



Birth & Beyond

Annual Evaluation Report

FY 2020-21



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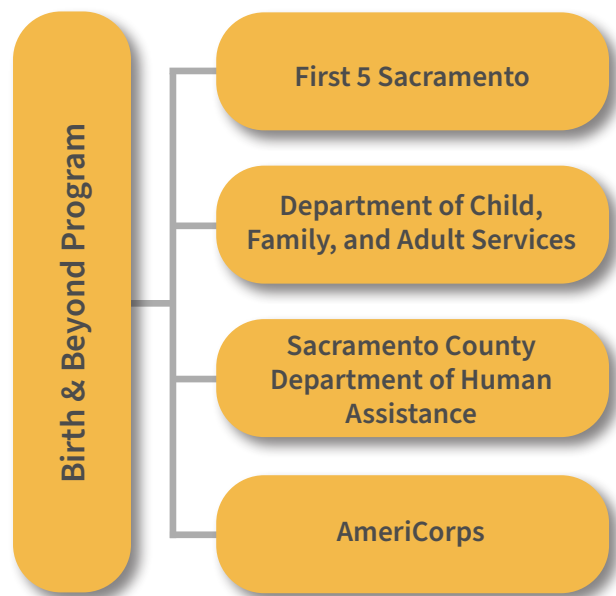
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Introduction

Beginning in 1999, the Birth & Beyond Program (B&B) has worked to provide quality community-based programs and services to prevent child abuse and neglect throughout Sacramento County. Birth & Beyond is coordinated by the Child Abuse and Prevention Council (CAPC), in partnership with Folsom Cordova Community Partnership, La Familia Counseling Center, Mutual Assistance Network, River Oak Center for Children, Sacramento Children’s Home, and WellSpace Health, who operate the nine Birth & Beyond Family Resource Centers (FRCs). Birth & Beyond receives funding from a variety of sources: First 5 Sacramento, the Sacramento County Department of Child, Family, and Adult Services (DCFAS), the Sacramento County Department of Human Assistance (CalWORKs), and AmeriCorps. First 5 Sacramento provides funding for children prenatal through age five and their families, while funding support from DCFAS allows Birth & Beyond to serve children ages 6-17 and their families. These two primary funding sources are instrumental for Birth & Beyond to be able to serve children of all ages, therefore increasing their overall reach in the community.

The Family Support Collaborative (FSC) was created in 1998 by the Sacramento County Board of Supervisors, and is a public and private community collaboration with the goal of preventing child abuse, encouraging early intervention, and increasing treatment services for families with children. The FSC is coordinated by CAPC in collaboration with the six nonprofit organizations listed above. These operate the Birth & Beyond FRCs responsible for implementation of Birth & Beyond services in nine neighborhood FRCs. CAPC serves as the central agency for the FSC and manages Birth & Beyond’s extensive committee structure, provides training, ensures fidelity to evidence-based models, and coordinates evaluation and reporting.

Figure 1 — Birth & Beyond Funding



This report represents program operations and participant characteristics and outcomes during fiscal year (FY) 2020-21. Applied Survey Research (ASR) is the evaluation consultant for Birth & Beyond and has worked closely with Birth & Beyond personnel during the year to ensure quality data collection and research practices.

This evaluation follows a **Results-Based Accountability (RBA)** framework, which measures results in terms of three indicators:

- How much did we do? (Number of people served, and number of services provided)
- How well did we do it? (Was the model/program implemented as planned?)
- Is anyone better off? (Participant outcomes)

Birth & Beyond Programmatic Design

Birth & Beyond services intend to improve the lives of children and their families, especially those from particularly at-risk backgrounds. Birth & Beyond favors a strengths-based approach to case management to maximize the current skills of each participant, as well as to educate and increase skills in areas of need. Most services within Birth & Beyond are highly individualized and tailored to the specific needs of each family. Services can be both stand-alone (the only service that family receives), or in conjunction with services from other agencies. Additionally, many families are served by multiple Birth & Beyond programs. Although programs are customizable to the specific needs of each family, the practices and services provided by Birth & Beyond are standardized and uniform across all nine FRCs to ensure model fidelity and high-quality service for each participant.

Birth & Beyond understands and values the cultural diversity in the families and children that it serves, and therefore takes great care in developing staffing that mirrors their clients, in terms of demographic characteristics, language, and experience living or working in the service area. Throughout their tenure at Birth & Beyond, staff receive training, direct supervision, and experience to enhance their own personal and professional development.

In addition to deliberate staffing, Birth & Beyond also strategically locates Family Resource Centers in neighborhoods characterized by high birth rates, low income, and above County averages for referrals and substantiated reports to Child Protective Services (CPS) – the greatest connection of referrals to the child welfare system for child abuse and neglect. FRCs are located in Arden Arcade, Del Paso Heights, Meadowview, North Highlands, North Sacramento, Oak Park, Rancho Cordova, South Sacramento, and Valley Hi, and are often referred to by the name of the neighborhood within which they reside. Each FRC is operated by a corresponding nonprofit organization, based upon location. The figure below displays the location of each FRC, as well as the concentration of Birth & Beyond clients living in each area.

As may be expected, each FRC neighborhood is associated with higher concentrations of Birth & Beyond clientele (see figure below). This is a result of both higher levels of need in those areas, and the increased access to services by the FRCs for those who live in the respective neighborhoods.

Figure 2 — Family Resource Center Locations and Families Served by Zip Code

FRCs are located throughout Sacramento County in areas of high need and provide standard services that are complemented by unique activities and special events that reflect the characteristics of its specific neighborhood. Birth & Beyond activities, classes, community events, family activities, and direct services are operated out of the FRCs, which are welcoming and family-friendly non-institutional environments. It is important to note that some FRC services and activities during FY 2020-21 were adjusted to virtual formats to adhere to COVID health and safety requirements.

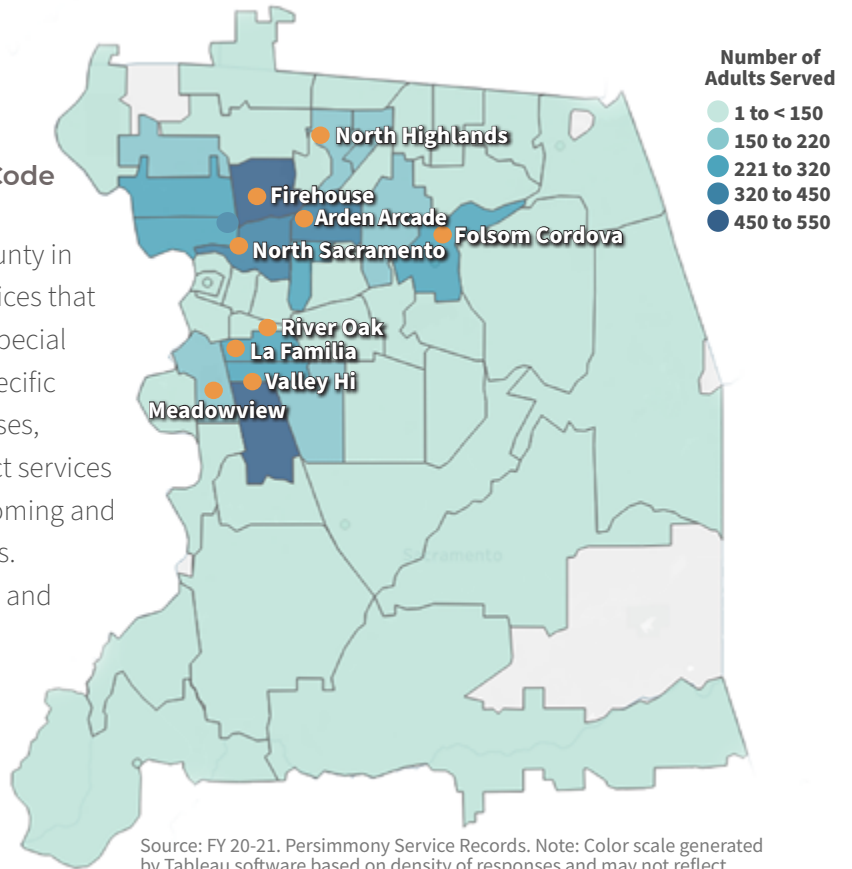


Figure 3 — Birth & Beyond Core Programs



Birth & Beyond services have evolved from their beginning in 1999. Originally, Birth & Beyond solely provided home visiting case management services, which then expanded to include center-based family services, short-term crisis intervention services, and an extensive network of supportive resources to provide to families and their children. **The core services currently provided by Birth & Beyond through the FRCs include home visiting, parenting education, crisis intervention services, and enhanced core services.** During FY 2020-21, home visiting clients received direct case-management and parenting education through the Nurturing Parenting Program model. Parenting education clients attended FRC-based workshops (held virtually during FY 2020-21) based upon either *Make Parenting A Pleasure* or *Nurturing Parenting Program* models.¹ Crisis intervention clients received intense, short-term case-management services for emergent situations, such as homelessness, food instability, domestic violence, or substance abuse. Enhanced core clients received “light touch” services, such as FRC-based classes, events, or activities that are intended to augment other services the client is receiving, or to promote social and community engagement and therefore reduce isolation.

¹ FY 2020-21 was the last fiscal year that B&B utilized the NPP program.

Birth & Beyond’s Results Based Accountability Framework

This evaluation of the Birth & Beyond program has been designed to reflect the Results Based Accountability Framework (see figure below) and has been regularly updated since Birth & Beyond’s inception. All services provided by Birth & Beyond are united by Birth & Beyond’s Vision: “All children and families are safe, healthy and connected to a strong community.” There are five components that comprise Birth & Beyond’s services: Community Outreach, Enhanced Core, Parent Education, Home Visiting, and Crisis Intervention Services. The goals of overall community impact across all components are also included in this hierarchy. The Results Based Accountability Framework helps to guide funding decisions and priorities, as well as provides a framework for evaluation.

Figure 4 — Birth & Beyond’s Results Based Accountability Framework, FY 2020-21

Birth & Beyond: Toward a Shared Vision of Success

Components	How Much? How Well?	Better Off?	Impact Across All Components
Community Outreach	<ul style="list-style-type: none"> Number served at events and convenings 	<ul style="list-style-type: none"> Increased engagement in other B&B services 	<p>Communities Support Children and Families:</p> <ul style="list-style-type: none"> Access to healthy eating and active living Community events and cohesion <p>Families have Protective Factors and are Resilient:</p> <ul style="list-style-type: none"> Connected to services Connected to social supports Strengthened their ability to parent Able to prevent/address crises Are employed and economically stable Are safe <p>Children are Thriving:</p> <ul style="list-style-type: none"> Born healthy (weight, gestation, no tox) Utilizing medical and dental home Breastfed Immunized Enroll in early childhood education (ECE) Screened & referred when needed Special needs are attended to Chronic conditions are managed Healthy nutrition Socio-emotional competence (PF) Are school ready Consistent attendance in ECE, school
Enhanced Core <ul style="list-style-type: none"> Classes Play Care 	<ul style="list-style-type: none"> Number served, by service Number engaged in multiple Enhanced Core Services 	<ul style="list-style-type: none"> Increased engagement in other B&B services 	
Parenting Education <ul style="list-style-type: none"> Nurturing Parenting Program Making Parenting A Pleasure 	<ul style="list-style-type: none"> Number served, by class Hours of dosage to be completed Completion rates per class (target: 80%) 	<ul style="list-style-type: none"> Increased knowledge and confidence regarding parenting Improved attitudes toward parenting and discipline 	
Home Visiting <ul style="list-style-type: none"> "Birth & Beyond Classic": NPP (self-referrals or CPS referrals for Differential Response) CPS Aftercare Information and referral Healthy Families America 	<ul style="list-style-type: none"> Number served Number screened/referred: dev. screenings, DV, mental health, etc. Number referred to services Number who accessed services Number with joint visits: CPS Number who completed dosage Number who completed NPP lessons (Target: 16, 24, 55) 	<ul style="list-style-type: none"> Increased knowledge and confidence regarding parenting Improved attitudes toward parenting and discipline Reduced referrals to CPS Transitioned from HVI to a signed Welfare-to-Work plan Participated in Welfare-to-Work Activities 	
Crisis Intervention <ul style="list-style-type: none"> Family Support Plan and necessary referrals Information and referral 	<ul style="list-style-type: none"> Number served Number who create a Family Support Plan Number referred for essential services: screenings, etc. 	<ul style="list-style-type: none"> Completion of case plan goals Reduced stress Increased protective factors 	





COVID-19 Impact

Birth & Beyond Crisis Intervention services were a primary support for many families amid exacerbated economic, health, and safety concerns.

The Coronavirus (COVID-19) pandemic heavily impacted all Birth & Beyond programming beginning in the third quarter of FY 2019-20 and extending throughout the 2020-21 fiscal year. The prolonged impact of the pandemic included health and safety concerns, extended shelter-in-place orders, and exacerbated economic and basic needs crises. Throughout this fiscal year, Birth & Beyond launched and/or continued virtual services, navigated health and safety requirements/recommendations when in-person contact was necessary, and shifted priorities to increase crisis intervention and provide needed basic supplies to families.

With safety regulations constantly changing, parents reported experiencing elevated stress levels and crises due to job loss, adjustments to virtual school requirements, reduced access to child care, housing instability, mental health issues, and barriers to access essential support resources (e.g., CalWORKs, Women, Infant, and Children (WIC), Food Banks). Many families had to prioritize their family's essential needs over services such as home visiting and workshop participation, leading to decreased attendance. Additionally, some families who initially engaged in Birth & Beyond services declined enrollment, citing reasons such as COVID-related anxieties, a general sense of feeling overwhelmed, and competing priorities within or outside the home. Parents also faced challenges attending virtual parenting education workshops due to Zoom and virtual fatigue, limited internet connectivity, and bandwidth issues. For these families, challenges resulted in missed lessons and an inability to complete workshop series.

Crisis intervention services were a primary source of support for many families. All Birth & Beyond FRCs provided emergency supplies to families, such as food boxes, diapers, baby items, internet services, and mental health resources. Supplies were provided through home visit drop-offs, drive-thru events, and were available for pick-up at FRCs.

The ongoing impact of this unprecedented nationwide shutdown affected all Birth & Beyond programs and FRCs. Although programs were able to remain flexible and adaptable, COVID-19 continues to be a significant factor in service delivery. As such, the reach of some programs has declined from previous years, and some milestones/RBAs may no longer be applicable. Please read the following report with this in mind. COVID-19 has likely impacted service delivery in ways that will be long-lasting, and this will likely be evident in future reports.



Profile of Birth & Beyond Clients

During FY 2020-21, Birth & Beyond (B&B) directly served 6,282 families, including 6,575 parents and caregivers and 2,640 children (ages 0-17). In addition, Birth & Beyond indirectly impacted another 6,294 children whose parents/caregivers received services. On average, participants spent over five hours engaged in Birth & Beyond programming, with engagement ranging from less than one hour to more than 74 hours throughout the fiscal year. Birth & Beyond programs also offer enhanced referrals to additional resources from which families can benefit. The most common outgoing referrals across the Birth & Beyond initiative were for financial support or other public assistance (3,415), parent-child interactions/School Readiness (2,758), and health care (2,698). Additionally, nearly 2,000 individuals received referrals for emergency food services, car seat safety, and the Sacramento Crisis Nursery.

