



**children's
institute**

Impact Report 2017–2018

**Prepared by the
Research & Evaluation Center**



Healthy Children | Thriving Families | Empowered Communities

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Introduction

In 2017, the Department of Children and Family Services responded to more than 170,000 allegations of child abuse and neglect in Los Angeles County. As part of the network of organizations working to address this ongoing challenge, Children's Institute has served families in L.A.'s most vulnerable communities for over 100 years. With more than 900 staff, including 184 clinicians, CII provides a broad range of services to meet the diverse needs of growing children.

Our services include early childhood education and home visitation to promote healthy child development and school readiness; evidence-based clinical interventions to address trauma and mental health; child welfare and crisis response services; youth development programs; and family support services.

In order to evaluate our impact on the clients we serve, the members of CII's Research and Evaluation Center (REC) work closely with program staff to assess client progress and track program outcomes over time. Together, REC and program staff identify desired client outcomes and build a viable, collaborative evaluation protocol. This Impact Report, based primarily on program evaluations through June 30, 2018, provides snapshots of the goals and client outcomes for an array of CII programs.

Our Strategic Goals

- One CII. Transform the lives of children impacted by adversity.
- Significantly increase CII's reach and impact.
- Invest in CII's future.

Acknowledgements

REC would like to express our deepest gratitude to the children and caregivers who took the time to complete surveys at CII. Their willingness to do so is essential to our evaluation and understanding of program effectiveness across the organization. We would also like to thank the CII program staff whose commitment, passion, and responsiveness make these outcomes possible. We are grateful for their diligence in completing and submitting measures so that we can continue to share client successes with others. Finally, REC appreciates the expert guidance and ongoing support provided by CII leadership:



- **Martine Singer**, *President & CEO*
- **Eugene D. Straub**, *Executive VP & Chief Financial & Operating Officer*
- **Dr. Todd Sosna**, *Interim Senior VP of Clinical Services*
- **Catherine Attack**, *Senior VP & Chief Development Officer*
- **Dr. Manny Castellanos**, *Senior VP of Programs, Early Childhood Services*
- **Dr. James Colón**, *Senior VP & Chief People Officer*

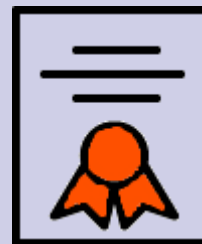
Ways to Use This Report

To engage your colleagues regarding goals, trends, and results for your program.



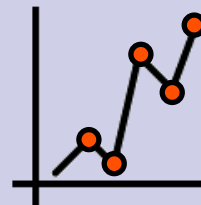
To share with current clients and engage prospective clients in services.

To prepare quarterly and annual progress reports.



To share with auditors.

To learn about other CII programs.



To aid in the development of funding proposals and grant reports.

To share your program's results with external partners or contractors.



To introduce new staff, interns, and volunteers to CII programs and evaluation protocols.

Primer:

This report contains outcomes based on a subset of clients served in each program. Clients included in the analyses were those who completed measures at intake and a later follow-up. Some outcomes were limited to clients who, based on their score at intake, demonstrated need in a particular area.

Agency-Wide Enrollment

Los Angeles County

Children's
Institute served
25,918
children and
family
members in Los
Angeles County
2017-2018

Clients Served in SPA 4

Child Welfare: 55
Clinical Services: 1,724
Early Childhood Education: 402
Project Fatherhood: 283
Individualized Transition Skills Program: 21
Community Services: 1,098
Inner-City Arts: 400

SPA 4*
Metro

Clients Served in SPA 6

Child Welfare: 140
Clinical Services: 824
Early Childhood Education: 2,050
Select Home Visitation: 57
Project Fatherhood: 90
Individualized Transition Skills Program: 187
Community Services: 244

SPA 6
South

Clients Served in SPA 8

Child Welfare: 810
Clinical Services: 902
Early Childhood Education: 265
Select Home Visitation: 56
Project Fatherhood: 72
Individualized Transition Skills Program: 283

SPA 8
South Bay

Family Members Across SPAs: 15,955

*Service Planning Area

A Service Planning Area, or SPA, is a specific geographic region within Los Angeles County. Due to its large size, the county has been divided into 8 distinct geographic areas. This allows the Department of Public Health to provide more relevant services targeted to the specific health needs of the residents in these different areas. CII provides services primarily in SPAs 4, 6, and 8.

publichealth.lacounty.gov

Demographic Profile

Children's Institute clients | Los Angeles County residents (US Census Bureau, 2017)



Latino: **77%** | 49%
Black: **13%** | 9%
Asian: **2%** | 14%
White: **7%** | 26%
Other: **1%** | 2%



Female: **52%** | 51%
Male: **48%** | 49%



0-5: **24%** | 6%
6-8: **17%** | 6%
9-17: **44%** | 10%
18-24: **6%** | 10%
25+: **10%** | 68%

Child Opportunity in Los Angeles

Los Angeles County

100% of CII
Head Start sites
are in areas of
very low
educational
opportunity for
children

88% of CII
multi-service
centers are in
areas of very
low to
moderate
opportunity for
children

Metro L.A.

South L.A.

South Bay

Key

Child Opportunity:

- Very High
- High
- Moderate
- Low
- Very Low

Children's Institute:

- Multi-Service Center
- Head Start Site

The map above was created using the Child Opportunity Index Map, which was developed in partnership between diversitydatakids.org and The Ohio State University Kirwan Institute. The Child Opportunity Index is a measure of relative opportunity across a metropolitan area calculated based on indicators of educational, health and environmental, and socio-economic opportunity. All component indicators were vetted for their relevance to child development based on empirical literature on neighborhood effects and conceptual frameworks of neighborhood influences on children. Certain factors important for child well-being, such as exposure to crime and neighborhood violence, are not included in the index due to lack of available, consistent, and neighborhood-level data across U.S. metropolitan areas. – diversitydatakids.org

Agency-Wide Client Satisfaction

91% of youth agree that **staff stuck with them no matter what**

93% of youth say they **got the help they wanted**

88% of caregivers report their child **gets along better with family members, friends, and others**

96% of caregivers are **satisfied with the services** their child received

98% of youth feel that staff **treat them with respect** and speak with them in a way they understand

95% of caregivers agree that services are offered at **convenient times** and in **convenient locations**

87% of caregivers feel their child is **better at handling daily life**

86% of caregivers agree that their child is **doing better in school or work**



Outcomes are based on the Youth Services Survey and the Youth Services Survey for Families, both of which are 25-item program satisfaction surveys. All items are scored on a 5-point Likert scale from “strongly agree” to “strongly disagree.” The outcomes above represent client responses from the following Children’s Institute programs and services: Community Services, Family Preservation, Foster Care, Partnerships for Families, Mental Health, Individualized Transition Skills Program, and CalWORKs.

Early Childhood Programs

Decades of research have demonstrated the significance of early childhood learning, development, and mental health in determining outcomes later in life. Infants and toddlers who participate in high-quality early care and education programs (ECE) demonstrate meaningful gains in their cognitive, social-emotional, and physical development, leading to a higher likelihood of positive outcomes in formal schooling and beyond¹. For young children with mental health disorders, participation in evidence-based treatments promotes protective factors and reduces the negative effects of environmental stressors and trauma². However, due to a lack of financial resources and limited availability of services, low-income neighborhoods in Los Angeles County have disproportionately high needs for licensed ECE programs³. Similarly, the percentage of low-income children accessing mental health services in California has steadily declined in recent years⁴.



