, as the research product.

Income Security Supports

Supports that relate to or may be funded by the public assistance provisions of the Social Security Act. These supports may include services such as child care, foster care, adoption, supplemental security income social services, and low-income energy assistance.

Katie A.

Katie A. refers to a lawsuit filed against the County of Los Angeles on behalf of five foster children in care of the Los Angeles Department of Children and Family Services. The settlement required that Los Angeles County show demonstrable improvement in its delivery of services to children in care and children at risk of entering foster care, and the Department of Children and Family Services has developed a plan and a unit that will be responsible for overseeing implementation.

Lead Agency

Agency in each SPA that has the primary responsibility for coordinating the PIDP network.

Leveraging

Compiling and coordinating available resources and funding to gain a greater advantage than would be gained from non-coordinated use of resources and funds.

Medi-Cal

California's Medicaid program. This is a public health insurance program that provides needed health care services for low-income individuals including families with children, seniors, persons with disabilities, foster care, pregnant women, and low-income people with specific diseases such as tuberculosis, breast cancer, or HIV/AIDS.

Mixed-Methods

Research involving the collection of quantitative and qualitative data.

Networks

Interrelated systems of things or people.

Network Navigator (also Navigator)

A community-based organization staff member who is responsible for helping clients use the PIDP network to meet his or her needs.

Paired Sample *t*-Test

A statistical technique that compares the means of two variables and identifies whether the means differ significantly from zero. For PIDP evaluation purposes, the paired sample is the PIDP network as measured by members' reflection of the start of PIDP compared to later functioning of the PIDP network.

Performance-Based Contracting

A process wherein contracts are awarded and or renewed for entities whose prior or current performance has met or exceeded pre-established measurable targets.

PIDP Network (also SPA Network or Collaborative)

A group of community-based organizations, unique to a service planning area, that provides PIDP services and activities. There are 8 PIDP networks in LA County.

PIDP Network Map

An interactive map describing funding sources for the networks in each SPA.

PIDP Peer Learning Roundtable

Convenings that provide a forum for highlighting, sharing, and identifying opportunities to leverage early successes and emerging challenges as experienced by PIDP networks and stakeholders.

Place-Based Evaluation

An approach that examines how an implemented program or service has affected a specific geographic area. Evaluation products may include a description of the area, rather than just a description of the implemented program, and descriptions of community-level outcomes.

Primary Prevention

Within a child welfare context, efforts aimed at preventing child abuse and neglect from occurring in the general population. Also activities that are designed to support families regardless of their current or previous history of involvement with DCFS.

Promoting Safe and Stable Families Family Support

Services funded by Promoting Safe and Stable Families Family Support, Title IV-B, Subpart 2, of the Social Security Act. These services support the goals of preventing unnecessary out-of-home care and increasing the rate of permanency by facilitating family support, family preservation, reunification, and adoption.

Protective Factors (also Family Protective Factors)

Qualities or attributes of an individual or group that provide a shield against, or increase resistance to, the effects of adverse circumstances. Within a child welfare context, protective factors may include social connectedness and secure attachment.

Referral

Within the Department of Children and Family Services, a referral is a formal request for an activity or service. For example, a mandatory reporter may make a referral to the Department of Children and Family Services alleging child maltreatment. A children's social worker from the child welfare agency may refer a client to a community-based organization for support services. A referral can be made to a specific program, such as PIDP; or a referral may be made for an activity, such as a Team Decision-Making meeting.

Regional Administrator (RA)

An RA provides oversight and leadership within each Department of Children and Family Services regional office.

Relationship Based Community Organizing (also Relationship-Based Community Building)

An organizing approach that focuses on enhancing the social connections or relationships between community members and between members and community organizations as a means for building up and improving the community.

Request for Qualifications

A contracting and hiring process wherein the respondent who has, through provided evidence of qualifications, the best ability to achieve specified outcomes is awarded the contract.

Risk Factors

Within a child welfare context, it is a characteristic, condition, or variable associated with increased risk of child abuse or neglect. For example, poverty and social isolation are two risk factors.

Secondary Prevention

Within a child welfare context, efforts aimed at preventing the occurrence of child abuse or neglect among families at risk. Also activities to support families and protect children that are known to reduce risk factors associated with child maltreatment.