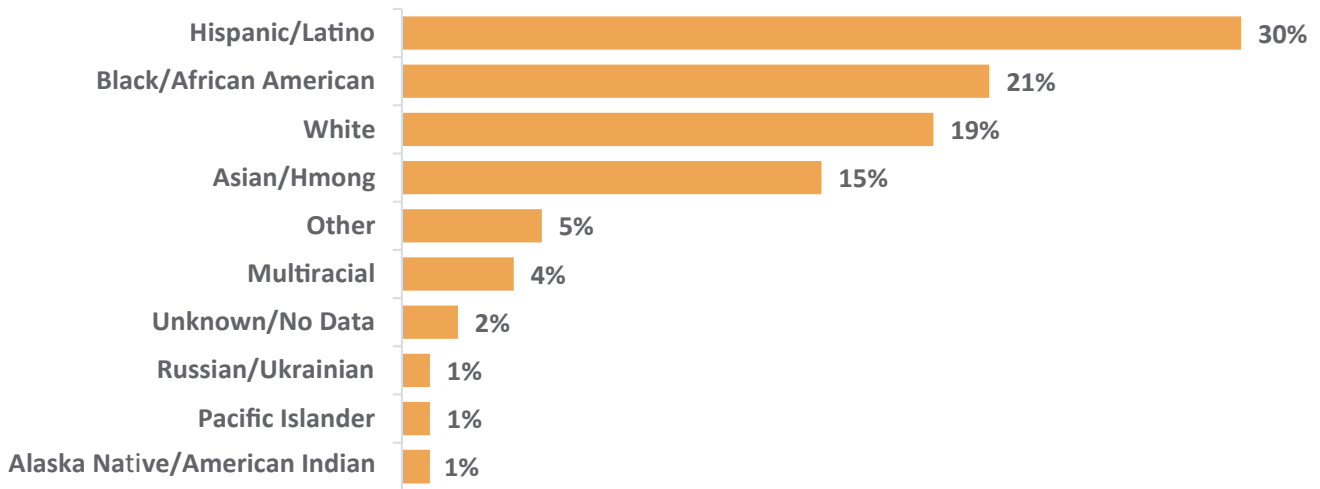
Figure 5 — RBA Dashboard – Birth & Beyond: Overall

	Overall Clients Served	FY 2020-21
How much did we do?	Number of families directly served across the initiative	6,282
	Number of parents/caregivers directly served	6,575
	Number of children directly served	2,640
	Number of children indirectly served	6,294
	Average number of hours of direct service per client	5.41
	Total number outgoing referrals provided	35,596
	Number (%) who were followed up with	27,645 (77%)
Number (%) who had accessed services	18,898 (68%)	

Source: FY 2020-21. Persimmony Report By Client Demographic; Service Records; and Family Roster. Number indirectly served indicates the total number of children logged in Persimmony database minus the total number of children receiving direct services.

Among all Birth & Beyond clients served in FY 2020-21, 30% identified as Hispanic/Latino, followed by Black/African American (21%), and White (19%). Birth & Beyond serves a population with higher levels of Hispanic/Latino and Black/African American than Sacramento County overall, which is composed of 44% White, 24% Hispanic/Latino, 17% Asian, 11% Black/African American, 6.5% multi-racial, 1.5% Native American/Alaskan Native, and 1.3% Native Hawaiian or Pacific Islander.²

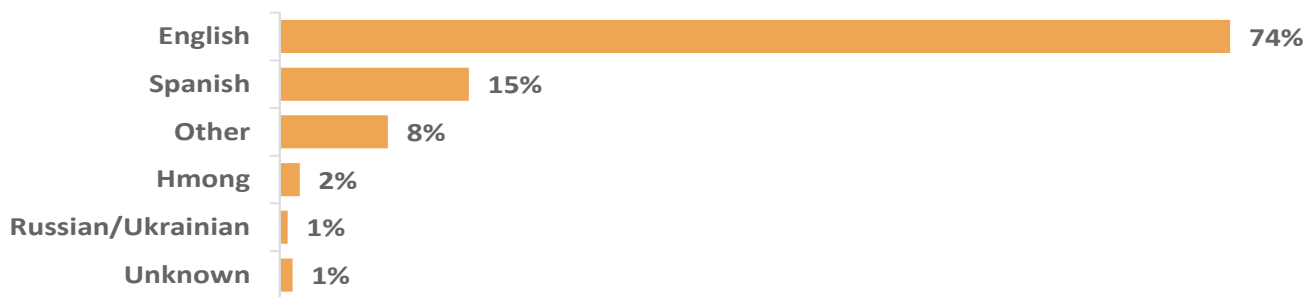
Figure 6 — Ethnic Distribution of Birth & Beyond Parents and Caregivers



Source: FY 2020-21, Persimmony Client Service Records, N = 6,568.

Among all Birth & Beyond clients during FY 2020-21, about three-quarters (74%) primarily spoke English in the home, followed by Spanish (15%). See the figure below for a detailed language distribution.

Figure 7 — Primary Language of Birth & Beyond Parents and Caregivers



Source: FY 2020-21, Persimmony Client Service Records, N = 6,568.

While the children served by Birth & Beyond were equally as likely to be male (50%) or female (50%), about three-quarters (74%) of parents/caregivers served were female (see figure below). Also, Birth & Beyond services were more likely to reach mothers than fathers. Among all parents/caregivers with detailed relationship data (n = 5,014), 76% were mothers, about 19% were fathers. A small number of participants were grandparents, foster parents, or some other relative (2%), and about 4% were an unrelated adult.

² Source: US Census Bureau Quick Facts, Sacramento County Population Estimates (July 1, 2019)

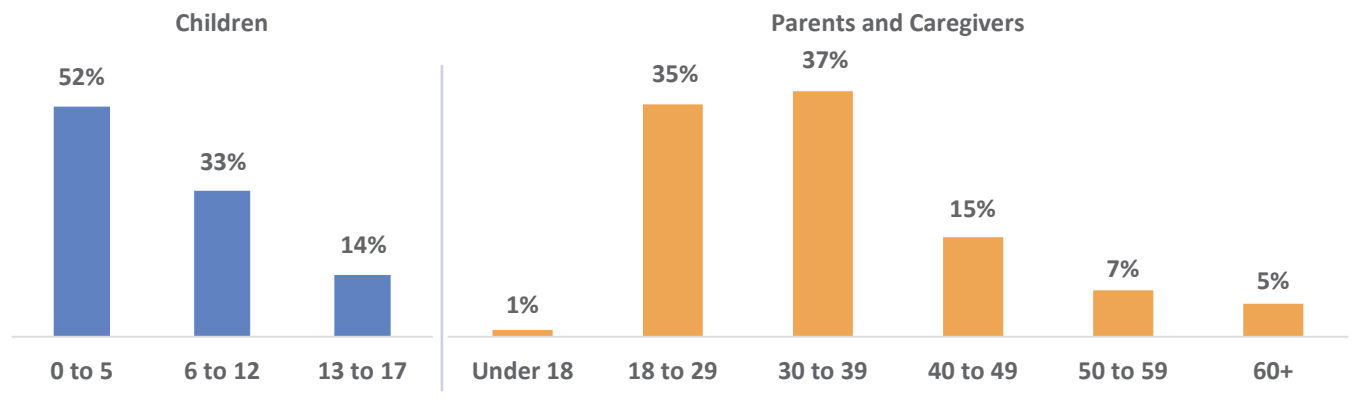
Figure 8 — Gender Distribution Among Birth & Beyond Parents and Caregivers



Source: FY 2020-21, Persimmony Client Service Records, N = 6,568.

The vast majority (72%) of Birth & Beyond participants were between 18 and 39 years of age, the most common childbearing age range.

Figure 9 — Age Distribution of All Birth & Beyond Participants Receiving Direct Services



Source: FY 2020-21, Persimmony Client Service Records, Child N = 2,622, Parent/Caregiver N = 6,568.



Community Outreach



Events and activities at the FRCs provide resources, stress relief, and community building opportunities to Sacramento families.

Community outreach is an essential component of Birth & Beyond. FRCs regularly host and participate in community events throughout the year. The following narratives offer a sampling of highlighted events from each FRC. Birth & Beyond FRCs have continued to successfully navigate the health and safety requirements of COVID-19, worked to reach families in new and innovative ways, and provided necessary services, with the goal of keeping the staff and community members healthy.

Meadowview

In FY 2020-21, Meadowview Family Resource Center experienced increased family engagement and staff productivity while navigating a virtual work and service environment. Meadowview held several virtual parenting classes and family workshops, as well as trainings/presentations targeting community-based organizations. Meadowview also held drive through baby showers and socially distant in-person outreach events within the community, such as providing backpacks and school supplies, nutritious food boxes, and personal hygiene products. Additionally, Meadowview held their annual Juneteenth event in the African Market, in collaboration with the Black Child Legacy Campaign and the Sojourner Truth Museum. This event benefitted 105 families and community members.

Valley Hi

The Valley Hi Family Resource Center continued to offer parenting classes, domestic violence services and counseling, and monthly virtual workshops to help families access free Pack N' Play cribs and car seats to keep their babies safe. Valley Hi coordinated emergency deliveries of diapers, baby/maternity clothes, formula, safety equipment, and more. Due to increased demand, Valley Hi expanded virtual group counseling sessions, and experienced successful community engagement in virtual stress reduction fitness classes and the Apoyo de Mujeres support groups. Valley Hi combined five events to address families' winter holiday needs—including the Santa Drive-Thru event, Holiday Food Baskets with St. Ignatius, gift card giveaway, Adopt-a-Family, and Emergency Donation Deliveries—for an ultimate day of giving. The Valley Hi Village Program's Sistah to Sistah group held its third annual STAR Conference (virtually), aimed at encouraging positive peer-to-peer engagement. The 2020-21 STAR Conference theme was "Healthcare as Self-Care" which intended to increase awareness of the physical, social, and emotional benefits of self-care and identify practical and affordable self-care activities to reduce stress.

North Sacramento

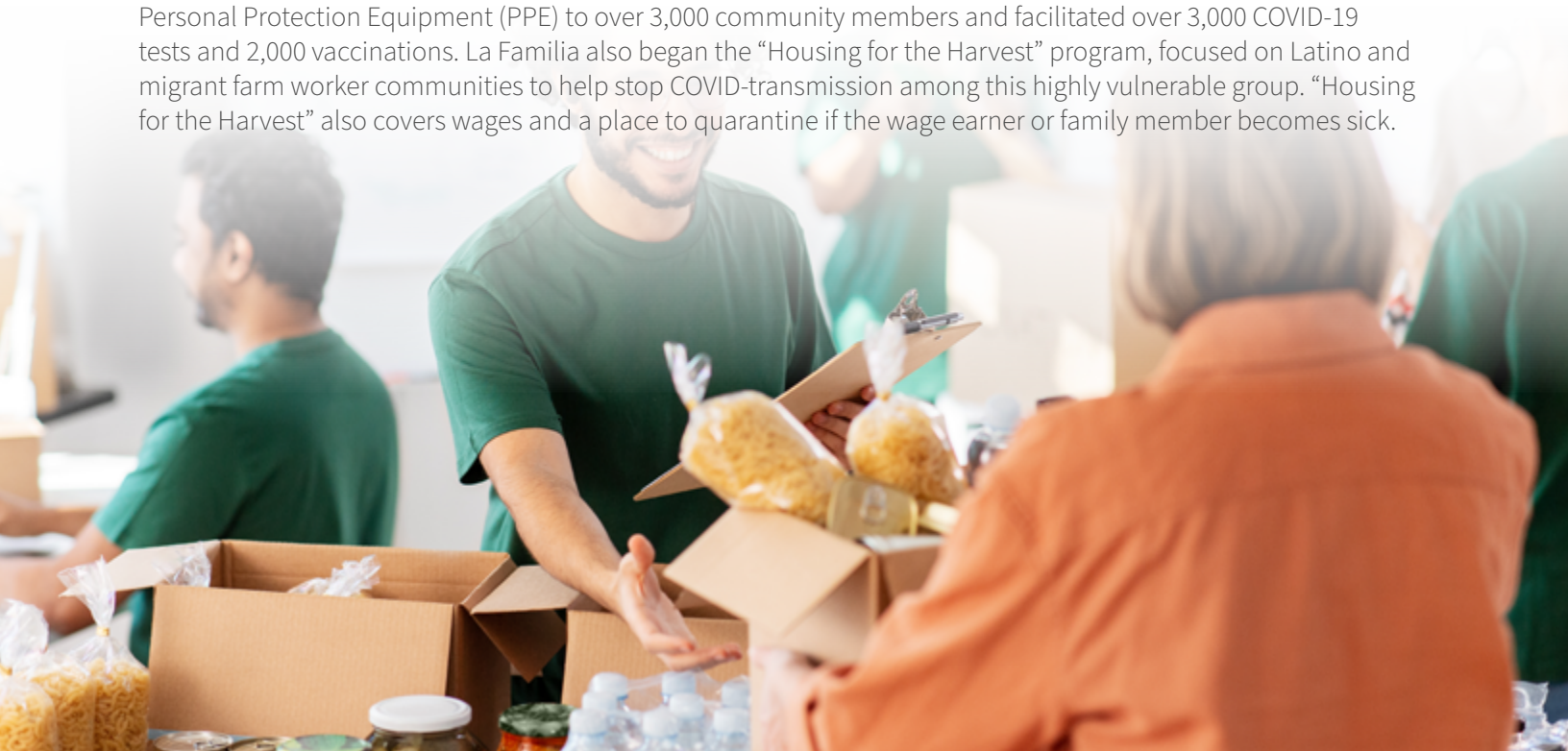
Throughout COVID-19, the North Sacramento Family Resource Center continued home visiting, case management, parenting education, and building partnerships within the community. Through partnerships with Elevate Church, a private donor, and a local restaurant, North Sacramento provided food boxes and individual meals to hundreds of families in the community. North Sacramento also partnered with Women's Wisdom Art to provide therapeutic art opportunities to parents and caregivers, as well as the Yuba College Nursing Department for virtual health and safety learning opportunities for parents. Additionally, North Sacramento recognized the role of social media and online presence in connecting with families in the community and expanded their media presence through Facebook Live, online flyers and forms, email newsletters, and a new website.

North Highlands

WellSpace Health North Highlands Family Resource Center resumed in-person services during the fourth quarter of FY 2020-21, in addition to telehealth options, depending on the preferences of families and maintaining adequate indoor spacing. While some families remained hesitant in re-establishing in-person visits, many others expressed gratitude to be able to resume on-site classes such as Car Seat Safety and the water safety course. North Highlands adapted many home visits by providing services in a park or the family's yard, when available, to support an easier transition back to in person visits. All parenting classes will remain virtual until Play Care services can safely resume. North Highlands identified how the virtual parenting classes allowed parents to engage more efficiently due to the reduced travel time needed to attend.

