

FIRST 5 SACRAMENTO COMMISSION

2750 Gateway Oaks Dr., Suite 330
Sacramento, CA 95833

**THIS MEETING IS HELD VIA TELECONFERENCE/WEBINAR
DUE TO COVID 19 RESTRICTIONS**

Computer Link:

<https://saccounty-net.zoomgov.com/j/1603606989?pwd=ZEFVR2VrZWc3ZThWU1lMTHYrNnZLQT09>

Meeting ID: 160 360 6989

Passcode: 747982

Phone in: 1-669-254-5252 US (San Jose)

Using the same meeting id and password as above.

EVALUATION COMMITTEE

AGENDA

Monday, March 15, 2021 – 1:00 PM to 3:00 PM

Members: Steve Wirtz (Chair), David Gordon (Vice Chair), Olivia Kasirye

Advisory Committee Member(s): Tony Smith, Robin Blanks

Staff: Julie Gallelo, Carmen Garcia-Gomez

Consultant: Applied Survey Research

1. Call to order and Roll Call
2. Public Comments on Off-Agenda Items
3. Approve Draft Action Summary of January 14, 2021
4. Staff Update
5. General Evaluation Update - Applied Survey Research
6. Review RAACD Mid-Year Dashboard
7. Review and Approve Evaluation Committee's Roles and Responsibilities
8. Presentation: Birth and Beyond Annual Report FY 19-20
9. Committee Member Comments
 - a. Miscellaneous
 - b. Future Agenda Items/Presentations

FIRST 5 SACRAMENTO COMMISSION

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Sacramento, CA 95833

EVALUATION COMMITTEE

ACTION SUMMARY

Thursday, January 14, 2021 – 3:00 PM - 5:00 PM



Members: Steve Wirtz (Chair), David Gordon (Vice Chair), Olivia Kasirye

Advisory Committee Member(s): Tony Smith, Robin Blanks

Staff: Julie Gallelo, Carmen Garcia-Gomez

Absent: Dave Gordon

Consultant: Applied Survey Research



This meeting took place via Zoom due to Covid-19 restrictions and to adhere to the County's policy on social distancing.

1. Call to order and Roll Call

Action: Meeting was called to order at 3:11 PM. A quorum was established and introductions by attendees.

2. Public Comments on Off-Agenda Items

Action: None.

3. Approve Draft Action Summary of October 19, 2020

Action: Smith/Blanks. Approved with suggested edits.

4. Approve 2021 Evaluation Committee Meeting Calendar

- Review Year at a Glance Agenda Items

The Committee approved the meeting calendar for 2021. Staff explained the attached Year at a Glance Agenda Items, the list can be revised based on the committee's feedback. Committee motioned to approve the meeting calendar and meeting topics with the understanding the list may change.

Action: Blanks/Smith. Approved

5. Staff Update

Staff informed the committee that the RFP for Data Management System was released in the fall, resulting in 6 vendors submitting proposals. Chair Wirtz asked how the transition period will be addressed. Staff explained that a transition period was built into the timeline should Persimmony not continue to provide the service. Chair Wirtz shared the concern of losing data should the current vendor change. Staff explained the importance of archiving data but ensuring the data is available for future use.

The Evaluation Consultant RFP will be released once the Data Management Systems top 3 proposals are identified, in late January.

Additionally, staff have been working to train new data entry and program staff on Persimmony.

J. Gallelo asked about the Birth and Beyond issues of missing data in Persimmony in previous years. Staff explained that the missing data was a result of children not being entered and assigned a service of home visit. That has been corrected. ASR staff added that it was a very significant issue in previous years by correcting the issues, this year we didn't have any missing dosage data.

Action: None

6. General Evaluation Update – Applied Survey Research

ASR presented the evaluation activities for December 2020. A revision was made to the date of when the Birth and Beyond Annual Report is being presented to the Committee – change from February to March as there is no meeting in February.

ASR provided an update on the Special Studies, they will be presented to the Evaluation Committee in July. Chair Wirtz asked what the topics of the special studies will include. ASR explained that the exact program has not been identified yet, however, it has been discussed that perhaps the Crisis Nursery may be a program that will be looked at. Staff shared that Help Me Grow may be another program that will be studied.

Action: None

7. Review First 5 Sacramento Annual Report FY 2019-20

ASR staff presented the First 5 Sacramento Annual Report, thanking the Committee members for sending feedback ahead of the meeting. The presentation will focus on highlights of the report.

Action: Make the following edits to the report and/or pay special attention to the following:

- Include impact of Covid in the executive summary.
- Add four causes of preventable infant deaths in the report. Ensuring that the data already included in the report is not lost/changed but enhanced (percent decreases).
- Highlight the outcome of "vision screening received services" in the Executive Summary.
- Revisit the B&B data the numbers on the table do not add up.
- Add: consider a transition sentence, "The following results are organized by the 3 Priority Areas" in Executive Summary.
- Moving forward identify additional outcome indicators for B&B.
- Double check the countywide comparison data: 0-17 and 0-5
- Figure 53: remove the Unknown Dosage (n=0)
- Figure 54 make edits to the graph (n=76 may be a typo)

8. Committee Member Comments

a. Miscellaneous

Is there a need for alternates for the Commissioners serving on the Evaluation Committee? J. Gallelo will explore and talk to County Counsel to seek guidance.

b. Future Agenda Items/Presentations – no discussion

Adjourned: 5:10 p.m.

Respectfully submitted,

Carmen Garcia-Gomez, Evaluation Manager
First 5 Sacramento Commission

Evaluation Committee
Staff Update
March 15, 2021

- 1. Data Management System RFP update:** Persimmony, Inc. was identified as the vendor that would be recommended for funding. The Commission approved the contract at the March meeting.
- 2. Evaluation Consultant Request for Proposal:** The RFP was released in February. We only received one Letter of Intent. The due date for proposals is March 19th. It is anticipated that the Commission will receive the recommendation for funding at the May meeting.

Summary of Evaluation Activities for First 5 Sacramento

March 2021

Strategy	Task
RAACD	<ul style="list-style-type: none"> Mid-term update presented to Evaluation Committee 3/15
Evaluation Plan	<ul style="list-style-type: none"> Creation of new evaluation plan Creation of new RBAs for each funded partner (first meeting with program planners, then expanding to include partners)
Birth & Beyond	<ul style="list-style-type: none"> Annual report presented to Evaluation Committee 3/15 Presentation to Commission in May
Special Studies	<ul style="list-style-type: none"> Planning in progress

Timeline

	Mar	Apr	May	June	July
RAACD report	Eval Comm Review of Mid-term Update				
B&B report	Eval Comm Review and Graphics		PREZ		
Special Studies			Write	Write	Eval Comm Review

FIRST 5 SACRAMENTO

RAACD Mid-Year Dashboard 2020-21

RBA Category	Indicator	Q1-2 n=	Q1-2 %
How Much?	Number of women with 1+ service (Includes new and rollover clients; includes Nonconsenters)	112	
	Number of women with 1+ service (Includes new and rollover clients; excludes Nonconsenters)	112	
	Number of women with 1+ service, by trimester at entry		
	≤12 weeks (1st trimester)	23/112	21%
	13-26 weeks (Second Trimester)	64/112	57%
	27-end of pregnancy (third trimester)	25/112	22%
	unknown	0	0%
	Number of women with safe sleep risk factors at intake		
	Does not have a plan for a car seat	22/101	22%
	Planning to co-sleep	12/107	11%
	Does not have crib	90/107	84%
	Number of women provided referrals to address birth risk factors (out of those who exited)		
	Prenatal care / OBGYN	10/59	17%
	Breastfeeding or nutrition support (WIC)	29/59	49%
	Mental Health	10/59	17%
	Infant Safe Sleep Training & Crib	51/59	86%
	Car Seat Education/Seat	50/59	85%
	PHQ-9 Completion (out of those who exited)		
	Mothers who completed PHQ-9 assessment at Intake	57/59	97%
	Mothers who completed PHQ-9 assessment at Discharge	47/59	80%

How Well?	Number of women who followed up on referrals to address birth risk factors (out of those who have exited)		
	Prenatal care / OBGYN	5/10	50%
	Breastfeeding or nutrition support (WIC)	21/29	72%
	Mental Health	6/10	60%
	Infant Safe Sleep Training & Crib	24/51	47%
	Car Seat Education/Seat	19/50	38%
	Number of women who received service based on referrals to address birth risk factors (out of those who have exited)		
	Prenatal care / OBGYN	4/5	80%
	Breastfeeding or nutrition support (WIC)	17/21	81%
	Mental Health	6/6	100%
	Infant Safe Sleep Training & Crib	15/24	63%
	Car Seat Education/Seat	10/19	53%
	Level of program completion (out of those who have exited)		
	First Trimester entries: Mothers with minimum number of visits prior to birth (21+)	5/8	63%
	Second Trimester entries: Mothers with minimum number of visits prior to birth (10+)	22/36	61%
	Third Trimester entries: Mothers with minimum number of visits prior to birth (6+)	13/14	93%
	All cohorts: Mothers who completed minimum numbers of prenatal visits	40 /59	68%
	Mothers who received at least 1 postpartum visit with BMU advocate	49 /59	83%
	Status at Exit		
	Completed program: Completed the minimum prenatal AND postpartum service requirements	43/59	73%
	Miscarriage or Termination of Pregnancy	2/59	3%
	Dropped out of program	1/59	2%
	Participant moved	1/59	2%
	Partially completed	6/59	10%
	Unable to locate	6/59	10%

Better Off?	Reduction in safe sleep risk factors (of those who exited)		
	Co-sleeping	8/45 4/45***	18% 9%
	Does not have crib	38/41 2/41***	93% 5%
	Baby sleeping on back	7/42 42/42***	17% 100%
	Reduction in Risk Factors (of those who exited)		
	% mothers with depression or anxiety - Health Assmnt	10/42 7/42	24% 17%
	% mothers with moderate or more severe depression or anxiety - PHQ-9	7/40 1/40**	18% 3%
	% of mothers with nutritional deficiencies	12/42 2/42**	29% 5%
	Birth Outcomes		
	Number of babies born	33	
	Single delivery	33	100%
	Multiple delivery (twins)	0	0%
	Babies born with a healthy birth outcome (not LBW, not pre-term)	26/33	79%
	Babies that were low birth weight	1/33	3%
	Babies that were preterm	4/33	12%
	Deliveries that were stillbirths (fetal death)	0	0%
	Babies who were exclusive breastfeeding in hospital	19/33	58%
	Infant deaths prior to mother exiting program	0	0%

First 5 Sacramento Evaluation Committee Member Roles and Responsibilities

Background

First 5 Sacramento established the Commission's Evaluation Committee in June 2000. The membership of the Evaluation Committee is made up of three Commissioners and two Advisory Committee members. The charge of this Evaluation Committee is to provide guidance to First 5 staff and the evaluation consultants on evaluation related activities, as outlined in the Year-at-a-Glance Agenda items below.

Roles/Responsibilities

Evaluation Committee Members:

- Contribute toward the development of monthly agendas.
- Review packet materials provided prior to the meetings and attend all meetings prepared to discuss the reports and documents.
- Make suggestions on how to improve programming, based on evaluation findings (continuous quality improvement and program outcomes).
- Provide input prior to the meeting in order to ease the process and Committee time.

First 5 Staff and Evaluation Consultant:

- Provide the Committee with all materials to review at least one week prior to each meeting.
- Work with the Chair to finalize meeting agendas.
- Staff meetings, ensure presentations/packets are comprehensive, create meeting minutes, schedule and send meeting invites, recruit members from Commission and Advisory Committee.
- Provide relevant, accurate, comprehensive updates to members regarding evaluation activities at each meeting.

Meeting Schedule

The Committee meets every 3rd Monday on odd months (with the exception of April and October 2021) from 1:00-3:00pm at the Commission offices or via Zoom.

First 5 Evaluation Committee 2021 Year-at-a-Glance Agenda

	Jan	March	April	May	July	Sept	Oct
Annual Summary Report – First 5 CA						X	
Annual Evaluation Report – First 5 Sacramento	X						
B&B CPS Outcome Report Indicator list					X		
2019-20 B&B CPS Outcome Report		X					
Data Management System Update			X				
Evaluation Committee Roles		X					
Evaluation Plans *will include processes, indicators and updated data collection mechanisms			X	X			
RAACD 6-month Dashboard		X					
RAACD Report Outline					X		
RAACD report							X
Special Studies (TBD)					X		
Tableau Dashboards				X			



Birth & Beyond Annual Evaluation Report – Executive Summary

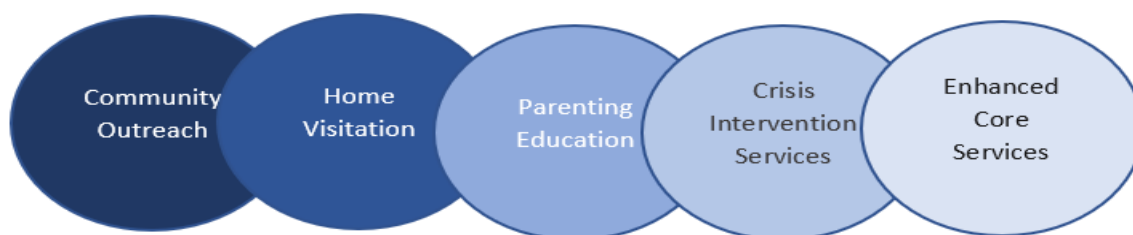
FY 2019-20



Beginning in 1999, the Birth & Beyond Program (Birth & Beyond) has worked to provide quality community-based programs and services to prevent child abuse and neglect throughout Sacramento County. Managed by the Child Abuse and Prevention Council (CAPC), Birth & Beyond receives funding from a variety of sources: First 5 Sacramento, the Sacramento County Department of Child, Family, and Adult Services (DCFAS), and the Corporation for National and Community Service (CNCS). Located throughout Sacramento in areas of high need, Family Resource Centers (FRCs) provide standard services that are complemented by unique activities and special events that reflect the characteristics of their specific neighborhood. All Birth & Beyond activities, classes, community events, family activities, and direct services are operated out of the FRCs.

