

FIRST 5 SACRAMENTO COMMISSION

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

In conformance with AB 361 and the Public Health Officer order of January 5, 2022, no in person meeting will be held this month and the public and members may participate in the. Meeting virtually via Zoom

Computer Link:

<https://saccounty-net.zoomgov.com/j/1604409198?pwd=SGQweVo4UjhidFZlcUFceVNZTmdFUT09>

Meeting ID: 160 440 9198

Passcode: 084155

Call-in: 1.669.254.5252

EVALUATION COMMITTEE

AGENDA

Monday, March 21, 2022 – 1:00 PM to 3:00 PM



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

Advisory Committee Member(s): Emily Bowen, Robin Blanks, Tony Smith (Alt.)

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 24, 2021
4. Staff Update
5. General Evaluation Update - Applied Survey Research
6. Presentation: Birth and Beyond Annual Report FY 2020-2021
7. Receive Systems Optimization & Sustainability Evaluation Plan
8. Committee Member Comments
 - a. Miscellaneous
 - b. Future Agenda Items/Presentations

If there is a need for an accommodation pursuant to Americans with Disabilities Act (ADA), medical reasons or for other needs, please contact the Clerk of the Board by telephone at (916) 874-5411 (voice) and CA Relay Services 711 (for the hearing impaired) or WillsSt@saccounty.gov prior to the meeting.

FIRST 5 SACRAMENTO COMMISSION

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Sacramento, CA 95833

EVALUATION COMMITTEE

DRAFT ACTION SUMMARY

Monday, January 24, 2021 – 1:00 PM - 3:00 PM



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

Advisory Committee Member(s): Emily Bowen, Robin Blanks

Alternate Member: Tony Smith

Staff: Julie Gallelo, Carmen Garcia-Gomez

Absent: David 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 1:01 PM. A quorum was established.

2. Public Comments on Off-Agenda Items

Action: None.

3. Approve Resolution Authorizing Remote Teleconferencing Meetings per AB 361

Action: Change item from Discuss to "Approve".

Approved Blank/Kasirye.

4. Approve Draft Action Summary of October 18, 2021

Action: Change date from July 19, 2021 to October 18, 2021

Approved Blanks/Wirtz.

5. Staff Update

Action: None.

1) Persimmony Update: Staff continue to hold trainings for new and existing users (135 active users). In addition, duplicate clients continue to be merged and files cleaned up. To date, over 5,000 clients have been merged and released.

2) Referral Portal: Her Health First and DHHS WIC will pilot the referral portal during the month of February. In March, staff will work with Persimmony to set up the system for all other agencies and will begin full implementation in the 4th quarter.

Chair Wirtz asked whether Persimmony would be used solely as the referral portal. Staff explained that there are plans to discuss the possibilities of Persimmony and Unite Us to interface, a meeting is planned to discuss the details of what that will entail. Staff will keep the Evaluation Committee updated with details as they become available.

3) Tableau Dashboards: Staff shared the dashboards which were launched and are linked to the First 5 Sacramento website. [Annual Snapshot](#); [Community Trends](#); [Success Stories](#)

Lisa Niclai (ASR) suggested tracking analytics on the dashboards and sharing the links via a newsletter, email or/and social media.

Chair Wirtz suggested sharing the information during the Commission meeting. Julie Gallelo shared that Erin Maurie is drafting an email to Commissioners with information on the dashboards and where they can be found.

Chair Wirtz also shared that there are various sources for data and wants to ensure the data is consistent across all sites.

6. General Evaluation Update – Applied Survey Research

Action: None.

ASR provided an update on the evaluation activities that took place during the month of Nov, Dec. and Jan.

7. Review and Approve: First 5 Sacramento Evaluation Report FY 2020-2021.

Action: Approved with recommended changes.

Approved: Wirtz/Blanks

8. Review of the 2022 Year at a Glance Agenda Items Calendar

Action: None

Evaluation Committee March Agenda: Special Study Recommendations

9. Committee Member Comments

a. Miscellaneous

b. Future Agenda Items/Presentations

a. March Agenda – Special Study Recommendations

Adjourned: 3:12 p.m.

Respectfully submitted,

Carmen Garcia-Gomez, Evaluation Manager
First 5 Sacramento Commission

Evaluation Committee
Staff Update
March 21, 2022

- 1. In-person Evaluation Committee meetings:** Health orders will expire in April, which means Commission and Committee meetings will take place in-person. A Zoom link will be made available for members of the public; however, voting members will need to be physically present in order to participate.
- 2. Persimmony Update**
 - Training: Staff continue to train new and existing users.
 - Client clean up: over 6,000 clients have been merged
 - Persimmony has implemented new features that provide ease to communicate and disseminate information to with clients.
- 3. Referral Portal:** First 5 staff met with Unite Us and Persimmony to discuss the possibility of both systems interfacing, however, it hasn't been determined if this is a possibility. Persimmony continues to build the referral portal to allow First 5's funded contractors to refer between one another and in the future with to non-funded partners.
- 4. Special Studies:** Each year, staff identifies programs that can benefit from a special study. This year, staff is recommending that instead of a special study, resources will be used to develop a disparities dashboard: Cross Systems Review of Racial Disparities in Sacramento County.

Summary of Evaluation Activities for First 5 Sacramento

March 2022

Strategy	Task
Annual Report	– Presented to Commission on 3/7
Birth & Beyond	– Report draft for review today
Special Study	– Not program focused <ul style="list-style-type: none"> ○ Racial Disparities reporting ○ SOS Systems evaluation ○ Strategic Planning efforts
Persimmony	– Continuing work: <ul style="list-style-type: none"> ○ Updating and reimplementing Post-FIFs ○ Reviewing B&B transition to FDM tool ○ BMU 6-month data review

Timeline

	Mar	Apr	May	Jun	July	Aug
Annual report	PREZ					
B&B report (including CPS outcomes)	Due	Eval Comm Review and Graphics	PREZ			
Strategic Plan (Community Trends)	Data	Data	Write		Due	





(Unformatted Draft)

Birth & Beyond

Annual Evaluation Report

FY 2020-21



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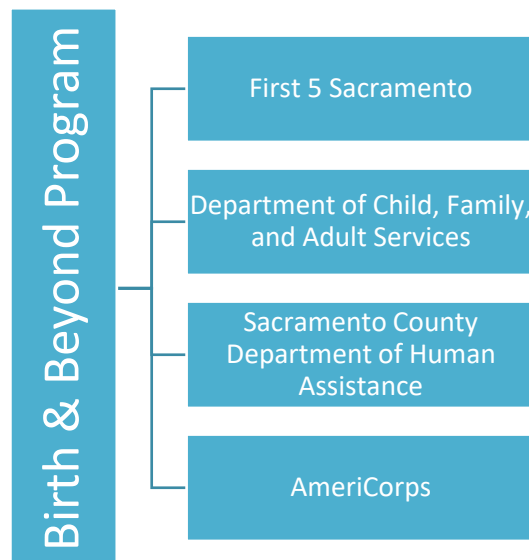
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Introduction

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 aged 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.

Figure 1. Birth & Beyond Funding Sources



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), in collaboration with the six nonprofit organizations who operate the Birth & Beyond FRCs, listed above, 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.

This report represents program operations and participant characteristics and outcomes during fiscal year (FY) 2020-21. 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

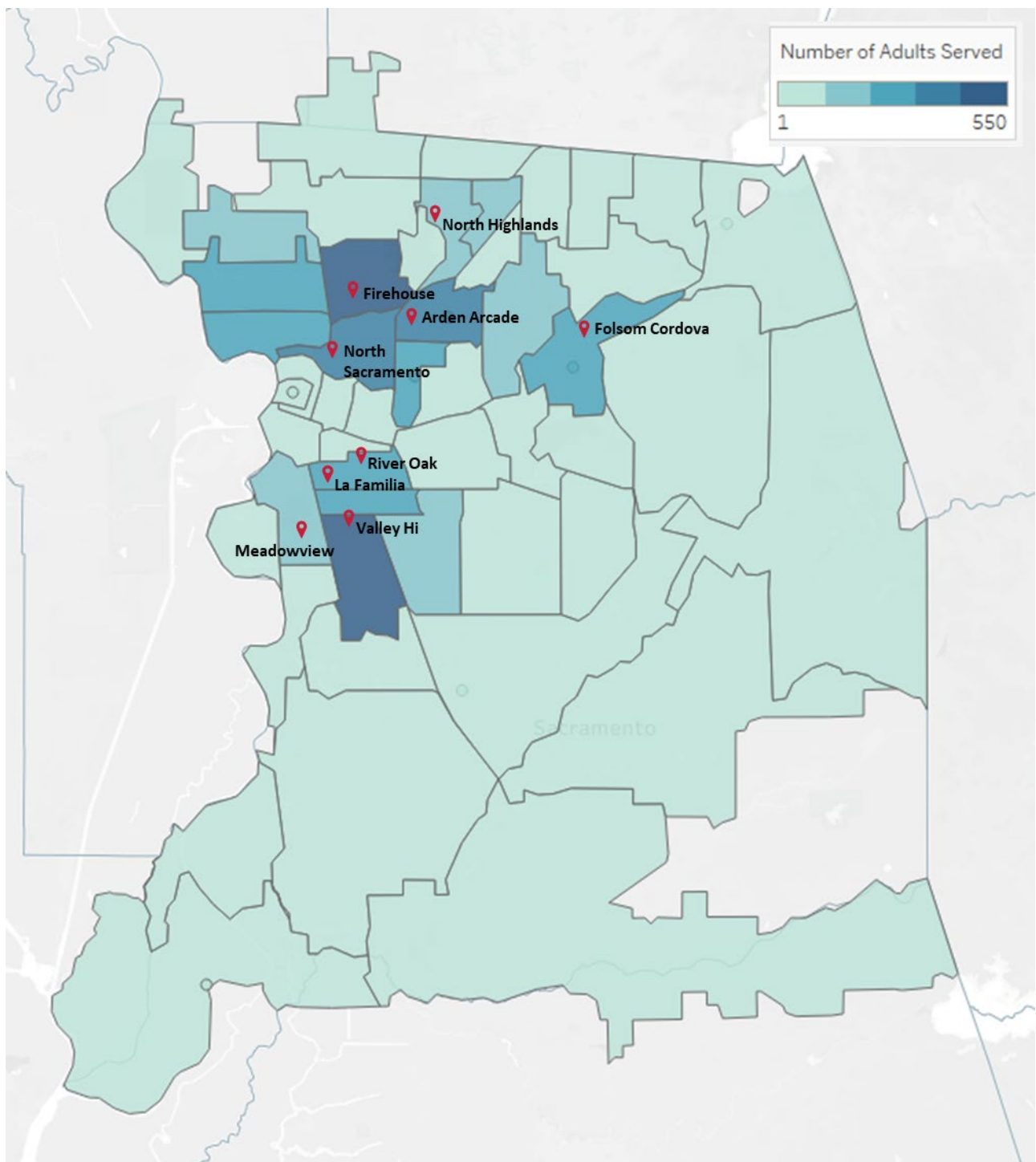
Birth & Beyond services intend to improve the lives of children and their families, especially those from particularly at-risk backgrounds. Birth & Beyond favors a strengths-based approach to case management to maximize current skills of each participant, as well as to educate and increase skills in 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 Sacramento Adults Served by Zip Code

