

FIRST 5 SACRAMENTO COMMISSION

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

Computer Link:

<https://saccounty-net.zoomgov.com/j/1609548778?pwd=elp4VGxpZjA3V1dtQ2l4UVUwNmIPZz09>

Meeting ID: 160 954 8778

Passcode: 627201

Call-in: 1-669-254-5252

EVALUATION COMMITTEE

AGENDA

Monday, July 17, 2023 – 1:00 PM to 3:00 PM



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

Advisory Committee Member(s): 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 27, 2023
4. Approve Draft Action Summary of May 15, 2023
5. Staff Update
6. General Evaluation Update - Applied Survey Research
7. Approve: Birth and Beyond Annual Report for Fiscal Year 2021-2022
8. Receive and Provide Input: Potential Indicators for the 2024 Implementation Plan
9. 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@saccouty.gov prior to the meeting.

FIRST 5 SACRAMENTO COMMISSION

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

EVALUATION COMMITTEE

DRAFT ACTION SUMMARY

Friday, January 25, 2023 – 1:00 PM - 3:00 PM



Members: Steve Wirtz (Chair), David Gordon (Vice Chair), Olivia Kasirye
Advisory Committee Member(s): Emily Asquith Velasquez, Robin Blanks
Alternate Member: Tony Smith
Staff: Julie Gallelo, Carmen Garcia-Gomez
Absent: David Gordon
Consultant: Applied Survey Research



1. Call to order and Roll Call
Action: Meeting was called to order at 1:00 PM. A quorum was established.
2. Public Comments on Off-Agenda Items
Action: None.
3. Approve Draft Action Summary of October 17, 2022
Action: Approved Blank/Asquith Velasquez
4. Approve 2023 Meeting Calendar
Action: Approved Unanimous
5. Staff Update
Action: None.
Commission staff provided an update on the following items:

In-Person Committee Meetings: staff explained that beginning March 1st all committee meetings will take place in person. A Zoom link will be made available for the public.

B&B Data Streamline: the evaluation team continues to work with the Birth and Beyond collaborative to streamline data entry and the use of forms.

Post Family Information Form (FIF) and other service assessments: the evaluation team has been working on updating the post FIF as well as creating new surveys to measure programs new last year.

Chair Wirtz asked staff to explain the process from hard copies to electronic; staff explained the desire to alleviate workload from data entry staff since the forms are available in hard copy. Response rate was 17-18% after the first release. Data entry staff have been consistent at collecting client emails. Additionally, the post FIF is being streamlined to prevent duplication.

T. Smith expressed concern about the 17-18% response rate citing it wasn't a large enough response.

6. General Evaluation Update – Applied Survey Research

Action: None.

ASR provided an update on the evaluation activities that took place during the months of October through December.

7. Approve the First 5 Sacramento Annual Report for Fiscal Year 2021-22.

Action: Approved Blanks/Smith

ASR presented Annual Report. The Committee received the report and were overall pleased with the report. The provided edits and had some general comments and questions.

The report will be presented to the Commission in March.

8. Committee Member Comments

- a. Miscellaneous
- b. Future Agenda Items/Presentations

Adjourned: 3:10 p.m.

Respectfully submitted,

Carmen Garcia-Gomez, Evaluation Manager
First 5 Sacramento Commission

FIRST 5 SACRAMENTO COMMISSION

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

EVALUATION COMMITTEE

DRAFT ACTION SUMMARY

Monday, May 15, 2023 – 1:00 PM - 3:00 PM



Members: Steve Wirtz (Chair), David Gordon (Vice Chair), Olivia Kasirye
Advisory Committee Member(s): Emily Asquith Velasquez, Robin Blanks
Alternate Member: Tony Smith
Staff: Julie Gallelo, Carmen Garcia-Gomez
Absent: David Gordon
Consultant: Applied Survey Research



1. Call to order and Roll Call

Action: Meeting was called to order at 1:05 PM. A quorum was not established.

There was discussion regarding continuing virtual meetings. J. Gallelo explained that it's required by County Counsel, members should be physically present in order to vote on agenda items.

2. Public Comments on Off-Agenda Items

Action: None.

3. Approve Draft Action Summary of January 27, 2023

Action: Moved to July meeting.

Typo on the date of the meeting; change from January 25 to the 27th.

4. Staff Update

Action: None.

Commission staff provided an update on the following items:

- **Building Strong Families:** Commission staff have been working with partners to finalize evaluation forms and protocols in order to launch the program in the coming weeks.
- **Refugee Family Support Progress Report:** Staff assisted program staff in the completion of the progress report to First 5 California. 5/8/2023 317 families have received services through the program. The program ends in August.

- **Persimmony Trainings/support:** Staff continues to hold monthly trainings as well and a monthly “office hours” meeting to provide support to Persimmony Users.
- **Referral Portal:** Persimmony and staff continue to make improvements to the referral portal with the hopes of launching it for all contractors in July.

S. Wirtz asked if Commission staff have received feedback from data entry staff and other Persimmony users. Staff explained that the only feedback received from Program Planners while doing site visits have been positive.

J. Gallelo shared the challenges that we continue to experience as staff do not attend the scheduled meetings and/or trainings.

5. General Evaluation Update – Applied Survey Research

Action: None.

ASR provided an update on the evaluation activities that took place during the months of February through April.

S. Wirtz asked for an update on the on referral criteria from DCFAS to B&B as it relates to the high risk families.

CAPC staff shared the process of updating the referral form to include additional information that may help with the referral process from DCFAS.

It was recommended that that leadership team meet and discuss the referral criteria from DCFAS to B&B.

6. Receive the Systems Optimization and Sustainability Report

Action: No vote taken/needed. Committee members recommended edits to the draft report.

7. Review Referral Portal

Action: None

Staff demonstrated the Referral Portal which will be launched to all contractors July 1.

The discussion focused on the importance of closing the loop on referrals that are provided. J. Gallelo explained the importance of only using the referral portal to enter actual referrals rather than information provided to clients.

8. Committee Member Comments

- a. Miscellaneous
- b. Future Agenda Items/Presentations

Adjourned: 3:04 p.m.

Respectfully submitted,

Carmen Garcia-Gomez, Evaluation Manager
First 5 Sacramento Commission

Evaluation Committee
Staff Update
July 17, 2023

1. **Persimmony Trainings/support:** Staff continues to hold monthly trainings as well and a monthly “office hours” meeting to provide support to Persimmony Users.
2. **Referral Portal:** Five trainings have been held as we prepared to launch this new functionality. Staff continue to work with Persimmony to improve the features.

Summary of Evaluation Activities for First 5 Sacramento

July 2023

Strategy	Task
Birth & Beyond	<ul style="list-style-type: none"> - Presenting to Eval Committee Today - Presenting to F5 Commission in August
SOS (systems) Committee	<ul style="list-style-type: none"> - Presenting to F5 Commission in August
Persimmony	<ul style="list-style-type: none"> - Ongoing efforts to streamline and
RAACD	<ul style="list-style-type: none"> - Data collection to begin in September
F5 Sac Core Report	<ul style="list-style-type: none"> - Data collection to begin in October

Timeline

	July	August	September	October	November	December
Birth & Beyond Report	Eval Comm	PREZ				
SOS Report		PREZ				
RAACD			Data	Data	Write	Eval Comm
F5 Sac Core Report				Data	Data	Write





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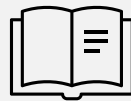


BIRTH & BEYOND

Annual Evaluation Report Executive Summary

FY 2021-22



FY 2021-22 Highlights

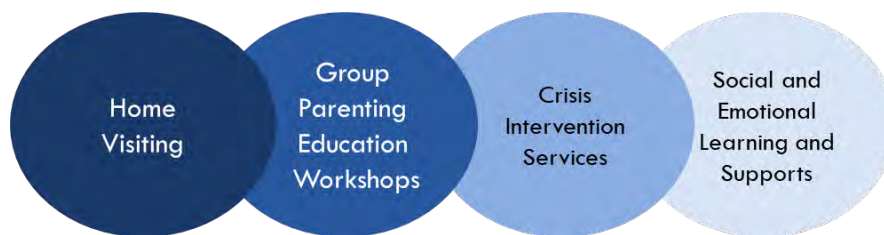
 <p>OVERALL REACH</p>	<p>Birth & Beyond directly served 4,768 parents/caregivers and 2,645 children ages 0-17.</p> <p>One-third (32%) of Birth & Beyond participants engaged in two or more strategies offered (e.g., home visiting <i>and</i> group parenting education).</p>
 <p>HOME VISITING</p>	<p>More than 1,000 families participated in Birth & Beyond home visiting.</p> <ul style="list-style-type: none"> • Birth & Beyond implemented the Parents as Teachers home visiting curriculum during FY 2021-22. • Nurturing Parenting Program participants significantly improved parenting knowledge and skills. • Nearly half (46%) of Healthy Families America participants with two or more check-ins improved scores on parent-child attachment. <p>Children who received eight or more hours of Birth & Beyond home visiting were less likely to experience future substantiated CPS involvement within 12 months, compared with those receiving less than eight hours.</p> <p>Zero children who received eight or more hours of Birth & Beyond home visiting following a recent substantiated CPS allegation baseline (within six months prior to intake), experienced a substantiated CPS allegation in the 12 months following intake.</p>
 <p>GROUP PARENTING EDUCATION WORKSHOPS</p>	<p>More than 750 parents/caregivers attended Make Parenting A Pleasure (MPAP) and/or Nurturing Parenting Program (NPP) group parenting education workshops. MPAP participants significantly increased parenting knowledge and skills and NPP participants had marginally significant increases.</p>
 <p>CRISIS INTERVENTION</p>	<p>Nearly 3,000 families received short-term crisis intervention services. Participants significantly reduced stress levels and established plans toward self-sufficiency.</p>
 <p>SOCIAL AND EMOTIONAL LEARNING AND SUPPORTS</p>	<p>Birth & Beyond FRCs provided nearly 14,000 “light touch” SELS services to help families build relationships with their community and Family Resource Centers and promote engagement with other Birth & Beyond strategies.</p>

Birth & Beyond Services and Reach

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), the Sacramento County Department of Human Assistance (CalWORKs), and AmeriCorps. 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 the communities they serve.

BIRTH & BEYOND CORE SERVICES

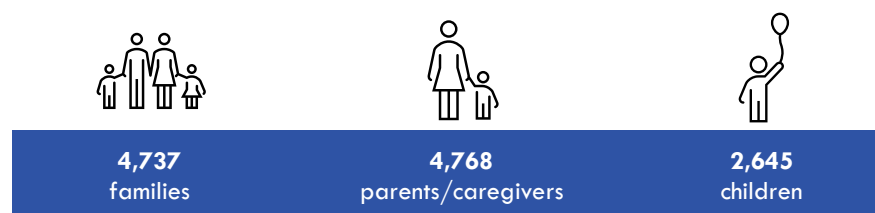
Birth & Beyond offers a continuum of child, family, and community services, ranging from light touch activities and events to more intensive intervention services.



BIRTH & BEYOND DIRECT REACH

Birth & Beyond provided direct services to nearly 5,000 families in FY 2021-22. Participants were more diverse than the countywide population.

Birth & Beyond directly served nearly 5,000 Sacramento County families across all programs and services, including 4,768 parents/caregivers and 2,645 children ages 0-17. Nearly one-third of the parents/caregivers served were Hispanic/Latino (31%) and more than one-quarter were Black/African American (28%). One-third (33%) of the participants primarily spoke a language other than English.

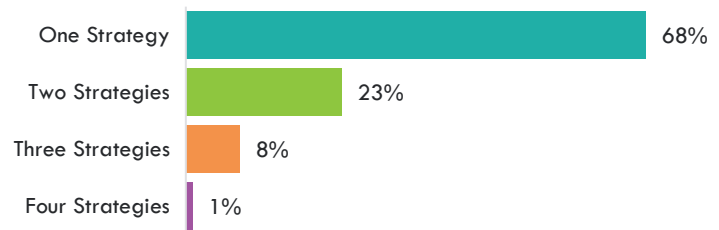


Source: FY 2021-22 Persimmony Report by Client Demographic.

One-third of Birth & Beyond participants engaged in two or more strategies offered.

Families are encouraged to participate in multiple FRC strategies to maximize the impact on and benefit to their families. One-third (32%) of the participants engaged in two or more distinct strategies (e.g., home visiting *and* group parenting education workshops) during FY 2021-22.

Families Engaging in Multiple Birth & Beyond Strategies



The table below further highlights participation in multiple strategies. For instance, more than half (58%) of the home visiting participants also engaged in crisis intervention, and 38% of home visiting participants also engaged in SELS activities. This reflects families that may have received more intensive services after participating in short-term or light-touch activities, as well as those who may receive connections to supplemental support through their home visitor.

Families Engaging in Multiple Birth & Beyond Strategies

	Home Visiting (HV)	Group Parenting Education Workshops (PE)	Crisis Intervention Services (CI)	Social and Emotional Learning and Supports (SELS)
Among HV Participants	-	11%	58%	38%
Among PE Participants	16%	-	48%	25%
Among CI Participants	20%	11%	-	28%
Among SELS Participants	21%	10%	46%	-

Source: FY 2021-22 Persimmony Service Records.

Program Outcomes

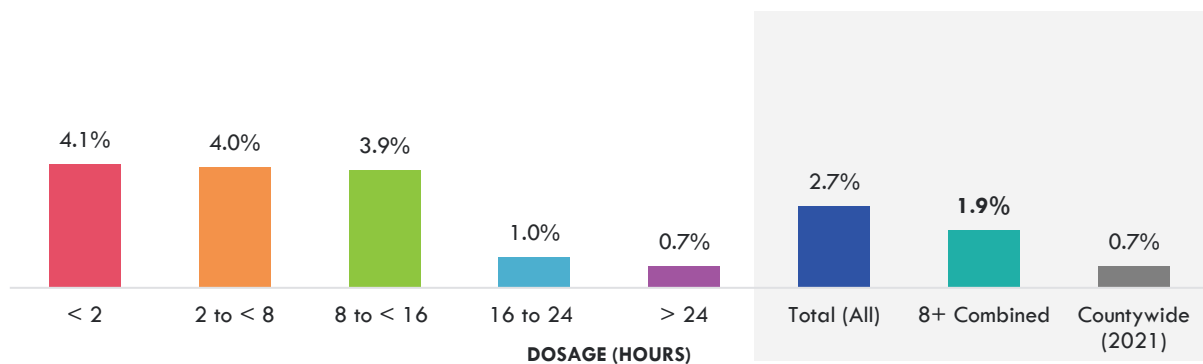
HOME VISITING: CHILD WELFARE OUTCOMES

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

In partnership with Department of Children, Families and Adult Services (DCFAS), Birth & Beyond measures substantiated allegations of maltreatment among families who receive Birth & Beyond home visiting to identify the impact of Birth & Beyond home visiting on reducing CPS involvement.

Among the overall sample of children whose families had a Birth & Beyond home visiting intake between March 1, 2020 and February 28, 2021 (n = 1,478), 2.7% had substantiated CPS involvement within 12 months. However, among those with eight or more hours of home visiting, the proportion experiencing substantiated CPS involvement decreased to 1.9%. Although this rate is higher than countywide rates of 2021 CPS involvement (0.7%), it is important to note that nearly one-third (32%) of all participants had some prior involvement with CPS within the five years prior to intake, indicating Birth & Beyond serves a higher-risk sample compared to the general countywide population.