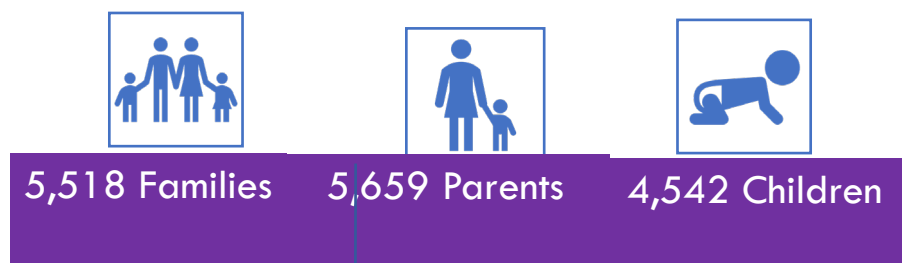
Birth & Beyond Core Services

Birth & Beyond offers a continuum of child, family, and community services, ranging from outreach and promotion, early intervention to more intensive intervention services.



Birth & Beyond Clients Directly Served

Across its full menu of programs and services, Birth & Beyond directly served over 5,500 families across Sacramento County, including 5,659 parents and 4,542 children.



Source: FY 2019-20. Persimmony Report By Client Demographic.

Service Integration within Birth & Beyond

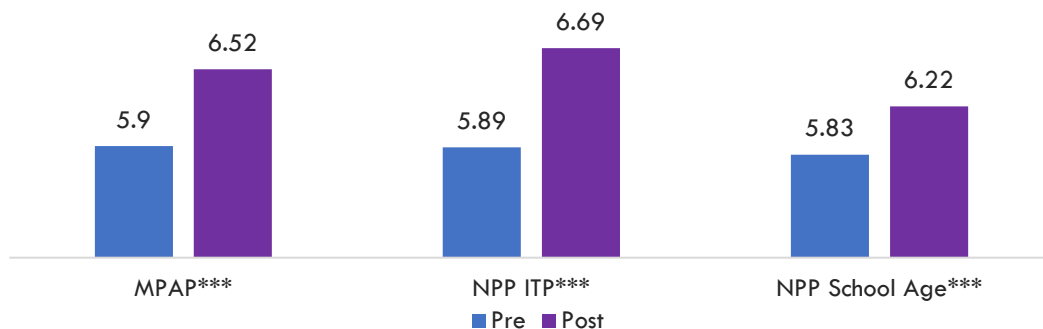
In order to have the largest impact on clients, Birth & Beyond encourages clients to participate in multiple FRC services. The table below displays the percentage of participants who engaged in more than one FRC service. For instance, 7% of Enhanced Core participants also participated in Parenting Education, 11% in Home Visitation, and 24% participated in Crisis Intervention.

	Enhanced Core (EC)	Parenting Education (PE)	Home Visitation (HV)	Crisis Intervention (CI)
Among EC Participants	NA	23%	21%	22%
Among PE Participants	7%	NA	6%	13%
Among HV Participants	11%	10%	NA	24%
Among CI Participants	24%	46%	51%	NA

Program Outcomes

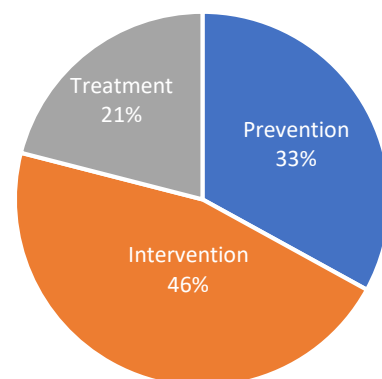
Parenting Education was delivered through group-based classes at Family Resource Centers. Curricula included Nurturing Parenting Program (NPP) and Make Parenting a Pleasure (MPAP). In FY 2019-20, there were 708 parents who attended 71 parenting workshops. Parental beliefs about child-rearing were tested using the Adult-Adolescent Parenting Inventory (AAPI), a tool that measures risk for child maltreatment. Overall, there were increases in parenting knowledge and skills across all parenting education programs. NPP Prenatal, NPP Infant Toddler Preschool (ITP), and NPP School Age, and MPAP displayed statistically significant increases between pre- and post-test.

Changes in AAPI Scores Before and After Parenting Education, Split by Class



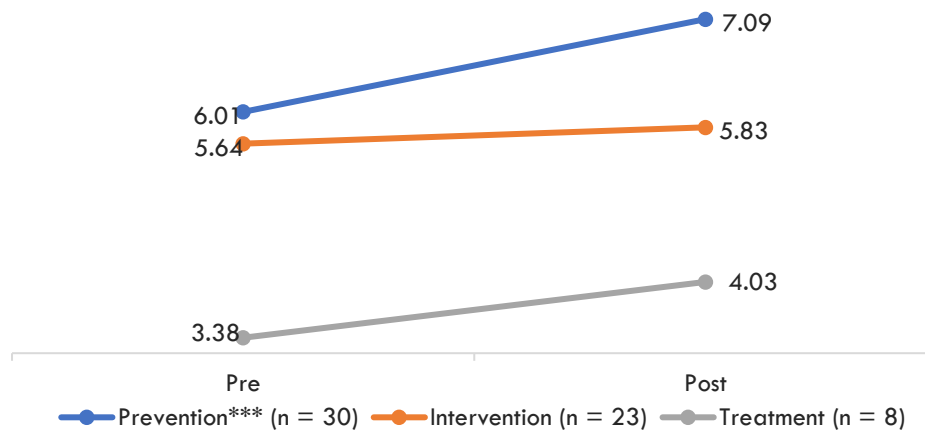
Source: FY 2019-20. Persimmony Export: Client Assessment by Answer Value. *** Indicates statistically significant difference at $p < .001$.

Birth & Beyond's **Home Visitation program** used the Nurturing Parenting Program (NPP), an evidence-based home visitation curriculum provided at least weekly, with a minimum of two months of visitation services. In FY 2019-20, 1,725 parents engaged in home visitation services. Parents were categorized into three groups based upon risk for child abuse indicated by their AAPI scores: prevention (low risk), intervention (moderate risk), and treatment (high risk). One third of participants were classified into the Prevention category, while almost half of participants (46%) were classified as Intervention clients, and over one fifth of clients (21%) were classified as Treatment clients.



All three groups demonstrated increases in AAPI scores after participation in home visitation.

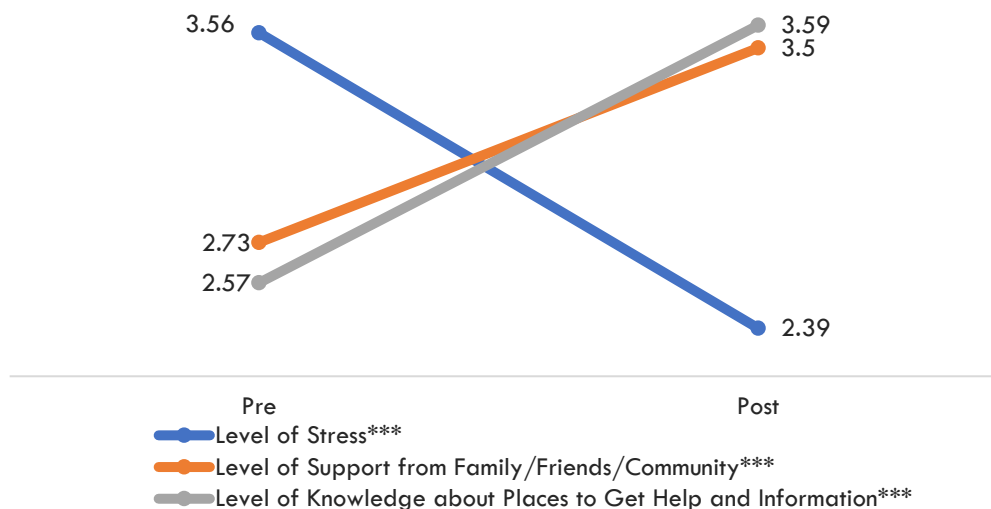
Increases in AAPI Scores amongst Different Service Groups in the Home Visitation Program



Source: FY 2019-20 Adult Adolescent Parenting Inventory, Persimmony Export: Client Assessment by Answer Value. * Indicates statistically significant change.

Crisis Intervention Services are brief, targeted services for Birth & Beyond clients who are experiencing pressing concerns or issues. In FY 2019-20, Crisis Intervention Services served 2,933 parents and provided 55% (1,509) of them with at least one referral or linkage. Pre- and post-tests of Crisis Intervention Services clients indicated that parents who engaged in these services had a **decrease in stress**, an **increase in knowledge about where to get help and information**, as well as an **increase in parents' perceived support from family, friends and their communities** (all at statistically significant levels).

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



Source: FY 2019-20 Quarterly Performance Measures report in Persimmony. Crisis Intervention Services Pre/Post test. ***Indicates statistically significant change at $p < .001$. Changes in Stress and Support: source – Family Development Matrix. Outcomes on a scale of 1 to 5: 1=none, 3=some, 5=a lot.

Since 2001, Birth & Beyond has been tracking [Child Welfare Outcomes](#) of families who received home visitation services to understand which level of dosage results in the best outcomes for families and children. For this report, 12 month outcomes were tracked for children whose families had intakes between March 1, 2019 and September 1, 2019. Data were obtained from CPS in September 2020, which allowed for even the latest intakes to have 12 month outcome data. *Results are only reported for those who had 8 hours of home visitation service or more, as less than that does not constitute adequate intervention.*

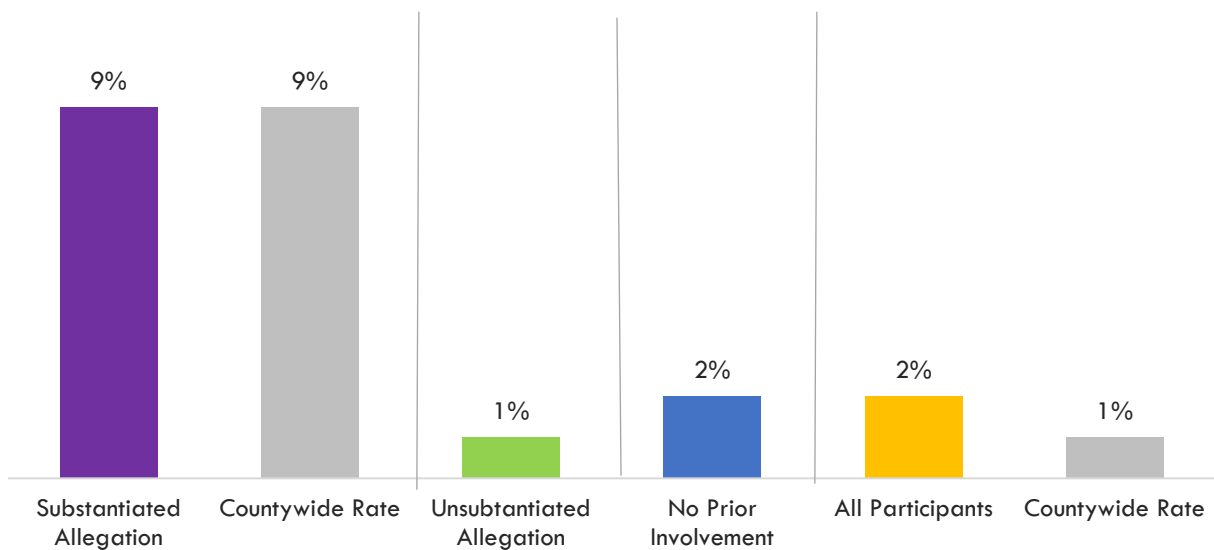
Primary prevention: Of those children who did not have any reported CPS involvement (n = 294), there were very low rates of CPS substantiated allegations post-involvement in the home visitation program (2% overall).

Secondary prevention: There was a sizeable number of participants who had prior involvement with CPS, but for whom the disposition of that involvement was not known (i.e., if the allegation was substantiated or not; n = 253). These results displayed very low rates of substantiated allegations after beginning home visitation (5%). Although this was a high-risk population because they had prior experience with CPS, there still were very low rates of recurrence.

Overall, when looking at the results across all types of participants and all dosage levels, just 2% had a substantiated CPS allegation within 12 months of their first home visit.



Percent with Substantiated Allegation 12 Months Post Intake, Among Differing Cohorts of Participants



Source: Persimmony Report, Home Visiting Clients and CPS look-up.

Highlights of Important Results:

Reach: 5,659 parents and 4,542 children were directly served during FY 19-20.

Enhanced Core Services:

Parenting Education Classes: All parenting classes with over 10 participants displayed statistically significant increases in AAPI scores after participation in parenting education classes.

Home Visitation Program: One third of participants were classified into the Prevention category, while almost half of participants (46%) were classified as Intervention clients, and over one fifth of clients (21%) were classified as Treatment clients. All three groups demonstrated statistically significant increases in AAPI scores after participation in home visitation.

Crisis Intervention Services: Pre- and post-tests of Crisis Intervention Services clients indicated statistically significant decreases in stress, increases in parents' knowledge about where to get help and information, and increases in parents' perception of the level of support

CPS Outcomes: Amongst all children in the Birth & Beyond home visitation program who had 8 or more hours of service, only 2% had a new CPS substantiated referral within 12 months of beginning home visitation services. Amongst children who came into service with a baseline substantiated allegation, 5% had a new substantiated allegation within 12 months, compared to the county's 12 month recurrence rate of 9%.