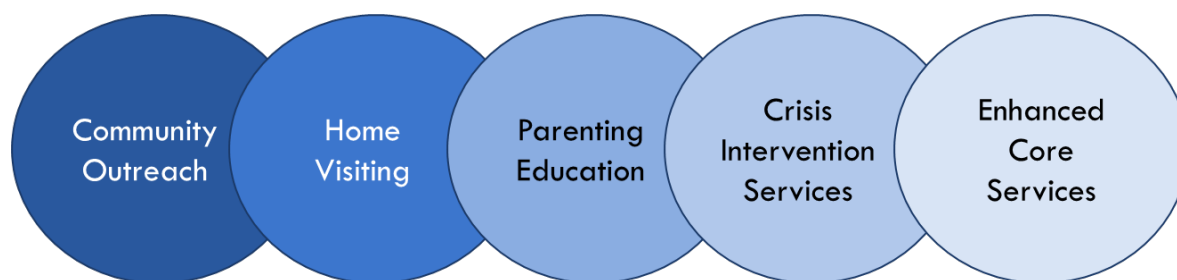


FRCs are located throughout Sacramento County in areas of high need and provide standard services that are complemented by unique activities and special events that reflect the characteristics of its specific neighborhood. Birth & Beyond activities, classes, community events, family activities, and direct 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.

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.¹ 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. 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.

Figure 3. Birth & Beyond Core Programs



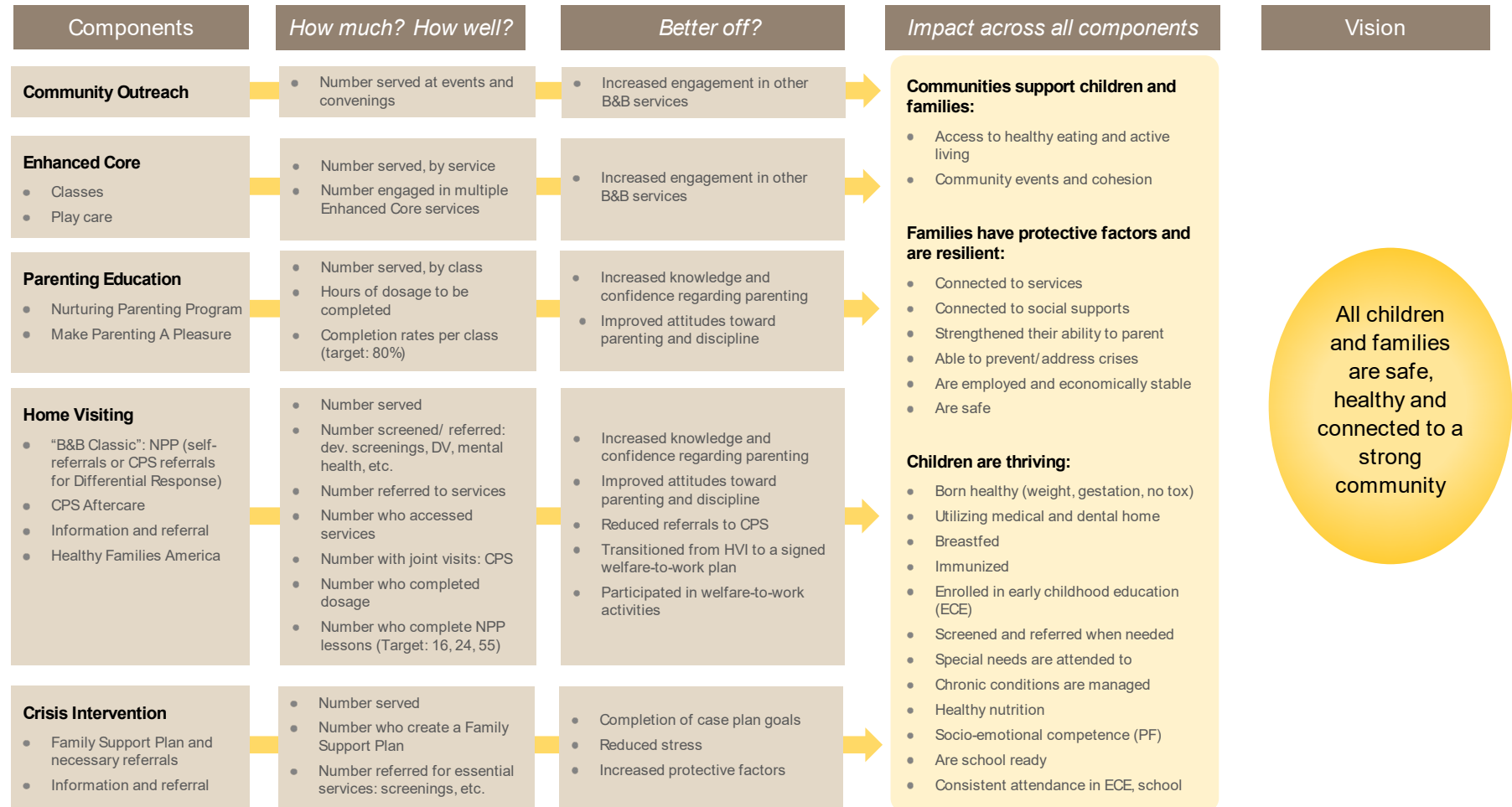
Birth & Beyond’s Results Based Accountability Framework

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 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.

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

Figure 4. Birth & Beyond's Results Based Accountability Framework, FY 2020-21

Birth & Beyond: Toward a Shared Vision of Success



COVID-19 Impact

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 childcare, 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 overwhelm, 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 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 (aged 0-17). In addition, Birth & Beyond indirectly impacted X,XXX children whose parents/caregivers received services. On average, participants spent 5.40 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.

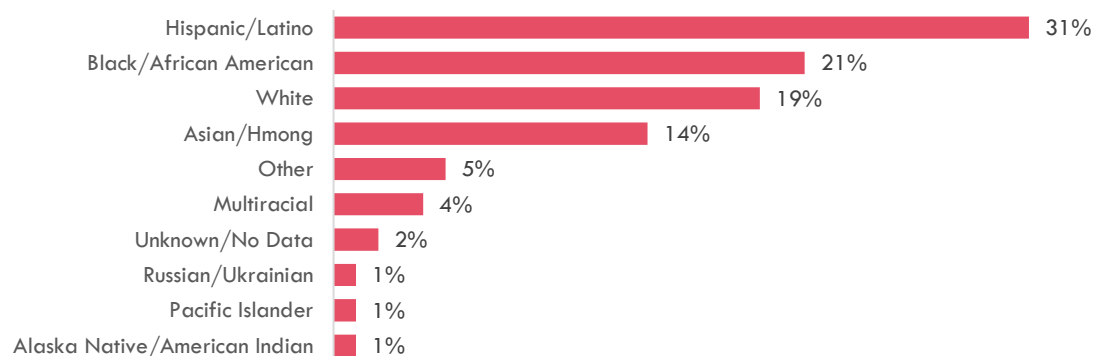
Figure 5. RBA Dashboard – Birth & Beyond: Overall

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

Source: FY 2020-21. Persimmony Report By Client Demographic.

Among all Birth & Beyond clients served in FY 2020-21, 31% 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 The figure below depicts the full ethnic make-up of the Birth & Beyond population.

Figure 6. Ethnic Distribution of All Adult Birth & Beyond Clients

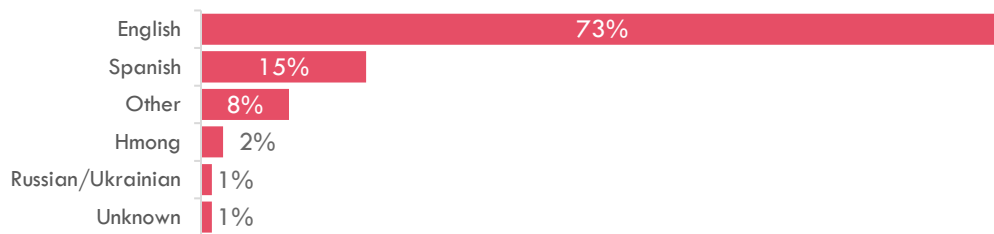


Source: FY 2020-21, Persimmony Report: By Client Demographic.

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

Among all Birth & Beyond clients during FY 2020-21, nearly three-quarters (73%) primarily spoke English in the home, followed by Spanish (15%). See the figure below for the full language distribution.

Figure 7. Primary Language of Birth & Beyond Clients - Adults



Source: FY 2020-21, Persimmony Report: By Client Demographic.

