

# FIRST 5 SACRAMENTO COMMISSION

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

## Computer Link:

<https://saccounty-net.zoomgov.com/j/1609583204?pwd=MkdaSEk3WjdmclJVaEZjREMyZENTZz09>

Meeting ID: 160 958 3204

Passcode: 311339

## EVALUATION COMMITTEE

### AGENDA

Monday, July 15, 2024 – 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, Jennifer Mohammed (Alt.), Kairis Chiaji (Alt.)

**Staff:** Julie Gallelo, Carmen Garcia-Gomez, Elena Enriquez

**Consultant:** Applied Survey Research



1. Call to order and Roll Call
2. Public Comments on Off-Agenda Items
3. Approve Draft Action Summary of May 20, 2024
4. Evaluation Staff Report
5. General Evaluation Update – Applied Survey Research
6. Receive: Birth and Beyond Annual Report Fiscal Year 2022-23
7. Receive: Building Strong Families Year 1 Report
8. Committee Member Comments
  - a. Miscellaneous
  - b. Future Agenda Items/Presentations

FIRST 5 SACRAMENTO COMMISSION  
2750 Gateway Oaks Dr., Suite 330  
Sacramento, CA 95833

## EVALUATION COMMITTEE

### DRAFT ACTION SUMMARY

Monday, May 20, 2024 – 1:00 AM - 3:00 PM



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

**Advisory Committee Member(s):** Robin Blanks, Tony Smith, Jennifer Mohammed (Alt.), Kairis Chiaji (Alt.)

**Staff:** Julie Gallelo, Carmen Garcia-Gomez, Kris Clinton, LaTina Price, Elena Enriquez, Maria Hammill

**Attendance:** In-person: S. Wirtz, J. Mohammed, R. Blanks, T. Smith

**Via Zoom:** D. Gordon, K. Chiaji

**Absent:** Dr. Kasirye

**Consultant:** Applied Survey Research



1. Call to order and Roll Call

**Action:** Meeting was called to order at 1:00 PM.

2. Public Comments on Off-Agenda Items

**Action:** None.

3. Approve Draft Action Summary of March 18, 2024

**Action:** T. Smith/S. Wirtz. Approved as recommended.

4. Approve Draft Action Summary of April 19, 2024

**Action:** T. Smith/S. Wirtz. Approved as recommended.

5. Evaluation Staff Report

**Action:** None.

Commission staff provided an update on the following items:

Evaluation Planning:

- **Persimmony:** In preparation for the new Fiscal Year, the system will be locked down mid-July for a couple of days as we update service menus and forms.
- **Referral Portal:** A written response to address concerns about confidentiality and security will be sent out in early June.

6. General Evaluation Update – Applied Survey Research  
Action: None.

ASR staff provided a summary report of activities for the month of May.

7. Receive and Discuss-Evaluation Plans  
**Action:** Reviewed and discussed.

ASR presented the RBA for:

- Birth and Beyond (Empowered Families, CalWORKs, RAACD)
- Sacramento Crisis Nursery
- Preschool Bridging Model

Committee members discussed in detail and provided the following feedback:

- Birth and Beyond – Parents as Teachers Home Visiting
  - Add an indicator to the How Well? section: #/% of those who were referred to Home Visiting, by family.

8. Receive and Discuss: Evaluation Forms  
**Action:** Reviewed and discussed.

Staff presented the updated Consent Form, Family Information Form, and the Client Information Form. Committee members discussed and provided input on the following:

- Consent Form: Bold “three years” to ensure clients easily notice and understand the duration of consent.

9. Committee Members Comments
- a. Miscellaneous
  - b. Future Agenda Items/Presentations

Adjourned: 3:03 p.m.

Respectfully submitted,

Carmen Garcia-Gomez, Evaluation Manager  
First 5 Sacramento Commission

# Summary of Evaluation Activities for First 5 Sacramento

July 2024

Strategy	Task
<b>FY 2024-2027 Preparation</b>	- Updating Persimmony to reflect new contractors, milestones, assessments, and services
<b>Building Strong Families</b>	- Prepared brief Year 1 Summary (May 1 – April 30) - Ongoing quarterly report metrics provided to partner orgs
<b>Special Study</b>	- Implementation of Crisis Nursery special study (data review, interviews with staff, interviews with participants) in progress
<b>Birth &amp; Beyond</b>	- 0-17 Report draft in review with partners presented today - Commission in August
<b>RAACD</b>	- FY 2023-24 report data pulls beginning in July/Aug
<b>F5 Sac Eval Report</b>	- FY 2023-24 report data pulls beginning in July/Aug
<b>Persimmony</b>	- Ongoing streamlining efforts and data audits and preparations for new funding cycle implementations

## Timeline

	July	Aug	Sept	Oct	Nov	Dec
<b>2024-2027 RBAs</b>	Implement	Trainings & TA Support	Trainings & TA Support	TA Support		
<b>Building Strong Families</b>	Eval Comm					
<b>Special Study</b>	Data/Write	Write	Eval Comm Review			
<b>Birth &amp; Beyond Report</b>	Eval Comm Review	PREZ				
<b>RAACD *</b>	Data	Data	Write	Write	Eval Comm Review	Graphic Design *
<b>Core Eval Report *</b>			Data	Data	Write	Write

\* Timeline for review and presentation pending receipt of CDRT child death data for 2022



# BIRTH & BEYOND

## ANNUAL EVALUATION REPORT

**FY 2022-23**



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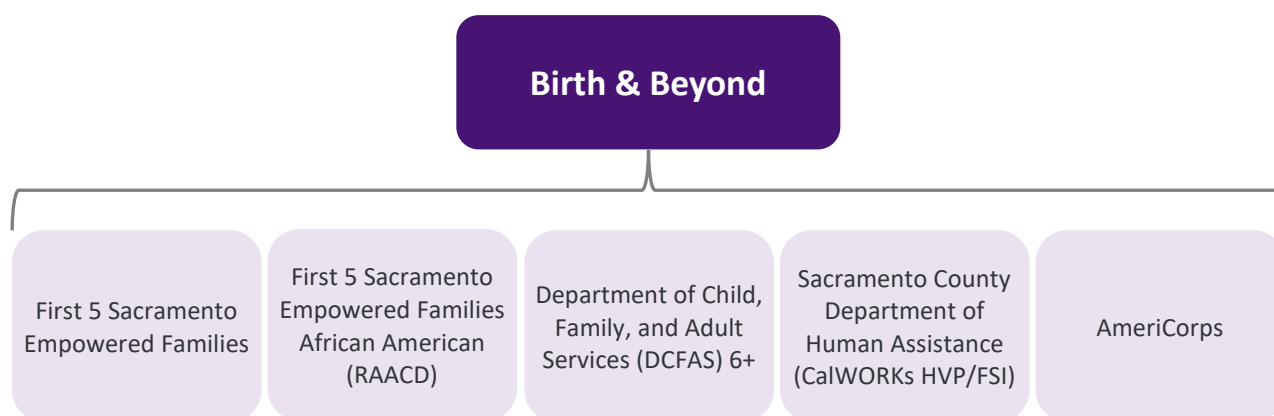
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# Introduction

Since 1999, the Birth & Beyond Program 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 Empowered Families, First 5 Sacramento Empowered Families African American (RAACD), the Sacramento County Department of Child, Family, and Adult Services (DCFAS), the Sacramento County Department of Human Assistance (CalWORKs Home Visitation Program [HVP]/Family Support Initiative [FSI]), and AmeriCorps. The two primary funding sources are First 5 Sacramento and DCFAS 6+. The former provides funding for children prenatal through age five and their families, while the latter allows Birth & Beyond to serve children ages 6-17 and their families.

**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) 2022-23. 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:

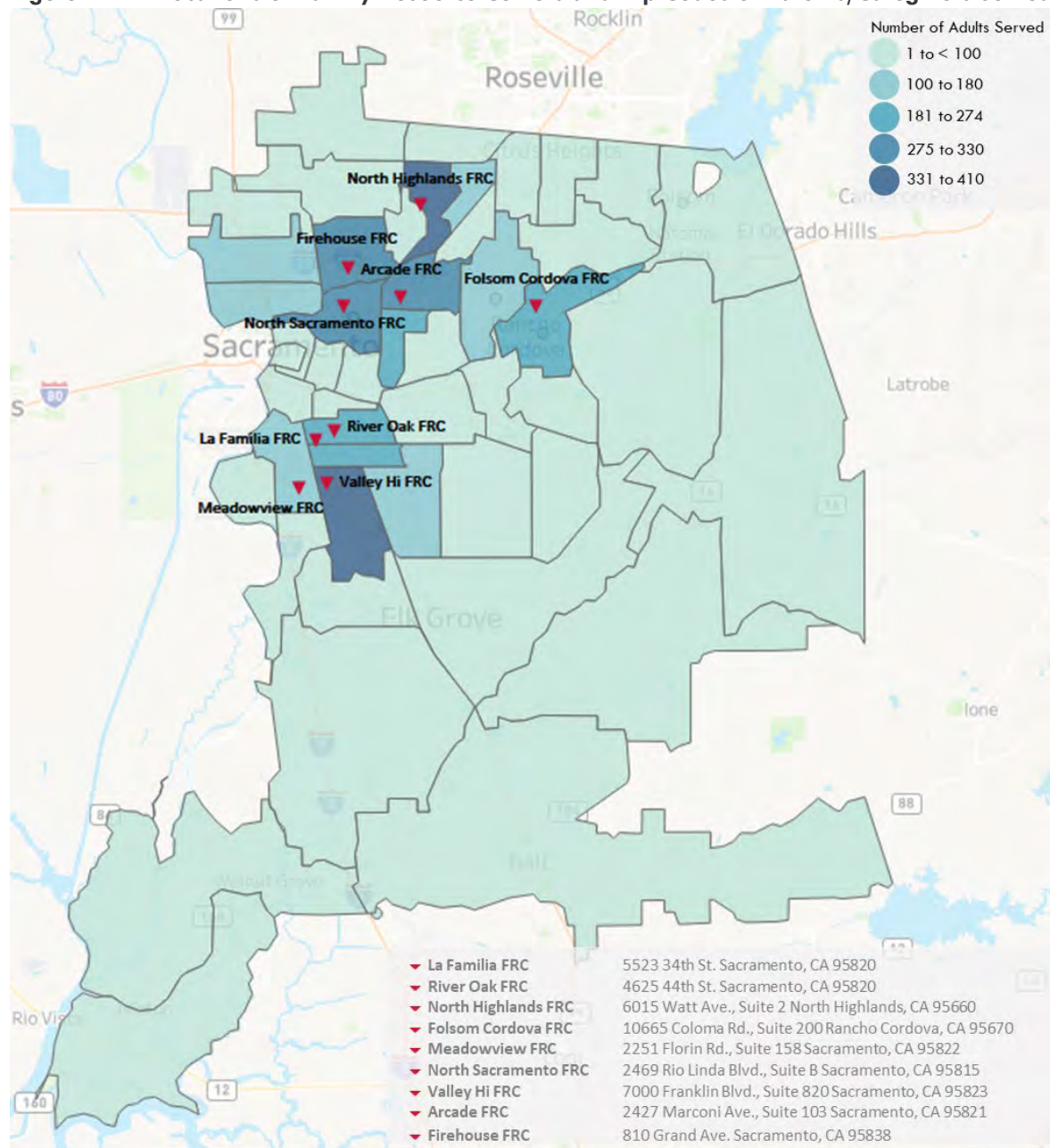
- How much did we do? (Number of people served, and number of services provided)
- How well did we do? (Was the model/program implemented as planned?)
- Is anyone better off? (Participant outcomes)

## 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). 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. 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 2022-23 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 = 4,538. 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 2022-23 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. **Core services provided by Birth & Beyond through the FRCs include home visiting, group parenting education workshops, crisis intervention, and social and emotional learning and supports (SELS).**

During FY 2022-23, 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)<sup>1</sup> models (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* models. 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.*

<sup>1</sup> 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.

In defining the domains of the RBA Framework within the context of Birth & Beyond, it's essential to move beyond the simplistic titles of "How Much?", "How Well?", and "Better Off?" and provide operational definitions that capture the multifaceted nature of Birth & Beyond's goals and outcomes. Birth & Beyond's approach acknowledges the complexity of measuring success, particularly when aiming to prevent child abuse and neglect and promote family thriving. Here's an expanded explanation of how each domain is operationalized within the Birth & Beyond program:

**HOW MUCH?** This domain encompasses more than just the quantitative aspect of services provided and participants served. It includes metrics such as the number of individuals directly served, developmental screenings conducted, referrals made to essential services, and the level of engagement with Birth & Beyond offerings. Additionally, it considers incoming referrals from CPS and the completion rates of program components, ensuring that families receive the intended dosage of support.