Birth & Beyond

Annual Evaluation Report

FY 2019-20



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Introduction

Beginning in 1999, the Birth & Beyond Program (Birth & Beyond) has worked to provide quality community-based programs and services to prevent child abuse and neglect throughout Sacramento County. Managed 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, Birth & Beyond receives funding from a variety of sources: First 5 Sacramento, the Sacramento County Department of Child, Family, and Adult Services (DCFAS), and the Corporation for National and Community Service (CNCS). First 5 Sacramento provides funding for children under the age of five and their families, while funding support from DCFAS allows Birth & Beyond to serve children ages 6-17 and their families. These two 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 the Child Abuse Prevention Center (CAPC), which collaborates with the six nonprofit organizations who operate the Birth & Beyond Family Resource Centers (FRCs) and are listed above, are responsible for implementation of Birth & Beyond services in nine neighborhood FRCs. CAPC serves as the central agency for the FSC, and also manages Birth & Beyond's extensive committee structure, conducts training, ensures fidelity to evidence-based models, and coordinates evaluation and reporting.

This report represents program operations and participant characteristics and outcomes during fiscal year (FY) 2019-20. Applied Survey Research 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

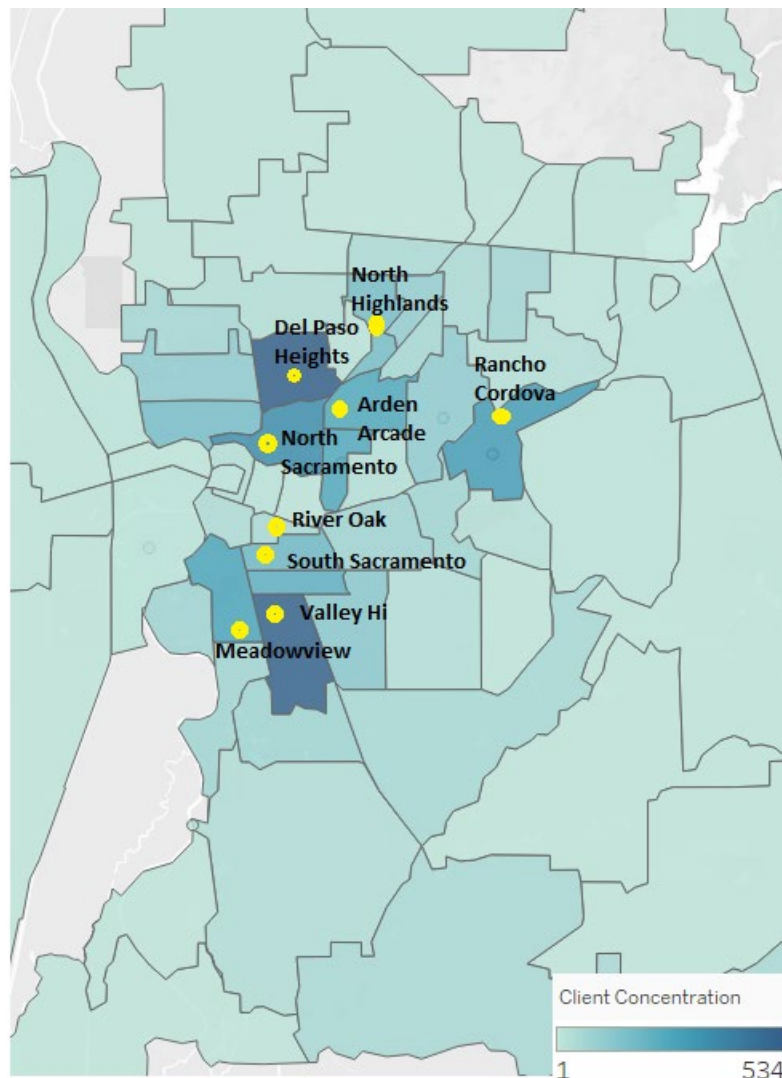
Birth & Beyond services are intended to improve the lives of children and their families, especially those from particularly at-risk backgrounds. Their services can be both stand-alone (the only service that family receives), or in conjunction with services from other agencies. Additionally, many families are served by multiple Birth & Beyond programs. Most services within Birth & Beyond are highly individualized and tailored to the specific needs of each family. Overall, Birth & Beyond favors a strengths-based approach to case management to maximize current skills of each participant, as well as to educate and increase skills in areas of need. 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 population 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 locate their Family Resource Centers in neighborhoods that are characterized by high birth rates, low income, and above the 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. The 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 next figure 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 1. Family Resource Center Locations and Families Served by Zip Code

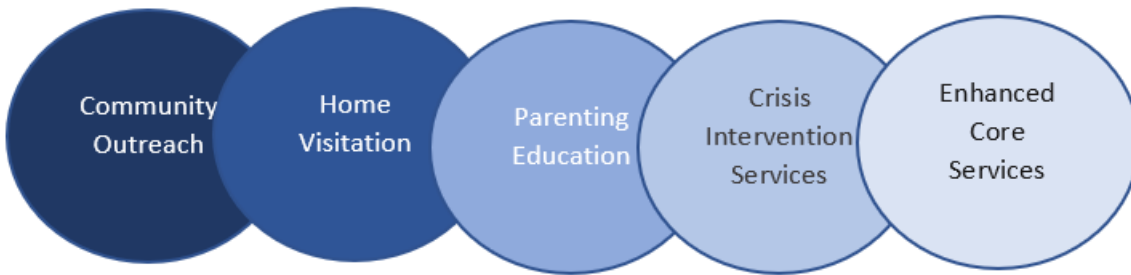


Located throughout Sacramento County in areas of high need, all FRCs provide standard services that are complemented by unique activities and special events that reflect the characteristics of its specific neighborhood. All Birth & Beyond activities, classes, community events, family activities, and direct services are operated out of the FRCs. It is important to note that FRCs are welcoming and family-friendly environments and are non-institutional.

Birth & Beyond services have evolved from their beginning in 1999. Originally, Birth & Beyond services solely provided home visitation case management services, which then expanded to include center-based family services, short-term crisis intervention services, and an extensive network of resources to provide to families and their children. The core services currently provided by Birth & Beyond through the FRCs include home visitation, parenting education, crisis intervention services, and enhanced core services. Home visitation clients receive direct case-management and parenting education through the *Nurturing Parenting Program* model in their own homes. Parenting education clients attend FRC-based workshops

based upon either *Making Parenting a Pleasure* or *Nurturing Parenting Program* models. Crisis intervention clients receive intense, short-term case-management services for emergent situations, such as homelessness, food instability, domestic violence, or substance abuse. Enhanced core clients receive “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.

Figure 2. Birth & Beyond Core Programs

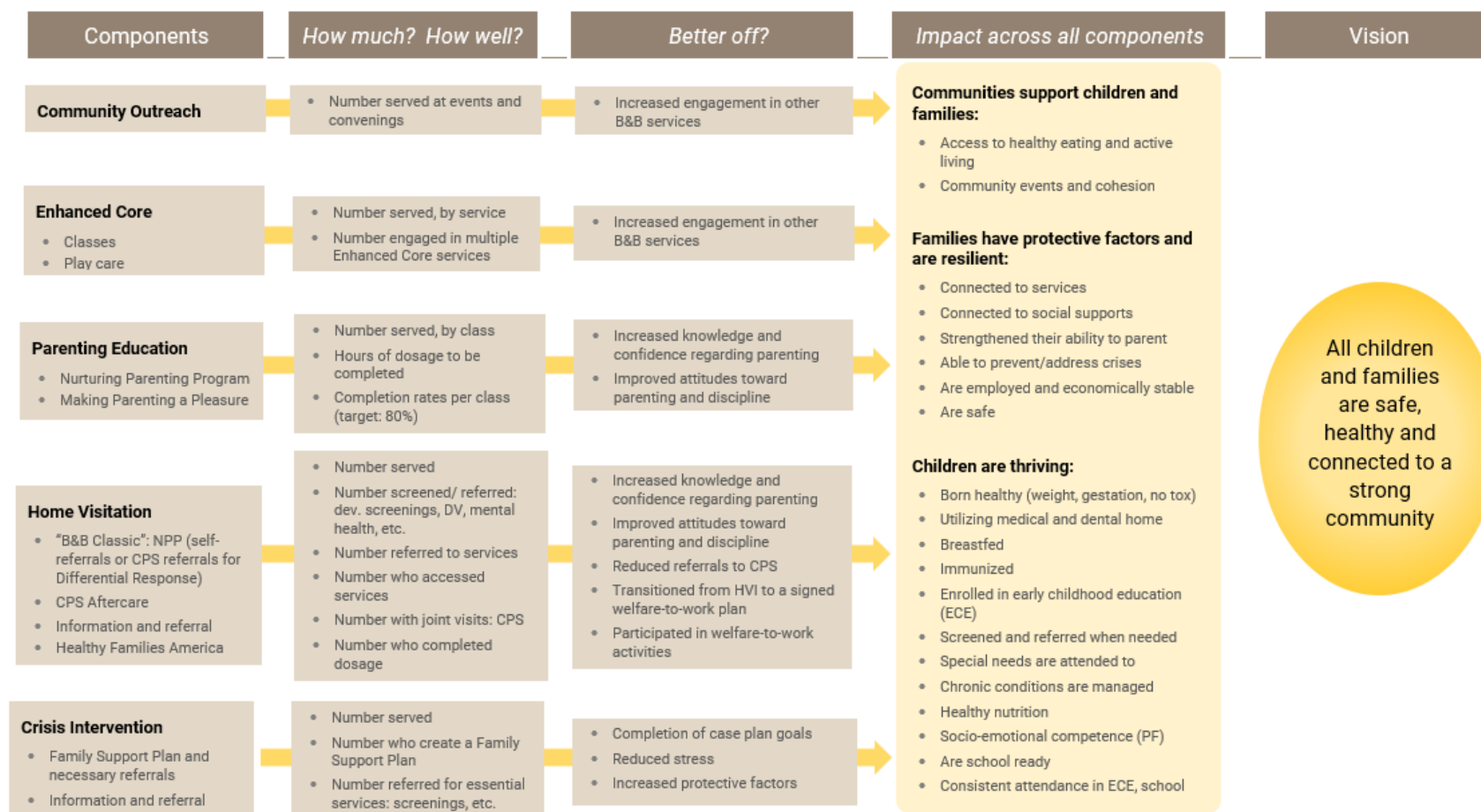


Birth & Beyond’s Results Based Accountability Framework

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 conception. 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 Visitation, and Crisis Intervention Services. The goals of overall community impact across all of these 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 3. Birth & Beyond's Results Based Accountability Framework, FY 2019-20

Birth & Beyond: Toward a Shared Vision of Success



COVID-19 and it's Impact on FY 19-20

The Coronavirus (COVID-19) pandemic heavily impacted all Birth & Beyond programing in the third and fourth quarters of FY 19-20. After the stay-at-home order was issued by the governor, most programs were forced to pause to figure out how to continue to best serve Sacramento families and their children, while maintaining safety for all staff and clients. Many programs launched new virtual services, provided needed supplies to families, and implemented new safety measures when in-person contact was necessary.

Because of the unexpected and unprecedented nationwide shutdown, all Birth & Beyond programs and Family Resource Centers (FRCs) were impacted. Although programs were able to be flexible and create new programming in a very short amount of time, COVID-19 continues to be a large factor in planned 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 2019-20, Birth & Beyond directly served 5,659 parents, 5,518 families, and 4,542 children. In addition, Birth & Beyond indirectly impacted 9,681 children whose parents received Birth & Beyond services. On average, a participant in Birth & Beyond spent 5.90 hours engaged in Birth & Beyond programming. Most of Birth & Beyond's programs offer enhanced referrals to necessary resources. The most common referrals in the overall Birth & Beyond population were: Health (i.e., insurance, medical home; 3,044), Safe Sleep Baby (1,140), and Crisis Nursery (1,075).¹

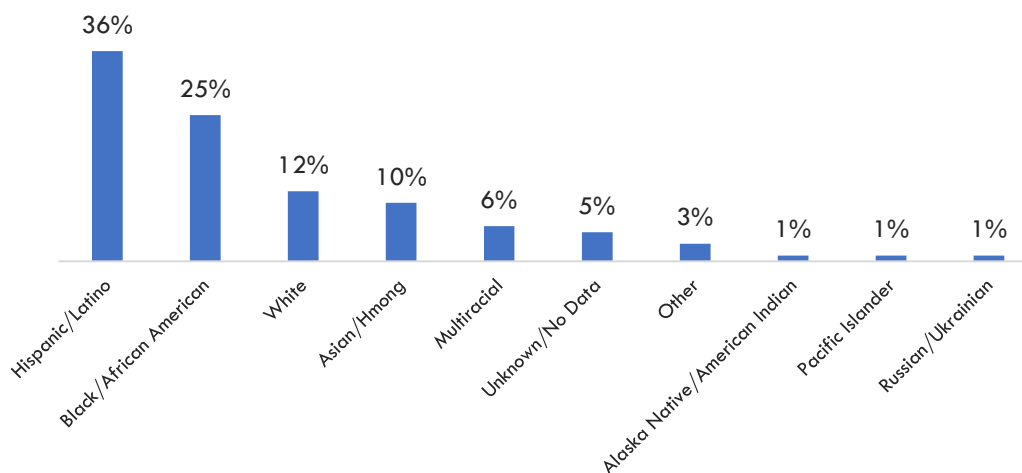
Figure 4. RBA Dashboard – Birth & Beyond: Overall

2019/20		
How much did we do?	# of parents directly served across the initiative	5,659
	# of families directly served across the initiative	5,518
	# of children directly served across the initiative	4,542
	# of children indirectly served across the initiative	9,681
	Average number of hours of direct service per client	5.90

Source: FY 2019-20. Persimmony Report By Client Demographic.