As displayed in the figure below, two-thirds (67%) of adults and children served by Birth & Beyond were female, although the proportion of males doubled compared with FY 2019-20 (15%). Birth & Beyond services were more likely to reach mothers than fathers. Four out of five (80%) adults with available data were mothers, while 20% were fathers – a slight increase from FY 2019-20 (16%). On the other hand, children receiving Birth & Beyond services were nearly as likely to be sons (52%) or daughters (48%).³

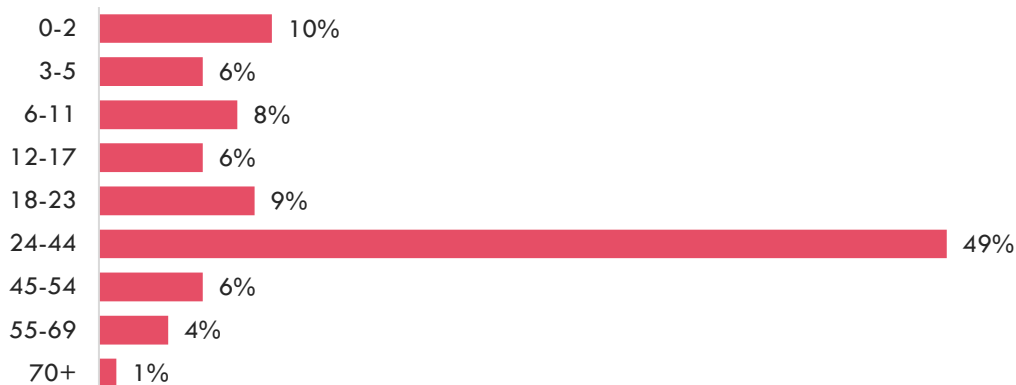
Figure 8. Gender Distribution Among All Birth & Beyond Participants



Source: FY 2020-21, Persimmony Report: By Client Demographic (includes adults and children).

The figure below displays the age distribution among adults and children served by Birth & Beyond participants. Nearly half 49% of Birth & Beyond participants were between 24 and 44 years of age, which is the most common childbearing age range.

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



Source: FY 2020, Persimmony Report: By Client Demographic.

³ Data include 4,736 adults categorized as mothers or fathers, and 2,622 children.

Community Outreach

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

Event Narratives

The following narratives offer a sampling of highlighted events from each FRC. Birth & Beyond FRCs successfully navigated health and safety requirements of COVID-19, working to reach families in new and innovative ways, provide necessary services, and keep 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 reestablishing in-person visits, many others reflected gratitude to be able to resume on-site classes such as Car Seat Safety and the water safety course. NH 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. On the other hand, all parenting classes remain virtual until Playcare services can safely resume. NH 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 aged 6 to 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-transmissions 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 through event in partnership with Bayside Midtown Church, and conducted its annual Santa's Workshop event, virtually. In summer 2021, River Oak held a drive-through 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 the 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 to 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-through 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-through 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

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 visiting 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 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

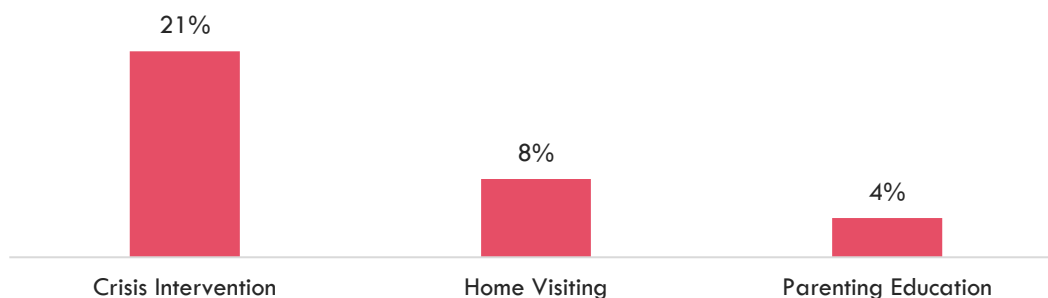
		FY 2020-21
How much did we do?	Numbers Served	
	# of unduplicated families	3,322
	# of unduplicated parents ⁴	3,395
	First 5-funded	1,170
	DCFAS-funded	677
	Community	1,547
	# of unduplicated children	1,221
	Number of Services	
	# of duplicated Enhanced Core Services	15,428
	# of unduplicated children receiving Play Care Services	†
	# of duplicated Play Care Services provided	†
How well did we do it?	Level of Service	
	Average # 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.

⁴ Funding information was not available for one parent.

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 class(es).

Figure 11. Enhanced Core Families' Participation in Other FRC Services



Source: FY 2020-21. Persimmony Export: Client Service

Success Story: Enhanced Core Services

Flora⁵ is a mother of three children who recently moved to Sacramento County and was unfamiliar with local resources. She was referred to 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. Flora expressed that she was "really thankful" for Meadowview's support:

"You ... always call me and check on me. I'm really grateful to your center for supporting me."

- Flora, B&B Meadowview Participant

"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."

⁵ Fictional names used

Parenting Education

Parenting education classes are group-based classes operated by Family Resource Centers and held virtually during FY 2020-21 due to COVID-19 health and safety requirements.⁶ In FY 2020-21, 805 parents and caregivers attended 92 virtual parenting workshops. Beliefs about child-rearing were tested using the Nurturing Parenting Program's (NPP) 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). NPP participants completed the AAPI before beginning the parenting education program and again after completion. On average, there were significant increases in parenting knowledge and skills among MPAP and NPP participants. The FY 2020-21 findings are presented in the table below.

Figure 12. RBA Dashboard – Parenting Education

		FY 2020-21	
How much did we do?	# of unduplicated parents/caregivers served, by funding source⁷	805	
	First 5-funded	475	
	DCFAS-funded	316	
	Community-funded	13	
	# 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	
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%)	
	Nurturing Parenting Program: Fathers	16 (84%)	
Is anyone better off?	Increased level of parenting knowledge and skills (<i>Matched Sets</i>)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 ** $p < .01$, *** $p < .001$.

⁶ Due to the virtual format, transportation and Play Care services typically provided to support families attending parenting workshops are not discussed here.

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

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.

Make Parenting A Pleasure

Make 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. Birth & Beyond offers NPP as a group course in its parenting education program, and through individualized lessons in its home visiting program. In 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. The NPP courses offered were: NPP Fathers, NPP Prenatal, NPP Infants, Toddlers, and Preschoolers (ITP), and NPP School Age Children.¹¹ Workshop completion rates are displayed in the figure below.

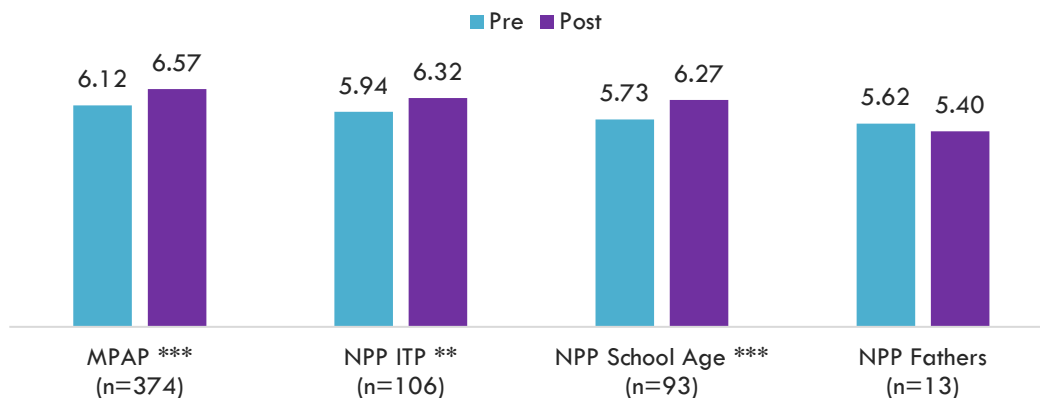
Figure 13. Level of Completion for Each Parenting Education Class



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

The following figure demonstrates the increases in parenting knowledge and skills, using the NPP AAPI and the MPAP pre- and post-assessment. Overall, there were statistically significant increases in parenting knowledge and skills across all parenting education programs.

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



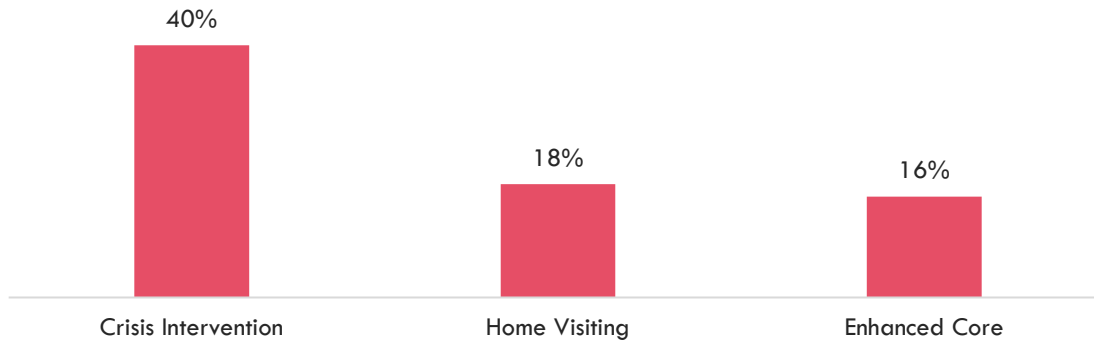
Source: FY 2020-21. Persimmony Export: Client Assessment by Answer Value. Statistically significant differences indicated as ** $p < .01$, *** $p < .001$.

Two out of 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

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

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 Export: Client Service

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.

Home Visiting

The Home Visiting program through Birth & Beyond 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

		FY 2020-21	
How much did we do?	Program Reach		
	# of unduplicated parents who received home visits through NPP ¹⁴	1,168	
	First 5-funded	978	
	DCFAS-funded	281	
	Community-funded	7	
	# of unduplicated families served	1,114	
	# of unduplicated children served	1,467	
	# (%) of unduplicated parents who developed a Family Nurturing Plan ¹⁵	490 (42%)	
	# (%) of new intakes referred by CPS ¹⁶	441 (18%)	
	Program Assignment¹⁷		
	% Assigned to <i>Prevention</i> (low risk)	69 (29%)	
	% Assigned to <i>Intervention</i> (moderate risk)	111 (47%)	
	% Assigned to <i>Treatment</i> (high risk)	54 (23%)	
	# of unduplicated families who received joint visits with:		
	Health Liaison	318	
	CPS	207	
How well did we do it?	Help Me Grow Screenings		
	# Developmental (ASQ) screenings conducted ¹⁸	424	
	Average # of NPP Lessons Completed¹⁹		
	<i>Prevention</i> clients (n = 51)	9.43	
	<i>Intervention</i> clients (n = 70)	9.83	
	<i>Treatment</i> clients (n = 33)	10.94	
	Help Me Grow Screenings		
	# (%) of screenings indicating a developmental need ("flagged")	80 (19%)	
	# of adults receiving a referral to Help Me Grow (all families)	357	
	Improved Parenting Knowledge and Skills (AAPI)²⁰	Pre	Post (sig)

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

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.