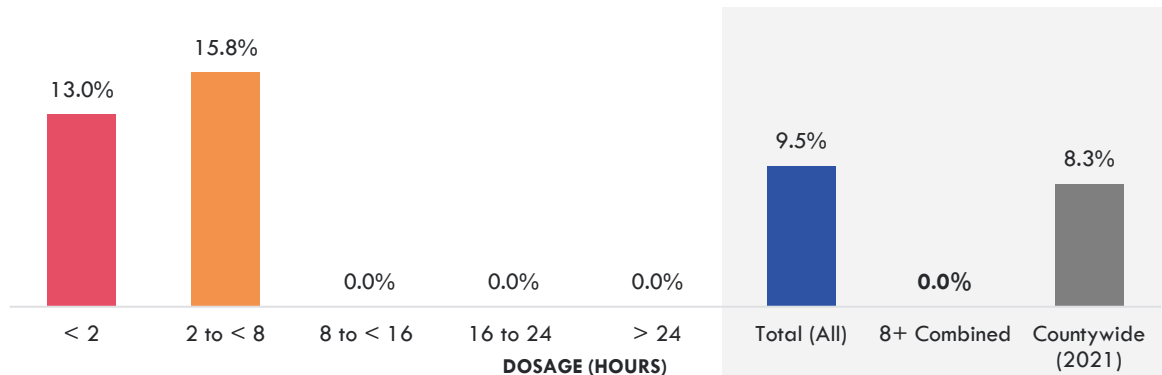
Substantiated CPS Allegations within 12 months of Intake, by Dosage (All Children)



Source: Birth & Beyond Program Data and CPS Data Request, N = 1,478 (Ns by dosage level: <2 hours: 14/338, 2 to < 8 hours: 17/421, 8 to < 16 hours: 10/256; 16 to 24 hours: 2/194; more than 24 hours: 2/269; Overall 8+ hours: 14/719).

Of the families who received home visiting, 95 children had a prior substantiated CPS allegation in the six months before Birth & Beyond home visiting intake. This group is likely the highest-risk population of those served because they had a very recent prior substantiated CPS allegation. Within this group, 9.5% experienced substantiated recurrence within 12 months of intake. However, **zero participants receiving eight or more hours had substantiated recurrence**. The countywide proportion of children experiencing substantiated recurrence following a substantiated baseline was 8.3% in 2021.

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



Source: Birth & Beyond Program Data and CPS Data Request, N = 95 (Ns by dosage level: <2 hours: 3/23, 2 to < 8 hours: 6/38, 8 to < 16 hours: 0/18; 16 to 24 hours: 0/6; more than 24 hours: 0/10; Overall 8+ hours: 0/34).

HOME VISITING MODELS

More than 1,000 families participated in one or more home visiting models offered by Birth & Beyond Family Resource Centers.

Home visiting is Birth & Beyond's most intensive strategy to support families and includes weekly in-person and/or virtual case management through evidence-based curriculum, as well as developmental screenings, and referrals/information for additional resources. In FY 2021-22, **1,024 families** participated in at least one Birth & Beyond home visiting model.

PARENTS AS TEACHERS

Birth & Beyond implemented the Parents as Teachers (PAT) model during FY 2021-22. The PAT model aims to **strengthen protective factors**, including parental resilience, social connections, knowledge of parenting and child development, concrete supports, and children's social-emotional competence. In total, **nearly 500 families** began participating in the PAT curriculum. Participant outcomes will be reported beginning in FY 2022-23.

NURTURING PARENTING PROGRAM

Birth & Beyond also utilized the Nurturing Parenting Program (NPP) curriculum for families with school age children (six and older). In FY 2021-22, **466 families** participated in NPP home visiting. Participants **significantly improved** their Adult Adolescent Parenting Inventory (AAPI) scores, on average.

HEALTHY FAMILIES AMERICA

Birth & Beyond also uses the Healthy Families America (HFA) curriculum to support healthy development and well-being of low-income families enrolled in CalWORKs with children ages 0-3 months at time of enrollment. Home visitors identified parent-child attachment behaviors using the CHEERS Check-In tool. In FY 2021-22, **106 families** participated in the HFA curriculum. Among participants with at least two check-ins before the end of FY 2021-22, **46% improved their CHEERS scores**.

REDUCTION OF AFRICAN AMERICAN CHILD DEATHS

Lastly, two FRCs (MAN Arcade and the Valley Hi Village Program) receive First 5 funding to support activities intentionally designed as part of the larger Reduction of African American Child Deaths (RAACD) initiative. In FY 2021-22, **68 families** participated in RAACD-funded home visiting through these sites, although curricula was largely in implementation during this FY and outcomes will be presented beginning in the FY 2022-23 report.¹

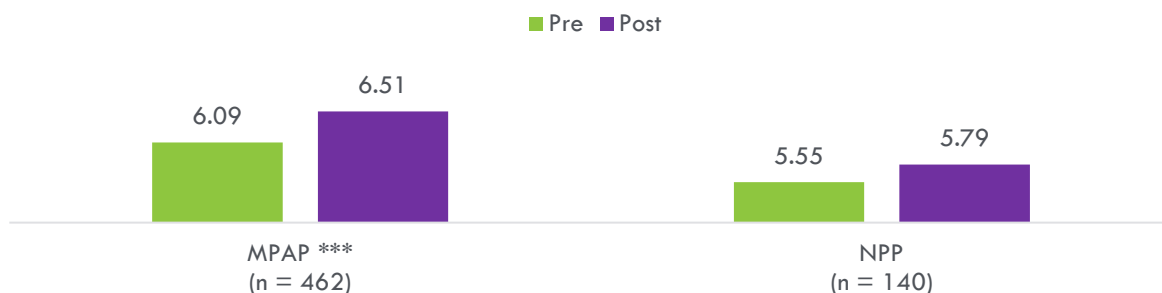
GROUP PARENTING EDUCATION WORKSHOPS

Group parenting education workshop participants significantly improved parenting skills and knowledge ranging from self-care and stress reduction to childrearing beliefs and strategies.

Parenting education workshop series are group-based classes operated by Family Resource Centers. In FY 2021-22, **754 parents/caregivers** attended **79 group parenting education workshop series**. Classes included the Make Parenting A Pleasure (MPAP) and the Nurturing Parenting Program (NPP). Participants completed assessments measuring parenting beliefs and skills prior to and after completion of the course.

The following figure shows increases in parenting knowledge and skills among participants who completed an assessment at the start of their group parenting education workshop series, and at completion. On average, MPAP participants had **significant increases in parenting knowledge and skills** ($p < .001$). NPP participants also had increases which were marginally significant, on average ($p < .10$).

Average Parenting Knowledge and Skills Increases after Group Parenting Education



Source: FY 2021-22 B&B MPAP Pre-Post, B&B AAPI Pre-Post. Statistically significant differences indicated as *** $p < .001$. Represents group averages. MPAP and AAPI scores range from 1 (High Risk) to 10 (Low Risk). Increases in scores represent desired outcomes.

¹ Curriculum implemented shifted between the Nurturing Parenting Program, an adapted Parents as Teachers model to be culturally inclusive to Black/African American families, and the Effective Black Parenting Program curriculum adapted for a home visiting approach.

CRISIS INTERVENTION

Nearly 3,000 families received short-term crisis intervention services. Participants significantly reduced stress levels and established plans toward self-sufficiency.

Crisis Intervention Services (CIS) are short-term services for Birth & Beyond Family Resource Center (B&B FRC) families experiencing a pressing concern or immediate need, such as lack of food or baby supplies, being unhoused, or disconnected utilities.

In FY 2021-22, B&B FRCs provided CIS to nearly 3,000 families. Among them, 71% (865/1,221) of participants with a pre- and post-stress level assessment had **reduced stress** after receiving CIS, and 34 out of 50 (68%) participants who had an initial FDM visit developed an **Empowerment Plan**.

SOCIAL EMOTIONAL LEARNING AND SUPPORTS (SELS)

Birth & Beyond FRCs provided nearly 14,000 “light touch” SELS services to help families build relationships with FRCs and promote engagement with other strategies.

SELS are intended to be services that introduce a family to Birth & Beyond Family Resource Centers (B&B FRCs) and may **provide a gateway to more intensive B&B services**. SELS activities included child development activities, peer support groups, life-skills classes, and stress-reducing activities. For instance, services included basic needs pop-up events, diaper distribution, community baby showers, COVID-19 testing, workshops, events/celebrations, and support groups. In FY 2021-22, B&B FRCs provided 13,788 SELS services to **1,820 families**, including 1,671 caregivers and 2,064 children.

FROM SKEPTICISM TO TRUST: A SUCCESS STORY

Celia² joined a group parenting education workshop at Valley Hi FRC as part of a court-mandated requirement. Like many other participants, Celia was initially concerned about the FRC’s connection to CPS and was skeptical of the benefits of engaging with the program. As a result, she was reluctant to open up during classes, but continued reassurance and support allowed her to open up to the facilitators.

Celia expressed that she was dealing with depression and needed support. Staff connected her with a crisis intervention specialist for more resources, including mental health and holiday support (including gifts and food). She later **successfully graduated** from her group parenting education course and expressed gratitude for the multitude of services with which B&B staff assisted her.

After completing the group parenting education workshop series, **Celia expressed appreciation for her facilitator and great experience in the class**. She even decided to retake the class, aiming to put more practice into the **new skills** she learned, as well as obtain additional skills that she may have missed the first time through. She also plans to engage in more FRC services as she becomes more available to do so. Celia’s transition from skepticism to trust and excitement to continue engaging with the FRC also resulted in the facilitators reporting feeling motivated in their roles and their ability to provide services to the community.

² Fictional names used for success story

Birth & Beyond



BIRTH & BEYOND

Annual Evaluation Report

FY 2021-22



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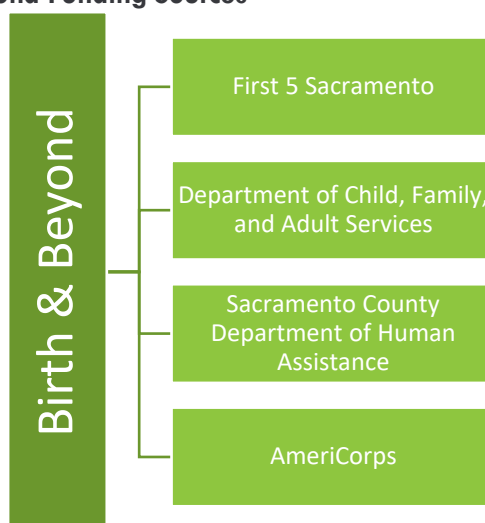
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Introduction

Beginning in 1999, the Birth & Beyond Program (B&B) has provided quality community-based programs and services to prevent child abuse and neglect throughout Sacramento County. Birth & Beyond is coordinated by the Child Abuse 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 from DCFAS allows Birth & Beyond to serve children ages 6-17 and their families. These two primary funding sources are instrumental for Birth & Beyond to be able to serve children of all ages, therefore increasing their overall reach in the community.

Figure 1. Birth & Beyond Funding Sources



The Sacramento County Board of Supervisors created the Family Support Collaborative (FSC) in 1998. The FSC is a public and private community collaboration with the goal of preventing child abuse, encouraging early intervention, and increasing treatment services for families with children. The FSC is coordinated by CAPC in collaboration with the six nonprofit organizations listed above. These operate the nine neighborhood FRCs responsible for implementation of Birth & Beyond services. 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. The nine Birth & Beyond Family Resource Centers serve as neighborhood hubs providing an array of home visiting, group parenting education workshops, crisis intervention, and social emotional learning and support activities in specific Sacramento County zip codes.

This report presents program and participant characteristics and outcomes during fiscal year (FY) 2021-22. Applied Survey Research (ASR) is the evaluation consultant for Birth & Beyond and has worked closely with Birth & Beyond personnel during the year to ensure quality data collection and research practices.

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

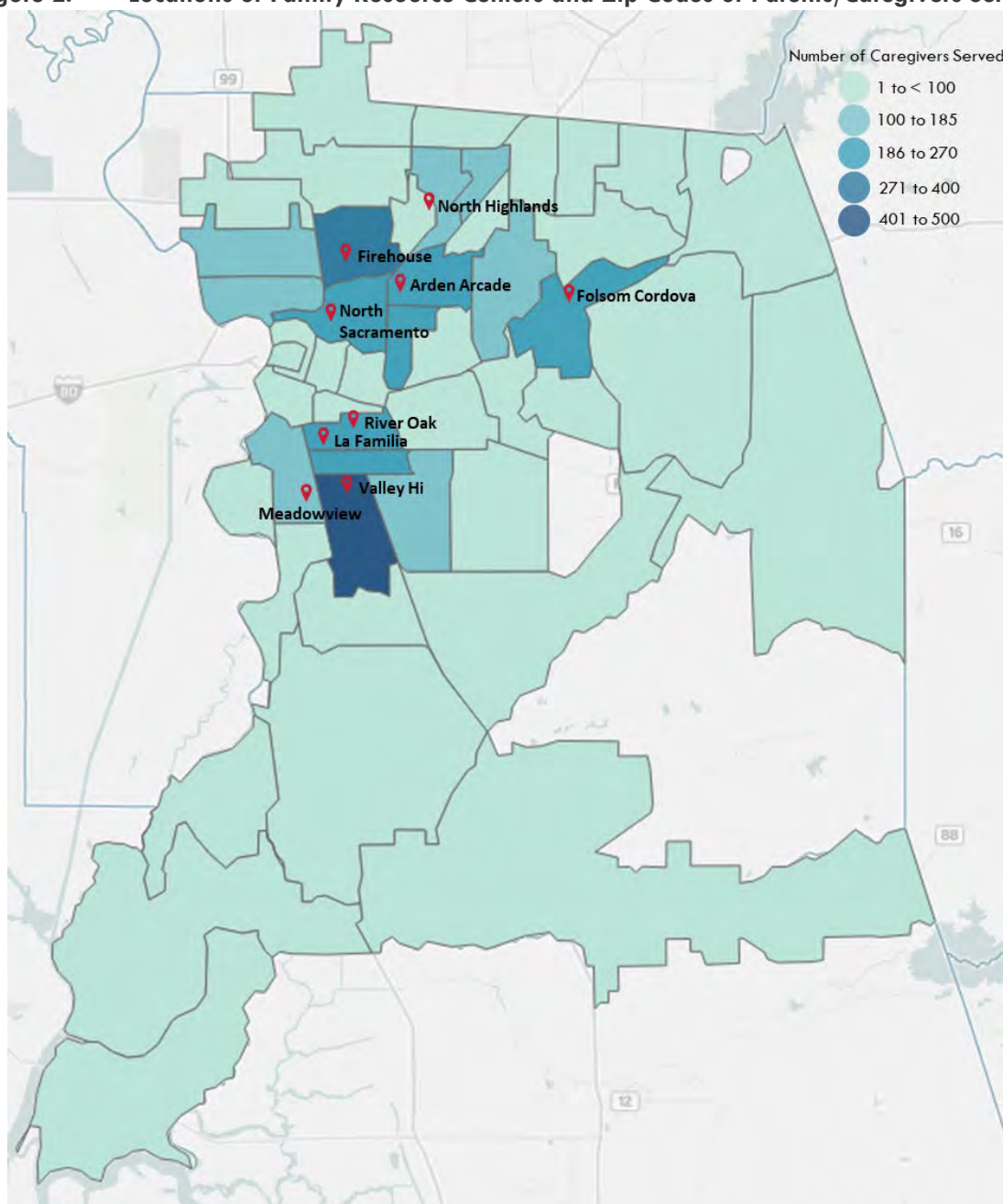
- How much did we do? (Number of people served, and number of services provided)
- How well did we do? (Was the model/program implemented as planned?)
- Is anyone better off? (Participant outcomes)

BIRTH & BEYOND PROGRAMMATIC DESIGN

Birth & Beyond services intend to improve the lives of children and their families, especially those from areas with the highest prevalence of child abuse in Sacramento County. Birth & Beyond values a strengths-based approach to case management to maximize the current skills of each participant, as well as to educate and increase skills in areas of need. Services can be both stand-alone (the only service that family receives), or in conjunction with services from within the FRC or from other agencies. Although programs are customizable to the specific needs of each family, most practices and services provided by Birth & Beyond are 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 participants, in terms of demographic characteristics, language, and experience living or working in the service area. Throughout their tenure at Birth & Beyond, staff receive cultural responsiveness training, direct supervision, and experiences 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 participants living in each area. As may be expected, each FRC neighborhood is associated with a higher concentration of Birth & Beyond participants. 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. Locations of Family Resource Centers and Zip Codes of Parents/Caregivers Served

Source: FY 2021-22 Persimmony Service Records. Includes only valid zip code data within Sacramento County. Excludes participants who were unhoused, addresses outside of Sacramento County, and/or not provided. N = 4,362. Note: Color scale generated by Tableau software based on density of responses and may not reflect equal increments.

