

El Dorado County Homeless Theory of Change Proposal



the center
for violence-free relationships
education | advocacy | services

El Dorado County Homeless Theory of Change Project Proposal

Purpose of Funds:

To facilitate a Theory of Change (TOC) process to identify; the overall desired outcome(s) for El Dorado County's targeted homeless population; the necessary pathways and preconditions required to achieve the outcomes and progress indicators to measure and track movement towards the desired outcomes.

Needs Statement:

"If you don't know where you are going, any road will take you there." - Lewis Carroll

For several years and for multiple reasons, community partners in El Dorado County have struggled with developing a comprehensive plan to address the challenges associated with homelessness. The lack of clarity concerning outcomes, resource allocation and coordination of service delivery from multiple well intentioned individuals and community based organizations (each of whom has a differing viewpoint about what difference they are trying to make and which methods and strategies to use) has resulted in a "crisis" management approach to service delivery. This approach has been somewhat effective with attempts to meet immediate needs however it has had minimal impact in determining, articulating and driving toward a desired change and virtually no impact with identifying, implementing and monitoring the success of long term, sustainable methods and strategies.

Without a solid pathway or theory of change, homeless services providers will remain vulnerable to wandering aimlessly, amorphous and random in their actions. El Dorado County needs a roadmap for change for addressing homelessness issues. This type of map is called a theory of change.

Project Description/Key Objectives:

The Center for Violence-Free Relationships will facilitate the drafting of a Theory of Change (TOC) to address homelessness in El Dorado County. The specific project activities are:

+Objective #1: Creation of the TOC project team. Proposed team members include The Center's Executive Director Matt Huckabay; Operations Director/ Program Analyst Emma Owens; and consultant Jana Pingle (JP Consulting) each of whom will participate in providing the full scope of facilitation duties. Scott Thurmond, Homeless Coordinator, El Dorado County Continuum of Care (COC); Supervisor Brian Veerkamp; Wendy

Thomas, Mayor City of Placerville; and Art Edwards, Homeless Advocate. Additionally not more than two representatives each from community based organizations currently providing homeless services. E.g. representatives from the faith community, Community Resource Center, United Outreach, and Hang Town Haven.

It is suggested the team also includes at least one formerly homeless community member and one mental health/substance abuse clinician experienced in working with the homeless population.

The team will also solicit input and review from key stakeholders throughout the process and the feedback to the project team.

+ Objective #2: Prepare and present a one hour TOC 101 presentation to introduce the project, participants and timelines to key stakeholders and interested community members

Objective #3: Facilitate 30 hours of TOC drafting divided across 8-10 project team sessions. Specific outcomes for drafting sessions include: Identify target population and long term outcomes, develop pathway to change and pre-conditions needed to reach the long term goal(s), operationalize the preconditions and identify appropriate indicators to measure the progress toward the long term goal, devise interventions to reach each precondition and articulate assumptions which serve as a reality check for the feasibility of the TOC. For a more detailed breakdown please see Theory of Change Drafting Process Overview.

+Objective #4: Create the Pathway to Change Document – visual representation (blue print) of all of the components of the TOC. See: The Center for Violence-Free Relationships Pathway to Change to Stop the Intergenerational Transmission of Family Violence Document.

+Objective #5: Write and disseminate the Theory of Change narrative. This document provides a highly detailed summary and explanation of each step in the TOC. See: The Center for Violence-Free Relationships Theory of Change 2013 Document.

Proposed Budget: Please see attached budget document.

The Center for Violence- Free Relationships will act as the fiscal agent. It is preferred funding be released in one allocation upon execution of the contract. Representatives from the County and The Center will need to determine the necessary fiscal reporting/documentation for the use of funds.

El Dorado County Homeless Theory of Change Proposed Budget

Pre/Post Session Work and Facilitation

Matt Huckabay, The Center Executive Director

30 hours (facilitation) + 8 hours (pre/post session work)= 38 hours x \$38.46 =
\$1,461.48

\$1,461.00

Emma Owens, The Center Operations Manager/Program Analyst

30 hours (facilitation) + 8 hours (pre/post session work)= 38 hours x \$20.67 =
\$785.46

\$785.00

Jana Pingle, Consultant

30 hours (facilitation) + 8 hours (pre/post session work)= 38 hours x \$200 =
\$7,600 (In kind donation of professional services)

\$7,600.00

Scott Thurmond, Consultant Continuum of Care Homeless Coordinator : \$
50.00 x 30 (consulting) = \$1500

\$1,500.00

Total Facilitation

\$11,346.00

Materials and Supplies:

\$250.00

Incentives for non-profit organization participation

Individuals eligible to receive incentives would be those that are representing a homeless service provider and/or the formerly homeless team members.