¹⁷ Limited to those with one or more home visiting service. Excludes cases with missing HV Curriculum (n = 328) and those assigned to Intake, Fathers, Prenatal or Other group (n = 393).

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.

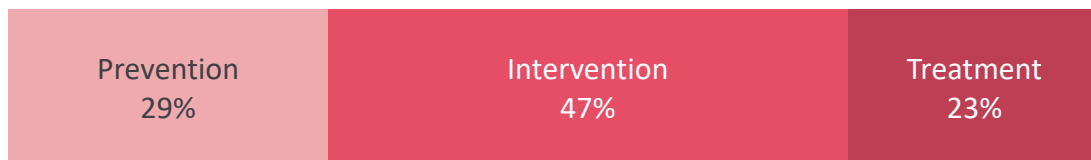
²⁰ Includes only matched sets (participants who had both pre- and post-data).

		FY 2020-21	
Is anyone better off?	<i>Prevention Group (Low risk; n = 41)</i>	5.81	6.10
	<i>Intervention Group (Moderate risk; n = 63)</i>	5.58	6.36 ***
	<i>Treatment Group (High risk; n = 30)</i>	4.25	4.49
	Help Me Grow Screenings		
	# (%) of referrals that were followed-up	271 (76%)	
	# (%) 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 $p < .001$.

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 Export: Client Service, n = 235.

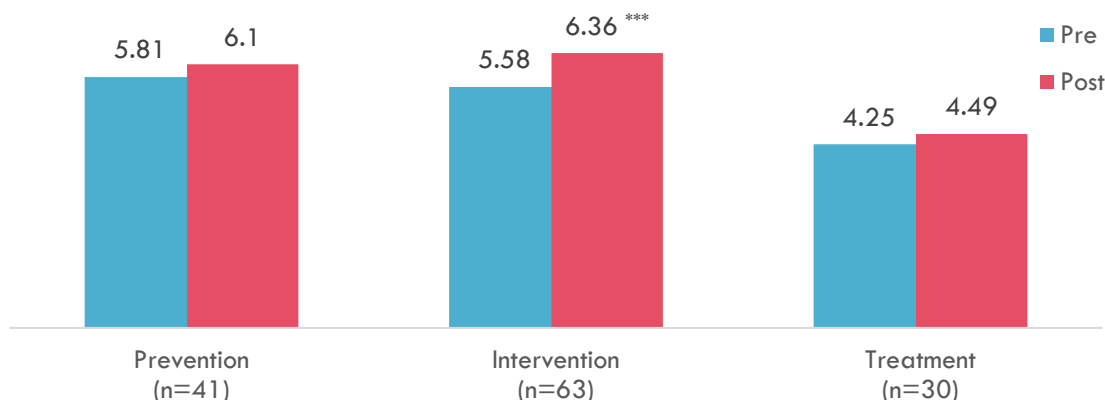
Participants in each of the three groups completed an average of nine to eleven classes (see RBA Dashboard figure above) and only about 26% of *Prevention* clients and less than 10% of *Intervention* clients completed the minimum recommended number of courses. However, there are three important things 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 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. On average, each of the three groups increased their AAPI scores

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.

(indicating reduced risk of child abuse/maltreatment), however only the *Intervention* group had a statistically significant increase.

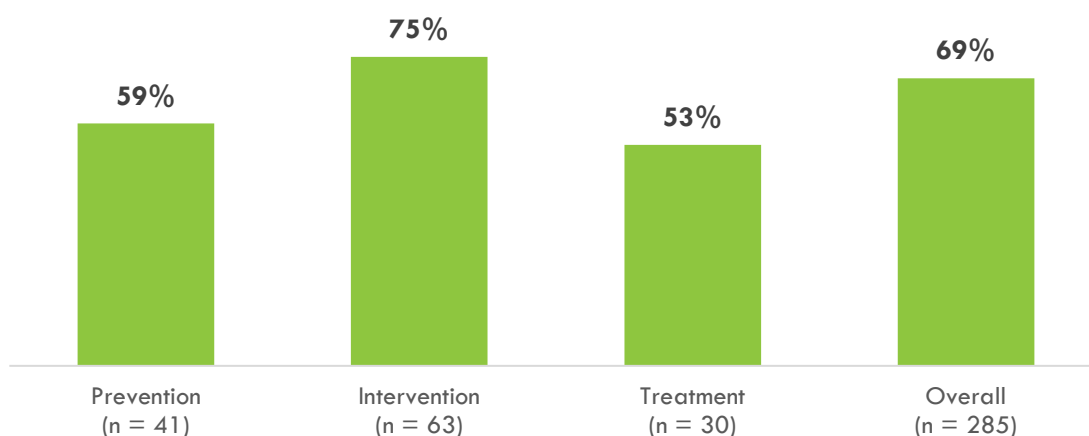
Figure 18. Increase in Average AAPI Scores After NPP Home Visiting, by Program Assignment



Source: FY 2020-21 Adult Adolescent Parenting Inventory, Persimmony Export: Client Assessment by Answer Value. *** Indicates statistically significant differences at $p < .001$.

The following chart displays the proportion of HV participants whose AAPI scores improved²² after NPP home visiting. Overall, more than two-thirds of participants engaged in NPP home visiting (with both a pre- and post-test; 69%) had improved AAPI scores, indicating reduced risk of child abuse/maltreatment. Three-quarters of the *Intervention* participants improved their AAPI scores, followed by 59% of *Prevention* participants, and 53% of *Treatment* participants.

Figure 19. Proportion of Participants with Improved AAPI Scores



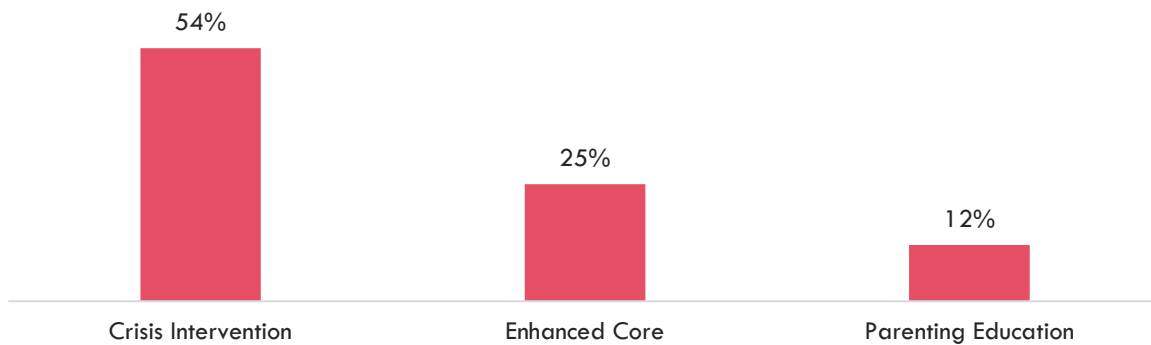
Source: FY 2020-21 AAPI scores, n = 285. Overall counts include the three curriculum categories and an additional 151 participants with a pre- and post-test that were not assigned to an NPP curriculum in Persimmony at the time of writing this report. Includes participants with any improvements in total score (all AAPI categories) greater than 0. Improved/increased scores indicate reduced risk.

Additionally, 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 about 12% also engaged in parenting education

²² Includes matched sets only (participants with a pre- and post- test) and reflects score increases by at least one point (scores calculated using the sum of all five categories (total range between 5 and 50).

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 Export: Client Service

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 find 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.

Three Year Analysis of CPS Outcomes: 0 to 17

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 reflects a shift 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 on the in-depth AmeriCorps study to include families served by both AmeriCorps and agency home visitors. This analysis explores substantiated maltreatment among children aged 0 to 17 who received Birth & Beyond home visiting during this 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 who had CPS involvement during a comparable time frame but did not receive Birth & Beyond home visiting.²⁴

Substantiated Maltreatment among Birth & Beyond Clients by Service Dosage

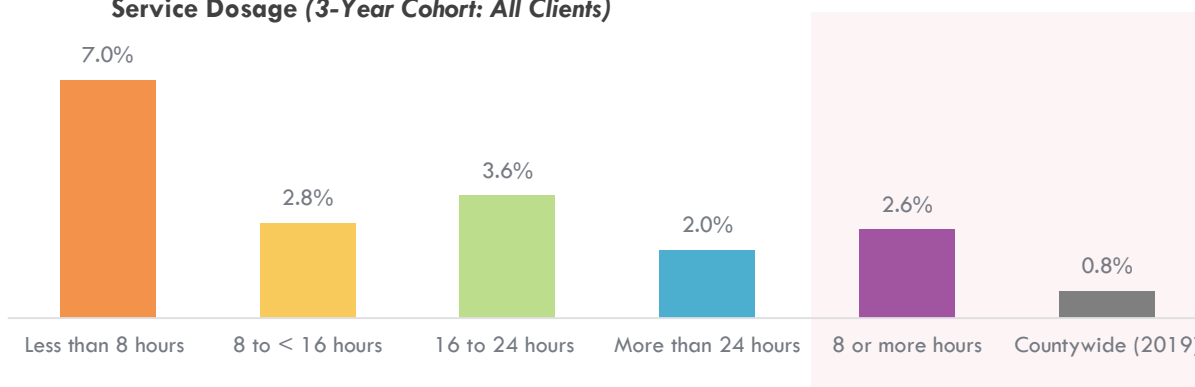
In total, 3,497 children had an intake into Birth & Beyond home visiting between February 1, 2018 and February 29, 2020. The figure below identifies the rate of substantiated CPS allegations within 12 months of Birth & Beyond intake for these children – including those with prior contact with CPS, as well as those experiencing their first CPS contact.²⁵ **Children receiving less than eight hours of Birth & Beyond service had the highest rate of CPS contact within 12 months of intake (7%), and 2.6% for families with 8 hours or more of home visiting.**

Children receiving eight or more hours of Birth & Beyond home visiting were less likely to experience substantiated CPS involvement.

²⁴ De-identified comparison group data received from CPS.