WHAT WE KNOW



Approximately **10%** of children aged 2 to 5 years old have impairing mental health disorders⁵



Licensed ECE programs only have the capacity to serve **2.4%** of infants and toddlers and **41.3%** of preschoolers in L.A. County³



Only **15%** of eligible infants and toddlers and **41%** of eligible preschoolers are served by subsidized ECE programs in Los Angeles County⁶

WHAT WE DO

CII provides high-quality ECE programs and early childhood mental health services to address the disparity in access and support underserved families in laying a strong foundation for their children's future success.

CII programs offered for children aged 0 to 5 are:

- ✓ Head Start
- ✓ Early Head Start
- ✓ Select Home Visitation
- ✓ Partnerships for Families
- ✓ Evidence-Based Practices that address childhood mental health and well-being

Agency-Wide Child Development

CII's early childhood programs aim to ensure healthy child development during the formative years of 0 to 5. Staff in multiple programs screen children for developmental delays using the Ages and Stages Questionnaires, Third Edition (ASQ-3). There are 21 age-specific questionnaires, each of which allows families and staff to assess children's development within the context of expectations for their specific ages. The results help program staff provide individualized support to address each child's unique developmental needs.

The following CII programs utilize the ASQ-3: Select Home Visitation, Therapeutic Preschool, Partnerships for Families, Adoption Promotion and Support Services, Foster Care, Head Start, and Early Head Start.

In 2017-2018, CII staff administered **2,242** Ages and Stages Questionnaires.

DEVELOPMENTAL OUTCOMES

Percentage of children who meet or exceed their age-specific developmental expectations after participating in a CII early childhood program for one year



83% in communication



94% in fine motor



96% in problem solving



95% in gross motor



94% in personal-social

93% of children who had a developmental concern at the first ASQ-3 assessment had the concern addressed within a year



Early Head Start

Early Head Start promotes school readiness, child development, and family well-being for children aged 0 to 3 and their families. CII offers both home- and center-based programs. The home-based program consists of weekly home visits from a trained staff member who provides education regarding child development, parenting skills, and support for family functioning. The center-based program provides education in a child care center. In addition, staff visit families' homes at least twice a year to offer additional support and referrals as needed. Families may also enroll their children at a licensed family child care home. By working with children from a young age, Early Head Start ensures children and their families are ready for the transition to preschool and beyond.

Enrollment

631

Home-based

164

Center-based

202

Family Child Care Homes
(ages 0 to 3)

STRENGTHENING FAMILIES

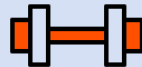
family well-being



100% of adults say the program helps them meet their family goals



96% of families say the program helps them access community resources



82% of families have stronger protective factors, which are conditions that mitigate risk and help families cope during difficult times

parenting skills



100% of families say the program helps them understand how to help their child learn at home



99% of families say the program helps them cope with parenting stress

SCHOOL READINESS

Percentage of children with positive growth from Fall to Spring

78%

in
language
and
literacy

69%

in
physical
development
and health

69%

in
social-
emotional
development

68%

in
cognition,
math, and
science

Head Start

Head Start preschool promotes early learning and school readiness for children aged 3 to 5. Children are also connected to medical providers, kept up-to-date on immunizations, fed nutritious meals, and referred to mental health services as needed. Head Start actively engages families in their child's education by offering family support groups, referrals for additional resources, and opportunities to participate in their child's everyday learning at home and in school. Families may also enroll in a California State Preschool program or with a licensed family child care home provider. Through this, Head Start ensures that all children have a smooth transition into Kindergarten and beyond.

Enrollment

1,509

Head Start

115

State Preschool

96

Preschool Family
Child Care Homes

SCHOOL READINESS

Percentage of children with positive growth from Fall to Spring

89%

in
approaches
to learning

89%

in
social-
emotional
development

87%

in
language and
literacy

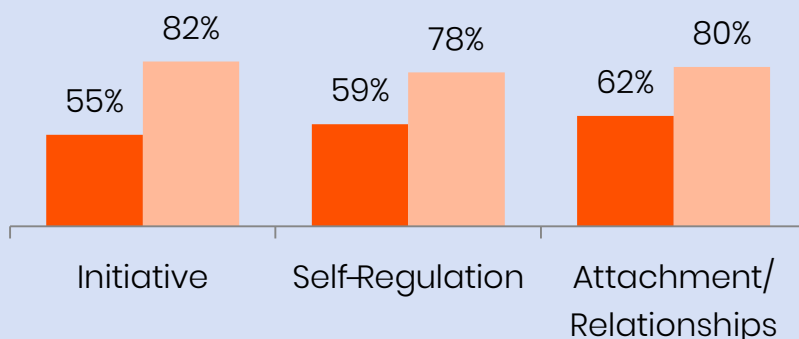
86%

in
cognition,
math, and
science

BEHAVIORAL SUPPORT

Percentage of children with typical or strong scores before and after participating in an intensive small-group intervention for students with behavioral concerns

Before After



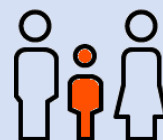
FAMILIES AS LIFELONG EDUCATORS

99% of families say the program...



- encourages them to read to their child more often
- teaches them activities to help the child learn at home

98% of families say the program...



- helps them improve their responses to their child's misbehavior
- helps improve their confidence as a parent

Select Home Visitation

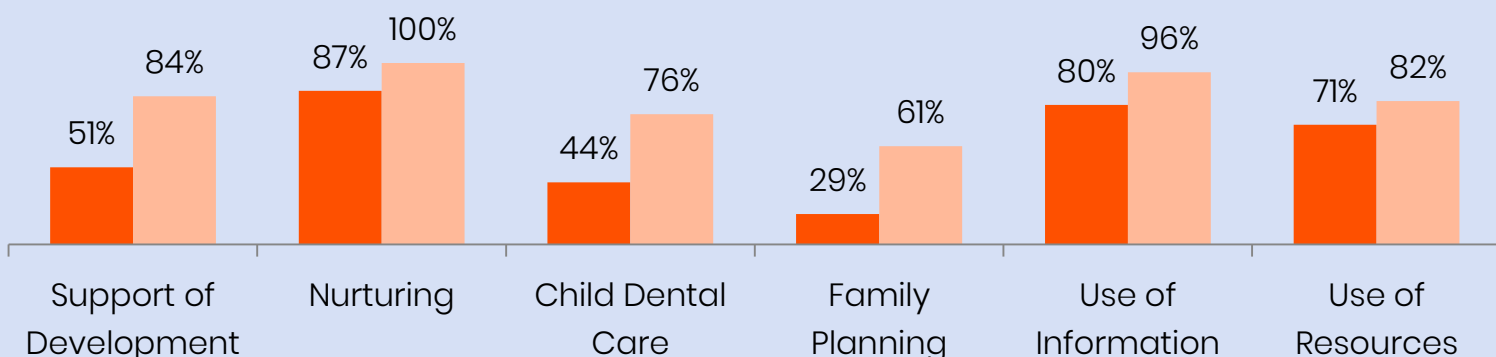
Select Home Visitation provides weekly home visits for mothers of newborn infants and their families. During each visit, staff provide child development education and parenting support using evidence-informed curricula. In addition, staff work closely with each family to help them achieve their goals, access community resources, strengthen family functioning, and build protective factors. Families may stay enrolled in the program until the child is 5 years old. By supporting mother, child, and the whole family during the formative years of birth to age 5, Select Home Visitation aims to ensure that children have a strong foundation for future success.

