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**LOS ANGELES COUNTY FAMILY-CENTERED SERVICES:**  
USING ADMINISTRATIVE DATA TO UNDERSTAND THE LANDSCAPE OF  
COMMUNITY-BASED CHILD WELFARE SUPPORTS

Children's  
Data Network

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## EXECUTIVE SUMMARY

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### BACKGROUND

The Families First Prevention Services Act (FFPSA), part of the Bipartisan Budget Act of 2018, aims to enhance family support to prevent children from entering foster care. FFPSA provides transition funding to all states, including California, that operated under Title IV-E child welfare waivers. In place since 2007, California's waiver allowed the Los Angeles (LA) County Departments of Children and Family Services (DCFS) and Probation considerable flexibility in the ways that they support families. The transition to FFPSA presents an opportunity to rethink the array of services and partnerships needed to continue this work, building on the best of what has been achieved so far and integrating the work of contracted services with additional resources, supports, and opportunities available in local communities.

Optimizing FFPSA funding is critical; as such, planning is already underway. FFPSA funding alone, however, will not be enough to address the challenges faced by families who come to the attention of the child welfare system (CWS). Parallel to DCFS and Probation's FFPSA preparation efforts, DCFS is also working with leaders from a broad range of community stakeholder groups to develop strategies to strengthen workforce development, improve services, and deepen community and cross-sector partnerships. This multi-dimensional strategic plan, *Invest LA*, will shape the County's approach to CWS, building public-private and cross-sector partnerships to support children, youth, and families for years to come, deepening LA County's long-standing commitment to community-based, family-centered services (FCS) by incorporating lessons learned from prior work into the strategy going forward.

The three key programs included in this landscape analysis—*Family Preservation (FP)*, *Partnerships for Families (PFF)* and *Prevention & Aftercare (P&A)*—represent a significant investment in community-based services for children and families in neighborhoods throughout the county.

## **FAMILY PRESERVATION**

Family Preservation (FP) services aim to protect children while they remain in or safely transition back to their homes. These services are provided for six months and may be extended based on the needs of the family. FP serves families involved with DCFS, as well as those involved with Juvenile Probation, to provide intensive, short-term services that focus on improving family functioning in order to ensure the safety and well-being of the child.

## **PARTNERSHIPS FOR FAMILIES**

Partnerships for Families (PFF) is a secondary prevention program aimed at increasing family protective capacity, improving family functioning, and augmenting ties between families and their communities. PFF is designed as a short-term home visitation service offered to children ages 0-5. It is focused on improving child caregiver relationships and building upon family's protective factors. PFF services are voluntary to high-risk CWS families with an inconclusive or substantiated CWS report and to families at risk of child maltreatment. Services are also available to eligible families referred through community service providers.

## **PREVENTION AND AFTERCARE NETWORKS**

Prevention and Aftercare (P&A) works to strengthen families, increase family protective factors, and improve access to needed services through a strengths-based, community-specific strategy. Community networks offer neighborhood resources, opportunities and services for all families, regardless of CWS status. This includes primary prevention supports and services for families in the community, as well as secondary and tertiary prevention services for families anywhere on the continuum of CWS involvement (i.e., Hotline to case closure).

In October 2019, the Children's Data Network, with support from First 5 LA, began working with DCFS to assess the landscape of FCS for families involved with LA County's child welfare system. The report that follows builds on and extends lessons learned through LA's rich history of public-private partnerships by: 1) presenting the historical context and development of FCS; 2) highlighting findings from previous research; 3) generating new knowledge about the

scope and nature of families served by FCS programs through linkage of FCS and statewide child protection records; and 4) demonstrating the potential for using administrative data to analyze long-term service impacts. In many respects, Los Angeles has been ahead of the curve in investing in community-based prevention and intervention. This report provides background on the history of implementation and research, along with new findings from analyses of recent administrative data to inform current planning.

## REPORT ORGANIZATION

This report provides information on the development and operations of FCS in LA County, including current evidence base, scope of services offered, differential utilization patterns, and program impact. Section II describes the history, context and purpose for each of the three key FCS programs, as well as provides a brief overview of research evidence to date. Section III outlines methodology used for this study. Section IV outlines the FCS landscape of services between 2016 and 2019, identifying points of FCS intersection, illustrating CWS case flow, examining differential rates in FCS referrals, and describing subsequent CWS involvement for families referred to FCS programs. Section V offers conclusions and implications.

## KEY FINDINGS

This analysis describes three important FCS initiatives developed in LA County and supported by DCFS. It highlights the reach of these community-based FCS services and underscores the important role played by these programs in the County's overall effort to prevent child maltreatment and support families. A review of the literature demonstrates a growing research base for all three FCS initiatives, along with lessons learned from implementing and operating these complex multi-dimensional service programs in a large, diverse, and geographically vast county. Along with findings from this analysis, the findings suggest that the work of the individual agencies and networks contracted with DCFS to support families has been largely successful in strengthening and improving functioning of thousands of families in LA County. Taken together, these studies suggest promising results for FCS programs in preventing future CWS involvement and decreasing the need for subsequent intervention.

New findings demonstrate the scope of LA County's FCS programs. Overall, 44,817 unique DCFS-involved families, inclusive of 87,176 children, were referred for at least one FCS service between 2016 and 2019. Over a third of these children (34.7%) were younger than age 5, with children aged 16 and over representing less than 10% of FCS referrals. Sixty-one percent of

referred families were Hispanic. Over 20% of all families referred to CWS for alleged child maltreatment were referred to one or more FCS programs. This has increased each year, with 17.7% being referred to FCS in 2018 and 23.5% in 2019.

## **FAMILY PRESERVATION**

During this time period, 21,232 families (or approximately 43,000 children) were referred for community-based Family Preservation services. This includes those referred through three pathways: 1) Alternative Response Services (FP-ARS) or time limited Family Preservation services designed to mitigate problems and prevent the family from entering the CWS system; 2) Family Maintenance (FP-FM) for families receiving services while their children remain at home; and 3) Family Reunification (FP-FR) for families whose children are returning home after an out-of-home placement episode. The majority of FP referrals were for FP-FM services (68.2%), followed by FP-ARS (36.9%) and then FP-FR (4.3%). A third of children (34.7%) referred were 5 years old or younger.

## **PARTNERSHIPS FOR FAMILIES**

Overall, 692 DCFS involved families, including 1,625 children, were referred for PFF services in 2019. The majority of families had at least one child between the ages of 0 and 5 years (97.4%). Nearly three-quarters of families (74.6%) were referred to PFF following an inconclusive allegation, while 10.4% were referred following a substantiated allegation. 13.0% following an unfounded allegation.

## **PREVENTION AND AFTERCARE NETWORKS**

A total of 24,400 DCFS families (representing 47,992 children) were referred for P&A services in 2016 through 2019. A majority of referrals were made during the investigative process, followed by referrals made at the child protection hotline. Referrals to P&A increased 170% over the 4-year period, from 3,611 to 9,748. P&A referrals made through the child protection hotline showed the greatest growth, with a nearly 7-fold increase between 2016 and 2019. Almost a third (29.1%) of the families had children younger than age 5. In 2018 and 2019, approximately 26% of families with a screened out CWS allegation were referred to P&A.

**FCS PROGRAM REFERRALS.** There was a great deal of variability in rates of referrals across programs, regional offices, and SPAs. Variation in referrals by regional offices is described in the complete report. The results indicate that offices in SPA 6 generally had higher rates of referring families to each of the FCS programs.

**SUBGROUP DIFFERENCES.** Bivariate generalized linear models were used to examine differences in FCS referrals. In general, results demonstrate that differences in the demographic characteristics of families varied by program in line with referral criteria for individual programs. However, Hispanic families appear to be referred to FCS programs at higher rates compared with all other racial and ethnic groups. Broadly, this analysis did not detect underrepresentation of Black families in referrals to FCS programs. However following these families forward and looking at the proportion of families who engaged in or completed FCS services, it appears that Black families were less likely to engage in or complete services.

**FUTURE CWS INVOLVEMENT.** Based on this analysis, families referred to community-based P&A and FP-ARS were less likely to have a subsequent substantiated report, case opening, or out of home placement following successful completion of services compared to families who were not referred or were referred but did not complete services. Of the families with an in-home case, those that successfully completed FP-FM services while their children remained at home were less likely to move to out-of-home placement compared to families not referred to these community services. Families referred to PFF were less likely to have a subsequent substantiated report. No other statistically significant differences were detected. Overall, each of the three key FCS programs showed promising results in reducing subsequent DCFS involvement.

## RECOMMENDATIONS

LA County has long been an innovator in creating new approaches to FCS, investing in local supports, creating opportunities, building resources, strengthening and expanding services, and maintaining the array of FCS services in communities across the county. The best way to build on this track record is to honor the efforts of the many people who have worked to get to this point and use what has been learned to build a better, more equitable, and inclusive system of community-based supports and resources for all of LA County's children and families.

## **RECOMMENDATIONS FOR ORGANIZING DELIVERY OF FAMILY CENTERED SERVICES.**

The *Invest LA* planning process provides a forum for reimagining community partnerships and services for families and children. Representatives of most of the key stakeholders and partners needed for this work are already involved in the *Invest LA* planning process.

Recommendations for consideration include:

**1. REDESIGN THE SERVICE CONTINUUM** to clarify goals, referral criteria, and desired results so that contracts can be revised as needed. Identifying desired program models and clarifying referral pathways would maximize the use of evidence-based practices already offered by local service providers and supported by an array of funders. Planners will need to develop strategies that help families navigate LA's complex and siloed service systems, particularly in light of stark differences in service availability in different parts of the county. Many of the current FCS service providers are well-prepared to play a role in this new landscape by helping families navigate complex systems or offering evidence-based practices, or both, but clarity about roles and how to best coordinate multiple efforts is needed.

**2. USE SPA BOUNDARIES** to bring individual community-based organizations and other partners into regional networks that provide cross-referrals, share best practices, manage communication, and oversee important administrative functions including data collection and reporting. The efficiency of SPA based networks has been demonstrated by the Prevention and Aftercare networks (and the Prevention Initiative Demonstration Project before it) and by Partnerships for Families for over a decade. Unlike these programs, Family Preservation contracts are awarded to individual agencies that work within the geographic boundaries served by each of the 20+ DCFS regional offices. Maintaining two different sets of geographic boundaries—eight SPA's (plus two special population groups for a total of ten contracts) and 20 regional offices—complicates matters, making it more difficult to coordinate and leverage best practices. The administrative overhead associated with monitoring contracts with a large number of agencies is substantial, and cost savings may be one benefit of moving toward use of SPA boundaries to regionalize the system. Having a smaller number of intermediary agencies that can lead community-driven systems of care may not only be more cost efficient, but also lead to more consistency in terms of service delivery. Another advantage of using SPA boundaries for FCS networks is that they make it easier to identify and build

relationships with other service networks that are already in place.<sup>1</sup>

**3. BUILD THE CAPACITY OF COMMUNITY-BASED AGENCIES TO ENGAGE FAMILIES AND HELP THEM TO NAVIGATE LOCAL SYSTEMS OF CARE.** One essential function of the community-based agencies, faith-based groups, and other stakeholders involved in these SPA networks should be to engage families, assess their strengths and needs, and provide warm handoffs to existing evidence-based practices and other local community resources. Training on Motivational Interviewing and other approaches should be widely available to ensure that staff of community agencies are well informed and prepared to assist families with different kinds of needs.

**RECOMMENDATIONS FOR RESEARCH INFRASTRUCTURE.** A subcommittee of *Invest LA* partners and/or others familiar with research should also support DCFS in developing guidelines for a more robust infrastructure that would help to systematize data collection and analysis moving forward. Recommendations include:

**4. ALIGN DCFS INTERNAL DATA AND ANALYSIS RESOURCES** by bringing research, analytics, and other data functions under the same umbrella. Although DCFS has a number of people and teams working with data, they are dispersed across the agency and their efforts are somewhat siloed. Working together, Business Information Systems, research, analytics, and other internal experts could combine efforts to clearly define measurable results, consistent definitions of data elements, associated measures, and analytic strategies to better track progress toward program and policy goals. More consistent strategies for linking information currently collected in free standing departmental data bases with key process and outcome measures collected through CWS/CMS would help to integrate and align the information available to department planners and managers. For example, in the current study, the Children’s Data Network research team worked with Business Information Systems and data experts in Community Based Services to understand how data collected directly from service providers through the FCS portal could supplement information collected in CWS/CMS to provide a broader overview of the contributions made by these FCS programs. Data science expertise is needed to collect, organize and analyze the data, but practice and policy expertise is also needed to fully

<sup>1</sup> For example, services and supports available through the Perinatal and Early Childhood Home Visiting Consortium, Health Neighborhoods, American’s Job Centers of California, Best Start Communities, school-based community access platforms, Office of Violence Prevention, Los Angeles Child Care Alliance, etc.

appreciate and communicate the implications of findings for child welfare practice and policy making.

**5. INCREASE THE EVIDENCE BASE FOR ESSENTIAL SERVICES THROUGH RESEARCH PARTNERSHIPS AND STRATEGIC USE OF ADMINISTRATIVE DATA.** Better coordination of internal efforts will also make it easier to coordinate with external partners. External partnerships should also be developed to increase the evidence base needed to gain FFPSA approval for specific evidence-based practices, as well as for promising programs like Alternative Response Services and Prevention and Aftercare that may be likely candidates for FFPSA funding once the evidence base is in place and the programs have been approved by the Title IV-E Prevention Services Clearinghouse. Beyond FFPSA, other research collaborations may help DCFS and its partners understand the impact of their work.

## SECTION I: INTRODUCTION

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The Families First Prevention Services Act (FFPSA), part of the Bipartisan Budget Act of 2018, was designed to *“Enable States to use Federal funds available under parts B and E of Title IV of the Social Security Act to provide enhanced support to children and families and prevent foster care placements through the provision of mental health and substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator services.”*<sup>2</sup> FFPSA provides transition funding to all states, as well as time limited assistance to 22 states, including California, plus the District of Columbia and tribes that operated under Title IV-E child welfare waivers. In place since 2007, California’s waiver allowed the Los Angeles (LA) County Departments of Children and Family Services (DCFS) and Probation considerable flexibility in service provision, helping to support family-centered services and offering an array of community-based supports, resources, and services.

At the same time that DCFS and Probation are planning for Federal funding allowed under FFPSA, DCFS is also working with leaders from a broad range of community stakeholder groups to develop strategies to strengthen workforce development, improve services, and deepen community and cross-sector partnerships. This multi-dimensional strategic plan, *Invest LA*, will shape the County’s approach to child welfare services (CWS), building public-private and cross-sector partnerships to support children, youth, and families for years to come. Although LA County has long had a commitment to community-based support for families, this period of transition to a different funding environment and enhanced local partnerships provides an opportunity to reassess lessons learned from earlier work with community-based agencies providing family-centered services (FCS).