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 continued to operate in virtual and/or hybrid formats during FY 2021-22 due to COVID-related health and safety concerns and guidelines.

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, and an extensive network of supportive resources for families and their children. **The core services provided by Birth & Beyond through the FRCs include home visiting, group parenting education workshops, crisis intervention, and light touch social and emotional learning and supports (SELS).**

During FY 2021-22, families receiving home visiting participated in either the *Nurturing Parenting Program* (NPP), *Parents as Teachers* (PAT), *Healthy Families America* (HFA), or *Effective Black Parenting Program* (EBPP)¹ curricula (EBPP provided at two FRCs: Arden Arcade and Valley Hi Village Project). Group parenting education participants attended workshop series which used either the *Make Parenting A Pleasure* (MPAP) or NPP curricula. Crisis Intervention families received resources and referrals to support immediate needs (such as homelessness, food instability, domestic violence, or substance abuse), as well as recurring case management using the *Family Development Matrix* (FDM). Families engaging in SELS activities received “light touch” services, such as FRC-based classes, events, or activities intended to augment other services, or to promote social and community engagement and reduce isolation.

Figure 3. Birth & Beyond's Four Core Strategies



BIRTH & BEYOND'S RESULTS BASED ACCOUNTABILITY FRAMEWORK

This evaluation of the Birth & Beyond program has been designed to reflect the Results Based Accountability (RBA) Framework (see figure below) and has been regularly updated since Birth & Beyond's inception. The RBA Framework helps to guide funding decisions and priorities and provides a framework for evaluation. 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." The RBA Framework includes measures of Birth & Beyond's four strategies (Home Visiting, Group Parenting Education Workshops, Crisis Intervention Services, and Social and Emotional Learning and Supports (SELS)), each of which contribute to Birth & Beyond's overall community impact vision.

Birth & Beyond's Vision:
*All children and families are safe, healthy
 and connected to a strong community.*

¹ Limited to Black/African American families served by sites (Valley Hi Village Project and MAN Arcade) receiving specific funding from First 5 Sacramento to support the Reduction of African American Child Deaths (RAACD) initiative. EBPP was implemented at the Village Program during FY 2021-22. Implementation of EBPP at MAN Arcade began in FY 2022-23.

Figure 4. Birth & Beyond's Results Based Accountability Framework, FY 2021-22

Birth & Beyond: **Toward a Shared Vision of Success**

Components	How Much? How Well?	Better Off?	Impact Across All Components	Vision
Social and Emotional Learning and Supports (SELS) <ul style="list-style-type: none"> Light touch services 	<ul style="list-style-type: none"> Number directly served Average hours of participation 	<ul style="list-style-type: none"> Engagement in other B&B services 	Communities support children and families: <ul style="list-style-type: none"> Access to healthy eating and active living Community events and cohesion Families have protective factors and are resilient: <ul style="list-style-type: none"> Connected to services Connected to social supports Strengthened their ability to parent Able to prevent/address crises Are employed and economically stable Are safe Children are thriving: <ul style="list-style-type: none"> Born healthy (weight, gestation, no tox) Utilizing medical and dental home Breastfed Immunized Enrolled in early childhood education (ECE) Screened and referred when needed Special needs are attended to Chronic conditions are managed Healthy nutrition Socio-emotional competence (PF) Are school ready Consistent attendance in ECE, school 	All children and families are safe, healthy and connected to a strong community
Crisis Intervention Services (IS) <ul style="list-style-type: none"> Resources and Referrals FDM Case Management 	<ul style="list-style-type: none"> Number directly served Referrals to essential services Proportion of participants who create an FDM Empowerment Plan (Level 2) 	<ul style="list-style-type: none"> Increased stability and/or self-sufficiency Engagement in other B&B services 		
Group Parenting Education Workshops <ul style="list-style-type: none"> Make Parenting A Pleasure Nurturing Parenting Program (6+) 	<ul style="list-style-type: none"> Number directly served, by curriculum Completion rates, by curriculum (<i>target: 80%</i>) 	<ul style="list-style-type: none"> Increased knowledge, confidence, and attitudes toward parenting Engagement in other B&B services 		
Home Visiting <ul style="list-style-type: none"> Parents as Teachers (PAT) Healthy Families America (HFA) Nurturing Parenting Program (6+) Effective Black Parenting Program (Arden FRC and Valley Hi Village) 	<ul style="list-style-type: none"> Number directly served Developmental screenings (PAT/HFA) Referrals to essential services Number who accessed services Incoming referrals from CPS Incoming referrals from CPS After Care Number of joint visits: CPS Number who completed minimum dosage <u>6+ Only:</u> Number who complete NPP lessons (<i>Target: 16, 24, 55</i>) 	<ul style="list-style-type: none"> Reduced referrals to CPS Increased Protective Factors Engagement in other B&B services <u>6+ Only:</u> <ul style="list-style-type: none"> Increased knowledge, confidence, and attitudes toward parenting 		

About the Birth & Beyond Family Resource Centers

Each Family Resource Center provides a unique and valuable contribution to the combined mission of the Birth & Beyond Collaborative.

FOLSOM CORDOVA COMMUNITY PARTNERSHIP



The Folsom Cordova Community Partnership (FCCP)'s mission and vision support work to build strong families, meet the needs of struggling parents to increase self-sufficiency, promote youth development through positive peer and adult relationships, and develop employment skills for individuals to achieve their career goals.

FCCP serves as a “one-stop” experience for the community – bringing together the Birth & Beyond resources and programming and an America’s Job Center – which encourages and supports families as they identify their own needs and reach their goals. Staff at FCCP recognize that each family has unique strengths and encourage each family to build on these strengths to solve their own challenges.

In addition to the Birth & Beyond parent education and support services offered, the FCCP Family Resource Center offers academic supports, career exploration opportunities, and employment support services for youth and adults. Also, FCCP’s robust community support services assist families with basic needs like access to food, diapers, rent and utility assistance, as well as crisis intervention services. FCCP offers free COVID-19 testing at a local church in the heart of the Rancho Cordova community, and their team of health advocates offer reliable information related to COVID-19 testing and vaccination.

LA FAMILIA COUNSELING CENTER

La Familia Counseling Center (LFCC)’s goal is to support, promote, and protect the welfare of children, families, and community members. LFCC aims to provide and project security and peace to its clients. LFCC has the unique opportunity to collaborate and partner with additional internal departments and agencies to help support clients, which allows for the provision of wrap-around

“[LFCC] aims to provide and project security and peace to the clients we work [with].”

services to clients without the need to continuously refer out.



The most unique quality of LFCC is the integration and support of its big family. As the “La Familia” name suggests, LFCC upholds an open-door policy which allows anyone and everyone that walks through its doors the opportunity to embrace the services and supports offered. With a strong foundation and support system, LFCC is able to deliver large-scale events, programs, and distributions to support the community as a whole. LFCC is

known to host annual events such as trunk or treat, la posada, the health and safety fair, summer lunch program, Mother's Day, baby shower, and many more.

No matter what is going on in the community, LFCC has responded to the needs, crises, and calling of the community. Overall, many factors and components make LFCC's efforts unique. However, the top aspect that makes LFCC stand out includes the impact and changes made on the lives of those who receive services. The testimonials and continuous engagement of children, parents, and families make LFCC's efforts stand out.

MUTUAL ASSISTANCE NETWORK — ARCADE COMMUNITY CENTER

In addition to the focused efforts of the Birth & Beyond collaborative, the Mutual Assistance Network (MAN) Arcade Community Center boasts robust supports and wrap-around services to equitably engage with families in ways that maximize their goals and success. The Arcade Community Center serves as a Black Child Legacy Campaign Incubator Lead location, offering neighborhood-led and culturally relevant services to improve preventable health and mortality outcomes for Black families, close disparity gaps, and support families.

MAN Arcade is also home to the Sacramento Black Infant Health Program, Healing the Hood youth mentorship, Community Crisis Response Team and support, as well as Building Strong Families supports to assist Black families and refugee families in navigating resources and linkage to public systems. The Arcade Community Center offers weekly WEAVE counseling services, as well as trauma-informed support from a youth advocate accessible to youth who have experienced trauma, including gun violence. There is also an on-site DHA Case Manager to support families with accessing public systems. MAN also provides regular COVID testing and vaccinations, the Asthma Mitigation Program, and financial development and education resources for families and community partners.



“MAN is dedicated to strengthening and advancing social and economic opportunities so that our communities and families thrive.”

MUTUAL ASSISTANCE NETWORK — FIREHOUSE COMMUNITY CENTER



The Mutual Assistance Network (MAN) Firehouse Community Center offers robust wrap-around services extending beyond the focused efforts of the Birth & Beyond collaborative. MAN Firehouse is home to the Sacramento Black Infant Health Program, Passport to Adulthood youth mentorship, financial empowerment workshops and activities, Community Crisis Response Team and support, as well as Building Strong Families resource navigation to assist families in navigating resources and linkage to public systems.

MAN Firehouse offers weekly WEAVE counseling services, as well as a youth advocate providing trauma-informed support for youth who have experienced trauma, including gun violence. MAN Firehouse also provides regular COVID testing and vaccinations out of the Robertson Community Center, the Asthma Mitigation Program, and has financial development and education resources for families and community partners. In addition to direct services, MAN leads the coordination of free- or low-cost community activities at the Robertson Community Center as part of a collective effort to ensure that the center offers an array of community-led programs, resources, and services that are accessible to members of the community.

“Mutual Assistance Network invests in the values of staying **deeply rooted and visible** in our neighborhoods... to bring resources and opportunities directly to our residents in strategic and coordinated ways to **bridge access to gaps.**”

RIVER OAK CENTER FOR CHILDREN

River Oak Family Resource Center is housed at the Fruitridge Community Collaborative (FRCC), which is a neighborhood hub providing children and families a safe place to learn, play, and connect with vital community resources. River Oak’s Family Resource Center is located in South Oak Park, within the Sacramento Promise Zone, one of the 22 federally recognized high-poverty communities. Established at the former Fruit Ridge Elementary School, Fruitridge Community Collaborative houses 23 nonprofit organizations and



serves as a meeting place for dozens more. The collective of tenant organizations works to reduce health disparities across a broad range of community issue areas for children, adult-age youth, and seniors, addressing environmental and social determinants of health, youth development and juvenile justice, arts and culture, access to health services, education, and employment. This placement has allowed River Oak to collaborate with some of the community’s most utilized support systems. The comprehensive staff at River Oak allows for access to a vast amount of knowledge and resources from professionals, community partners, and experts, including a psychiatrist. River Oak Family Resource Center also houses the Early Head Start Program, which provides co-services to Birth and Beyond families. River Oak has been honored to serve generations of families; many adults who currently utilize River Oak services started as children in the many River Oak programs.

River Oak has been honored to serve generations of families; many adults who currently utilize River Oak services started as children in the many River Oak programs.

SACRAMENTO CHILDREN'S HOME — MEADOWVIEW FAMILY RESOURCE CENTER

Meadowview Family Resource Center stands out as a unique and valuable member of the Birth and Beyond collaborative due to its distinct characteristics and offerings. The center's commitment to providing in-person home visitation services, even during challenging times such as the COVID-19 pandemic, showcases their dedication to meeting families where they are and offering personalized support. Meadowview's emphasis on staff safety and well-being, while still maintaining an in-office presence, demonstrates their commitment to both their team and the families they serve. Additionally, Meadowview's creative outreach efforts, such as conducting outdoor visits and community events, highlight their proactive approach to engaging families and building strong connections within the community. With their focus on language accessibility and strategic service delivery, Meadowview Family Resource Center plays a unique and essential role in providing comprehensive support to families within the Birth and Beyond collaborative.



SACRAMENTO CHILDREN'S HOME — NORTH SACRAMENTO FAMILY RESOURCE CENTER



The North Sacramento Family Resource Center is comprised of many staff members and AmeriCorps members who are from the community and formerly participants in FRC programs. The North Sacramento FRC staff is diverse and has capacity in multiple languages to meet the diverse needs of families in the community. The North Sacramento Family Resource Center has connected with the local Twin Rivers School District to hold multiple large family events such as Backpack distribution, movie nights, and Winter Wonderland. In addition to partnerships with the local school district, there

are several other community organizations that partner with the North Sacramento Family Resource Center to offer support and programming to families in the community. Some of these organizations include the Sacramento Public Library, which offers a weekly explore and learn program at the Family Resource Center for children and families and Women's Wisdom Art, which offers monthly opportunities for community members to come together through enriching art workshops. The North Sacramento Family Resource Center also connects with the Sacramento Food Bank monthly to distribute diapers to families and also with United Way to distribute laptops and hot spots to families in need in the community.

As part of Sacramento Children's Home, the North Sacramento Family Resource integrates with other programs within the Children's Home and completes the annual holiday toy drive each year that helps hundreds of families with thousands of gifts.

SACRAMENTO CHILDREN'S HOME — VALLEY HI FAMILY RESOURCE CENTER

The Valley Hi FRC provides deep connections to families including classes to meet basic parenting needs and social support classes that help families connect with other families and with multiple staff members. The Valley Hi FRC creates opportunities for families to stay connected with Valley Hi for longer periods of time to be a part of their support network. When they have stressors that come up, families can come back. Valley Hi is entrenched in the community with deep connections to other support services and the ability to provide warm handoffs for families.



Valley Hi also has the Village program. This is a Home Visitation model that works specifically with the African American families in the South Sacramento Area. They utilize the Effective Black Parenting curriculum for Home Visitation and Groups and provide a developmental class for families with younger children. Valley Hi also has the Cultural Broker Program that provides support to families that are engaged in the CPS system. They help them navigate the system to support getting their children back.

WELLSPACE HEALTH'S NORTH HIGHLANDS COMMUNITY HEALTH CENTER

The WellSpace Health North Highlands Community Health Center and Birth & Beyond Family Resource Center is located in North Highlands. This FRC is unique in that it is co-located with a full service Community Health Center. When a family comes to the North Highlands FRC, they not only receive all the great

“Throughout the COVID pandemic, the North Highlands FRC never closed its doors to service.”

parenting education and crisis intervention services offered by Birth & Beyond, but they can also receive immunizations or sports physicals for their children, and they can receive a full-scope oral health evaluation or dental treatment for their children. With six exam rooms for pediatric medical care and five chairs for pediatric dental care, the North Highlands FRC is a one-stop-shop for family health and support for the Antelope, Rio Linda, Elverta, Citrus Heights, and North Highlands neighborhoods.

Throughout the COVID pandemic, the North Highlands FRC never closed its doors to service. In less than three days after stay-at-home orders were issued locally, the entire FRC had transitioned to telehealth service delivery and called to check in on each family they served. Many families expressed deep gratitude that the Birth & Beyond system remained open to them for support.

The North Highlands FRC also prides itself on having a remarkable team of staff, which is reflective of the community it serves and 78% identify as persons of color. Many of the leadership staff were previous AmeriCorps members or have been promoted from Home Visitor or Family Resource Center Aide. The leadership staff have over 35 combined years of Birth & Beyond program experience. Similarly, one of the newest staff members was a toddler child who received services when their family was served by the FRC many years ago. The legacy of the Birth & Beyond Family Resource Centers will live long in the North Highlands community thanks to WellSpace Health.



Profile of Birth & Beyond Participants

Birth & Beyond provided direct services to nearly 5,000 families in FY 2021-22. Birth & Beyond participants were more racially diverse than the countywide population.