La Familia

In coordination with WEAVE (Women Escaping a Violent Environment), La Familia Counseling Center introduced a weekly "Celebrating Families" pilot class focusing on parenting, healthy living, and respect for every family member. Parents can learn about the toll of domestic violence and drugs/alcohol on the family while children are able to engage in age-appropriate conversations. La Familia also resumed the Summer Lunch Program to support children ages 6-17 receive a free lunch and engage in stimulating activities. In addition, the YMCA provides La Familia lunches to distribute to the community Monday through Friday. In FY 2020-21, La Familia provided almost 20,000 boxes of food and fresh vegetables. La Familia also has a multi-pronged approach to support and educate the community on COVID-19, including education workshops and tangible support. La Familia distributed Personal Protection Equipment (PPE) to over 3,000 community members and facilitated over 3,000 COVID-19 tests and 2,000 vaccinations. La Familia also began the "Housing for the Harvest" program, focused on Latino and migrant farm worker communities to help stop COVID-transmission among this highly vulnerable group. "Housing for the Harvest" also covers wages and a place to quarantine if the wage earner or family member becomes sick.



River Oak

In addition to home visiting and parenting classes, River Oak Family Resource Center hosted or participated in several community and holiday events to support families and share information on community resources. River Oak participated in the Fruitridge Community Collaborative Halloween Drive-Boo event, hosted a Thanksgiving turkey distribution drive-thru event in partnership with Bayside Midtown Church, and conducted its annual Santa's Workshop event, virtually. In summer 2021, River Oak held a drive-thru Community Baby Shower event in partnership with Love is the Answer Mission Ministries and Outside the Walls. At the baby shower event, each participating family received a gift basket with an age-appropriate developmental toy, blanket, clothing, wipes, and a box of diapers. More than half of the families received larger items donated by partners such as nursery décor, transportation support items, furniture, ride-on toys, and gift cards. More than 100 participants also attended a virtual Spring into Health Fair, where presenters engaged families in health-related activities. Additionally, River Oak's Juneteenth event provided education regarding the history of Juneteenth and its significance for African Americans. Through this event, families were able to enjoy music, create cultural crafts, and engage in activities celebrating freedom from slavery.

Mutual Assistance Network (Del Paso Heights and Arden-Arcade)

The Mutual Assistance Network Family Resource Centers continue to host virtual events, classes, and activities, including a virtual baby shower and weekly reading events in English and Spanish for families with children ages 0-5. Readings include books such as "Anti-Racist Baby," that celebrate and normalize cultural differences and discussing these topics in the home. The Mutual Assistance Network FRCs held monthly drive-thru or walk-up events providing diapers and other basic resources as needed. The Mutual Assistance Network FRCs are also community COVID-19 testing sites. Connecting with new families through this service has resulted in an overwhelming and consistent number of new families engaging with FRC resources, information, and assistance in navigating these challenging times.

Folsom Cordova

In addition to home visiting, parenting education, and COVID testing services, Folsom Cordova Community Partnership facilitated community events including their first virtual Community Baby Shower and cultural events. Folsom Cordova held a drive-thru Black History event called Blacknificent Legacy, which celebrated and educated families on African American culture. Folsom Cordova also facilitated a virtual Nowruz event, which is a Spring New Year celebration in Dari/Farsi/Armenian-speaking and some Middle Eastern cultures. Participants shared how they celebrate Nowruz, sang traditional songs, and included activities and prizes for children, as well as a Hopes for the New Year activity.



Enhanced Core Services



Birth & Beyond provided over 15,000 “light touch” support services to 3,322 families which connect families to FRCs and promote engagement with other Birth & Beyond services.

Enhanced Core services are meant to be “light touch” support measures for families who need supplemental care with other programs in which they are participating, or who are not in need of intensive service. Activities in the Enhanced Core service categories include child development activities, life skill classes, peer support groups, and stress-reducing activities. In FY 2020-21, Birth & Beyond provided 15,428 Enhanced Core services to 3,322 families. On average, families spent five and a half hours participating in Enhanced Core services during FY 2020-21, with individual families’ engagement ranging from less than one hour to more than 300 total hours.

Figure 10 — RBA Dashboard - Enhanced Core Services

Enhanced Core Services		FY 2020-21
How much did we do?	Numbers Served	
	Number of unduplicated families	3,322
	Number of unduplicated parents ³	3,395
	First 5-funded	1,170
	DCFAS-funded	677
	Community	1,547
	Number of unduplicated children	1,221
	Numbers of Services	
	Number of duplicated Enhanced Core Services	15,428
	Number of unduplicated children receiving Play Care Services	†
Number of duplicated Play Care Services provided	†	

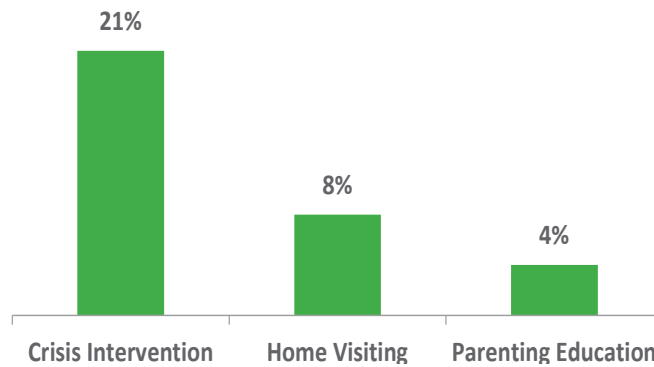
³Funding information was not available for one parent.

How well did we do it?	Level of Service	
	Average number of hours participating in Enhanced Core Services, by family	5.54
Is anyone better off?	Family Engagement in other FRC Services	
	Crisis Intervention	21%
	Home Visiting (NPP)	8%
	Parenting Education	4%

Source: FY 2020-21 Persimmony Client Reports and Exports. † Only four Play Care services reported. Play Care is offered as a means for parents to attend classes but the transition to virtual classes due to COVID-19 rendered the service not necessary during this Fiscal Year.

Among those who connected with Birth & Beyond through Enhanced Core services, about one in five (21%) also received Crisis Intervention services, 8% received one or more home visit, and 4% participated in parenting education.

Figure 11 — Enhanced Core Families’ Engagement in Other FRC Services



Source: FY 2020-21 Persimmony Client Service Records; N = 3,321.

Success Story: Enhanced Core Services

Flora⁴ is a mother of three children who recently moved to Sacramento County and was unfamiliar with local resources. She was referred to the Meadowview FRC by the Community-Care Healthcare Center. She needed support with food, clothing, and other basic needs. By connecting with Meadowview, Flora was able to participate in several services and workshops including the Safe Sleep Baby and Car Seat Safety workshops, a backpack drive, food box giveaways, COVID relief support, and a Christmas gift card program. Flora also found Meadowview's use of virtual services and online sessions beneficial to her needs.

"You guys helped when I didn't have a job, you helped with food and helped with Christmas. I am happy because I got car seats and a playpen for my baby. You guys always call me and check on me. I'm really grateful to your center for supporting me."

⁴ Fictional names used to protect client privacy. The pictures represented here are stock photos posed by models.



Parenting Education



Parenting education participants showed significantly improved parenting skills and knowledge to reduce risk of child maltreatment.

Parenting education classes are group-based classes operated by Family Resource Centers and were held virtually during FY 2020-21 due to COVID-19 health and safety requirements.⁵ In FY 2020-21, 805 parents/caregivers attended 92 virtual parenting workshops. Parenting education classes included the Make Parenting A Pleasure (MPAP) and Nurturing Parenting Program (NPP) curricula. Participants completed assessments measuring parenting beliefs and skills prior to and after completion of the course. On average, there were significant increases in parenting knowledge and skills among MPAP and NPP participants.⁶

Figure 12 —RBA Dashboard – Parenting Education

Parenting Education		FY 2020-21
How much did we do?	Number of unduplicated parents/caregivers served, by funding source⁷	805
	First 5-funded	475
	DCFAS-funded	316
	Community-funded	13
	Number of parents/caregivers attending parenting workshops, by curriculum⁸	
	Make Parenting A Pleasure	537
	Nurturing Parenting Program: Infants, Toddlers, Preschoolers	198
	Nurturing Parenting Program: School Age	123
	Nurturing Parenting Program: Fathers	19
Nurturing Parenting Program: Prenatal	9	
Nurturing Parenting Program: Teen	7	

⁵ Due to the virtual format, transportation and Play Care services typically provided to support families attending parenting workshops are not discussed here.

⁶ Note: changes in AAPI scores are reported as group averages and may not reflect changes in scores among individuals. Statistical significance can also be impacted by sample size.

⁷ Funding information was not available for one parent/caregiver.

⁸ Total attendance exceeds total served as some parents may attend more than one workshop curriculum.

How well did we do it?	Level of Completion (% who had a post survey)⁹		
	Make Parenting A Pleasure	381 (71%)	
	Nurturing Parenting Program: Infants, Toddlers, Preschoolers	108 (55%)	
	Nurturing Parenting Program: School Age	94 (76%)	
Is anyone better off?	Increased level of parenting knowledge and skills (Matched Pre-Post Assessments)¹⁰		
		Pre	Post
	Make Parenting A Pleasure (n = 374)	6.12	6.57 ***
	Nurturing Parenting Program: Infants, Toddlers, Preschoolers (n = 106)	5.94	6.32 **
	Nurturing Parenting Program: School Age (n = 93)	5.73	6.27 ***
	Nurturing Parenting Program: Fathers (n = 13)	5.62	5.40
	Family Engagement in other FRC Services		
	Crisis Intervention	40%	
Home Visiting (NPP)	18%		
Enhanced Core	16%		

Source: FY 2020-21 Persimmony Client Reports and Exports. Statistically significant differences indicated as ** p < .01, *** p < .001.

Make Parenting A Pleasure

Make Parenting A Pleasure (MPAP) is a research- and evidence-based parenting curriculum targeting highly stressed families to improve the protective factors, increase knowledge of parenting skills, and reduce the risk of child abuse and neglect. MPAP is group-based and discussion-focused and typically consists of 13 modules. This curriculum measures key topics including self-care, stress and anger management, understanding child development, communication skills, and positive discipline.

Nurturing Parenting Program

The *Nurturing Parenting Program* (NPP) is an evidence-based model aimed to increase nurturing parenting skills as an alternative to potentially abusive or neglectful parenting practices. Beliefs about child-rearing were tested using NPP’s Adult-Adolescent Parenting Inventory (AAPI), a tool that measures risk for child maltreatment. AAPI includes five domains: Expectations of Children, Parental Empathy Towards Children’s Needs, Use of Corporal Punishment, Parent-Child Role, and Children’s Power. Each item is scored on a scale of 1 (high risk) to 10 (low risk). During FY 2020-21, Birth & Beyond offered multiple NPP courses designed to provide different information based upon the age(s) of children and the gender of the parent, including Fathers, Prenatal, Infants, Toddlers, and Preschoolers (ITP), and School-Age Children.¹¹ Workshop completion rates are displayed in Figure 13.

⁹ Classes that had less than 10 participants are omitted here and in the next section, due to small sample size.

¹⁰ Parenting knowledge is measured using the Adult-Adolescent Parenting Inventory (AAPI) for NPP programs; the MPAP program includes its own pre/post questionnaire.

¹¹ Classes that had less than 10 participants are omitted here and in the previous section, due to small sample size.

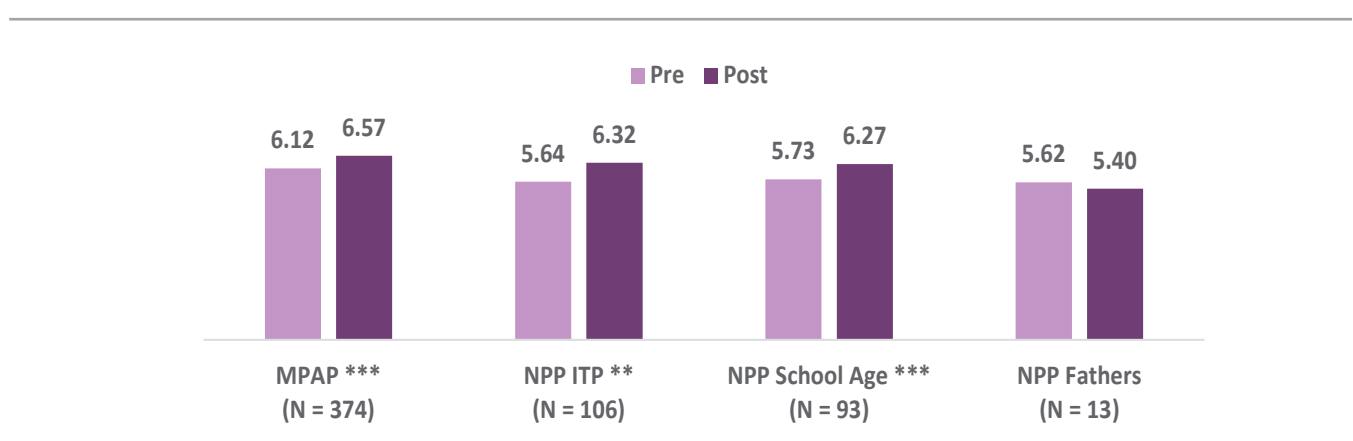
Figure 13 —Level of Completion for Each Parenting Education Class



Source: FY 2020-21. Persimmony Export: Client Assessment by Answer Value.

The following figure demonstrates the increases in parenting knowledge and skills, using NPP’s AAPI assessment and the MPAP pre- and post-assessment. On average, MPAP and NPP Infants, Toddlers, and Preschoolers, and NPP School Age participants had statistically significant increases in parenting knowledge and skills.

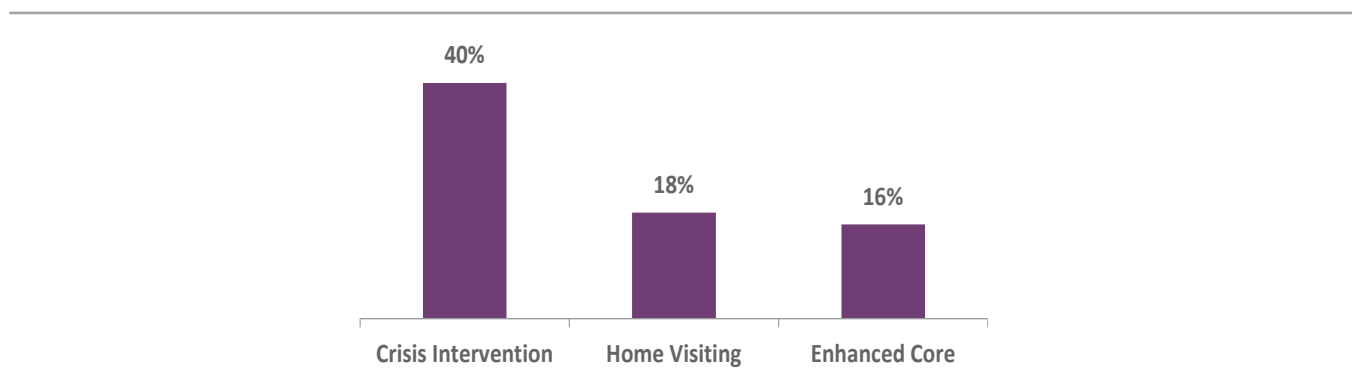
Figure 14 — Changes in Parenting Knowledge and Skills, Before and After Participation in an NPP or MPAP Program



Source: FY 2020-21. Persimmony Export: Client Assessment by Answer Value. Statistically significant differences indicated as **p < .01, ***p < .001. Represents group averages. MPAP and AAPI scores range from 1 (high risk) to 10 (low risk).