Of all Birth & Beyond clients during FY 2019-20, the most common racial identification was Hispanic/Latino (36%), followed by Black/African American (25%), and White (12%). The figure below depicts the full ethnic make-up of the Birth & Beyond population. Birth & Beyond serves a population with higher levels of minorities than Sacramento County in general, which contains White (43.7%), Hispanic/Latino (23.6%), Asian (15.9%), African American (9.3%), other (7.4%).²

Figure 5. Ethnic Distribution of All Birth & Beyond Clients



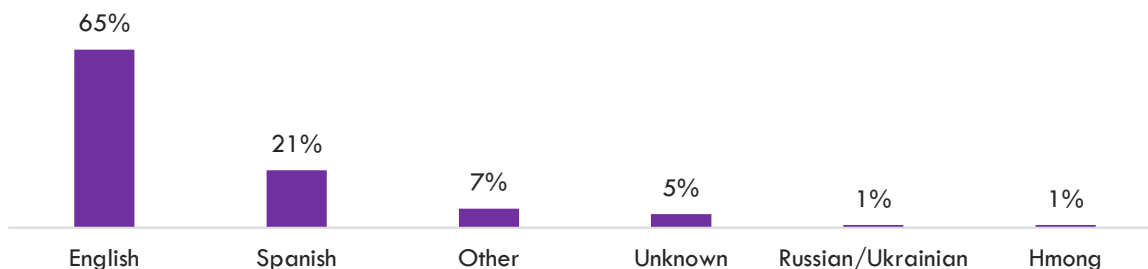
Source: FY 2019-20, Persimmony Report: By Client Demographic.

¹ Source: FY 2019-20. Persimmony Report By Client Demographic.

² Source: U.S. Census Bureau, 5 year estimates, 2019.

Among all Birth & Beyond clients during FY 2019-20, the most common primary language was English (65%), followed by Spanish (21%). See the figure below for the full language distribution.

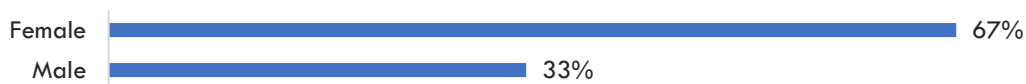
Figure 6. Language Distribution of All Birth & Beyond Clients



Source: FY 2019-20, Persimmony Report: By Client Demographic.

As displayed in the figure below, the majority of Birth & Beyond participants were female. This is largely due to the fact that mothers were more involved in Birth & Beyond services than were fathers; among the 4,746 parents that had available data, 84% were mothers and 16% were fathers. Children of both genders, on the other hand, were equally likely to participate in Birth & Beyond programming; among the 4,161 children with available data, 48% were girls and 52% were boys.

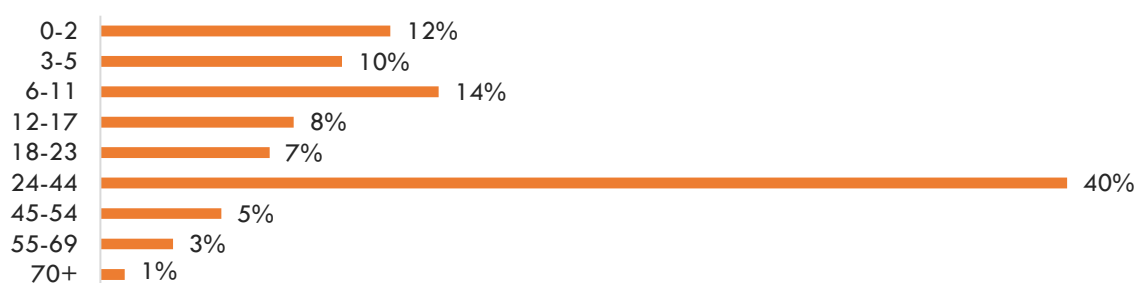
Figure 7. Gender Distribution Among All Birth & Beyond Participants (Adults and Children)



Source: FY 2019-20, Persimmony Report: By Client Demographic.

The figure below displays the age range distribution among all Birth & Beyond participants, both parents and children. The most common age range of participants was 24-44 (54%), which is the primary age for becoming a parent.

Figure 8. Age Range Distribution Among All Birth & Beyond Participants³



Source: FY 2019-20, Persimmony Report: By Client Demographic.

³ The children listed in this graphic are those who received a direct service, not those who were indirectly impacted by B&B services.

Community Outreach

Community Outreach through events and activities at the FRCs are an essential component of Birth & Beyond. FRCs regularly host and participate in community events throughout the year.

Event Narratives

The following are selected event narratives from various FRCs. These narratives do not comprise all of the events conducted in the fiscal year but offer a sampling of successful highlighted events. Additionally, COVID-19 severely impacted many events that were scheduled for the third and fourth quarters of the fiscal year.

Valley Hi

The Valley Hi Family Resource Center continued to offer stress reduction classes, such as Apoyo de Mujeres and fitness classes, for parents. Valley Hi's School Readiness Home Visitor continued conducting joint visits throughout their AmeriCorps term of service and concluded Valley Hi's summer programs with a science class called "Solution Squad" for young children. Valley Hi's Engagement Specialist hosted her own science class called "Compound Crew" for children six and older. Valley Hi's Engagement Specialist also designed and executed "Kids' Time" to occupy the children who were accompanying their parents to parenting classes while they were on summer break from school. This included a variety of activities, such as dominoes, water rockets, and water day. There were also social development aspects integrated into the activities. Valley Hi also hosted eVibe's "Too Good For Violence" class, which focuses on bully prevention for school-aged children. Summer programming and class attendance had a large turnout this summer due to their combined efforts and successful outreach.

North Sacramento

In collaboration with the office of Assembly Member Kevin McCarty, the North Sacramento staff held a Back to School Bash at Smythe Elementary, distributing backpacks and school readiness materials to over 650 children.

La Familia

La Familia Counseling Center hosted the Most Valuable Parent Awards luncheon for all nine Birth & Beyond sites at the Maple Neighborhood Center on July 13th, 2019. Despite it being a very hot day, the parents enjoyed great food as well as celebration and appreciation of their services. This is such an important event for Birth & Beyond to sincerely thank and appreciate its parents for all the time and effort they put into teaching parenting, modeling being great parents, and providing outreach for the Birth & Beyond Program. During this Quarter, La Familia organized five Neighborhood Pop-Up events. These were sponsored by the city for older neighborhood youth to have healthy and fun activities to attend. This was not a specific Birth & Beyond event, but La Familia contacted all of its 6+ families. La Familia also had some kids with their parents or older kids that brought their younger siblings. La Familia realized that many of its families prefer to be out together. Many brought the whole family, even though the event was for older children. Most events served food and provided raffles and prizes to the participants. Each Friday evening event was different. Some of the themes included Superhero's, Casino Games, Computer Gaming, and Movie Night.

River Oak

During the summer, River Oak hosted two “Movie Nights” and one “Game Night.” These events were well attended by families across all programs. Over the summer, River Oak also had pre-filled backpack giveaways for families in need. River Oak participated in Supervisor Phil Serna’s fifth annual South Oak Park/Fruitridge Pocket Neighborhood National Night Out held on August 6th, 2019. This event provided neighbors and residents with free pizza and ice cream, outstanding entertainment, family fun, free haircuts, giveaways, and information regarding services within the community. Finally, River Oak participated in the Sacramento Food Bank’s ESL Extravaganza on August 2nd, 2019, at which 235 families were in attendance.

Mutual Assistance Network – Del Paso Heights

Mutual Assistance Network continued its targeted, bimonthly Youth Pop-Up events, serving anywhere from 50 to 100 families in the North Sacramento area with each event. Mutual Assistance Network’s grassroots, street-level outreach continues to build and maintain authentic and lasting relationships with neighbors, partners, and residents.

Folsom Cordova

Folsom Cordova Community Partnership added a new Mexican Folkloric dance workshop for children ages 3 to 15 in September 2019. There are currently 20 children participating regularly. The parents of the children asked if, while waiting, they could create a family group in another room focused on Chair Yoga activities at the same time. This is currently well attended, and both rooms are full to capacity.



Enhanced Core 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. Enhanced core services are a means to connect families to the FRCs and promote engagement with more intensive FRC services, such as home visitation or parenting education workshops. Activities in the Enhanced Core service categories include child development activities, life skill classes, peer support groups, and stress reducing activities. In FY 2019-20, there were a total of 16,167 Enhanced Core Services provided to 2,755 families. On average, families spent 9.72 hours participating in Enhanced Core Services. While parents were occupied in workshops, classes, or peer support groups, Play Care Services were offered so that their children could remain safe and happy. There were 3,178 Play Care Services provided to 1,245 children during FY 2019-20.

Figure 9. RBA Dashboard - Enhanced Core

2019/20		
How much did we do?	Numbers Served	
	# of unduplicated families	2,755
	# of unduplicated parents ⁴	2,834
	First 5-funded	1,898
	DCFAS-funded	794
	Community	86
	# of unduplicated children	2,304
	Number of Services	
	# of duplicated Enhanced Core Services	16,167
	# of unduplicated children receiving Play Care Services	1,245
	# of duplicated Play Care Services provided ⁵	3,178
How well did we do it?	Level of Service	
	Average # of hours participating in Enhanced Core Services, by family	9.72
Is anyone better off?	Family Engagement in other FRC Services	
	Crisis Intervention	24%
	Home Visitation	11%
	Parenting Education	7%

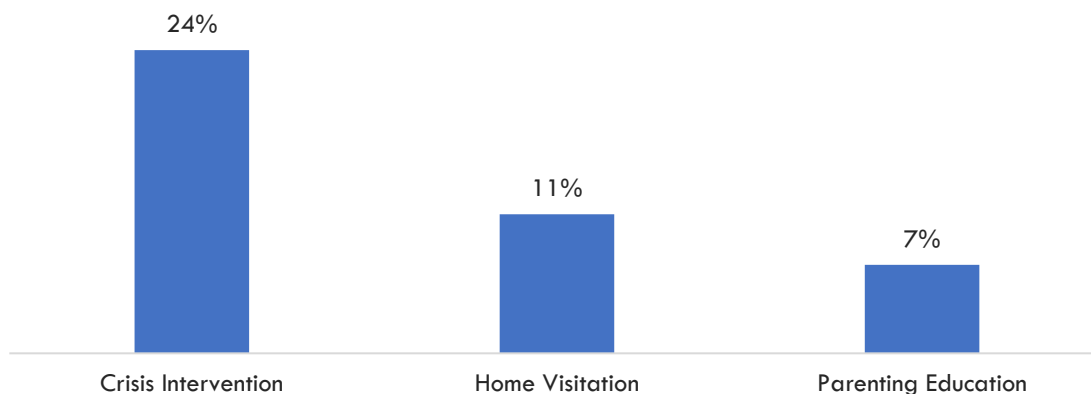
Source: FY 2019-20 Persimmony Client Reports and Exports.

⁴ Funding information was not available for 55 parents.

⁵ Includes Play Care services for children whose parents were attending Parent Education workshops and/or participating in Enhanced Core services.

Additionally, about one-quarter (24%) of families who were provided Enhanced Core Services also received Crisis Intervention, followed by 11% who also received Home Visitation, and 7% who also received Parenting Education (see figure below).

Figure 10. Enhanced Core Familial Participation in Other FRC Services



Source: FY 2019-20. Persimmony Export: Client Service

Success Story

A mother in the North Sacramento program is currently handling a federal criminal case that involves her and her husband. In the last year, she has completed all requirements of an Informal Supervision Child Protective Services case plan to get her children back into her custody. This mother needed to complete several requirements as part of her case plan, which was a challenge for her due to all of her other life responsibilities. Despite these challenges and the level of stress that she was experiencing, this mother came into the North Sacramento court-mandated parenting workshop, Making Parenting a Pleasure, with an open mind and heart. She made genuine connections and positive working relationships with the Family Resource Aides and the Family Resource Center Coordinator throughout the course. Her children enjoyed Playcare during the classes, and team members often reported to her how well-behaved her children were in the FRC. Following her engagement in the parenting workshop, she has become a consistent participant in Group Exercise in the mornings to manage stress, Circle Time for parent-child bonding with her young ones, and a new support group, Supporting Mothers in Recovery. She has recently enrolled in her second parenting workshop at the Family Resource Center, because she wants to continue working on parenting her two children in a more positive and nurturing manner. In the beginning, her children were both shy and standoffish. Since her involvement in Family Resource Center activities, the children have bonded with staff members and feel more comfortable being in the Playcare setting, which has allowed the mom to enjoy the support and respite services at the FRC with confidence. This mother, in particular, is a testament to the strength of the North Sacramento program and services that address several protective factors of parents and children to improve families' abilities to cope with life stressors and build resilience. Within a single week at the Family Resource Center, this mother found support in her ongoing sobriety, ways to relieve stress, comfort in social supports, strategies to improve parent-child bonding, and knowledge about child development and parenting strategies.

Parenting Education

Parenting education classes are group-based classes conducted at Family Resource Centers. To support parent attendance, transportation services are provided, as well as Play Care services during class time. In FY 2019-20, 708 parents attended 71 parenting workshops. Parent beliefs about child-rearing were tested using the Adult-Adolescent Parenting Inventory (AAPI), a tool that measures risk for child maltreatment. It 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). Parents completed the AAPI before beginning the parenting education program and again after completion. Across both the Making Parenting a Pleasure and Nurturing Parenting Program, there were statistically significant increases in parenting knowledge and skills among participants. The FY 2019-20 findings are presented in the table below.