During FY 2021-22, Birth & Beyond (B&B) directly served 4,737 families, including 4,768 caregivers and 2,645 children (ages 0-17). On average, participants spent over nine hours engaged in Birth & Beyond direct services with engagement ranging from less than one hour to nearly 250 hours throughout the fiscal year. Birth & Beyond programs also refer families to additional resources from which they can benefit. The most common outgoing referrals across the Birth & Beyond initiative were for other FRC services, health (i.e., dental and medical), the Crisis Nursery, and domestic violence counseling.

Figure 5. RBA Dashboard – Birth & Beyond: Overall

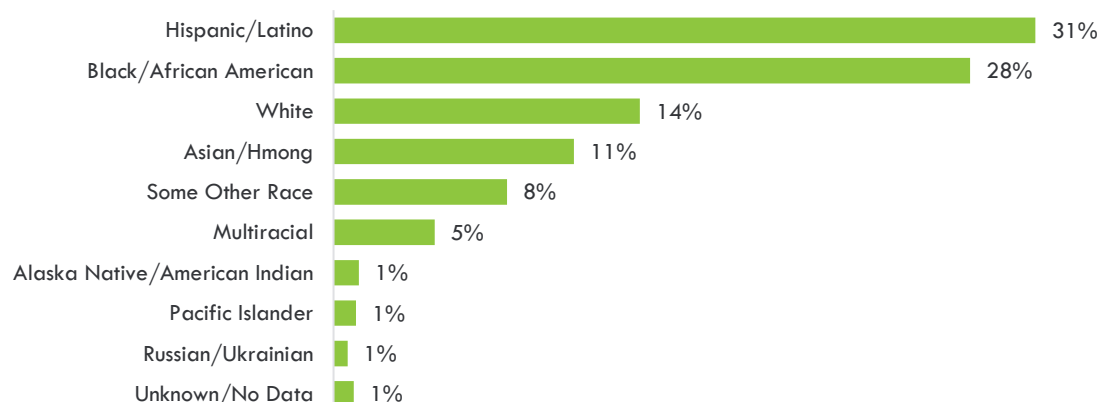
		FY 2021-22
How much did we do?	Families served across the B&B Initiative	4,737
	Parents/caregivers directly served	4,768
	Children directly served	2,645
	Average number of hours of direct service, per participant	9.14
	Total number of outgoing referrals	
	FRC services/activities	3,791
	Health	2,755
	Crisis Nursery	1,509
	DV counseling	931
	Housing	955
	Adult education	878
	Help Me Grow	724
	Employment resources	496
	Breastfeeding	449
	Infant/toddler healthcare	374
	Mental health	375
	WIC/child nutrition	372
	Child Care	363
	CalFresh	249
	English as a Second Language (ESL)	242
	Immigration	131
	Other home visiting programs	67
	Substance abuse (AOD)	64

Source: FY 2021-22 Persimmony Service Records.



Among all Birth & Beyond participants served in FY 2021-22, nearly one-third (31%) self-identified as Hispanic/Latino, followed by Black/African American (28%), and White (14%). Birth & Beyond serves a population with higher levels of Hispanic/Latino and Black/African American than Sacramento County overall. Countywide, approximately 41% were White, 24% Hispanic/Latino, 17% Asian, 10% Black/African American, 6% multiracial, 1% Native Hawaiian or Pacific Islander, 1% some other race, and <1% Native American/Alaskan Native.ⁱ

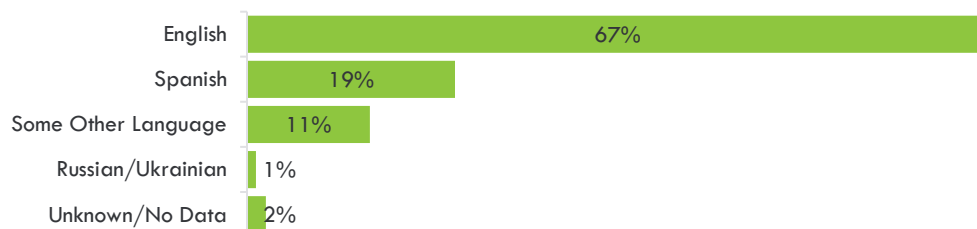
Figure 6. Ethnic Distribution of Birth & Beyond Parents and Caregivers



Source: FY 2021-22, Persimmony Service Records, N = 4,773

Among all Birth & Beyond participants served in FY 2021-22, two-thirds (67%) primarily spoke English, followed by Spanish (19%). See the figure below for a detailed language distribution.

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



Source: FY 2021-22, Persimmony Service Records, N = 4,768

While the children served by Birth & Beyond were equally as likely to be male (51%) or female (48%), 80% of parents/caregivers served were female (see figure below). Also, Birth & Beyond adult participants were most often mothers. Among all parents/caregivers with detailed relationship data (n = 4,620), 75% were mothers, while 17% were fathers. Nearly 3% were grandparents, foster parents, or some other relative, and about 5% were an unrelated adult or other (not specified).

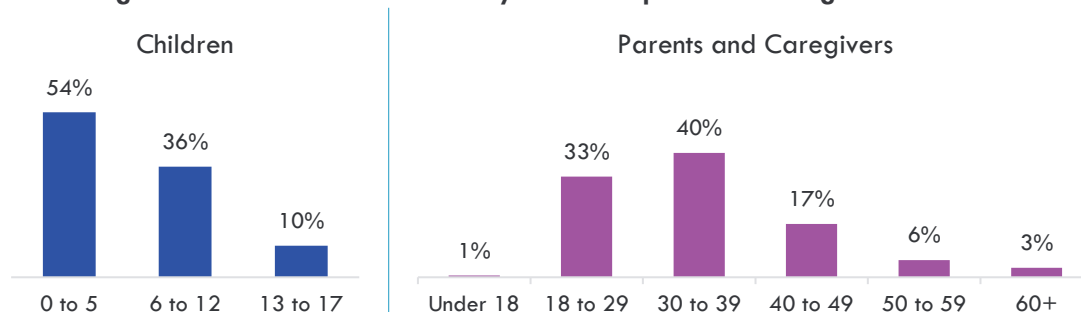
Figure 8. Gender Distribution Among Birth & Beyond Parents and Caregivers



Source: FY 2021-22, Persimmony Service Records, N = 4,768. Chart excludes 0.2% of participants whose gender identity was not listed or outside of the male/female binary.

The figure below displays the age distribution of adults and children served by Birth & Beyond in FY 2021-22. Forty percent of parents and caregivers were between the ages of 30 and 39. Patterns in the age distribution of caregivers served reflect national age-fertility profiles including the U.S. median age of childbirth in 2020 (29.2).ⁱⁱ

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



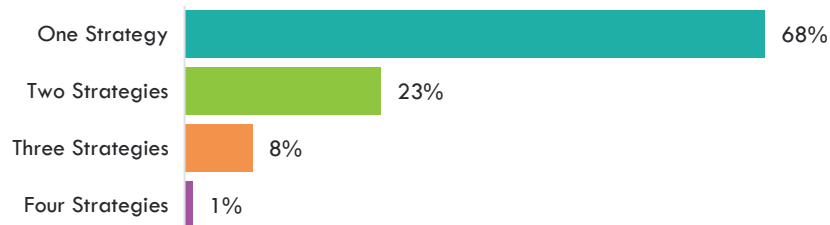
Source: FY 2021-22, Persimmony Service Records, Child N = 2,645, Parent/Caregiver N = 4,768



One-third of Birth & Beyond participants engaged in two or more strategies offered

Among the families who took part in one or more Birth & Beyond strategy to reduce child abuse and neglect (home visiting, group parenting education workshops, crisis intervention and/or social emotional learning and support), 68% engaged in one strategy (e.g., only home visiting). On the other hand, 23% of families took part in at least two of the four strategies during the fiscal year. Note that these counts do not include participants who may have engaged in various strategies across multiple fiscal years.

Figure 10. Families Engaging in Multiple Birth & Beyond Strategies during FY 2021-22



Source: FY 2021-22 Birth & Beyond Service Records. Note: Sum of all four categories (4,599) does not match total number of families reached reported in RBA table above (4,737) as some services included in previous unduplicated count are not included in the direct services count by B&B strategy (i.e., SELS, HV, Group Parenting Ed, or IS Record). For example, HV families who received only referrals or other supplementary services but did not receive a home visit during this FY would not be counted here.

Child Protective Services Outcomes: Families Who Received Home Visiting

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

In partnership with Department of Children, Families and Adult Services (DCFAS), Birth & Beyond measures substantiated allegations of maltreatment among families who receive Birth & Beyond home visiting to identify the impact of Birth & Beyond home visiting on reducing CPS involvement. Birth & Beyond considers eight hours of home visiting to be the minimum intervention required for impact.

The current sample includes 1,478 children ages 0-17 whose families had a home visiting intake between March 1, 2020 and February 28, 2021², 719 (49%) of whom received at least eight hours of home visiting. Due to the need for a full year of observation after home visiting intake, the home visiting models included in this analysis are Nurturing Parenting Program and Healthy Families America. Please note that the subsequent home visiting section contains data from the current reported fiscal year (FY 2021-22) and so there is not perfect alignment between the CPS results and those results.

The main objective of this analysis is to better understand the impact of Birth & Beyond home visiting on reducing future involvement with CPS, by exploring differences by dosage level (hours) for the following cohorts:³

- **Total Sample** (all children whose families received home visiting)
- **Any prior** CPS allegations (substantiated or unsubstantiated) within the past five years
- CPS-involved with a **Substantiated Baseline** (within six months prior to intake)
- CPS-involved with an **Unsubstantiated⁴ Baseline** (within six months prior to intake)
- **No prior** CPS allegations within the past five years

It should be noted that the intake period for this sample falls within the earliest, widespread impact of COVID-19, including shelter-in-place orders. This greatly impacted the number of intakes and the format of service delivery during the timeframe reflected here. Please keep in mind that due to smaller counts of participants, each substantiated referral will have a larger impact on the group percentage. Use caution when comparing to rates in previous reports. Full counts by group are available in Appendix 1.

² Date range selected to ensure no gap between the first intake date (March 1, 2020) and the last intake date from the analysis prepared in the FY 2020-21 report and to ensure the availability of a 12-month observation period from the last date of intake.

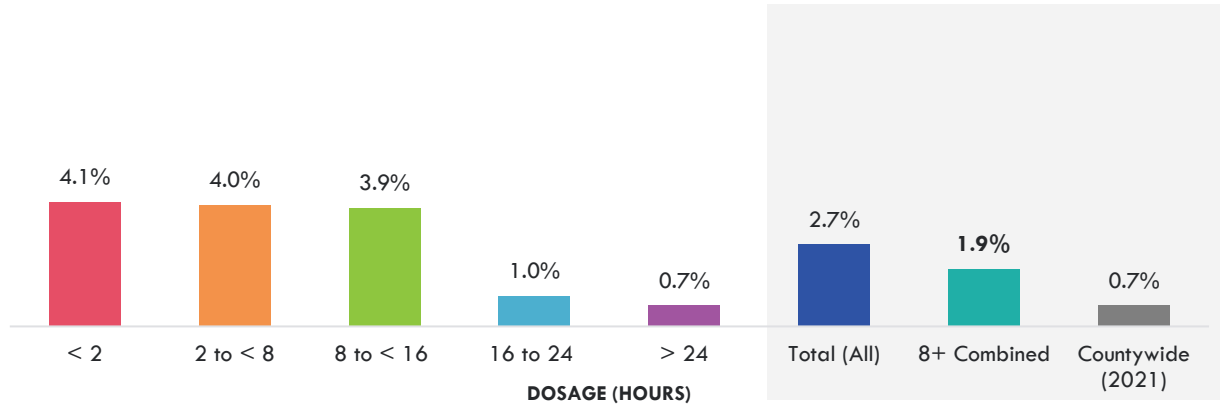
³ Charts represent the percentage who had a substantiated allegation within 12 months of intake *within* each dosage group and should *not* be interpreted as the total percentage of all substantiated allegations. As a result, percentages will not equal 100%.

⁴ Unsubstantiated allegations are defined as “inconclusive” or “unfounded” – evaluated out dispositions are not included.

ALL CHILDREN WHOSE FAMILIES RECEIVED HOME VISITING

Among the overall sample of children whose families had a Birth & Beyond home visiting intake between March 1, 2020 and February 28, 2021 (n = 1,478), 2.7% had substantiated CPS involvement within 12 months. However, among those with eight or more hours of home visiting, the proportion experiencing substantiated CPS involvement decreased to 1.9%. Although this rate is higher than countywide rates of 2021 CPS involvement (0.7%), it is important to note that nearly one-third (32%) of all participants had some prior involvement with CPS within the five years prior to intake, indicating Birth & Beyond serves a higher-risk sample compared to the general countywide population.

Figure 11. Substantiated CPS Allegations within 12 months of Intake, by Dosage (All Children)

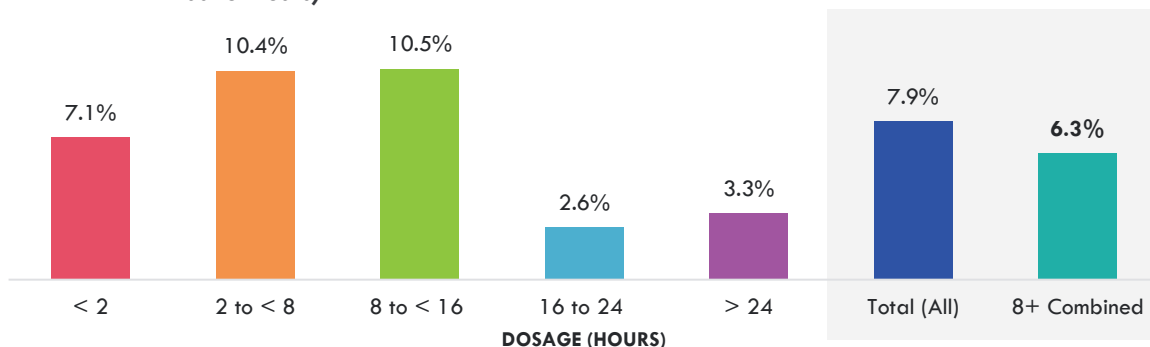


Source: Birth & Beyond Program Data and CPS Data Request, N = 1,478 (Ns by dosage level: <2 hours: 14/338, 2 to < 8 hours: 17/421, 8 to < 16 hours: 10/256; 16 to 24 hours: 2/194; more than 24 hours: 2/269; Overall 8+ hours: 14/719).

CHILDREN WITH ANY PRIOR CPS INVOLVEMENT

As stated above, nearly one-third (32%, 468/1,478) of the children whose families had a Birth & Beyond home visiting intake between March 1, 2020 and February 28, 2021 had some prior CPS involvement in the past five years. Among this group, 7.9% of children experienced substantiated recurrence within 12 months of Birth & Beyond intake. Of children whose families received more than eight hours of home visiting, 6.3% experienced substantiated recurrence within 12 months of intake.

Figure 12. Substantiated CPS Allegation within 12 months of Intake, by Dosage (Any Prior Allegation in Last 5 Years)

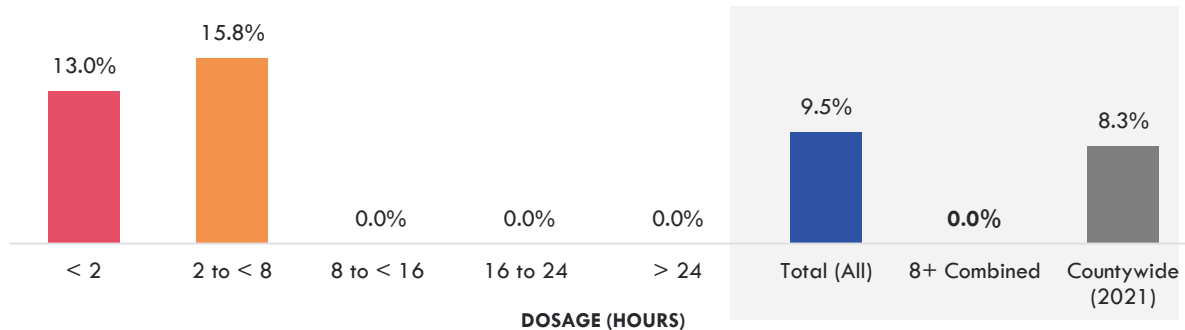


Source: Birth & Beyond Program Data and CPS Data Request, N = 468 (Ns by dosage level: <2 hours: 10/140, 2 to < 8 hours: 16/154, 8 to < 16 hours: 8/76; 16 to 24 hours: 1/38; more than 24 hours: 2/60; Overall 8+ hours: 11/174).