Two out of every five (40%) families engaged in Parenting Education also received Birth & Beyond Crisis Intervention services during FY 2020-21. Nearly one in five (18%) of Parenting Education families also received one or more home visits, followed by 16% engaging in both Parenting Education and Enhanced Core services (see figure below).

Figure 15 —Parenting Education Participants’ Engagement in Other FRC Services



Source: FY 2020-21 Persimmony Client Service Records; N = 745.

Success Story: Parenting Education Classes

Janelle¹² began taking parenting classes as a result of her children being removed from the home by Sacramento County Child Protective Services (CPS). She was required to take 52 weeks of Effective Parenting Initiative parenting classes to complete a domestic violence group through Women Escaping A Violent Environment (WEAVE). When she first engaged with Valley Hi, she was very overwhelmed, heartbroken, discouraged, and skeptical of how FRC services could benefit her.

After participating in parenting classes at Valley Hi, Janelle shared that she now views these classes as a way to practice self-care in addition to meeting her court requirements. She also added that the classes have greatly impacted her perspective on parenting, and she looks forward to having the opportunity to use positive discipline techniques with her reunified children. In FY 2020-21, Janelle completed three Make Parenting A Pleasure courses (13-sessions each), and enrolled in a fourth class. She has actively engaged in the WEAVE group and signed up for a Car Seat Safety course in preparation of her children returning home.

Janelle maintains active engagement in any group she joins, has developed good rapport with the Family Resource Aides, and is no longer skeptical of FRC services. Instead, she now recommends these services to family and friends and believes that the connections provided through the Effective Parenting Initiative classes and WEAVE helped her get through a difficult year. She also expressed eagerness to engage in additional family services when her children return home.

¹² Fictional names used to protect client privacy. The pictures represented here are stock photos posed by models.



Home Visiting

Parents and caregivers with a moderate risk of child maltreatment had significant improvements in parenting skills and knowledge after receiving home visiting.

The Birth & Beyond Home Visiting program uses the Nurturing Parenting Program (NPP),¹³ an evidence-based home visiting curriculum provided at least weekly, with a minimum of two months of visiting services. In FY 2020-21, 1,168 parents engaged in home visiting services. Participants were screened using the Adult Adolescent Parenting Inventory (AAPI), a tool that measures risk for child maltreatment. AAPI includes five domains: Expectations of Children, Parental Empathy Towards Children’s Needs, Use of Corporal Punishment, Parent-Child Role, and Children’s Power. Each item is scored on a scale of 1 (high risk) to 10 (low risk).

Figure 16 — RBA Dashboard: Home Visiting Services

	Home Visiting	FY 2020-21
	Program Reach	
How much did we do?	Number of unduplicated parents who received home visits through NPP ¹⁴	1,168
	First 5-funded	978
	DCFAS-funded	281
	Community-funded	7
	Number of unduplicated families served	1,114
	Number of unduplicated children served	1,467
	Number (%) of unduplicated parents who developed a Family Nurturing Plan ¹⁵	490 (42%)
	Number (%) of new intakes referred by CPS ¹⁶	441 (18%)

¹³ FY 2020-21 was the last year B&B utilized the NPP curriculum and the AAPI assessment tool for home visiting for ages 0-5.

¹⁴ Funding source not available for one parent. Excludes parents receiving CalWORKs Home Visiting (HFA/PAT). Counts by funding source exceed unduplicated total as some parents received HV services from multiple funding sources.

¹⁵ Does not include families served who may have developed a Family Nurturing Plan in a previous fiscal year.

¹⁶ Percentage based on intake case records, does not represent proportion of all referrals to B&B or all served in FY2020-21.

How much did we do?	Program Assignment¹⁷			
	Percent Assigned to Prevention (low risk)	69 (29%)		
	Percent Assigned to Intervention (moderate risk)	111 (47%)		
	Percent Assigned to Treatment (high risk)	55 (23%)		
	Number of unduplicated families who received joint visits with:			
Health Liaison	318			
CPS	207			
	Developmental Screenings			
	Number of Ages & Stages Questionnaire developmental screenings conducted ¹⁸	424		
How well did we do it?	Average Number of NPP Lessons Completed¹⁹			
	Prevention clients (n = 51)	9.43		
	Intervention clients (n = 70)	9.83		
	Treatment clients (n =33)	10.94		
	Developmental Screenings			
	Number (%) of Ages & Stages Questionnaire screenings indicating a developmental need	83 (20%)		
	Help Me Grow Referrals			
	Number of adults receiving a referral to Help Me Grow (all families)	357		
Is anyone better off?	Improved Parenting Knowledge and Skills (AAPI)²⁰		Pre	Post (Sig)
	Prevention Group (Low risk; n = 41)	5.81		6.10
	Intervention Group (Moderate risk; n = 63)	5.58		6.36***
	Treatment Group (High risk; n = 30)	4.25		4.49
	Help Me Grow Referrals			
	Number (%) of referrals that were followed-up	271 (76%)		
	Number (%) of HMG services accessed	140 (52%)		
	Family Engagement in other FRC Services			
	Crisis Intervention	54%		
	Enhanced Core	25%		
Parenting Education	12%			

Source: FY 2020-21 Quarterly Performance Measures report in Persimmony, and Family Information Form. *** indicates statistically significant differences at $p < .001$.

¹⁷ Limited to those with one or more home visiting service. There are large amounts of missing program assignment data, results should be interpreted with caution. Excludes cases with missing HV Curriculum (N = 328) and those assigned to Intake (N = 378), Fathers (N = 7), Prenatal (N = 2) or Other group (N = 6).

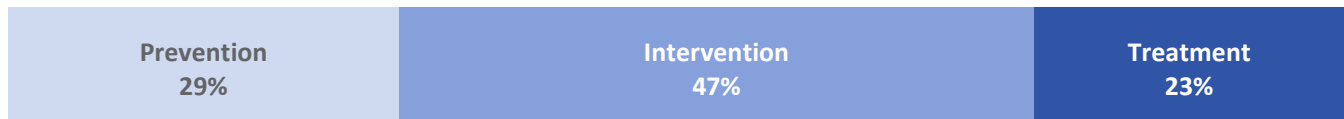
¹⁸ Excludes CalWORKs-funded developmental screenings discussed in a later section.

¹⁹ Number of lessons completed missing for 80 clients who had a program assignment. This, paired with large amounts of missing program assignment data, impacts the average number of lessons completed.

²⁰ Includes only matched sets (participants who had both pre- and post-data). Significance of findings may be impacted by small sample sizes and should be interpreted with caution.

After completion of the AAPI, Birth & Beyond categorized participants based upon their scores and child abuse or neglect risk level. There are three categories that then determine the optimum minimum service dosage level of NPP lessons: *Prevention* (low risk for perpetrating child abuse/neglect, 16 lessons); *Intervention* (moderate risk for perpetrating child abuse/neglect, 24 lessons); and *Treatment* (high risk for perpetrating child abuse/neglect, 55 lessons). Nearly half (47%) were assigned to the moderate risk *Intervention* path, while 29% were assigned to the *Prevention* (low risk) group, and almost one-quarter (23%) were *Treatment* (high risk) clients.²¹

Figure 17 — Proportion of Families within Each Level of Nurturing Parenting Program Home Visiting

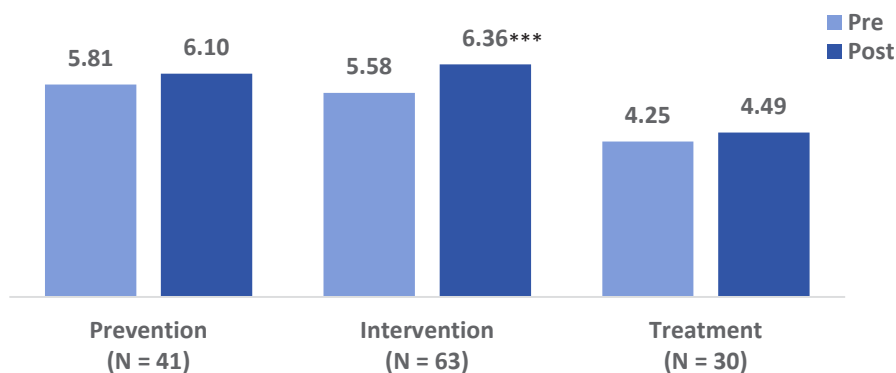


Source: FY 2020-21 Persimmony Client Service Records, N = 235.

Participants in each of the three groups completed an average of nine to eleven classes (see RBA Dashboard figure above). About 26% of Prevention clients and less than 10% of Intervention clients completed the minimum recommended number of courses. However, there are three important things to note regarding this measure. First, the COVID-19 pandemic greatly impacted program engagement due to home visits being conducted virtually instead of in person. Second, for families continuing to engage in home visits, their shifting priorities, increased stress and burnout, and lack of access to virtual platforms to engage in lessons impacted the amount of time they were able to complete home visits. Third, there are large amounts of missing data for the number of lessons completed, and estimates may not be a true representation of program involvement.

The figure below displays changes in parenting knowledge, confidence, and attitudes before and after participation in NPP Home Visiting, by program assignment. On average, each of the three groups increased their AAPI scores (indicating reduced risk of child abuse/maltreatment), however only the Intervention group had a statistically significant increase.²²

Figure 18 — Increase in Average AAPI Scores After NPP Home Visiting, by Program Assignment



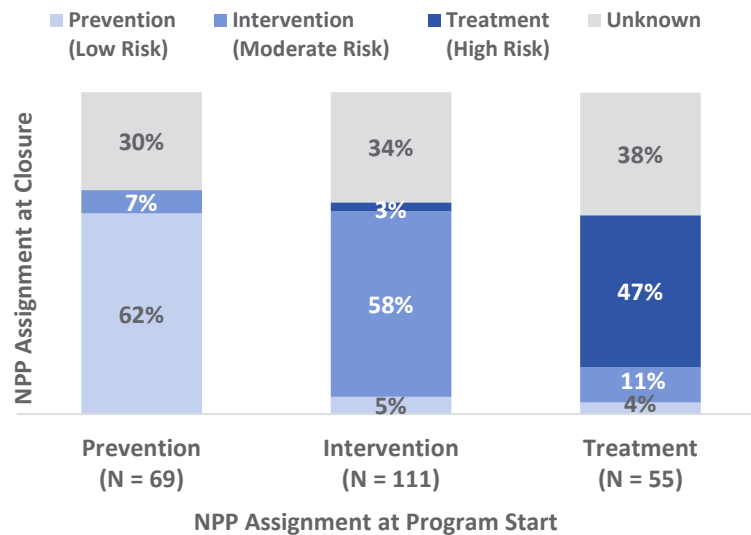
Source: FY 2020-21 Adult Adolescent Parenting Inventory, Persimmony Export: Client Assessment by Answer Value. *** Indicates statistically significant differences at $p < .001$. Represents group averages. Scores range from 1 (high risk) to 10 (low risk).

²¹ Many cases (N = 341) were not assigned an NPP designation in Persimmony and were labeled as NPP Intake as of the time of writing this report. As a result, these participants are excluded from discussions specific to NPP Curriculum level.

²² Note, changes in AAPI scores are reported as group averages and may not reflect changes in scores among individuals. Statistical significance can also be impacted by sample size.

The following chart displays changes in risk level after NPP Home Visiting. Of those classified as high risk (treatment group) at the start of services, about 15% reduced their risk level upon completion of the program. A small proportion of participants in the low risk (7%) and moderate risk (3%) groups increased their risk level, which may highlight increased challenges or barriers to engagement in services. Due to large amounts of missing data in program assignment at the start of services, at closure, and number of lessons completed, changes in risk level should be interpreted with caution.

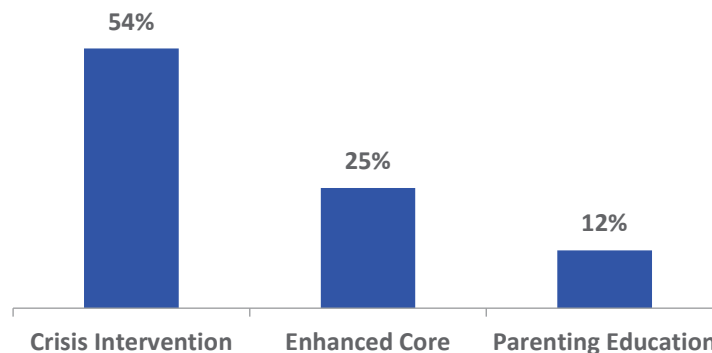
Figure 19 — NPP Risk Level At Closure, by Initial Program Assignment at Start of Services



Source: FY 2020-21 Persimmony Home Visiting Case Records. Excludes cases with missing HV Curriculum (N = 328) and those assigned to Intake (N = 378), Fathers (N = 7), Prenatal (N = 2) or Other group (N = 6). Not limited to those meeting minimum optimal service dosage.

More than half (54%) of families who received one or more home visiting service during FY 2020-21 also received Crisis Intervention services from Birth & Beyond. One-quarter of home visiting families also participated in Enhanced Core services, and 12% also engaged in parenting education classes (see figure below). Compared to FY 2019-20, the proportion of home visiting clients receiving parenting education doubled (previously 6% receiving both services).

Figure 20 — Home Visiting Participants' Engagement in Other FRC Services



Source: FY 2020-21 Persimmony Client Service Records; N = 1,114.