6 incentives/stipends @ \$500 x 6 = \$3000

\$3,000.00

Food for participants for 10 sessions @ \$40 per session = \$400

\$400.00

Proposed Project Budget:

\$14,996.00

Less In Kind Donation:

(\$7,600.00)

Total Proposed Project Budget

\$7,396.00



Theory of Change Drafting Process Overview

Overview of Drafting Sessions:

- **Section 1: Identify Long-term outcomes – 1 session - 4 hours total.** Session to define long-term goals and target population. Questions asked are: what success is for The Center, what will we change with whom?
- **Section 2: Develop pathway to change – 2 sessions - 4 hours each.** Basically one question for these two sessions, “What are the necessary and sufficient preconditions for the long-term goal(s)?” This section is focused on creating a draft of the pathway to change and all of the preconditions needed to reach the long-term goal(s).
- **Section 3: Operationalize Preconditions – 2 sessions - 4 hours each.** During this section all the indicators for each precondition are defined. Questions asked include: “What indicator(s) will we use to measure success on this outcome? In what population will we look for change in these indicators? What is the current status of our target population on the indicator(s)? How much does our target population have to change on these indicators in order for us to feel that we have successfully achieved the outcome? How long will it take the target population to reach our threshold of change on the indicator(s)?”
- **Section 4: Devise Interventions – 2 sessions - 4 hours each.** This section we will define the interventions we will use to reach each precondition/outcome. The section is focused to answer the following questions: For each of the outcomes on our map that we think we may have some influence over, what type of intervention would we need to implement in order to bring it about?
- **Section 5: Articulate Assumptions – 1 session - 2 hours total.** This session is a reality check. The questions considered are: When you look at the total picture, do you believe that the theory makes sense? Do the preconditions make sense as the logical steps toward the long-term goal? How will we be able to bring about the outcomes at the levels we have predicted? Is there anything going on in the real world that may make it difficult to get this theory off the ground the way we’ve planned it

Glossary of Terms

- **Assumptions:** Statements about how and why we expect a set of outcomes to come about as depicted in the pathway of change. These statements can reflect understandings of the change process taken from research, or they can be taken from practical experience. They should also reflect an understanding of the context within which a program operates. Often assumptions raise questions about the extent to which we can bring about the change we expect, given what we have to work with.
- **Backwards Mapping:** The process of working from the long-term goals backwards toward the early stages of the change process. In many ways, this is the opposite of how most people think about planning. Backwards mapping focuses on the question “What must occur before our outcome can be achieved?” instead of asking “What can we do to bring the outcome about?” It brings to the surface necessary and sufficient preconditions for reaching the outcome of interest.
- **Indicators:** Concepts that will be used to assess the extent to which outcomes are achieved. Often, indicators are simple ideas that can be counted, but sometimes they reflect more complex ideas that must be observed qualitatively. Measurements.
- **Interventions:** The verbs or activities that will be put in place to bring about a particular precondition (or a group of them). Interventions can be programs or community-wide change initiatives that implement several programs. We also use the term to describe changes to public policy or institutional practice that need to be in place for an outcome to occur.
- **Long-Term Goals:** The ultimate desired outcome(s) or goal(s).
- **Outcomes:** The building blocks of the change process. These are the conditions, or states of being, that must be in place in the early and intermediate stages of the change process in order for long-term goals to be reached. We use the terms outcome and precondition interchangeably, but find that it is easiest to think about early and intermediate states of being as early and intermediate outcomes.
- **Pathway of Change:** The map that explains how long-term outcomes are brought about by depicting the preconditions of change at each task. Long-term changes are brought about by reaching intermediate preconditions; intermediate changes are brought about by reaching early preconditions. The pathway of change is the skeleton on which all of the other details are added. It summarizes the theory but does not (and cannot) tell the whole story.
- **Preconditions:** Everything on a pathway of change can be understood as a precondition (precursor or requirement) for the next outcome / precondition above it on the map. Preconditions must be achieved in order for the next logical task in the sequence to be achieved. We identify preconditions by asking “What are the conditions that must exist in order for our outcome to be achieved?” This question is posed for long-term and intermediate outcomes on the map during the process of backwards mapping.
- **Target Population:** A particular group of people that is identified as the intended recipient of an initiative, campaign or program. Also called target audience. Identifiers may include age, gender, ethnicity, educational status, economic status, personal risk factors, etc.