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

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

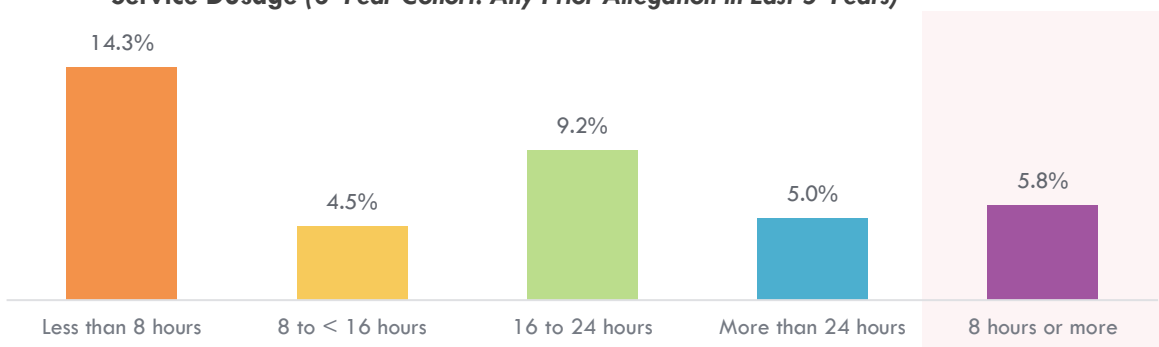


Source: B&B 2018-2020 Program Data and CPS 2018-2020 Data, N = 3,497. Ns by dosage are as follows: Less than 8 hours n = 77/1,096; 8 to < 16 hours n = 17/597; 16 to < 24 hours n = 20/555; 24 hours or more n = 25/1,249; 8 hours or more n = 62/2,401.

Substantiated Recurrence among Birth & Beyond Clients by Service Dosage

Like overall CPS contact, the likelihood of a repeat substantiated allegation ("recurrence") varied by the number of home visiting service hours. 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 About 6% of the children with prior CPS involvement who received eight or more hours of Birth & Beyond home visiting experienced substantiated recurrence within 12 months, compared with 14% 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)



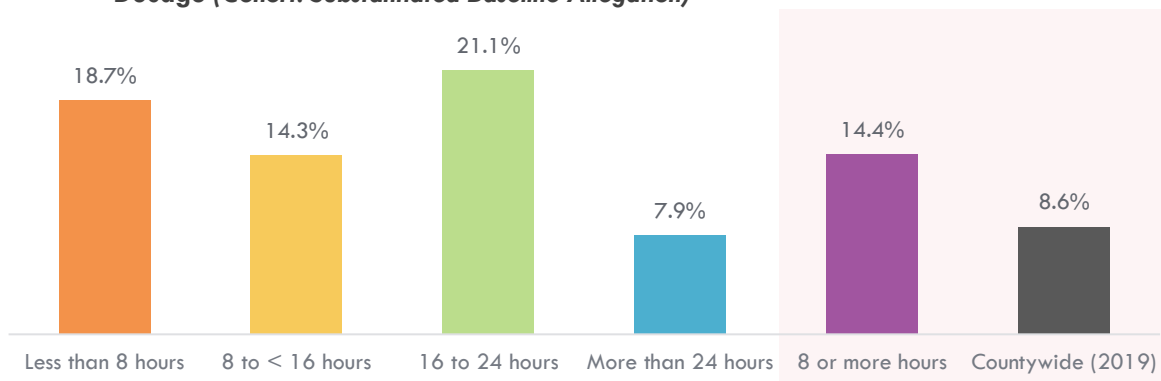
Source: B&B 2018-2020 Program Data and CPS 2018-2020 Data, N = 1,176 (Includes children with known priors out of 3,497 full sample). Priors include substantiated or unsubstantiated cases. Ns by dosage are as follows: Less than 8 hours n = 64/448; 8 to < 16 hours n = 9/200; 16 to < 24 hours n = 17/185;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

Further, 738 children 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 substantiated baselines, the rate of **recurrence within 12 months was lowest for those receiving**

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.

24 or more hours of Birth & Beyond service (8%). This rate of recurrence was also lower than 2019 countywide estimates (9%).

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. N's 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.

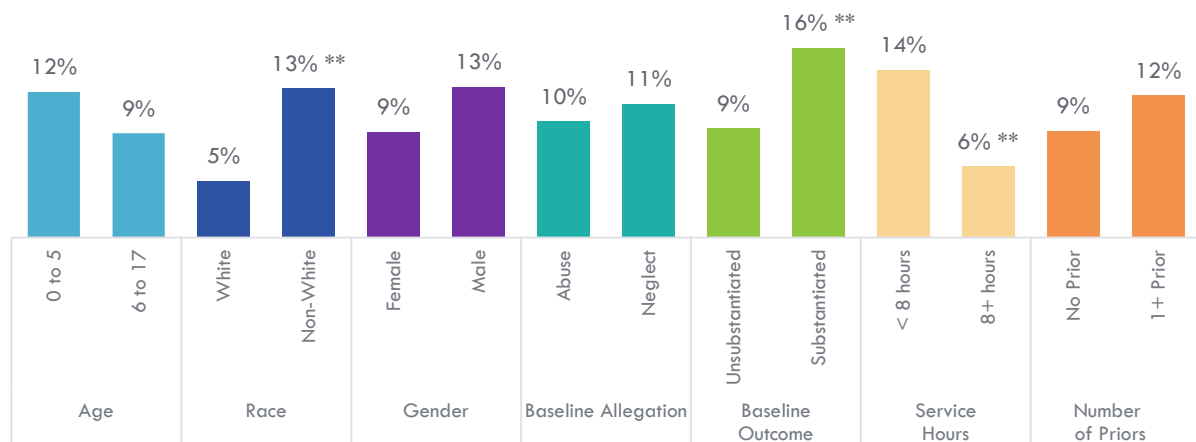
Factors Impacting Likelihood of Recurrence among Birth & Beyond Clients

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 (margins) of substantiated recurrence by demographics and baseline disposition/outcome.

For instance, holding all other factors constant, 12% of children aged 0 to 5 experienced substantiated maltreatment within 12 months of intake to the Birth & Beyond Home Visiting Program, compared with 9% of children 6 to 17 years of age. Children with a substantiated baseline (16%) and non-white children (13%) were significantly more likely to experience substantiated recurrence within 12 months, while children receiving at least eight hours of Birth & Beyond home visiting were significantly less likely to experience substantiated recurrence (6%).

Non-White children and children with a substantiated baseline had significantly increased risk of substantiated recurrence.

Figure 24. Predicted Probabilities of Substantiated Recurrence within Birth & Beyond Treatment Group

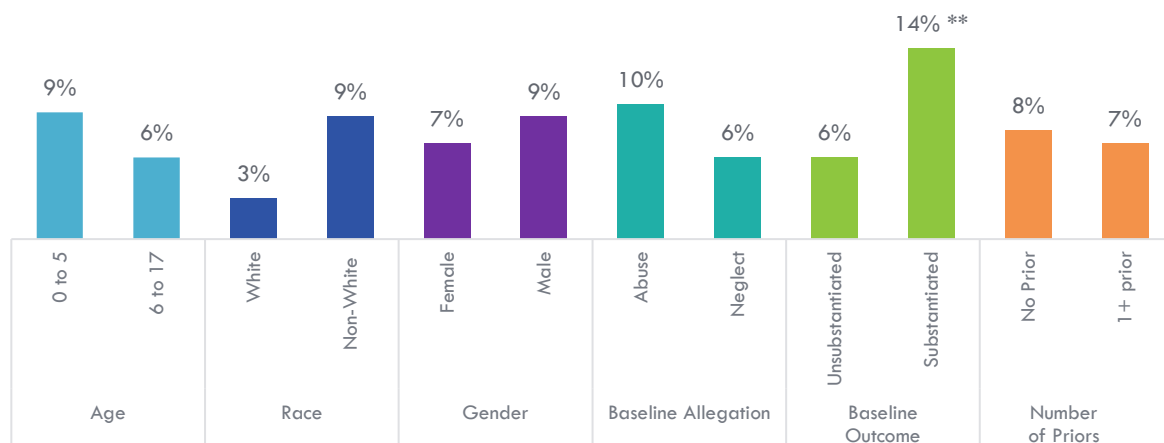


Source: B&B 2018-2020 Program Data and CPS 2018-2020 Data; N = 738 (B&B participants with a baseline CPS allegation); Statistical significance indicated as ** $p < 0.01$

Service dosage had a demonstrable impact on families' likelihood of experiencing substantiated recurrence. Among those who received eight hours or more of home visiting and had a baseline allegation (n = 435), the proportion experiencing substantiated recurrence reduced across all items. For instance, 9% of children aged 0 to 5 whose families had eight or more hours of service experienced substantiated maltreatment within 12 months of intake, compared with 12% of Birth & Beyond children aged 0 to 5 receiving any amount of service (see figure above). This finding affirms the previous findings that eight hours or more of service is associated with better child welfare outcomes.

Having a substantiated baseline outcome was the only significant predictor of recurrence (14%) among those receiving eight or more hours of home visiting. However, some differences remained for more vulnerable groups. For instance, male and non-white children remained more likely to experience substantiated recurrence (9% each) within 12 months, compared with females (7%) and white (3%) children. And those with an abuse baseline disposition had a higher rate of recurrence (10%) than those with a neglect disposition (6%).

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

Next, a quasi-experimental design (QED) analysis was used to identify differences in substantiated recurrence. 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 matched²⁷ to a comparable group of children with a baseline CPS allegation (that did not receive 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.²⁸ These intersectional characteristics have been identified in previous research as key predictors of substantiated recurrence of maltreatment.

Among children aged 0 to 17 with a baseline CPS event between 2018 and 2020, **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

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).²⁹ 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 design³⁰ and create a space where the unique impact of the Birth & Beyond treatment can be identified.

²⁷ See Appendix A for analysis details

²⁸ Analyses of subpopulations by age (0 to 5 and 6 to 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.