In October 2019, the Children’s Data Network (CDN), with support from First 5 LA, began working with DCFS to assess the landscape of FCS for families involved with LA County’s child welfare system. This landscape assessment builds on lessons learned through LA’s rich history of public-private partnerships, providing a look back at the development of FCS, a synthesis of findings from previous research, and an assessment of the current service environment.

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<sup>2</sup>The Bipartisan Budget Act of 2018 which includes the Families First Prevention Services Act was signed into law on February 9, 2018; the Families First Transition Act was signed on December 20, 2019.

## BACKGROUND

LA County's investment in FCS goes back almost thirty years to the beginning of the 1990s. As described by the then-Department of Children's Services (DCS) Director Peter Digre in a statement for a 1992 hearing of the Senate Committee on Finance:

*"The state of California recently enacted legislation (AB 546) to enable county child welfare departments to divert a percentage of their foster care services dollars to services to strengthen and preserve families, also known as 'family preservation services.' A broad-based community planning effort coordinated by the Commission for Children's Services led the development of the County's AB 546 plan."<sup>3</sup>*

AB 546 (1991) allowed California counties to develop comprehensive service plans to support families involved with CWS while their children remained at home. A 1991 board motion by Supervisor Edelman asked directors of key departments to work with the Commission for Children's Services and the DCS Director, along with a number of other stakeholders. Representatives from over 50 groups were invited to join the Family Preservation Services Committee which laid out the framework for LA's approach, identified priority communities to begin implementation, and worked closely with DCS staff to articulate the service delivery model and evaluation plan.

In 1992, the Board of Supervisors approved LA County's Community Plan for Family Preservation and the AB 546 Family Preservation Plan<sup>4</sup> and established the first set of Community Family Preservation Agencies to provide comprehensive coordinated services, laying out key principles and operational guidelines that remain in place to this day. The Federal Family Preservation and Support Program was established in 1993, the year that DCS and Probation made their first referrals to community-based Family Preservation (FP) programs in six priority communities. By 1996, FP programs were serving families throughout the county.

<sup>3</sup> P. Digre. (June 10, 1992). Prepared Statement by DCS Director Peter Digre. U.S. Senate Committee on Finance Hearing on S.4 Child Welfare and Prevention Services. S.HRG 102-1002.

<sup>4</sup> Commission for Children's Services. (1992). *Community plan for family preservation in Los Angeles County*. The Commission for Children's Service Family Preservation Services Committee was chaired by Nancy Daly. (Also known as The Green Book for the color of its cover)

As the first major community-based services program for families involved with DCFS in Los Angeles County, Family Preservation laid the groundwork for relationships between DCFS, Probation, and community-based organizations (CBOs) throughout the county. Later development of the Partnerships for Families program and Prevention and Aftercare networks built on this framework. Taken together, these programs—*Family Preservation, Partnerships for Families and Prevention and Aftercare*—account for most of LA county's FCS services. They serve a large number of families involved with DCFS from referral to the Hotline, the point of initial CWS contact, through investigation, case determination, case management, and aftercare. Families served by P&A also include many community families not involved with DCFS who learn about the services and supports provided by P&A networks through friends, neighbors, and community professionals.<sup>5</sup> These three programs represent an important investment in preventing child maltreatment and supporting children and families through local CBOs and networks of agencies that connect families with resources, supports, opportunities, and services in their communities.

These programs were developed at different points in time to serve families with different needs before and after involvement in the CWS continuum. Yet, the CBOs that hold these contracts and the networks of local schools, businesses, civic, and faith-based partners with which they work share a core approach to engaging and strengthening families that champions meeting people where they are and offering support informed by deep knowledge of local conditions. They work to help families navigate complicated and siloed service systems, integrating needed services, and creating networks of support in neighborhoods across the county. Most of the lead agencies have long-standing relationships in their communities, providing an array of Evidence Based Programs (EBP) and other services directly, and working closely with and referring families to groups that provide an even broader array of supports that meet the needs of individual families. Most also hold contracts with other County departments including the Departments of Mental Health, Public Health, and Probation. They also receive philanthropic funding and private donations that help them weave together the program-specific dollars received through county, state, and federal contracts.

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<sup>5</sup> For example, see: Casey Family Programs. (2011). *Community medicine: A child welfare systems extends its reach to all South Los Angeles families in need*. Going beyond the Vision, A report on child welfare in America. Pages 24-29.

## SECTION II. HISTORY AND CONTEXT OF FCS SERVICES

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Taken together, the three key programs included in this landscape analysis—*Family Preservation, Partnerships for Families, and Prevention & Aftercare*—represent a significant investment in community-based services for children and families in neighborhoods throughout the county. Families may interact with one or more of these programs depending on service availability, family needs and willingness to participate in services. The Safe Children and Strong Families Service Delivery Continuum revised by DCFS in 2015 shows the expected flow of decision-making and how these FCS programs intersect with the CWS case flow process (See Appendix B). See Appendix C for DCFS’s Community-Based Support Division’s FCS service array for an overview of LA County’s FCS programs, and Appendix D for an annotated bibliography of FCS research to date.

### FAMILY PRESERVATION (FP)

Family Preservation Services (FP) are designed to protect children while they remain in or safely transition back to their homes. Service plans are created by a multidisciplinary team including family members; these services are provided for six months and may be extended based on the needs of the family. FP services are available to families at different points in their involvement with DCFS. At the beginning stages of investigation, families may receive short term Alternative Response Services (ARS). FP services are also made available when a Family Maintenance (FM) case is opened and the child remains at home while receiving services (i.e., FP-FM). FP is also available when a child who was temporarily placed in out-of-home care is ready to return home and Family Reunification (FR) services are provided (i.e., FP-FR). Although providers work to support families and children at different points in the service continuum, the services all fall under the FP umbrella. FP agencies support families referred by DCFS regional offices, as well as families with youth involved with the Probation Department. FP includes core services, such as assessment by a multidisciplinary team and regular progress reports to Children’s Social Workers (CSW), weekly in-home visits, counseling, teaching and demonstrating homemaker services, and referral to additional community-based services, either directly or through community-based partners.

Established in 1993, the FPS program was later expanded to include Alternative Response Services (ARS) and Family Preservation Assessment Services (FPAS). ARS provides short term services with a 6-month maximum. Designed to prevent the family from entering the child

welfare system or to mitigate problems during investigation, ARS is offered to families if the child abuse investigation resulted in inconclusive or unsubstantiated allegations of child abuse/neglect with a Structured Decision Making (SDM) score of low- to moderate-risk. Recent changes have expanded ARS to include children and families whose investigation ended in unfounded allegations with an SDM score of high to very high risk.

FPAS, originally known as Up-Front Assessment, are provided if a CSW finds evidence of domestic violence, mental health, and/or substance abuse issues in the home and requests specialized assessment. Using the Behavioral Severity Assessment program and additional DCFS tools and questionnaires, licensed clinicians assess the situation and provide an extensive evaluation of family needs designed to help in developing an individualized family plan. Following the assessment, FP will also provide referrals to address mental health, substance misuse, and/or domestic violence issues, as well as other issues which may challenge families.

**RESEARCH TO DATE.** The first evaluation of the FP program in LA County was completed by McDonald and Associates (1992) following passage of AB 546 and pilot testing of services in LA's highest priority communities. The report described early evidence of effective partnerships between regional offices and FP agencies, promising results for families, and made recommendations for improvements to staff training and planning.

Prior to development of the FP program, Children's Bureau of Southern California and Hathaway Children's Services, two CBOs serving different areas of LA County, worked with the then-Department of Children's Services to develop the Family Connection Project, a pilot test of in-home services for medium and high-risk families referred by DCS. The evaluation, reported by Meezan and McCroskey (1996), was conducted in partnership with two DCS regional offices, each of which randomly assigned families to a service group receiving in-home services or to a comparison group receiving services as usual. The evaluation included interviews with participating families as well as assessments of changes in family functioning by CBO caseworkers using the Family Assessment Form. The Family Assessment Form includes seven key factors: Living Conditions, Financial Conditions, Supports to Caregivers, Caregiver/Child Interactions, Developmental Stimulation, Interactions Between Caregivers, and Caregiver Personal Characteristics. It is designed both as a guide for case planning and as a measure of the family's initial situation and changes over time, with a number of items in each factor evaluated at the beginning and end of services (McCroskey, Sladen, & Meezan, 1997). The group of families who received services were interviewed by

the evaluation team; they reported improvements in Living Conditions and Financial Conditions, whereas the comparison group reported no improvements in any of the seven factors of family functioning. Children's Bureau of Southern California and Hathaway Children's Services caseworkers reported statistically significant improvements on the Family Assessment Form in four areas of family functioning. Improvements in three of these areas (i.e., Caregiver/Child Interactions, Supports for Caregivers, and Developmental Stimulation for children) were seen by caseworkers as having clinically significant benefits for participating DCS families. Improvements in Living Conditions were not rated by caseworkers as clinically significant. Findings also indicated that service group families were more satisfied with services than comparison group families who received services as usual.

In 2000, Solomon et al. assessed FP's impact on reducing risk for subsequent child maltreatment and reentry. Findings were mixed, and the evaluation team suggested that more structured assessment of families before referral and more systematic collection of data about the direct services provided was needed. In addition, the evaluators described the need for better quality control and clarity about the most important measures of program impact. In a 2002 paper, Solomon expanded on the complexities of accountability in child welfare based on her experience in evaluating DCFS's FP program, calling attention to the connection between theory, program specification, evaluation and accountability.<sup>6</sup>

In 2013, Franke et al., in partnership with Casey Family Programs, assessed case outcomes for 34,640 children and 14,586 unique families across all DCFS regional offices over the course of five years. Data were collected using CWS/CMS and SDM risk level data, as well as FP service and cost data from the billing database. Surveys were conducted with DCFS workers, Regional Administrators, Supervising Children's Social Workers (SCSW), and CSWs about their experiences with FP agencies, including qualitative observations and quantitative ratings. Findings showed that most agencies provided services that resulted in positive outcomes for a majority of families served, even though there was some degree of variation in referral patterns and outcomes achieved. Overall, DCFS SCSWs and CSWs described FP agencies as treating families with respect, understanding and following DCFS policies and helping to improve family functioning. There was considerable variation between agencies in terms of program implementation and data on the clients referred in different areas indicated that consistency in program operations across regional offices could be improved. Regional administrators and other DCFS staff pointed to three urgent needs

<sup>6</sup> Solomon, B. (2002). Accountability in Public Child Welfare: Linking Program Theory, Program Specification and Program Evaluation. *Children and Youth Services Review*, 24(6), 385-407.

for program improvement: 1) Update and improve contract requirements; 2) Increase referrals by FP providers to the Evidence Based Programs already available (those already in place through other funding received by the lead agency or through their community networks); and 3) Clear definitions of outcome measures for performance-based contracting.

## **PARTNERSHIPS FOR FAMILIES (PFF)**

PFF was created in 2005 by First 5 LA in partnership with DCFS. It was launched as a five-year, \$50 million prevention initiative. Three evaluations have been published with support from First 5 LA, namely, Franke et al. (2005), Franke et al. (2009), and Brooks et al. (2011). PFF was later transferred to DCFS which directly operates the program. PFF provides short-term (6–12 months) home visitation services designed to support and strengthen parent-child relationships with a focus on children ages 0-5. Ten lead agencies hold PFF contracts, one for each of the County's eight Service Planning Areas (SPA) and two serving countywide population groups, American Indian and Asian/Pacific Islander families. In partnership with the LA County Health Agency and Department of Public Health, PFF is part of the County's effort to strengthen and expand home visiting services, included as one of seven key home visiting models recognized in the County's strategic plan for home visiting (LA County Health Agency & Department of Public Health, 2018).

**RESEARCH TO DATE.** In 2005, Franke et al. reported on early implementation. The evaluators stressed the professionalism and resourcefulness of PFF workers, citing a “tremendous personal commitment to preventing child maltreatment.” Recommendations to improve the initiative included clarifying the vision, maintaining clear communication between partners, and strategies for sustainability.

The Year 5 evaluation report (2009) focused on findings from the third year of operations (2008-2009). Families were assessed by case managers using the Family Assessment Form<sup>7</sup> at the initiation and termination of PFF services to evaluate family strengthening and improved functioning. Between PFF initiation and termination, there were statistically significant improvements in family scores across all five factors of family functioning.

<sup>7</sup>The research team also worked with PFF data to reaffirm the basic psychometric properties of the FAF. Franke, Christie, Ho, & Du, 2013).

Three quarters (78%) of the families referred for PFF services enrolled and most showed motivation to improve, increasing their likelihood of success. Only 13% of families had been re-referred to DCFS after enrollment in PFF, compared to 29% of families who were not enrolled.

The third evaluation by Brooks et al. (2011) examined family engagement and participation in PFF services, short-term effects on family functioning, and longer-term effects on participation in the child welfare system. Families that were more engaged initially had better sustained engagement with PFF and larger improvements in family functioning as compared to families that were not initially engaged. Between 61- 80% of PFF families experienced improved functioning. The most significant change was seen in Caregiver/Child Interactions for which 80% of all families and 91% of fully engaged families showed improvement. More than two-thirds (70%) of families achieved a meaningful change, defined by the evaluators as moving from problematic to adequate functioning. The lowest percentage of meaningful change was seen in Interactions Between Caregivers, with only about half of families (51%) experiencing meaningful change. In terms of longer-term effects on system participation, the evaluators reported that fully engaged families experienced lower rates of re-referrals, substantiated maltreatment, DCFS open cases, and out-of-home removals compared with families who did not receive PFF services. Overall, PFF participation was found to be effective in increasing child safety and permanency.

An additional study on recidivism rates among PFF families is currently underway (Simon, 2020). The study looks at families who participated in PFF services in 2014 to 2018, with preliminary results demonstrating that families participating in PFF have lower rates of substantiated re-referrals compared to the national average.

### **PREVENTION AND AFTERCARE NETWORKS (P&A)**

In 2008, the Board of Supervisors created the Prevention Initiative Demonstration Project (PIDP) as a proof of concept project aimed at preventing child maltreatment through a strengths-based, community-specific strategy. Building upon the early success of this program, the demonstration project was adopted as an ongoing strategy in 2015 with a new program title, Prevention and Aftercare (P&A). P&A networks work to strengthen families, increase family protective factors, and improve access to needed services. The networks offer community-based resources for all families, including community-based primary prevention supports and services for families regardless of CWS status, as well as secondary and tertiary prevention services for families

reported through the Child Protection Hotline, families receiving DCFS services and aftercare for families exiting the CWS system. Both PIDP (2008-2014) and P&A (2015-present) were designed to engage families, create trusting relationships, help parents and caregivers access local resources, supports, and services in order to decrease social isolation, improve financial well-being and provide timely access to a broad array of community resources.