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Theory of Change 2013

A.	Theory of Change Narrative.....	Pages 2
B.	Pathway to Change Overview.....	Page 6
C.	Healthy Family: Survivor Pathway to Change.....	Page 7
D.	Healthy Family: Child Pathway to Change.....	Page 8
E.	Community Pathway to Change.....	Page 9

Mission Statement:

The Center for Violence-Free Relationships is dedicated to building healthy relationships, families, and communities free from sexual assault and domestic violence through education, advocacy, and services in western El Dorado County.

For more information on The Center's Theory of Change please contact Emma Owens, Operations Manager & Program Analyst at emmao@thecenternow.org



Theory of Change Narrative 2013

Current Landscape / Context & Need:

Children who grow up in households with family violence are twice as likely later in life to be in a domestic violence relationship, be it perpetrator or victim.

The domestic violence movement has been in existence since the mid-1970s providing emergency services to victims. These original services were set up to bring about awareness of domestic violence and serve the immediate needs of adult victims. Even though their mission statements expressed a goal to end interpersonal violence, these organizations had no viable strategy to address anything beyond the immediate crisis of survivors.

In 1980, The Center was established to meet the needs of ‘displaced homemakers’ which were discovered to be domestic violence victims. Over 30 years, we followed the path of many domestic violence organizations whose focus was crisis lines, safe houses, legal advocacy, and peer counseling. This model made it difficult, if not impossible, to prove that our interventions had meaningful impact towards long term change.

What we know now from 30 years ago is what medical science is showing us about children and trauma. As a movement we need to incorporate this new knowledge into our service delivery if we are going to impact the intergenerational transmission of interpersonal violence (IGTIV). 40% of The Center’s current domestic violence cases have children under age 18 in the home, and research shows nationally 50% of batterers also abuse their children. Exposure to domestic violence has a significant negative impact on a child’s emotional, social and cognitive development. Some common issues for children exposed to domestic violence are Post Traumatic Stress Disorder (PTSD), increased somatic complaints (headaches, stomachaches), decreased achievement in school, distrust of the caretaking parent, and normalizing of violent behavior and power-over relationships. If left unaddressed, this exposure will have long term consequences on a child’s well-being that ultimately will affect their ability to function as healthy adults.

Exposure to domestic violence affects a child’s ability to form healthy peer groups and intimate relationships. “When children model antisocial behavior, they develop deficits in interpersonal skills and are ill-equipped to manage relationships using prosocial alternatives to problem solving and conflict management. Normative peers have less





tolerance for kids with maladaptive social behaviors and, thus, reject their attempts at friendship. Children whose exposure to interpersonal violence is high will likely gravitate toward maladapted peer groups who reinforce aggressive tendencies and may display aggression and engage in various forms of deviance. As they age, these adolescents select dating and romantic partners from this same pool of individuals—all of whom have deficits in interpersonal functioning, which may result in later relationship conflict. Similarly, this presents the potential for intimate partner violence” (Franklin, 2010).

In response to The Center’s desire to incorporate this emerging knowledge, we became a performance driven agency and utilized a Theory of Change to narrow our target population and increase our effectiveness & accountability. Our project team consisted of The Center’s Executive Director, Program Analyst, Theory of Change Process Consultant, Clients Services Coordinator, Community Education Coordinator, and three members of The Center’s Survivors Advisory Committee (two survivors of domestic violence and one survivor of sexual assault).

Long Term Goal:

Stop the intergenerational transmission of interpersonal violence for 20 families annually beginning July 2014, increasing by 5 annually.

Target Population for direct services:

- *Families residing in western El Dorado County*
- *Caregiver with history of interpersonal violence*
- *Children, age 7-12, with a PTSD score is 17 and youth outcomes questionnaire is above general population range but below 9 on critical items.*

The project team recognized that domestic violence is a family problem. Only by addressing all members of the family will the chance to actually eliminate domestic violence occur. Victim centric services are ineffective at eliminating recidivism and do not address the root causes of domestic violence and sexual assault.

In defining our target population, the project team determined that children aged 7-12 are at a critical developmental stage that can be most impacted by the effects of PTSD if left untreated. Caregivers who understand the dynamics of domestic violence and the impact on their children are better equipped to further the healing of their children. Addressing the needs of both sets of victims became the focal point of our target population.