**HOW WELL?** Beyond assessing the mere implementation of programs, this domain evaluates the quality and fidelity of services delivered. It examines completion rates of workshops and programs, aiming for high rates to ensure participants receive the full benefit. Moreover, it encompasses the creation of personalized Family Development Matrix (FDM) Empowerment Plans during crisis intervention services, indicating **a tailored approach to addressing family needs.**

**BETTER OFF?** Recognizing the complexity of gauging improvement, Birth & Beyond defines this domain broadly to encompass various indicators of family well-being. Rather than solely focusing on reduced referrals to CPS, it includes a focus on increasing protective factors, engagement in additional Birth & Beyond services, and enhanced stability and self-sufficiency. Moreover, it considers shifts in knowledge, confidence, and attitudes toward parenting, **aiming to empower families with the skills and resources needed to thrive.**

Ultimately, **Birth & Beyond's vision of success extends beyond individual metrics to embrace a holistic understanding of community impact.** This encompasses communities that actively support children and families through access to healthy living options and helpful events, families equipped with protective factors and resilience, and children who are not only safe and healthy but also thriving in various aspects of their development. By prioritizing these multifaceted outcomes, Birth & Beyond aligns its efforts with its overarching vision: **to ensure that all children and families are safe, healthy, and connected to a strong community.**

**Figure 4. Birth & Beyond's Results Based Accountability Framework, FY 2022-23****Birth & Beyond: Toward a Shared Vision of Success**

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

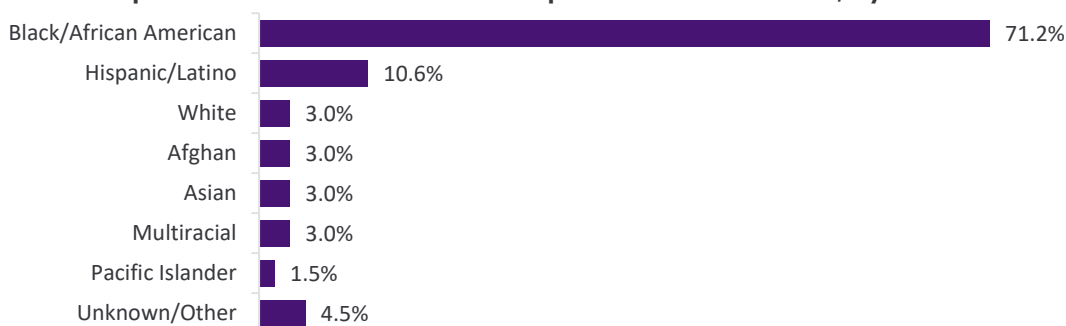
# Amplifying Participant Perspectives within Birth & Beyond's Cultural Responsiveness Initiative

In order to fully understand, listen to, and celebrate the population that Birth & Beyond serves, Birth & Beyond initiated interviews with three distinct populations: those who engaged in home visiting and received at least the minimum dosage of eight hours, those who engaged in home visiting and did not reach the eight hour minimum, and those who had never engaged in services at Birth & Beyond at all (but lived in Sacramento County and had a child under the age of six). In commitment to their Culturally Responsive Initiative, Birth & Beyond also took these interviews as opportunities to hear about cultural responsiveness at their sites from the participants' perspective. Further, Black participants were intentionally oversampled in these interviews to specifically lift and amplify Black voices.

Birth & Beyond contracted with two partners to help conduct this research. The social research and evaluation firm *Applied Survey Research* wrote the interview protocols and analyzed qualitative results. The advocacy organization *Broken by Violence* conducted the interviews to offer a racial and cultural match for Black participants, helping to increase comfort, trust, and rapport to increase honest and critical feedback.

In all, 66 phone or Zoom individual interviews were conducted; 27 from the 8+ hours group, 27 from the < 8 hours group, and 12 from the never enrolled group. Interview questions differed slightly depending on the group. The racial breakdown of interviewees included 71.2% Black/African American, followed by 10.6% Hispanic/Latino, and very small percentages of other races (see figure below). There was equal representation from all nine Family Resource Centers among those with home visiting experience.

**Figure 5. Participants Interviewed for Cultural Responsiveness Evaluation, by Race**



Source: Demographic characteristics of CRI Interviewees

## INTERVIEW THEMATIC SUMMARIES

Represented below are thematic analysis of interview responses, separated by group (reached the minimum dosage of eight hours or more, did not reach the minimum dosage of eight hours, and never engaged in home visiting).

### Reached Eight Or More Hours of Home Visiting

In general, participants who reached at least eight hours of home visiting dosage were very familiar with Birth & Beyond Family Resource Centers. When asked how long they have known about the FRCs, answers ranged from less than one year to 23 years, with a median of 3 years.

Interviewees particularly enjoyed the **support their home visitor provided**. As one participant said, "I really liked that [my home visitor] takes the time to be like a friend for me. She would ask how I felt, how I was like. If I was stressed, she would try to give me some positive comments about how to help myself."

**"[My home visitor] may not be able to relate to my culture, but she understood."**

- Home Visiting Participant

Interviewees also appreciated the education about parenting and child development that home visitors provided, as well as the resources they would bring with them (e.g., gifts for the children, diapers). One interviewee noted, "If you mentioned you needed something, there were seven different resources that were available for you to reach out to. I loved that because I didn't know anything about Sacramento or the resources that were offered."

Importantly, every interviewee in this group agreed that they felt **comfortable, respected, and understood** by their home visitor. Interviewees especially enjoyed it when their home visitor spoke the same language as them and could understand their culture. One interviewee said "she may not be able to relate to my culture, but she understood. She understood where I was coming from when it came to CPS. She understood the stress, the concerns, the worries." Another noted that they appreciated that their home visitor was interested in learning more about their culture. Furthermore, one said "It was as if she was Black herself. She understood where I was coming from. No type of judgement of anything like that, great body language."

**Everyone interviewed who received 8+ hours of home visiting reported that they got the help they needed.**

All respondents agreed they received the **help that they needed**. One participant said "[my home visitor was] helpful, even if you don't specifically ask for it, they will keep checking on you."

When asked what could improve the home visiting program, many respondents mentioned that due to COVID, their visits had to be virtual or not in their home. This made it difficult for home

visitors to interact with the children in the families. Other suggestions included **extending hours of availability** and having a **cultural match** between the home visitor and family. Half (50%) of the participants had no feedback regarding changes they would like to see and none of the interviewees reported issues with the registration process.

There were too many positive quotes to include them all but some of the most impactful include:

"You guys are a hero in my eyes."

"[My home visitor] help me be a better mom to my kids, help me to be a better person, help me be a better human."

"[Home visiting] made me feel cared for and I really appreciated that. You don't get that everywhere."

"[Home visiting] brought our family closer together. Me and my kids were really in turmoil. We were going through a really hard time and they made us feel better."

"Having her come every other week probably saved me from postpartum depression."

"Some people touch your life and she really did."

## Did not reach eight hours of Home Visiting

Interviewees that did not reach eight hours of dosage reported knowing about Birth & Beyond for approximately the same amount of time as the group that did reach eight hours (min: 6 months, max: 23 years, median: 3 years).

Overall, many said they enjoyed the home visits and appreciated that the home visitor tried to get to know their children, brought items such as diapers and clothes, and were polite and communicative. However, answers varied when asked why they did not continue home visiting. Some left because their home visitor left Birth & Beyond, some said the home visits were too frequent or did not fit their schedules, and others moved out of the area or had their children removed by Child Protective Services.

**Most respondents felt comfortable, respected, and understood by their home visitor**, while a few did not feel comfortable, stating that their home visitor was not professional or because they personally have a hard time opening up to others. Responses were mixed regarding whether the home visitor understood their culture. Some interviewees appreciated that their home visitor was originally from their country or spoke their language, while others said that a **cultural mismatch** between their family and their home visitor made it difficult to open up. Almost all agreed they received the help they needed, although one interviewee requested that home visitors have more training on the resources they distribute to families.

Participant suggestions to improve the home visiting program included:

- Asking home visiting participants if they would like to have a **cultural match** to their home visitor
- Providing the opportunity to conduct home visits **after typical work hours**
- Increasing resources for things like car seats and utility assistance
- Not stopping home visiting services just because CPS gets involved
- Having more **Spanish-speaking** home visitors

**“... after the third home visitor, I didn't know what was going on.”**

- Home Visiting Participant

Finally, for some participants, having multiple home visitors made it difficult to establish a connection and make progress in the home visiting program. One interviewee said, “I got tired of dealing with different people. I had gotten really comfortable with [one home visitor] but... after the third home visitor, I didn't know what was going on.”

## No Birth & Beyond Involvement

Most interviewees (90%) had heard of Birth & Beyond Family Resource Centers. They learned about B&B from many sources, such as the Black Infant Health program, word of mouth from friends and family, Google searches/B&B website, their doctor, or mental health professionals. When asked what they know about B&B, interviewees knew that FRCs provide services during and after pregnancy, educational classes, and concrete supports like diapers. When asked about services or resources they might be interested in receiving, respondents included basic needs (e.g., food and clothing), parenting education workshops, help finding housing resources, concrete supports (especially diapers), mental health support and resources, and assistance obtaining childcare. Most interviewees (70%) were interested in learning more about the FRCs and potentially participating in B&B programs or events.

## Conclusion

Birth & Beyond's commitment to understanding participant perspectives has provided a valuable opportunity to evaluate successes and opportunities for improvement. As anticipated, participants who received eight or more hours of home visiting displayed an overwhelmingly positive assessment of the Birth & Beyond home visiting program. The responses highlighted a strong familiarity with Family Resource Centers, with participants expressing appreciation for the supportive and educational aspects provided by home visitors.

Remarkably, unanimous positive feedback regarding comfort, respect, and understanding from home visitors was a consistent theme. The desire for cultural alignment and the impact of virtual visits due to COVID emerged as noteworthy challenges. Importantly, the majority of this group had no specific feedback for improvement, emphasizing the program's success in meeting their needs.

## 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

10665 Coloma Rd., Suite 200 Rancho Cordova, CA 95670



The Folsom Cordova Community Partnership's Family Resource Center can be found in the heart of Rancho Cordova in the east part of the county. It's not just a center; it's a beacon of support, understanding, and unity for families of diverse backgrounds. What sets this center apart isn't just its programs, but the spirit of inclusivity and empowerment that permeates every workshop, meeting, and event.

Step inside, and you'll find a mosaic of cultures and languages seamlessly intertwining. Russian, Spanish, and Dari regularly reverberate through the halls as families come together to learn, share, and grow. The in-person workshops are a testament to this fusion, offering guidance and support tailored to the unique needs of each community.

But the uniqueness of the center doesn't stop there. Every week, a special gathering awaits Black parents and those raising black-identified children. Known as the "kickback group," it's more than just a meeting; it's a celebration of identity and heritage. From vibrant painting sessions to inspirational speakers and lively open mic events, the kickback is a space where voices are heard, talents are showcased, and bonds are strengthened.

One of the center's most successful programs is its robust Home Visitation program. Here, families receive personalized support and guidance, both virtually and in-person. What sets this program apart is its dedication to serving multiple caregivers in the same family simultaneously and in several curricula if needed, ensuring that no one is left behind. Each meeting is a testament to the power of collective learning and support.

FCCP's Intervention Services stand as a beacon of support for individuals facing crises, offering immediate referrals and tangible resources to those in need. Whether it's rent assistance, utility support, or other essential provisions, the center is dedicated to providing timely aid to alleviate immediate hardships. Beyond crisis intervention, the FRC maintains an ongoing partnership with the office of the Governor's Trusted Messenger program. This collaboration serves as a vital channel for outreach to communities of the global majority, disseminating crucial safety messages regarding extreme weather conditions, COVID-19 precautions, and information about Individual Taxpayer Identification Numbers (ITINs). By leveraging this partnership, the center ensures that marginalized communities receive vital information and resources to navigate challenges effectively and access the support they need to thrive.

Amidst the year-round buzz of activities, the center hosts two standout events that draw crowds from far and wide: the Annual Harvest Festival and the annual Juneteenth celebration. With over 600 participants each, these gatherings are more than just events; they're vibrant reflections of community pride and

unity. The Harvest Festival brings together families to celebrate the season's bounty with games, music, and delicious food, while the Juneteenth celebration honors the rich history and culture of African Americans with performances, workshops, and educational activities. Additionally, the center boasts well-attended culturally reflective traditional Russian and Latino dance groups for both adults and kids, adding another layer of diversity and vibrancy to its offerings. These events not only showcase the center's commitment to cultural inclusivity but also serve as powerful reminders of the strength that lies in embracing diversity and unity.

Perhaps what truly makes the Folsom Cordova Community Partnership Family Resource Center unique is its unwavering commitment to fostering a sense of belonging and empowerment. Here, differences are celebrated, struggles are met with solidarity, and triumphs are shared with joy. It's not just a center; it's a family—a diverse tapestry of love, resilience, and hope, weaving together the fabric of a stronger community, one workshop at a time.

## LA FAMILIA COUNSELING CENTER

5523 34th St. Sacramento, CA 95820

La Familia distinguishes itself within the Birth & Beyond Collaborative through its unwavering commitment to assisting at-risk youth and disadvantaged families, especially during ongoing health crises. This dedication is manifested in several key ways that underscore its unique approach to fostering community support and improvement:



**Continued Service Provision Amidst Crises:** La Familia's ability to persistently offer services during health crises highlights its resilience and commitment. This persistence is crucial for communities that become increasingly vulnerable in times of crisis, ensuring they have access to support when they need it most.

**Focus on Improving Quality of Life:** By aiming to enhance the overall quality of life for at-risk youth and disadvantaged families, La Familia addresses both immediate needs and long-term wellbeing. This holistic approach goes beyond temporary relief, seeking to enact lasting change in individuals' lives.

**Organization of Community Events:** La Familia recognizes the power of togetherness in healing and strengthening communities. By organizing events that bring people together, they not only provide a platform for community engagement and support but also foster a sense of belonging and mutual care among participants. These events can be pivotal in building resilience and promoting positive community identity.

**Outreach and Support:** La Familia actively reaches out to the community, showing a proactive approach in letting people know that they are not alone and that there is support available for them. This outreach is essential in connecting with individuals who may not otherwise seek help, breaking down barriers to access services.

**Empowerment and Pride:** An essential goal for La Familia is to empower individuals to reach a level of self-sufficiency and pride in their identity and achievements. By focusing on empowerment, La Familia not only addresses current disadvantages but also equips individuals with the confidence and skills to.

## MUTUAL ASSISTANCE NETWORK — ARCADE COMMUNITY CENTER

**2427 Marconi Ave., Suite 103 Sacramento, CA 95821**

In addition to the focused efforts of the Birth & Beyond collaborative, Mutual Assistance Network Arcade Community Center (MAN Arcade) 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.

## MUTUAL ASSISTANCE NETWORK — FIREHOUSE COMMUNITY CENTER

**810 Grand Ave. Sacramento, CA 95838**

The Mutual Assistance Network Firehouse Community Center (MAN Firehouse) offers robust wrap-around services 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 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.