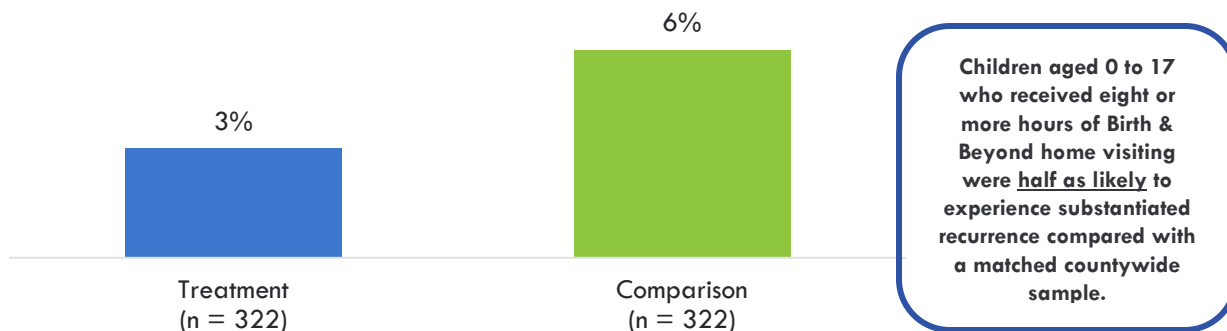
²⁹ Since the comparison group did not have B&B intervention, their observation window started at the closure of a baseline CPS involvement (excluding Evaluated Out cases). B&B participants included those that had a baseline CPS referral (excluding evaluated out) within six months prior to their B&B intake, but their observation window started after the start of B&B intervention.

³⁰ A true experimental design including random assignment into treatment and control are not considered feasible or ethical in this context.

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

This matching strategy resulted in a total sample size of 644 children (322 in each group).³¹ Within each group, about nine out of ten (89%) children had moderate or high vulnerability. Children in the Birth & Beyond treatment group were half as likely to have substantiated recurrence (3%) compared with the matched comparison group (6%).³²

Figure 26. Percent of Children Aged 0 to 17 with Substantiated Recurrence within 12 months

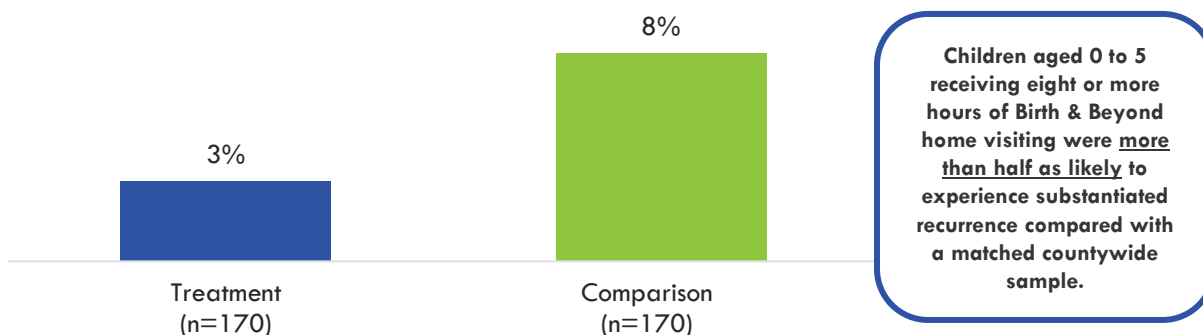


Source: B&B 2018-2020 Program Data & CPS 2018-2020 Data. $p = 0.09$. Treatment group limited to those receiving eight or more hours of home visiting. Differences were approaching statistical significance ($p < .10$).

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

The next analysis explored substantiated recurrence among the children aged 0 to 5 within this group. This matching strategy resulted in a total sample size of 340 children (170 in each group).³³ Within each group, more than three-quarters (76%) had moderate or high vulnerability. Among children aged 0 to 5, 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 Aged 0 to 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 ($p < .10$).

³¹ 116 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.

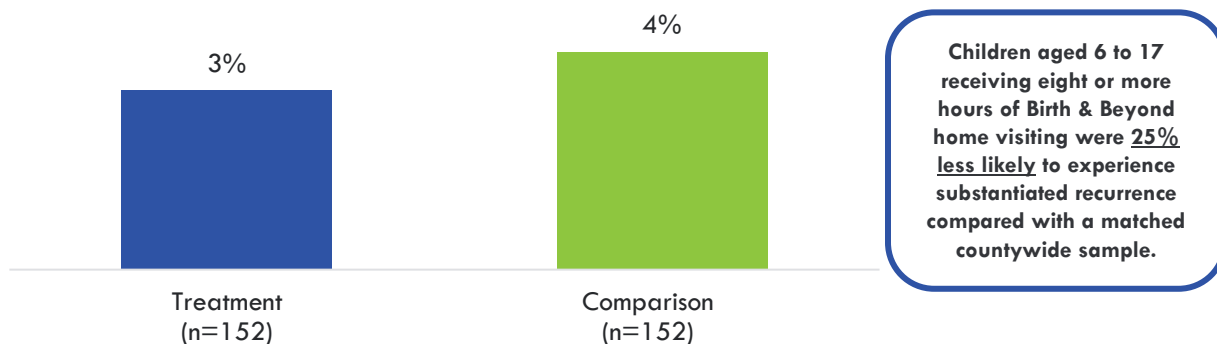
³² Results were approaching statistical significance at $p = 0.055$ (See Appendix A for output).

³³ 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.

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

This last section explores substantiated recurrence among children aged 6 to 17. The vulnerability index matching strategy resulted in a total sample size of 304 children (152 in each group).³⁴ Within each group, more than three-quarters (78%) had moderate or high vulnerability. **Among children aged 6 to 17, 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 Aged 6 to 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 ($p < .10$).

CPS Analysis Summary

This in-depth analysis of a three-year cohort of children receiving Birth & Beyond home visiting provides support for the impact of home visiting on a reduced likelihood of CPS involvement or recurrence. The first section of this analysis included comparisons among all children served by Birth & Beyond home visiting. For this group, receiving eight or more hours of home visiting significantly reduced the likelihood of CPS involvement 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.

Additionally, a quasi-experimental design analysis was conducted for children aged 0 to 17 (as well as those aged 0 to 5 and 6 to 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 substantiated recurrence than the matched sample of children countywide. Differences were approaching statistical significance at $p < 0.10$, indicating strong support for the impact of eight or more hours of Birth & Beyond home visiting on children in Sacramento County.

³⁴ 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.

CalWORKs Home Visiting

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 221 adults and 230 children (aged 0-17)³⁵ 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% were Welfare-to-Work Eligible or Exempt (n = 271). Among those with new intakes in FY 2020-21 (n = 252), 74 were first-time parents, and 26 were pregnant individuals.

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

³⁵ Unduplicated counts

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 Visiting

		FY 2020-21
How much did we do?	# Receiving HFA Home Visiting during FY 2020-21	
	Adults	221
	Children (0-17)	230
	Total HV Dosage	
	Total # Home Visits Completed	2,359
	Core Services	
	# of Developmental Screenings Conducted	180
	Intakes to CalWORKs HVP	252
	Intakes by Referral Source ³⁶	
	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%)
	# Intakes - First-Time Parents	74
	# Intakes - Pregnant Individuals	26
	# Intakes - Expanded Population	2
	Outcomes of FY 2020-21 Intakes	
	New Intakes 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) ³⁷	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: Aged 0-11 Months	94
	Children: Aged 12-23 Months	43
	Children: Aged 2 to 17	90
	Service Referrals Provided	
	Early Learning/Parent-Child Interaction	411

³⁶ New Case Records created during FY 2020-21 only (n = 252), not intended to reflect the total served during this FY as some participants receiving services may have enrolled during the previous FY and would not be included here. Counts represent total referrals, not limited to those that enrolled. It is also important to note that referrals into CalWORKs HV primarily come from DHA, DHA Eligibility list, and B&B transfers. While other sources comprise a larger portion of referrals, these entities typically refer to B&B more generally and B&B staff assign to the curriculum deemed most appropriate.

³⁷ Excludes those not offered HVP services (n = 5). Includes those offered services (n = 196) and whose offer status was not provided at the time of data extract (n = 51).

		FY 2020-21
	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 # (%)	
	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 # (%)	
	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%)

		FY 2020-21
	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 (HFA Curriculum)

Marisol³⁸ 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.

"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

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 payments. However, Marisol had a major housing scare which her home visitor was able to quickly address and provide her with additional resources. Marisol received a three-day notice after a late rent payment and contacted her home visitor, visibly distraught. At this point, 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.

³⁸ Fictional names used

Crisis Intervention Services

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

		FY 2020-21	
How much did we do?	# of unduplicated parents with Intervention Service Record ³⁹	2,573	
	First 5-funded	1,814	
	DCFAS-funded	513	
	Community-funded	243	
	# of unduplicated families served	2,505	
	# of unduplicated families with an ISR Stress Pre-Assessment	1,670	
	# of unduplicated families with ISR Stress Post-Assessment	1,358	
How well did we do it?	Level of Completion		
	# (%) of unduplicated families with at least one referral/linkage	2,055 (82%)	
	# of unduplicated families with a Crisis Intervention Case Management Plan	1,415	
	Stress Reduction ⁴⁰	Pre	Post
	Level of stress	3.42	2.31 ***
	Level of support from friends/family/community	2.64	3.37 ***
	Level of knowledge about places to get help and information	2.60	3.40 ***
	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 *** $p < .001$.

³⁹ Funding source was unavailable for two parents.

⁴⁰ 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.

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).

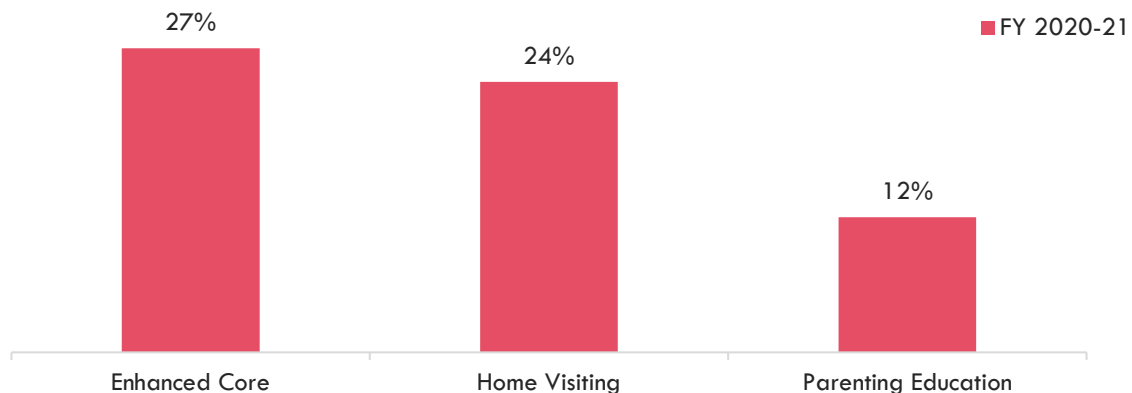
Figure 31. Ratings of Stress, Support, and Knowledge, Before and After Participation in Crisis Intervention Services



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

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

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



Source: FY 2020-21. Persimmony Export: Client Service Records

Success Story: Crisis Intervention Services

Joya⁴¹ is a single mother who called the Arden Arcade Community Center seeking support in housing and job placement. She was struggling to find a home that fit within her budget, and although she had a job, she needed to find another to make enough money for her and her children to move out of a relative's home. Arden Arcade connected Joya with Intervention Services for case management and support.