The most vulnerable and most likely if left untreated to become the next generation.

The project team was adamant that the agency be able to demonstrate that the interventions were meeting or exceeding the intended outcomes. Therefore the team





decided to launch with a pilot group of 20 families to test, measure, and refine the efficacy of the model and determine the level of resources need to sustain a larger target population. We intend to add 5 additional families annually with the hope of being able to scale our resources as we demonstrate the effectiveness of our model.

End of Program Outcomes:

We determined that in order to meet our long-term goal our interventions had to follow the ecological model as it relates to stopping the intergenerational transmission of interpersonal violence. Our End of Program Outcomes follows this model and addresses the caregiver, the family, and the community:

1. *Healthy Family*
 - a. *Survivor Empowered to Live Violence-Free*
 - b. *Child Empowered to Live Violence-Free*
2. *Community assumes personal / collective responsibility & acts to end IGTIV*

Healthy Family

In order to stop the intergenerational transmission of interpersonal violence the family must be able to operate with healthy familial relationships after the end of The Center's interventions. The outcome Healthy Family is above the line of accountability so we won't be able to measure this outcome, but is directly related to the two End of Program Outcomes: Survivor Empowered to Live Violence-Free and Child Empowered to Live Violence-Free.

Survivor Empowered to Live Violence-Free

In order for a survivor to be empowered to live violence-free we determined it is necessary that a client integrate key traumas, have self-efficacy, and build a self-identity.

In our model, clients will come to The Center in crisis & in need of stability. Providing case management and crisis intervention services will result in creating stability around the crisis and prepare them for full participation in education programs and support groups. It is at this point that case managers will be able to identify individuals who meet the criteria of our target population and will commence working through our pathway of change toward the End of Program Outcome: Survivor Empowered to Live Violence-Free.

Program content from this point forward will emphasize clinical interventions which address the longer term goals of self-reliance, self-regulation, self-efficacy, self-identity, trauma recognition, and trauma integration necessary for a survivor to be Empowered to Live Violence-Free. The two main interventions utilized to meet these goals are therapy and deeper education & robust support programs. The therapeutic interventions will be





provided by certified professionals. The time frame of intervention will be determined by the client's capacity to participate and the ongoing results of client assessments.

Child Empowered to Live Violence-Free

In order for a child to become empowered to live violence-free after being exposed to family violence we determined it is necessary that a child integrate past traumas and develop the ability to maintain healthy boundaries.

In our model, children entering the program must first have a secure living environment. Children are linked to their caregiver who is going through the Survivor Empowered to Live Violence-Free programming. The caregiver must go through this program to provide a stable environment. This stability is necessary to reinforce the new coping strategies needed to learn be empowered to live-violence free. If the environment continues to be unstable children will continue use the maladaptive coping strategies their parents model for them in chaos and not be able to practice the skills learned in the program.

Upon referral from case managers, the child will be assessed for participation in the therapeutic 2nd Generation Project. This peer-reviewed program was launched in November 2011 and has been proven to be effective in reducing PTSD rates, negative youth outcomes, and parent stress levels. Children will progress through the milestones of the program: ability to self-regulate, telling a trauma narrative, age-appropriate self-esteem, maintaining healthy boundaries, and integration of past traumas. The program will result in a child equipped to live violence-free.