113
clients
served

FAMILY LIFE SKILLS

Percentage of families with strong life skills in each area

■ Intake ■ 12 months



CHILD DEVELOPMENT

Percentage of children who meet or exceed their age-specific developmental expectations after one year



97% in communication



84% in gross motor



97% in fine motor



89% in problem solving

PARENTING SKILLS

100% of mothers...

- ✓ are better at caring for their children
- ✓ have better parenting skills
- ✓ are better at coping when things go wrong

"My home visitor helps me to realize all the things that I do despite being hard on myself about certain things. My home visitor is very supportive and I would love for other parents to give the program a try."

Early Childhood Mental Health

CII provides four early childhood interventions for parenting and behavioral difficulties. Parent-Child Interaction Therapy (PCIT) is effective for children with oppositional behaviors and focuses on improving the parent-child relationship. Child-Parent Psychotherapy (CPP) is a dyadic treatment that focuses on recognizing and responding appropriately to child trauma symptoms. The Incredible Years (IY) model is a behavior-oriented group parenting program focused on strengthening parenting competencies and reducing conduct problems. Reflective Parenting Program (RPP) is a 10-week group that focuses on topics such as temperament, discipline, emotional regulation, and parent-child relationships.

329
children
served

CHILD OUTCOMES

82%



of children show meaningful improvement in trauma symptoms or behavior problems after completing PCIT, CPP, IY, or RPP treatment



97% of children have decreased problem behavior after PCIT treatment



84% of children have decreased trauma symptoms after CPP treatment



86% of children have decreased mental health problems after IY group



73% of children have decreased problem behavior after RPP group

FAMILY SATISFACTION

88%

of caregivers report their child is doing better with family

90%

of caregivers report their child is better at handling daily life

98%

of caregivers are satisfied with services

“Overall great program. So much progress... Now she opens up and has no tantrums. My daughter is capable of talking about her feelings and can control her anger way better. Thanks.”

School-Age Youth Programs

Adolescence is a particularly vulnerable developmental period, associated with multiple social-emotional, behavioral, and health risks¹. Research shows that the effects of traumatic events experienced in early childhood are most evident during adolescence² and that adolescent problem behaviors are correlated with risk factors such as poverty and community violence³. With one of the highest rates of poverty in California⁴ and a rise in violent crime over the last few years⁵, Los Angeles County can be a challenging environment for adolescent growth. High-quality youth development programs and evidence-based mental health services are crucial in promoting protective factors, facilitating recovery, and supporting young people to become healthy adults.

WHAT WE KNOW



8.5% of children aged 4 to 11 have a mental health need, but 71% of them do not receive treatment⁶



1 of 4 children under 18 years old in Los Angeles County live in poverty⁴



More than 2 out of 3 parents living in communities of concentrated poverty report that finding an enriching environment for their child in the afterschool hours is a challenge⁷

WHAT WE DO

Children's Institute offers a wide range of youth development and mental health services for school-age youth, including:

- ✓ Youth Development Programs
- ✓ Trauma-Focused Evidence-Based Practices
- ✓ Specialized Group Treatments
- ✓ Adolescent Substance Abuse Programs



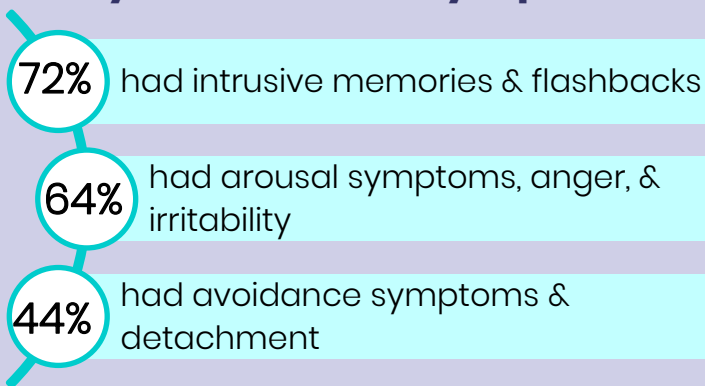
PowerUp!

PowerUp! is an afterschool program funded by a five-year grant entitled “Addressing Childhood Trauma” from the Office of Minority Health in the US Department of Health and Human Services. The program is designed to support children living in areas of elevated family and community violence and exposure to traumatic events. Youth, aged 7 to 10 at program intake, receive a trauma-informed, fully integrated array of youth development, family support, and behavioral health services. Through twice-weekly afterschool programs, monthly special events, and an annual summer camp, PowerUp! helps youth develop effective communication and coping skills, reduce risky behaviors, and lower symptoms of traumatic stress. Additionally, caregivers may attend workshops and family events.

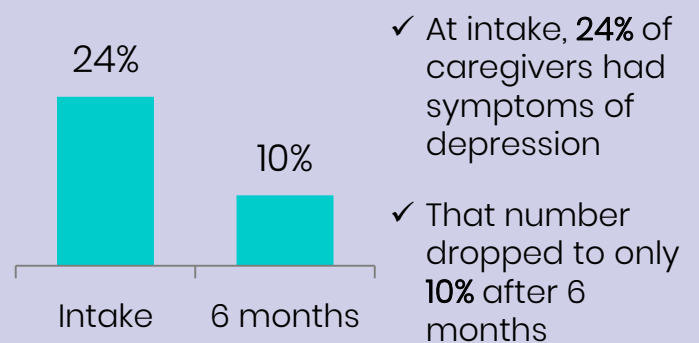
164
children
served

CLIENT PROFILE AT INTAKE

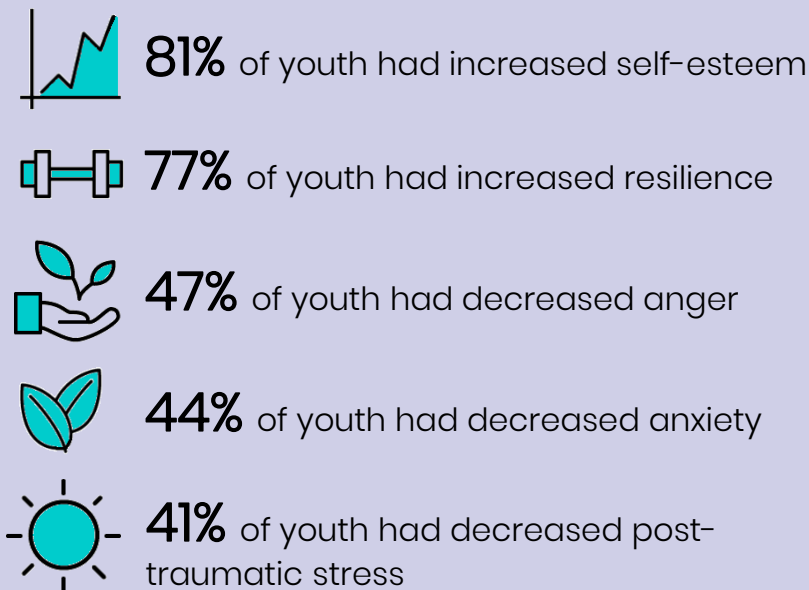
youth trauma symptoms



caregiver depression



YOUTH OUTCOMES AFTER SIX MONTHS



“We received so much help in these past months. They helped me support my children and thanks to that we are stronger and we understand each other better.”