## RIVER OAK FAMILY RESOURCE CENTER

**4625 44th St. Sacramento, CA 95820**

River Oak Family Resource Center (River Oak) is housed at the Fruitridge Community Collaborative (FRCC), a neighborhood hub which houses several nonprofit organizations and serves as a meeting place for other organizations. All organizations within the FRCC provide vital community resources to families in search of housing, employment, pregnancy and birthing services, mentorship, Department of Health services, youth development and juvenile justice, arts and culture, access to health services, and education. Together, tenants of the FRCC work to reduce health disparities across a broad range of community issue areas for children, adult-age youth, and seniors. Placement within the FRCC has allowed River Oak to collaborate with other organizations who support progressive ways to enhance community relations. The comprehensive staff at River Oak provides a vast amount of knowledge and resources from

professionals, community partners, and experts, including various mental services. River Oak also houses the Early Head Start Program, which provides co-services to Birth & 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.

## **SACRAMENTO CHILDREN'S HOME — MEADOWVIEW FAMILY RESOURCE CENTER**

**2251 Florin Rd., Suite 158 Sacramento, CA 95822**

SCH Meadowview Family Resource Center (SCH Meadowview) provides home visitation programs as an integral part of community-based initiatives providing strength-based support and resources to families, particularly those with young children ages 0-17. Home visitation provides families with one-on-one training in their homes on a range of services tailored to their specific needs and child abuse prevention. Families have expressed their appreciation for the support of Home Visitors who show up every week in their homes bringing diapers and food boxes. Another unique service that SCH Meadowview provides is the Read With Me program, offering child literacy and providing free books to children through our Facebook platform or by visiting the office. Services like this have made a positive impact on children's access to books and their overall literacy development. SCH Meadowview plays a unique and essential role in providing comprehensive support to families within the Birth & Beyond collaborative.

Additionally, SCH Meadowview offers proactive approaches to support families and build strong connections within the community, such as creative outreach efforts, outdoor visits, and community events. Every year SCH Meadowview hosts "Lemonade Day," an event aiming to help today's youth become the business leaders, social advocates, community volunteers, and forward-thinking citizens of tomorrow. This uniqueness is exhibited through a multi-week workshop diving into the entrepreneurship of a lemonade stand. At the end of the workshop, we host a Meadowview Market where families can launch their stand expanding from lemonade to baked goods, jewelry, and art. The event grows each year including ribbon cutting, media outlets, and visitors from the Governor's Office and has become one of our most anticipated events. Last year we supported nine young entrepreneurs to launch their business/stand. One student used the business model she developed through the Lemonade Day workshop to launch her homemade jewelry on Etsy. This exemplifies the uniqueness and tangible impact of programs like Lemonade Day in nurturing the entrepreneurial spirit and fostering economic empowerment among our future leaders.

## **SACRAMENTO CHILDREN'S HOME — NORTH SACRAMENTO FAMILY RESOURCE CENTER**

**2469 Rio Linda Blvd., Suite B Sacramento, CA 95815**

The Sacramento Children's Home North Sacramento Family Resource Center (SCH North Sacramento) has a diverse staff with capacity in multiple languages to meet the needs of families in the community. Many SCH North Sacramento staff and AmeriCorps members are from the community and former participants of FRC programs.

SCH North Sacramento also offers unique support and programming for families in the community through **partnerships with several community organizations**. For instance, SCH North Sacramento partners with the Twin Rivers school district to hold large family events such as backpack distribution, movie nights, and Winter Wonderland. The Sacramento Public Library also offers a weekly Explore and

Learn program at SCH North Sacramento and Women's Wisdom Art offers monthly opportunities for community members to come together through enriching art workshops. SCH North Sacramento also partners with the Sacramento Food Bank for a monthly diaper distribution and distributes laptops and internet hot spots to families in need in partnership with United Way. Additionally, SCH North Sacramento integrates with other programs within Sacramento Children's Home for an annual holiday toy drive, providing thousands of gifts to hundreds of families.

## **SACRAMENTO CHILDREN'S HOME — VALLEY HI FAMILY RESOURCE CENTER**

**7000 Franklin Blvd., Suite 820 Sacramento, CA 95823**

Sacramento Children's Home Valley Hi Family Resource Center (SCH Valley Hi) provides deep connections to families and creates opportunities for families to strengthen their support network and stay connected with Valley Hi for longer periods of time. Opportunities include classes to meet basic parenting needs and help families connect with each other and with multiple staff members. SCH Valley Hi inspires connection so families know they have a place to go when stressors arise. Valley Hi is entrenched in the community with deep connections to other support services and the ability to provide warm handoffs for families.

SCH Valley Hi also has the Village program, which is a home visiting model with curriculum specific to African American families in the South Sacramento area. The Village program uses the Effective Black Parenting curriculum for home visiting and group parenting education and provides a developmental class for families with younger children. SCH Valley Hi's Cultural Broker Program also supports families engaged in the CPS system. They help families navigate the CPS system to support reunification.

## **WELLSPACE HEALTH'S NORTH HIGHLANDS COMMUNITY HEALTH CENTER**

**6015 Watt Ave., Suite 2 North Highlands, CA 95660**

Fiscal year 2022 - 2023 saw many successes for the WellSpace Health. We strengthened our relationship with our local Black Child Legacy Community Incubator Lead agency, Liberty Towers. WellSpace Health personnel regularly attended their bi-weekly Multidisciplinary Review meetings, and each agency has provided support at community events hosted by the partner agency.

In September the WellSpace Health Birth & Beyond Family Resource Center, in partnership with the Sacramento Food bank, hosted a healthy living event, with games and snacks. Additionally, the team created a "community interest" survey to access community feedback regarding desired additional services, as well as feedback to any barriers to accessing Family Resource Center services. Community members were asked to complete the survey, with translation services in Spanish, Dari and Pashtu, and once the survey was completed, they were provided a ticket to receive a box of food donated by the Sacramento Food Bank.

Also in September, the WellSpace Health Family Resource Center began a new program: Mind Matters. Mind Matters is a 12-week psychoeducational course that teaches participants about their emotions and their impact, as well as the impact of trauma. Participants are also taught skills and strategies that help them to regulate their emotions. Participants also learn how to recognize and address their own physical, relational, and emotional needs. It was a 13-session course and of five participants, three attended all three sessions. Participants were provided with evaluation forms at the end of the course and all were overwhelmingly positive. Mind Matters will be offered on a regular basis by the WellSpace Health Birth & Beyond team.

## CHILD ABUSE PREVENTION COUNCIL OF SACRAMENTO (CAPC)

4700 Roseville Road, Suite 102, North Highlands, CA 95660

The Child Abuse Prevention Council of Sacramento (CAPC) has a four-decade history demonstrating commitment to the well-being of children and families. Our mission is to prevent child abuse and neglect. Our vision is that all children are safe and nurtured by their families and community.

In 1998, CAPC and the (then named) Department of Health and Human Services, at the direction of the Sacramento County Board of Supervisors, established the Family Support Collaborative as a broad-based public/private partnership whose purpose is to plan, coordinate and oversee a range of prevention services for at-risk parents with children ages birth through age 5. In response, Birth & Beyond was formally launched in 1999 with the selection of the nine Family Resource Center (FRCs) that are operational and thriving today. CAPC is honored to serve as Birth & Beyond's lead agency in partnership with the Folsom Cordova Community Partnership, La Familia Counseling Center, Mutual Assistance Network, River Oak Center for Children, Sacramento Children's Home, and WellSpace Health. As the backbone organization, CAPC provides collaborative support by managing Birth & Beyond's extensive committee structure, conducting trainings, ensuring fidelity to evidence-based models, coordinating evaluation and data collection, monitoring compliance, and guiding improvement.

Another CAPC role is administering the Federal grant for AmeriCorps members who serve as Birth & Beyond Home Visitors and Family Resource Educators in the nine FRCs. Members commit to a year of national service, obtain valuable community experience, and at the completion of their term receive an education award. A 2022-23 AmeriCorps member serving as a Home Visitor shared that a Mom I supported "always spoke very highly of B&B and always expressed how much she appreciated me as her AmeriCorps Home Visitor guiding and supporting her through the challenges of parenting." The member was proud that Mom "graduated from the PAT program, felt empowered to put her new skills into practice and is looking for a new job to help add to her family budget". We are proud that members have become Birth & Beyond agency staff and serve in many current leadership positions.

During FY 2022-23, CAPC conducted and/or coordinated trainings for more than 1000 Birth & Beyond duplicate staff in 30 curricula, including but not limited to, Make Parenting A Pleasure, Mental Health First Aid, and Ages and Stages, to ensure that staff acquired the skills and competencies to best serve families. CAPC, as Birth & Beyond's Parents as Teachers (PAT) Affiliate Lead continued to provide training and technical assistance to guide the implementation of the PAT home visitation model including coordinating and conducting PAT trainings, updating policies and procedures, completing the PAT Annual Performance Report, and serving as the liaison to PAT National. We look forward to future Birth & Beyond evaluations where PAT's positive impact on families is presented.

CAPC is honored to serve as Birth & Beyond's lead agency in partnership with the Folsom Cordova Community Partnership, La Familia Counseling Center, Mutual Assistance Network, River Oak Center for Children, Sacramento Children's Home, and WellSpace Health.

# Profile of Birth & Beyond Participants

## BIRTH & BEYOND PROVIDED DIRECT SERVICES TO NEARLY 5,000 FAMILIES IN FY 2022-23. BIRTH & BEYOND PARTICIPANTS WERE MORE RACIALLY DIVERSE THAN THE COUNTYWIDE POPULATION.

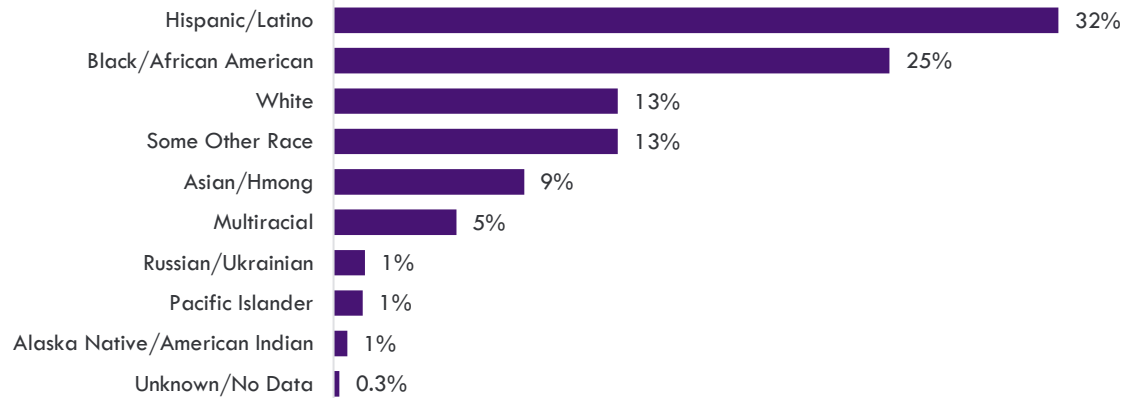
During FY 2022-23, Birth & Beyond directly served 4,724 families, including 4,926 caregivers and 3,118 children (ages 0-17). On average, participants spent over 10 hours engaged in Birth & Beyond direct services with engagement ranging from less than one hour to nearly 260 hours throughout the fiscal 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 and health (i.e., dental and medical).

**Figure 6. RBA Dashboard – Birth & Beyond: Overall**

		FY 2022-23
<b>How much did we do?</b>	<b>Families served across the Birth &amp; Beyond Initiative</b>	<b>4,724</b>
	Parents/caregivers directly served	4,926
	Children directly served	3,118
	<b>Average number of hours of direct service, per participant</b>	<b>10.2</b>
	<b>Total number of outgoing referrals</b>	
	FRC services/activities	5,753
	Health	3,644
	Crisis Nursery	1,915
	Adult education	1,681
	DV counseling	1,583
	Help Me Grow	1,280
	Housing	1,104
	Breastfeeding	836
	Employment resources	786
	Childcare	461
	English as a Second Language (ESL)	461
	WIC/child nutrition	457
	Mental health	421
	Infant/toddler healthcare	340
	CalFresh	289
	Immigration	212
	Other home visiting programs	148
	Substance abuse (AOD)	100

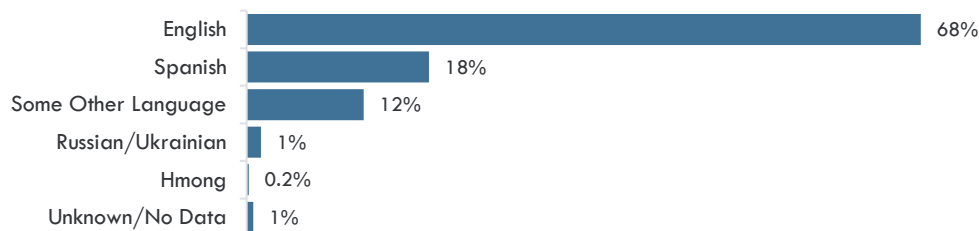
Source: FY 2022-23 Persimmony Service Records.

As shown in the figure below, among all Birth & Beyond participants served in FY 2022-23, one-third (32%) self-identified as Hispanic/Latino, followed by Black/African American (25%), and White (13%). Birth & Beyond serves a population with higher levels of Hispanic/Latino and Black/African American than Sacramento County overall. In 2022, approximately 41% of Sacramento County residents were White, followed by 25% Hispanic/Latino, 17% Asian, 9% Black/African American, 7% multiracial, 1% Native Hawaiian or Pacific Islander, 1% some other race, and <1% Native American/Alaskan Native.<sup>i</sup>

**Figure 7. Ethnic Distribution of Birth & Beyond Parents and Caregivers**


Source: FY 2022-23, Persimmony Service Records, N = 4,926

Among all Birth & Beyond participants served in FY 2022-23, two-thirds (68%) primarily spoke English, followed by Spanish (18%). See the figure below for a detailed language distribution.