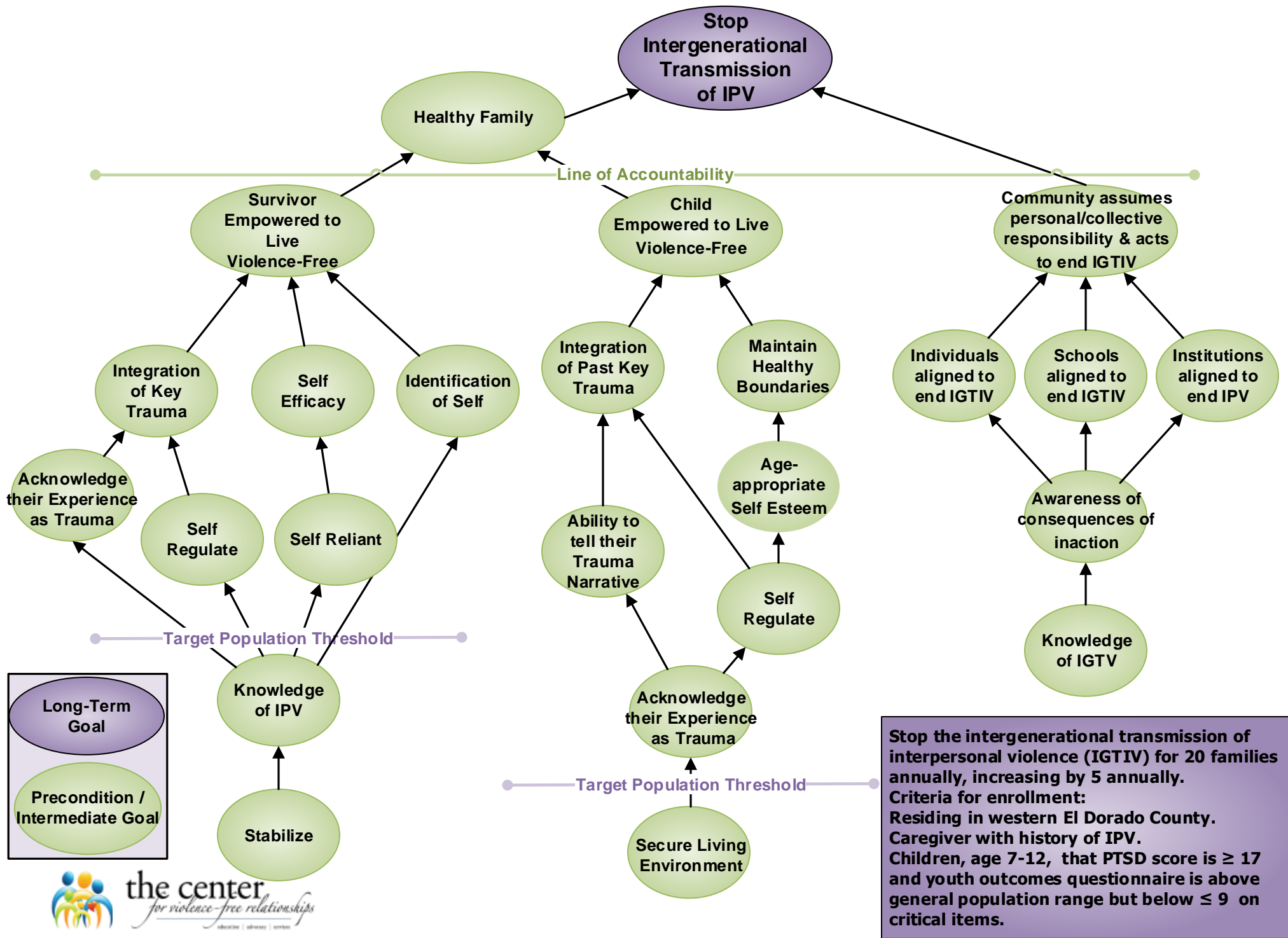
Community assumes personal/ collective responsibility & acts to end the Intergenerational Transmission of Interpersonal Violence (IGTIV)