CHILDREN WITH PRIOR SUBSTANTIATED BASELINE ALLEGATIONS

Next, 95 children had a substantiated CPS allegation in the six months prior to Birth & Beyond home visiting intake. This group is likely the highest-risk population of those served because they had a very recent prior substantiated CPS allegation. Within this group, 9.5% experienced substantiated recurrence within 12 months of intake. However, **zero participants receiving eight or more hours had substantiated recurrence**. The countywide proportion of children experiencing substantiated recurrence following a substantiated baseline was 8.3% in 2021.

Figure 13. Percent of Children with a Substantiated CPS Allegation 12 months after Intake, by Service Dosage (Cohort: Prior Substantiated Baseline Allegation)



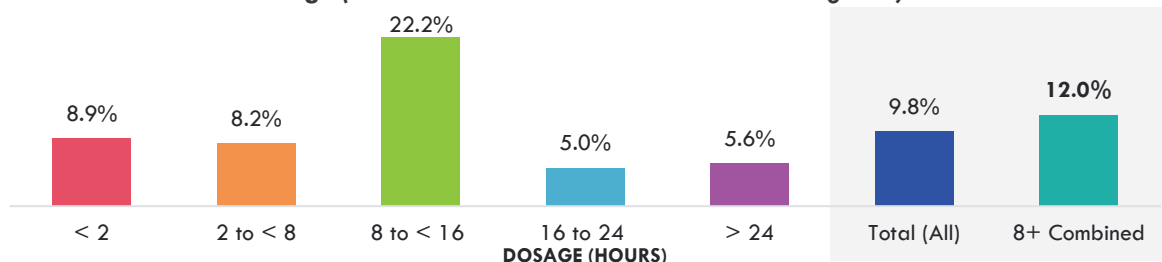
Source: Birth & Beyond Program Data and CPS Data Request, N = 95 (Ns by dosage level: <2 hours: 3/23, 2 to < 8 hours: 6/38, 8 to < 16 hours: 0/18; 16 to 24 hours: 0/6; more than 24 hours: 0/10; Overall 8+ hours: 0/34).

CHILDREN WITH PRIOR UNSUBSTANTIATED BASELINE ALLEGATIONS

Further, 244 children had a baseline CPS allegation in the six months prior to Birth & Beyond intake which was unsubstantiated (i.e., inconclusive or unfounded). Among them, 9.8% experienced substantiated recurrence within 12 months of intake, including 12.0% who received eight or more hours of home visiting. There was a particularly large percentage of substantiated allegations among the group who received eight to < 16 hours of home visiting (22.2%); this group's experience of substantiated recurrence seems to be an anomaly, which warrants further exploration and monitoring.

It is important to keep in mind that the timeframe for Birth & Beyond home visiting intake was during the height of COVID-19 and home visiting service delivery was forced to change to virtual to protect both participants and staff. This particular cohort could be displaying these unexpected results because with recent CPS history they were at higher likelihood for future CPS involvement, but because their baseline allegations were unsubstantiated or unfounded, they were not offered the resources from CPS that a family with a recent substantiated allegation would have received.

Figure 14. Percent of Children with a Substantiated CPS Allegation 12 months after Intake, by Service Dosage (Cohort: Prior Unsubstantiated Baseline Allegation)

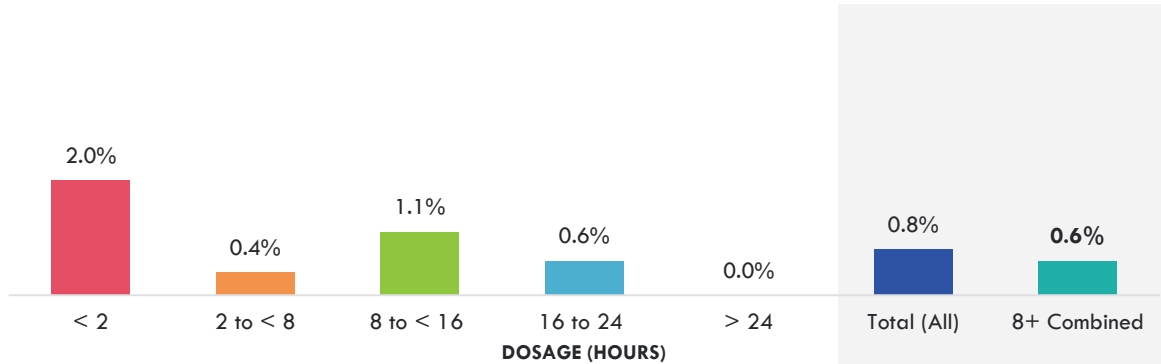


Source: Birth & Beyond Program Data and CPS Data Request, N = 244 (Ns by dosage level: <2 hours: 7/79, 2 to < 8 hours: 6/73, 8 to < 16 hours: 8/36; 16 to 24 hours: 1/20; more than 24 hours: 2/36; Overall 8+ hours: 11/92).

CHILDREN WITH NO PRIOR CPS INVOLVEMENT

Lastly, more than two-thirds (68%, 1,010/1,478) of the participants who received home visiting did not have any prior CPS involvement in the five years prior to intake. Among them, eight individuals (0.8%) had substantiated CPS involvement within 12 months of Birth & Beyond intake, including three participants who received eight or more hours (0.6%).

Figure 15. Percent of Children with a Substantiated CPS Allegation 12 months after Intake, by Service Dosage (Cohort: No prior CPS involvement in the past 5 years)



Source: Birth & Beyond Program Data and CPS Data Request, N = 1,010 (Ns by dosage level: <2 hours: 4/198, 2 to < 8 hours: 1/267, 8 to < 16 hours: 2/180; 16 to 24 hours: 1/156; more than 24 hours: 0/209; Overall 8+ hours: 3/545).



Home Visiting

More than 1,000 families participated in one or more home visiting curricula offered by Birth & Beyond Family Resource Centers.

Home visiting is Birth & Beyond's most intensive strategy to support families. Home visiting includes weekly in-person and/or virtual case management through evidence-based curriculum with a focus on reducing the risk of child maltreatment. Staff also provide developmental screenings, community referrals, and information to support families' additional needs. In FY 2021-22, 1,024 families received home visiting using one or more of the following curricula offered by Birth & Beyond: Nurturing Parenting Program (NPP),⁵ Parents as Teachers (PAT), or Healthy Families America (HFA). The Effective Black Parenting Program (EBPP) curriculum was also provided at the two RAACD-funded FRCs (Arden Arcade and Valley Hi Village Project).⁶

Further, Sacramento County Child Protective Services (CPS) referred 139 caregivers to Birth & Beyond Home Visiting, 35 of whom were referred from CPS After Care. Among those referred, CPS held 179 joint home visits with Birth & Beyond during FY 2021-22.

Figure 16. RBA Dashboard – Birth & Beyond Home Visiting: Overall

		FY 2021-22
How much did we do?	Home Visiting Participants (Unduplicated)	
	Number of families, by funding source	1,024
	Empowered Families	634
	DCFAS	286
	CalWORKs/FSI	203
	RAACD	68
	Community	4
	Number of caregivers	1,074
	Number of children present at home visits	838
	Incoming Referrals (All Sources)	
	Number of Incoming Referrals in FY	1,872
	Child Protective Services	
	Incoming Referrals by CPS	139
	Differential Response Path	104
	After Care	35
	Number of Joint Visits with CPS	179
	Developmental Screenings	
	# of Ages & Stages Questionnaire (ASQ) developmental screenings	593
How well did we do?	Developmental Screenings	
	ASQ screenings indicating a developmental need	82 (14%)
	Adults who received a referral to Help Me Grow (all families)	727
Is anyone better off?	Family Engagement in other FRC Services	
	Crisis Intervention	58%
	Social and Emotional Learning and Supports (SELS)	38%
	Group Parenting Education Workshop	11%

Source: FY 2021-22 Birth & Beyond Service Records, B&B HV Referrals, B&B ASQs.

⁵ Families with children ages 6-17. NPP was phased out for families with children ages 0-5 during the first half of FY 2021-22.

⁶ EBPP is not an evidence-based curricula for home visiting but was implemented by the two FRCs receiving additional RAACD funding to provide a culturally relevant curriculum whose focus was Black/African American families.

HOME VISITING: PARENTS AS TEACHERS (0-5)

Parents as Teachers (PAT) is an evidence-based home visiting model which offers insights into early childhood development and a range of services to families with children from prenatal through kindergarten.^{7, iii} The PAT model aims to strengthen protective factors including parental resilience, social connections, knowledge of parenting and child development, concrete supports, and children's social emotional competence.^{iv}

At intake, staff use 16 family experiences or stressors to determine whether a family has “High Needs” (two or more stressors) or “Non-High Needs” (fewer than two). High needs families have a goal of 24 home visits per year, while Non-High Need families have a goal of 12 home visits per year. Birth & Beyond measures progress using the Protective Factors Survey-2nd Edition (PFS-2) which families complete at intake and after completing the eighth foundational visit.

FY 2021-22 was an implementation year for the Birth & Beyond PAT curriculum. Most sites began using PAT during the third quarter (January 2022), following trainings in the fall and winter of 2021. As a result, limited outcomes are presented here as Birth & Beyond considers FY 2022-23 to be a better reflection of PAT implementation.



⁷ Including families served under the Empowered Families or CalWORKs/FSI funding source

Figure 17. RBA Dashboard – Parents as Teachers Home Visiting (Empowered Families and FSI)

		FY 2021-22
How much did we do?	PAT Home Visiting Participants (Unduplicated)	
	Number of families, by funding source ⁸	496
	Empowered Families	409
	CalWORKs/FSI	107
	Number of caregivers served	513
	Dosage (during FY)	
	Number of PAT home visits, by funding source	4,235
	Empowered Families	3,341
	CalWORKs/FSI	894
	Average number of hours in PAT curriculum, by participant	7.3
How well did we do?	Program Completion	
	Caregivers who completed required number of PAT lessons, by need level	†
	Closures during FY, by Reason (among those served in FY 2021-22)	N = 213⁹
	Completed Program/Goals	28 (13%)
	No contact per contact policy	78 (37%)
	Declined further services	46 (22%)
	Moved out of service area/Changed B&B Site	22 (10%)
	Changed B&B Path	21 (10%)
	No longer eligible	4 (2%)
Is anyone better off?	CPS case opened	4 (2%)
	Other or Not Provided	10 (5%)
	Protective Factors (Matched Set)	†

Source: FY 2021-22 Service Records. B&B PAT Case Record, B&B Case Record, B&B HV Case Record; Note: counts by funding source may exceed total as participants may move between funding sources during the FY. † How well and Better off measures not available as PAT home visiting was not fully implemented until Q3.



⁸ Excludes RAACD funding source. Participants in the adapted PAT curriculum are included in the RAACD section below.

⁹ May include participants who open and close multiple times during the fiscal year (e.g., moved to another B&B site and then completed goals).

HOME VISITING: NURTURING PARENTING PROGRAM (6+)

The Nurturing Parenting Program (NPP) is an evidence-based home visiting curriculum provided at least weekly, with a minimum of two months of visiting services. In FY 2021-22, Birth & Beyond transitioned families with children ages 0-5 to either the PAT or HFA curricula while maintaining use of the NPP curriculum for families with school age children.

At intake, NPP participants were screened using the Adult Adolescent Parenting Inventory (AAPI) to measure their risk for child maltreatment and determine the optimum minimum service dosage of NPP lessons. 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). Participants are assessed again upon completion of their program to identify changes in parenting knowledge, confidence, and attitudes.

In FY 2021-22, 466 families participated in NPP home visiting, with an average of 5.1 hours spent in the NPP curriculum per participant. NPP participants significantly improved their AAPI scores, on average. Further, more than three-quarters of the Intervention (Moderate Risk) and Treatment (High Risk) participants improved their AAPI scores between pre- and post-assessments.

Figure 18. RBA Dashboard – Nurturing Parenting Program (6+)

		FY 2021-22
How much did we do?	NPP Home Visiting Participants (Unduplicated)	
	Number of families, by funding source	466
	Empowered Families	267
	DCFAS	226
	Community	4
	Number of caregivers served, by NPP program assignment	484
	Intake ¹⁰	177 (37%)
	Prevention (Low Risk)	40 (8%)
	Intervention (Moderate Risk)	80 (17%)
	Treatment (High Risk)	51 (11%)
	Other/Unknown/Not Provided	136 (28%)
	Dosage (during FY)	
	Number of NPP Home Visits, by funding source	3,110
	DCFAS	1,733
	Empowered Families	1,372
	Community	5
	Number of NPP Family Nurturing Plans created	132
How well did we do?	NPP Lessons	
	Average number of hours in NPP curriculum, overall and by assignment	5.1
	Prevention (n = 40)	6.2
	Intervention (n = 80)	5.5
	Treatment (n = 51)	7.1
	Percent who completed the minimum dosage, by program assignment	
	Prevention (at least 16 lessons)	21 (53%)
	Intervention (at least 24 lessons)	25 (31%)
	Treatment (at least 55 lessons)	5 (10%)

¹⁰ This intake group represents those whose program assignment was not updated in the database and as a result, whose results are not included in the analyses below.

		FY 2021-22	
Is anyone better off?	Parenting Knowledge, Confidence, and Attitudes (AAPI) (Matched Set)¹¹		
	Percent of participants whose AAPI scores improved		
	Prevention (Low Risk, n = 22)	13 (59%)	
	Intervention (Moderate Risk, n = 29)	22 (76%)	
	Treatment (High Risk, n = 29)	22 (76%)	
	Average AAPI Scores, by program assignment	Pre	Post
	Prevention (Low Risk, n = 22)	6.9	7.0 ***
	Intervention (Moderate Risk, n = 29)	5.9	6.9 ***
	Treatment (High Risk, n = 29)	4.7	6.1 ***

Source: FY 2021-22 Service Records, NPP Case Records. Note: counts by funding source may exceed total counts as participants may move between funding sources during the fiscal year. Empowered Families funding source is included here as some families were transitioning out of the NPP curriculum during the fiscal year.

HOME VISITING: CALWORKS/FAMILY SUPPORT INITIATIVE HEALTHY FAMILIES AMERICA

First 5 Sacramento leverages funds from the Department of Human Assistance (DHA), allocated to the Birth & Beyond Collaborative to implement the CalWORKs Home Visiting Program (HVP). The HVP, called the Family Support Initiative (FSI), supports healthy development and well-being of low-income families enrolled in CalWORKs. The Healthy Families America (HFA) Family Support Initiative (FSI) curriculum is for families with children ages 0-3 months at time of enrollment.

The CHEERS Check-In, developed by HFA, is a validated tool used by home visitors to observe **C**ues, **H**olding, **E**xpression, **E**mpathy, **R**hythmicity/Reciprocity and **S**mile which contribute to attachment over time. The CHEERS Check-In tool is comprised of 16 measures (two to three per domain) assessed on a scale of one to seven with higher scores indicating more positive interactions. The home visitor can use these indicators to assess parent-child interactions and identify areas of improvement (items scoring below a five) and strengths (items receiving a six or seven). The CHEERS Check-In tool is administered within four months of enrollment and a follow-up assessment is completed every six months.

In FY 2021-22, 119 caregivers within 106 families participated in the HFA curriculum, with an average of nearly 11 hours of HFA home visiting per participant. Among the participants who received a check-in during FY 2021-22, 39 had at least two check-ins.¹² Among them, 46% improved their score between their first and second check-in. Participants in the matched set had an average of 10 months between CHEERS check-in observations. See Appendix 2 for a detailed chart of participant progress and group average at each check-in.