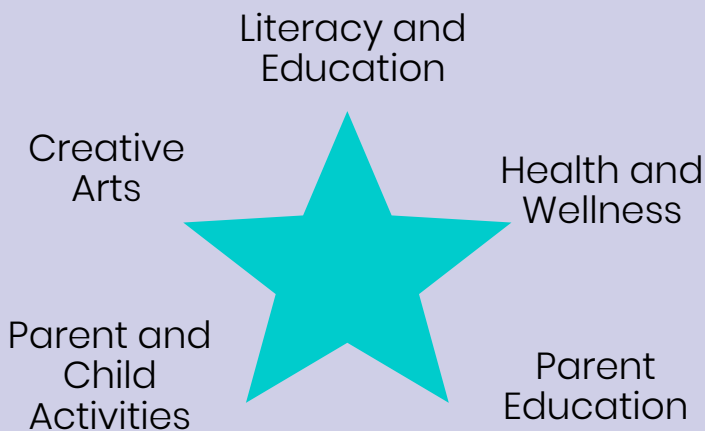
“I just want to say thank you for the program, it has helped my child mature and that will help her overcome her problems in the future.”

Youth Development

CI's youth development programs support clients with developing new skills, exploring interests, and improving their well-being in an environment that fosters social connectedness. Children of all ages and families are encouraged to participate in a wide range of informative and enjoyable classes. Program categories include health and wellness, creative arts, literacy and education, parenting education, and parent-child activities.

422
children
served

PROGRAM AREAS



CLIENT SATISFACTION



100% of caregivers feel staff communicate in a way they understand



99% of caregivers are satisfied with their child's program



92% of caregivers report that their child learned something valuable

YOUTH WELL-BEING



87% of youth report that they are doing better in school



72% of youth demonstrate increased social-emotional skills and resilience



91% of caregivers report their child gets along better with family and friends



91% of caregivers report their child is better at handling daily life

"There's a great amount of love in the staff 😊"

"Youth Empowerment is the best program I've been part of."

"My daughter truly loved the dance class and the students in it."

"The soccer program is amazing and my kid loves the staff."

Trauma-Focused Evidence-Based Practices

CII offers three evidence-based treatment models for children and adolescents impacted by trauma. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a components-based model commonly used for children aged 3 to 18 who have experienced family and community violence. Managing and Adapting Practice (MAP) has four foci: trauma, disruptive behavior, anxiety, and depression. Each foci serves a unique age range and utilizes personalized service plans to maximize individual gains. Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is a skills-based group intervention designed to reduce symptoms of post-traumatic stress and depression caused by exposure to violence among youth in grades 5 through 12. TF-CBT, MAP, and CBITS have successfully treated children and adolescents with emotional problems related to traumatic life events.

455
youth
served

SYMPTOM REDUCTION

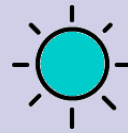
86%



of clients show meaningful improvement in trauma symptoms or behavior problems after completing a trauma-focused evidence-based practice at CII



93% of clients have decreased trauma symptoms after TF-CBT treatment



82% of clients have decreased mental health symptoms after MAP treatment



73% show no significant trauma symptoms after CBITS group

CLIENT SATISFACTION

"It was a pleasure to have Juana* as my therapist and for her looking after my own health and happiness. I'm glad my scars are now cured and my heart has regained its peace and has been filled with forgiveness, emptying all the bad things that were unhealthy to my mental and emotional state."

**Clinician's name has been changed to ensure confidentiality.*

- **96%** of clients feel better at handling daily life
- **90%** of clients are better able to cope with their trauma history
- **86%** of clients are doing better in school
- **93%** of clients are satisfied with treatment services

Specialized Group Treatments

Child Sexual Abuse Treatment Services

Child Sexual Abuse Treatment Services is a 20-week group treatment for youth aged 5 to 18 years who have been sexually abused and for their non-offending family members. The program's goal is for children to learn the skills needed to process feelings and communicate effectively. Non-offending caregivers are encouraged to support their children's open discussion of the trauma, develop safety plans for the future, discuss their reactions to their child's abuse with other parents, and learn skills to prevent further abuse and reactivity.

157
children
served

HEALTH FUNCTIONING



79% of caregivers report a significant decrease in their child's critical symptoms (e.g., paranoia or obsessive behaviors)



89% of caregivers report a significant decrease in their child's problematic physical symptoms

CLIENT SATISFACTION

100%

of youth feel they have someone to talk to when they are troubled

90%

of youth feel they are better at handling daily life

Problematic Sexual Behaviors Program

The Problematic Sexual Behaviors Program is a 30-week group treatment for youth who have engaged in inappropriate sexual behavior with other children. The groups offer a structured, evidence-based curriculum that helps youth and children examine the consequences of their actions and develop better impulse control. Parents participate in parallel groups where they learn about age-appropriate sexual behavior and how best to respond to their children's sexual behavior. Together, the groups support families in building the skills necessary to foster safe homes and communities.

95
children
served

SYMPTOM REDUCTION



82% of caregivers report a decrease in their child's trauma symptoms



100% of caregivers report a decrease in the frequency of their child's inappropriate sexual behavior

OTHER PROGRAM BENEFITS

100%

of youth feel they can now make good choices about sexual behavior

92%

of youth say they learned about sex education, puberty, and healthy relationships with others

95%

of caregivers feel the program improved their child's overall behavior

Adolescent Substance Abuse Program

The Adolescent Substance Abuse Program (ASAP) is a 20-week program for teens aged 12 to 18 who have a history of substance abuse problems. Weekly group meetings examine the consequences of substance abuse, provide the skills and social support needed to refrain from alcohol and drug use, and discuss how to resist negative peer influences. ASAP aims to provide teens and their families with protective factors to decrease the devastation of substance abuse and trauma on youth and the community. The program is adapted from Trauma Systems Therapy, an evidenced-based treatment that addresses both individual children's emotional needs as well as the social environment in which they live.

83
teens
served

SYMPTOM REDUCTION



64% of teens have decreased drug and alcohol use after five months



71% of teens have decreased behavioral dysfunction, such as impulsivity and inability to handle frustration

CLIENT SATISFACTION

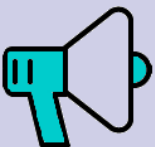
100%

of youth feel that staff treat them with respect

80%

of youth feel they have someone to talk to when they are troubled

CLIENT STORIES: Flor & Sebastian*



Flor enrolled her 14-year-old son Sebastian in the ASAP program at CII after her eldest son was arrested for drug use and possession. Fearing that Sebastian would also face trouble with the law, both mother and son actively participated in the ASAP groups. Sebastian graduated with the skills necessary to cope with daily life in a healthy way and communicate openly with his mother. **Names have been altered*

Flor recognized the profound impact substance abuse had on her family and on her ability to effectively communicate with Sebastian. Flor set goals with her therapist to improve her relationship with her son and eagerly learned new parenting skills, such as an understanding of the effects of drug use and how her comments had impacted her son. Attending the group gave Flor the tools needed to help Sebastian regulate his emotions and improve their communication, all while nurturing their parent-child relationship.