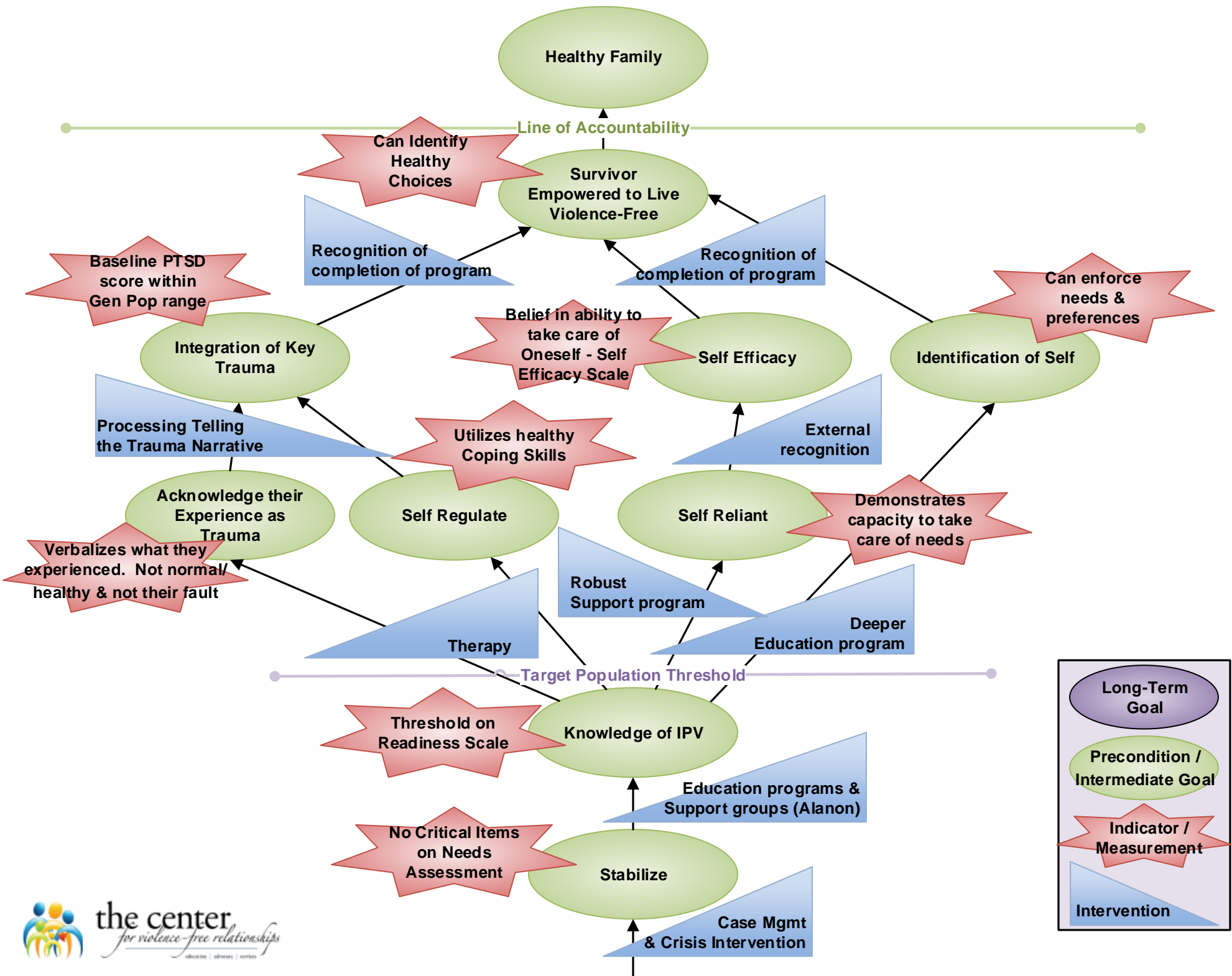
We recognize our target population resides within the larger context of our community. In order to reach and support change in our population the community must assume personal & collective responsibility & acts to end IGTIV. We need the community to not only financially support The Center but to proactively work to identify individuals at risk and build aligned systems that support early intervention in family violence households.