**Figure 8. Primary Language of Birth & Beyond Parents and Caregivers**


Source: FY 2022-23, Persimmony Service Records, N = 4,926

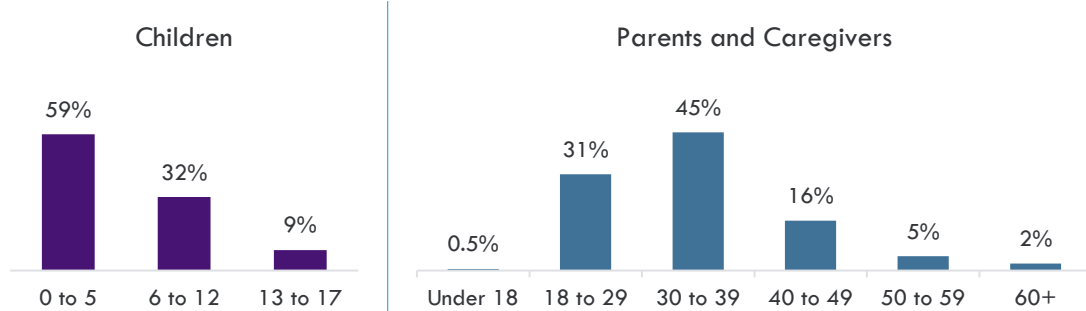
While the children served by Birth & Beyond were equally as likely to be male (50%) or female (50%), 82% of parents/caregivers served were female (see figure below). Among all parents/caregivers with detailed relationship data (n = 4,813), 77% were mothers, while 17% were fathers. Around 2% were grandparents, foster parents, or some other relative, and about 4% were an unrelated adult or other (not specified).

**Figure 9. Gender Distribution of Birth & Beyond Parents and Caregivers**


Source: FY 2022-23, Persimmony Service Records, N = 4,926. 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 2022-23. Forty-five 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 2021 (29.4).<sup>ii</sup>

**Figure 10. Age Distribution of All Birth & Beyond Participants Receiving Direct Services**

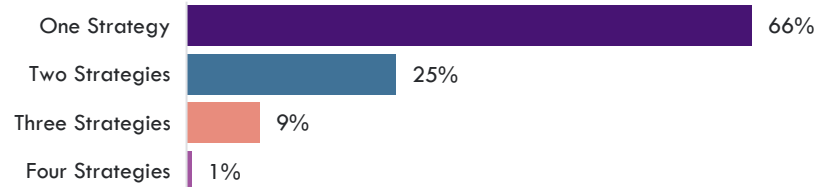


Source: FY 2022-23, Persimmony Service Records, Child N = 3,118, Parent/Caregiver N = 4,926

### 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), two-thirds (66%) engaged in one strategy (e.g., only home visiting). On the other hand, one-third (34%) 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 11. Families Engaging in Multiple Birth & Beyond Strategies during FY 2022-23**



Source: FY 2022-23 Birth & Beyond Service Records. Note: Sum of all four categories (4,663) does not match total number of families reached reported in RBA table above (4,724) as some services included in previous unduplicated count are not included in the direct services count by Birth & Beyond 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.



# Home Visiting

## NEARLY 1,000 FAMILIES PARTICIPATED IN AT LEAST ONE HOME VISITING MODEL OFFERED BY BIRTH & BEYOND FAMILY RESOURCE CENTERS IN FY 2022-23.

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 models 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 2022-23, 964 families received home visiting using one or more of the following models offered by Birth & Beyond: Nurturing Parenting Program (NPP),<sup>2</sup> Parents as Teachers (PAT), or Healthy Families America (HFA). The Effective Black Parenting Program (EBPP) model was also provided at the two RAACD-funded FRCs (Arden Arcade and Valley Hi Village Project).<sup>3</sup> Further, Sacramento County Child Protective Services (CPS) referred 275 caregivers to Birth & Beyond Home Visiting, 31 of whom were referred from CPS After Care. Among those referred, CPS held 157 joint home visits with Birth & Beyond.

**"I am so thankful for this program. I don't know where I would be without it."**

- "Rochelle," Home Visiting Participant

**Figure 12. RBA Dashboard – Birth & Beyond Home Visiting: Overall**

		FY 2022-23
<b>How much did we do?</b>	<b>Home Visiting Participants<sup>^</sup></b>	
	Number of families, by funding source	<b>964</b>
	Empowered Families	474
	DCFAS 6+	201
	CalWORKs HVP/FSI	240
	Empowered Families African American (RAACD)	107
	Number of parents/caregivers	<b>1,045</b>
	Number of children present at home visits	<b>1,200</b>
	<b>Incoming Referrals (All Sources)</b>	
	Number of Incoming Referrals in FY	<b>1,719</b>
	<b>Child Protective Services</b>	
	Incoming Referrals by CPS	<b>275</b>
	Differential Response Path	244
	After Care	31
	Number of Joint Visits with CPS	<b>157</b>
	<b>Developmental Screenings</b>	
	# of Ages & Stages Questionnaire (ASQ) developmental screenings	<b>772</b>
<b>How well did we do?</b>	<b>Developmental Screenings</b>	
	ASQ screenings indicating a developmental need	136 (18%)
	Adults who received a referral to Help Me Grow (all families)	1,280
<b>Is anyone better off?</b>	<b>Family Engagement in other FRC Services</b>	
	Crisis Intervention	62%
	Social and Emotional Learning and Supports (SELS)	45%
	Group Parenting Education Workshop	5%

Source: FY 2022-23 Birth & Beyond Service Records, Birth & Beyond HV Referrals, Birth & Beyond ASQs. <sup>^</sup>Counts by funding source may exceed total number unduplicated as participants may move between funding sources during the FY. Home Visiting (0-5): Parents as Teachers

<sup>2</sup> Families with children ages 6-17. NPP was phased out for families with children ages 0-5 during FY 2021-22.

<sup>3</sup> EBPP is not an evidence-based model for home visiting but was implemented by the two FRCs receiving additional RAACD funding to provide a culturally relevant model whose focus was Black/African American families.

## HOME VISITING (0-5): PARENTS AS TEACHERS

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.<sup>iii</sup> 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.<sup>iv</sup>

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 Needs 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.

In FY 2022-23, participants receiving PAT home visiting significantly improved protective factors, overall and in nearly all domains.

**Figure 13. RBA Dashboard – Parents as Teachers Home Visiting (Empowered Families and FSI)**

		FY 2022-23	
<b>How much did we do?</b>	<b>PAT Home Visiting Participants<sup>^</sup></b>		
	Number of families, by funding source	<b>643</b>	
	Empowered Families	474	
	CalWORKs/FSI	188	
	Number of caregivers served	687	
	<b>Dosage (during FY 2022-23)</b>		
	Number of PAT home visits, by funding source	<b>7,553</b>	
	Empowered Families	5,197	
	CalWORKs/FSI	2,356	
	Average number of hours in PAT, by participant	<b>9.7</b>	
<b>How well did we do?</b>	<b>Program Completion (among those who have closed)</b>		
	Caregivers who completed required number of PAT lessons, by need level		
	Non-High Needs (8+ home visits, Birth & Beyond Minimum) (n = 172)	55 (32%)	
	Non-High Needs (12+ home visits, PAT Requirement) (n = 172)	32 (19%)	
	High Needs (8+ home visits, Birth & Beyond Minimum) (n = 140)	71 (51%)	
	High Needs (24+ home visits, PAT Requirement) (n = 140)	11 (8%)	
	<b>Closures, by Reason (among those served in FY 2022-23)</b>	<b>N = 332<sup>†</sup></b>	
	<b>Completed Program/Goals</b>	<b>31 (9%)</b>	
	Declined further services	91 (27%)	
	No contact per contact policy	80 (24%)	
	Moved out of service area/Changed Birth & Beyond site	55 (17%)	
	Changed Birth & Beyond path	49 (15%)	
	CPS case opened	15 (5%)	
<b>Is anyone better off?</b>	<b>Protective Factors Matched Set (n = 209)</b>	<b>Pre</b>	<b>Post</b>
	<b>Overall Average PFS-2 Score</b>	<b>3.0</b>	<b>3.2<sup>***</sup></b>
	Caregiver-Practitioner Relationship	3.2	3.4 <sup>**</sup>
	Family Functioning and Resilience	3.2	3.4 <sup>**</sup>
	Social Supports	3.0	3.2 <sup>*</sup>
	Concrete Supports	2.8	2.9 <sup>*</sup>
	Nurturing and Attachment	2.9	2.9

Source: FY 2022-23 Service Records. Birth & Beyond PAT Case Record, Birth & Beyond Case Record, Birth & Beyond HV Case Record. Excludes RAACD funding source. Participants in the adapted PAT model are included in the RAACD section below. <sup>\*</sup>Counts by funding source may exceed

total number unduplicated as participants may move between funding sources during the FY. <sup>†</sup>May include participants who open and close multiple times during the fiscal year (e.g., moved to another Birth & Beyond site and then completed goals). Statistical significance reported as \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$ .

## HOME VISITING (6+): NURTURING PARENTING PROGRAM

The Nurturing Parenting Program (NPP), funded by DCFAS, is an evidence-based home visiting model provided at least weekly, with a minimum of two months of visiting services.

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 2022-23, 201 families participated in NPP home visiting, with an average of 7.7 hours spent in the NPP model per participant. Overall, NPP participants significantly improved their AAPi scores, on average. Further, more than three-quarters of the Intervention (Moderate Risk) participants and all of the Treatment (High Risk) participants improved their AAPi scores between pre- and post-assessments.

**Figure 14. RBA Dashboard – Nurturing Parenting Program (6+)**

		FY 2022-23	
<b>How much did we do?</b>	<b>NPP Home Visiting Participants</b>		
	Number of families	<b>201</b>	
	Number of caregivers served, by NPP program assignment	<b>219</b>	
	Intake	80 (37%)	
	Prevention ( <i>Low Risk</i> )	19 (9%)	
	Intervention ( <i>Moderate Risk</i> )	37 (17%)	
	Treatment ( <i>High Risk</i> )	18 (8%)	
	Unknown	65 (30%)	
	<b>Dosage (during FY)</b>		
	Number of NPP Home Visits	<b>1,966</b>	
	Number of NPP Family Nurturing Plans created	<b>101</b>	
<b>How well did we do?</b>	<b>NPP Lessons</b>		
	Average number of hours in NPP, overall and by assignment	<b>7.7</b>	
	Prevention (n = 19)	12.8	
	Intervention (n = 37)	11.6	
	Treatment (n = 18)	11.4	
	Percent who completed minimum dosage (among those closed during FY)		
	Prevention ( <i>at least 11 lessons</i> ) (n = 6)	3 (50%)	
	Intervention ( <i>at least 16 lessons</i> ) (n = 21)	9 (43%)	
	Treatment ( <i>at least 26 lessons</i> ) (n = 3)	2 (67%)	
<b>Is anyone better off?</b>	<b>Parenting Knowledge, Confidence, and Attitudes (AAPi) Matched Set</b>		
	Percent of participants whose AAPi scores improved, overall and by program assignment		
	Overall (Total matched set) N = 40)	27 (68%)	
	Prevention ( <i>Low Risk</i> ) (n = 5)	4 (80%)	
	Intervention ( <i>Moderate Risk</i> ) (n = 5)	4 (80%)	
	Treatment ( <i>High Risk</i> ) (n = 6)	6 (100%)	
	Average AAPi Scores, overall and by program assignment	<b>Pre</b>	<b>Post</b>
	Overall (Total matched set, N = 40)	5.9	6.6**

		FY 2022-23	
	Prevention (Low Risk, n = 5)	8.2	8.8
	Intervention (Moderate Risk, n = 5)	5.0	5.9
	Treatment (High Risk, n = 6)	5.3	6.0*

Source: FY 2022-23 Service Records, NPP Case Records (DCFAS funding source). Total matched set (N = 40) includes those with each program assignment (Prevention, Intervention, and Treatment) as well as those not yet assigned to a program (Intake; n = 22) and those whose program assignment is unknown (n = 2). Statistical significance reported as \*  $p < .05$ , \*\*  $p < .01$ . Statistical significance may be impacted by small sample sizes and should be interpreted with caution.

## HOME VISITING: 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 using the Healthy Families America (HFA) models. The model 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 Cues, Holding, Expression, Empathy, Rhythmicity/Reciprocity and Smiles 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 2022-23, 80 caregivers within 64 families participated in the HFA model, with an average of nearly 13 hours of HFA home visiting per participant. Among the participants who received a check-in during FY 2022-23, 15 had at least two check-ins.<sup>4</sup> Among them, 53% improved their score between their first and second check-in. Participants in the matched set had an average of 12 months between CHEERS check-ins. See Appendix 2 for a detailed chart of participant progress and group average at each check-in.

**Figure 15. RBA Dashboard – Healthy Families America**

		FY 2022-23
<b>How much did we do?</b>	<b>HFA Home Visiting Participants</b>	
	Unduplicated number of families	<b>64</b>
	Unduplicated number of parents/caregivers	<b>80</b>
	CalWORKs: Welfare to Work Eligible or Exempt	76 (95%)
	CalWORKs: Child-Only	4 (5%)
	Expanded Population	0 (0%)
	<b>Characteristics of Participants Served</b>	
	Pregnant individuals with no other children	0
	First-Time Parents	13
	<b>Dosage (during FY)</b>	
	Number of HFA Home Visits	<b>959</b>
	Average number of hours in HFA, by participant	<b>12.8</b>

<sup>4</sup> Includes participants whose first two check-ins were before FY 2022-23 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 may span across multiple fiscal years. The matched sets include participants who received two or more check-ins with at least one occurring during FY 2022-23. Participants who had a check-in during FY 2022-23 but (at the time of this writing) also had a check-in during FY 2023-24 will be included in the FY 2023-24 report.