⁴¹ Fictional names used

Joya was dealing with life stressors of trying to make ends meet while also living with relatives. Through support and resources provided through intervention services, as well as her own hard work and determination, Joya was able to secure a better job and continue her path toward full self-sufficiency.

During the Mutual Assistance Network's bi-weekly Street Team event, Arden Arcade connected with an apartment owner that was willing to work with families that could pay their rent every month, even if they did not make two to three times the rent. Arden Arcade connected Joya with this apartment owner and within a week, Joya excitedly reached out to Arden Arcade to inform them that she was approved to move in. Crisis Intervention Services provided Joya with much needed support and resources to aid her own hard work, dedication, and personal desires to secure better housing and employment for her and her children.

Summary, Conclusions and Recommendations

For the past 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, such as 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, 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).

Recommendation #2: 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 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 #3: 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. Many of the Birth & Beyond sites identified 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, 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: Quasi-Experimental Design (QED)

Analysis and Outcomes

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 stability, 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.

Analysis Outcomes: Substantiated Recurrence

Aged 0 to 17	Comparison Group	B&B Treatment Group (8 or more Hours)	Total
No Substantiated Recurrence	303 (94.1%)	312 (96.9%)	615 (95.5%)
Substantiated Recurrence	19 (5.9%)	10 (3.1%)	29 (4.5%)
Total	322 (100%)	322 (100%)	644 (100%)

Pearson chi2 (1) = 2.92; Pr = 0.09

Aged 0 to 5	Comparison Group	B&B Treatment Group (8 or more Hours)	Total
No Substantiated Recurrence	157 (92.4%)	165 (97.06%)	322 (94.71%)
Substantiated Recurrence	13 (7.65%)	5(2.94%)	18 (5.29%)
Total	170 (100%)	170 (100%)	340 (100%)

Pearson chi2 (1) = 3.75; Pr = 0.053

Aged 6 to 17	Comparison Group	B&B Treatment Group (8 or more Hours)	Total
No Substantiated Recurrence	146 (96.05%)	147(96.7%)	293 (95.9%)
Substantiated Recurrence	6 (4.0%)	4(3.3%)	11 (4.1%)
Total	152 (100%)	152 (100%)	304 (100%)

Pearson chi2 (1) = 0.09; Pr = 0.076



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Birth & Beyond
Annual Evaluation Report
Executive Summary
FY 2020-21



FY 2020-21 Highlights

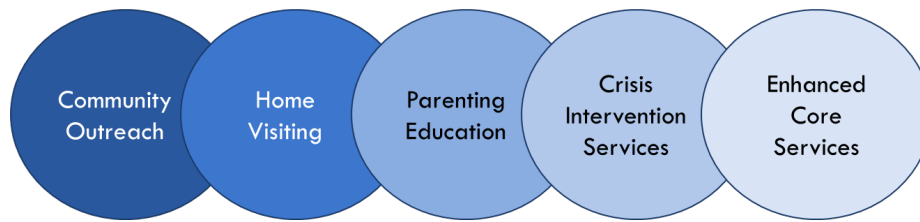
REACH	Birth & Beyond directly served 6,575 parents/caregivers and 2,640 children aged 0 to 17.
HOME VISITING	<p>Home visiting program participants increased their Adult-Adolescent Parenting Inventory (AAPI) scores, indicating reduced risk of child abuse and maltreatment. Those in the moderate risk, Intervention group had statistically significant improvements.</p> <p>Among children receiving Birth & Beyond home visiting services, those who received eight or more hours of home visiting had significantly reduced likelihood of Sacramento County CPS involvement within 12 months, compared with those receiving less than eight hours of home visiting.</p> <p>Additionally, Birth & Beyond children who received eight or more hours of home visiting were less likely to experience substantiated recurrence compared to a matched sample of children countywide.</p>
PARENTING EDUCATION	Participants in both Make Parenting A Pleasure (MPAP) and Nurturing Parenting Program (NPP) curriculum had statistically significant improvements in parenting knowledge and skills, indicating reduced risk of child abuse and maltreatment.
ENHANCED CORE	Birth & Beyond provided more than 15,000 enhanced core services to over 3,000 families.
CRISIS INTERVENTION	Clients receiving crisis intervention services reported significantly reduced stress levels, and significantly increased feelings of support from friends, family, and the community and knowledge of where to find resources and information.

Birth & Beyond Services and Reach

The Birth & Beyond Program (Birth & Beyond) has provided quality community-based programs and services to prevent child abuse and neglect throughout Sacramento County since 1999. 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 First 5 Sacramento, the Sacramento County Department of Child, Family, and Adult Services (DCFAS), and the Corporation for National and Community Service (CNCS). Birth & Beyond's FRCs are located throughout Sacramento County in areas of high need. FRCs provide a continuum of standard services as well as 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 and provided virtually during the COVID-19 pandemic.

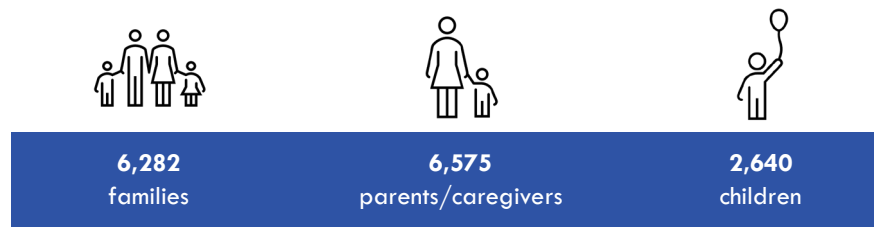
BIRTH & BEYOND CORE SERVICES

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



BIRTH & BEYOND DIRECT REACH

Across all programs and services, Birth & Beyond directly served more than 6,200 families across Sacramento County, including 6,575 parents/caregivers and 2,640 children aged 0 to 17.



Source: FY 2020-21 Persimmony Report By Client Demographic.

SERVICE INTEGRATION WITHIN BIRTH & BEYOND

Birth & Beyond encourages parents to participate in multiple FRC services in order to experience the greatest impact and benefit to their families. The table below displays the percentage of participants who engaged in more than one FRC service. Clients most frequently received crisis intervention (CI), in addition to some other service. More than half (54%) of home visiting clients and 40% of clients participating in parenting education also received CI, and about one in five (21%) enhanced core participants also received CI. This reflects families that may have received more intensive services after participating in short-term CI, as well as those who may receive CI to supplement their other services.

Birth & Beyond Families Engagement in Multiple Services

	Enhanced Core (EC)	Crisis Intervention (CI)	Parenting Education (PE)	Home Visiting (HV)
Among EC Participants	-	21%	4%	8%
Among CI Participants	27%	-	12%	24%
Among PE Participants	16%	40%	-	18%
Among HV Participants	25%	54%	12%	-

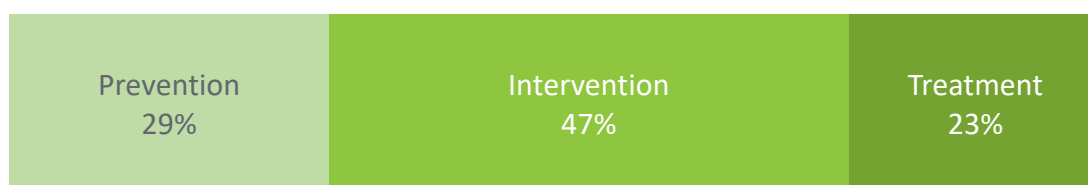
Source: FY 2020-21 Persimmony Service Records.

Program Outcomes

HOME VISITING

Birth & Beyond's home visiting program used the Nurturing Parenting Program (NPP) curriculum, an evidence-based home visiting curriculum provided at least weekly, with a minimum of two months of services. In FY 2020-21, 1,114 families received home visiting services, including 1,168 parents/caregivers and 1,467 children. Parents were categorized into one of three groups based on their risk for child abuse¹ indicated by their AAPI score at intake: prevention (low risk), intervention (moderate risk), and treatment (high risk). Almost half (47%) of families with intakes during FY 2020-21 were categorized in the *Intervention* (moderate risk) group, followed by 29% in the *Prevention* group (low risk), and 23% in the *Treatment* (high risk) group.

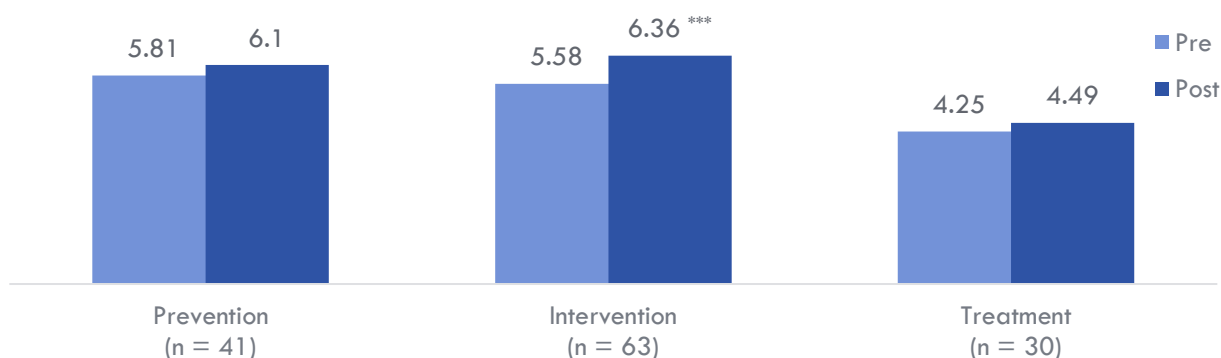
NPP Home Visiting Intakes, by Risk Level Risk Level Assignment



Source: FY 2020-21. Persimmony Export: Client Service, n = 235. Represents new intakes only not all that received services during the fiscal year. Many families are returning clients from previous years.