Eight SPA-based networks serve families across the county, with two additional networks serving the same countywide population groups described above for PFF. Each network has a lead agency responsible for convening and maintaining the network of CBOs, civic and faith-based organizations, businesses, schools, public agencies, and grassroots groups that work together to develop local strategies to support children, strengthen families, and increase community capacity to support families. P&A networks use a “no wrong door” approach that engages families, recognizes their strengths, and addresses their unique needs through connections and opportunities. Each P&A works to improve seven key protective factors: 1) Parental resilience; 2) Social connections; 3) Knowledge of parenting and child development; 4) Concrete support in times of need; 5) Social and emotional competence of children; 6) Family economic development; and 7) Social and emotional competence of adults.

The P&A networks are a core building block in the County’s plan for preventing child maltreatment developed by the Office of Child Protection.<sup>8</sup> In 2018, the Office of Child Protection and DCFS Hotline started the Community Prevention Linkages project designed to “move families from a hotline to a helpline.” The initiative was designed to support families for whom allegations were reported to the Hotline, but judged not to meet criteria for investigation and thus were “evaluated out.”

**RESEARCH TO DATE.** Due in part to its innovative nature and the research partnership between DCFS and Casey Family Programs, the PIDP approach received a good deal of research attention. Casey provided support and direction for an LA-based evaluation team that completed both process and impact evaluations during the initial study period: 2008-2011 (McCroskey et al., 2009a, 2009b; McCroskey et al., 2010; McCroskey et al., 2012).

The “year one” PIDP evaluation report examined early program implementation and collaboration among partners within networks. Data were collected through agency staff and parent surveys, SPA sub-studies, DCFS focus groups, CWS/CMS data, and PIDP data and

<sup>8</sup> Los Angeles County Office of Child Protection. (2017) *Paving the road to safety for our children: A prevention plan for Los Angeles County.*

network reports. Findings described the advantage of using SPA regions (most of which include 2 or 3 regional offices) as the underlying geographic structure for program operations. As compared with separate contracts for agencies serving regional offices (about 20), the eight SPA regions allow enough differentiation to adapt strategies for local needs without overburdening DCFS's contracting and oversight responsibilities. Each of the SPA-based networks built their own strategies, engaging local partners and tailoring resources to fit each area's demographic and economic needs. The eight "year one" PIDP networks included 89 partners (i.e., CBOs, faith-based partners, businesses, and civic and grassroots groups) who served approximately 20,000 people in the first year. Skilled leaders built mutual respect, trust, and flexibility. Findings from agency partner surveys showed that 99% of respondents believed that participation in PIDP networks was beneficial to their agency, increasing availability of resources for families, knowledge, and interagency partnerships. Early findings suggested that PIDP was strengthening families, decreasing social isolation, increasing financial stability, and building community networks.

The "year two" PIDP evaluation assessed longer-term effects. The evaluation included data from parent surveys, focus groups, and the Relationship-Based Organizing Protective Factors Survey. The factors assessed included individual protective factors (Social Support Personal Empowerment, Economic Stability and Optimism, Quality of Life Scale) and family protective factors (Immediate and Extended Family Support, Professional Support, Personal Non-Family Support, Successful Parenting, and Parenting Challenges), as well as a Quality of Life Global Assessment. Parents reported through surveys and focus groups in all eight SPAs that PIDP services had helped them personally and provided useful supports and resources for their families. Improvements in Protective Factors were most apparent in the first four to six months of participation. Aggregated data from all eight SPAs showed improvements in all Protective Factors, with medium to large effects seen in Social Support, Personal Empowerment, Personal Non-Family Support, and Quality of Life.

Program operations showed improvement in 2009 and 2010, with networks improving relationships internally and with the DCFS regional offices they served, resulting in a larger number of DCFS referrals and more families participating in PIDP activities. Almost 18,000 people (N=17,965) were served by PIDP in 2009-10, including families engaged through community outreach and referrals as well as those referred by DCFS. There was also substantial participation in a broad range of activities related to family economic development, including budgeting, banking and credit management; employment training and job placement; summer youth jobs; access to General Education Development (GED) classes; and pro bono

legal services including assistance with expungement of criminal records, immigration, housing and adoption matters. Access to free tax preparation in communities across the County enabled families to claim over \$4 million in Earned Income Tax Credit benefits. Data from CWS/CMS was analyzed to assess differences between PIDP service groups and matched comparison groups in five communities. Program strategies differed somewhat across communities, but statistically significant improvements were found for three out of five community case studies, which compared PIDP participants with matched comparison groups with similar characteristics served in the same region during the same time period. Outcomes included: 1) In Compton, families who received referrals to local Ask, Seek, Knock Family Resource Centers during investigation, were less likely than the matched comparison group to be re-referred to DCFS, and children with open FR cases were more likely to have positive permanency exits (reunification, adoption or guardianship); 2) In the San Gabriel Valley (Pomona and El Monte regional offices) children with FR cases receiving a case management model designed to address disproportionality, including a community-based Cultural Broker, were more likely to experience positive permanency exits; and 3) In South County (Torrance and Lakewood regional offices) children with FR cases whose families participated in two regional faith-based Family Visitation Centers were more likely to have positive permanency exits. Taken together, early results from the Casey evaluation team showed “a pattern of promising evaluation findings.”

In 2019, the Office of Child Protection completed an initial analysis of Community Prevention Linkages program enhancements at the Hotline that were designed to boost rates of connection to the P&A networks and decrease wait times. Miller (2019) found improved identification and acceptance of services by families and faster connection to P&A services. For example, wait times for families accepting services decreased from an average of 27 to 14 business days. Families experienced reductions in re-referrals to the Hotline. Additionally, more children whose families volunteered to participate in the Community Program Linkages program, and for whom DCFS cases were opened, were able to safely remain in their homes compared to a matched comparison group (Miller, 2019).

## SECTION III. METHODOLOGY

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The CDN team worked with DCFS Community Based Services staff to design the study, review historical documents and research reports, and participate in FP, PFF, and P&A Roundtables to produce initial descriptive data on program services.<sup>9</sup> De-identified study data were derived from two sources: 1) Child Welfare Services/Child Management System (CWS/CMS) available through an active data sharing agreement with the California Department of Social Services; and 2) records from the FCS database maintained by DCFS and abstracted by BIS. Data were released for research purposes and all stages of analysis are governed by strict data security protocols. Data extracts included Family Preservation services, including Alternative Response Services (FP-ARS), Family Maintenance (FP-FM), and Family Reunification (FP-FR) between January 2016 and November 2019; Prevention and Aftercare services between January 2016 and December 2019; and, Partnerships for Families between January 2019 and November 2019. All FCS datasets include only those who started receiving services 2016 to 2019. Additional descriptive data, including the number of families not affiliated with DCFS that were referred by community sources, as well as information on direct services provided by contracted agencies, was provided by DCFS Community Based Services based on existing program documentation.

This analysis consists of seven parts: 1) illustration of CWS and FCS service flow (flow of family centered services); 2) an overview of FCS program utilization (program utilization); 3) points of intersection between FCS programs (program overlap); 4) examination of FCS program referrals across DCFS regional offices (program referrals); 5) comparisons of differences in rates of FCS referrals among sub-samples of DCFS involved families (subgroup differences); 6) descriptive analysis of a subsequent CWS involvement following a community-based FCS referral (future involvement); and 7) overview of additional community families served by FCS (primary prevention).

**1. FLOW OF FAMILY CENTERED SERVICES.** A Sankey Graph is used to illustrate movement through the various CWS and FCS services.

**2. PROGRAM UTILIZATION.** The overall description of FCS programs provides a deduplicated family count of those referred for FCS overall and by each FCS program. Families are deduplicated based on earliest referral within each program. This means

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<sup>9</sup> Roundtable meetings took place on April 13, 2020 (PFF), April 15, 2020 (P&A) and April 23, 2020 (FP).

that while the overall and within program count is deduplicated, families served across programs were counted in each of those individual programs.

**3. PROGRAM OVERLAP.** Areas of FCS overlap are tabled, outlining the number and percentage of families served across programs.

**4. PROGRAM REFERRALS.** To examine rates of referrals across DCFS office locations, we merged CWS/CMS data to the FCS program data to determine which families were referred for community-based FCS programs<sup>10</sup> and which were not. Our base study population for the analyses outlined in steps 4 through 6 consisted of all families referred to CWS for alleged child maltreatment from January 1, 2018 to December 31, 2019. For families referred to CWS for alleged child maltreatment more than once during the study period, one focal referral was selected (either the earliest CWS referral for those not referred for FCS, or the CWS referral associated with the FCS referral for those who were). Due to differences in FCS referral criteria, each program examination consisted of a different sub-population of DCFS involved families. Study populations are defined as:

- A. FP-FM:** Families who were referred to CWS for alleged child maltreatment in 2018 or 2019 and had an in-home FM case opened.
- B. FP-ARS:** Families whose focal referral was investigated by CWS, excluding families who went directly into foster care as a result of the focal referral.
- C. PFF:** Families with children aged 0 to 5 who had an inconclusive CWS referral in 2019 (due to having PFF program records for 2019 only), excluding families who went directly into foster care as a result of the focal referral.
- D. P&A:** Families referred to CWS for alleged child maltreatment, excluding families who went directly into foster care as a result of the focal referral.

DCFS regional office assignment for each family was identified using CWS/CMS data and confirmed with FCS data for those who received an FCS referral. Families who were referred to CWS but whose allegation was screened out are identified in the

<sup>10</sup> Families receiving FP services in anticipation of reunification were not included in these analyses because they represent a small and somewhat different subpopulation of families.

results as *Hotline*. Rates of referrals for each DCFS regional office were calculated and compared.

**5. SUBGROUP DIFFERENCES.** Demographic and CWS characteristics were examined for each FCS program using the same sub-populations listed above. Demographic characteristics included: Age (any child on the CWS referral aged 0 to 5, 6 to 10, 11 to 15, or 16 to 17); race/ethnicity (White, Black, Hispanic, Asian/PI), and number of children in the family. CWS characteristics included: CWS allegation (most serious allegation for any child on the focal referral; neglect, emotional abuse, physical abuse, sexual abuse); allegation disposition (most serious allegation disposition for any child on the focal referral; screened-out, unfounded, inconclusive, substantiated); and 6 prior CWS history characteristics each coded as binary (yes, no) variables (prior screened out CWS referral; prior unfounded report; prior inconclusive report; prior substantiated report; prior open case; and prior out-of-home placement). Results for each program were tabled and presented. Given the differences in rates of referrals based on geographic location (DCFS regional offices) and the possible demographic make-up of those communities, an additional step was taken to examine demographic differences while controlling for office location using a generalized linear model.

**6. FUTURE CWS INVOLVEMENT.** To determine subsequent involvement families were followed through the end of 2019 using the CWS/CMS data to identify who had a subsequent substantiated CWS referral, open DCFS case, and foster care placement. Chi-square tests were used to compare families who a) were not referred for community-based services, b) were referred, but either did not accept the service referral or did not complete services, or c) successfully completed services. FCS referral status was determined using the *Termination Reason* and *Category* (referred vs accepted) variables in the FCS program data.

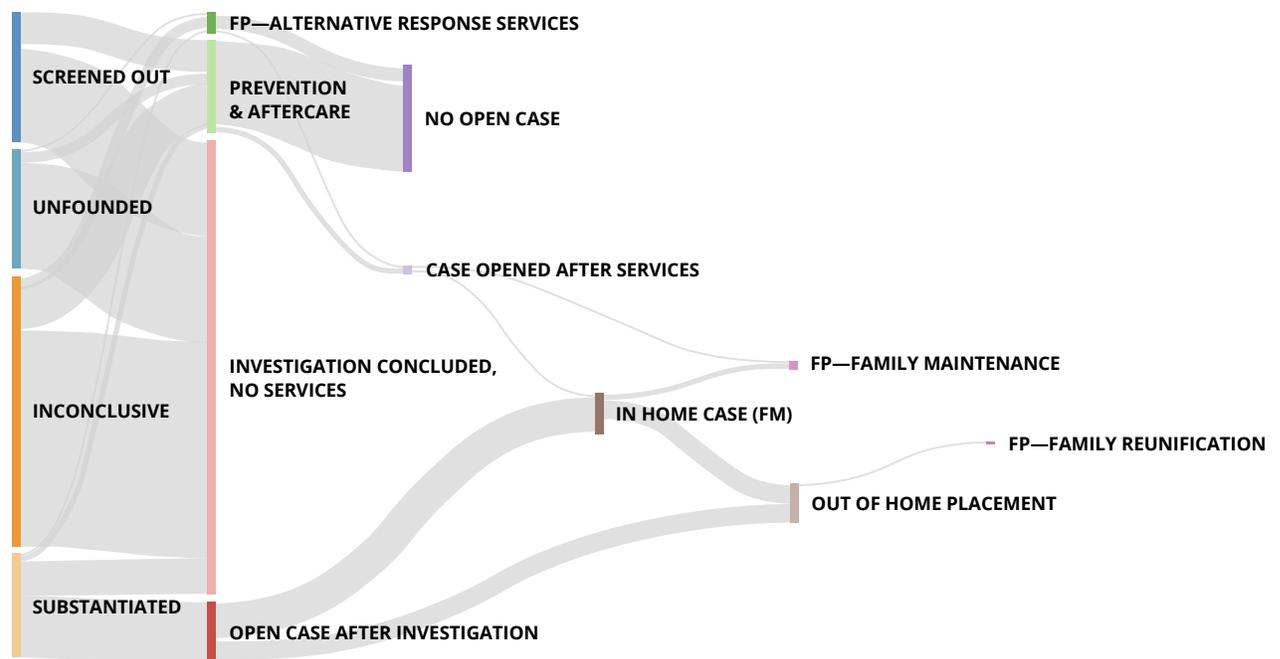
**7. PRIMARY PREVENTION.** To provide a more comprehensive picture of the families involved with FCS programs, we provide the number of additional families served by PFF and P&A in the community.

## SECTION IV. FCS LANDSCAPE

### FLOW OF FAMILY CENTERED SERVICES

The following graph outlines movement through various CWS processes and services. The graph illustrates the proportions of DCFS families being served by FCS programs, highlighting the scope and important role played by these community-based programs in supporting DCFS families.

**FIGURE 1. FLOW OF FAMILY CENTERED SERVICES**



Note. This figure illustrates movement from disposition of one focal referral through end of services for families referred to CWS in 2018 or 2019. FP-Family Maintenance represents families referred for community-based FP-FM services and FP-Family Reunification represents families referred for community-based FP-FR services.