		FY 2022-23
<b>How well did we do?</b>	<b>Services and Dosage</b>	
	Number of HFA Service Plans Created	<b>43</b>
	HFA participants receiving at least 10 hours of home visiting (during FY)	<b>43/80 (54%)</b>
	<b>Closures during FY, by Reason</b> (among those served in FY 2022-23)	<b>N = 31</b>
	<b>Completed program</b>	<b>7 (23%)</b>
	No Contact per Contact Policy	5 (16%)
	Changed Birth & Beyond Path	9 (29%)
	Moved out of service area/Changed Birth & Beyond Site	6 (19%)
	CPS Case Opened	3 (10%)
	Declined further services	1 (3%)
<b>Is anyone better off?</b>	<b>CHEERS Check-In Matched Set</b>	<b>N = 15</b>
	Average number of months between two most recent check-ins	12.4
	<b>CHEERS Check-In Matched Set</b>	<b>Pre Post</b>
	Participants whose scores improved between two most recent check-ins	<b>8 (53%)</b>

Source: FY 2022-23 Service Records; Birth & Beyond HFA CHEERS Check-In Assessment; Birth & Beyond HFA Case Records, Birth & Beyond CalWORKs Case Records, Birth & Beyond HV Case Records.

## HOME VISITING: RAACD SUPPORTED SITES

In FY 2021-22, First 5 shifted funding to two FRC programs (Valley Hi Village and MAN Arcade Stronger Families, Stronger Generations (MAN SFSG)) for activities intentionally designed as part of the larger Reduction of African American Child Deaths (RAACD) initiative. Valley Hi Village and MAN SFSG provided home visiting based on the participant-centered Effective Black Parenting Program (EBPP) model.<sup>5</sup> While all nine Birth & Beyond FRCs provide crucial support to Black/African American Sacramento County families, this section is limited to the two programs implementing this RAACD-funded model.

Families served by the RAACD-funded programs using the adapted Effective Black Parenting Program (EBPP) model at the two FRCs, MAN Arcade and the Valley Hi Village Program. Home visitors at these sites provided a total of 872 home visits to 114 caregivers. The average number of hours spent in RAACD-supported EBPP model during the fiscal year was just over 14 hours each participant.

**Figure 16. RBA Dashboard – RAACD Supported Home Visiting**

		FY 2022-23
<b>How much did we do?</b>	<b>Overall Reach</b> (Valley Hi Village Program and MAN Arcade only)	
	Unduplicated number of families	<b>107</b>
	Unduplicated number of parents/caregivers	<b>114</b>
	<b>Dosage</b> (during FY)	
	Number of Home Visits	<b>872</b>
	Average number of hours in RAACD-supported EBPP model, by participant	<b>14.1</b>

Source: FY 2022-23 Service Records. How well and Better off measures not available this FY as the RAACD-supported home visiting model were largely in implementation during the fiscal year.

<sup>5</sup> EBPP was implemented by the Village Program in FY 2021-22 while MAN Arcade began implementing EBPP in FY 2022-23 – transitioning from an adapted PAT model. Total counts of individuals served may include participants who received one or more home visit using the adapted PAT model during FY 2022-23 who did not transition to the EBPP model.

## Success Story: Home Visiting

Since joining the FSI Home Visiting Program in May 2022, Amara<sup>6</sup>, a first-time mother, has demonstrated remarkable dedication and growth in partnership with her home visitor. Together, they have charted a path towards achieving family goals, rooted in Amara's initial aspirations to deepen her understanding of child development and positive parenting practices.

Today, Amara's ambitions have expanded beyond her household, as she seeks to actively engage with her community and share the invaluable knowledge and resources acquired through our program. Her unwavering commitment is evident in her consistent attendance at home visitations and FRC events, where she eagerly contributes to our vibrant community.

In addition to her parenting journey, Amara is pursuing certification as a massage therapist, demonstrating her determination to build a brighter future for herself and her family. With the support of her home visitor, she has explored various financial aid options, ensuring access to educational opportunities that align with her aspirations.

Amara has embraced the range of services offered by the FRC, from material assistance to nutritional support, and actively participated in initiatives such as our annual family holiday portrait, where she proudly graced the cover of our promotional materials, showcasing the strength and resilience of our community.

Diane<sup>6</sup>, a mother of a 1-year-old son, turned to the Meadowview FRC for help when facing homelessness and financial insecurity with her partner Mike. She enrolled in the home visiting program at Meadowview FRC, with goals of providing a stable home for her child and starting her own small business. With support from their home visitor, Diane and Mike worked hard to secure housing, meet basic needs, and improve their parenting skills.

Using the Parents As Teachers curriculum, Diane learned about child development and improving family dynamics. Diane found work in security, while Mike worked extra hours and cared for their son. Their home visitor connected them to Furniture for Families, from whom they were able to furnish their home for free. Diane also used program resources to start her small business.

Diane and Mike are grateful for the program's support, which helped them avoid further hardship. They're now on the road to self-sufficiency, committed to providing for their family. Their journey shows the impact of community support and resilience.

**“Without the support of this program, this would have been impossible to achieve. We have been homeless for six months, now we are doing better and have a place to raise our son.”**

– “Diane,” Home Visiting Participant

<sup>6</sup> Fictional name used.

## Child Protective Services Outcomes: Families Who Received Home Visiting

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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. From prior research findings, Birth & Beyond considers eight hours of home visiting to be the minimum intervention required for impact.

The current sample included 935 children ages 0-17 whose families had a home visiting intake between March 1, 2021 and February 28, 2022<sup>7</sup>, 590 (63%) of whom received at least eight hours of home visiting. Within this subgroup, 53% (311/590) received the PAT model, 5% (30/590) received the HFA model, 33% (195/590) received the NPP model, and 7% (44/590) received the RAACD model. Please note that the subsequent home visiting section contains data from the current reported fiscal year (FY 2022-23) and so there is not perfect alignment between the CPS results in this section and the home visiting results.

The main objective of this analysis was to better understand the impact of Birth & Beyond home visiting on reducing future involvement with CPS, by exploring differences by dosage level (hours) and age group for the following cohorts:<sup>8</sup>

- **Total Sample** (all children whose families received home visiting)
- CPS-involved with a **Substantiated Baseline** (within six months prior to intake)
- CPS-involved with an **Unsubstantiated<sup>9</sup> Baseline** (within six months prior to intake)
- **Any prior** CPS allegations (substantiated or unsubstantiated) within the past five years
- **No prior** CPS allegations within the past five years

Subsequent analyses also explored these cohorts by home visiting model (PAT, HFA, NPP, and RAACD) for those with at least eight hours of home visiting.

It is important to note that the impact of the ongoing COVID-19 pandemic during the intake and service period for this sample may have impacted the number of intakes and the format of service delivery. Please keep in mind that where there are smaller counts of participants, each substantiated referral will have a larger impact on the group percentage. Full counts by group are available in Appendix 1.

### ALL CHILDREN WHOSE FAMILIES RECEIVED HOME VISITING

**ONLY 2% OF CHILDREN AGES 0-17 WITH EIGHT OR MORE HOURS OF HOME VISITING HAD CPS INVOLVEMENT AFTER BIRTH & BEYOND INTAKE, COMPARED WITH 6% OF THOSE RECEIVING LESS THAN EIGHT HOURS.**

Among the overall sample of children whose families had a Birth & Beyond home visiting intake between March 1, 2021 and February 28, 2022 (N = 935), 3.7% had substantiated CPS involvement within 12

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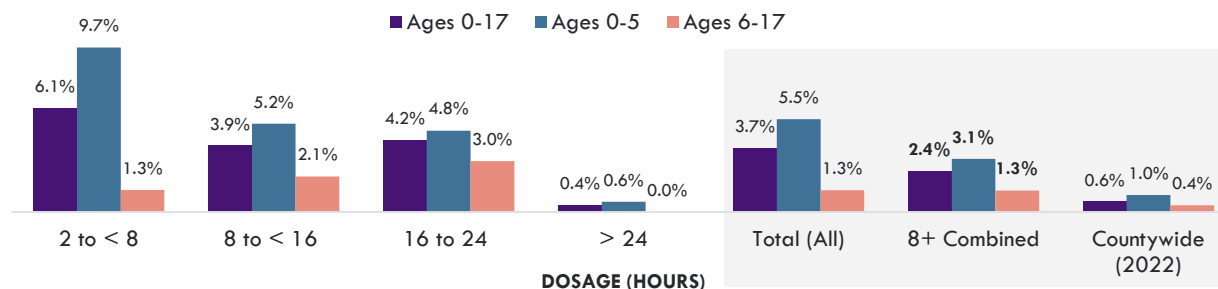
<sup>7</sup> Date range selected to ensure no gap between the first intake date (March 1, 2021) and the last intake date from the analysis prepared in the FY 2021-22 report and to ensure the availability of a 12-month observation period from the last date of intake.

<sup>8</sup> 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%.

<sup>9</sup> Unsubstantiated allegations are defined as “inconclusive” or “unfounded” – evaluated out dispositions are not included.

months. When examining by age, children aged 0-5 exhibited the highest percentage at 5.5%, followed by ages 6-17 at 1.3%. However, among those with eight or more hours of home visiting, these proportions decreased to 2.4% across all ages, to 3.1% for ages 0-5, and marginally decreased for ages 6-17 (1.3%). Despite these figures being higher than countywide rates of 2022 CPS involvement across age groups (0.6% for ages 0-17, 1.0% for ages 0-5, and 0.4% for ages 6-17), it is important to note that one-third of all participants had some involvement with CPS within the five years prior to intake. This indicates that Birth & Beyond serves a higher-risk sample compared to the general countywide population and may result in higher numbers of CPS substantiations.

**Figure 17. Substantiated CPS Allegation within 12 months, by Dosage and Age (All Children, N = 935)**



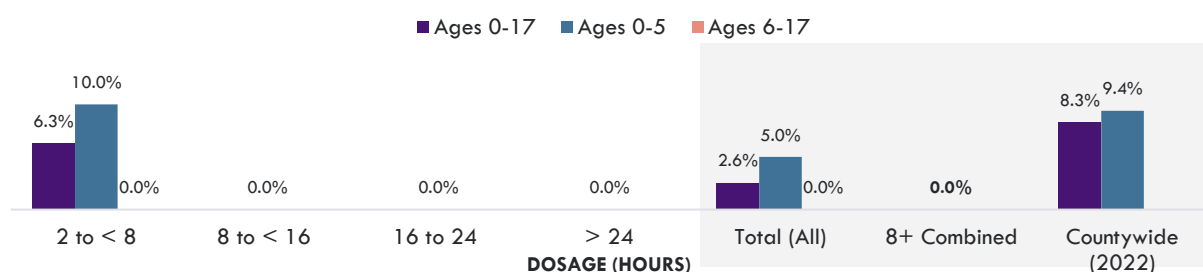
Source: Birth & Beyond Program Data and CPS Data Request. See Appendix 1 for sample sizes by age and dosage.

## CHILDREN WITH PRIOR RECENT SUBSTANTIATED ALLEGATION

AMONG THOSE WITH A RECENT SUBSTANTIATED CPS ALLEGATION, NONE OF THOSE WHO RECEIVED EIGHT OR MORE HOURS OF HOME VISITING HAD A SUBSTANTIATED RECURRENCE.

There were 39 children with 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, 2.6% experienced substantiated recurrence within 12 months of intake. This figure varied across age groups, with ages 0-5 showing a higher percentage of 5.0%, and 0% for ages 6-17. However, **zero participants receiving eight or more hours of home visiting had substantiated recurrence.** The countywide proportion of children experiencing substantiated recurrence following a substantiated baseline was 8.3% in 2022. This is the second year in a row with zero substantiated recurrences reported for this cohort.

**Figure 18. Substantiated CPS Allegation within 12 months, by Dosage and Age (Prior Recent Substantiated Allegation, N = 39)**



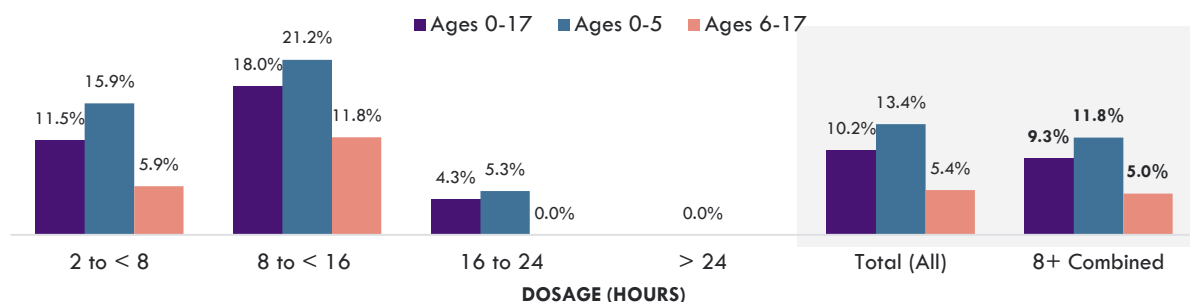
Source: Birth & Beyond Program Data and CPS Data Request. Note: Cohort includes those with a substantiated CPS allegation in the six months prior to intake. No children aged 0-5 had 16-24 hours of home visiting. See Appendix 1 for sample sizes by age and dosage. A countywide comparison figure is not available for ages 6-17.

## CHILDREN WITH PRIOR RECENT UNSUBSTANTIATED ALLEGATION

A total of 186 children had a baseline CPS allegation in the six months prior to Birth & Beyond intake which was unsubstantiated (i.e., inconclusive or unfounded), and 10.2% of them had a substantiated allegation within 12 months of home visiting intake. This figure was especially elevated for those aged 0-5 (13.4%). Among all children receiving eight or more hours of home visiting, 9.3% experienced substantiated allegations across all ages, with a higher rate of 11.8% for ages 0-5 and a lower rate of 5.0% for ages 6-17. A particularly noteworthy finding was the substantial percentage of substantiated recurrence (18.0%) among the group receiving eight to < 16 hours of home visiting, a figure that was also higher (22.2%) in the previous fiscal year (FY 21-22), indicating a potential trend that warrants further exploration and monitoring. Importantly, **those with over 24 hours of home visiting had no CPS substantiated allegations**, demonstrating the benefits of higher amounts of home visiting for this cohort.