¹¹ Limited to matched sets of participants who were served during FY 2021-22 and had completed pre- and post-assessments. Excludes any participants served who completed pre- and post-assessments before the start of FY 2021-22 and excludes participants who completed a pre-test during FY 2021-22 but completed a post-test during FY 2022-23 as these individuals will be included in next FY report. Statistical significance may be impacted by small sample sizes and should be interpreted with caution.

¹² Includes participants whose first two check-ins were before FY 2021-22 if their third check-in was during the fiscal year. Participants receive CHEERS check-in screenings at varying intervals and among those who have received more than one, check-ins span across multiple fiscal years. The matched sets include participants who received two or more check-ins with at least one occurring during FY 2021-22. Participants who had a check-in during FY 2021-22 but (at the time of this writing) also had a check-in during FY 2022-23 will be included in the FY 2022-23 report.

Figure 19. RBA Dashboard – CalWORKs/FSI Home Visiting: Healthy Families America (HFA)

		FY 2021-22	
How much did we do?	HFA Home Visiting Participants <i>(Unduplicated)</i>		
	Unduplicated number of families	106	
	Unduplicated number of parents/caregivers	119	
	CalWORKs: Welfare to Work Eligible or Exempt	97 (82%)	
	CalWORKs: Child-Only	18 (15%)	
	Expanded Population	0 (0%)	
	Characteristics of Participants Served		
	Pregnant individuals with no other children	1	
	First-Time Parents	27	
	Dosage (during FY)		
How well did we do?	Number of HFA Home Visits	1,451	
	Average number of hours in HFA curriculum, by participant	10.9	
	FSI Services and Dosage		
	Number of HFA Service Plans Created	94	
	HFA families receiving at least 10 hours of home visiting (during FY)	54/119 (45%)	
	Closures during FY, by Reason <i>(among those served in FY 2021-22)</i>	N = 51	
	Completed program	8 (16%)	
	No Contact per Contact Policy	13 (25%)	
	Changed B&B Path	13 (25%)	
	Moved out of service area/Changed B&B Site	7 (14%)	
	CPS Case Opened	3 (6%)	
	Declined further services	3 (6%)	
	No longer eligible	1 (2%)	
	Unknown/Not Provided	3 (6%)	
	CHEERS Check-In Matched set	N = 39	
Is anyone better off?	Average number of months between first and second check-in ¹³	10.0	
	CHEERS Check-In Matched Set	First	Second
	Average CHEERS Score at first and second check-in	5.8	5.9
	Participants whose scores improved between first and second check-in	18 (46%)	

Source: FY 2021-22 Service Records; B&B HFA CHEERS Check-In Assessment; B&B HFA Case Records, B&B CalWORKs Case Records, B&B HV Case Records. Changes in CHEERS averages were not statistically significant.

¹³ Average number of months between the most recent observation (limited to those whose most recent check-in was during FY 2021-22) and the immediate prior observation.

HOME VISITING: RAACD SUPPORTED SITES

In FY 2021-22, First 5 shifted funding to two FRC programs (MAN Arcade and the Valley Hi Village Program) to expand activities intentionally designed as part of the larger Reduction of African American Child Deaths (RAACD) initiative. While all nine Birth & Beyond FRCs provide crucial support to Black/African American Sacramento County families, the curriculum discussed in this section are specifically created or adapted for Black/African American participants. The following section describes services provided from the two programs receiving this specific type of funding.

Families served through the RAACD-funded FRCs participated in the Effective Black Parenting Program (EBPP),¹⁴ (adapted) Parents as Teachers (PAT), or Nurturing Parenting Program (NPP) curricula. NPP was phased out in the first quarter of the fiscal year, and the adapted PAT curriculum was phased out at the end of the fiscal year.¹⁵ In total, 71 caregivers participated in RAACD-funded home visiting curriculum.

Figure 20. RBA Dashboard: RAACD Supported Home Visiting

		FY 2021-22
How much did we do?	Overall Reach (Valley Hi Village Program and MAN Arcade only)	
	Unduplicated number of families	68
	Unduplicated number of parents/caregivers, by curriculum	71
	Effective Black Parenting Program (EBPP)	57
	(adapted) Parents as Teachers (PAT)	11
	Nurturing Parenting Program (NPP)	7
	Dosage (during FY)	
	Number of Home Visits, by curriculum	507
	EBPP	447
	PAT	36
	NPP	24
	Average number of hours in RAACD-supported curriculum, by participant	5.4

Source: FY 2021-22 Service Records. How well and Better off measures not available this FY as the RAACD-supported home visiting curricula were largely in implementation during the fiscal year.

¹⁴ EBPP was implemented by the Village Program in FY 2021-22 while MAN Arcade began implementing EBPP in FY 2022-23.

¹⁵ NPP families were transitioned into the adapted PAT curriculum at MAN Arcade, however various challenge led MAN to decide that the PAT model was not the ideal curriculum for the program in practice. Future reports will only include a discussion of the EBPP curriculum for the RAACD-funded sites.

Success Story: Home Visiting

Janine¹⁶ was referred to La Familia Counseling Center by CPS due to allegations of emotional abuse. Janine had a joint home visit with CPS and a Birth & Beyond home visitor. During this visit, she stated she was overwhelmed and concerned that her son, Aaron, may have an undiagnosed learning disability or Autism with ADHD but she did not know how to help him or what additional steps to take. However, she knew she wanted to obtain services for her son as quickly as possible.

At the initial visit, Janine tested very high on the depression screening due to several adverse childhood experiences (ACEs) and Aaron scored very low on his developmental assessment. As a result, their home visitor worked with Janine to access multiple referrals including mental health services and developmental support for Aaron. They then began utilizing the Parents as Teachers (PAT) curriculum to help Aaron learn ways to express himself.

Janine was also very passionate about homeschooling and was looking for support starting the process. Her home visitor worked with her to learn more about the process and what she could do to be prepared. Janine began receiving medication from her medical provider to help with her depression and enrolled in a mental health program and began advocating for self-care time to better manage her stressors.

Additionally, Janine was able to work with their school district, Alta Regional, and her doctor to secure more referrals for support services for Aaron. Since that time, Aaron has begun using more words like “thank you” and can now refer to Janine as “Mom”.



¹⁶ Fictional names used for success stories.

Group Parenting Education Workshops

Group parenting education workshop participants significantly improved parenting skills and knowledge ranging from self-care and stress reduction to childrearing tactics.

Parenting education workshop series are group-based classes operated by Family Resource Centers. Nearly all classes were held virtually during FY 2021-22 due to ongoing COVID-19 surges which impacted staff capacity and enrollment. In FY 2021-22, 754 parents/caregivers attended 79 group parenting education workshop series. Classes included the Make Parenting A Pleasure (MPAP) and the Nurturing Parenting Program (NPP). Participants completed assessments measuring parenting beliefs and skills prior to and after completion of the course. The various curriculum used for group parenting education workshops are described below.

MAKE PARENTING A PLEASURE

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

NURTURING PARENTING PROGRAM (6+)

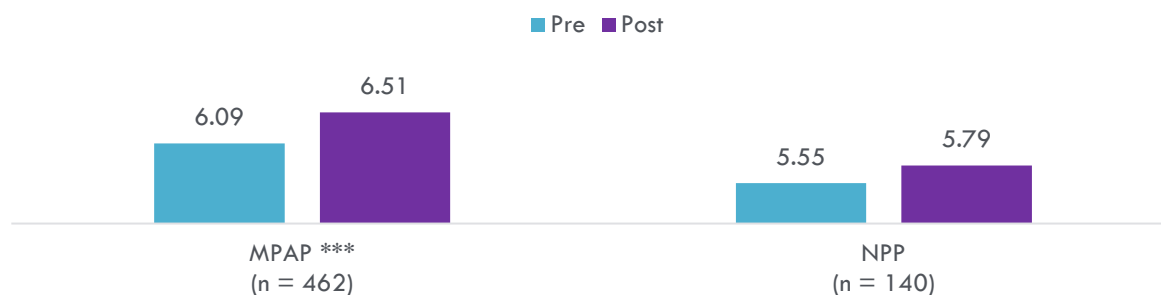
During FY 2021-22, Birth & Beyond continued to offer the evidence-based Nurturing Parenting Program (NPP) to families with children ages six or older. NPP aims to increase nurturing parenting skills as an alternative to potentially abusive or neglectful parenting practices. Participants' beliefs about childrearing and risk for child maltreatment were measured using NPP's Adult-Adolescent Parenting Inventory (AAPI). The 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 21. RBA Dashboard – Group Parenting Education Workshop Series

		FY 2021-22	
How much did we do?	Unduplicated number of families, by funding source ¹⁷	706	
	Empowered Families (First 5)	416	
	DCFAS (6+)	355	
	RAACD Funded	21	
	Community	21	
	Caregivers attending group parenting education workshops	754	
How well did we do?	Make Parenting A Pleasure	653	
	Nurturing Parenting Program (6+)	165	
	Level of Completion (% who had a post survey) ¹⁸		
	Make Parenting A Pleasure	464 (70%)	
Is anyone better off?	Nurturing Parenting Program (6+)	140 (78%)	
	Increased parenting knowledge and skills (Matched Sets) ¹⁹	Pre	Post
	Make Parenting A Pleasure (n = 463)	6.09	6.51 ***
	Nurturing Parenting Program (6+) (n = 140)	5.55	5.79 ^M
	Family Engagement in other FRC Services		
	Crisis Intervention	48%	
	SELS	25%	
	Home Visiting	16%	

Source: FY 2021-22 B&B AAPI Pre-Post, B&B MPAP Pre-Post, Persimmony Service Records; *** indicates statistically significant differences at $p < .001$. ^M indicates marginal significance ($p < .10$).

The following figure shows increases in parenting knowledge and skills among participants who completed an assessment at the start of their group parenting education workshop series, and at completion. On average, MPAP participants had significant increases in parenting knowledge and skills ($p < .001$). NPP participants also had increases which were marginally significant, on average ($p < .10$).

Figure 22. Average Parenting Knowledge and Skills Increases after Group Parenting Education

Source: FY 2021-22 B&B MPAP Pre-Post, B&B AAPI Pre-Post. Statistically significant differences indicated as *** $p < .001$. Represents group averages. MPAP and AAPI scores range from 1 (high risk) to 10 (low risk). Increases in scores represent desired outcomes.

¹⁷ Counts by funding source and curriculum may exceed total number unduplicated as some participants may re-take workshop series, or participate in different curriculum with different funding sources assigned.

¹⁸ Denominator exceeds unduplicated caregivers served as participants may complete courses multiple times.

¹⁹ Reflects overall calculated average across all domains measured. Matched sets may include duplicate individuals if participants completed course multiple times. NPP curriculum uses the Adult-Adolescent Parenting Inventory (AAPI) while MPAP has curriculum-specific measures.

Success Story: Group Parenting Education Workshop

Celia²⁰ joined a group parenting education workshop at Valley Hi FRC as part of a court-mandated requirement. Like many other participants, Celia was initially concerned about the FRC's connection to CPS and was skeptical of the benefits of engaging with the program. As a result, she was reluctant to open up during classes, but continued reassurance and support allowed her to open up to the facilitators.

Celia expressed that she was dealing with depression and needed support. Staff connected her with a crisis intervention specialist for more resources, including mental health and holiday support (including gifts and food). She later successfully graduated from her group parenting education course and expressed gratitude for the multitude of services with which B&B staff assisted her.

"Thank you so very much!!! You guys literally put needed food on our table tonight. It was heaven sent and a blessing."

- "Celia", Group Parenting Education Workshop Participant

After completing the group parenting education workshop series, Celia expressed appreciation for her facilitator and great experience in the class. She even decided to retake the class, aiming to put more practice into the new skills she learned and obtain additional skills that she may have missed the first time through. She also plans to engage in more FRC services as she becomes more available to do so. Celia's transition from skepticism to trust and excitement to continue engaging with the FRC also resulted in the facilitators reporting feeling motivated in their roles and their ability to provide services to the community.



²⁰ Fictional names used for success stories.

Crisis Intervention Services

Nearly 3,000 families received short-term crisis intervention services. Participants significantly reduced stress levels and established plans toward self-sufficiency.

Crisis Intervention Services (CIS) are short-term services for Birth & Beyond Family Resource Center (B&B FRC) families experiencing a pressing concern or immediate need, such as lack of food or baby supplies, being unhoused, or disconnected utilities. At intake, the B&B FRC CIS team assesses families' level of concern and provides resources, referrals and/or case management, as appropriate.

In FY 2021-22, Birth & Beyond began implementing Family Development Matrix (FDM) case management when more intensive intervention was needed. The FDM is a comprehensive, strengths-based assessment and case management tool which engages families in the prevention and early intervention process, with a focus on their strengths and areas of concerns. The FDM facilitates participation by the family and the agency case worker in case management to measure the progress of family outcomes and the effectiveness of interventions. Because FDM case management was implemented in the latter portion of the fiscal year, outcomes are not reported here.

B&B FRCs provided CIS to nearly 3,000 families. Among them, 71% (865/1,221) of participants with a pre- and post-stress level assessment had reduced stress after receiving CIS, and 34 out of 50 (68%) participants who had an initial FDM visit developed an Empowerment Plan.

Figure 23. RBA Dashboard – Crisis Intervention Services

		FY 2021-22	
How much did we do?	Families Served		
	Unduplicated families with Intervention Service Record (ISR)	2,978	
	Unduplicated families with a pre- and post- Stress Assessment ²¹	1,225	
	Unduplicated CIS families with initial FDM ²²	50	
How well did we do?	Level of Completion		
	Caregivers with at least one closed-loop referral	†	
	Caregivers who developed an FDM Empowerment Plan	34 (68%)	
Is anyone better off?	Improvements in Stress and Self Sufficiency	Pre	Post
	Average stress level at intake and follow-up (matched set)	3.60	2.45 ***
	Participants whose stress level improved (matched set)	865 (71%)	
	Families showing progress (e.g., moving from “In Crisis” (red) toward “Self-Sufficient” (green) in at least one targeted domain	†	
	Family Engagement in other FRC Services (of those with an ISR)		
	SELS	28%	
	Home Visiting	20%	
	Group Parenting Education Workshop	11%	

Source: IS Case Records, Persimmony Service Records, Family Development Matrix. Statistical significance reported as *** $p < .001$. † Data not currently available. Closed loop referrals pending the implementation of the referral portal. FDM progress: due to implementation late into the FY, participants did not yet have enough time to complete multiple visits to identify improvements.

²¹ During FY 2021-22, B&B continued administering the pre- and post- stress assessments while First 5 implemented FDM and held trainings. Counts include duplicates when participants complete pre- and post-test multiple times throughout the FY.

²² FDM case management is limited to Level 2 IS participants who need more intensive support. FDM case management was piloted in Q4 resulting in limited numbers of pre-assessments completed and no follow-ups completed within the 2021-22 FY.

Success Story: Crisis Intervention Services

To Be Added

Social and Emotional Learning and Supports (SELS)

Birth & Beyond FRCs provided nearly 14,000 “light touch” SELS services to help families build relationships with FRCs and promote engagement with other strategies.

SELS are intended to be services that introduce a family to Birth & Beyond Family Resource Centers (B&B FRCs) and may provide a gateway to more intensive B&B services. SELS activities included child development activities, peer support groups, life-skills classes, and stress-reducing activities. For instance, services included basic needs pop-up events, diaper distribution, community baby showers, COVID-19 testing, workshops, events/celebrations, and support groups. In FY 2021-22, B&B FRCs provided 13,788 SELS services to 1,820 families, including 1,671 caregivers and 2,064 children.