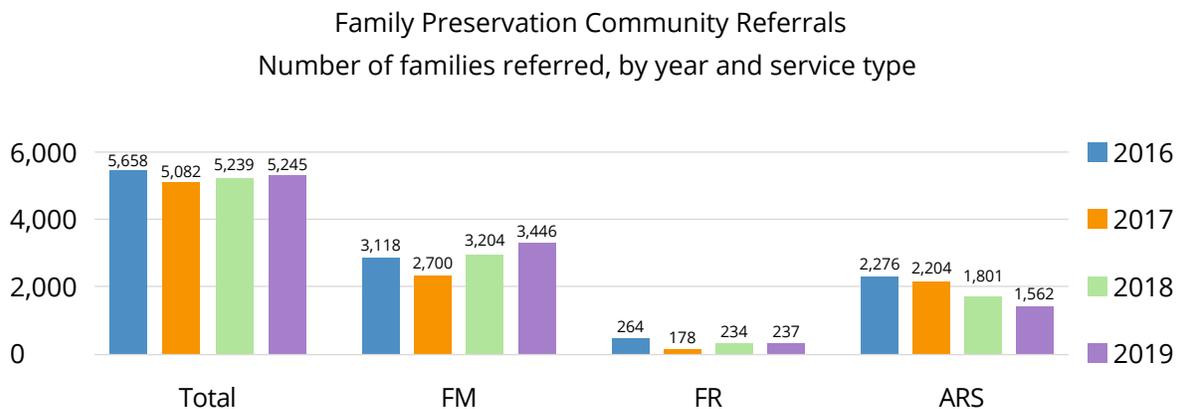
### FCS PROGRAM UTILIZATION: 2016 - 2019

Overall, 44,817 unique DCFS involved families, inclusive of 87,176 children, were referred for at least one FCS service between 2016 and 2019. Over a third of these children (34.7%) were younger than age 5; approximately 9% were 16 or 17 years of age. Sixty-one percent of families were Hispanic, 15.8% Black, 10.1% White, and 3.1% Asian/PI. Gender was evenly distributed (49.9% of children referred were male). Approximately 4% of families in the study

population were referred to more than one FCS program during this period.

**FAMILY PRESERVATION.** During this same time period, 21,232, families (or approximately 43,000 children) were referred for community-based Family Preservation services. This includes those referred through three pathways: 1) Alternative Response Services (FP-ARS) or time limited Family Preservation services designed to mitigate problems and prevent the family from entering the CWS system; 2) Family Maintenance (FP-FM) for families receiving services while their children remain at home; and 3) Family Reunification (FP-FR) for families whose children are returning home after an out-of-home placement episode. The majority of referrals were for FP-FM services, followed by referrals for FP-ARS, and FP-FR services (Figure 1). Approximately 3% of families referred for FP-ARS were also referred for FP-FM services. While not displayed in a table, 63.3% percent of families were Hispanic, 17.3% Black, 9.5% White, and 3.4% Asian/PI. The age breakdown of children is 34.7% 0 to 5 years, 29.8% 6-10 years, 26.8% 11 to 15 years, and 8.8% 16 to 17 years, with equal distribution of male and female children.

**FIGURE 2. NUMBER OF COMMUNITY-BASED REFERRALS, BY YEAR AND SERVICE TYPE.**



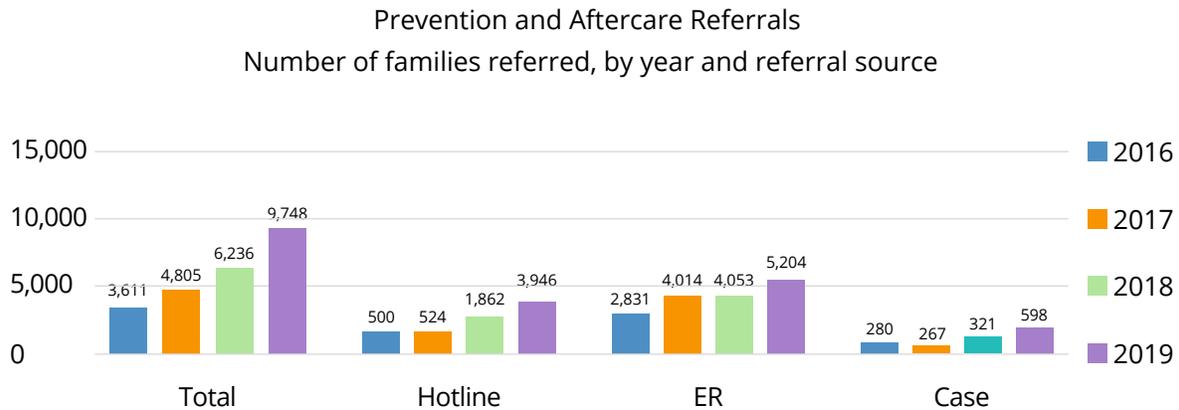
Note. Families are deduplicated within, but not across program service (i.e. A family referred to FP-ARS in 2016 and to FP-FM in 2017 will be counted both in FP-ARS and FP-FM. However, a family referred to FP-FM in 2017 and again to FP-FM in 2018, are only counted once).

**PARTNERSHIPS FOR FAMILIES.** Overall, 692 DCFS involved families, including 1,625 children, were referred for PFF services in 2019. The majority of referred children were between 0 to 5 years of age (60.9%), however, 97.4% of families had at least one child aged 0 to 5. Approximately 57% were Hispanic (56.9%), 13.5% were Black, 10.8% were White, and

2.0% Asian/PI. The majority of families (74.6%) were referred following an inconclusive allegation, while 10.4% were referred following a substantiated allegation and 13.0% following an unfounded allegation.

**PREVENTION AND AFTERCARE.** A total of 24,400 DCFS families (representing 47,992 children) were referred for P&A services in 2016 through 2019. A majority of referrals were made during the investigative process, followed by referrals made at the child protection hotline. As outlined in Figure 2, the total number of families referred to P&A has increased each of the past four years. Specifically, the number of families referred between 2016 to 2019 increased 170% over the 4-year period, from 3,611 to 9,748. P&A referrals made through the child protection hotline showed the greatest increase, with a nearly 7-fold increase between 2016 and 2019.<sup>11</sup> Demographically, 58.6% of families referred were Hispanic, 14.9% Black, 10.6% White, and 2.9% Asian. A majority of children referred (59.0%) were between 0 and 10 years of age (29.1% 0 to 5 years; 29.9% 6 to 10 years), with an equal distribution of males to females.

**FIGURE 3. NUMBER OF REFERRALS, BY YEAR AND REFERRAL SOURCE**



Note. Figure outlines the number of P&A referrals over a four-year period. Bars are clustered by referral source. For example, in 2016, 500 families were referred from the child protection hotline, 2,831 families were referred during an emergency response investigation, and 280 were referred during or after an open case. This is a deduplicated family count.

<sup>11</sup> The study period coincides with implementation of the Hotline’s Community Prevention Linkages program in 2018 and 2019.

## FCS PROGRAM OVERLAP

Table 1 highlights the overlap across FCS programs. Overall, approximately 4% of families were referred to more than one FCS program over the 4-year period.

**TABLE 1. COUNT AND PERCENTAGE OF FAMILIES REFERRED TO A GIVEN FCS PROGRAM WITH CONCURRENT OR SEQUENTIAL REFERRALS TO OTHER FCS PROGRAMS. LOS ANGELES, CA. 2016-2019**

	FP-FM/FR	FP-ARS	P&A
FP-FM/FR	13,652	263	953
FP-ARS	263	7,843	478
P&A	953	478	24,400

	FP-FM/FR	FP-ARS	P&A
FP-FM/FR	100.0%	1.9%	7.0%
FP-ARS	3.4%	100.0%	6.1%
P&A	3.9%	2.0%	100.0%

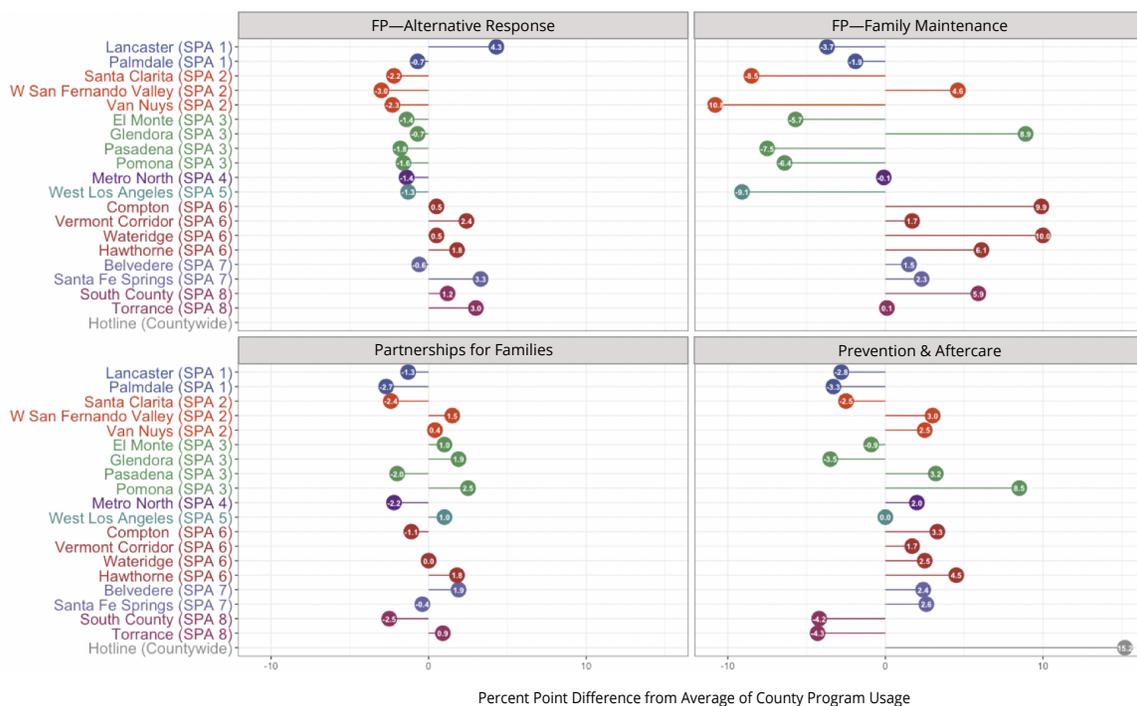
Note. This table documents the number and percentage of families referred to one or more FCS program from 2016 to 2019. For example, of the 13,652 families referred to FP-FM/FR, 1.9% had also been referred to FP-ARS and 7.0% to P&A within the study time frame. A referral could have occurred before or after FP community referral. Due to low numbers for family reunification, FP-FR and FP-FM were combined; FP-ARS is demonstrated separately due to its unique purpose as a time limited service occurring prior to case opening. PFF was not included due to having only 1 year (2019) of data.

## FCS PROGRAM REFERRALS

Bivariate generalized linear models (specified with a binomial distribution and log link) were used to examine differences in rates of FCS referrals across LA County (McCullagh & Nelder, 1989). Figure 4 demonstrates the percentage point difference above or below the average rate of referrals across all geographically defined DCFS regional offices. While rates of referrals varied by program, in general, results illustrate that families from SPA 6 were more likely to be referred for each of the FCS programs. To highlight a few others where rates of referrals were significantly higher than the average, families assigned to Lancaster, Santa Fe Springs, and Torrance, Hawthorne, South County and Vermont Corridor had higher odds of being referred to FP-ARS. For in home community-based FP-FM referrals, families assigned to the Wateridge, Compton, Hawthorne, South County and West San Fernando Valley regional offices had higher likelihood of being referred. For P&A referrals, the Hotline had a higher rate of referral than

regional offices with nearly 26% percent of families with a screened-out call being referred for P&A services. Pomona and Hawthorne had the highest rates of P&A referrals of all offices, with West San Fernando Valley, Van Nuys, Pasadena, Compton, Vermont, Belvedere and Santa Fe Springs all having higher than average rates of referrals. Metro North, Pomona, Hawthorne, West San Fernando Valley, and Belvedere were significantly more likely to refer families to PFF services.

**FIGURE 4. OVER AND UNDERREPRESENTATION OF FCS REFERRAL RATES BY REGIONAL DCFS OFFICE, GROUPED BY SPA. LOS ANGELES, CA, 2018-2019**



Note. These charts show whether a group of families was overrepresented or underrepresented among families referred for each community-based FCS service. For example, families from the Torrance office were overrepresented among families referred for ARS by approximately 3 percentage points; overrepresented among families referred for FP-Family Maintenance (0.1 points); overrepresented among families referred for PFF (0.9 percentage points) and underrepresented among families referred for Prevention and Aftercare (-4.3 percentage points).

### SUBGROUP DIFFERENCES

**FAMILY PRESERVATION.** While Alternative Response Services and Family Maintenance fall under the umbrella of Family Preservation, due to the unique nature of each program, we have examined rates of community-based referrals for ARS (FP-ARS) and FM (FP-FM) separately.

**FAMILY PRESERVATION—FAMILY MAINTENANCE.** To examine rates of community based FP-FM referrals, we narrowed the study population to the families who had an in-home case opened within the study period. Approximately 36% of families with an in-home case opened were referred for community-based FP-FM services. Table 2 outlines the rate of in-home community-based FP-FM referrals across various demographic and CWS characteristics. Families with children 0 to 5 years of age and Hispanic families had higher than average rates of community-based FP-FM referrals. Families whose most serious allegations were for emotional or physical abuse also had higher rates of referrals for community-based FP-FM services.

**TABLE 2. DEMOGRAPHIC AND CWS CHARACTERISTICS OF FAMILIES WITH AN IN-HOME CASE, BY FP-FM COMMUNITY REFERRAL. LOS ANGELES, CA. 2018-2019**

	In-Home Case <sup>a</sup>	FP-FM Referral <sup>b</sup>	
	number	number	row% <sup>c</sup>
Total	10,662	3,825	35.9
Children's ages			
Any child on referral: 0-5	6,831	2,722	39.8
Any child on referral: 6-10	4,928	1,845	37.4
Any child on referral: 11-15	3,638	1,226	33.7
Any child on referral: 16-17	2,071	672	32.4
Race/Ethnicity			
White	1,664	489	29.4
Black	1,921	646	33.6
Hispanic	6,198	2,378	38.4
Asian/Pacific Islander	304	125	41.1
Other/Missing	575	187	32.5
Number of children on referral	2.2 (1.3)	2.3 (1.3)	
Most serious allegation <sup>d</sup>			
Neglect	3,053	1,082	35.4
Emotional	3,311	1,353	40.9
Physical	2,991	1,052	35.2
Sexual	1,187	338	28.5
CPS History			
Prior report: Screened out	2,166	656	30.3
Prior report: Unfounded	4,439	1,523	34.3
Prior report: Inconclusive	4,431	1,517	34.2
Prior report: Substantiated	2,615	811	31.0
Prior open case	2,114	635	30.0
Prior placement	960	273	28.4

<sup>a</sup> Dataset includes families referred to and investigated by DCFS from January 1, 2018, to December 31, 2019, who had an in-home FP-FM case opened. Deduplicated family count.

<sup>b</sup> Families referred for community-based FP-FM services

<sup>c</sup> Represents the percentage of each category who were referred for community-based FP-FM services (i.e. 39.8% of families with a child 0 to 5 years were referred for community-based FP services).

<sup>d</sup> Most serious allegation (of all allegations received between focal referral and case opening) for any child within the family.