Sebastian began the group with higher-than-average levels of THC in his system. Recognizing a need for change, he shared his story during group discussions where he learned he was not alone in the struggle to resist substances. He learned to identify his triggers and channel that energy into his schoolwork. By the end of group, Sebastian had reduced his drug use significantly. His relationship with his mom also improved, allowing the two to communicate well. Now, Sebastian plans on maintaining sobriety and focusing on his school work.

Older Youth in Foster Care Programs

While the transition to adulthood can be challenging for any youth, young people who are leaving or have left the foster care system are more likely to experience adverse outcomes, including low educational attainment, unemployment, poverty, homelessness, mental illness, and incarceration¹. Given that approximately one-fourth of California's former foster youth reside in Los Angeles County², there is a substantial need for programs to reach this vulnerable population and provide assistance with education, employment, medical care, mental health services, and general life skills. Consistent access to individualized support, social connectedness, and concrete resources ensures that youth leaving the foster care system can achieve self-sufficiency and positive outcomes in their adulthood.

WHAT WE KNOW



One-third of youth in Los Angeles County experienced extreme poverty after exiting foster care¹



Only 17% of former foster youth in Los Angeles County received outpatient mental health services¹



In Los Angeles County, **less than half** of foster youth graduated high school in 4 years³

WHAT WE DO

Children's Institute provides high-quality services specifically designed for youth leaving the foster care system. Services are culturally relevant and responsive to the unique needs of each youth. In addition, youth may access CII's full range of mental health services.

CII programs offered for youth leaving the foster care system are:

- ✓ Individualized Transition Skills Program
- ✓ Fostering Social Skills Program



Individualized Transition Skills Program

CII's Individualized Transition Skills Program (ITSP) supports youth between the ages of 16 and 21 as they transition from foster care to becoming productive and self-sufficient adults. Each youth works with his or her own Transition Development Specialist (TDS) on reaching goals related to education, employment, mental health, and housing, typically meeting 1 to 3 times per month. Under the guidance of the TDS, the youth identify new goals to meet every six months. The TDS then incorporates these goals into activities that the youth participate in during their monthly individual sessions. Youth are also offered monthly group sessions and incentives for reaching their goals.

491
youth
served

LIFE SKILLS

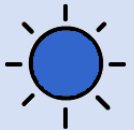
after 6 months in ITSP...



92% of youth have improved work and study skills



87% of youth have improved self-care skills



86% of youth have improved daily living skills



83% of youth have improved housing management skills

FINANCIAL KNOWLEDGE

after 12 months in ITSP...



90% of youth are more knowledgeable about how to pay bills on time



91% of youth are more knowledgeable about budgeting



86% of youth know more about finding financial resources

CLIENT SATISFACTION

94%

of youth are satisfied with the program

90%

of youth say they received the help they need

84%

of youth are satisfied with their family life

84%

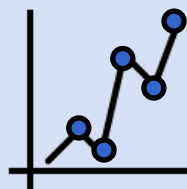
of youth report improved relationships with friends

Fostering Social Skills

The Fostering Social Skills (FS²) program cultivates the social and leadership skills of youth enrolled in the Individualized Transition Skills Program at Children's Institute. The group meets once a month over a seven-month period. Each session supports youth in building self-awareness and social skills as well as developing a healthy understanding of diversity, sexual and mental health, and substance abuse.

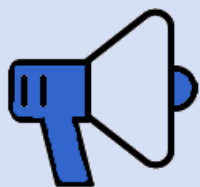
GROUP BENEFITS

After completing the FS² program, **100%** of youth report better:



- ✓ Coping skills for real life situations
- ✓ Social & leadership skills
- ✓ Goal-setting
- ✓ Confidence

CLIENT STORIES: Levi & Daniela*



Levi and Daniela are the first co-facilitators of FS² who are both ITSP program graduates and former participants of FS². As former foster youth themselves, they combine their firsthand experiences and the life skills they have built throughout their years with ITSP to provide a safe space for other youth to learn and share. Their roles as facilitators have also supported in their personal growth and career development. Daniela now works in the Adoption Promotion & Support Services program at Children's Institute in addition to volunteering her time for FS², with the long-term goal of becoming a lawyer for youth in foster care. Levi now works at a middle school after-school program, where he implements his FS² skills by helping children create Two Year Plans to reach their goals.

**Names have been changed to ensure confidentiality.*

Which FS² session was most helpful for you and why?

"I liked the Five Year Plan. You always think about what you want to do, but you don't really think five years ahead... But then when you get it wrote down, you're like 'All right, I can do this. This is accomplishable.'" - Levi

"Now that I did the FS² program, I was like, 'Okay, going to law school isn't that scary. It's a little far ahead, but if I get to these goals, I can finally get there.' So that's my main goal. I just feel like that concept really helped keep me on track entirely." - Daniela

Why did you decide to return to FS² as a facilitator?

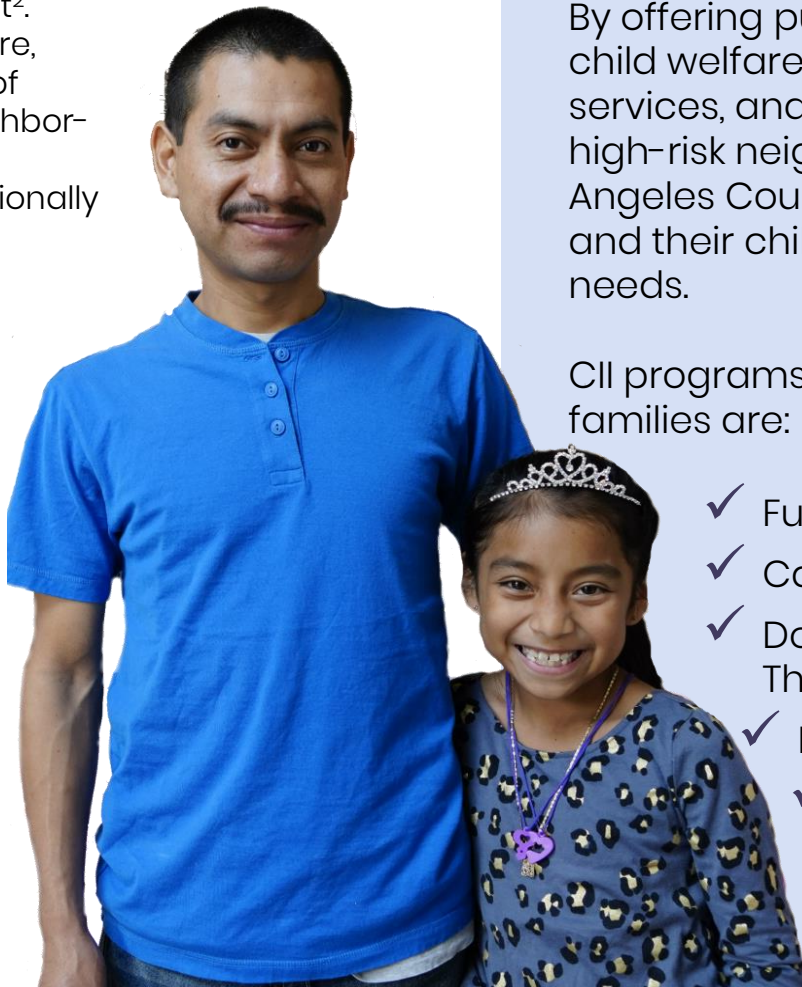
"I just thought it was really inspiring to show youth that someone who was in their chair before is now on the other side of the table, and that they can do it too. That's my entire goal because when I become a lawyer for foster youth... I want them to know like, 'Hey, I was you, too—you can do it.'" - Daniela

"If I feel like I can help somebody, then I come and do it... I could help... I could relate... I did that. And I've had some bad experiences, too, through all of coming up through the system..." - Levi

Adult and Family Programs

With one of the highest rates of poverty across California¹, many families in Los Angeles County experience significant risk factors and lack the necessary resources to access high-quality, affordable services to address their needs. Neighborhoods with concentrated poverty in Los Angeles have been linked to higher rates of housing insecurity, poor maternal health outcomes, insufficient public safety, at-risk youth, poor school performance, and low educational attainment².