This cohort, with recent CPS history and unsubstantiated baseline allegations, were at higher likelihood for future CPS involvement compared to those who entered with substantiated baseline allegations. Because their baseline allegations were unsubstantiated or unfounded, they may not have been offered the resources from CPS that a family with a recent substantiated allegation would have received.

**Figure 19. Substantiated CPS Allegation within 12 months, by Dosage and Age (Recent Unsubstantiated Allegation, N = 186)**



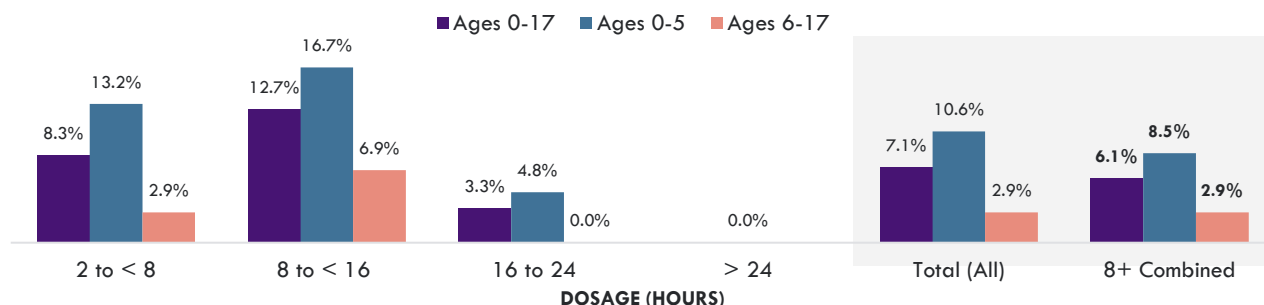
Source: Birth & Beyond Program Data and CPS Data Request. Note: Cohort includes those with an unsubstantiated CPS allegation in the six months prior to intake. See Appendix 1 for sample sizes by age and dosage. A countywide comparison figure is not available.

## CHILDREN WITH CPS HISTORY IN THE PAST FIVE YEARS

### NONE OF THE CHILDREN WHO HAD PRIOR CPS HISTORY AND 24 OR MORE HOME VISITING HOURS HAD RECURRENCE IN THE CPS SYSTEM.

One-third of the children whose families had a Birth & Beyond home visiting intake between March 1, 2021 and February 28, 2022 had prior CPS involvement (substantiated or unsubstantiated allegations) in the past five years. Among this group, 7.1% of children experienced substantiated recurrence within 12 months of Birth & Beyond intake, including 10.6% of those aged 0-5 and 2.9% of those aged 6-17. Among children whose families received more than eight hours of home visiting, substantiated recurrence decreased to 6.1% across all ages, to 8.5% for those aged 0-5, and 2.9% for those aged 6-17.

**Figure 20. Substantiated CPS Allegation within 12 months, by Dosage and Age (Prior CPS History, N = 308)**

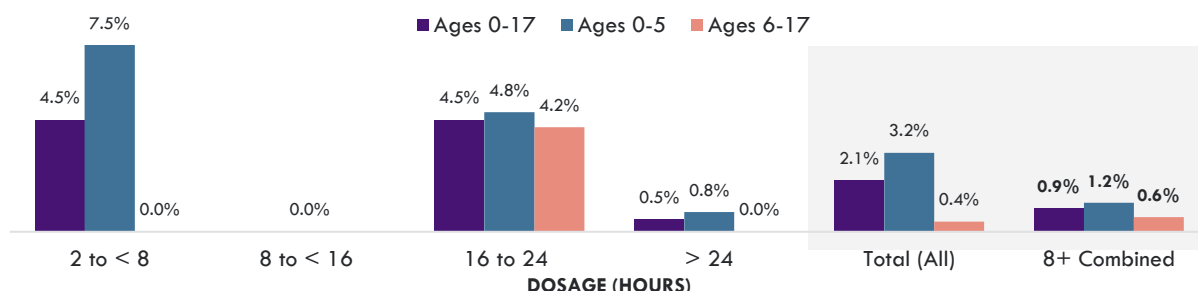


Source: Birth & Beyond Program Data and CPS Data Request. See Appendix 1 for sample sizes by age and dosage. Cohort includes those with CPS history (substantiated or unsubstantiated allegations) in the five years prior to intake. A countywide comparison figure is not available.

## CHILDREN WITH NO PRIOR CPS HISTORY

Lastly, two-thirds of the participants who received home visiting did not have any prior CPS history in the five years prior to intake. Among those who received eight or more hours of home visiting, the overall percentage of substantiated CPS history decreased to 0.9%. Examining by age, the rates were 1.2% for ages 0-5 and a slightly increased 0.6% for ages 6-17.

**Figure 21. Substantiated CPS Allegation within 12 months, by Dosage and Age (No Prior CPS History, N = 627)**

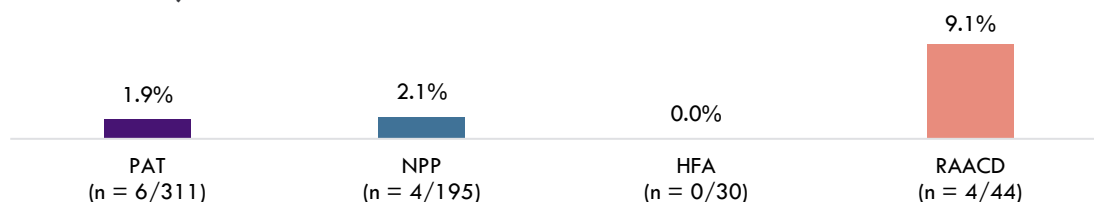


Source: Birth & Beyond Program Data and CPS Data Request. Note: Cohort includes those with no prior CPS history (neither substantiated nor unsubstantiated) in the five years prior to intake. See Appendix 1 for sample sizes by age and dosage. A countywide comparison is not available.

## CPS OUTCOMES FOR 8+ HOURS OF HOME VISITING, BY MODEL

The figure below displays the percentage of subsequent substantiated CPS allegations within 12 months of intake for children whose families received eight or more hours of home visiting, categorized by the type of home visiting model. The rates of substantiated allegations varied across models. The PAT model (serving families with children ages 0-5) and NPP model (serving families with children ages 6+) showed relatively lower rates at 1.9% (6 out of 311) and 2.1% (4 out of 195), respectively.

**Figure 22. Substantiated CPS Allegations within 12 months, by Model (All Children with 8+ Hours, N = 590)**



Source: Birth & Beyond Program Data and CPS Data Request. Note: Cohort includes all those with at least eight hours of home visiting.

# Group Parenting Education Workshops

## GROUP PARENTING EDUCATION WORKSHOP PARTICIPANTS SIGNIFICANTLY IMPROVED PARENTING SKILLS AND KNOWLEDGE.

Parenting education workshop series are group-based classes operated by Family Resource Centers. Birth & Beyond offered group parenting education workshops in hybrid formats (virtual or in-person) in response to families' preferences. In FY 2022-23, 730 parents/caregivers attended 88 group parenting education workshop series. Classes included the Make Parenting A Pleasure (MPAP) groups, Nurturing Parenting Program (NPP) groups, and Effective Black Parenting Program (EBPP) groups. Participants completed assessments measuring parenting beliefs and skills prior to and after completion of the course. The various models used for group parenting education workshops are described below.

### MAKE PARENTING A PLEASURE GROUPS

Make Parenting A Pleasure (MPAP) is a research- and evidence-based parenting model focusing on 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 model measures key topics including self-care, stress and anger management, understanding child development, communication skills, and positive discipline.

### NURTURING PARENTING PROGRAM GROUPS

During FY 2022-23, Birth & Beyond continued to offer the evidence-based Nurturing Parenting Program (NPP) groups to families with children ages six or older. NPP groups aim 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).

### EFFECTIVE BLACK PARENTING PROGRAM GROUPS

The Effective Black Parenting Program (EBPP) offers group-based parent skills training tailored to meet the needs of Black and African American families. Its primary goals are to foster family unity and pride while assisting families in addressing the challenges posed by racism. During the initial session, instructors introduce the Pyramid of Success for Black Children, a framework aimed at helping parents establish goals for their children and identify the necessary steps to achieve them. Subsequent sessions focus on imparting parenting skills and providing insights into child learning and development.

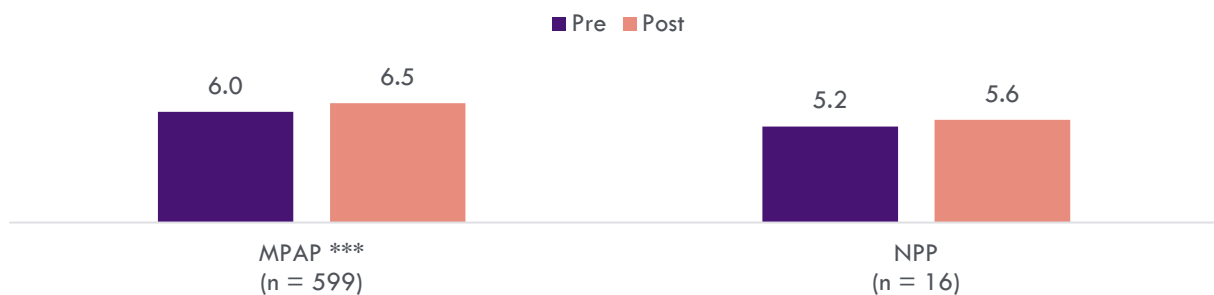
Among the skills covered are the establishment of family rules, the use of positive reinforcement to encourage desirable behavior, and the implementation of corrective measures for undesirable behavior. EBPP also tackles crucial topics such as substance abuse, single parenthood, and child maltreatment. To reinforce learning, parents receive home activities to reinforce the skills learned in each session.

**Figure 23. RBA Dashboard – Group Parenting Education Workshop Series**

		FY 2022-23	
<b>How much did we do?</b>	<b>Families Served, by Funding Source (Unduplicated)^</b>	<b>675</b>	
	Empowered Families (First 5)	436	
	DCFAS (6+)	365	
	RAACD Funded	15	
	Community	33	
	<b>Parents/Caregivers Served, by Model (Unduplicated)^</b>	<b>730</b>	
	Make Parenting A Pleasure Groups	711	
	Effective Black Parenting Program Groups	6	
<b>How well did we do?</b>	<b>Level of Completion, by Model (% who had a post survey)</b>		
	Make Parenting A Pleasure Groups	600 (77%)	
	Nurturing Parenting Program Groups	16 (84%)	
	Effective Black Parenting Program Groups	5 (83%)	
<b>Is anyone better off?</b>	<b>Increased Parenting Knowledge and Skills (Matched Sets)^</b>	<b>Pre</b>	<b>Post</b>
	Make Parenting A Pleasure Groups (n = 599)	6.0	6.5***
	Nurturing Parenting Program Groups (n = 16)	5.2	5.6
	<b>Family Engagement in Other FRC Services</b>		
	Crisis Intervention	48%	
	SELS	26%	
	Home Visiting	7%	

Source: FY 2022-23 Birth & Beyond AAPi Pre-Post, Birth & Beyond MPAP Pre-Post, Persimmony Service Records. ^Counts by funding source and model may exceed total number unduplicated as some participants may re-take workshop series or participate in different models with different funding sources assigned. Data for EBPP groups excluded from analysis due to low sample size. Statistical significance reported as \*\*\* $p < .001$ .

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, participants in MPAP groups had significant increases in parenting knowledge and skills ( $p < .001$ ). Scores of participants in NPP groups also increased, although changes were not statistically significant, likely due to small sample size.

**Figure 24. Average Parenting Knowledge and Skills Increases after Group Parenting Education**

Source: FY 2022-23 Birth & Beyond MPAP Pre-Post, Birth & Beyond AAPi Pre-Post. Statistical significance reported 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.

## Success Story: Group Parenting Education Workshop

James<sup>10</sup>, a 36-year-old father of six children, embarked on a transformative journey with Birth and Beyond after a referral from his social worker for parenting classes. His determination to gain custody of his two young children led him to enroll in the program, seeking to fulfill the requirement of completing a parenting class.

Encountering personal obstacles during enrollment, James initially struggled with transportation to attend in-person parenting classes. Feeling disheartened, he contemplated giving up until he discovered the option of online classes. Expressing relief, he humorously remarked, "Wow, it seems like something is going right for me." Despite feeling the odds stacked against him, James persevered through the online classes, demonstrating a readiness to learn and grow.

Through his commitment and diligence, James successfully graduated from the parenting class, gaining valuable insights into parenting techniques and discovering other beneficial First 5 programs. Despite not being eligible for home visitation due to custody constraints, he expressed gratitude for the support received, affirming his determination to fight for his children. He eagerly stated, "Thank you for your help and support. I am going to keep fighting for my kids, and when I get them back, I definitely would like to participate."

James' story exemplifies proactive engagement with parenting classes and the additional resources provided by Birth and Beyond. It underscores his unwavering commitment to enhancing his parenting skills and creating a safe, nurturing environment for his children. His graduation from the parenting class marks a significant milestone in meeting the requirements outlined by social services and the court, signaling the beginning of the custody process for his two young children.



<sup>10</sup> Fictional name used.