An examination of the demographic differences in rates of community-based FP-FM referrals while controlling for the family's office assignment, found that children 0-5 years old were 1.4 times as likely to be referred compared to families with older children (RR=1.36; 95% CI:1.28, 1.44). Hispanic families were 1.28 times as likely to be referred compared to all other families (RR=1.28; 95% CI:1.13, 1.45). No significant differences were found between all other race/ethnic groups. Even after controlling for prior CWS history, as well as focal allegation and disposition information, results remained statistically significant.

**FAMILY PRESERVATION ALTERNATIVE RESPONSE SERVICES.** Family Preservation Alternative Response Services. Differences in FP-ARS referral rates were examined among the families who were reported and had an emergency response (ER) investigation in 2018 and 2019. Table 3 shows the rates of referral for FP-ARS services across demographic and CWS characteristics. Of the 84,821 families with an ER investigation, 3.6% were referred for FP-ARS services. The majority of FP-ARS referrals were made following an inconclusive CWS report, with 5.1% of these families being referred for FP-ARS. Families with children older than 5 years were referred to FP-ARS at higher rates compared to families with children 0 to 5 years. Families whose most serious allegation was physical or emotional abuse, and families who had a history of unsubstantiated allegations had higher rates of FP-ARS referrals.

**TABLE 3. DEMOGRAPHIC AND CWS CHARACTERISTICS OF FAMILIES WITH AN EMERGENCY RESPONSE INVESTIGATION, BY FP-ARS REFERRAL. LOS ANGELES, CA. 2018-2019**

	Families with an ER Investigation <sup>a</sup>	FP-ARS Referral	
	number	number	row% <sup>b</sup>
Total	84,821	3,077	3.6
Children's ages			
Any child on referral: 0-5	43,404	1,508	3.5
Any child on referral: 6-10	38,836	1,629	4.2
Any child on referral: 11-15	30,578	1,287	4.2
Any child on referral: 16-17	20,329	776	3.8
Race/Ethnicity			
White	11,456	278	2.4
Black	14,055	484	3.4
Hispanic	43,135	1,718	4.0
Asian/Pacific Islander	3,312	145	4.4
Other/Missing	12,863	452	3.5
Number of children on referral	2.0	2.2	
Most serious allegation <sup>c</sup>			
Neglect	25,948	659	2.5
Emotional	23,448	1,063	4.5
Physical	26,746	1,099	4.1
Sexual	8,679	256	2.9
Most serious disposition <sup>d</sup>			
Unfounded	24,285	513	2.1
Inconclusive	45,758	2,313	5.1
Substantiated	14,778	251	1.7
CPS History			
Prior report: Screened out	14,639	579	4.0
Prior report: Unfounded	31,474	1,291	4.1
Prior report: Inconclusive	28,748	1,243	4.3
Prior report: Substantiated	17,593	526	3.0
Prior open case	14,473	392	2.7
Prior placement	7,696	188	2.4

<sup>a</sup>Dataset includes families reported to and investigated by DCFS from January 1, 2018, to December 31, 2019. Deduplicated family count.

<sup>b</sup>Represents the percentage of each category who were referred for FP-ARS services (i.e. 3.5% of families with a child 0 to 5 years old were referred for FP-ARS).

<sup>c</sup>Most serious allegation for any child in the focal report.

Some categories will not sum to total due to missing values.

For FP-ARS, results of the generalized linear model show that families with children ages 0 to 5 were less likely to be referred for FP-ARS compared to families with older children. After controlling for regional office assignment of the DCFS investigation, Hispanic families were more likely to be referred for services than other families (RR=1.28; 95%CI: 1.15, 1.41).

**PARTNERSHIPS FOR FAMILIES.** The PFF program predominately serves families with young children (under age 5) where allegations were found to be inconclusive; therefore, this analysis focuses only on families with an inconclusive referral in 2019. Table 4 describes the characteristics of the 10,609 families with an inconclusive report in 2019, and the approximately 4% who were referred for PFF services. Families referred for PFF were more likely to have a larger number of children, have current allegations of neglect or emotional abuse and were more likely to have had prior CWS contact.

**TABLE 4. DEMOGRAPHIC AND CWS CHARACTERISTICS OF FAMILIES WITH AN INCONCLUSIVE REPORT, BY PFF REFERRAL. LOS ANGELES, CA. 2019**

	Families with an Inconclusive Referral <sup>a</sup>	PFF Referral	
	number	number	row% <sup>b</sup>
Total	10,609	413	3.9
Race/Ethnicity			
White	1,293	48	3.7
Black	2,555	49	1.9
Hispanic	4,553	227	5.0
Asian/Pacific Islander	334	--	--
Other/Missing	2,555	--	--
Number of children on referral	2.14 (1.42)	3.22 (1.48)	
Most serious allegation <sup>c</sup>			
Neglect	2,926	127	4.3
Emotional	4,173	167	4.0
Physical	2,887	106	3.7
Sexual	623	13	2.1
CPS History			
Prior report: Screened out	1,085	79	7.3
Prior report: Unfounded	2,463	173	7.0
Prior report: Inconclusive	2,673	193	7.2
Prior report: Substantiated	1,448	101	7.0
Prior open case	1,181	86	7.3
Prior placement	597	46	7.7

<sup>a</sup> Dataset includes families with children 0 to 5 years old who were referred to and investigated by DCFS and whose most serious allegation disposition was inconclusive, from January 1, 2019, to December 31, 2019. Deduplicated family count.

<sup>b</sup> Represents the percentage of each category who were referred for PFF services (i.e. 3.9% of families with a child 0 to 5 years old were referred for PFF).

<sup>c</sup> Most serious allegation of any child in focal report.

Some categories will not sum to total due to missing values.

-- Indicates cell size less than 11 and have been suppressed per California Health and Human Services (CHHS) Deidentification Guidelines.

Due to relatively small number of families served by PFF (as a consequence of having 1 year of available data), we were unable to use office location as a variable in the analytic model. Results of the bivariate model for PFF found that Hispanic families are 1.6 times as likely to be referred for PFF compared to all other families (RR=1.56; 95%CI: 1.21, 2.00). No statistically significant differences emerged for other race/ethnicities.

**PREVENTION AND AFTERCARE.** Table 5 provides demographic and CWS characteristics of the population of families referred to DCFS for alleged child maltreatment in 2018 and 2019, as well as the percentage of families from within each category that were referred for P&A services. Of the 107,710 families referred to CWS, 13.9% were referred for P&A services. Families with a screened out or inconclusive allegation disposition were most likely to be referred for P&A services. Additionally, families whose most serious allegation was neglect and families with a prior history of inconclusive reports were more likely to be referred for P&A services.

**TABLE 5. DEMOGRAPHIC AND CWS CHARACTERISTICS OF FAMILIES REFERRED TO CWS, BY P&A REFERRAL. LOS ANGELES, CA. 2018-2019**

	Families with a CWS Referral <sup>a</sup>	P&A Referral	
	number	number	row% <sup>b</sup>
Total	107,710	14,999	13.9
Children's ages			
Any child on referral: 0-5	49,015	6,099	12.4
Any child on referral: 6-10	45,463	6,575	14.5
Any child on referral: 11-15	38,560	5,982	15.5
Any child on referral: 16-17	28,587	4,193	14.7
Race/Ethnicity			
White	14,583	1,793	12.3
Black	17,207	2,078	12.1
Hispanic	54,518	8,112	14.9
Asian/Pacific Islander	4,137	526	12.7
Other/Missing	17,265	2,490	14.4
Number of children on referral	1.9 (1.1)	1.9 (1.1)	
Most serious allegation <sup>c</sup>			
Neglect	35,601	7,118	20.0
Emotional	25,088	3,089	12.3
Physical	30,964	3,475	11.2
Sexual	16,057	1,317	8.2
Most serious disposition <sup>d</sup>			
Screened out	22,889	5,887	25.7
Unfounded	24,285	2,024	8.3
Inconclusive	45,758	6,415	14.0
Substantiated	14,778	673	4.6
CPS History			
Prior report: Screened out	19,767	3,141	15.9
Prior report: Unfounded	40,125	5,971	14.9
Prior report: Inconclusive	36,147	5,521	15.3
Prior report: Substantiated	22,275	3,027	13.6
Prior open case	18,177	2,352	12.9
Prior placement	9,746	1,104	11.3

<sup>a</sup>Dataset includes families referred to CWS from January 1, 2018, to December 31, 2019. Deduplicated family count.

<sup>b</sup>Represents percentage of each category who were referred for P&A services (i.e. 12.4% of families with a child 0 to 5 years old were referred for P&A).

<sup>c</sup>Most serious allegation for the focal child during the duration of the study period.

<sup>d</sup>Most serious allegation disposition for the focal referral.

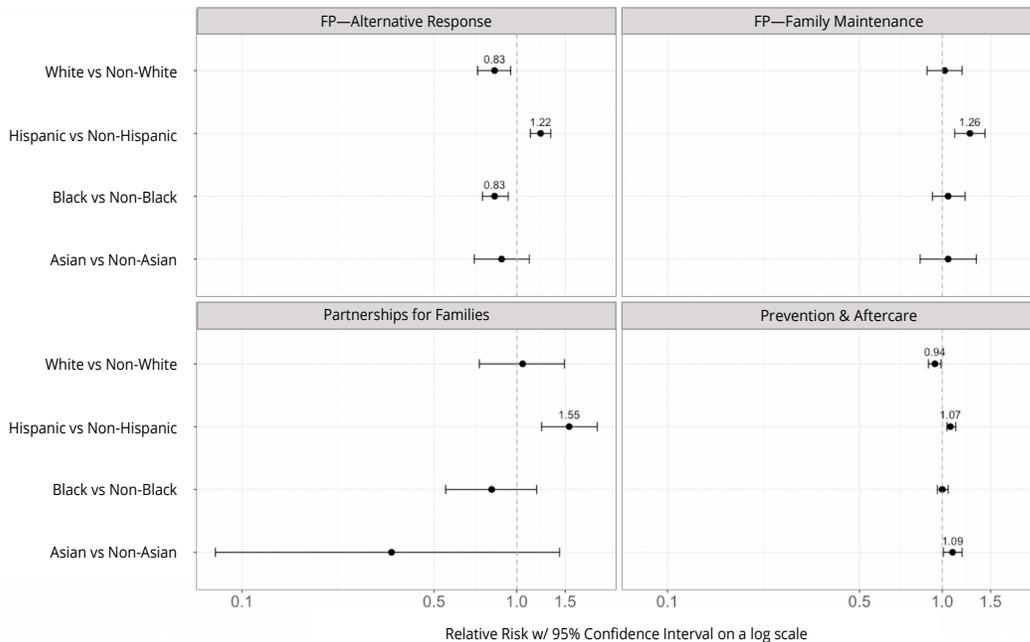
Categories may not sum to total due to missing values.

Results of the generalized linear model, controlling for office location, found that families with children 5 years and under had a lower likelihood of being referred to P&A compared to older children (RR=0.95; 95%CI: 0.92, 0.98). Hispanic families were slightly more likely to be referred for services (RR=1.07; 95%CI: 1.03, 1.11). No statistically significant difference in the rate of P&A

referrals were observed for Black or Asian families compared to other groups.

In general, results demonstrate that demographic differences in FCS referral rates vary by program, however, Hispanic families appear to be referred to FCS programs at higher rates compared to all other racial and ethnic groups. Broadly, we did not detect the underrepresentation of Black families in referrals to FCS programs.<sup>12</sup> However, following these families forward and looking at the proportions of families who accepted the FCS referral and engaged in FCS services, we see that Black families were less likely to accept the FCS referral or complete services. Figure 5 demonstrates the relative risk and confidence interval of families being referred for each FCS program. Put another way, it shows us the likelihood that a group of families (White, Black, Hispanic, Asian/PI) will be referred for services in comparison with all other families.

**FIGURE 5: RELATIVE RISK, WITH CONFIDENCE INTERVALS, OF FAMILIES BEING REFERRED FOR FCS, BY RACE/ETHNICITY AND FCS PROGRAM**



Note. These charts demonstrate the relative risk (with the 95% confidence interval) of a group of families being referred for FCS services. Lines above 1.0 have higher odds of being referred for a given FCS program and lines below 1.0 have lower odds of being referred. Lines which straddle the 1.0 are not statistically significant ( $p > .05$ ). As an example, for FP-ARS, Hispanic families have 1.28 times the odds (higher odds) of being referred compared to non-Hispanic families.

<sup>12</sup>With the exception of FP-ARS, in which Black families were slightly less likely to be referred compared to all other families.

Of all families referred to CWS in 2018 and 2019, 20.3% were referred to at least one FCS program (data not tabled). Among families with a screened out CWS referral, 26.1% were referred to at least one FCS program; among families with an unfounded allegation, 11.2% were referred for at least one FCS program; among families with an inconclusive allegation 20.6% were referred for at least one FCS program, and among families with a substantiated allegation 25.5% of families were referred for at least one FCS program. Families with older children were slightly less likely to be referred for FCS services, 19.4% of families with a child sixteen or seventeen years old were referred to FCS, compared to 21.6% of families with children zero to five. While FCS referral rates by most serious allegation type varied by program, families with sexual abuse allegations were the least likely to be referred for services across every FCS program, regardless of disposition.

Findings of subgroup differences in rates of referrals demonstrate that each FCS program appears to reflect the individual program criteria and position within the FCS spectrum of services. PFF and ARS are more intensive short-term programs aimed at keeping children out of CWS. PFF services target children 0 to 5 who are high risk for CWS involvement, compared to ARS services which serve lower risk families with children of any age. This is largely reflected in the data. For example, nearly all families referred for PFF had children ages 0 to 5 years, whereas among families referred for ARS, families with children over the age of 5 were referred at higher rates than families with children 0 to 5. Both ARS and PFF predominately serve families whose most serious allegation disposition was inconclusive. Families with past substantiated CWS reports were nearly twice as likely to be referred to PFF compared to families with no such history. Among families referred to ARS, only families with past unsubstantiated reports were more likely to be referred, in fact, families with past substantiated reports were less likely to be referred, indicating that families with young children and past substantiated reports are more likely be routed to PFF services, while families with no such history and children of all ages are directed towards ARS. P&A served the largest number of children and families, and accounted for nearly 65.7% of all FCS referrals. This may in part be due to P&A offering a broader array of services across the entire CWS spectrum, which may allow more families to qualify for services. A large proportion of P&A referrals are made at the child protection hotline, with nearly 26% of all screened-out referrals being referred for P&A services. Further, families with only an allegation of neglect account for over 86.7% of these hotline referrals. These numbers reflect an investment in upstream prevention efforts being offered to families in need of resources and services that aim to address issues that may otherwise be out of the purview of CWS.