Figure 24. RBA Dashboard – Social Emotional Learning and Supports (SELS)

		FY 2021-22
How much did we do?	Total Reach of SELS Activities	
	Unduplicated families , by funding source	1,820
	Empowered Families (First 5)	1,185
	DCFAS (6+)	831
	RAACD Funded	143
	Community	150
	Unduplicated caregivers	1,671
	Unduplicated children served	2,064
	Total Number of SELS Services Provided	13,788
Is anyone better off?	Average number of hours participating in SELS, by family	13.8
	Family Engagement in other FRC Services	
	Crisis Intervention	46%
	Home Visiting	21%
	Group Parenting Education Workshop	10%

Source: FY 2021-22 Persimmony Service Records

Success Story: Social Emotional Learning and Supports (SELS)

Ruby²³ is a grandmother and primary caregiver of two elementary school-aged students. She also provides support for other grandchildren whose ages range from infancy to adulthood. During an Enrollment Fair with the school district, Ruby explained to school staff that she was struggling to take care of her grandchildren in the absence of their parents. She also explained that she was unable to collect financial assistance for the children’s needs due to family circumstances but greatly needed diapers for the infant, as well as food, clothing, and school supplies for the school-aged children.

Ruby was referred to Birth & Beyond staff who helped register Ruby for the FRC’s monthly diaper distribution event to get the diapers she needed. B&B staff also connected Ruby to a food pantry in the district, a backpack giveaway event at the MAN Arcade FRC, as well as the Underground Clothing Project, which offers free, gently-used clothing to families in the school district. B&B staff have kept a weekly relationship with Ruby to keep her connected to resources and arrange food pickups to maintain food security for her household.

²³ Fictional names used for success stories.

Mahmood²⁴ is the father of two small children. He and his family arrived as refugees after escaping a violent situation in their home country. He was referred to the Meadowview FRC by a relative. Mahmood was looking for any possible assistance as he did not yet have stable housing, a car, or work permissions. While he had temporary housing with a relative, and a strong family support network, Mahmood urgently needed transportation. He asked FRC staff to help him find a bicycle so that he could have a means to get necessities and apply for public assistance. In addition to finding him a bicycle, FRC staff also provided referrals to job centers, food banks, diaper banks, clothing, and educational workshops. Mahmood also signed up for financial literacy workshops with the FRC.

Following receipt of the bicycle, Mahmood emailed the FRC staff with the following message:

“Dear Madam, Thanks for the bike I received yesterday, as you know that I am a new immigrant. I don't have the budget to buy a car. This bike can help me to go to the markets or some agencies for appointments so that I can use the bike for my daily activities. I would like to say many thanks from your organization”.



²⁴ Fictional names used for success stories.

Summary and Recommendations

Each year, Birth & Beyond has a vast and positive impact on Sacramento County families and children through a comprehensive array of services. The overall vision of Birth & Beyond is that all children are safe, healthy, and connected to a strong community. The nine Family Resource Centers provide both light-touch services, like support groups and stress-relief events, as well as more intensive services, such as group parenting education workshop series, crisis intervention services, and home visiting. Birth & Beyond also provides referrals to needed services that are outside of Birth & Beyond's scope to further help improve the lives of children and families in the community.

The current evaluation report described programmatic reach and participant outcomes achieved during FY 2021-22. **About one-third of families engaged with more than one Birth & Beyond programs and strategies** (e.g., home visiting *and* group parenting education workshops). Combining services can often provide the most complete care for families, contributing to a comprehensive “wrap around” support network.

There are also many additional benefits associated with engagement in Birth & Beyond services which are not measured in the current evaluation. For instance, participants often report developing increased social connections through Birth & Beyond which can contribute to reduced social isolation, receiving advice and affirmation from peers with similar experiences, and developing supportive relationships.

The following recommendations highlight additional opportunities based on the FY 2021-22 data.

RECOMMENDATION #1: CONTINUE EFFORTS TO INCREASE RETENTION AND CULTURAL RESPONSIVENESS THROUGHOUT ALL PROGRAMS

Consistent with prior years, this report demonstrated that increased retention in Birth & Beyond programming, especially its home visiting program, resulted in positive outcomes for participants. Birth & Beyond FRCs should continue to focus on retaining home visiting participants for at least eight hours in the program.

In the same vein, Birth & Beyond should continue its cultural responsive initiative, with the goal of decreasing racial disparities in engagement, retention, and outcomes in its programs. This could include conducting further evaluations digging deeper into characteristics of families who both completed programs as expected and those who dropped out before completion. Qualitative assessments (e.g., interviews or focus groups) would be especially useful to better understand reasons for success and areas for improvement within Birth & Beyond programs.

RECOMMENDATION #2: EXPLORE THE ANOMOLY OF SUBSTANTIATED CPS ALLEGATION FOLLOWING AN UNSUBSTANTIATED CPS BASELINE ALLEGATION

During this fiscal year, there was a particularly high percentage (9.8%) of participants who entered Birth & Beyond home visiting following an unsubstantiated baseline CPS allegation who then experienced a substantiated allegation within 12 months of intake. This group's experience of substantiated recurrence seems to be an anomaly, which warrants further exploration and monitoring.

Birth & Beyond should engage in conversations with DCFAS to explore this anomaly to identify potential patterns and missed supports, in addition to understanding the contextual experiences that may have impacted these families (i.e., not receiving in-person supports or attending regular activities due to COVID-related shifts). Additionally, Birth & Beyond should shift policies to denote that any child with recent CPS involvement (i.e., substantiated or otherwise) should be served on a pathway that is understanding of their higher risk for future maltreatment. These findings that children with unsubstantiated CPS involvement are also at high risk of maltreatment are consistent with external research.^{25,26}

RECOMMENDATION #3: CONDUCT EVALUATIONS TO INVESTIGATE IMPLEMENTATION AND OUTCOMES OF NEW PROGRAM MODELS AND MAKE CHANGES EARLY

During FY 2021-22, the Birth & Beyond Collaborative began implementing new curricula for crisis intervention, group parenting education, and home visiting. Birth & Beyond should continue their ongoing efforts to train data staff and improve the accuracy and completeness of participant data, while maintaining confidentiality and reducing burden on both staff and families. Using lessons learned from past implementation and changes to the primary data management tool identified in prior fiscal years may provide new opportunities to strengthen this process for new curricula.

It is vital to evaluate the new program models early into implementation so that necessary changes can be swiftly incorporated. Suggestions for evaluation include data checks, staff input, and participant thoughts and suggestions.

²⁵ Font, S. A., Maguire-Jack, K., & Dillard, R. (2020). The Decision to Substantiate Allegations of Child Maltreatment. *Decision Making and Judgment in Child Welfare and Protection*, p. 173-193. <https://doi.org/10.1093/oso/9780190059538.003.0008>

²⁶ Child Welfare Information Gateway (2003). Decision-Making in Unsubstantiated Child Protective Services Cases.

Appendix 1: CPS Matrix Table (Ages 0-17)

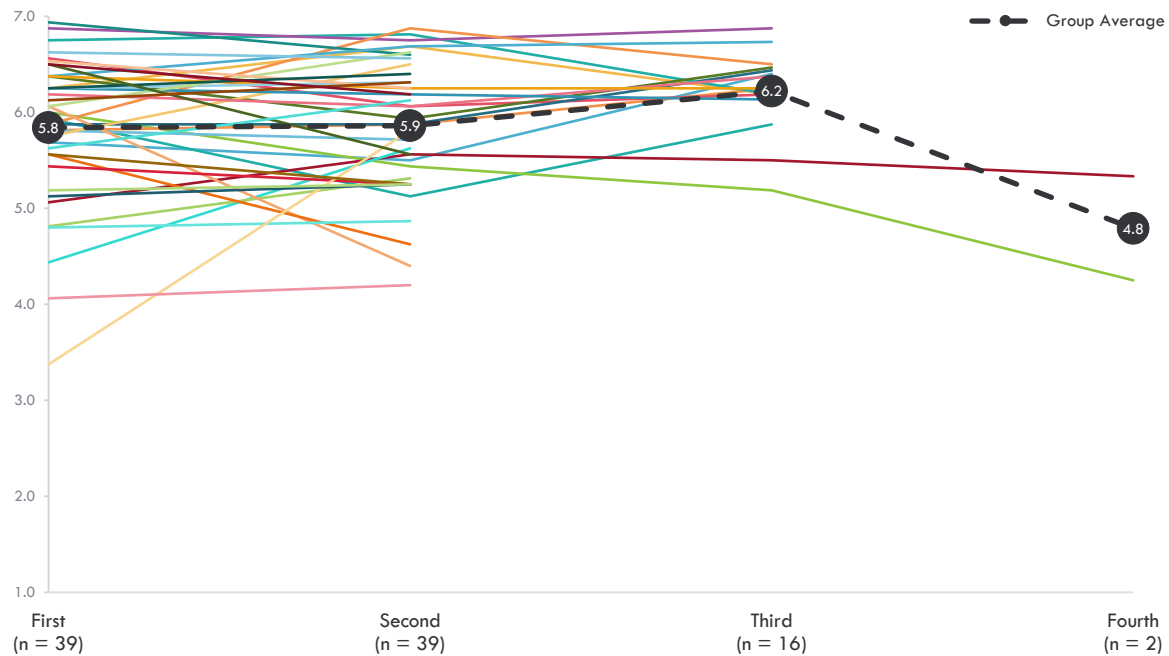
CPS OUTCOMES FOR CHILDREN WHOSE FAMILIES RECEIVED B&B HOME VISITING (AGES 0-17): FIRST INTAKE BETWEEN MARCH 1, 2020 AND FEBRUARY 28, 2021 (12-MONTH OBSERVATION AFTER INTAKE)

{{ COVID-19 greatly impacted the number of intakes and the format of service delivery during the timeframe reflected here. Please keep in mind that due to smaller counts of participants, each substantiated referral will have a larger impact on the group percentage. Use caution when comparing to matrices for previous years.}}

Cohort	Parameters	Baseline CPS disposition	Service dosage (Hours)	Total N	No Substantiated Referral N (%)	Substantiated Referral N (%)	Countywide Substantiated %	
Baseline CPS Referral 0-17 (n = 339)	Any CPS referral up to six months prior to B&B intake (Baseline)	Substantiated (n = 95)	< 2.00	23	20 (87.0%)	3 (13.0%)	8.3%	
			2.00-7.99	38	32 (84.2%)	6 (15.8%)		
			8.00-15.99	18	18 (100.0%)	0 (0.0%)		
			16.00-24.00	6	6 (100.0%)	0 (0.0%)		
			>24.00	10	10 (100.0%)	0 (0.0%)		
			Overall	95	86 (90.5%)	9 (9.5%)		
		Unsubstantiated (Unfounded, Inconclusive) (n = 244)	Overall 8+	34	34 (100.0%)	0 (0.0%)		
			< 2.00	79	72 (91.1%)	7 (8.9%)		
			2.00-7.99	73	67 (91.8%)	6 (8.2%)		
			8.00-15.99	36	28 (77.8%)	8 (22.2%)		
			16.00-24.00	20	19 (95.0%)	1 (5.0%)		
			>24.00	36	34 (94.4%)	2 (5.6%)		
Any Prior CPS Involvement 0-17 (n = 468)	Baseline referral (above), and/or prior CPS involvement in last 5 years	N/A	Overall	244	220 (90.2%)	24 (9.8%)		
			Overall 8+	92	81 (88.0%)	11 (12.0%)		
			< 2.00	140	130 (92.9%)	10 (7.1%)		
			2.00-7.99	154	138 (89.6%)	16 (10.4%)		
			8.00-15.99	76	68 (89.5%)	8 (10.5%)		
			16.00-24.00	38	37 (97.4%)	1 (2.6%)		
		No Prior CPS Involvement 0-17 (n = 1,010)	No baseline referral AND no prior CPS involvement in the past five years	N/A	>24.00	60	58 (96.7%)	2 (3.3%)
					Overall	468	431 (92.1%)	37 (7.9%)
					Overall 8+	174	163 (93.7%)	11 (6.3%)
					< 2.00	198	194 (98.0%)	4 (2.0%)
					2.00-7.99	267	266 (99.6%)	1 (0.4%)
					8.00-15.99	180	178 (98.9%)	2 (1.1%)
All Clients 0-17 (n = 1,478)	All Clients regardless of prior CPS involvement (Sum of Any Priors + No Priors categories above)	N/A	16.00-24.00	156	155 (99.4%)	1 (0.6%)		
			>24.00	209	209 (100.0%)	0 (0.0%)		
			Overall	1,010	1,002 (99.2%)	8 (0.8%)		
			Overall 8+	545	542 (99.4%)	3 (0.6%)		
			< 2.00	338	324 (95.9%)	14 (4.1%)		
			2.00-7.99	421	404 (96.0%)	17 (4.0%)		
Among those with 8+ hours of B&B home visiting				Total N	No Substantiated Referral N (%)	Substantiated Referral N (%)	Countywide Substantiated %	
8+ Hours (Ages 0-17)	Had substantiated baseline referral	34	34 (100.0%)	0 (0.0%)	8.3%			
	Had unsubstantiated baseline referral	92	81 (88.0%)	11 (12.0%)				
	Had any prior CPS involvement	174	163 (93.7%)	11 (6.3%)				
	Had no prior CPS involvement	545	542 (99.4%)	3 (0.6%)				
	All Clients	719	705 (98.1%)	14 (1.9%)	0.7%			

Appendix 2: HFA CHEERS Check-In Spaghetti Plot

CHEERS CHECK-IN INDIVIDUAL AVERAGE SCORES AND GROUP AVERAGE, AMONG PARTICIPANTS WHOSE MOST RECENT CHECK-IN WAS COMPLETED DURING FY 2021-22



Source: CHEERS Check-In Assessment. Includes participants with two or more check-ins where at least one occurred during (but no later than) FY 2021-22. Participants' first and second check-ins may have occurred prior to FY 2021-22. Each line represents an individual's average score at each check-in (range from 1-7 with higher scores indicating more positive interactions). The dotted line with markers is the group average at each check-in. The number of participants at the third and fourth check-in decreases as individuals may not yet have had time for more visits and/or have exited/completed the program.

References & Endnotes

- ⁱ US Census Bureau American Community Survey (2021). DP05. 1-Year Estimates “Hispanic or Latino and Race.” Retrieved from <https://data.census.gov/table?g=0500000US06067&tid=ACSDP1Y2021.DP05&moe=false> December 5, 2022.
- ⁱⁱ Organisation for Economic Co-operation and Development (OECD). 2022. “SF2.3: Age of mothers at childbirth and age-specific fertility.” https://www.oecd.org/els/soc/SF_2_3_Age_mothers_childbirth.pdf
- ⁱⁱⁱ Parents as Teachers. 2022. “Evidence-based home visiting.” <https://parentsasteachers.org/evidence-based-home-visiting/>
- ^{iv} Center for the Study of Social Policy. “Making the Link: Parents As Teachers.” https://cssp.org/wp-content/uploads/2018/08/Making-the-Link_Parents-as-Teachers.pdf

Photo Credits

All photos are Microsoft 365 stock images unless otherwise specified. Images corresponding with success stories do not intend to reflect the individuals served unless captioned as such.