Figure 11. RBA Dashboard – Parenting Education

		FY 2019-20	
How much did we do?	# of unduplicated parents served ⁶	708	
	First 5-funded	422	
	DCFAS-funded	272	
	Community-funded	5	
	# of parents who attended parenting workshops ⁷		
	Making Parenting a Pleasure	451	
	Nurturing Parenting Program: Infant, Toddler, Preschool	195	
	Nurturing Parenting Program: School Age	151	
	Nurturing Parenting Program: Fathers	3	
	Nurturing Parenting Program: Teen	6	
	Nurturing Parenting Program: Prenatal	4	
How well did we do it?	Level of Completion (% who had a post survey) ⁸		
	Nurturing Parenting Program: School Age	76%	
	Nurturing Parenting Program: Infant, Toddler, Preschool	58%	
	Making Parenting a Pleasure	60%	
Is anyone better off?	Increased level of parenting knowledge and skills (AAPI)	Pre	Post
	Nurturing Parenting Program: Infant, Toddler, Preschool (n = 139 matched sets)***	5.89	6.69
	Nurturing Parenting Program: School Age (n = 115 matched sets)***	5.83	6.22
	Making Parenting a Pleasure (n = 319 matched sets)***	5.90	6.52
	Family Engagement in other FRC Services		
	Crisis Intervention	46%	
	Enhanced Core	23%	
	Home Visitation	10%	

Source: FY 2019-20 Persimmony Client Reports and Exports. *** Indicates statistically significant difference at $p < .001$.

⁶ Funding information was not available for 9 parents.

⁷ Some parents attended more than one workshop, which is why the total of this section is 810 and not 708

⁸ Classes that had less than 10 participants are omitted here and in the next section, due to small sample size

Making Parenting a Pleasure

Making Parenting a Pleasure (MPAP) is a research- and evidence-based parenting curriculum that addresses key topics including self-care, stress and anger management, understanding child development, communication skills, and positive discipline. MPAP is group-based and discussion-focused and typically consists of 13 modules.

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. NPP can be taken as a group course or individualized lessons. Birth & Beyond offers NPP as a group course in its parenting education program, and through individualized lessons in its home visiting program. In FY 2019-20, Birth & Beyond offered multiple NPP courses that were designed to provide different information based upon the age(s) of children and the gender of the parent. The NPP courses that were offered were: NPP Fathers, NPP Prenatal, NPP Infant/Toddler/Preschool (ITP), and NPP School Age. The workshop completion rates are displayed in the figure below.

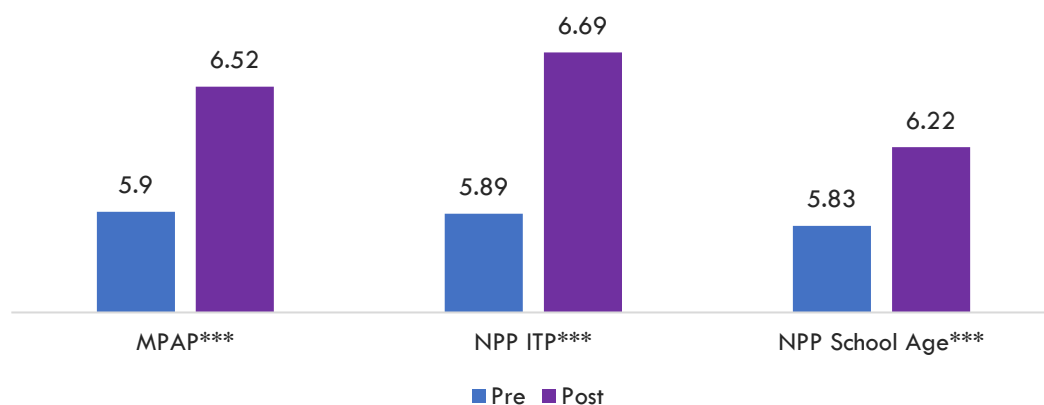
Figure 12. Level of Completion for Each Parenting Education Class



Source: FY 2019-20. Persimmony Export: Client Assessment by Answer Value.

The following figure demonstrates the increases in parenting knowledge and skills, using the Adult-Adolescent Parenting Inventory. Overall, there were statistically significant increases in parenting knowledge and skills across all parenting education programs.

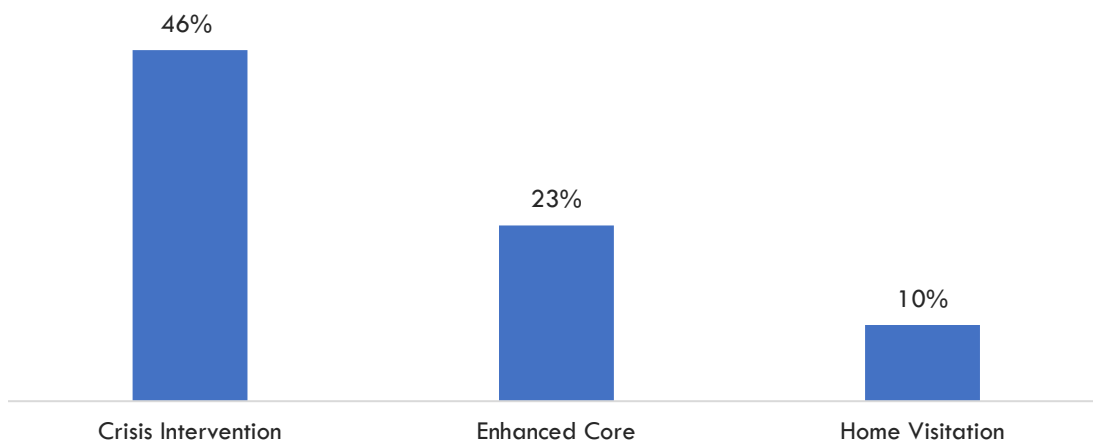
Figure 13. Changes in Parenting Knowledge and Skills, Before and After Participation in an NPP or MPAP Program



Source: FY 2019-20. Persimmony Export: Client Assessment by Answer Value. *** Indicates statistically significant difference at $p < .001$.

Additionally, almost half (46%) of families who were provided Parenting Education Services also received Crisis Intervention, followed by 23% who also received Enhanced Core Services, and 10% who also received Home Visitation (see figure below).

Figure 14. Parenting Education Participants' Engagement in Other FRC Services



Source: FY 2019-20. Persimmony Export: Client Service

Success Story:

Kelsey, a 35-year-old single mother of four children who had been separated from her children's father many years prior, was referred to the Meadowview FRC by a family member because she had concerns with her 9-year-old son. He had not been talking much and she would get frustrated when he couldn't say words that even his younger siblings were unable to understand. Kelsey needed resources to help her better assist and understand how to engage with him. She said that during homework time he would shut down and not complete the work since he was not able to understand it. She would eventually become frustrated and start yelling at him to get his work done. She was very interested in learning new ways to become a more patient and nurturing mother, especially in regard to helping him complete his homework.

"This program has provided me with resources I didn't know existed in communities where I live. I felt bad because I was not aware that my son had a speech disorder, and I was growing frustrated with him. Being a single mother of children can be a bit challenging at times. I learned that my son is now able to speak more than ever and communicate better than ever. I have now learned that it takes patience and communication to deal with a child with special needs."

Once at the Meadowview FRC Kelsey was referred to SCOE and had an IEP completed for her son through the Sacramento Unified School District. The results of the IEP revealed that her son needed weekly one-on-one assistance with a speech therapist while attending school. Kelsey has learned a lot about her son's speech disability and the parenting education curriculum has helped her become more patient. She now gets to his eye level when speaking to him instead of yelling or getting frustrated. She has taught him to ask for help when he feels like he is starting to get upset or irritable. Additionally, she was taught that her son had a disability and that she had been unaware how to interact with him without getting upset. Moreover, she learned valuable techniques to manage her own frustrations and anger better.

Home Visitation

The Home Visitation program through Birth & Beyond uses the Nurturing Parenting Program (NPP), an evidence-based home visitation curriculum provided at least weekly, with a minimum of two months of visitation services. In FY 2019-20, 1,725 parents engaged in home visitation services. Participants were screened using the Adult Adolescent Parenting Inventory (AAPI), a tool that measures risk for child maltreatment. It 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 15. RBA Dashboard: Home Visitation Services

		2019/20	
How much did we do?	# of unduplicated parents who received home visits through NPP ⁹	1,725	
	First 5-funded	1,358	
	DCFAS-funded	295	
	Community-funded	5	
	# of unduplicated families served	1,713	
	# of unduplicated children served	1,541	
	# (%) of unduplicated parents who developed a Family Nurturing Plan (in FY) ¹⁰	509 (30%)	
	# (%) of parents referred by CPS	335 (19%)	
	Program Assignment ¹¹		
	% who were assigned to Prevention (low risk; n = 71)	33%	
	% who were assigned to Intervention (moderate risk; n = 99)	46%	
	% who were assigned to Treatment (high risk; n = 45)	21%	
	# of unduplicated families who received joint visits with:		
	Health Liaison	123	
	CPS	206	
How well did we do it?	Help Me Grow Screenings		
	# screenings conducted	135	
	# (%) of children whose screening indicated a developmental need ("below cutoff")	24 (18%)	
	Mean # of lessons completed ¹²		
	Prevention clients (n = 50)	11.14	
	Intervention clients (n = 55)	8.95	
Is anyone better off?	Treatment clients (n = 18)	8.78	
	Help Me Grow Screenings		
	# (%) of children with developmental concern on ASQ who received a referral	12 (50%)	
	Improved parenting (Adult Adolescent Parenting Inventory) ¹³	Pre	Post
	Prevention Group (Low risk; n= 30 matched sets)***	6.01	7.09
	Intervention Group (Moderate risk; n= 23 matched sets)	5.64	5.83
	Treatment Group (High risk; n= 8 matched sets)	3.38	4.03

⁹ Funding information was not provided for 67 parents.

¹⁰ It is important to note that since families could have begun NPP lessons in the previous fiscal year, this number does not represent all families who had a Family Nurturing Plan.

¹¹ There were high levels of missing data in this category (n = 1,510). Interpret results with caution.

¹² Service dosage data was missing for 92 clients who had a program assignment.

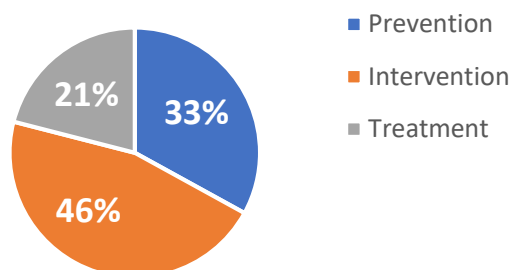
¹³ Scores are among those who had both pre- and post-data.

		2019/20
	Help Me Grow Screenings	
	# (%) of referrals that were followed-up	7 (58%)
	# (%) of HMG services accessed	5 (71%)
	Family Engagement in other FRC Services	
	Crisis Intervention	51%
	Enhanced Core	21%
	Parenting Education	6%

Source: FY 2019-20 Quarterly Performance Measures report in Persimmony, and Family Information Form. * Indicates statistically significant difference.

After completion of the AAPI, Birth & Beyond categorized the participants based upon their scores and the level of risk for child abuse or neglect. There are three categories that then determine the required number of NPP lessons: Prevention (low risk for perpetrating child abuse/neglect, 16 required lessons); Intervention (moderate risk for perpetrating child abuse/neglect, 24 required lessons); and Treatment (high risk for perpetrating child abuse/neglect, 55 required lessons). One third of participants were classified into the Prevention category, while almost half of participants (46%) were classified as Intervention clients, and over one-fifth of clients (21%) were classified as Treatment clients (see figure below).

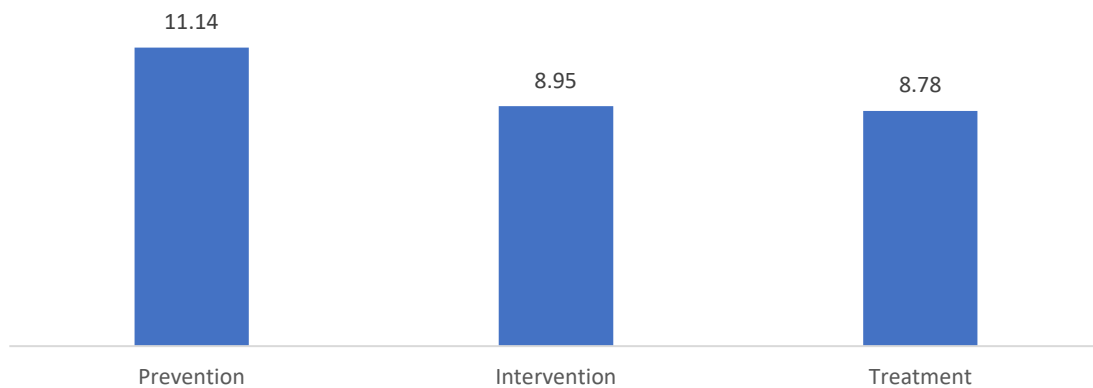
Figure 16. Level of Nurturing Parenting Program Home Visitation



Source: FY 2019-20. Persimmony Export: Client Service, n = 215.

In terms of the number of lessons completed by assigned group, it is also important to note that these results should be interpreted cautiously, as there were high amounts of missing data for number of lessons completed and therefore the sample size for each group is quite low.