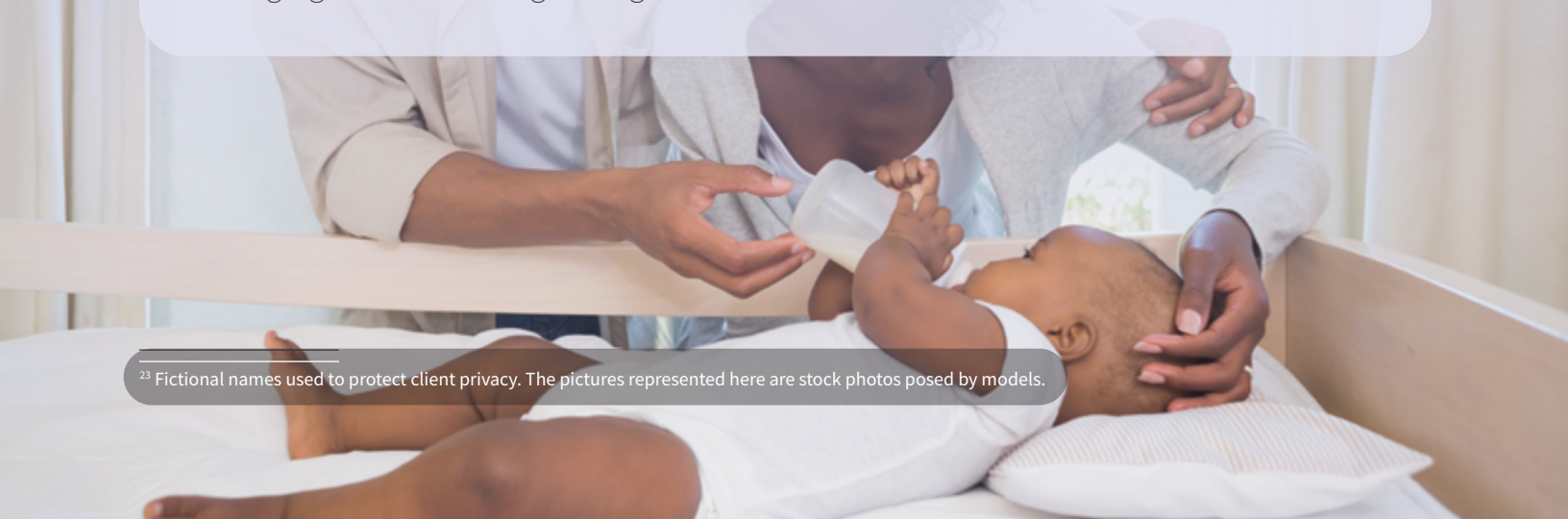
Success Story: Home Visiting


Genesis²³ and Elijah are first-time parents that participated in the Nurturing Parenting Program (NPP) home visiting through the Valley Hi Village Program. This family sought out resources due to their lack of parenting experience and knowledge of child development and were dedicated to finding ways to create a safe, loving environment for their family. Genesis immediately began implementing concepts learned through NPP and improved her ability to build a positive, attuned bond with her child as she learned to identify her child's cues more effectively.

Genesis and Elijah also began incorporating NPP concepts in their marriage, which helped to offset the tension and stress of being new parents in a young marriage. Prepared with information on the importance of nurturing and self-care, Genesis and Elijah created a plan for their individual self-care time and time together as a couple. As a result of NPP lessons, the couple learned better tools for supporting one another, better communication skills, experienced amplified pleasures of parenting, and found their parenting responsibilities to be less daunting.

Their home visitor also invited Genesis to The Village's Sistah-to-Sistah group to grow her support network. At the annual STAR Conference, Genesis shared with the group that she gained much more than she imagined and found that having space to share her concerns and social-emotional needs, while being affirmed by others with similar experiences, to be "a lifesaver." The added support and strategies learned through NPP were beneficial to her family as they navigated the stresses of buying a home. As these demands mounted, Genesis and Elijah found themselves utilizing strategies on managing stress, handling feelings, and effective communication.

²³ Fictional names used to protect client privacy. The pictures represented here are stock photos posed by models.



A circular inset image showing children sitting on a paved surface, drawing colorful patterns and shapes with chalk. One child is using pink chalk to draw a large number '8' inside a blue-outlined square. Other children are visible in the background, also engaged in drawing.

Three-Year Analysis of CPS Outcomes: 0-17

Children receiving eight or more hours of home visiting were less likely to experience future substantiated CPS involvement, compared with children receiving less than eight hours.

Every three years, the State and Federal AmeriCorps (one of Birth & Beyond's primary funders of home visiting services), requires an in-depth analysis of CPS outcomes for families served. To complete this study, Applied Survey Research (ASR) partnered with Sacramento County Department of Children Family and Adult Services (DCFAS) to identify 12-month outcomes for families who began Birth & Beyond treatment between February 1, 2018 and February 29, 2020.

In the past, this in-depth three-year analysis focused on parental outcomes of families served by Birth & Beyond. The 2018-2020 assessment shifts to child-level analyses to reflect child abuse rates more accurately (i.e., a parent could potentially abuse more than one child in the family, or a parent may have multiple children and only have an allegation against one of them). Additionally, county, state, and federal child abuse rates are calculated at the child-level. Child-level data allow for more direct county, state, and federal comparisons.

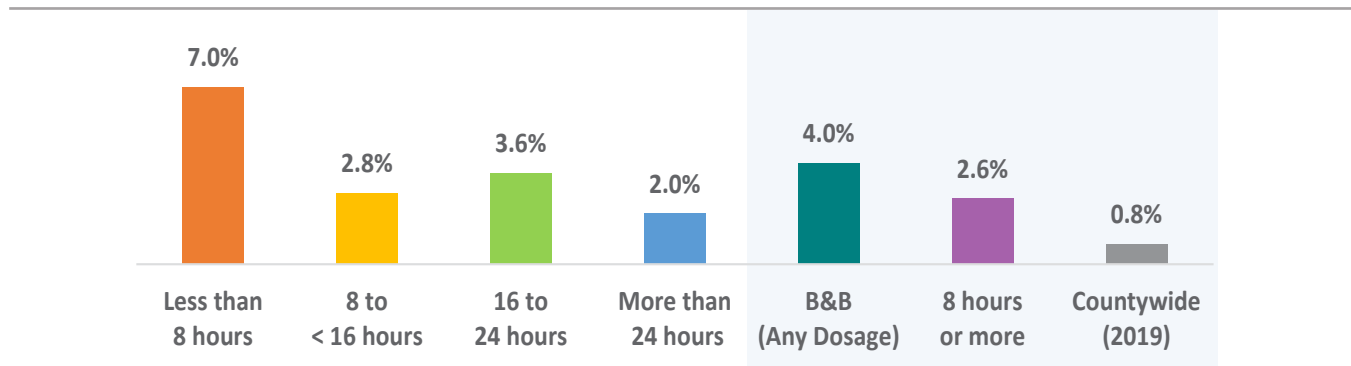
This section expands upon the AmeriCorps study to include families served by either AmeriCorps or agency home visitors. This analysis explores substantiated maltreatment among children ages 0-17 who received Birth & Beyond home visiting during the three-year period. This section also includes a quasi-experimental design (QED) analysis, comparing a sample of children receiving eight or more hours of Birth & Beyond home visiting with a statistically matched group of children in Sacramento County. These children had CPS involvement during a comparable time frame but did not receive Birth & Beyond home visiting.²⁴

²⁴ De-identified comparison group data received from CPS.

Substantiated Maltreatment among Birth & Beyond Clients by Service Dosage

In total, 3,497 children had an intake into Birth & Beyond home visiting between February 1, 2018 and February 29, 2020. The figure below identifies the rate of substantiated CPS allegations within 12 months of Birth & Beyond intake for these children—including those with prior contact with CPS, as well as those experiencing their first CPS contact.²⁵ **Children receiving eight or more hours of Birth & Beyond service had lower rates of substantiated CPS contact within 12 months of intake (2.6%), compared with 7% among those with less than eight hours of home visiting.**

Figure 21 — Percent of Children with a Substantiated CPS Allegation within 12 months of Intake, by Service Dosage (3-Year Cohort: All Clients)

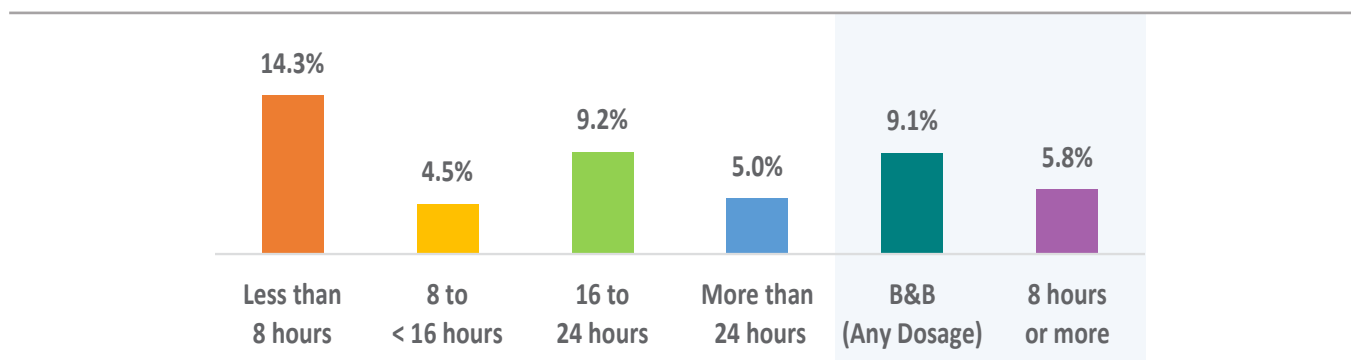


Source: B&B 2018-2020 Program Data and CPS 2018-2020 Data, N = 3,497. Ns by dosage are as follows: Less than 8 hours n = 77/1,096; 8 to < 16 hours n = 17/597; 16 to < 24 hours n = 20/555; 24 hours or more n = 25/1,249; 8 hours or more n = 62/2,401.

Substantiated Recurrence among Birth & Beyond Clients by Service Dosage

Similar to the overall group of Birth & Beyond home visiting clients in the figure above, the likelihood of a repeat substantiated allegation ("recurrence") varied by the number of home visiting service hours (see figure below). Among the 3,497 children with a Birth & Beyond intake between February 2018 and February 2020, 1,176 had known CPS involvement prior to their Birth & Beyond intake.²⁶ Overall, 9.1% of these children experienced substantiated recurrence within 12 months of intake. Within this group, 5.8% of the children with prior CPS involvement who received eight or more hours of Birth & Beyond home visiting experienced a substantiated recurrence within 12 months, compared with 14.3% of those who received less than eight hours. Five percent of children whose families received 24 or more hours of home visiting experienced recurrence within 12 months.

Figure 22 — Percent of Children with a Substantiated CPS Allegation within 12 months of Intake, by Service Dosage (3-Year Cohort: Any Prior Allegation in Last 5 Years)



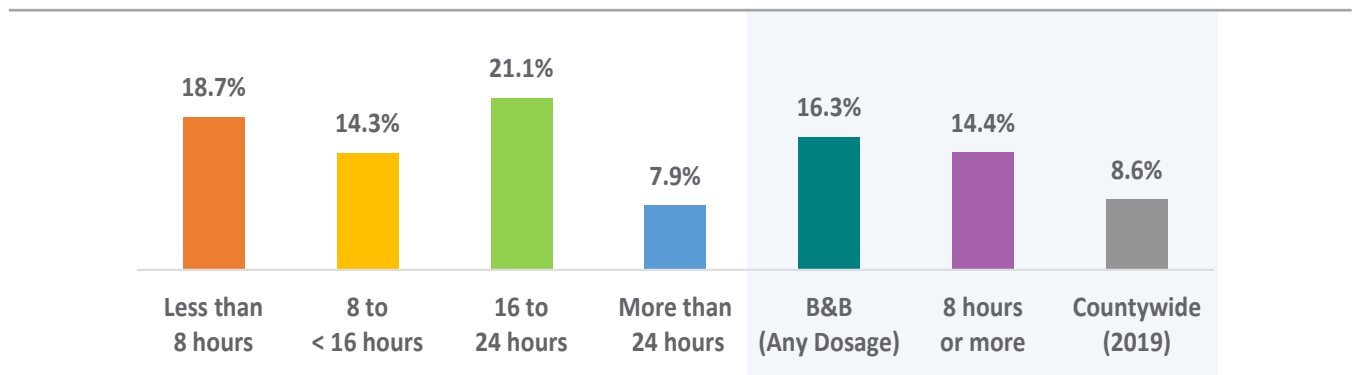
Source: B&B 2018-2020 Program Data and CPS 2018-2020 Data, N = 1,176 (Includes children with known priors out of 3,497 full sample). Priors include substantiated or unsubstantiated cases. Ns by dosage are as follows: Less than 8 hours n = 64/448; 8 to < 16 hours n = 9/200; 16 to < 24 hours n = 17/185; 24 hours or more n = 17/343; 8 hours or more n = 43/728; B&B overall n = 107/1,176. Countywide comparison of not provided as "any prior allegation" is not tracked countywide. Also excludes cases whose prior contact was unknown (n = 1,814).

²⁵ Includes Substantiated and Not Substantiated (Inconclusive or Unfounded) allegations. Does not include Evaluated Out.

²⁶ Includes substantiated and unsubstantiated prior involvement. Does not include Evaluated Out cases. Also excludes 1,814 of the 3,497 cases whose prior CPS contact was missing/unknown; 507 cases had zero priors.

Further, the figure below displays recurrence outcomes for 738 children who experienced CPS involvement within the six months prior to their Birth & Beyond intake (“baseline”), 172 of which were substantiated CPS allegations (“substantiated baseline”). Among those with a substantiated baseline (see figure below), 14.4% of children receiving eight or more hours had substantiated recurrence, compared with 18.7% with less than eight hours of home visiting. The rate of **recurrence within 12 months was lowest for those receiving 24 or more hours of Birth & Beyond service** (7.9%). This rate of recurrence was also lower than overall rate within all of Sacramento County in 2019 (8.6%).

Figure 23 — Percent of Children with a Substantiated CPS Allegation 12 months after Intake, by Service Dosage (Cohort: Substantiated Baseline Allegation)



Source: B&B 2018-2020 Program Data and CPS 2018-2020 Data, N = 3,497; subsample of 172 children with a substantiated baseline within the six months prior to intake. Ns by dosage are as follows: Less than 8 hours n = 14/75; 8 to < 16 hours n = 3/21; 16 to < 24 hours n = 8/38; 24 hours or more n = 3/38; 8 hours or more n = 14/97.

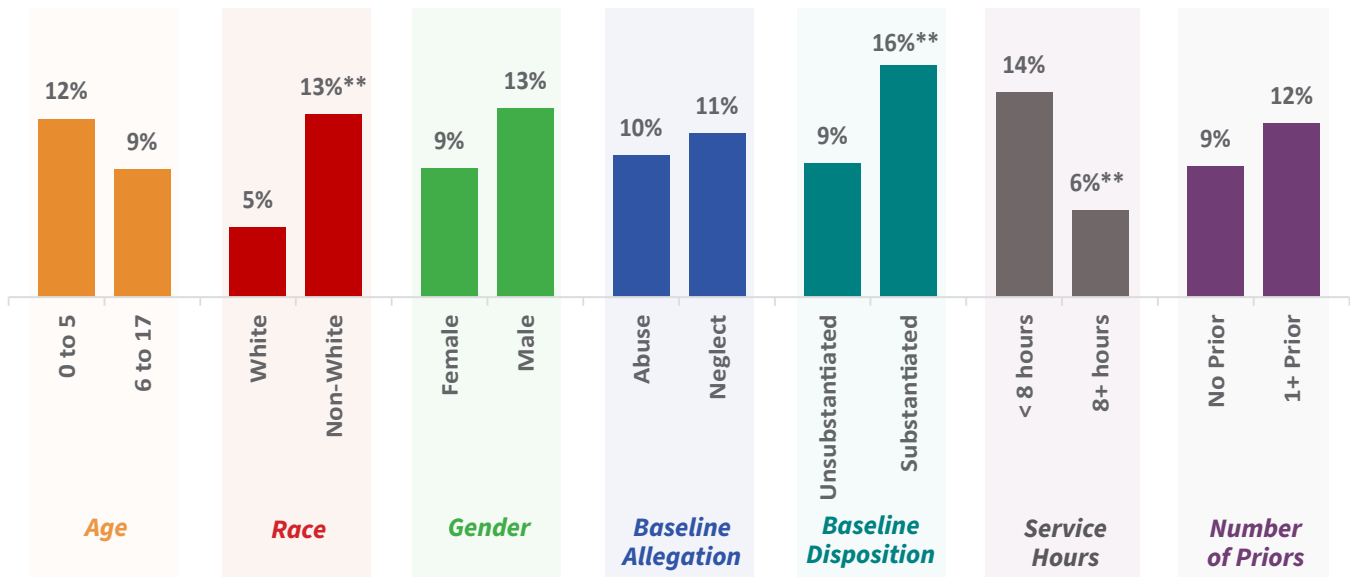
Factors significantly impacting the likelihood of substantiated recurrence include: children receiving less than eight hours of service, non-white children, and children with a substantiated baseline.