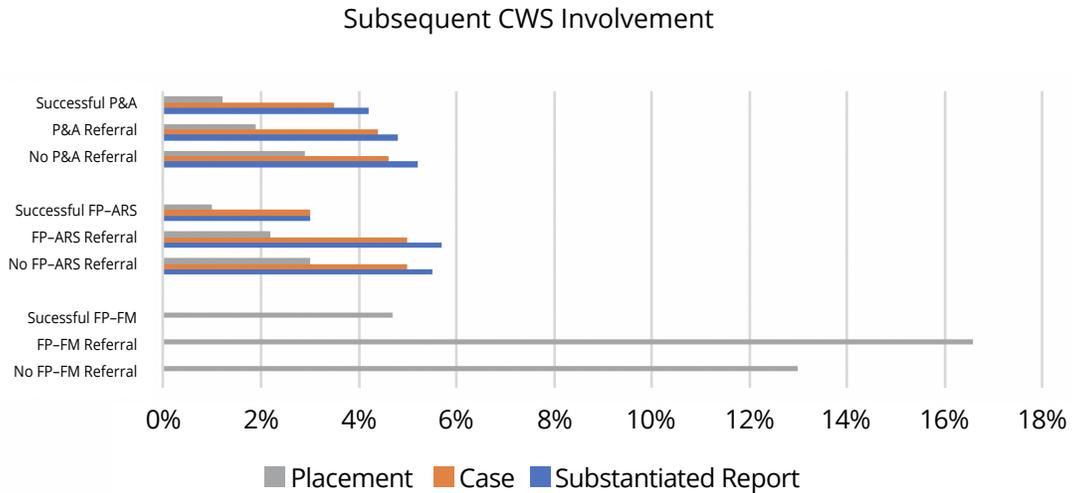
## FUTURE CWS INVOLVEMENT

To document subsequent involvement among families referred for FP-ARS, PFF and P&A, families were followed from the focal referral (the CWS referral associated with the FP-ARS, PFF or P&A referral; or the earliest CWS referral for those not referred for FP-ARS, PFF or P&A) through December 2019 to identify the number of families who had a subsequent substantiated report, case opening, and out of home placement. Subsequent CWS involvement was compared among families who: a) were not referred for FCS services; b) were referred, but either did not accept the service referral or did not complete services; or c) successfully completed FCS services.<sup>13</sup> Families who had a case opened as a result of the CWS focal referral were excluded from this descriptive analysis. Families referred to P&A and FP-ARS were less likely to have a subsequent substantiated report, case opening, or out of home placement following successful completion of services compared to both the group that was not referred and the group that was referred but did not engage. Subsequent involvement for families referred for community-based FP-FM services was documented by the number of families who moved into out-of-home placement and compared among families with an in-home case who a) were not referred for community-based FP-FM services; b) were referred, but did not complete services; and c) successfully completed community-based FP-FM services. Of the families with an in-home case, those that successfully completed community-based FP-FM services were less likely to move to out-of-home placement compared to families not referred for community services. Families referred for PFF were less likely to have a subsequent substantiated report. No other statistically significant differences were detected.

While promising, these results should be interpreted with caution. Due to limitations in the data, we were unable to control for a family's level of risk, which may have impacted identification of appropriate comparison groups. In addition, because of the methodology and recency of years included in this analysis, the follow-up period varied by program and by referral status (not referred, referred, completed).

<sup>13</sup> Engagement and Successful completion were obtained from the program data Category (Referred, Accepted) and Termination Reason (i.e. family refused, unable to locate, successfully completed services) variables.

**FIGURE 6. SUBSEQUENT CWS INVOLVEMENT FOR FAMILIES, BY FCS REFERRAL STATUS**



Note. Figure shows the percentage of families who experienced a substantiated report, case opening, or out of home placement following the closure of the FP-ARS or P&A program referral (Agency Assignment End Date) or CWS referral closure date for families not referred for FCS. FP-FM shows the percentage of families who had an out-of-home placement at any point following the opening date of an in-home case. As an example, approximately 4% of families who successfully completed P&A experienced a subsequent substantiated report, compared to 4.8% of those who were referred for P&A but did not complete, and 5.2% for families not referred for P&A. For in-home FP-FM, 4.7% of families who successfully completed FP-FM services experienced a subsequent out-of-home placement, compared to 16.6% of families who were referred but who did not engage or complete, and 13% of families who were not referred. PFF not included due to small cell sizes. Please note, group differences were statistically significant ( $p < .05$ ) across substantiated referral, case and out of home placement groups, with the exception of subsequent open cases across FP-ARS groups, which was only marginally significant ( $p = .06$ ).

## PRIMARY PREVENTION

In addition to the DCFS families, agencies providing P&A and PFF services also serve families within the greater Los Angeles County community. The goal of these primary prevention services is to engage families in supportive activities and services in order to prevent child maltreatment, keep children safe, and address family problems at an early stage before problems escalate. Table 6 shows the number of community-referred families who were new to these programs in 2019 as well as community families who were referred prior to 2019 but continued to engage in services. In 2019, P&A agencies welcomed 11,094 new families while continuing to serve an additional 41,693 families, and PFF saw 377 new and 2,476 continuing families. Taken together with the DCFS involved families, FCS programs touched at least 100,000 families either through community events, referrals or direct service engagement in 2019 alone.

**TABLE 6. ADDITIONAL COMMUNITY (NON-DCFS) FAMILIES BEING SERVED BY FCS PROGRAMS**

	New Community Clients	Continuing Community Clients
	number	number
Prevention & Aftercare	11,094	41,693
Partnership for Families	377	2,476

## SECTION V. CONCLUSION

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Transition to FFPSA presents an opportunity to rethink the array of services and partnerships needed to support and serve families, building on the best of what has been achieved so far and integrating the work of contracted services with additional resources, supports, opportunities, and services that are available in local communities. Work is already underway to develop a plan that optimizes the use of FFPSA funding, but FFPSA alone will not be enough to answer the challenges faced by families who come to the attention of the child welfare system in Los Angeles County. DCFS and its partners will need to dig deeper, investing in LA by engaging community and cross-sector partnerships, as outlined in the *Invest LA* plan, with “shared commitment ... to ensure children are safer, families are healthier and communities are stronger and more supportive places for all to thrive.” This commitment clearly goes well beyond community-based services contracted for by DCFS, but the work to target resources to communities with complex challenges, creating authentic and effective partnerships and investing in “Communities of Hope” should include renewed commitment by DCFS to support for “high quality, universally available and timely services.”<sup>14</sup> Contracts should recognize the importance of partnering with community-based organizations and groups that are effective, grounded in community and committed to equity, diversity, and inclusion.

One of the most challenging aspects of FFPSA is that it calls for a much more rigorous standard of evidence than has previously been used to guide child welfare contracts. It will take time and work to move public sector contracting and monitoring guidelines in this direction, but it is clearly important to invest in results for children, families and communities by creating more rigorous performance standards and supporting continuous quality improvement processes that recognize the need for equitable access to high-quality services delivered by staff who are trusted by families and reflective of the communities they serve.

The goals of this landscape analysis were to: 1) present the historical context and development of FCS in LA County; 2) highlight findings from previous research; 3) generate new knowledge about the scope and nature of these programs through linkage of local FCS data with statewide child welfare records; and 4) demonstrate the potential for using administrative data to analyze long-term service impacts. As described earlier, there is an extensive track record of research on all three of these FCS initiatives, along with lessons learned from implementing and operating these complex multi-dimensional service programs

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<sup>14</sup> Department of Children and Family Services. (2019). *Invest LA* overview.

over long periods of time at scale in a county as large as LA. Taken together with findings from this analysis, the results of previous research suggest that the work of the individual agencies and networks contracted with DCFS to support families has been largely successful in strengthening families and improving family functioning for thousands of families and children. Program findings also suggest promising results for specific programs in preventing CWS entry and decreasing the need for subsequent intervention.

### **FAMILY PRESERVATION (FP)**

Research on implementation of LA's FP program began in the early 1990s with a set of studies describing referral patterns, satisfaction with services and relationships between DCFS regional offices and community agencies (McDonald, 1992). An early pilot test of outcomes for families who were randomly assigned to receive home-based services by regional offices in two DCFS service areas included interviews with participating families who reported significant improvements in two factors measured by the Family Assessment Form—Living Conditions and Financial Conditions (Meezan & McCroskey, 1996). In that study the community caseworkers who served the families also reported on improvements they observed in three other key Family Assessment factors, Caregiver-Child Interactions, Supports for Caregivers, and Developmental Stimulation for children (Meezan & McCroskey, 1996). A program assessment conducted twenty years ago (Solomon et al, 2000) noted the need for better infrastructure for evaluation, including more detailed assessment of family needs prior to referral, clear program evaluation measures, and more systematic data collection. In the most recent FP study, an online survey of DCFS staff showed that line staff generally saw positive outcomes for families receiving FP services; SCSWs and CSWs reported that FP agencies treated clients with respect and were helping the families they served to improve functioning in areas where change was needed (Franke et al, 2013). It should be noted that study recommendations included directing contract agencies to connect families to EBPs that were already available, either in their agency or through their local networks (Franke et al 2013). Although progress has been made in tracking which agencies offer which EBPs, additional data on which services are most effective for which subgroups of families is still needed. Work is underway to better understand family strengths, needs and outcomes through data already collected by FP agencies using the Family Assessment Form. This landscape analysis shows that, between 2016 and 2019, families who successfully completed FP-ARS services (a more time-limited kind of FP available to families with low and moderate risk levels) had fewer subsequent substantiated reports compared with families who were referred to but did not participate in FP-ARS services. Additionally, those who successfully completed community-

based in-home FP-FM services were less likely to experience an out of home placement.

### **PARTNERSHIPS FOR FAMILIES (PFF)**

First 5 LA commissioned several evaluations of PFF during its development phase, including an initial study focused on operationalization of key program elements (Franke et al, 2005). In a later analysis of outcomes for participating families with young children, researchers reported statistically significant improvements between service initiation and completion in all areas of family functioning measured by the Family Assessment Form (Franke et al, 2009). By 2009, four years after the program started, more than three quarters (78%) of families referred to PFF were enrolling in the service program; of these, only 13.2% were re-referred to DCFS (Franke et al, 2009). Brooks et al (2011) found that the majority of PFF participants had improved functioning in at least one factor measured by the Family Assessment Form; the area where families saw the most improvement was Caregiver-Child Interactions (80%). Overall 70% of participating families experienced “meaningful change” in at least one area of functioning.<sup>15</sup> The lowest levels of meaningful change were seen in items related to Interactions Between Caregivers (51%). Families who were most fully engaged in PFF services experienced lower rates of re-referral and less substantiated allegations, case openings and out of home placements. This landscape analysis of data from the single year of 2019<sup>16</sup> showed that families who successfully completed PFF services had significantly lower rates of subsequent substantiated referrals compared to families who were not referred or did not complete PFF services.

### **PREVENTION AND AFTERCARE NETWORKS (P&A)**

Evaluation of the Prevention Initiative Demonstration Project between 2008-2011 highlighted promising results which persuaded DCFS to end its “demonstration project” and institutionalize the program in 2015 under a new name underlining its utility across the child welfare continuum—Prevention and Aftercare. Researchers reported that even in its first year, PIDP strengthened families by decreasing social isolation, increasing financial stability, and building access to supports and services through community networks (McCroskey et al, 2009 a & b). In later studies, the research team found improvements in nine protective factors associated with strengthening families (McCroskey et al, 2010). Evaluators also reported improvements in family finances as a result of resources provided by the PIDP networks including workforce

<sup>15</sup> Meaningful change was defined as moving from problematic to at least adequate functioning by the end of the service.

<sup>16</sup> Data were not available from 2016-2018 due to limitations in the data collection process prior to 2019.

preparation, employment training and job placement, as well as financial literacy and banking services. PIDP also collaborated with United Way and others to provide

access to free tax preparation assistance that led to claiming of over \$4 million in Earned Income Tax Credit benefits in one year alone (McCroskey et al, 2012). There were statistically significant improvements in child welfare outcomes in three out of five community case studies measuring the results of innovative services in different regions of the county; these included fewer re-referrals to the Hotline (South LA) and more timely reunifications in the San Gabriel Valley and South County areas. Most recently, DCFS in collaboration with the Office of Child Protection demonstrated success in “Moving Families from a Hotline to a Helpline,” an initiative which more than tripled the number of families referred by the Hotline to P&A prevention supports between 2017 and 2019.<sup>17</sup> Initial analyses showed reductions in re-referrals to the Hotline, decrease in the number of children for whom cases were opened, and increases in the number able to safely remain in their homes while their families received services (Miller 2019). This analysis showed that, between 2016 and 2019, families who successfully engaged with the P&A networks were less likely to have a subsequent case opening and less likely to have a child removed when compared with those who were not referred or did not engage in P&A services.

## FCS REFERRALS

This analysis also highlights the number of families referred and the characteristics of those served by FP, PFF, and P&A, underlining the important role played by these community-based FCS programs in the County's overall effort to prevent child maltreatment and support families at all stages of involvement with DCFS. There were 21,232 families served by FP and 24,400 served by P&A between 2016 and 2019, as well as 692 families served by PFF in 2019. This represents nearly 45,000 unique families (or 87,176 children) being referred to an FCS program through DCFS over the 4-year period. In addition, to the large numbers of families who come into contact with FCS through DCFS, an even greater number of children and families are served directly by the P&A and PFF programs without a DCFS referral. Some demographic differences were seen in rates of referrals, age differences varied by program and were largely explained by program criteria and purpose. Results also indicate that Hispanic families may be referred for community-based supports at higher rates compared to all other families. Broadly,

<sup>17</sup> This joint effort received a Gold Eagle award from the County Productivity and Quality Commission in 2019, as well as an Achievement Award and recognition as best in category (children and youth) from the National Association of Counties in 2020.

Black families were not underrepresented among families referred to FCS programs, however, additional research may be needed in understanding the disproportionality in the rates at which families accept or engage in FCS services.

## IMPLICATIONS

This analysis describes three important FCS initiatives developed in LA and supported by DCFS. Each of these initiatives was originally created in partnership with at least one important institutional partner – Family Preservation was co-created with the Commission for Children and Families (then called the Commission for Children’s Services), Partnerships for Families with First 5 LA, and P&A with Casey Family Programs and leaders of local CBOs. Although FFPSA signals a turning point in terms of Federal funding for community-based child welfare services, it should also be a point where DCFS doubles down on shared leadership of community and cross-sector partnerships to strengthen families and prevent child maltreatment. Working closely with leaders of partner agencies and groups throughout the County to create common goals and solutions and coordinate public and private sector investments, DCFS can “bust” some of the existing barriers and rethink underlying assumptions about mutual learning and authentic partnerships with contract partners. Los Angeles County has long been a leader in developing and supporting community-based resources, opportunities, support and services for families. With a new strategic planning process underway, and a new Federal approach to funding prevention services, this is the perfect opportunity to build on the lessons learned over many years to enhance our collective impact on behalf of children, youth, families and communities.