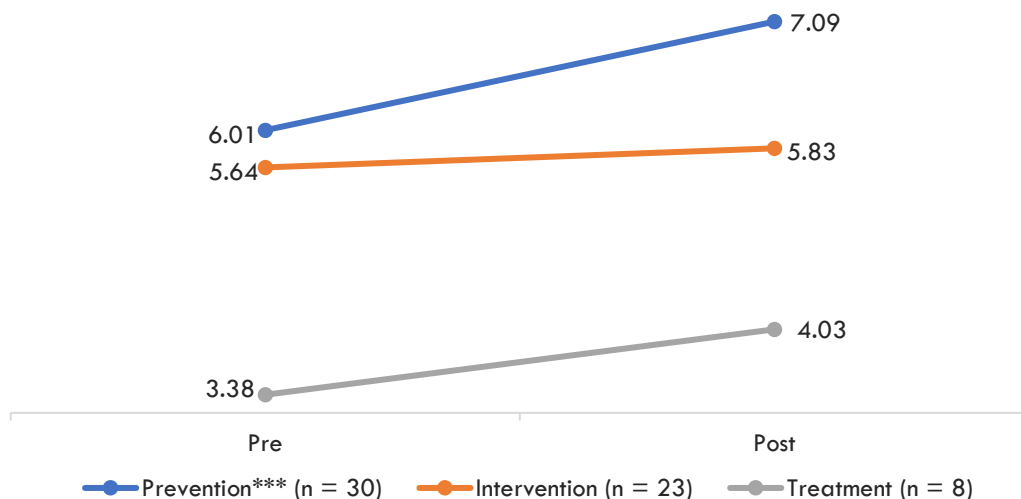
Figure 17. Number of NPP Lessons Completed, by Program Assignment



Source: FY 2019-20. Persimmony Export: Client Service, n = 123.

The two figures below display changes in parenting knowledge, confidence, and attitudes before and after participation in the NPP Home Visiting Program. The first figure displays differences in overall AAPI scores, by program assignment. There were observable increases in scores across all groups, however, likely due to small sample size, only the prevention group displayed statistically significant increases in AAPI score.

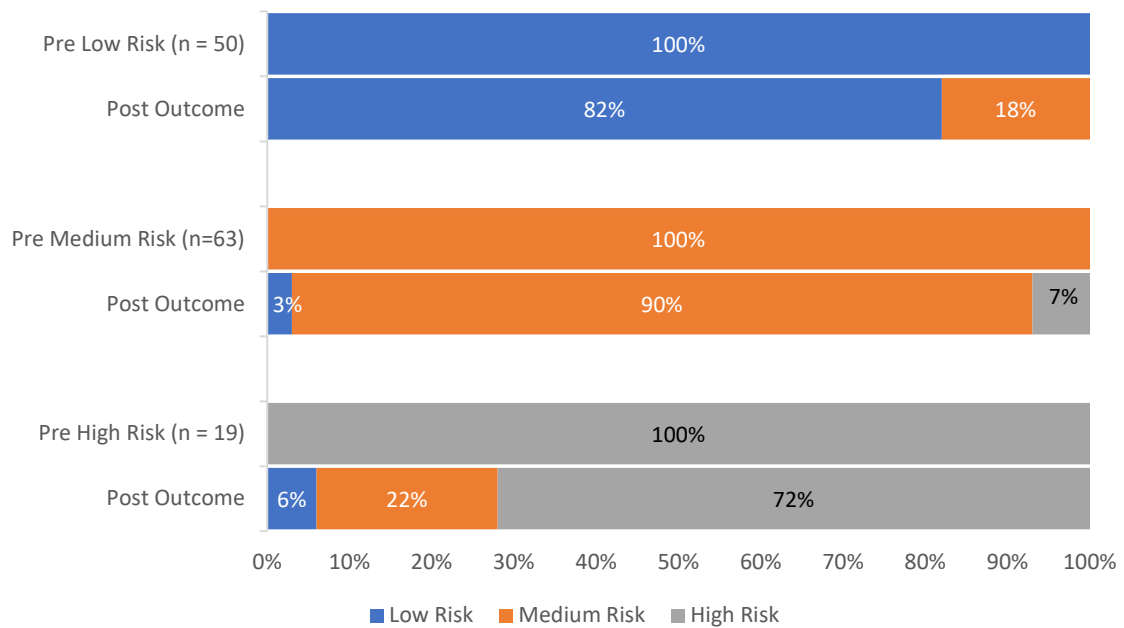
Figure 18. Increases in AAPI Scores Before and After NPP Home Visitation, by Program Assignment



Source: FY 2019-20 Adult Adolescent Parenting Inventory, Persimmony Export: Client Assessment by Answer Value. * Indicates statistically significant change.

The following chart displays the change in AAPI risk level, before and after the NPP program. Of those who were classified as high risk at the beginning of services, by the end of services almost one quarter were re-classified as medium risk and 6% were re-classified as low risk.

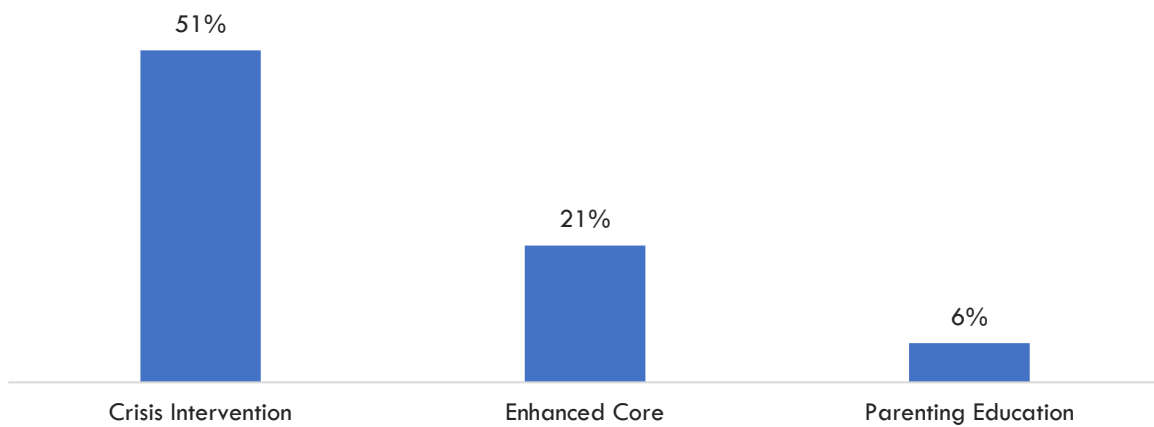
Figure 19. Changes in Parental AAPI Risk Level¹⁴



Source: FY 2019-20 AAPI Scores, n = 132 matched sets with both pre and post scores.

Additionally, over half (53%) of families who were provided Home Visitation Services also received Crisis Intervention, followed by 22% who also received Enhanced Core Services, and 5% who also received Parenting Education (see figure below).

Figure 20. Home Visitation Participants' Engagement in Other FRC Services



Source: FY 2019-20. Persimmony Export: Client Service

¹⁴ There were many cases (n = 426) that were not given an NPP designation in Persimmony but did have completed pre- and post-AAPI assessments. Many of these cases were labeled as Intake, but not updated with the NPP classification.

Success Story:

Dulce, a Folsom Cordova mother of two was referred to Home Visitation at the birth of her second child. It appeared to the hospital staff that she was under considerable duress and might benefit from supportive services. Dulce shared that she was suffering from stress, which later was diagnosed as Post-Partum Depression. She shared with her Home Visitor that she was having challenges communicating with her 14-year-old son and that there was an increase in his negative behavior. Her initial assessments recommended the highest level of services be offered. She shared that they arrived in the United States about a year and a half ago as a result of her escaping regional violence. She said she was working full-time here and had engaged an attorney to help her with gaining asylum prior to her pregnancy.

The transition from Mexico had been hard on both Dulce and her son. However, when she became pregnant, she saw an increase in her older son's negative behaviors both at school and at home. They were living with her son's paternal grandmother at the time, who was unhappy that Dulce had a new relationship and had become pregnant. Dulce shared that the living situation was strained and that she felt very uncomfortable but was not being asked to leave because of the grandson living there too. At this point, Dulce said she became somewhat despondent and eventually had to stop working until the child was born. Upon sharing this situation, the Home Visitor assisted Dulce with mental health and medical provider referrals that identified the Post-Partum Depression and created a larger circle of support to the mother.

Dulce shared that since seeking support, she has experienced her mood lifting enough to return to work and to be more present for her son's concerns. She actively participates at all Home Visits and works on relating to her older child. She says that she feels more hopeful and available for his concerns. The Home Visitor supported Dulce in contacting the child's teachers and creating a plan of support for any studies he was behind in. Since this intervention, the son has had a decrease in negative behaviors at school. Dulce shares that she also sees a decrease in anger outbursts from her son and is considering a mental health referral for him as well. When a second parenting assessment was administered, there was an increase in skills around "family roles" and "discipline." Dulce is again employed and working with a lawyer to secure their immigration status, and she is looking forward to the future.

CalWORKs Home Visitation

In Spring 2019, Birth & Beyond was awarded a multi-year grant through a Sacramento County competitive process to provide home visitation services to families receiving CalWORKs. The California Department of Social Services allocates funding to the Sacramento County Department of Human Assistance, who has a revenue agreement with First 5 Sacramento for the coordination, oversight, and monitoring for the State Home Visitation Initiative. First 5 Sacramento then entered into a contract with CAPC to fund Birth & Beyond to implement the program.

Healthy Families America

Birth & Beyond receives referrals from the Sacramento County Department of Human Assistance and uses the evidence-based home visitation model known as Healthy Families America (HFA). Enrollment in HFA is restricted to mothers who are pregnant or have an infant up to three months of age. By using the HFA model, Birth & Beyond hopes to identify and address family and child hardships to reduce stress in the home, nurture positive parent-child interactions, and improve family stability.

In FY 19-20, Healthy Families America served 343 adults and 146 children, with the highest number of referrals to the program coming from the Department of Human Assistance (DHA), followed by Birth & Beyond, and self-referrals. Of those served, the highest number were Welfare-to-Work Eligible or Exempt (n = 137), first-time parents (n = 112), and pregnant individuals (n = 102). Well over 2,500 home visits were conducted with this population and 152 developmental screenings were conducted for children.

One of the most important components of the home visitation program includes provision of referrals and supporting clients to contact the resource and eventually be enrolled in services. For example, there were 130 referrals to mental health services, 93 (72%) referrals were followed-up on, and 26 (28%) of those referrals actually resulted in the client receiving that service. This information can be used to pinpoint the specific area that clients may need higher levels of assistance in to receive needed services. In this example, most clients did follow-up on the given referral, however only 28% actually ended up receiving services. Perhaps clients were not eligible or did not end up making an appointment. This is an area where home visitors can provide additional support to their clients.

The full list of referrals given, number followed-up, and number of services received can be found in the table below.

Figure 21. RBA Dashboard: Healthy Families America CalWORKs Home Visitation

2019/20		
How much did we do?	# served by Healthy Families America	
	Adults	343
	Children	146
	Referrals to Program	
	From DHA	142
	From Birth & Beyond	59
	Community Agency	21
	Self	50
	Hospitals/Clinics	17

2019/20		
	CPS	2
	WIC	2
	Other	43
	No Answer	7
	Recruitment	
	Offered HV Services	228
	Declined HVP Services	83
	Received HVP Services	143
	Pending	2
	Clients Served	
	Pregnant Individuals	102
	First-Time Parents	112
	Welfare to Work Eligible or Exempt	137
	Child-Only Aid	43
	Cal-Learn (First time teen parents)	5
	Expanded Population	0
	Children Aged 0-11 Months	69
	Children Aged 12-23 Months	17
	Children Aged 24 Months and Over	60
	Dosage	
	# Home Visits Completed	2,622
	Core Services	
	# of Developmental Screenings Conducted	152
	Referrals	
	Developmental screening	81
	Prenatal care	16
	Infant and toddler health care	49
	Infant and child nutrition services (WIC)	27
	Early learning setting or parent and child interaction activity	205
	Work readiness services	61
	Adult Academic or instructional services	68
	Intimate partner violence services	40
	Substance abuse services	0
	Mental health services	130
	Housing support	93
	CalFresh	19
	Immigration legal services	36
	English as second language services	6
How well did we do it?	Follow-Up on Referral # (%)	
	Developmental screening	57 (70%)
	Prenatal care	11 (69%)
	Infant and toddler health care	41 (84%)
	Infant and child nutrition services (WIC)	11 (41%)
	Early learning setting or parent and child interaction activity	160 (78%)
	Work readiness services	34 (56%)
	Adult Academic or instructional services	45 (66%)
	Intimate partner violence services	30 (75%)
	Substance abuse services	NA

2019/20		
	Mental health services	93 (72%)
	Housing support	60 (65%)
	CalFresh	13 (68%)
	Immigration legal services	21 (58%)
	English as second language services	4 (67%)
Is anyone better off?	Referred Services Accessed # (%)	
	Developmental screening	30 (53%)
	Prenatal care	11 (100%)
	Infant and toddler health care	21 (51%)
	Infant and child nutrition services (WIC)	7 (64%)
	Early learning setting or parent and child interaction activity	90 (56%)
	Work readiness services	10 (29%)
	Adult Academic or instructional services	15 (33%)
	Intimate partner violence services	11 (37%)
	Substance abuse services	NA
	Mental health services	26 (28%)
	Housing support	29 (48%)
	CalFresh	9 (67%)
	Immigration legal services	10 (48%)
	English as second language services	1 (25%)



Crisis Intervention Services

Crisis Intervention Services (CIS) are intended to be brief, targeted services for Birth & Beyond clients who are 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. Case management and referrals to Family Resource Centers and the Crisis Nursery, as appropriate, are provided to the parents. In FY 19-20, Crisis Intervention Services served 2,933 parents and provided 1,509 (or 55%) families with at least one referral or linkage.