Furthermore, residents of these neighborhoods are disproportionately Black or Latino, and many have immigrant status¹.



WHAT WE KNOW



Nearly **1 in 5** Los Angeles residents live below the poverty line³



25% of Black residents and **24%** of Latino residents in Los Angeles live below the poverty line, compared to only **11%** of White residents³



Less than **50%** of adults in South L.A. have sufficient social-emotional support networks, compared to **80%** in more affluent areas⁴

WHAT WE DO

By offering public assistance programs, child welfare programs, family support services, and mental health services to high-risk neighborhoods across Los Angeles County, CII supports caregivers and their children with a wide variety of needs.

CII programs offered for adults and families are:

- ✓ Functional Family Therapy
- ✓ CalWORKs
- ✓ Domestic Violence Group Therapy
- ✓ Healthy Moms, Healthy Kids
- ✓ Project Fatherhood
- ✓ Family Preservation
- ✓ Family Support Services

Agency-Wide Protective Factors

Protective factors are conditions or attributes in individuals, families, or communities that mitigate risk and increase their health and well-being. The Protective Factors Survey (PFS) is a caregiver-report survey comprised of 20 items that assess five family protective factors:

1. **Family functioning and resiliency:** having adaptive skills to persevere in times of crisis, openly share positive and negative experiences, and manage problems
2. **Social-emotional support:** perceived informal support from family, friends, and neighbors that helps provide for emotional needs
3. **Concrete support:** perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need
4. **Nurturing and attachment:** the emotional tie along with a pattern of positive interaction between the parent and child that develops over time
5. **Knowledge of parenting and child development:** utilizing effective child management techniques and having age-appropriate expectations for children's abilities

The PFS is administered to clients across multiple CII programs upon enrollment and at follow-ups. These programs include: Family Preservation, Partnerships for Families, Prevention and Aftercare, PowerUp!, Select Home Visitation, and Early Head Start Home-Based.

PROTECTIVE FACTORS OUTCOMES

These outcomes represent 3-month follow-up data from families that indicated a need for support in the given domain at program intake.

80% of caregivers report an increase in knowing how to help their child learn

88% of caregivers report increased nurturing and attachment with their child

78% of families report an increase in family functioning

76% of caregivers report a decrease in losing control when disciplining their child

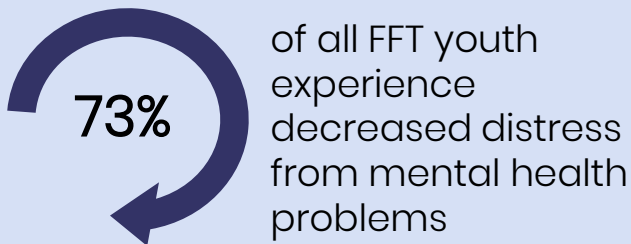


Functional Family Therapy

Functional Family Therapy (FFT) is an evidence-based practice that treats youth aged 9 to 18 with behavioral and emotional problems by engaging the whole family in an intensive 3- to 5-month program. The beginning of treatment focuses on motivating the family to identify their own strengths and potential for change. Therapists then identify patterns of interaction within the family and help the family increase communication, build positive interactions, and remove hostility and blame. Through this, FFT addresses each family's risk and protective factors and provides them with skills to face new challenges.

163
families
served

YOUTH OUTCOMES



youth with high needs



88% have increased mental health functioning



82% have decreased truancy, drug abuse, and other hostile behaviors

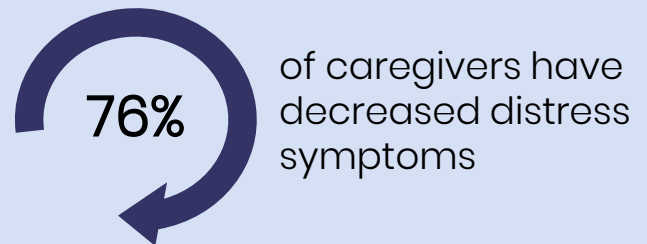


73% have increased concentration, attention, and skills to manage frustration



69% have increased interpersonal relations

CAREGIVER OUTCOMES



72% have less distress in their interpersonal relationships



66% have less distress from anxiety and depression

FAMILY FUNCTIONING

89%

of caregivers report lower distress when their child improves

94%

of both youth and caregivers feel they have support from their family

CalWORKs

The California Work Opportunity and Responsibility to Kids (CalWORKs) program provides eligible clients and their families with direct financial support each month to help pay for housing, food, and other necessary expenses. In addition, CalWORKs provides clients with mental health services. CII therapists and employment specialists work to remove clients' barriers to employment, such as mental health problems or childcare coverage. Therapists also build on clients' strengths and promote overall mental health and wellness. CalWORKs further supports clients with seeking and maintaining gainful employment through Individual Placement and Support (IPS) services.

159
clients
served

CLIENT SATISFACTION

100%

of clients are satisfied with the program

100%

of clients feel respected by staff

100%

of clients say they received the help they needed

92%

of clients say they learned something valuable

"I am happy with this program. It allows me to be informed of classes to help me."



SYMPTOM AND BARRIER REDUCTION

within 6 months of treatment...



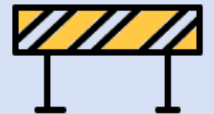
79% of clients
report lower
psychological
distress



75% of clients
report fewer
symptoms of
depression



69% of clients
report less
interpersonal
conflict



74% of clients
no longer report
child care as a
barrier

Domestic Violence Group Therapy

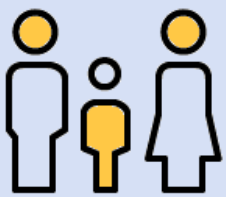
Based on over 15 years of clinical practice with survivors and their children, CII's domestic violence group therapy helps families develop skills that support resilience and recovery. Treatment groups offer holistic services, including wellness interventions, trauma-informed psychoeducation, and assistance with community services that support family wellness. The groups follow a structured curriculum designed to address the impact of domestic violence on adult survivors and their children who may have directly witnessed violence in their homes.

63
children,
adolescents,
& caregivers
served

DOMESTIC VIOLENCE EXPOSURE

at program intake...

3 in 4 children and adolescents

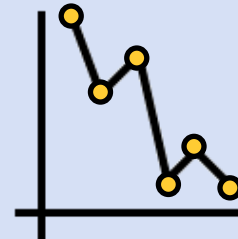


- witnessed mother and batterer fight
- worried about their own safety

91% of caregivers witnessed domestic violence in the home as a child

TRAUMA SYMPTOMS

of clients with high post-traumatic stress symptoms at intake...