Each of the three groups demonstrated increased AAPI scores, indicating reduced risk, after participating in home visiting.² The *Intervention* group had statistically significant improvements. This indicates strong support for improved parenting skills and knowledge among those at moderate risk of child abuse or maltreatment.

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 $p < .001$. Limited to matched pairs

¹ Determined by AAPI scores. At the time of writing this report, a large number of families with home visiting intakes during FY 2020-21 (n = 341) were not categorized into a group in the Persimmony database and are not included in discussions specific to NPP Curriculum level. These proportions also exclude families who received services during FY 2020-21 but had their initial intake during a previous fiscal year.

² Includes any amount of home visiting service but only includes participants who were administered an AAPI pre-test and a post-test



HOME VISITING: THREE YEAR ANALYSIS OF CHILD WELFARE OUTCOMES

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. This report expands on the promising findings from the AmeriCorps study by including families served by both AmeriCorps and agency home visitors. This in-depth analysis explores substantiated maltreatment among children aged 0 to 17 who received eight or more hours of Birth & Beyond home visiting within a three-year period (February 1, 2018 through February 29, 2020), following baseline CPS involvement³ in the six months prior to Birth & Beyond intake. Children served by Birth & Beyond were compared with a statistically matched sample of children in Sacramento County who had CPS involvement during a comparable time frame but did not receive Birth & Beyond home visiting.

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.

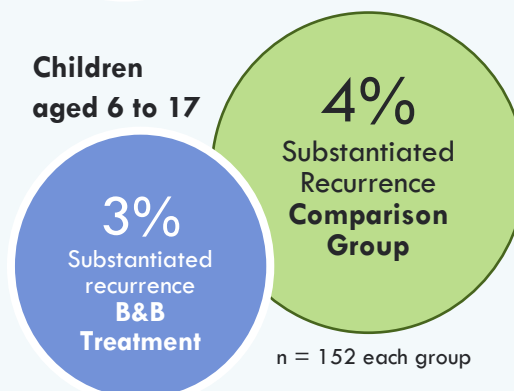
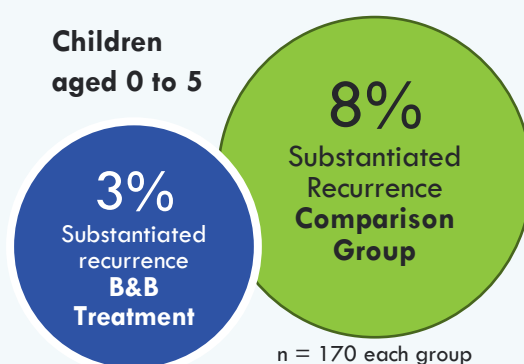
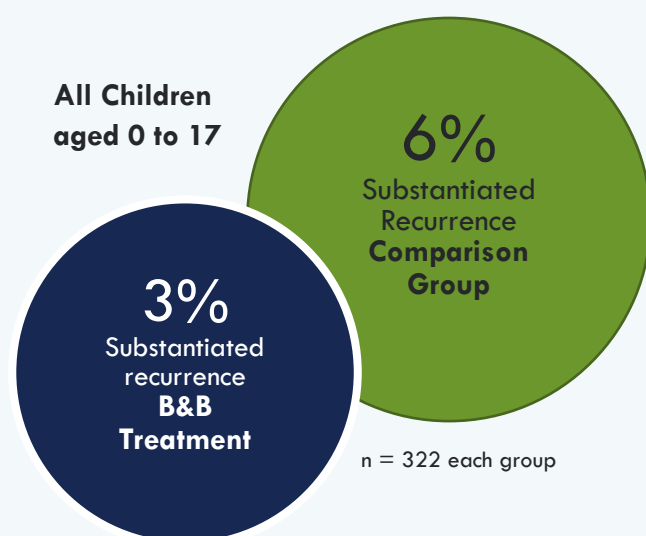
Through this quasi-experimental design analysis (QED), the Birth & Beyond sample was statistically matched to the countywide comparison group using a vulnerability index. The vulnerability index included six intersectional factors identified in previous research as key predictors of higher risk of substantiated recurrence: *prior allegations, substantiated baseline allegation, high Structured Decision-Making (SDM) risk, under five years of age, males, and non-White*. Matching the samples on these vulnerabilities reduces the likelihood of significant differences between groups to more closely mirror a true experimental design⁴ and create a space where the unique impact of the Birth & Beyond treatment can be identified.

³ Baseline CPS involvement includes Substantiated, Unfounded, or Inconclusive allegations. Excludes Evaluated Out.

⁴ A true experimental design including random assignment into treatment and control are not considered feasible or ethical in this context.

Children in the Birth & Beyond treatment group were less likely to have substantiated recurrence compared with the matched comparison group. Among children aged 0 to 17,⁵ 3% experienced substantiated recurrence within 12 months of intake, compared with 6% in the comparison group. Further, children aged 0 to 5 (known to have a higher vulnerability of child abuse or maltreatment), 3% who received eight or more hours of Birth & Beyond home visiting experienced substantiated recurrence. In the comparison group, 8% experienced substantiated recurrence. Children aged 6 to 17 who received eight or more hours of Birth & Beyond home visiting also experienced substantiated recurrence (3%) at a lower rate than the countywide comparison group (4%). For each group, differences were approaching statistical significance at $p < 0.10$.

Substantiated Recurrence by Age Group: Birth & Beyond Home Visiting Treatment Group (Eight or More Hours) Compared to Matched Countywide Sample

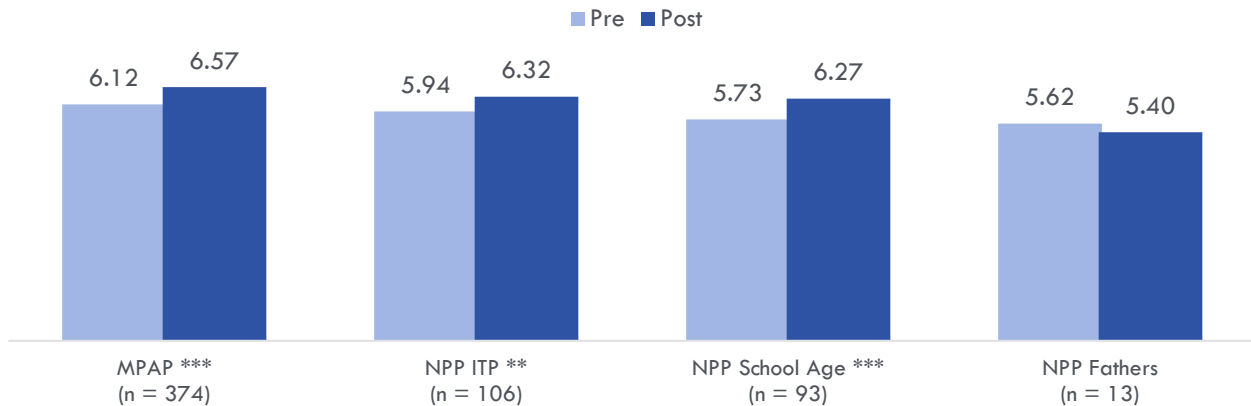


⁵ Samples are limited to those with a baseline allegation, receiving eight or more hours of home visiting, and had valid data for all six vulnerability characteristics and may not reflect every child served during this three-year period.

PARENTING EDUCATION

In FY 2020-21, group-based parenting education courses were offered virtually by Family Resource Centers, using the Nurturing Parenting Program (NPP) and Make Parenting A Pleasure (MPAP) curricula. In total, 805 parents and caregivers attended 92 parenting education workshops. NPP program participants' parental beliefs about child-rearing were tested using the Adult-Adolescent Parenting Inventory (AAPI), a tool that measures risk for child maltreatment. The MPAP curriculum measures risk of maltreatment using a questionnaire measuring stress, self-care, anger management, child development, and positive discipline. On average, participants in both curricula significantly increased parenting knowledge and skills between pre- and post-test.

Changes in Average Parenting Knowledge and Skills Before and After Parenting Education, by Curriculum

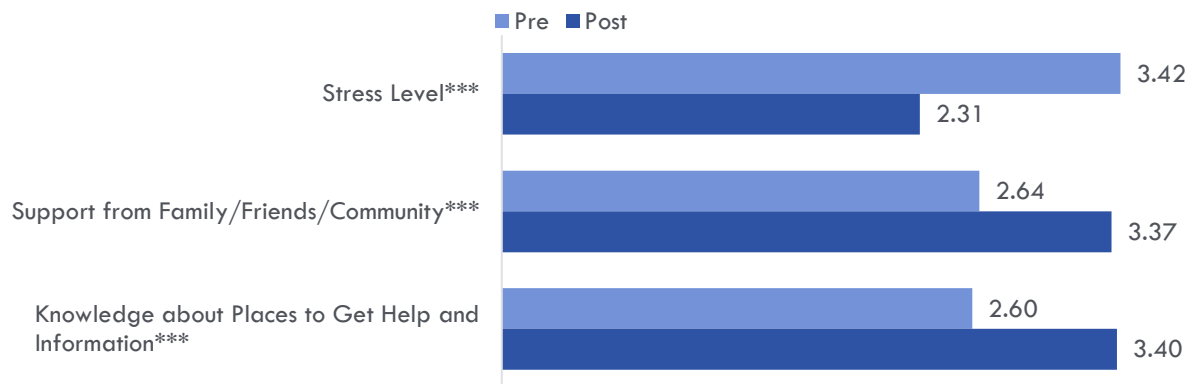


Source: FY 2020-21. Persimmony: Client Assessment. Higher scores indicate improved outcomes. NPP curriculum based on AAPI scores. MPAP based on MPAP questionnaire. Statistically significant differences indicated as ** $p < .01$, *** $p < .001$.

CRISIS INTERVENTION

Crisis Intervention (CI) services are brief, targeted services for Birth & Beyond clients experiencing pressing concerns or issues. In FY 2020-21, 2,573 parents and caregivers received CI. More than four out of five participants (2,055, 82%) received at least one referral or linkage to another service. CI clients' pre- and post-tests indicated significantly lower stress levels, and increased perceived support and knowledge about where to go to get information and assistance.

Perceived Stress, Support, and Knowledge of Resources before and After Crisis Intervention Services



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

ENHANCED CORE

Enhanced Core services include the “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 more intensive services. Services 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.