Figure 22. RBA Dashboard: Crisis Intervention

		2019/20	
How much did we do?	# of unduplicated parents with Intervention Service Record ¹⁵	2,933	
	First 5-funded	1,742	
	DCFAS-funded	825	
	Community-funded	334	
	# of unduplicated families served	2,764	
	# of unduplicated families with pre-assessment (ISR Stress Assessment)	1,391	
	# of unduplicated families with post-assessment (ISR Stress Assessment)	1,205	
How well did we do it?	Level of Completion		
	# (%) of unduplicated families with at least one referral/linkage	1509 (55%)	
	# of unduplicated families with a Crisis Intervention Case Management Plan	989	
	Stress Reduction ¹⁶	Pre	Post
	Level of stress***	3.56	2.39
	Level of support from friends/family/community***	2.73	3.50
	Level of knowledge about places to get help and information***	2.57	3.59
	Families who also participated in other FRC services		
	Home Visitation	24%	
	Enhanced Core	22%	
	Parenting Education	13%	

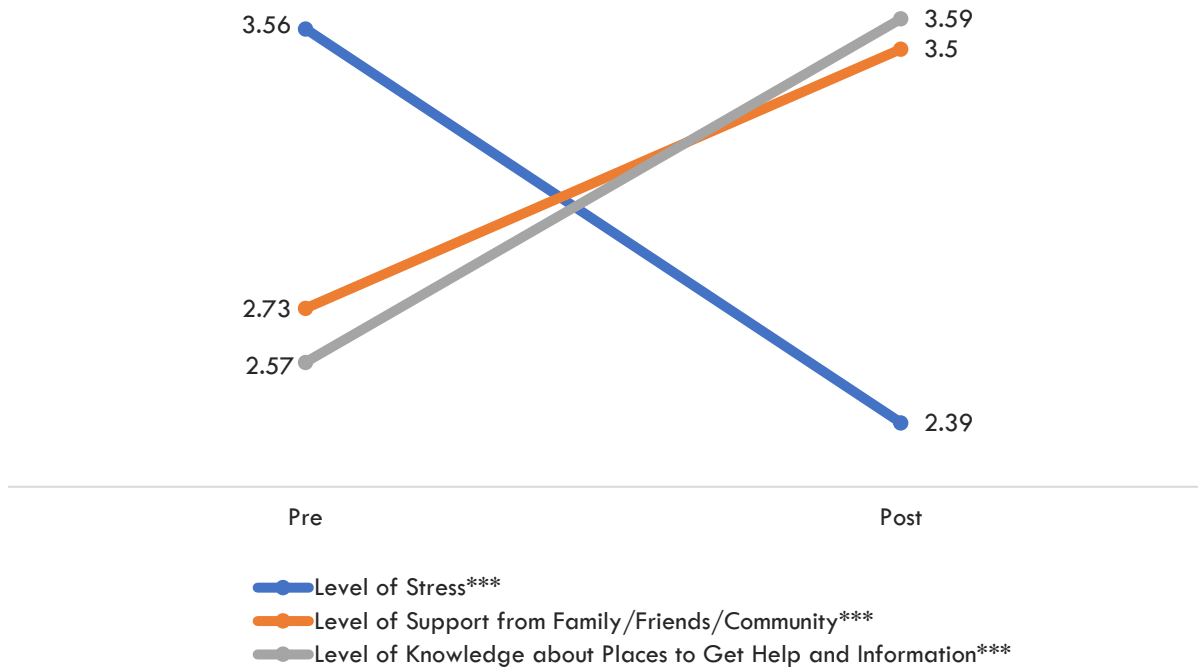
Source: FY 2019-20 Quarterly Performance Measures report in Persimmony. Crisis Intervention Services Pre/Post test. *Indicates statistically significant change at $p < .05$. Changes in Stress and Support: source – Family Development Matrix.

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, as well as an increase in parents' perception of the level of support they have among their family, friends, or in their community, all achieving statistical significance (see the following figure).

¹⁵ Funding information was unavailable for 32 parents.

¹⁶ Data assessed includes 1,166 matched sets.

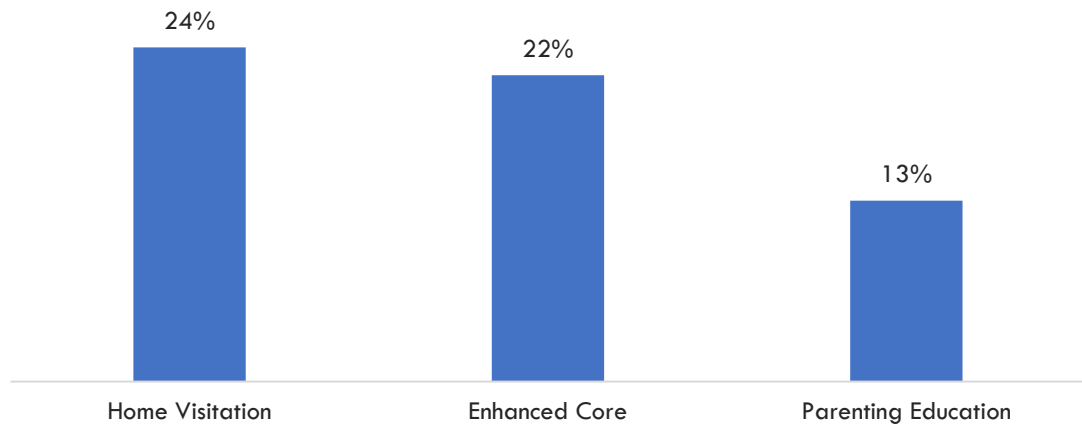
Figure 23. Ratings of Stress, Support, and Knowledge, Before and After Participation in Crisis Intervention Services



Source: FY 2019-20 Quarterly Performance Measures report in Persimmony. Crisis Intervention Services Pre/Post test. ***Indicates statistically significant change at $p < .001$. Changes in Stress and Support: source – Family Development Matrix. Outcomes on a scale of 1 to 5: 1=none, 3=some, 5=a lot.

Additionally, about one quarter (24%) of families who were provided Crisis Intervention Services also received Home Visitation, followed by 22% who also received Enhanced Core Services, and 13% who also received Parenting Education (see figure below).

Figure 24. Crisis Intervention Participants' Engagement in Other FRC Services



Source: FY 2019-20. Persimmony Export: Client Service

Child Protective Services Outcomes

One year after enrolling the first family into home visitation services (2001), Birth & Beyond began tracking child welfare outcomes in relation to their programming dosage. These outcome reports are compiled and presented through a cooperative agreement between the evaluator (Applied Survey Research), the Sacramento County Department of Child, Family, and Adult Services (DCFAS), and Child Protective Services (CPS). The main objective from this study is to better understand how different levels of involvement with Birth & Beyond services (prior to intake, between intake and closure, and post-closure) may impact future involvement with CPS.

In the past, this study has focused on *parental* outcomes related to participation in Birth & Beyond home visitation services. However, this constricts the analysis by not allowing for child-by-child differences (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), thus making the results per parent, as opposed to individualized per child. In addition, county, state, and federal child abuse rates are calculated at the child-level. Therefore, the current report, as well as the FY 18-19 report, analyzes CPS allegations on a child-level. This change to analyze and report child abuse statistics from the Birth & Beyond population allows for county, state, and federal comparison, as well as to improve the accuracy of the reported data.

Characteristics of CPS Study Cohort

For this report, the 12 month outcomes were tracked for children whose families had intakes between March 1, 2019 and September 1, 2019. Data were obtained from CPS in September 2020, which allowed for even the latest intakes in September 2019 to have 12 month recurrence data. *Results are only reported for those who had 8 hours of home visitation service or more, as less than that does not constitute adequate intervention.*

There were 792 children aged 0-17 included in the CPS Study Cohort, amongst whom 34% were Hispanic/Latino, followed by Black/African American (25%) and White (16%).

Of those with dosage data, 69% of the study cohort had more than 8 hours of home visitation services, with an average of 22.6 hours.

CPS Outcomes¹⁷

Of special interest were the home visitation participant outcomes after beginning the program, 12 months after the first home visit. This study sought to examine two specific program outcomes: Would the Birth & Beyond home visitation program have a positive impact and keep more families out of Child Protective Services? Additionally, did the amount of Birth & Beyond home visitation hours impact outcomes?

Of the families who participated in Birth & Beyond home visitation, 51% had some prior contact with CPS, which makes this population much higher-risk than the general county population. Nevertheless, it was

¹⁷ All of the percentages in the following charts represent the percentage of those in each specific dosage group who had a substantiated allegation. The percentages should *not* be interpreted as the total percentage of the overall substantiated rate and this is why the percentages do not add up to 100%.

important to compare Birth & Beyond CPS Outcomes to countywide rates to better understand how the Birth & Beyond population compare to the overall county rates.

Because there were many avenues to be referred to Birth & Beyond home visitation services (CPS, self-referral, hospital, etc.), it was necessary to measure outcomes for four different cohorts of clients:

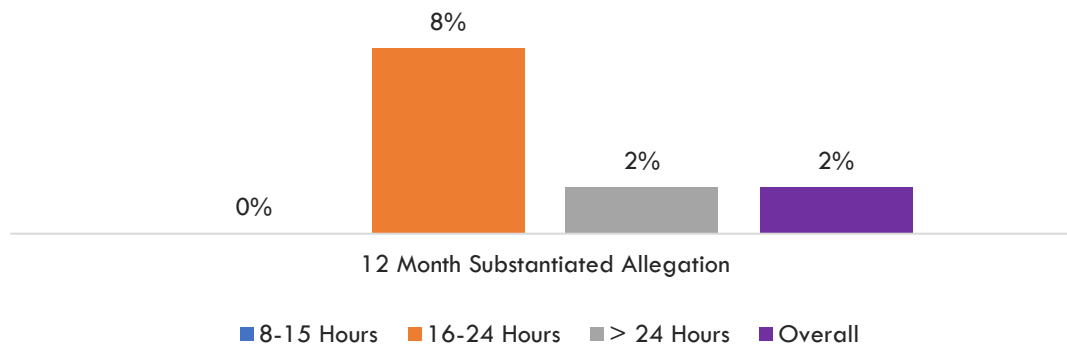
- No Prior CPS Involvement
- CPS-Involved with a Prior Substantiated Allegation (within six months before beginning home visitation)
- CPS-Involved with a Prior Allegation (not substantiated)
- Any Prior CPS Involvement in the Past 5 Years (this includes the previous two groups, as well as those who do not have a known disposition)

The findings are presented below.

Clients with No Prior CPS Involvement (Primary Prevention)

Of those children who did not have any reported CPS involvement (n = 294), there were very low rates of CPS substantiated allegations post-involvement in the home visitation program (2% overall).

Figure 25. Percent of Children with a Substantiated CPS Allegation 12 months after Intake, by Dosage of Service (Cohort: Prevention Population)

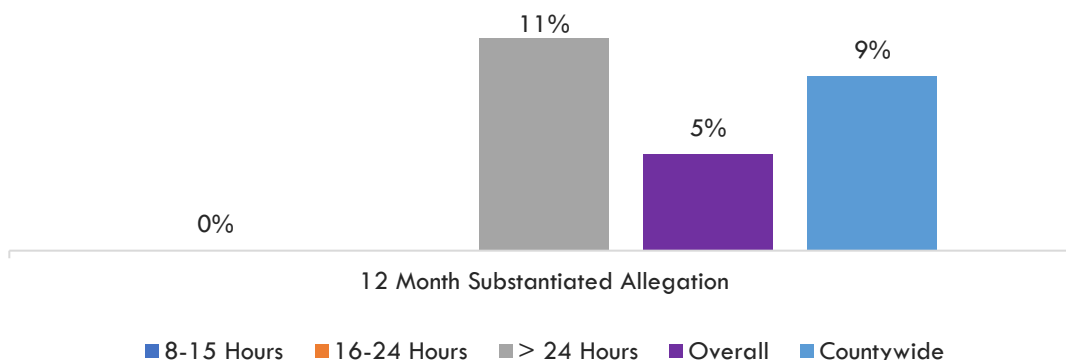


Source: Persimmony Report, Home Visiting Clients and CPS look-up. 12 Month N = 294.

Clients with Prior Substantiated Allegations

Of those children who had a recent substantiated allegation from CPS (n = 19), there were positive outcomes, especially because this group is considered high-risk for recurrence. For the entire cohort of children, 5% had a new substantiated allegation 12 months (see figure below). This is much less than the reported countywide percentage of recurrence (9%).

Figure 26. Percent of Children with a Substantiated CPS Allegation 12 months after Intake, by Dosage of Service (Cohort: Prior Substantiated Allegation)

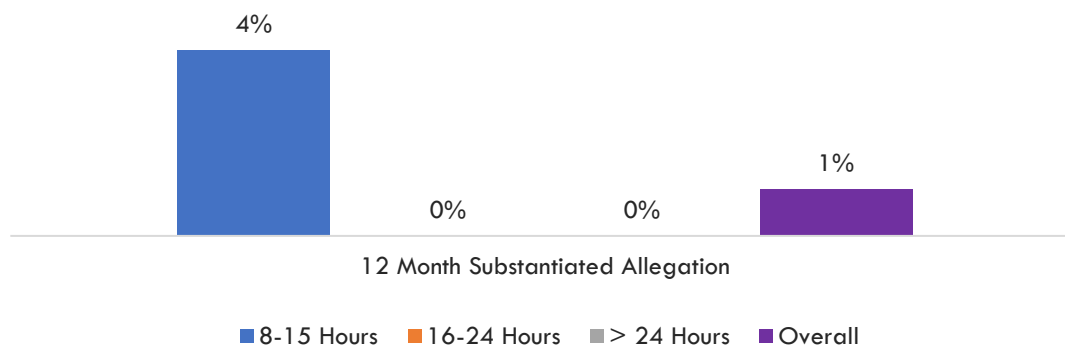


Source: Persimmony Report, Home Visiting Clients and CPS look-up. 12 Month N = 19.