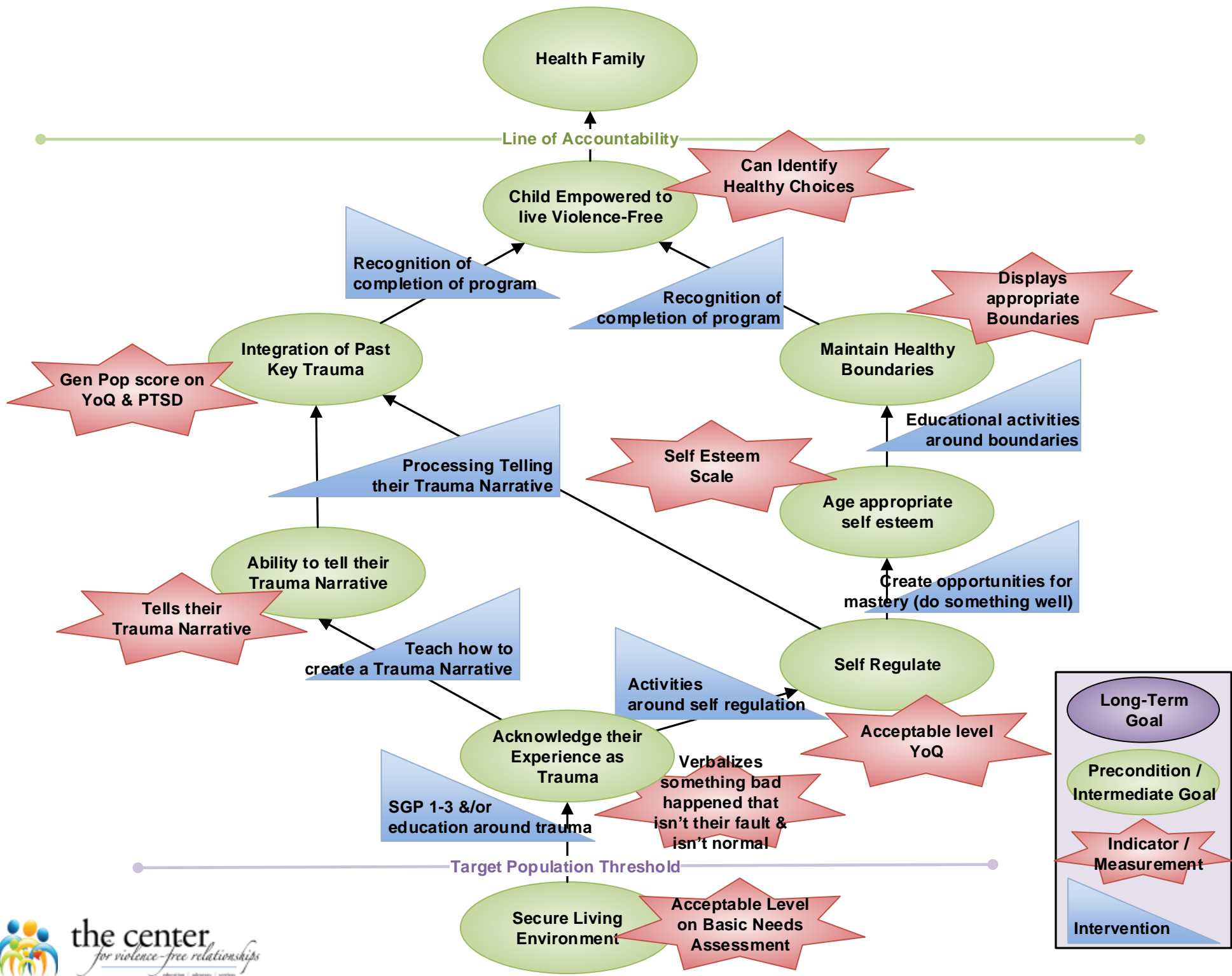
The community must have knowledge of IGTIV before having an awareness of the individual consequences and community impact of their inaction. The next step on the pathway of change follows the ecological model by creating alignment to end IGTIV in individuals, schools, and institutions. The interventions to accomplish this alignment will include comprehensive bystander training, severity assessments, rapid response teams, and development of alignment plans.