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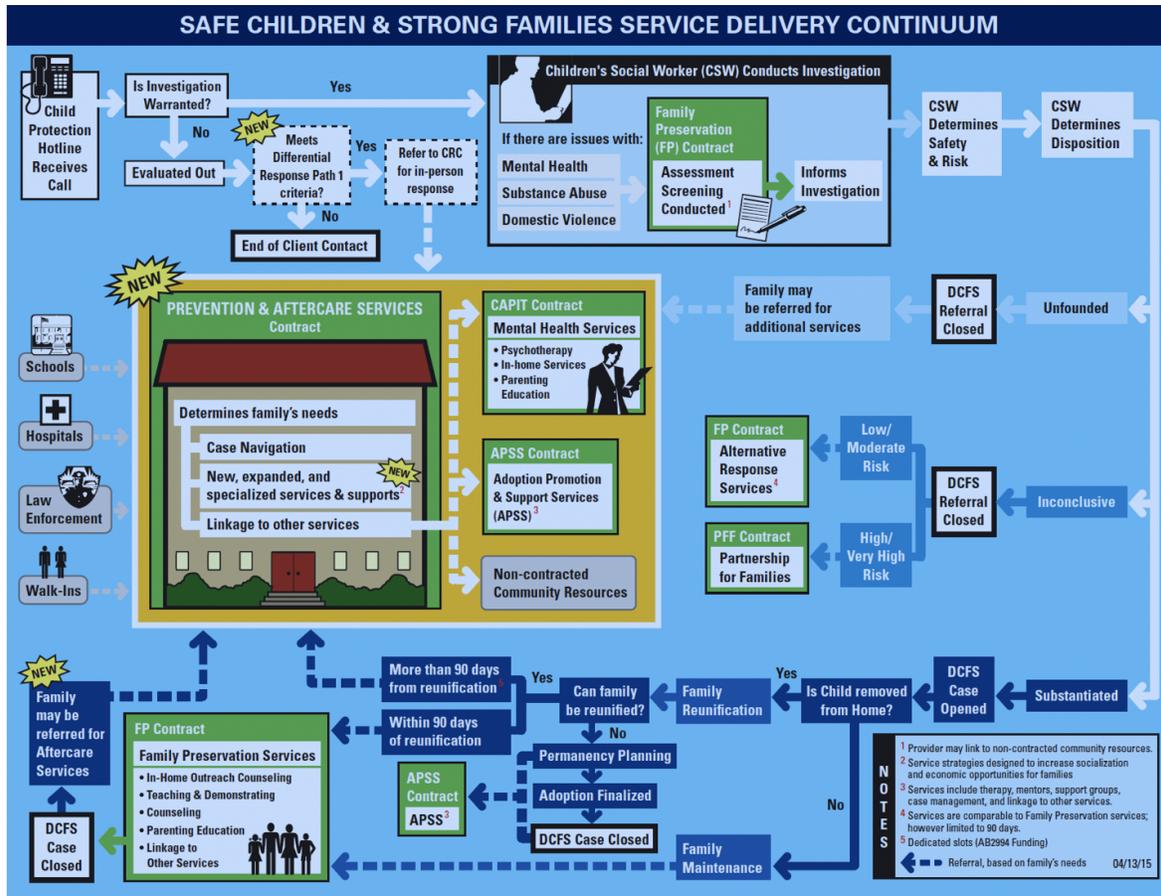
# APPENDICES

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## A. ACRONYMS

- ARS –Alternative Response Services
- CBO – Community Based Organization
- CDN – Children’s Data Network
- CPS – Child Protective Services
- CSW – Children’s Social Worker
- CWS – Child Welfare System
- CWS/CMS – Child Welfare Services Case Management System
- DCFS – Department of Children and Family Services
- DCS - Department of Children’s Services
- FFPSA – Family First Prevention Services Act
- FP – Family Preservation
- FPAS – Family Preservation Assessment Services (formerly Up-Front Assessment)
- FM –Family Maintenance
- FR –Family Reunification
- P&A – Prevention and Aftercare
- PFF – Partnership for Families
- PIDP - Prevention Initiative Demonstration Project
- SDM – Structure Decision Making
- SPA – Service Planning Area

## B. DCFS SAFE CHILDREN AND STRONG FAMILIES SERVICE DELIVERY CONTINUUM



## C. SUMMARY OF SERVICE ARRAY

### SERVICE ARRAY

**PREVENTION & AFTERCARE (P&A) SERVICES** are coordinated community-based services designed to increase the protective factors of children and families. Services can be accessed at any point in time in the life of a family from primary prevention families to families who have successfully exited the child welfare system. The Service Planning Area (SPA) based contracts were designed with flexibility to meet the unique needs of each SPA. Funded through Promoting Safe and Stable Families Act—Family Support, and AB 2994, with additional funding in 2018 through the Department of Mental Health’s Mental Health

Services Act Prevention and Early Intervention (MHSA-PEI) and the Office of Child Protection. The primary goal of the P&A program is to prevent child maltreatment.

There is no cost to the families for the services provided through P&A and the only eligibility criteria is that the family be an LA County resident. The agencies design their service array to meet the unique needs of their SPA. Some of the services provided are evidence based and/or evidence informed but it is not a requirement of the contract. The P&A contract requires that the community agencies assess each family and in partnership develop an individualized case plan to meet the unique needs of each child and family that receives P&A services. The contract also has two county-wide contracts which provide culturally informed services to the Asian Pacific Islander (API) community and the American Indian (AI) community.

A recent development resulting from the expansion using MHSA-PEI funding is the part-time co-location of P&A Case Navigators in DCFS offices. Social workers can access the co-located Case Navigator for help in finding resources, and the Case Navigators can also directly engage families in the office. Case Navigation services can be a one-time referral request or include months of more intensive assistance, including home visits in certain cases.

In addition to family-specific plans, P&A agencies also offer one-time community events such as barbecues, picnics, school supply giveaways, and other gatherings that promote families' social connections. There are also many traditional and nontraditional services, resources, and activities designed to help families strengthen protective factors. P&A agencies use the Protective Factors Survey (PFS) as one of their data-collection methods. PFS is an evidence-based measurement tool that is part of the California Clearinghouse on Evidence Based Practices.

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**ADOPTION PROMOTION SUPPORT SERVICES (APSS)** is federally funded through the Promoting Safe and Stable Families (PSSF) Act. Its specific goals are to: increase permanency for child welfare children in Los Angeles County, by providing case management; individual, group or family therapy; mentors; and support groups for children and/or adults. APSS service providers have adoption expertise and are trained to focus on adoption-related issues. Community-based agencies are located in each Service Planning Area (SPA).

The APSS program provides services to children and families throughout the adoption

continuum (pre and post finalization) up to age 21. There is no cost to DCFS referred clients. This program can meet the unique and adoption-specialized needs of clients through the in-home provision of services, bilingual Spanish language services, and working with unmatched children and families.

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**CAPIT (CHILD ABUSE PREVENTION INTERVENTION AND TREATMENT)** is a County-wide program aligned with DCFS regional offices to deliver prevention and intervention services to families at risk of child abuse and neglect. Funded by the State through Assembly Bill 1733, 22 agencies located throughout Los Angeles County provide individual, family and group counseling, support and parenting education groups, case management, in-home and linkage services.

Although service providers are aligned with DCFS offices to more efficiently refer DCFS involved families for prevention and intervention services, families are also referred from other public welfare institutions, community agencies and self-referrals. Families must reside in the County of Los Angeles to receive services but a limited allowance is made to accommodate those who reside on the borders of Los Angeles. Services are available in various languages to address the multi-ethnic needs throughout the County and services are offered free of charge. High volume areas may necessitate a wait; however, agencies will whenever possible accommodate the family temporarily under another funding source or most often try referring to a neighboring agency.

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**FAMILY PRESERVATION PROGRAM:** DCFS contracts with a comprehensive group of community-based agency networks to provide services to protect children while they remain in their homes or safety transition back to their home of origin. Services are provided for six (6) months which may be extended based on the needs of the family. Family Preservation Program services also includes **ALTERNATIVE RESPONSE SERVICES (ARS)** offered to families if the child abuse investigation resulted in inconclusive or substantiated of child abuse/neglect, with an SDM score of low-to- moderate risk. ARS services are short term FP services with a three-month maximum intended to prevent the family from entering the public child welfare/DCFS system. Family Preservation agencies provide in-home visits, counseling, teaching and demonstration, parenting classes and other client focused services directly or through community partners to target the unique needs of each family and communities they serve.

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As part of the Family Preservation Program, agencies are also expected to provide **FAMILY PRESERVATION ASSESSMENT SERVICES (FPAS)** which is a service provided when a child abuse/neglect referral is at high risk for Domestic Violence, Mental Health, and/or Substance Abuse. The goal is to prevent unnecessary out-of-home placement by conducting a thorough investigation and assessment, and where detention is necessary, to provide information to allow for meaningful case plan development. This will be achieved by utilizing FP agency experts in the area of Mental Health, Substance Abuse and Domestic Violence, to provide comprehensive assessments to connect families with treatment and ancillary services in the community. Children Services Workers will be able to call upon designated Family Preservation agencies to complete the assessment for families in crisis. The expertise that these agencies provide assist CSWs in making appropriate decisions that, in many cases, may allow children to remain safely in their homes.

Family Preservation agencies are assigned to each DCFS regional office. The program is primarily funded by Title IV-E, PSSF, and State FP funds. In addition, Alternative Response Services are also funded through CBCAP. Family Preservation does not require payments from clients. Although services and funding are distributed by regional office, agencies have the flexibility to provide services to clients outside of their contracted area, especially when there is a wait list in that area.

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Partnership for Families (**PFF**) services are short-term (6-12 months), home visitation services. These services are designed to support and strengthen parent-child(ren) relationship(s) with a focus on the child(ren) ages 0-5; support and strengthen the protective factors of families; and prevent new or subsequent involvement with child protective services. Currently the PFF contract is countywide and includes eight (8) SPA based contracts and two (2) Countywide contracts serving American Indian and Asian Pacific Islander families.

DCFS families with an “inconclusive” or “substantiated” closed ER referral and assessed as “high” to “very high” risk (via the SDM tool) and with at least one child age five or younger. PFF is a voluntary program, and eligible families can participate for up to 12 months. PFF also serves community referred fathers and pregnant women up to six months post-partum who have risk factors for child maltreatment. These risk factors include: young age of parents; domestic violence; substance abuse issues; and mental health issues.

Agencies provide a Master's level home visitor who meets the family a minimum of 2 times per month to support and strengthen the parent-child relationship(s) and assesses the family for additional services including: case management, concrete services for basic family needs, therapy services, health related services, parenting, and/or education programs or resources, structured parent-child and/or family centered activities and access to early care and education. All PFF services are free!

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## **D. ANNOTATED BIBLIOGRAPHY OF FCS RESEARCH IN LOS ANGELES COUNTY**

### **RESEARCH ON FAMILY-CENTERED SERVICES IN LOS ANGELES COUNTY: ANNOTATED BIBLIOGRAPHY**

This review provides highlights of research on three key family-centered services (FCS) initiatives designed to support children and families at risk of child maltreatment as well as those involved with DCFS at all points of the child protection service continuum. The community-based Family Preservation (FP), Partnerships for Families (PFF), and Prevention and Aftercare (P&A) programs have been in continuous operation for over a decade<sup>18</sup> and each has a sizable research base. This summary provides a high-level timeline of program development and a review of the evidence collected to date. A list of Additional Resources, including other relevant documents and more information on the Family Assessment Form (FAF), is also included.

Of the 12 evaluation studies summarized, three describe the overall development of FCS in Los Angeles County, three focus on FP, three on PFF, and three on P&A

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### **FAMILY-CENTERED SERVICES**

#### **MCCROSKEY, J. & MEEZAN, W. (1998). FAMILY-CENTERED SERVICES: APPROACHES AND EFFECTIVENESS. *THE FUTURE OF CHILDREN*, 8(1): 54-71.**

This article provides an extensive overview of the early development of family support

<sup>18</sup> FP was started by DCFS in 1993 while PFF was started by First 5 LA in partnership with DCFS in 2005. Beginning as the Prevention Initiative Demonstration Program (PIDP) 2008-2014, the P&A program was renamed in 2015-present.

and preservation services, known collectively as FCS. The authors describe efforts to find a balance between familial integrity and privacy and children's rights, recognizing that although families are the best places to raise children, some families can and should not be preserved when a child's safety is at risk.

- Family support services focus on child development, prevention, and early intervention. They support a range of families, including those with no involvement with CPS, as well as those with current or previous CPS cases.
- FP services are often reserved for high-risk families. These services are either preventive and rehabilitative (for families who are at risk for maltreatment) or intensive (for families who are at imminent risk of placement or are preparing for reunification).
- Early studies of these services focused on imminent risk of out-of-home placement found modest and varying results. Later studies found some increases in key factors related to family functioning when viewed in the short-term, but these outcomes were viewed differently by different reporters (families and social workers).
- Because policymakers considered FP as a solution for the rising rate of foster care placements and the associated costs, the most common outcome measure was the avoidance of placement. However, this variable alone provided little information on how the services worked for which subpopulations; multiple outcome measures for gauging child and family functioning were seen as more appropriate.
- While the earliest evaluations of FP suggested high levels of placement avoidance, more rigorous evaluations found that placement effects were minimal or absent, raising questions about methodology, definitions and measurement. Evaluations that studied more complex outcome measures found small yet significant improvements in "children's school attendance, school adjustment, delinquent behavior, hyperactivity, peer problems, and oppositional behavior, and in the parents' knowledge of childcare, use of verbal discipline, and parenting skills. (64)"

**MCCROSKEY, J., YOO, J., LORTHRIDGE, J., CHAMBERS, R., CARTER, S., & CIENFUEGOS-MERCADO, Y. (2010). IMPROVING CHILD WELFARE PRACTICE IN LOS ANGELES**

**COUNTY: IMPLEMENTING POINT OF ENGAGEMENT AND OTHER TITLE IV-E WAIVER STRATEGIES EXECUTIVE SUMMARY. CASEY FAMILY PROGRAMS AND LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES.**

Established in 2004, POE was designed as a new service delivery model to provide a more efficient early response system to serve families at the point of referral. One aim of POE was to incorporate a number of change efforts that were already underway at the time including Structured Decision Making, Team Decision Making, Concurrent Planning, Permanency Placement Program, Family Preservation Assessment Services (formerly known as Up-Front Assessment), and more. This report assesses early outcomes by taking accounts from Regional Administrators, supervisors, and social workers in all of the DCFS regional offices.

- Following the implementation of POE, Regional Administrators, supervisors, and social workers reported improvements in collaboration and teamwork within DCFS, quicker service delivery, increased familial involvement in their cases and improved relationships with families.
- The authors also noted the benefits of Team Decision Making, which allow supervisors, social workers, and families to collaborate and communicate. In particular, families were able to participate in the conversation and were involved with case plan development. However, TDMs were also often lengthy and difficult to manage.
- Within DCFS, there was increased collaboration with “Community-based organizations (CBO), faith-based organizations, community groups, local schools, and other county departments” (6) following POE’s enactment, indicating greater community involvement.