Factors Impacting Likelihood of Recurrence among Birth & Beyond Clients

Poisson regression modeling was used to identify characteristics impacting substantiated recurrence of child abuse or maltreatment among those with a baseline allegation within the six months prior to intake. Birth & Beyond children who were male, non-White, five-years-old or younger, those with prior CPS histories, those with a substantiated baseline, those with an abuse baseline disposition, and those who received less than eight hours of Birth & Beyond home visiting service each had a higher probability of substantiated recurrence. The figure below highlights the predicted probabilities of substantiated recurrence by demographics and baseline disposition.

As shown in the figure below, holding several other factors constant, children receiving at least eight hours of Birth & Beyond home visiting were significantly less likely to experience substantiated recurrence (6%) than Birth & Beyond children with less than eight hours of home visiting (14%). Children with a substantiated baseline (16%) and non-white children (13%) were also significantly more likely to experience substantiated recurrence within 12 months, controlling for the level of Birth & Beyond home visiting service dosage and other factors.

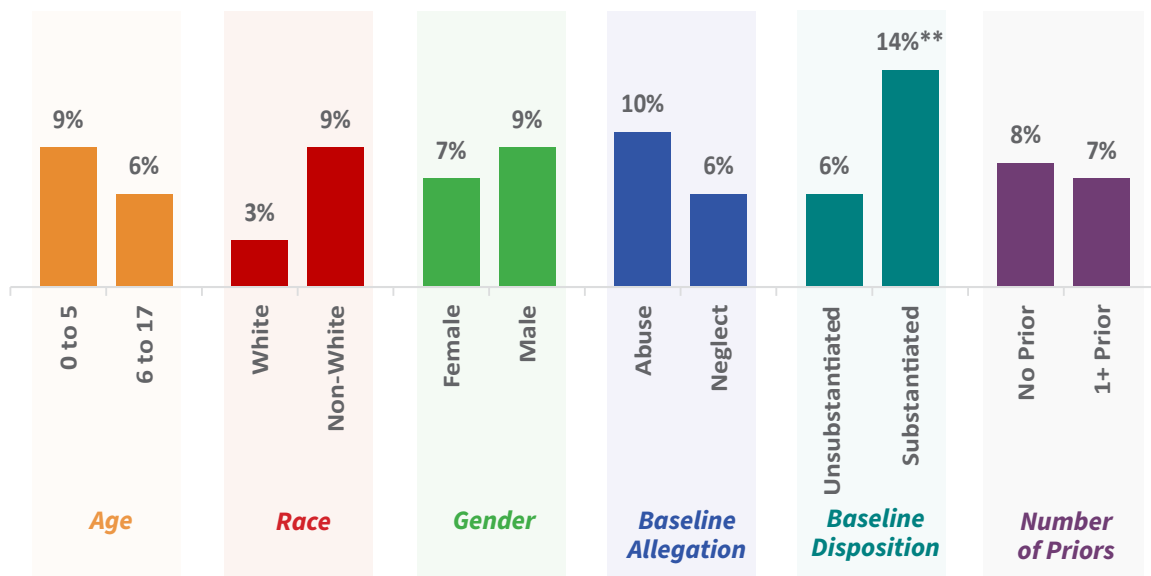
Figure 24 — Predicted Probabilities of Substantiated Recurrence within Birth & Beyond Treatment Group (All Service Dosages)



Source: B&B 2018-2020 Program Data and CPS 2018-2020 Data; N = 738 (B&B participants with a baseline CPS allegation); Statistical significance indicated as ** $p < 0.01$

Next, a separate regression analysis explored characteristics predicting recurrence among Birth & Beyond children who received eight or more hours of home visiting and had a baseline CPS allegation ($n = 435$). As shown in the figure below, **having a substantiated versus an unsubstantiated baseline outcome was the only significant predictor of recurrence (14% vs. 6%)** among this group.

Figure 25 — Predicted Probabilities of Substantiated Recurrence among Birth & Beyond Participants Receiving Eight or More Hours of Home Visiting



Source: B&B 2018-2020 Program Data and CPS 2018-2020 Data; N = 435 (8 hours or more of B&B home visiting service and a baseline CPS allegation); Statistical significance indicated as ** $p < 0.01$.

Quasi-Experimental Analysis – Comparison to Countywide

Children ages 0-17 who received eight or more hours of home visiting were half as likely to experience substantiated recurrence compared with a matched countywide sample.

Next, several quasi-experimental design (QED) analyses were conducted to identify differences in substantiated recurrence. First, as reported in the recent First 5 Sacramento Annual Report, an analysis of the 0-5 age group receiving Birth & Beyond home visiting was conducted to highlight the age group of primary focus for First 5. The major finding from this analysis is summarized here:

“Among [the 2,032 children between the ages of 0-5 with an intake into Birth & Beyond home visiting between February 1, 2018, and February 29, 2020], 342 had baseline CPS involvement in the six months prior to their B&B intake date. This treatment group was statistically matched to a comparable group of children with a baseline CPS allegation using a vulnerability index [See below for description of this index] ... Children in the Birth & Beyond treatment group were half as likely to have substantiated recurrence (6%) compared to the comparison group (12%). Differences were statistically significant ($p < 0.01$).” (First 5 Annual Report p. 70-71).

Among children ages 0-17 with a baseline CPS event between 2018 and 2020, only **3%** who received eight or more hours of B&B home visiting had substantiated CPS recurrence within 12 months, compared to **6%** of a non-B&B comparison group

This finding represents a particularly strong test of the program effectiveness because it incorporates the Random Control Trial (RCT) experimental design feature of “intent to treat.” It included all children ages 0-5 referred for intake into the Birth & Beyond home visiting program, regardless of the level or amount of services actually received. It is a conservative test of impact because, in order to be significant, the effect of the intervention on clients who received the intervention must be large enough to overcome the outcomes for those who were intended to receive the full intervention and did not.²⁷

The second set of QED analyses (organized by age groups) involved the subset of children who received at least eight hours of Birth & Beyond home visiting—the minimum dosage considered sufficient for the program. In these analyses, Birth & Beyond home visiting clients who received eight or more hours of home visiting and had a baseline allegation within the six months prior to Birth & Beyond intake were statistically matched²⁸ to a comparable group of children with a baseline CPS allegation (that did not receive any Birth & Beyond services) using a vulnerability index. The vulnerability index included six factors indicating higher risk of recurrence: number of prior allegations, whether the baseline allegation was substantiated, high Structured Decision-Making (SDM) risk, under five years of age, being male, and being non-White.²⁹ These intersectional characteristics have been identified in previous research as key predictors of substantiated recurrence of maltreatment.

²⁷ First 5 Annual Report March 2022; p. 70-71; Analysis was initially made possible by funding from Birth & Beyond AmeriCorps.

²⁸ See Appendix A for analysis details.

²⁹ Analyses of subpopulations by age (0-5 and 6-17) use a vulnerability index on a scale of one to five, as the binary age variable is held constant for these groups and, as a result, is not included.

A statistically matched sample based on key vulnerabilities reduces the likelihood of significant differences between groups to identify the unique impact of the Birth & Beyond treatment.

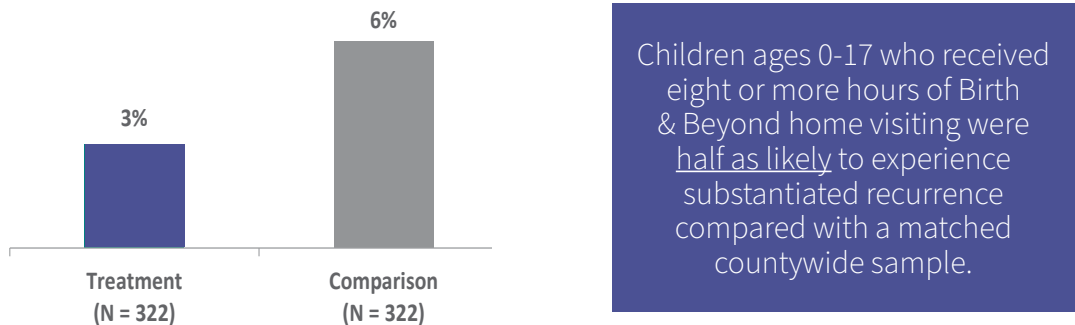
The QED identified differences in substantiated recurrence within 12 months of Birth & Beyond home visiting intake (if in the Birth & Beyond treatment group) or their previous CPS encounter (for the CPS comparison group).³⁰ Each case was assigned a vulnerability score of zero to six, based on each of the characteristics described above, to ensure the two groups were as similar as possible. A score of zero to one represents low vulnerability, two to four represents moderate vulnerability, and those with a score of five or six have high vulnerability. Creating a comparatively matched sample based on these vulnerabilities reduces the likelihood of significant differences between groups to more closely mirror a true experimental design³¹ and create a space where the unique impact of the Birth & Beyond treatment can be identified.

Substantiated Recurrence: Birth & Beyond and Comparison Group: 0-17

This matching strategy resulted in a total sample size of 644 children (322 in each group) for the full 0-17 age range of children served.³² Within each group, about nine out of ten (89%) children had moderate or high vulnerability.

Children in the Birth & Beyond treatment group who received at least eight hours of home visiting were half as likely to have substantiated recurrence (3%) compared with the matched comparison group (6%).³³

Figure 26 — Percent of Children Ages 0-17 with Substantiated Recurrence within 12 months



Source: B&B 2018-2020 Program Data & CPS 2018-2020 Data. $p = 0.09$. Treatment group limited to those receiving eight or more hours of home visiting. Differences were approaching statistical significance ($p < .10$).

³⁰ Since the comparison group did not have B&B intervention, their observation window started at the closure of a baseline CPS involvement (excluding Evaluated Out cases). B&B participants included those that had a baseline CPS referral (excluding evaluated out) within six months prior to their B&B intake, but their observation window started after the start of B&B intervention.

³¹ A true experimental design including random assignment into treatment and control are not considered feasible or ethical in this context.

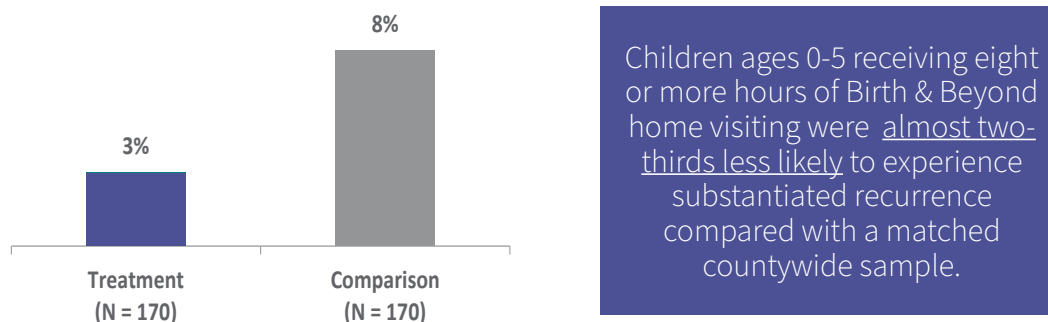
³² 116 out of 438 children with a baseline CPS allegation who received eight or more hours of home visiting were not included in the matched sample due to missing data on key vulnerability index measures.

³³ Results were approaching statistical significance at $p = 0.053$ (See Appendix A for output).

Substantiated Recurrence: Birth & Beyond and Comparison Group: 0-5

The next analysis explored substantiated recurrence among the children ages 0-5 within this group. This matching strategy resulted in a total sample size of 340 children (170 in each group).³⁴ Within each group, more than three-quarters (76%) had moderate or high vulnerability. **Among children ages 0-5 who received at least eight hours of home visiting, the Birth & Beyond treatment group were less likely to have substantiated recurrence (3%) compared with the matched comparison group (8%).**

Figure 27 — Percent of Children Ages 0-5 with Substantiated Recurrence within 12 months

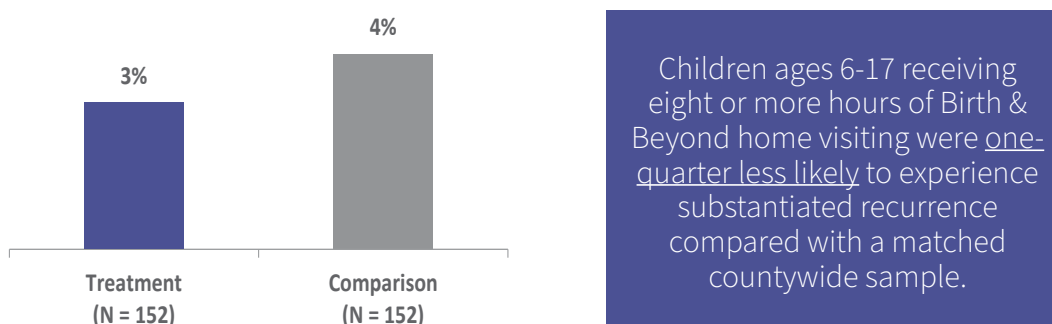


Source: B&B 2018-2020 Program Data & CPS 2018-2020 Data. $p = 0.053$. Differences were approaching statistical significance ($p < .10$).

Substantiated Recurrence: Birth & Beyond and Comparison Group: 6-17

This last section explores substantiated recurrence among children ages 6-17. The vulnerability index matching strategy resulted in a total sample size of 304 children (152 in each group).³⁵ Within each group, more than three-quarters (78%) had moderate or high vulnerability. **Among children ages 6-17 who received at least eight hours of home visiting, the Birth & Beyond treatment group were less likely to have substantiated recurrence (3%) compared with the matched comparison group (4%).**

Figure 28 — Percent of Children Ages 6-17 with Substantiated Recurrence within 12 months



Source: B&B 2018-2020 Program Data & CPS 2018-2020 Data. $p = 0.076$. Differences were approaching statistical significance ($p < .10$).

³⁴ 65 out of 235 children with a baseline CPS allegation who received eight or more hours of home visiting were not included in the matched sample due to missing data on key vulnerability index measures.

³⁵ 50 out of 203 children with a baseline CPS allegation who received eight or more hours of home visiting were not included in the matched sample due to missing data on key vulnerability index measures.