Service Planning Area (SPA)

A geographic area within Los Angeles County whose design was coordinated by the Los Angeles County Children's Planning Council. SPAs were adopted by the Los Angeles County Board of Supervisors in 1993. There are 8 SPAs and the purpose of creating the SPAs was to facilitate coordinated service delivery to residents within regions of the County. Each SPA has a corresponding Children's Council, and there is an American Indian Children's Council that serves the entire County.

Social Capital

Assets or benefits produced by the connections within and between social networks. This capital can be used to procure additional assets.

Social Connectedness

Relationships with others; social connectedness is viewed in terms of quality and quantity.

Social Learning

Learning about behaviors through participation in social environments, such as a classroom.

Social Networks

Networks that focus on and map the social connections between individuals

SPA/AIC Councils

The council, for each Service Planning Area (SPA), that works with various entities within the SPA, or Countywide entities that have interests in the SPA region, to ensure that the needs of residents are being effectively met.

Strengths-Based

Known as a perspective, approach, or model, *strengths-based* refers to a focus on a person, organization, or community's assets or strong points, for assessment, planning, and actualization purposes.

Structured Decision Making (SDM)

A risk assessment tool used by Children's Social Workers in the Department of Children and Family Services; SDM was created by the Children's Research Center. Embedded in SDM is a set of evidence-based assessments and decision guidelines. The purpose of SDM is to increase consistency and validity in the assessment and decision-making process.

Supervising Children's Social Worker (SCSW)

Within the Department of Children and Family Services regional office, the SCSW supervises children's social workers and reports to assistant regional administrators.

Team Decision Making (TDM)

A process utilizing a multidisciplinary assessment and team approach in working with children and their families. The team decision-making meeting includes community-based social workers and other child and family service providers who assist the family in identifying local supports that could help reduce stresses and improve family life. Parents play a key role in identifying their needs and the supports that would be most helpful in addressing them. Parents may also invite other family members, friends, and counselors/pastors to attend these meetings and provide support to the family. Meetings may take place in conjunction with an investigation, detention, before returning a child home, or before a change in out-of-home placement.

Tertiary prevention

Within a child welfare context, efforts aimed at preventing future incidents of child abuse or neglect among families with a history of substantiated child abuse and neglect referrals. Also activities known to be effective in reunifying families and/or preventing subsequent involvement with the child welfare system. Examples include visitation centers offering coaching for parents in daily parenting skills.

The Children’s Council of Los Angeles County (formerly known as the Los Angeles County Children’s Planning Council)

The Children’s Council of Los Angeles County—formerly the Los Angeles County Children’s Planning Council—was created by the Board of Supervisors in 1991 to plan and promote the coordination of services for all children in Los Angeles County to effect their protection, healthy growth, and development, as well as to advise the Board of Supervisors of the Council’s findings and recommendations. <http://thechildrenscouncil.net/>

Theories of Change

A Theory of Change defines all building blocks required to bring about a given long-term goal. This set of connected building blocks--interchangeably referred to as outcomes, results, accomplishments, or preconditions -- is depicted on a map known as a pathway of change/change framework, which is a graphic representation of the change process. Built around the pathway of change, a Theory of Change describes the types of interventions (a single program or a comprehensive community initiative) that bring about the outcomes depicted in the pathway of a change map. Each outcome in the pathway of change is tied to an intervention, revealing the often complex web of activity that is required to bring about change. Retrieved September 10, 2009 from: <http://www.theoryofchange.org/background/basics.html>

Title IV-E Waiver

Flexible funding source for Department of Children and Family Services (DCFS) and specifically for Point of Engagement (POE) originating from the Title IV-E section of the Social Security Act. The State of California negotiated a Title IV-E Waiver agreement with the federal government, and DCFS requested status as a “waiver county” in California. Funds originally set aside for foster care maintenance payments can now be used to prevent out-of-home care, to provide additional support to families and to demonstrate more effective service arrangements.

Universal Access

Access to services and activities by all persons; access is not based on program enrollment or eligibility criteria.

Value-Added

An approach or model and method of assessment that recognizes that there are contextual and operational differences surrounding each entity being assessed. These differences may affect outcomes and may affect the validity of outcome measurements. In the value-added approach, outcome measurements answer the question of what desirable outcomes were derived within each entity being assessed, rather than comparing the entities and identifying which entity provided the most desirable outcomes.