## Crisis Intervention Services

**3,400 FAMILIES RECEIVED SHORT-TERM CRISIS INTERVENTION SERVICES. NEARLY ALL CASE MANAGEMENT PARTICIPANTS INCREASED SELF-SUFFICIENCY IN THEIR FOCUS AREAS.**

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

In FY 2022-23, Birth & Beyond FRCs used the Family Development Matrix (FDM) case management tool when more intensive interventions were 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. Intervention specialists work in partnership with families to set and monitor goals based on their primary concerns. The FDM was implemented for Intervention Services in late FY 2021-22 and was used in FY 2022-23 until the creator terminated the site and partners' utilization of the tool. As a result, limited follow-up data are available as staff began preparation to transition case management families to a new assessment tool and goal planning procedure.



**Figure 25. RBA Dashboard – Crisis Intervention Services**

		FY 2022-23
<b>How much did we do?</b>	<b>Families Served</b>	
	Unduplicated families with Intervention Service Record (ISR)	<b>3,400</b>
	Unduplicated caregivers with an initial FDM during the FY <sup>11</sup>	<b>418</b>
	Unduplicated caregivers with a follow-up FDM during the FY	<b>256 (61%)</b>
<b>How well did we do?</b>	<b>Level of Completion</b>	
	Caregivers with at least one closed-loop referral	†
	Caregivers who developed an FDM Empowerment Plan	<b>376 (90%)</b>
<b>Is anyone better off?</b>	<b>Improvements in Self Sufficiency</b>	
	Families showing progress (e.g., moving from “In Crisis” (red) toward “Self-Sufficient” (green) in at least one domain	251 (98%)
	Families showing progress in at least one <u>targeted</u> domain <sup>12</sup>	245 (96%)
	<b>Family Engagement in other FRC Services (of those with an ISR)</b>	
	SELS	28%
	Home Visiting	18%
	Group Parenting Education Workshop	10%

Source: IS Case Records, Service Records, Family Development Matrix. †Closed loop referrals pending full implementation of the referral portal.

<sup>11</sup> FDM case management is limited to Level 2 IS participants who need more intensive support.

<sup>12</sup> Counts include changes in the domains each participant identified as their “target” or focal areas during Visit 1 assessment. Totals do not include changes among the measures with “Not Applicable” selected at either point in time.

## Success Story: Crisis Intervention Services

Tamara<sup>13</sup>, a mother of two young children, found herself in a dire situation following her separation from the other parent. Seeking assistance for domestic violence, she reached out to Birth & Beyond's Crisis Intervention program upon a friend's recommendation.

At the outset of services, Tamara grappled with overwhelming feelings of anxiety and uncertainty regarding custody and visitation arrangements, compounded by concerns for her children's safety. Through close collaboration with support organizations, she took decisive steps to address her situation.

With their guidance, Tamara navigated the process of filing for a domestic violence restraining order and formulated a comprehensive safety plan for herself and her children. The culmination of her efforts resulted in the approval of the restraining order, securing full legal and physical custody of her two children. Expressing profound gratitude for the invaluable assistance, Tamara emphasized the significance of the support received, particularly in the absence of familial backing in her vicinity. She shared her relief in knowing that her children were now in a healthier environment.

Tamara also sought support for her 6-year-old who was diagnosed with autism and required a new therapist due to inconsistencies in visits. Leveraging the resources provided by support organizations, she was connected to a specialized therapy program and said she was seeing significant improvement in her child's behavior.



Stock Photo – not intended to directly represent family in success story

Presently, Tamara actively engages in domestic violence group counseling, noting positive changes in her overall well-being as she continues to learn about healthy coping mechanisms and cultivates healthier relationships. Empowered by the skills acquired and the resources engaged, she stands as a staunch advocate for herself and her children, demonstrating resilience as she works towards healing from the trauma she endured.

Tamara's journey exemplifies the transformative impact of Birth & Beyond's Crisis Intervention program, showcasing her determination to overcome adversity, safeguard her family, and embark on a path towards holistic healing and empowerment.

<sup>13</sup> Fictional name used.

Kali<sup>13</sup>, a 34-year-old single mother of four children spanning from seven months to 15 years old, faced immense challenges as her family found themselves homeless and in dire need of assistance. Their journey towards stability began in September 2022 when they sought support from the MAN-Arcade FRC.

Kali was referred by Child Protective Services and determined to keep her family together, as she was facing the looming threat of her 15-year-old twin sons being sent to a group home or youth camp due to their current situation in juvenile hall. She sought assistance in securing stable and suitable housing before her sons' next court date.

Kali and her family engaged in Intervention Specialist services and received comprehensive support to address their immediate needs. Through our interventions, Kali accessed resources for safe sleep for her youngest child, received a First 5 kit, and navigated the complexities of securing stable housing.

Additionally, Kali and her family were connected to partner programs offering ongoing support services to ensure their continued stability and success. With our assistance, Kali was able to transition her family from crisis to stability, securing a safe and secure home for herself and her children.

This newfound stability not only prevented the separation of her family but also allowed Kali to regain custody of her 15-year-old sons, securing their release from juvenile hall. Kali's journey exemplifies the transformative power of community support and resources in empowering families to overcome adversity and build a brighter future. Through her resilience and determination, Kali has paved the way for her family to thrive despite the challenges they faced.



Stock Photo – not intended to directly represent family in success story

## Social and Emotional Learning and Supports (SELS)

**BIRTH & BEYOND FRCS PROVIDED OVER 16,000 “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 FRCs and may provide a gateway to more intensive Birth & Beyond 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, fitness classes, community baby showers, workshops, events/celebrations, and support groups. In FY 2022-23, Birth & Beyond FRCs provided 16,457 SELS services to 1,658 families, including 1,535 caregivers and 2,387 children.

**Figure 26. RBA Dashboard – Social Emotional Learning and Supports (SELS)**

		FY 2022-23
<b>How much did we do?</b>	<b>Total Reach of SELS Activities</b>	
	Unduplicated families, by funding source <sup>^</sup>	<b>1,658</b>
	Empowered Families (First 5)	1,115
	DCFAS (6+)	821
	RAACD-Funded	170
	Community	54
	Unduplicated caregivers	<b>1,535</b>
	Unduplicated children served	<b>2,387</b>
	Total number of SELS services provided	<b>16,457</b>
	Average number of hours participating in SELS, by family	<b>17.2</b>
<b>Is anyone better off?</b>	<b>Family Engagement in Other FRC Services</b>	
	Crisis Intervention	57%
	Home Visiting	26%
	Group Parenting Education Workshop	11%

Source: FY 2022-23 Persimmony Service Records. <sup>^</sup>Counts by funding source may exceed total number unduplicated as participants may move between funding sources during the FY.



## Success Story: Social Emotional Learning and Supports (SELS)

Britney<sup>14</sup>, a 39-year-old single mom of two children under the age of 4, sought assistance at the FRC in search of vital resources to support her family's needs. Facing financial strain and lacking employment, Britney was determined to provide for her children and create a stable environment for them.

Britney and her children actively engaged in various events and services offered at the Folsom Cordova Community Partnership's (FCCP) Family Resource Center, including the Community Baby Shower and weekly virtual activities such as the Activities on a Dime family craft sessions. These experiences not only provided them with essential resources like school kits, housing assistance, and diaper supplies but also fostered a sense of community and connection.

Grateful for the opportunity to connect with other mothers and learn about crucial topics such as Safe Sleep Baby practices, Shaken Baby Syndrome prevention, and COVID-19 education, Britney felt supported and empowered. Through the FRC, Britney was also able to access additional resources, including free Chromebooks and WiFi for a year through the United Way Digital Equity program, as well as Crisis Intervention services and a food voucher to alleviate immediate needs.

Furthermore, Britney expressed appreciation for the social-emotional activities provided by the FRC, which allowed her to spend quality time with her children and strengthen their bond. Feeling connected to the Neighborhood Navigator program, Britney eagerly shared her feedback to help shape future services and expressed her desire to collaborate with them to plan workshops tailored to the needs of African American families.

Britney's journey with the Family Resource Center exemplifies the transformative impact of community support and resources in empowering single parents to navigate challenges, strengthen family bonds, and build a brighter future for themselves and their children. Her confidence in sharing FCCP's services with other families reflects her resilience and commitment to paying it forward within her community.

**“With times being hard right now, with rent, bills, and just everyday life, sometimes it’s hard to come up with... money for basic necessities... I’m very thankful this program is available and it’s a blessing...”**

— “Brittney,” SELS Participant

<sup>14</sup> Fictional name used.

## Spotlight on Black/African American Families

In this spotlight, the analyses of Birth & Beyond program and outcome data concentrate on Black/African American families in comparison to participants of all other races. This examination by race seeks to identify patterns, successes, and areas for further improvement, highlighting progress towards equitable engagement and ongoing efforts to reduce disparities within the Birth & Beyond initiatives.



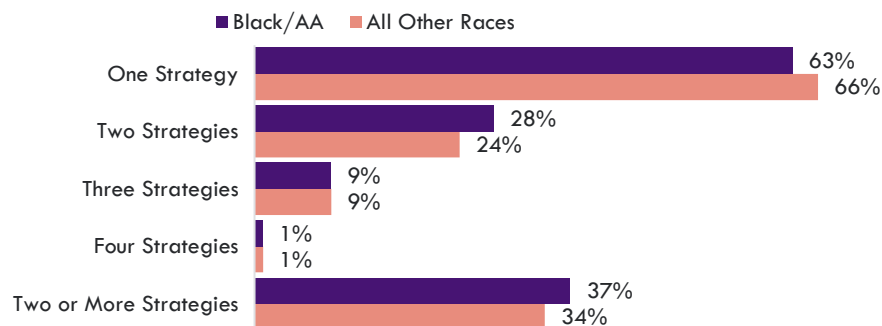
### BLACK/AFRICAN AMERICAN PARENTS/CAREGIVERS COMPRISED OVER A QUARTER OF THOSE SERVED BY BIRTH & BEYOND.

During FY 2022-23, Birth & Beyond directly served 1,176 Black/African American families, including 1,221 parents/caregivers and 591 children (ages 0-17). Black/African American parents/caregivers comprised 26% of all parents/caregivers served by Birth & Beyond. On average, Black/African American participants spent 10.0 hours engaged in Birth & Beyond direct services, as compared to all other races who were engaged for an average of 10.3 hours.

### A HIGHER PERCENTAGE OF BLACK/AFRICAN AMERICAN FAMILIES PARTICIPATED IN TWO OR MORE STRATEGIES THAN ALL OTHER RACES.

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), 63% Black/African American participants and 66% of those of all other races engaged in one strategy (e.g., only home visiting). On the other hand, over one-third (37%) of Black/African American families took part in at least two of the four strategies during the fiscal year, compared to 34% of those of all other races.

**Figure 27. Families Engaging in Multiple Birth & Beyond Strategies during FY 2022-23, by Black/African American and All Other Races**



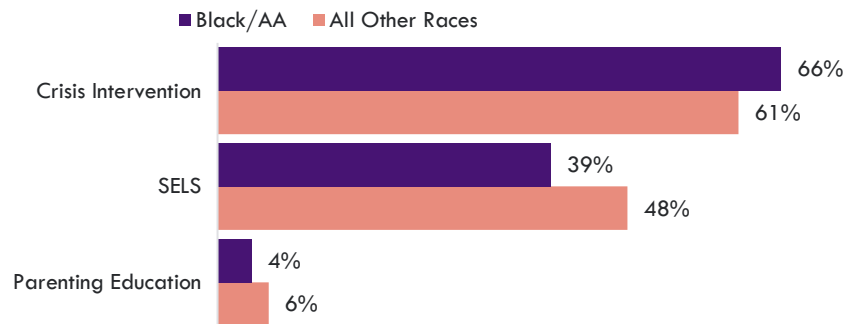
Source: FY 2022-23 Birth & Beyond Service Records.

## HOME VISITING

**MORE THAN 250 BLACK/AFRICAN AMERICAN FAMILIES PARTICIPATED IN AT LEAST ONE HOME VISITING MODEL OFFERED BY BIRTH & BEYOND FAMILY RESOURCE CENTERS IN FY 2022-23.**

In FY 2022-23, 261 Black/African American families received home visiting using one or more of the following models offered by Birth & Beyond. This comprises 27% of all home visiting families served by Birth & Beyond. Two-thirds of Black/African American participants who engaged in home visiting also received crisis intervention services in FY 2022-23, compared with 61% of participants of all other races.

**Figure 28. Home Visiting Family Engagement in Other FRC Services, by Black/African American and All Other Races**



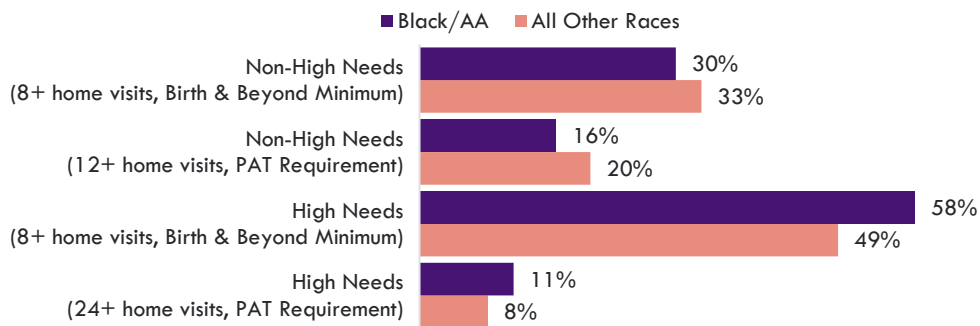
Source: FY 2022-23 Birth & Beyond Service Records.