CPS Analysis Summary

This set of in-depth analyses of a three-year cohort of children receiving Birth & Beyond home visiting provides very strong support for the impact of home visiting on reducing the likelihood of a substantiated CPS recurrence. In the first section, the regression analyses were focused on the hours of services received by children served by Birth & Beyond home visiting. The results showed that children who received eight or more hours of home visiting (the minimum program dosage required) had a significantly reduced likelihood of a substantiated CPS allegation within 12 months of intake, compared with those receiving less than eight hours of home visiting. This analysis also identified characteristics that significantly impact the likelihood of experiencing substantiated recurrence (i.e., non-white children and children with a substantiated baseline). These findings highlight opportunities for Birth & Beyond home visiting to target service pathways for children with increased risks.

In the second section, a series of quasi-experimental design (QED) analyses were conducted. The first included all children ages 0-5 referred for intake into the Birth & Beyond home visiting program, regardless of the level or amount of services actually received.³⁶ The results of this analysis showed that children in the Birth & Beyond treatment group were half as likely to have a substantiated recurrence (6%) within 12 months of intake, compared with a statistically matched comparison group (12%). This “intent to treat” design represents a strong methodological test of the Birth & Beyond program’s impact.

Finally, another set of QED analyses were conducted for each of three age groups (0-17, 0-5; and 6-17) who received eight or more hours of Birth & Beyond home visiting and had a baseline CPS allegation (including substantiated, unfounded, or inconclusive). Children were statistically matched to a countywide sample of children that had baseline CPS involvement, and were alike on key vulnerabilities, but did not receive Birth & Beyond home visiting. Within each group, fewer children receiving eight or more hours of Birth & Beyond home visiting following a baseline CPS event experienced a substantiated recurrence within 12 months of intake, compared with the matched sample of children countywide. Differences were approaching statistical significance, further indicating strong support for the impact of eight or more hours of Birth & Beyond home visiting on children in Sacramento County.

Additionally, in spring 2021, Birth & Beyond Executive Directors requested that ASR conduct a deeper-dive analysis of children who received less than eight hours of home visiting and had a baseline substantiated CPS allegation up to one year after their home visiting intake. Findings from this data brief are being used for continued quality improvement efforts to further understand how to better engage and retain clients in the Birth & Beyond home visiting program.

³⁶ Excluding those with missing data on key variables.



CalWORKS Home Visiting

The majority of CalWORKS home visiting participants successfully connected with referred service providers, particularly WIC, CalFresh, Infant and Toddler Health Care, and Developmental Screenings.

In spring 2019, Birth & Beyond was awarded a two-year grant through a Sacramento County competitive process to provide home visiting services to families receiving CalWORKS. The California Department of Social Services (CDSS) allocates funding to the Sacramento County Department of Human Assistance (DHA), who has a revenue agreement with First 5 Sacramento for the coordination, oversight, and monitoring for the State Home Visiting Initiative. First 5 Sacramento then entered into a contract with CAPC, after a successful competitive proposal was awarded to fund Birth & Beyond Family Resource Centers to implement the program.

Healthy Families America

Healthy Families America (HFA) is one of the evidence-based programs approved by CDSS for the CalWORKS Home Visiting and used by Birth & Beyond for the 2020-21 fiscal year. HFA is designed to identify and address family and child hardships, reduce stress in the home, nurture positive parent-child interactions, and improve family stability. Enrollment in HFA is restricted to mothers who are pregnant or have an infant up to three months of age. Eligible families are referred into the CalWORKS Home Visiting program by DHA, CAPC staff outreach through a DHA Eligibility List, hospitals and from Birth & Beyond staff within the nine FRCs. In spring 2021, Birth & Beyond also began implementing the Parents as Teachers (PAT) curriculum to expand eligibility criteria and serve more families through home visiting. Future reports will include evaluations of this curriculum.

In FY 2020-21, Birth & Beyond provided services to 451 individuals, including 221 adults and 230 children (ages 0-17)³⁷ through the HFA curriculum. Nearly half (45%) of incoming referrals came from Birth & Beyond relationships with hospitals and clinics, followed by CAPC Family Engagement Liaison's use of the DHA Eligibility List (17%), and transfers from within Birth & Beyond (11%).

Birth & Beyond provided nearly 2,400 HFA home visits and 54 developmental screenings for children during FY 2020-21. Among the adults and children who received home visiting services, 60% (271/451) were Welfare-to-Work Eligible or Exempt. Among those with new intakes in FY 2020-21 (n = 252), 74 were first-time parents, and 26 were pregnant individuals.³⁸

³⁷ Unduplicated counts.

³⁸ Note: some clients with new intakes may not have started receiving home visiting services and others receiving services may have had an intake in a previous fiscal year.

Providing service referrals and supporting clients through the process of connecting and enrolling with referred services are among the most important components of the CalWORKs Home Visiting Program. In FY 2020-21, Birth & Beyond most commonly provided referrals to Early Learning/Parent-Child Interaction services. Among the 411 referrals, 90% were followed-up with, and more than half of those contacted (57%) reported receiving that service.

Other commonly referred services included financial support/public assistance (284), adult education or employment support (264), emergency food services (153), housing support (151), and mental health services (145). The frequency of these needs may highlight families’ pressing needs during FY 2020-21, resulting from or compounded by the impact of COVID-19. Additionally, at least half of those referred received services, except in the cases of referrals to mental health services (43% accessed services), Crisis Nursery (40% accessed), adult education or employment services (35% accessed), and substance abuse support (0% accessed). This information can help guide community stakeholders in their efforts to engage families in support services. The full list of referrals given, number followed-up, and number of services received can be found in the table below.

Figure 29 — RBA Dashboard: Healthy Families America CalWORKs Home Visitation

CalWORKs Home Visiting		FY 2020-21
How much did we do?	Number Receiving HFA Home Visits During FY 2020-21	451
	Adults	221
	Children (0-17)	230
	Total HV Dosage	
	Total number Home Visits Completed	2,359
	Core Services	
	Number of Developmental Screenings Conducted	180
	New Intakes to CalWORKs HVP	252
	Intakes by Referral Source ³⁹	
	DHA Eligibility List	43 (17%)
	Birth & Beyond Transfers	28 (11%)
	DHA Agency Referrals	8 (3%)
	<u>Other Referral Sources:</u>	
	Hospitals/Clinics	113 (45%)
	Other/Other Birth & Beyond Outreach	19 (8%)
	Self-Referral	15 (6%)
	Community Agency	10 (4%)
CPS	8 (3%)	
No Answer	8 (3%)	
WIC	0 (0%)	
Number Intakes - First-Time Parents	74	
Number Intakes - Pregnant Individuals	26	
Number Intakes - Expanded Population	2	

**How much
did we do?**

Outcomes of FY 2020-21 Intakes

New Intakes that were offered HVP services	196
<i>Enrolled in HVP Services</i>	83 (42%)
<i>Pending</i>	19 (10%)
Declined HVP Services (before or after initial contact) ⁴⁰	52

Clients Served (Adults and Children)

CalWORKs: Welfare to Work Eligible or Exempt	271 (60%)
CalWORKs: Child-Only	63 (14%)
CalWORKs: Cal-Learn (First time teen parents)	11 (2%)
Children: Ages 0-11 Months	94
Children: Ages 12-23 Months	43
Children: Ages 2 to 17	90

Service Referrals Provided⁴¹

Early Learning/Parent-Child Interaction	411
Financial/Other Public Assistance	284
Adult Education, Employment	264
Emergency Food Services	153
Housing Support	151
Mental Health Services	145
Developmental Screening	118
Safe Sleep Baby / Car Seat Safety	117
Infant, Toddler Health Care	94
Crisis Nursery	69
WIC (Infant and Child Nutrition)	62
Immigration Legal Services	56
Prenatal Care	45
CalFresh	36
Intimate Partner Violence Services	31
English as Second Language (ESL)	15
Substance Abuse Services	6

How well did we do it?

Follow-Up on Referral Numbers (%)

Early Learning/Parent-Child Interaction	371 (90%)
Financial/Other Public Assistance	251 (88%)
Adult Education, Employment	219 (83%)
Emergency Food Services	127 (83%)
Housing Support	121 (80%)
Mental Health Services	120 (83%)
Developmental Screening	97 (82%)
Safe Sleep Baby / Car Seat Safety	94 (80%)
Infant, Toddler Health Care	84 (89%)
Crisis Nursery	57 (83%)
WIC (Infant and Child Nutrition)	54 (87%)
Immigration Legal Services	41 (73%)
Prenatal Care	36 (80%)
CalFresh	32 (89%)
Intimate Partner Violence Services	20 (65%)
English as Second Language (ESL)	14 (93%)
Substance Abuse Services	5 (83%)

Is anyone better off?

Referred Services Accessed number (%)

Early Learning/Parent-Child Interaction	211 (57%)
Financial/Other Public Assistance	165 (66%)
Adult Education, Employment	76 (35%)
Emergency Food Services	81 (64%)
Housing Support	61 (50%)
Mental Health Services	52 (43%)
Developmental Screening	71 (73%)
Safe Sleep Baby / Car Seat Safety	60 (64%)
Infant, Toddler Health Care	61 (73%)
Crisis Nursery	23 (40%)
WIC (Infant and Child Nutrition)	47 (87%)
Immigration Legal Services	22 (54%)
Prenatal Care	22 (61%)
CalFresh	26 (81%)
Intimate Partner Violence Services	13 (65%)
English as Second Language (ESL)	7 (50%)
Substance Abuse Services	0 (0%)

Success Story: CalWORKS Home Visiting

Marisol⁴² is an undocumented 33-year-old mother of five children between the ages of seven months and 16-years-old. In 2019, the children's father was randomly picked up at a store and deported, despite his clean record. Not long after, COVID-19 hit, and Marisol began navigating the additional stressors of losing her job, struggling to pay rent, and needing to stay home to support her children with virtual schooling. Because of her undocumented status and fear of the public charge ruling, Marisol felt that she did not qualify for support services, and that trying would put her at risk of deportation. However, she did apply for CalWORKs for her children, while also collecting recyclables or selling tamales to help her family get by. At this time, she was referred to La Familia Counseling Center (LFCC), where she was enrolled in the CalWORKs Home Visiting program and began actively engaging in weekly home visits.

The home visiting program's greatest impact on Marisol has been helping her access support systems and resources that she was hesitant to contact. Marisol's home visitor helped her work through housing issues and referred her to community food drives, transportation services, rental assistance, 2-1-1, the LFCC Career Center, and the Sacramento Family Unity, Education, and Legal (FUEL) Network for Immigrants. Marisol's home visitor explained changes to the public charge ruling and encouraged her to attend La Familia's Know Your Rights workshop for information on immigration rights and resources, parenting support groups, and activities for her children. Marisol attended a parent support group but intends to wait until things improve with the COVID-19 pandemic to sign her children up for classes.

Marisol applied for and received La Familia's COVID-19 funds for affected families to catch up on past due rent. However, Marisol had a major housing scare when she received a three-day notice after a late rent payment and contacted her home visitor, visibly distraught. Marisol's home visitor provided her with the Renter's Hotline number, encouraged her to contact her CalWORKs worker for additional resources, and worked with the La Familia program manager and fiscal department to quickly get a \$500 check through the HFA material goods fund to pay her rent. These resources were a great relief to Marisol. Without her home visitor's help, Marisol could have lost her apartment, despite all her progress. As of the end of FY 2020-21, mom was up to date on rent, actively working with a rental assistance program, and participating in various Birth & Beyond programs and resources.

"My kids need me here."

"No se que huiera hecho sin ustedes"

Translation: I don't know what I would have done without you.

- Marisol to her Home Visitor

⁴² Fictional names used to protect client privacy. The pictures represented here are stock photos posed by models.



Crisis Intervention Services

Crisis intervention participants significantly reduced stress levels and significantly increased their connectedness to community resources.

Crisis Intervention Services (CIS) are short-term, targeted services for Birth & Beyond clients experiencing a pressing concern or issue. The CIS team conducts an intake with a brief assessment to measure parent stress levels at the time their CIS case opens. Birth & Beyond provides case management and referrals to Family Resource Centers and the Crisis Nursery, as appropriate. In FY 2020-21, Crisis Intervention Services served 2,573 parents and provided 2,055 families (82%) with at least one referral or linkage.

Figure 30 — RBA Dashboard: Crisis Intervention

Crisis Intervention Services		FY 2020-21	
How much did we do?	Number of unduplicated parents with Intervention Service Record ⁴³	2,573	
	First 5-funded	1,814	
	DCFAS-funded	513	
	Community-funded	243	
	Number of unduplicated families served	2,505	
	Number of unduplicated families with an ISR Stress Pre-Assessment	1,670	
	Number of unduplicated families with ISR Stress Post-Assessment	1,358	
How well did we do it?	Level of Completion		
	Number (%) of unduplicated families with at least one referral/linkage	2,055 (82%)	
	Number of unduplicated families with a Crisis Intervention Case Management Plan	1,415	
	Stress Reduction⁴⁴		
	Level of stress	Pre	Post
	Level of support from friends/family/community	3.42	2.31 ***
Level of knowledge about places to get help and information	2.64	3.37 ***	
	2.60	3.40 ***	

⁴³ Funding source was unavailable for two parents.

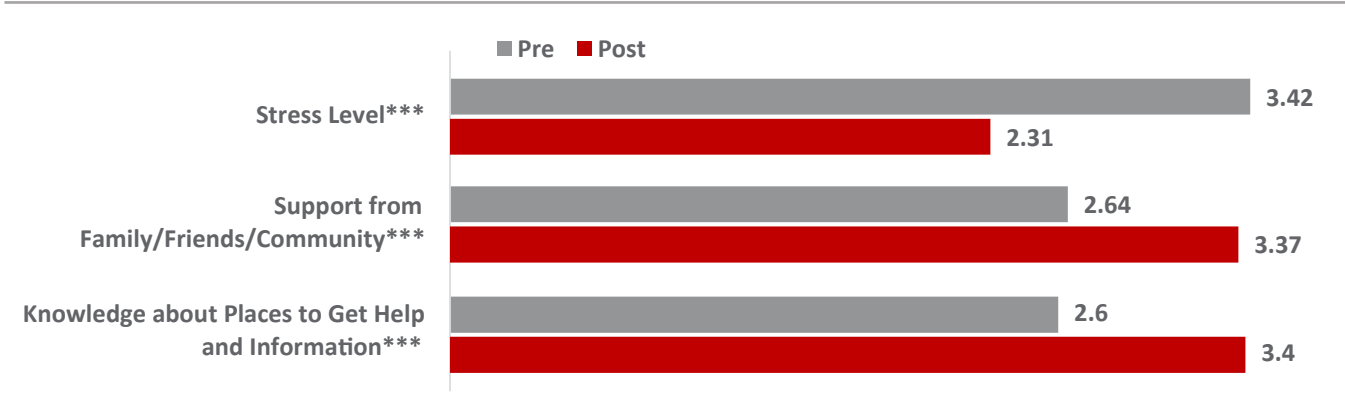
⁴⁴ Data assessed includes 1,941 matched sets (participants with both a pre- and post-test). May include duplicates when clients utilize CIS services multiple times throughout the fiscal year. Ns may vary due to missing data within each question

How well did we do it?	Families who also participated in other FRC services	
	Enhanced Core	27%
	Home Visiting (NPP)	24%
	Parenting Education	12%

Source: FY 2020-21 Persimmony reports: Performance Measures, Crisis Intervention Services Pre/Post-Test, Service Records. Statistically significant differences indicated as *** $p < .001$.