91% report a decrease in the frequency of symptoms

FAMILY FUNCTIONING

81%

of children and adolescents report an increase in family cohesion

76%

of non-offending caregivers report an increase in family cohesion

positive relationship with the caregiver increased from...

74%

at 3 months

to

81%

at 6 months



Healthy Moms, Healthy Kids

Healthy Moms, Healthy Kids is a federally-funded study partnership between CII's Head Start and the Suzanne Dworak-Peck School of Social Work at the University of Southern California. The study is a randomized control trial that seeks to understand the impact of reducing maternal depressive symptoms on the well-being and school readiness of Head Start-aged children. Head Start mothers who screen positive for depression receive Interpersonal Psychotherapy (IPT) group therapy, an adaptation of an evidence-based treatment model that helps reduce symptoms of depression. Families who enroll in the study are assessed six times over the course of two years to track their progress across multiple domains, including maternal depression, social support, and parenting behaviors and stress.

INTERPERSONAL PSYCHOTHERAPY



20 participating CII Head Start sites



49 mothers participated in an IPT group, out of the mothers screened at Head Start sites



9 IPT groups offered

modules offered



TREATMENT OUTCOMES



60% of mothers reported an increase in social support



73% of mothers reported a decrease in total stress



83% of mothers reported a decrease in depression symptoms



67% of mothers reported a decrease in parenting hostility

Project Fatherhood

Project Fatherhood assists fathers in building strong relationships with their children. Through job trainings, financial literacy education, family counseling, and legal workshops or consultations, Project Fatherhood addresses a host of barriers that may prevent fathers from playing a meaningful role in their children's lives. The weekly Men in Relationships Groups (MIRG) are a core component of the program. These groups create a structured space for fathers to discuss a specific topic related to parenting; rely on each other for support; and address any past trauma, loss, and separation that may affect their relationships and their parenting. With a wide range of services, Project Fatherhood aims to have a lasting impact on fathers and their children.

445

fathers
enrolled

883

children
served

33

MIRG
groups

PERSONAL GROWTH

After participating in the program



89% of fathers feel they have people they can count on if they are feeling down



86% of fathers feel they have someone to talk to if there is a crisis

CLIENT SATISFACTION

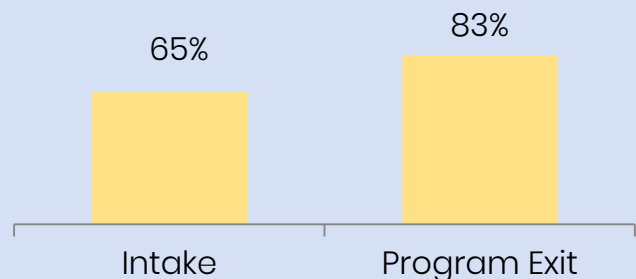
96% of the fathers report that the program has helped them

"I really liked the dynamics of different personalities. I really appreciated the way the facilitators handled the meetings."

"It's helpful to know that I am not alone and that no matter how frustrating or how overwhelming it gets, things are going to work out—there's a better day."

EMPLOYMENT

Percentage of fathers who are employed



After participating in the program



84% of fathers feel more confident in their interviewing skills



80% of fathers feel they know how to apply for a job



77% of fathers feel more confident in their ability to conduct an effective job search

Family Preservation

CLI's Family Preservation program serves families referred by Child Protective Services following allegations of child abuse and/or neglect. The program's goal is to prevent out-of-home placement of children through a variety of services designed to stabilize families and promote protective factors. The program also supports family reunification whenever possible. Services include: in-home outreach counseling, collaborative case planning, parenting education, auxiliary funds, transportation, and up-front assessments of mental health, substance abuse, and domestic violence concerns. Services are tailored to address each family's areas of need and may be provided for three months to one year, depending on the family's needs.

526

caregivers
served

1,129

family
members
served

PROTECTIVE FACTORS



76% of families have increased family functioning and resiliency



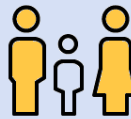
85% of families have increased social support



77% of families have increased concrete support



100% of caregivers have an increased ability to help their child learn



83% of caregivers have increased knowledge of parenting

CLIENT SATISFACTION

97%

of caregivers are satisfied with the program

94%

of caregivers say that staff stick with them no matter what

98%

of caregivers feel the program is right for them

84%

of caregivers feel their child is better at coping

FAMILY OUTCOMES

80%

of families that participated in Family Preservation met all their case goals



CII Presentations at Conferences

The 8th Annual Evidence-Based Practices Symposium: Building Lives Beyond Trauma | *Sacramento*

- Evaluation of **Parent-Child Interaction Therapy** at a Non-Profit Serving At-Risk Families
- Implementation and Evaluation Strategies of **Individualized Transition Skills Program**

17

conference presentations about CII programs and outcomes 2017-2018

2018 ACEs Conference Project Showcase | *San Francisco*

- Implementation and Evaluation Strategies of **PowerUp!**

Sacramento

San Francisco

38th Annual California Mental Health Advocates for Children and Youth Conference | *Monterey*

- Supporting the Transition of L.A. Youth Out of Foster Care with **Individualized Transition Skills Program**
- **Second Step**: A Data-Informed Intervention for **Head Start** Children

Monterey

Ventura

23rd International Summit on Violence, Abuse & Trauma Across the Lifespan | *San Diego*

- Protective Factors for Families Enrolled in **Family Preservation**
- **Home Visiting** and ACEs Prevention: Reducing Risks and Building Protection
- Addressing Child Exposure to **Domestic Violence**
- Factors Predicting the Attrition Rate in **Parent-Child Interaction Therapy**
- **Project ERIN**: Understanding the Effects of Domestic Violence on Children
- Successes and Challenges in an L.A.-Based **Family Preservation** Program

San Diego

126th Annual Convention of the American Psychological Association | *San Francisco*

- Predicting Factors for Premature Termination in **Trauma-Focused Cognitive Behavioral Therapy**
- The Relation Between Caregiver and Youth Outcomes in **Family Functional Therapy**

Federation of Families for Children's Mental Health 28th Annual Conference | *Orlando*

- Including the Father When We Say "**Family Support**"
- **Father Involvement** is a Game-Changer

Amigo Baby Semi-Annual Gathering | *Ventura*

- How to Work with Children with Challenging Behaviors Using **Child-Parent Psychotherapy**

CII Trainings and Conferences

7th Annual Trauma-Informed Care Conference: A National Conference for Helping Professionals



CII's 7th Annual Trauma Informed-Care Conference included nationally recognized professionals whose life work is focused on trauma and its impact in early childhood and throughout the lifespan. Conference attendees learned a variety of tools and resources to support the challenges of balancing service to others and nurturing themselves. The conference included an opening plenary keynote by Kristie Brandt, CNM, MSN, NDP and a luncheon plenary by Bruce D. Perry, MD, PhD.

559 participants

18 workshops and wellness sessions

11th Annual Fatherhood Solution Conference

CII's 11th Annual Fatherhood Solution Conference aims to improve the health, well-being, and stability of Los Angeles children by bringing together providers and community members—including fathers—to discuss how fatherhood positively affects the lives of children. Workshops were presented in three specific tracks, covering a range of topics that align fatherhood goals of early care and education, child safety, communities, and health related systems. Experts included Dr. Tyrone Howard, Professor Rafael Angulo, Dr. Rick Williamson, David Pizarra, Esq., Sandra Chase, and Alex Alphaaroh.