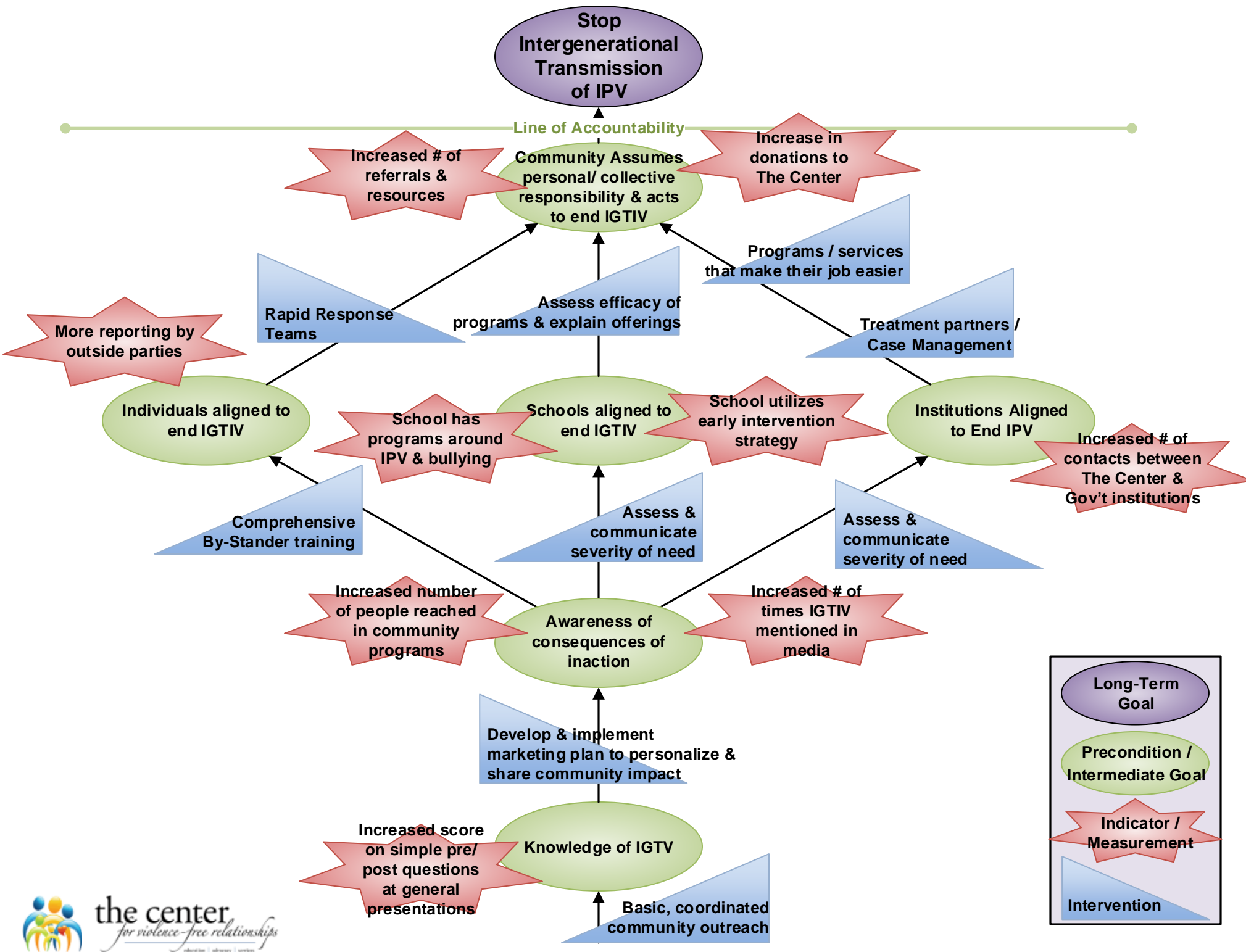


The Center for Violence-Free Relationships – Pathway to Change









Theory of Change: A Practical Tool

For Action, Results and Learning

PREPARED FOR

ANNIE E. CASEY FOUNDATION

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PREPARED BY

ORGANIZATIONAL RESEARCH SERVICES

INTRODUCTION

There is nothing as practical as good theory. So said Harvard researcher Carol Weiss in her advice to communities engaged in ambitious transformation efforts. Because change takes time, successes are not always recognized when they occur. Communicating to others exactly what you are trying to accomplish and how you will know that you are making progress can also be difficult. These challenges are compounded when partners in the change effort have different viewpoints about what difference they are trying to make and which methods and strategies to use.

Community problems are easier to recognize. They typically cannot be ignored and the dream of eradicating them fuels the energy and passion to make a difference. As usual, the devil is in the details. What type of evidence indicates progress? Which strategies are most likely to achieve desired results? Again, there is nothing as practical as good theory.

Every community needs a roadmap for change. Instead of bridges, avenues and freeways, this map would illustrate destinations of progress and the routes to travel on the way to achieving progress. The map would also provide commentary about assumptions, such as the final destination, the context for the map, the processes to engage in during the journey and the belief system that underlies the importance of traveling in a particular way. This type of map is called a "theory of change."

The label theory of change is often referred to by other terms, such as pathway of change, engine of change, blueprint, logic model and theory of action. Regardless of the label, a theory of change offers a picture of important destinations and guides you on what to look for on the journey to ensure you are on the right pathway. As Alice observed in Wonderland, "If you don't know where you are going, any road will take you there." In other words, without a theory of change, a community is vulnerable to wandering aimlessly. Communities and their partners have too much at stake to be aimless,

amorphous or random in their actions. The theory of change is a practical and essential part of a successful transformation effort

Theory of Change: A Practical Tool for Action, Results and Learning

WHAT DOES A THEORY OF CHANGE LOOK LIKE?

Theories of change come in many shapes and sizes. You can use different techniques to match your community's tolerance for "planning" versus "doing." One recommended approach is to develop an outcome map, a visual diagram that depicts relationships between initiative strategies and intended results. These results will include both short- and longer-term outcomes and may also reflect changes at different levels, such as individuals, organizations, systems and communities. There is no right or wrong way to draw an outcome map; each map will look different, depending on the community's unique needs and preferences. The important thing is to listen to the views of your community so that your map reflects your community's view of how change occurs.

Additionally, it is valuable to document the assumptions that underlie your initiative, including philosophies, principles or values; ways to work together; community context and other assumptions on which you have based your change effort. These assumptions can be presented in a list format or as a succinct narrative statement.