Pre- and post-tests of Crisis Intervention Services clients indicated a decrease in stress and an increase in parents' knowledge about where to get help and information. In addition, parents' perceptions of the level of support they have among their family, friends, or in their community increased. Each measure achieved statistical significance (see the following figure).

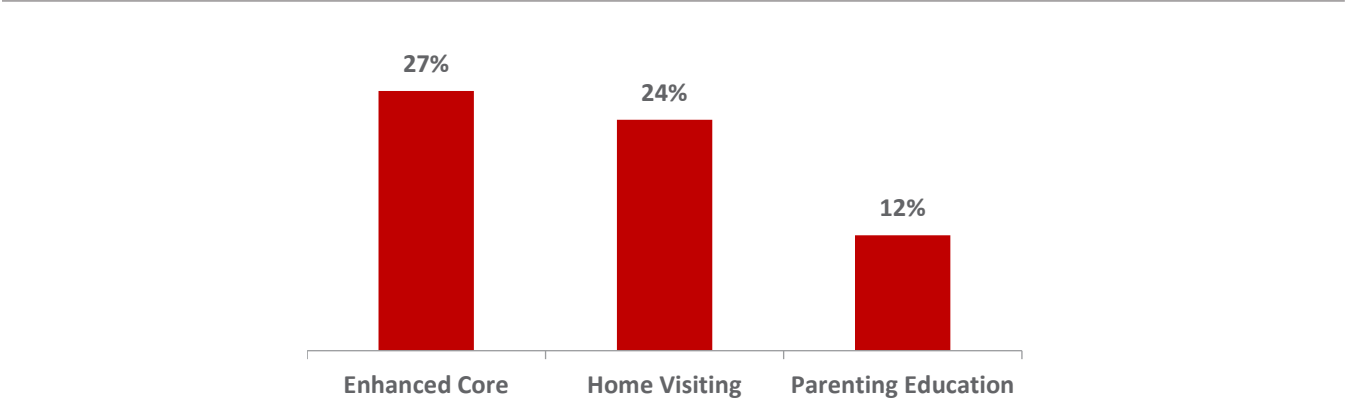
Figure 31 — Ratings of Stress, Support, and Knowledge, Before and After Participation in Crisis Intervention Services



Source: FY 2020-21 Persimmony Service Records. Crisis Intervention Services Pre/Post-test. Ns = 1,934-1,938. Statistically significant differences indicated as *** $p < .001$. Outcomes on a scale of 1 to 5: 1=none, 3=some, 5= a lot.

Additionally, about one-quarter of families engaged in Crisis Intervention Services also received Enhanced Core services (27%) or Home Visiting (24%). More than one in ten (12%) of CIS families also received Parenting Education. The proportion of families receiving Enhanced Core services increased five percentage points compared to FY 2019-20 (22%).

Figure 32 — Crisis Intervention Participants' Engagement in Other FRC Services



Source: FY 2020-21 Persimmony Client Service Records; N = 2,504.

Success Story: Crisis Intervention Services

Joya⁴⁵ is a single mother of three children between the ages of three and 11. Joya lost her job in the retail industry due to COVID-19 restrictions impacting in-person shopping. Folsom Cordova Community Partnership helped Joya connect with the Job Center to work on her resume and apply for a job with the State, but this process was estimated to take nine to 12 months. In addition to her feelings of restlessness and frustration due to her job loss, Joya quickly fell behind on rent, despite receiving some unemployment benefits.

Through additional grants, Birth & Beyond's Crisis Intervention Services were able to offer \$1,250 in eviction avoidance funds to help her family stay in their home and helped the children maintain a stable place for their schooling during distance learning. Folsom Cordova also provided vouchers for food and cleaning supplies. The Folsom Cordova Job Center also connected Joya with an opportunity to apply for employment with another retail company and she was hired.


After engaging with Crisis Intervention Services, Joya described herself as forming bigger goals and remaining "very determined" and motivated to provide more for her children. Joya also went on to engage in parenting education and became a Parent Leader.

"I would like to express my gratitude with the Folsom Cordova Community Partnership, it's been ever since I was referred to this program as a blessing for me and my family. It was hard times for me being alone with no family in a new country and this community center offered me a sense of family and a community. ... Now that I'm part of the Parent Leaders, I feel so honor to share the importance of this classes and events, especially in this difficult times, my daughters is so excited every Wednesdays to be able to share the craft class with other kids and that makes it all worth it. I would like to see more programs like this growing and making a good impact on young kids, I believe is the base for a better future" [sic]

- Joya, Birth & Beyond Participant

**EVICT
NOTICE**

⁴⁵ Fictional names used to protect client privacy. The pictures represented here are stock photos posed by models.



Summary, Conclusions & Recommendations

For over 20 years, Birth & Beyond has positively impacted the lives of many adults and children through a comprehensive array of services, **including enhanced core services, parenting education, home visiting, and crisis intervention.** Despite the continued impact of the COVID-19 pandemic, first affecting programs in FY 2019-20 and extending through FY 2020-21, Birth & Beyond remained committed to effective and accessible service delivery, adapting programming to positively impact families across Sacramento County. The current evaluation report focused on programmatic reach and client outcomes achieved by Birth & Beyond during FY 2020-21.

The overall vision of Birth & Beyond is that all children are safe, healthy, and connected to a strong community. The work that has been done at the nine Family Resource Centers provides both light-touch services, like support groups and stress-relief events, as well as more intensive services, such as home visiting and crisis intervention. Birth & Beyond also provides enhanced referrals to services that are outside of Birth & Beyond's scope, but are also beneficial to help improve the lives of children and families in the community. Many families engage with multiple Birth & Beyond programs and follow-up on referred services, contributing to a **comprehensive “wrap around” support network.** Combining services can often provide the most complete care for families.

Many benefits associated with Birth & Beyond are not measured here. For instance, participants often report developing increased social connections through Birth & Beyond which can contribute to positive outcomes. For instance, reduced social isolation and developing meaningful bonds with others, receiving advice and affirmation from peers with similar experiences, and general supportive relationships.

Recommendation #1: Expand efforts to assess and triage child abuse and maltreatment vulnerability

An in-depth analysis of CPS outcomes for Birth & Beyond home visiting clients identified strong support for Birth & Beyond services on reducing the likelihood of substantiated CPS involvement. Receiving eight or more hours of service significantly reduced CPS involvement compared to those receiving less than eight hours, and overall, receiving Birth & Beyond home visiting reduced the likelihood of CPS involvement compared with a countywide comparison group. However, these analyses also identified key characteristics that may make some children more likely to experience CPS involvement (e.g., baseline disposition, race/ethnicity, gender, and age). Birth & Beyond should use these findings to assess referrals into the program, work to triage more vulnerable participants for more intensive and/or intentional services, and develop home visiting pathways that can best meet the needs of families more likely to experience CPS involvement. Birth & Beyond should also expand these analyses efforts to explore the impact of engaging in multiple Birth & Beyond services (e.g., home visiting clients also engaging in crisis intervention and/or parenting education) and continue working with CPS to refine criteria to identify the children and families who would most benefit from B&B services.

Recommendation #2: Focus attention on improving retention rates among clients receiving Birth & Beyond services

There are demonstrable differences between outcomes for participants receiving eight or more hours of home visiting compared with those receiving fewer than eight hours of service. Birth & Beyond and its partners should continue to work on identifying the various reasons and barriers impacting families that are not receiving the minimum recommended dosage and work to address systems challenges and implement program changes to improve referral, engagement, and retention.

Similarly, Birth & Beyond recognizes that families benefit from engaging in the range of services provided, such as enhanced core activities, crisis intervention, parenting education, and home visiting. Many families participate in at least two services (e.g., may begin home visiting after receiving crisis intervention, or vice versa). However, more analyses may be warranted to identify the impact of engaging in two or more programs/activities.

Recommendation #3: Continue to improve data collection and management strategies

During FY 2020-21, the primary data collection tool, Persimmony, went through a major overhaul. Birth & Beyond should continue working with Persimmony, First 5 Sacramento, and Applied Survey Research to train data staff, and continue improving the accuracy and completeness of participants data, while maintaining confidentiality. Additionally, beginning in FY 2021-22, Birth & Beyond is making programming and evaluation changes (i.e., the addition of the Parents as Teachers curriculum, the Family Development Matrix case management tool, and transitioning away from the AAPI assessment and Nurturing Parenting Program for 0-5 home visiting). These changes should include a thorough review and training on data collection and management, in addition to reviewing the program findings to evaluate these new efforts.

Recommendation #4: Continue to meet families where they are through various engagement and communication methods

In FY 2020-21, Birth & Beyond programming continued to adapt to the COVID-19 pandemic, including innovating programming and events while adhering to social distancing requirements. Despite the many challenges associated with the pandemic, many of the Birth & Beyond sites identified positive outcomes resulting from these innovations such as increased engagement from some families in virtual classes and events due to reduced transportation barriers, health and safety concerns, and other reasons. Sites also experienced increased engagement through the increased use of social media and online communications. However, other families have experienced “Zoom fatigue,” limited access to technology/internet, and an eagerness to resume in-person interactions. When feasible, Birth & Beyond should continue identifying ways to offer various methods for engagement and communication. A multi-method approach to “meet families where they are” may offer the most inclusive approach to support families, especially when considering the far-reaching, long-lasting, and disproportionate impact of the COVID-19 pandemic.

Appendix A: Three Year Analysis of CPS Outcomes: 0-17

POISSON REGRESSION

Poisson Regression Analysis: All Birth & Beyond Clients with Baseline CPS (n = 738)

	IRR (SE)	Z	p value (sig)	95% CI
5 and under	1.41 (0.32)	1.51	0.131	0.90 – 2.19
Non-White	2.65 (0.95)	2.72	0.007 **	1.31 – 5.35
Male	1.43 (0.30)	1.17	0.088	0.95 – 2.17
Abuse Baseline	0.87 (0.20)	-0.59	0.553	0.56 – 1.37
Unsubstantiated Baseline	0.58 (0.12)	-2.55	.011 *	0.38 – 0.88
8+ Hours Service Dosage	0.53 (0.11)	-3.04	0.002 **	0.35 – 0.80
1+ Prior CPS Involvement	1.33 (0.28)	1.34	0.179	0.88 – 2.01

Wald chi2= 37.97, Pr = 0.000; Pseudo R2 = 0.0577. Significance reported as * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Poisson Regression Analysis: Birth & Beyond Clients with Baseline CPS and Eight or More Hours of Service (n = 435)

	IRR (SE)	Z	p value (sig)	95% CI
Age 5 and under	1.61 (0.57)	1.36	0.174	0.81 – 3.22
Non-White	2.53 (1.49)	1.57	0.116	0.80 – 8.03
Male	1.30 (0.44)	0.77	0.442	0.67 – 2.51
Abuse Baseline	1.60 (0.54)	1.40	0.162	0.83 – 3.11
Substantiated Baseline	2.55 (0.84)	2.84	0.005 **	1.34 – 4.86
1+ Prior CPS Involvement	0.94 (0.32)	-0.18	0.857	0.48 – 1.84

Wald chi2= 18.74, Pr = 0.0046; Pseudo R2 = 0.0589. Significance reported as * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

QUASI-EXPERIMENTAL DESIGN (QED) MATCHING STRATEGY

The QED matching technique used propensity score matching (PSM). Data were randomized and matching was conducted using the cumulative vulnerability score with the psmatch2 command with a caliper setting of 0.001. PSM provides the likelihood (or odds) that the individual would participate in the treatment group given observable characteristics.

Limitations to consider: Matching the treatment and control group decreases the likelihood of significant differences between groups and limits selection bias but is not without limitations. Statistical controls cannot account for “unobserved heterogeneity,” or the unmeasured factors that could influence outcomes. For example, there was no way to measure whether children in the comparison group were receiving other intervention services or possessed other social and economic factors that contributed to the risk of recurrence (e.g., chronic poverty, housing instability, perpetrators’ childhood trauma, mental health, and substance use). Additionally, SDM risk assessment was a significant predictor of recurrence but was missing in many cases. Lastly, significance levels can be impacted by small sample sizes due to overall low rates of substantiated recurrence during the observation window.

Vulnerability Index Characteristics of QED Sample (Ages 0-17)

	Comparison Group	B&B Treatment (8+ hrs)
Age 5 and under	148 (46.0%)	170 (52.8%)
Non-White	225 (69.9%)	244 (75.8%)
Male	192 (59.6%)	170 (52.8%)
Substantiated Baseline	147 (45.7%)	95 (29.5%)
High/Very High SDM Risk	144 (44.7%)	112 (34.8%)
1+ Prior CPS Involvement	80 (24.8%)	145 (45.0%)
Total # of Vulnerabilities (Matching Index)		
0	2 (0.6%)	2 (0.6%)
1	35 (10.9%)	35 (10.9%)
2	75 (23.3%)	75 (23.3%)
3	109 (33.9%)	109 (33.9%)
4	84 (26.1%)	84 (26.1%)
5	14 (4.4%)	14 (4.4%)
6	3 (0.9%)	3 (0.9%)

QED ANALYSIS OUTCOMES: SUBSTANTIATED RECURRENCE

Ages 0-17	Comparison		B&B Treatment (8+ hrs)		Total
	N (%)	95% CI	N (%)	95% CI	
No Substantiated Recurrence	303 (94.1%)	0.91 – 0.96	312 (96.9%)	0.94 – 0.98	615 (95.5%)
Substantiated Recurrence	19 (5.9%)	0.04 – 0.09	10 (3.1%)	0.02 – 0.06	29 (4.5%)

Pearson chi2 (1) = 2.92; Pr = 0.09; N = 644 (322 in each group)

Ages 0-5	Comparison		B&B Treatment (8+ hrs)		Total
	N (%)	95% CI	N (%)	95% CI	
No Substantiated Recurrence	157 (92.4%)	0.87 – 0.96	165 (97.06%)	0.93 – 0.99	322 (94.71%)
Substantiated Recurrence	13 (7.65%)	0.04 – 0.13	5 (2.94%)	0.01 – 0.07	18 (5.29%)

Pearson chi2 (1) = 3.75; Pr = 0.053; N = 340 (170 in each group)

Ages 6-17	Comparison		B&B Treatment (8+ hrs)		Total
	N (%)	95% CI	N (%)	95% CI	
No Substantiated Recurrence	146 (96.05%)	0.91 – 0.98	147 (96.7%)	0.92 – 0.99	293 (95.9%)
Substantiated Recurrence	6 (4.0%)	0.02 – 0.09	4 (3.3%)	0.01 – 0.08	11 (4.1%)

Pearson chi2 (1) = 0.09; Pr = 0.076; N = 304 (152 in each group)

All photographs in this report are stock photos that are posed by models.
All names in this report have been changed to protect client privacy.

Birth **& Beyond**

Family Resource Centers



All photographs in this report are stock photos that are posed by models.