595 participants



In 2017–2018, CII
provided over
470 hours of
group trainings for
1,771
professionals

number of professionals CII trained in each area (2017–2018)

96 Child-Parent Psychotherapy

40 Trauma-Focused Cognitive Behavioral Therapy

33 Incredible Years

105 Project Fatherhood 5-Day Trainings

516 Project Fatherhood Father Engagement Trainings

848 Project ABC: About Building Connections

120 Partnerships for Families

13 Doctoral- and Master's-Level Student Interns

Measures by Program

Measures are the surveys and questionnaires that CII clients and staff complete in order to evaluate client needs and program outcomes. All measures utilized by the CII Research and Evaluation Center have been assessed for reliability and validity across multiple populations. The measures listed below represent only those used in the creation of this report.

Early Childhood Programs

Early Head Start

- Desired Results Developmental Profile
- Protective Factors Survey
- Family Outcomes Survey
- Parent Survey

Head Start

- Desired Results Developmental Profile
- Devereux Early Childhood Assessment
- Family Outcomes Survey

Select Home Visitation

- Life Skills Progression
- Client Satisfaction Survey
- Ages and Stages Questionnaires, Third Edition

Early Childhood Mental Health

- Eyberg Child Behavior Checklist
- Youth Outcome Questionnaire
- Trauma Symptoms Checklist
- Youth Services Survey for Families

School-Age Youth Programs

PowerUp!

- UCLA PTSD-Reaction Index
- Center for Epidemiological Studies (Depression)
- Trauma Symptoms Checklist
- Rosenberg Self-Esteem Scale
- Child and Youth Resilience Measure

Youth Development

- Youth Services Survey for Families
- Social-Emotional Assets and Resilience Survey

Trauma-Focused Evidence-Based Practices

- UCLA PTSD-Reaction Index
- Youth Outcome Questionnaire
- Youth Services Survey

Child Sexual Abuse Treatment Services

- Youth Outcome Questionnaire

Problematic Sexual Behaviors Program

- Youth Outcome Questionnaire
- Youth Sexual Behavior Problems Inventory

Adolescent Substance Abuse Program

- Substance Abuse Subtle Screening Instrument
- Youth Outcome Questionnaire

Older Youth in Foster Care Programs

Individualized Transition Skills Program

- Casey Life Skills Assessment
- Financial Literacy Survey
- Youth Services Survey

Fostering Social Skills

- FS² Satisfaction Survey

Adult and Family Programs

Functional Family Therapy

- Youth Services Survey for Families
- Outcomes Questionnaire
- Youth Outcomes Questionnaire

CalWORKs

- Youth Services Survey
- Employment Barrier Questionnaire
- Symptom Checklist

Domestic Violence Group Therapy

- Los Angeles Symptom Checklist
- Family Relationship Inventory
- Child-Parent Relationship Survey

Healthy Moms, Healthy Kids

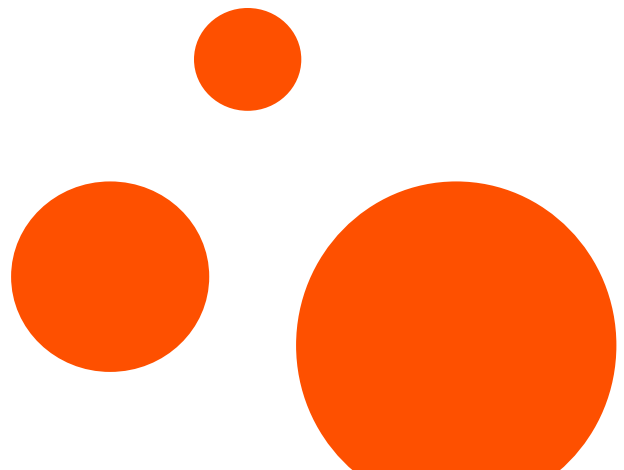
- Center for Epidemiological Studies (Depression)
- Parent Stress Index
- Parenting Behavior Index
- Duke-UNC Social Support Questionnaire

Project Fatherhood

- nForm

Family Preservation

- Protective Factors Survey
- Youth Services Survey for Families



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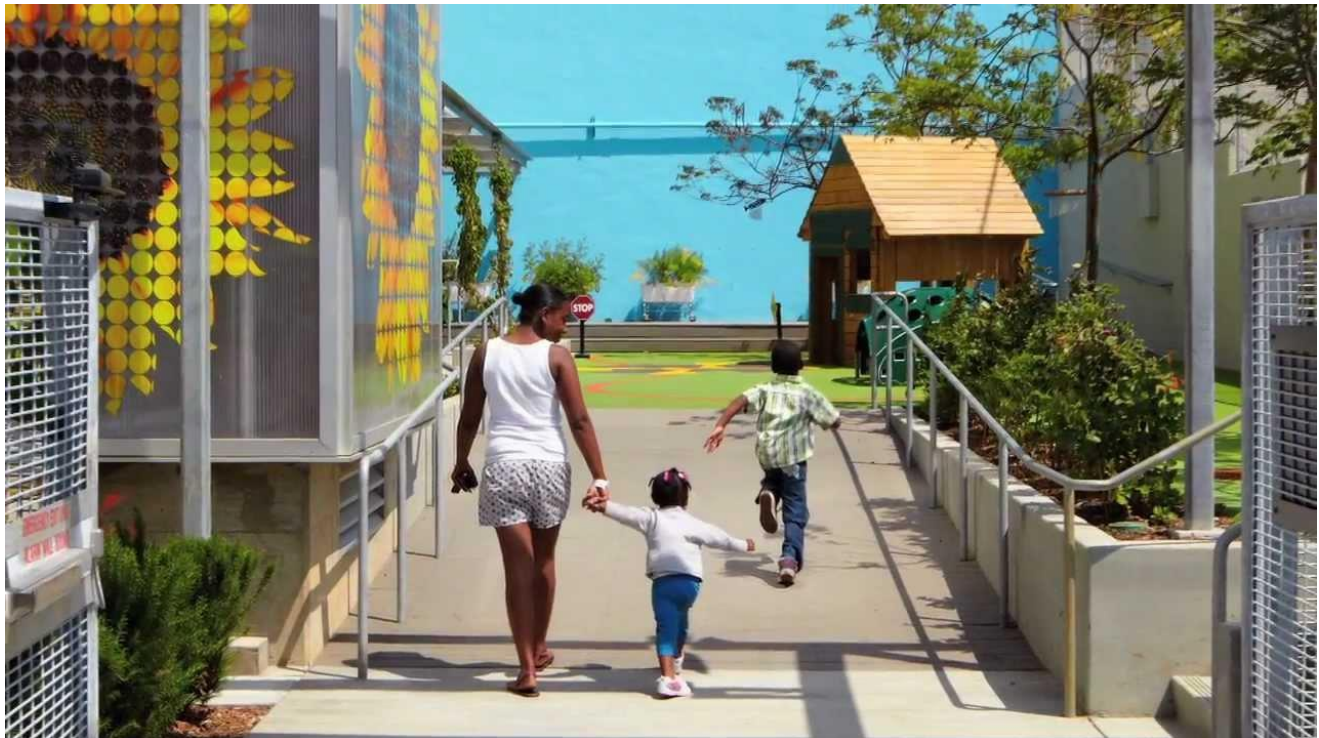
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