Birth & Beyond Annual Report Program Year 2021-22

Jordan Katti, PhD
Community Advisory Board
July 10, 2023



Birth &
Beyond
Reach
21-22

Birth & Beyond directly served

4,768 parents/caregivers &

2,645 children ages 0 to 17

Average # of hours served: **9.14**

1,074 adults
received **Home
Visiting**

706 adults
attended
Group
**Parenting
Education
Workshops**

2,978 families
received **Crisis
Intervention**

1,820 families
received **Social-
Emotional
Learning and
Support
services**

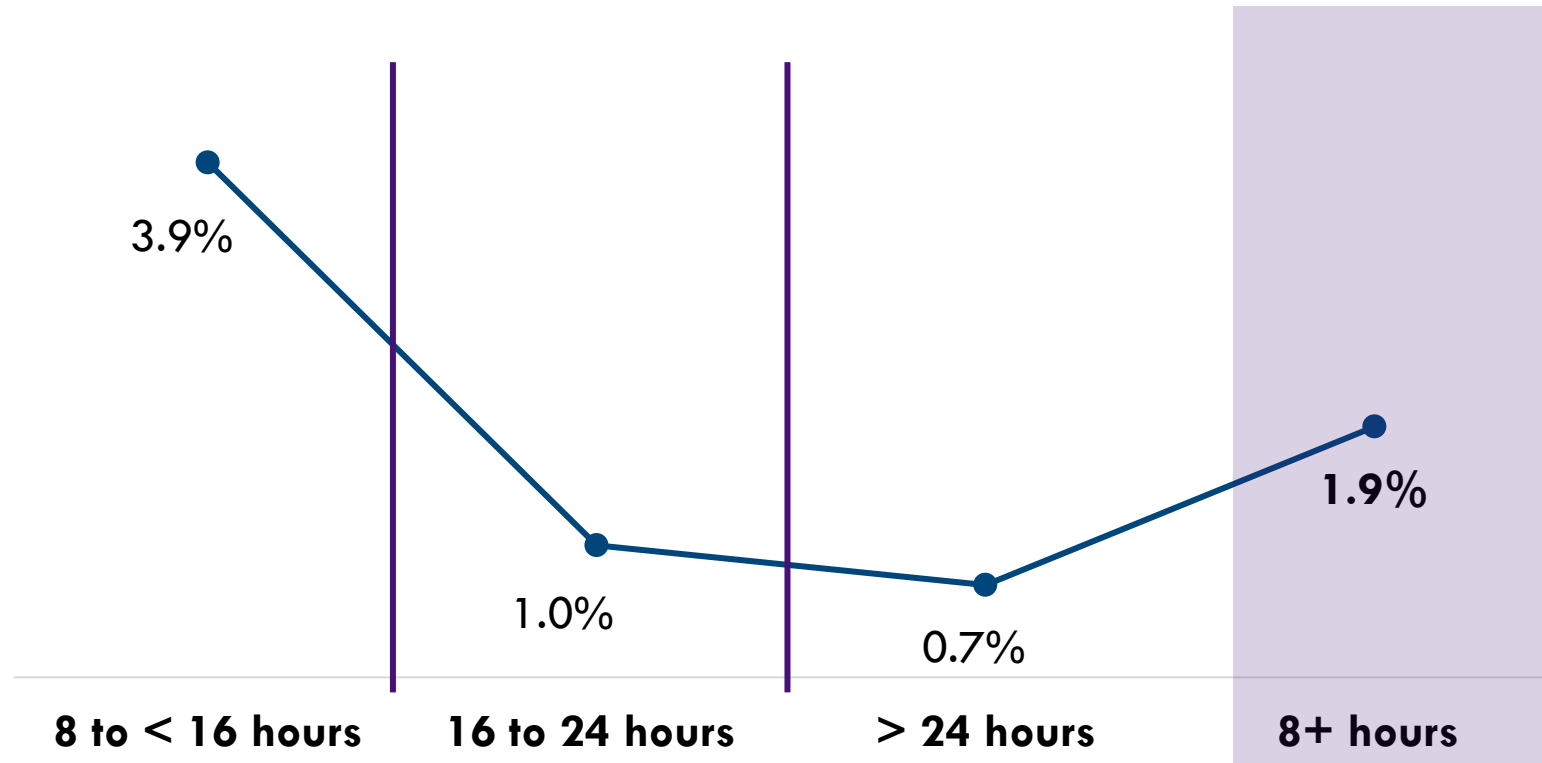


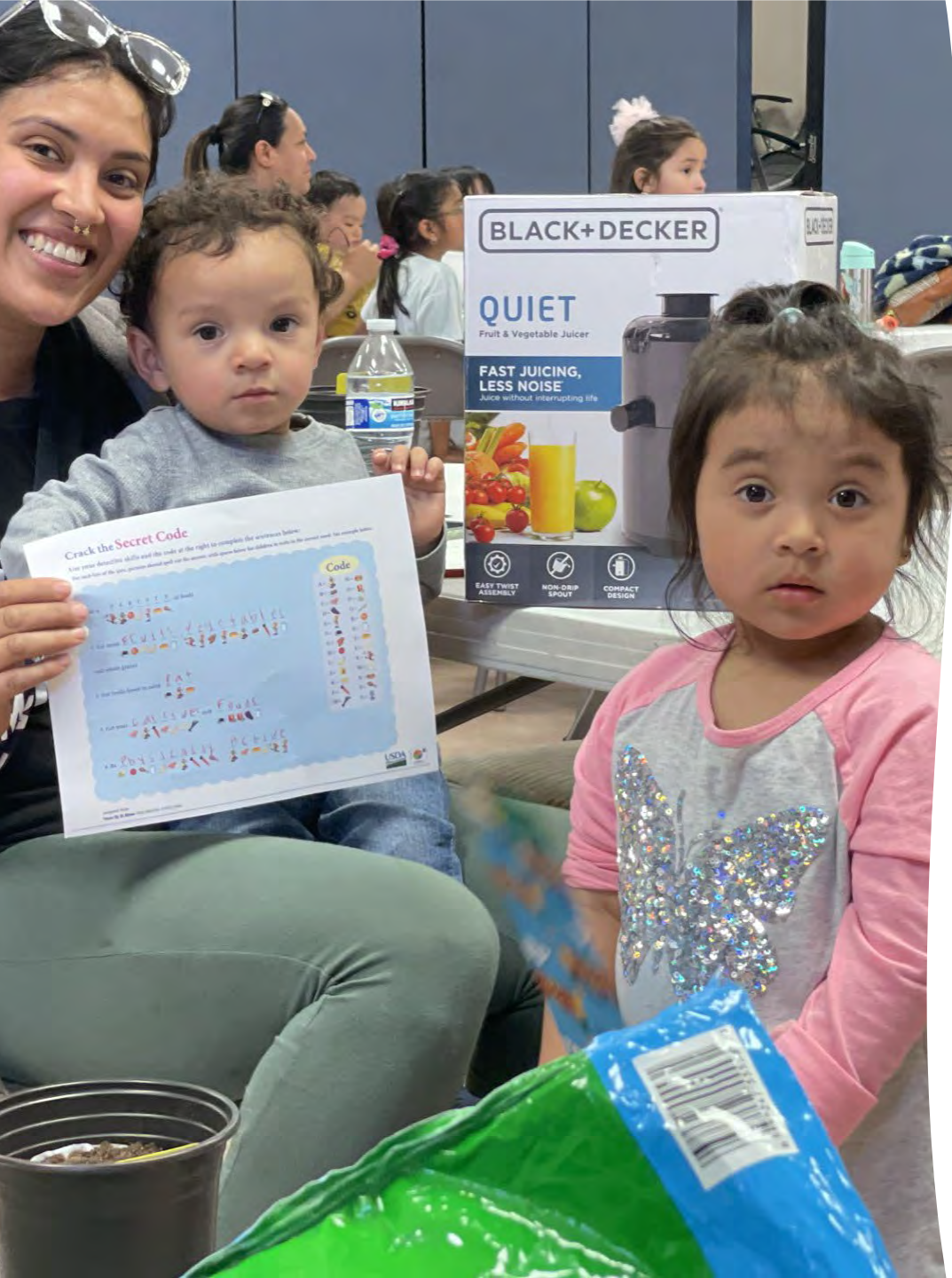
Home Visiting 21-22

- **1,024 families served**
 - 62% First 5 funded
 - 1,074 adults, 838 children
- **593 Developmental Screenings**
 - 14% identified a developmental need
- **58% of participants were also involved in Crisis Intervention**

CPS Outcomes among Home Visiting Participants

Percent of Children with a Substantiated CPS Allegation within 12 months of B&B Home Visiting Intake, by Service Dosage





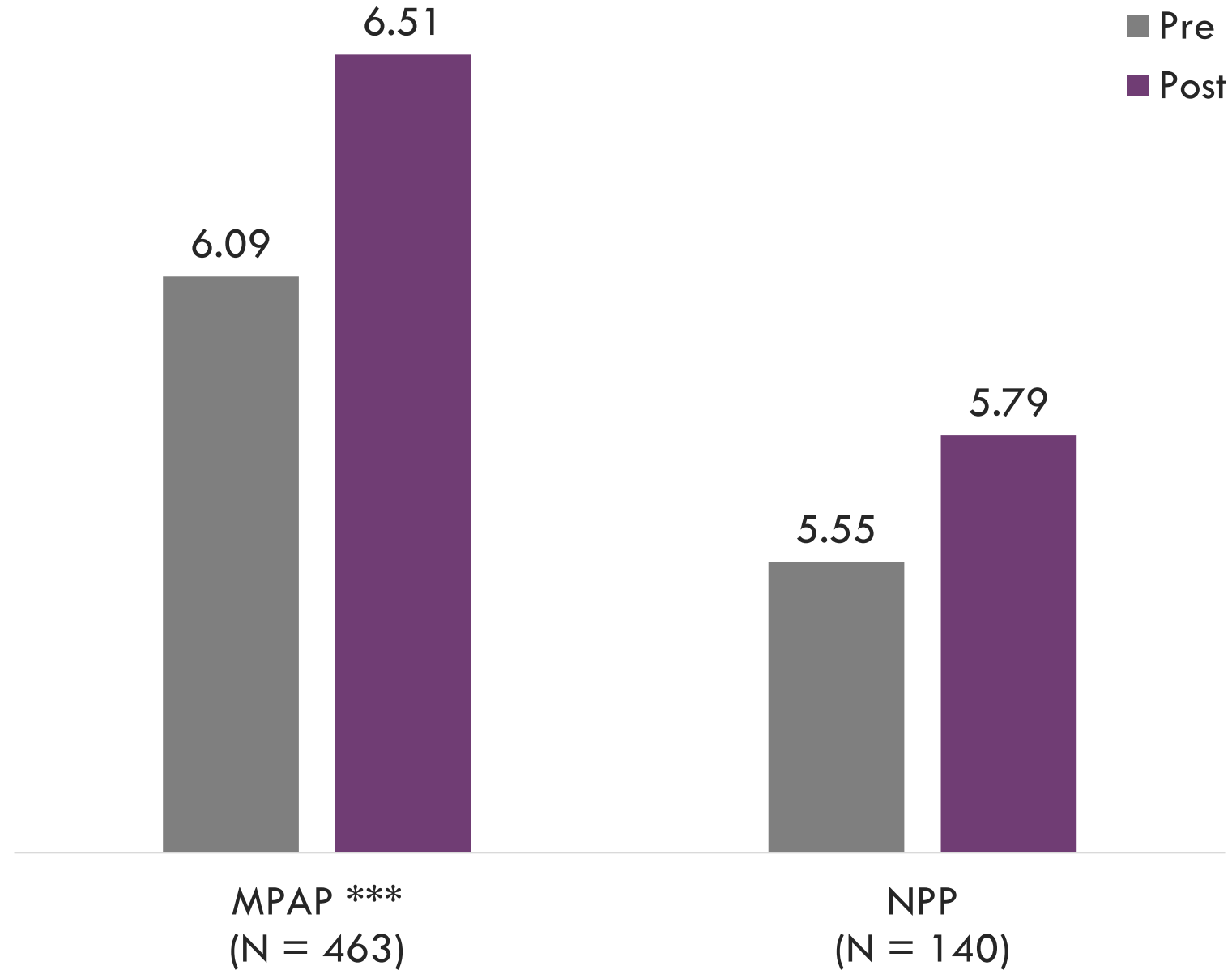
Group Parenting Education Workshops

21-22 (Court approved)

- **706** parents/caregivers served
- Make Parenting A Pleasure (MPAP): **653**
- Nurturing Parenting Program (NPP): **140**
- **48%** of participants were also involved in Crisis Intervention

Group Parenting Education Workshops 21-22

Statistically significant
improvements in
parenting knowledge
and skills



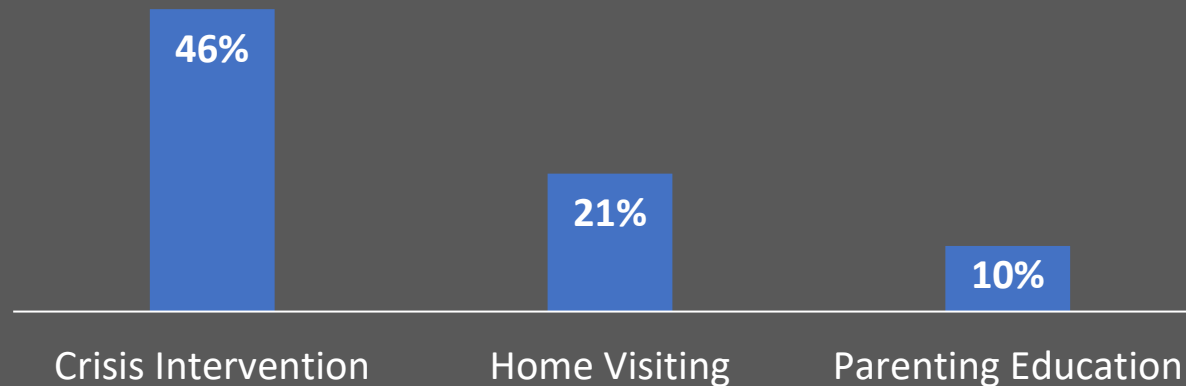
Crisis Intervention 21-22


- 2,978 families served (2,572 caregivers)
 - 68% developed an Empowerment Plan
- 20% also participated in home visiting
- 71% of participants reported reduced stress



Social Emotional Learning and Supports (SELS) 21-22

- Over **13,000** “light touch” support services to provided to **1,820** families
 - Examples: child development activities, life skill classes, peer support groups, and stress-reducing activities
- Average engagement per family: **13.8 hours**
- Almost half also participated in Crisis Intervention





“I learned that ... the way in which we **care for ourselves** is as important as the way in which we teach and take care of our children. I enjoyed sharing my own experiences as well as listening to the experiences of the other members of our classes...**I appreciate the opportunity to learn and grow** through the class”

- Birth & Beyond Group Parenting Education Participant



Potential Indicators 2024 Implementation Plan

Priority 1: Racial Equity

- Knowledge of Commission, staff, and partners/grantees on REDI +CR, including trauma informed practice
- Parent/caregiver contribution to decision making in F5 Sacramento's work
- Number/amount of leveraged committed resources to support underserved/unserved children's wellbeing and development
- Number and characteristics of new partners

Priority 2: Health and Well-Being

- Percentage of pregnant women who receive prenatal care prior to the second trimester
- Infant mortality rate
- Percentage of clients who exclusively feed baby breastmilk at 6 months
- Number of children receiving developmental screens and percentage of those children who are subsequently linked to services
- Percentage of parents/caregivers demonstrating increased knowledge of child development and confidence in their ability to promote it
- Percentage of parents demonstrating increases in the Protective Factors
- Child maltreatment rates (allegations, substantiations and recurrence)

Priority 3: Quality Child Care

- Percentage of pregnant women who receive prenatal care prior to the second trimester
- Infant mortality rate
- Percentage of clients who exclusively feed baby breastmilk at 6 months
- Number of children receiving developmental screens and percentage of those children who are subsequently linked to services
- Percentage of parents/caregivers demonstrating increased knowledge of child development and confidence in their ability to promote it
- Percentage of parents demonstrating increases in the Protective Factors
- Child maltreatment rates (allegations, substantiations and recurrence)

Priority 4: Parent Partnership

- Number and characteristics of parents/caregivers and their contribution to decision making in F5 Sacramento's work
- Number and types of opportunities for parents/caregivers to make contributions
- Percentage and characteristics of parents/caregivers who move into leadership roles

Priority 5: Systems Improvement

- Number and characteristics of individuals who receive scholarships for professional development
- Number of hospitals who receive Birthing Friendly designation
- Contributions of the Systems Liaison towards improving referrals and access
- Number and characteristics of agencies and community members engaged in convening of child and family serving agencies/systems
- Number of primary and dental care providers who participate in oral health trainings
- Resources leveraged from external sources in support of First 5's mission
- Number of engagements with elected officials in support of First 5's mission
- Number and types of outreach efforts to increase the public's awareness of First 5's mission