Clients with Prior Unsubstantiated Allegations

Of those who had a recent CPS allegation that was determined “not substantiated” (n = 100), Birth & Beyond home visitation services proved to be extremely impactful. New substantiated allegations within 12 months was 1% overall.

Figure 27. Percent of Children with a Substantiated CPS Allegation 12 months after Intake, by Dosage of Service (Cohort: Prior Unsubstantiated Allegation)

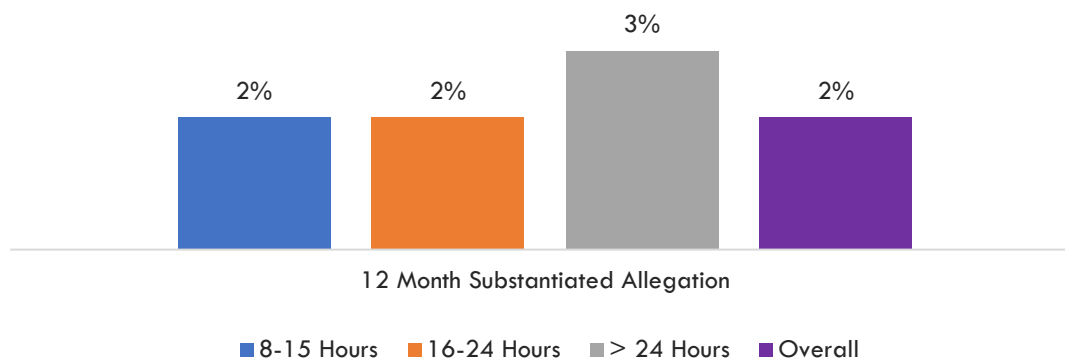


Source: Persimmony Report, Home Visiting Clients and CPS look-up. 12 Month N = 100.

Clients with Any Prior CPS Involvement

There was a sizeable number of participants who had prior involvement with CPS, but for whom the disposition of that involvement was not known (i.e., if the allegation was substantiated or not). We added this group to the above groups to create a third cohort that had *any prior involvement* with CPS (whether the allegation was substantiated or not; n = 253). As indicated with the previous analyses above, these results displayed very low rates of substantiated allegations after beginning home visitation (2%). Although this was a high-risk population because they had prior experience with CPS, there still were very low rates of recurrence.

Figure 28. Percent of Children with a Substantiated CPS Allegation 12 months after Intake, by Dosage of Service (Cohort: Any Prior Involvement)

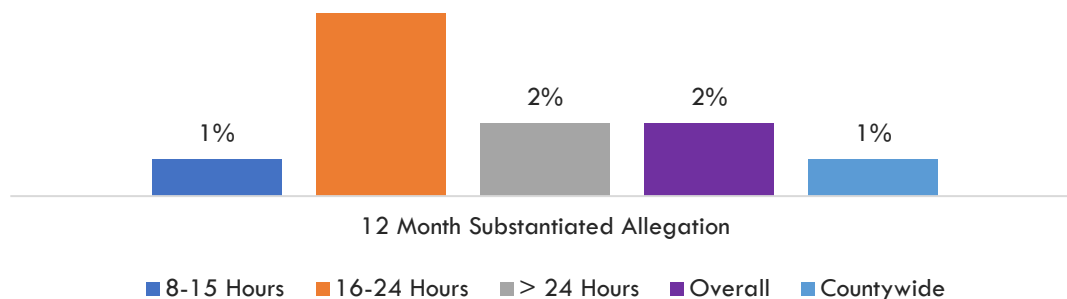


Source: Persimmony Report, Home Visiting Clients and CPS look-up. 12 Month N = 253.

All Home Visitation Clients

It is also important to consider all Birth & Beyond home visitation participants as a whole, without separating them out by prior CPS involvement. When looking at the overall results from all participants, 4% had a substantiated CPS allegation within 12 months of their first home visit (see figure below). Although this is slightly more than the countywide percentage for all substantiated allegations (1%), it is important to note that over half (51%) of Birth & Beyond home visitation clients had some prior involvement with CPS, and thus, the sample is much higher risk than the general population.

Figure 29. Percent of Children with a Substantiated CPS Allegation 12 months after Intake, by Dosage of Service (All Clients)



Source: Persimmony Report, Home Visiting Clients and CPS look-up. 12 Month N = 547.

Regression Analyses of CPS Outcomes

In addition to the above program and dosage outcomes, this study explored the factors that were statistically predictors of the likelihood of having an allegation or a substantiated allegation *after* entering the home visitation program. Variables that were tested included¹⁸: MediCal, Child Age, Total Time of Home Visiting Service, Number of Home Visits, Number of CPS Prior Involvements, and Having a Prior Substantiated CPS Allegation, CPS Referral to B&B Program, and Family Income. Outcome variables tested were any referral to CPS in 12 months and substantiated referral to CPS in 12 months.

Findings for the regression with the outcome of any referral to CPS in 12 months included the following statistically significant predictors: CPS referral to B&B program, number of prior CPS referrals, and familial income. Findings with the outcome of substantiated referral to CPS in 12 months included: number of prior CPS referrals and familial income. All predictors were in the expected directions (see figures below).

Figure 30. Statistically Significant Predictors of No CPS Referral in 12 Months

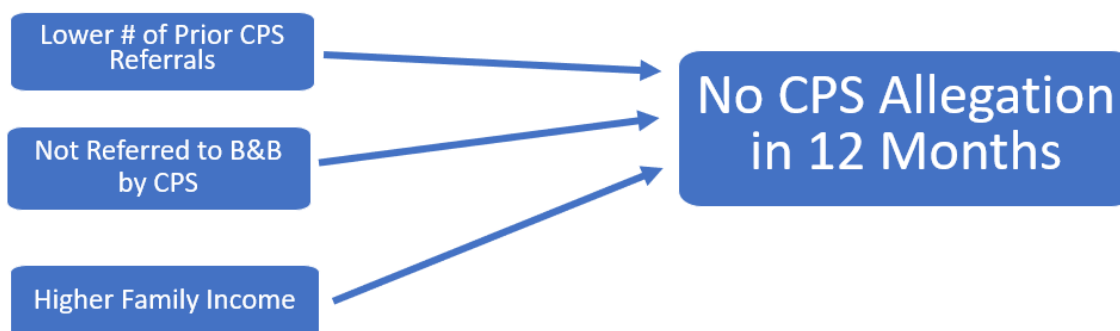
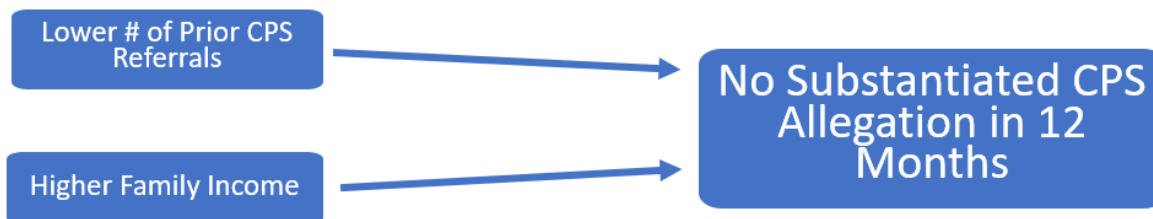


Figure 31. Statistically Significant Predictors No Substantiated CPS Referral in 12 Months



¹⁸ There were a limited amount of variables that could be included, as they had to be included in the first submission to CPS before the data were de-identified. All of the listed variables were included in the regression model.

Success Story¹⁹

Carmen and Jose are parents that both participated in the Birth & Beyond Home Visitation Program. The family was referred by Child Protective Services due to concerns with excessive discipline and lack of appropriate supervision of their children. The parents had frequent arguments, which had become physical at times. Initially, Carmen and Jose were not happy about participating in the services, because they were told by the Child Protective Services social worker that it would only be a three-month program. Once the Home Visitor built rapport and gained the family's trust, the family began to engage during the lessons. They live in a one-bedroom home, and Jose is the only parent working. Carmen stays at home with their four children (ages four, two, one, and two months).

During the program, the Home Visitor provided Carmen education and resources on domestic violence. Carmen has shared insight about being aware now of what domestic violence actually is. Carmen lacks transportation, and her Home Visitor was able to provide bus passes for child medical checkups. Carmen completed the Safe Sleep Baby Workshop with the Home Visitor a week before the new baby was born, and the family received a crib. The family sleeps on two inflatable mattresses, so Carmen was thankful to receive the crib for the new baby to be able to sleep the baby in a safe place. The Home Visitor discussed positive discipline techniques with both Carmen and Jose. They are working together with their Home Visitor to create family rules. The parents are also taking into consideration appropriate expectations of the children, as the parents were taught and discussed during the lessons. Carmen feels empowered and has gained knowledge on the different resources available in the community. She is aware of the domestic violence resources in the area and has shared that she “doesn’t feel stuck anymore” and “knows that there are resources for her and the children if she ever did decide to leave [Jose].”

When Carmen disclosed that she was pregnant with her fourth child and not attending prenatal appointments, her Home Visitor created a birth plan and encouraged her to go to the emergency room that same day to check on how her baby was doing. The next morning, the Home Visitor called Carmen to see if she had gone to get checked. She shared that her baby boy had been born that morning after being induced because Carmen had already reached 42 weeks of pregnancy. She thanked her Home Visitor for having shared the importance and possible risks of not going to any prenatal appointments.

Carmen still participates in the program. She is now knowledgeable about the services in the area. She shared that she is now aware of the importance of taking the children to their well-baby checkups and ensuring that the children's immunizations are up to date. The Home Visitor continues to educate, monitor, and support the family.

¹⁹ Names have been changed to protect privacy and all photographs are stock photos, not actual clients.

Summary, Conclusions and Recommendations

Birth & Beyond had another robust year of service provisions and continues to positively impact families across Sacramento County. Through a comprehensive array of services, including enhanced core services, parenting education, home visitation, and crisis intervention, Birth & Beyond has influenced the lives of many adults and children for the past 20 years. The current evaluation report focuses on programmatic reach and client outcomes achieved by Birth & Beyond during FY 2019-2020.

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 visitation and crisis intervention. Many families are involved with multiple Birth & Beyond programs and combining services can often provide the most complete care for families.

There are many benefits that are associated with Birth & Beyond programming that are unmeasurable. Many participants report increased social connections because of their involvement with Birth & Beyond, which can contribute to a host of positive outcomes, including the reduction of social isolation, increasing meaningful bonds with others, receiving advice from peers who have been in similar situations, and general supportive relationships.

In addition to providing information and guidance, Birth & Beyond also offers enhanced referrals to services that are outside of Birth & Beyond's scope. This helps to assist participants in receiving all necessary resources to improve the lives of themselves and their children.

Recommendation #1: Continue to Improve Data Collection and Management Strategies

One significant improvement from the last report (FY 18-19) to the current report (FY 19-20), is the complete inclusion of all dosage data (zero missing dosage data) for home visitation clients included in the CPS outcomes analysis. This improves the accuracy of the CPS outcomes analysis and strengthens the conclusions drawn from the analysis. Birth & Beyond should continue to decrease the levels of missing data across all programs, especially for the NPP assigned tiers.

Recommendation #2: Continue to Create Innovative Methods to Reach Clients, Especially during the COVID-19 Pandemic

Most Birth & Beyond programs had to significantly alter their programming during FY 19-20 to continue to safely serve Sacramento families during the COVID-19 pandemic. As has become apparent, the impacts of the pandemic are far-reaching, long-lasting, and may impact minorities more severely than other groups. It is important for Birth & Beyond to continue to put innovative methods into place in order to reach clients during this unprecedented time. These methods can include virtual services, increases in social media presence, and changing policies for those services that must be in-person, so that they can be as safe as possible.

Appendix A: CPS Outcomes for Birth & Beyond Home Visitation Clients

Cohort	Parameters	Baseline CPS disposition	Service dosage (Hours)	Substantiated referral within 12 months of first HV			Countywide
				Total N	Substantiated Referral N (%)	No Substantiated Referral N (%)	Substantiated %
Baseline CPS Referral 0-17 (n = 119)	Any baseline referral	Substantiated (n = 19)	8-15	7	0 (0%)	7 (100%)	
			16-24	3	0 (0%)	3 (100%)	
			>24	9	1 (11%)	8 (89%)	
			Overall 8+	19	1 (5%)	18 (95%)	9%
		Not substantiated (n = 100)	8-15	25	1 (4%)	24 (96%)	
			16-24	24	0 (0%)	24 (100%)	
			>24	51	0 (0%)	51 (100%)	
			Overall 8+	100	1 (1%)	99 (99%)	
Any Prior CPS Involvement 0-17 (n = 253)	Includes those with baseline CPS referral disposition (above), or prior CPS involvement in last 5 years	N/A	8-15	42	1 (2%)	41 (98%)	
			16-24	65	1 (2%)	64 (98%)	
			>24	146	4 (3%) ²⁰	142 (97%)	
			Overall 8+	253	6 (2%)	247 (98%)	
No Prior CPS Involvement 0-17 (n = 294)	No baseline referral or prior Referred by anyone	N/A	8-15	56	0 (0%)	56 (100%)	
			16-24	51	4 (8%)	47 (92%)	
			>24	187	3 (2%)	184 (98%)	
			Overall 8+	294	7 (2%)	287 (98%)	
ALL Clients 0-17 (n = 547)	Referral or no referral Referred by anyone	N/A	8-15	106	1 (1%)	105 (99%)	
			16-24	108	5 (5%)	103 (95%)	
			>24	333	7 (2%)	326 (98%)	
			Overall 8+	547	13 (2%)	534 (98%)	1%

²⁰ These four children were all siblings, with 31.01 hours of home visitation