**MARTS, E., LEE, E., MCROY, R. & MCCROSKEY, J. (2011). POINT OF ENGAGEMENT: REDUCING DISPROPORTIONALITY AND IMPROVING CHILD AND FAMILY OUTCOMES. IN D. GREEN, K. BELANGER, L. BULLARD, & R. MCROY (EDS.). THE PRACTICE OF SOCIAL WORK: ADDRESSING RACIAL DISPROPORTIONALITY AND DISPARATE OUTCOMES IN CHILD WELFARE. WASHINGTON DC: CHILD WELFARE LEAGUE OF AMERICA.**

As described by the authors of this study, POE was a collaborative family- and community-centered approach initiated by the Compton regional office and local

CBO's to address a broad array of needs, including providing more thorough investigations, engaging families, and connecting children and families to needed services and supports. These include services provided by other county departments, community-based resources, or DCFS-contracted programs such as FP, Alternative Response Services (ARS), or Family Preservation Assessment Services).

- POE service delivery uses a multidisciplinary team meeting strategy and a continuous service delivery continuum, which includes informal services, differential response, alternative response, voluntary services, intensive services, team decision-making conferences, and emergency response investigations.
- The partnership between DCFS, SHIELDS for Families, CBOs, faith-based organizations, local businesses, and other groups in Compton ensured that implementation of POE was anchored in the South LA community.
- In its first two years, POE demonstrated a reduction in the number of children removed from their families, an increase in the number reunifications within a year, and improvements in legal permanency.
- Focus groups and individual interviews with staff described how POE effectively worked with families, providing support and services to supplement the case management work done by CSWs.
- The model was quickly extended to serve families involved with the Vermont Corridor and Wateridge regional offices, and later to all DCFS offices across the county.

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## FAMILY PRESERVATION

Four of the five FP evaluations report improved outcomes for families enrolled in FP services.

### **MCDONALD, W.R. (1992). COUNTY FAMILY PRESERVATION PROGRAMS EVALUATION: ANALYSIS OF SIMILAR FAMILY PRESERVATION PROGRAM EVALUATIONS.**

The first evaluation of FP was done in 1992, in response to passage of SB 546 and anticipating countywide implementation of FP services.

- Early assessments of FP services in other jurisdictions showed positive results indicating an opportunity for improving available supports for families and children in LA County.
- The authors considered ongoing planning essential for countywide implementation of FP and suggested that the program should strive for improvements in staff training and resources.
- FP services had been shown to be cost-effective while offering substantive benefits to participating families. It was noted that FP services may be most effective with clients that responded positively to “more traditional, less intensive child welfare services.”

**MEEZAN, W. & MCCROSKEY, J. (1996). IMPROVING FAMILY FUNCTIONING THROUGH FAMILY PRESERVATION SERVICES: RESULTS OF THE LOS ANGELES EXPERIMENT. *JOURNAL OF FAMILY STRENGTHS*. 1(2); 1-21.**

The Children’s Bureau of Southern California (CBSC) and Hathaway Children’s Services (HCS), two CBO’s serving different areas of LA County, developed the Family Connection Project in the mid-1980s as a pilot test of in-home service for medium and high-risk families referred by DCFS. The evaluation, conducted in partnership with DCFS, randomly assigned families referred by CSW’s in the two participating regional offices to a service group, which received services provided by CBSC and HCS, or to a comparison group, which received services as usual. Data included interviews with participating families and assessments of changes in family functioning rated by CBO caseworkers using the Family Assessment Form.

- The FAF, an ecologically based tool, focused on financial conditions, living conditions, supports available to caregivers, caregiver-child interactions, developmental stimulation for children, and interactions between adult caregivers.
- Statistical analysis revealed that service group families were significantly more satisfied than those in the comparison group, believed that they received appreciably more help than the comparison group families, and were significantly more likely to rate the services they received as “helpful”.
- The functioning of both groups of families were rated using the FAF at

case opening and over a yearlong period based on reports by parents and community-based caseworkers (for the service group). The service group families self-reported improvements in living conditions and financial conditions, whereas the comparison group families did not self-report improvements in any of the key factors of family functioning.

- Caseworkers reported statistically significant improvements on in four areas of family functioning: caregiver-child interactions, supports for caregivers, developmental stimulation for children, and family living conditions. The first three of these improvements were rated as clinically significant, showing substantial improvements.
- When using placement as an outcome measure, the authors did not find any significant differences between service and comparison group families.

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## PARTNERSHIPS FOR FAMILIES

With support from First 5 LA, which created the program in partnership with DCFS, researchers completed a first-year assessment, a five-year assessment, and a final report, all of which reported improvements in service processes and outcomes for families. Using the FAF, the five-year and final report evaluations report statistically significant improvements in family functioning, especially among highly engaged families.

**FRANKE, T., BROOKS, D., CHRISTIE, C., BUDDE, S., NISSLY, J. LEAP, J., YOO, J., KIM, S., HONG, D., & LORTHRIDGE, J. (2005). YEAR 1 EVALUATION REPORT FOR THE PARTNERSHIPS FOR FAMILIES INITIATIVE. FIRST 5 LA.**

The goal of this Year 1 evaluation was to examine early implementation efforts, as well as to provide recommendations for future development of the initiative. Through “face-to-face interviews, document review and content analysis, direct ethnographic observation, and participant observation,” authors described four overarching themes: (a) overcoming contextual barriers, (b) importance of a clear and consistent vision, (c) problematic relationships and communications among initiative partners, and (d) mixed feelings about the current implementation plan.

- The evaluation stressed the professionalism and resilience of PFF workers, citing a “tremendous personal commitment to preventing child maltreatment” (68).
- The evaluation team was concerned in the initial year with stabilizing program design. Key PFF partners, including First 5 LA staff and Commissioners, DCFS, and the lead agencies, did not seem to agree on operationalization of key program elements.
- Recommendations to improve PFF included creating a clearer vision for the initiative, maintaining clear communication between key initiative partners, and developing strategies for sustainability.

**FRANKE, T., BROOKS, D., BUDDE, S., CHRISTIE, C., NISSLY, J., KIM, A., DODS, L., JACKSON, A., ROSENTHAL, E., WITKIN, A., & YI, J. (2009). YEAR 5 EVALUATION REPORT FOR THE PARTNERSHIPS FOR FAMILIES INITIATIVE. *FIRST 5 LA*.**

The Year 5 evaluation focused on findings from the third year of operations (2008–2009). Outcome measures included the rate of re-referral and improvements in family functioning. Families were assessed by case managers using the Family Assessment Form at the initiation and the termination of PFF services to evaluate family strengthening and functioning. Each factor (Living Conditions, Financial Conditions, Supports to Caregivers, Caregiver/Child Interactions, Developmental Stimulation, Interactions Between Caregivers, and Caregiver Personal Characteristics) were evaluated on a 1-to-5 scale (1 being above average and 5 being unsafe).

- From implementation (July 1, 2006) to October 6, 2008, PFF enrolled 1,612 families for services, all of which were referred by DCFS. Overall, 78 percent of DCFS-referred families enrolled in PFF across all SPAs.
- For all families referred to PFF, the average rate of re-referral was much smaller for those who accepted services (13.2 percent) compared to families who did not accept PFF services (29.4 percent). Families enrolled in PFF showed motivation to improve, increasing their likelihood of success.
- On average, families enrolled in PFF services had statistically significant improvements in all factors of family functioning. Among families that showed improvements, over half crossed over the problematic-to-adequate threshold for Supports to Caregivers, Caregiver/Child Interactions, and Developmental Stimulation.

- A self-report survey of caregivers suggested that changes in parenting skills were minimal. The reason for this may have been due to different perceptions of skills as well as varying degrees of service engagement and utilization.
- The evaluation team recommended development of workforce training programs for CSWs to increase referrals and improve network development.

**BROOKS, D., COHEN, H., SESSOMS, A., FELIX, S., BUDDE, S., KIM, H., & PUTNAM-HORNSTEIN, E. (2011). THE PARTNERSHIPS FOR FAMILIES (PFF) INITIATIVE. COMPREHENSIVE ANALYSIS: FINAL REPORT. FIRST 5 LA.**

This assessment examined family engagement and participation in PFF services, PFF's short-term effects on family functioning, and the long-term effects of PFF services on families.

- Families that were more engaged initially had better sustained engagement in PFF compared to families that were not initially engaged. Increased engagement in PFF services correlated with more improvement in family functioning. The authors noted that the families who did not remain engaged in PFF may have been those who were most in need of services, underscoring the importance of engaging with families early on and identifying which families are least engaged at an early point.
- Between 61 and 80 percent of PFF families experienced improved functioning. The most significant change was seen in *Caregiver/Child Interactions*, in which 80 percent of all families and 91 percent of fully engaged families improved. Families also saw improvements in *Financial Conditions* and *Developmental Stimulation*. Seventy percent of families experienced meaningful change (from problematic to adequate functioning).
- The lowest percentage of meaningful change was seen in *Interactions Between Caregivers*, with 51 percent of families experiencing meaningful change.
- Although DCFS data showed that improvements in family functioning did not necessarily decrease the likelihood of re-referral, the authors were able to identify FAF factors that were associated with re-referral (Developmental Stimulation, Interactions Between Caregivers and personal characteristics (Caregiver's History, and Caregiver Personal Characteristics). Therefore, PFF workers may be able to target families with low functioning on these factors (i.e. those who score higher) and provide additional services.

- Fully engaged families experienced lower rates of re-referrals, substantiated maltreatment, DCFS open cases, and out-of-home removals than families that did not receive PFF services. PFF participation was also found to be effective at improving child safety and permanency.
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## PREVENTION & AFTERCARE NETWORKS

The Prevention Initiative Demonstration Project (PIDP) was created by the Board of Supervisors in 2008. After seven years of pilot testing, refinement and evaluation, DCFS institutionalized the program and changed its name to delete reference to a “demonstration project,” indicating focus on prevention and aftercare as an ongoing priority. Three evaluations done between 2008 and 2012 reported significant improvements in protective factors, family economics and social connections.

**MCCROSKEY, J., CHRISTIE, C. A., LORTRIDGE, J., CHAMBERS, R. M., PECORA, P. J., AZZAM, T., FLEISCHER, D., ROSENTHAL, E., WEISBART, A., NUNN, P., CUSTODIO, C., FRANKE, T., CARTER, S., YOO, J., BOWIE, P., & WOLD, C. (2009). PREVENTION INITIATIVE DEMONSTRATION PROJECT (PIDP): YEAR ONE EVALUATION SUMMARY REPORT. CASEY FAMILY PROGRAMS.**

The Year One PIDP evaluation report examined early program implementation, collaboration within networks, and effects on families. Data were collected through agency staff and parent surveys, Service Planning Area sub-studies, DCFS focus groups, CWS/CMS data, PIDP data and network reports.

- During its first year, PIDP strengthened families by building social community networks, improving financial stability and economic opportunities, and increasing access to services and supports, a three-strand approach aimed to augment protective factors for family functioning.
  - The use of SPA regions (some of which include two or three regional offices) as an underlying geographic structure allowed each network to build a range of diverse strategies, engage different kinds of local partners, and tailor resources in line with each area’s demographic and economic needs. The authors noted that while inter-agency collaboration was consistent across the SPAs, each SPA had specific strengths, which were highlighted in the report.
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- The eight PIDP networks included 89 partners (CBOs, faith-based partners, businesses, and civic and grassroots groups) and served approximately 20,000 people in the first year. They benefitted from skilled leadership and built mutual respect, understanding, trust and flexibility.
- Surveys of agency staff found that that 99 percent of respondents thought that participation in PIDP networks was beneficial to their agency due to increased availability of resources, knowledge, and interagency partnerships.

**CASEY FAMILY PROGRAMS. (2010). PREVENTION INITIATIVE DEMONSTRATION PROJECT: YEAR TWO EVALUATION REPORT: VOLUME ONE. CASEY FAMILY PROGRAMS.**

The second-year evaluation sought to assess PIDP's continued effects. This evaluation includes findings from parent surveys, focus groups, and the Relationship-Based Organizing Protective Factors Survey. The protective factors assessed include individual protective factors (Social Support Personal Empowerment, Economic Stability and Optimism, Quality of Life Scale) and family-based protective factors (Immediate and Extended Family Support, Professional Support, Personal Non-Family Support, Successful Parenting, and Parenting Challenges), as well as a Quality of Life Global Assessment.

- The evaluation notes the success of the network's three-stranded prevention strategy of a network of supports, economic opportunities, and service accessibility.
- From 2009-2010, PIDP served 17,965 people, 13 percent of which were involved with DCFS. The remainder were referred by community service providers, neighbors or friends or learned about supports and services through outreach events in identified low-income communities where many families were thought to be at higher risk than the general population (based on reports to DCFS).
- Notable strategies included the Neighborhood Action Councils and the Ask Seek Knock (ASK) Centers in SPA 6, faith-based family visitation centers in SPA 8, and a combination of Cultural Brokers and Parents in Partnership strategies used in SPA 3.
- Parent surveys and focus groups in all eight SPAs found that PIDP services helped to improve family financial stability and decrease social isolation within their communities. Significant improvements were found in five protective factors

and a “quality of life” item, tracked over three points in time.

- Improvements in Protective Factors were most apparent in the first four to six months of participation, at which point they stabilized. Authors suggested that this was to be expected, since the majority of connections were made in the first four to six months of program participation.
- The aggregated data from all eight SPAs show improvements in all protective factors, with medium to large effects seen in Social Support, Personal Empowerment, Quality of Life and Personal Non-Family Support.

**MCCROSKEY, J., PECORA, P. J., FRANKE, T., CHRISTIE, C., & LORTHRIDGE, J. (2012). CAN PUBLIC CHILD WELFARE HELP TO PREVENT CHILD MALTREATMENT? PROMISING FINDINGS FROM LOS ANGELES. *JOURNAL OF FAMILY STRENGTHS*. 12(1).**

This article describes PIDP’s second year of operations (2009-2010), while paying specific attention to changes in protective factors, DCFS case flow, PIDP activities, involvement of DCFS families, and impact on case openings and reunification. The study gathered survey and focus group data from the 17,965 people that PIDP served in 2009-10, as well as data from CWS/CMS to assess differences between PIDP service groups and matched comparison groups for different service strategies in five communities.

- Study findings support the claim that PIDP strengthened participating families, improving protective factors and enhancing family economic development. Strategies for improving family economics differed across the SPAs, but included employment training, GED completion, computer training, access to banking for “unbanked” families, and pro bono legal assistance. For example, in SPA 6, ASK trained and placed approximately 300 residents in the workforce. Access to free tax preparation enabled claiming by families all over the county of over \$4 million in EITC benefits in one year alone.
- Improvements in key child welfare outcomes were found in four of the five community case studies, including fewer re-referrals to the Hotline in South LA and Antelope Valley and timelier reunification in San Gabriel Valley and Torrance/Lakewood.

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