## HOME VISITING (0-5): PARENTS AS TEACHERS

**OF THE PARENTS AS TEACHERS PARTICIPANTS WITH IDENTIFIED HIGH NEEDS, BLACK/AFRICAN AMERICAN FAMILIES WERE MORE LIKELY TO COMPLETE PROGRAM MINIMUMS THAN ALL OTHER RACES.**

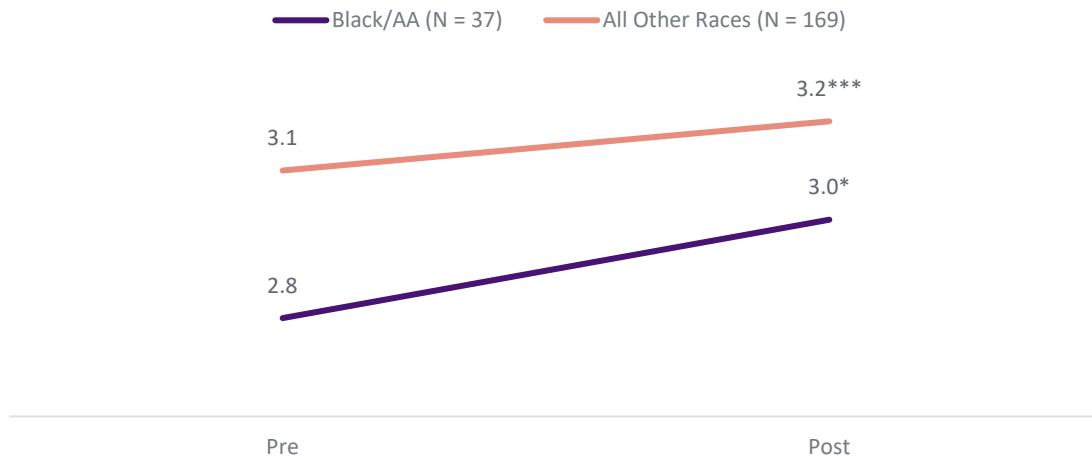
In FY 2022-23, 122 Black/African American families received home visiting using the Parents as Teachers (PAT) model, including 126 parents/caregivers who each completed an average of 7.8 hours of PAT home visiting. This average amount of home visiting is less than participants of all other races, who averaged 10.1 hours of home visiting.

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 Needs families have a goal of 12 home visits per year. Of those with high needs, Black/African American participants were more likely to reach both the Birth & Beyond minimum of eight visits and the PAT requirement of 24 home visits (see figure below).

**Figure 29. Home Visiting Participants Who Completed Required Number of Lessons, by Need Level and Race**

ON AVERAGE, BLACK/AFRICAN AMERICAN HOME VISITING PARTICIPANTS SIGNIFICANTLY INCREASED THEIR REPORTED PROTECTIVE FACTORS, ALBEIT WITH LOWER SCORES AT PRE AND POST THAN ALL OTHER RACES.

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. On average, all races significantly increased in their PFS-2 scores, although Black/African American participants had lower scores at both pre and post.

**Figure 30. Change in Protective Factors Survey Scores from Intake to Eighth Visit, by Race**

## HOME VISITING (6+): NURTURING PARENTING PROGRAM

Of the 201 families served with the Nurturing Parenting Program (NPP) in FY 2022-23, 37 (18%) identified as Black/African American. Unfortunately, the majority of Black/African American families (70%) either did not receive a program assignment or it was missing/unknown. Therefore, possible analyses are limited due to the small sample size. On average, Black/African American participants completed fewer hours of NPP home visiting (6.4), compared to all other races (8.0).

## HOME VISITING (FSI/CALWORKS): HEALTHY FAMILIES AMERICA

Of the 64 families served with the Healthy Families America (HFA) model in FY 2022-23, 16 (25%) identified as Black/African American. On average, Black/African American participants completed more hours of HFA home visiting (14.1), compared to all other races (12.8)

## HOME VISITING: RAACD-SUPPORTED

One hundred seven Black/African American families were served through RAACD-funding sources, including 105 using the Effective Black Parenting Program model. Families received a total of 885 home visits, with participants receiving an average of 14.1 hours of home visiting during the fiscal year.

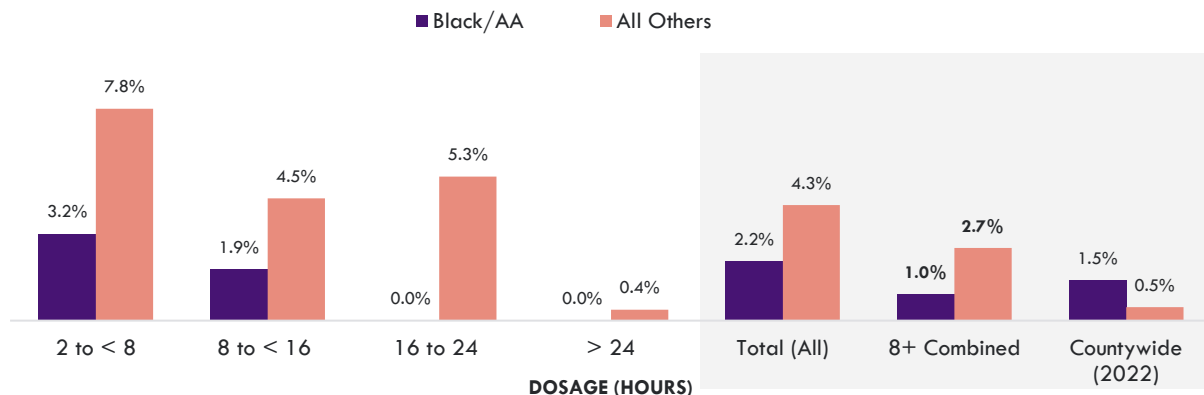
## CPS OUTCOMES AMONG ALL CHILDREN WHOSE FAMILIES RECEIVED HOME VISITING, BY RACE

### BLACK/AFRICAN AMERICAN HOME VISITING PARTICIPANTS EXHIBITED LOWER RATES OF CPS INVOLVEMENT THAN ALL OTHER RACES ACROSS ALL DOSAGE CATEGORIES.

Among the overall sample of children whose families had a Birth & Beyond home visiting intake from March 1, 2021, to February 28, 2022, analysis by race reveals disparities in substantiated CPS allegations among Black/African American participants compared to those of all other races. Notably, Black/African American participants exhibited lower rates of CPS involvement across all dosage categories, with substantiation rates decreasing as the dosage level increased. In fact, **there were no substantiated CPS allegations for Black/African American participants receiving at least 16 hours of home visiting**, positioning them below the countywide rate for all Black/African American residents in 2022 (1.5%).

There were also reductions with increased dosage for those of all other races, with substantiation rates dropping from 7.8% for those with two to less than eight hours of home visiting to 0.4% for those with at least 24 hours of home visiting. These findings underscore the potential effectiveness of the home visiting programs in mitigating CPS involvement, especially for Black/African American participants.

**Figure 31. Substantiated CPS Allegation within 12 months of Home Visiting Intake, by Dosage and Race (Black/African American N = 230, All Others N = 705)**



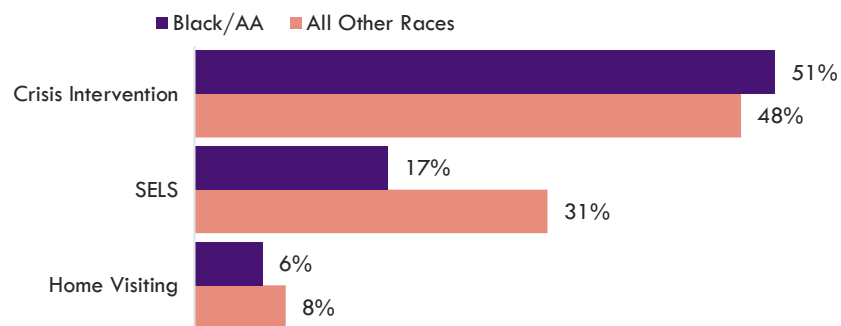
Source: Birth & Beyond Program Data and CPS Data Request. Statistical significance could not be computed due to the presence of numerous cells with very low counts, which limits the accuracy of the statistical tests.

## GROUP PARENTING EDUCATION WORKSHOPS

### BLACK/AFRICAN AMERICAN GROUP PARENTING EDUCATION WORKSHOP PARTICIPANTS SHOWED THE SAME INCREASE IN PARENTING KNOWLEDGE AND SKILLS AS ALL OTHER RACES.

Of the total 675 families served by group parenting education workshops, 199 (29.4%) identified as Black/African American. There was no difference in pre/post scores by race (Black/African American and all other races both averaged 6.0 at pre and 6.5 at post). Black/African American group parenting education workshop participants were more likely than other races to also engage in crisis intervention services, but less likely to engage in home visiting or social-emotional learning and supports (SELS).

**Figure 32. Group Parenting Education Workshops Family Engagement in Other FRC Services, by Black/African American and All Other Races**



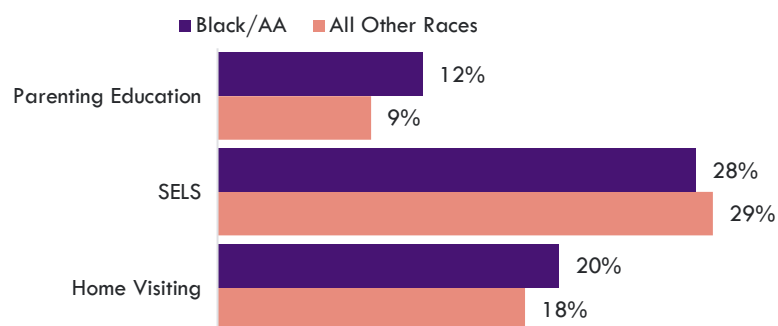
Source: FY 2022-23 Birth & Beyond Service Records.

## CRISIS INTERVENTION

### BLACK/AFRICAN AMERICAN CRISIS INTERVENTION PARTICIPANTS WERE MORE LIKELY THAN ALL OTHER RACES TO ALSO ENGAGE IN GROUP PARENTING EDUCATION WORKSHOPS AND HOME VISITING.

Of the 3,400 families to receive crisis intervention services in FY 2022-23, 878 (25.8%) identified as Black/African American. Black/African American crisis intervention participants were more likely than all other races to also engage in parenting education workshops and home visiting.

**Figure 33. Crisis Intervention Family Engagement in Other FRC Services, by Black/African American and All Other Races**



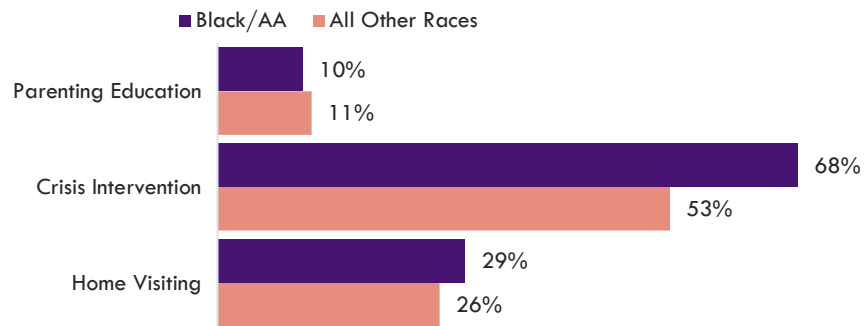
Source: FY 2022-23 Birth & Beyond Service Records.

## SOCIAL-EMOTIONAL LEARNING AND SUPPORTS

### ON AVERAGE, BLACK/AFRICAN AMERICAN FAMILIES SPENT LESS TIME PARTICIPATING IN SELS ACTIVITIES, COMPARED TO ALL OTHER RACES.

Of the 1,658 families served with social-emotional learning and supports (SELS), 365 (22%) identified as Black/African American. On average, Black/African American families spent less time participating in SELS activities (12.3 hours), as compared to all other races (18.7 hours). Black/African American SELS participants were more likely than all other races to also participate in crisis intervention and home visiting services.

**Figure 34. SELS Family Engagement in Other FRC Services, by Black/African American and All Other Races**



Source: FY 2022-23 Birth & Beyond Service Records.

## Summary and Recommendations

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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.

This evaluation report described programmatic reach and participant outcomes achieved during FY 2022-23. **About one-third of families engaged with two or more Birth & Beyond programs and strategies** (e.g., home visiting *and* group parenting education workshops) during the fiscal year. Combining services can often provide the most complete care for families and contribute 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 2022-23 data.

### RECOMMENDATION #1: CONTINUE TO FIND CREATIVE WAYS TO PROMOTE PARTICIPANT ENGAGEMENT AND RETENTION

This report highlighted the significant reach of the Birth & Beyond initiative, with 4,724 families served, including nearly 1,000 families engaged in home visiting programs. However, there may still be families in need who are not aware of the services offered. Birth & Beyond should continue expanding outreach efforts through community events, partnerships with local organizations, and targeted advertising to maximize outreach and accessibility.

Additionally, the report revealed that among the overall sample of children whose families underwent Birth & Beyond home visiting intake between March 1, 2021, and February 28, 2022 (N = 1,237), 4% had subsequent substantiated CPS involvement within 12 months. However, among those who received eight or more hours of home visiting (n = 590), these proportions decreased to 2.4%. This highlights the importance of sustaining efforts to boost retention within Birth & Beyond services, particularly in its home visiting programs, as it has consistently resulted in positive outcomes for participants.

The FRCs should persist in their efforts to retain home visiting participants for the minimum dosage level within the program to improve outcomes. Birth & Beyond should consider identifying participants who meet many of the identified characteristics associated with low retention and tailoring specialized services to better engage and address the needs of these participants. By prioritizing participant engagement and retention, Birth & Beyond can continue to effectively serve families and achieve positive outcomes for all participants.

## RECOMMENDATION #2: CONTINUE AND EXTEND COMPREHENSIVE EFFORTS TO ENHANCE CULTURAL RESPONSIVENESS

Enhancing cultural responsiveness is crucial for respectfully and effectively engaging with families from different backgrounds. Birth & Beyond should continue improving efforts to ensure that home visitors are culturally responsive and reflective of the diversity of the families served. In addition to prioritizing cultural matching between home visitors and participants, consider providing ongoing training and resources to home visitors to maintain cultural competence. This proactive approach will further strengthen Birth & Beyond's ability to meet the unique needs and preferences of diverse families, thereby fostering more meaningful and impactful engagement.

Furthermore, in response to interviewed participants' expressed desire for extended availability, Birth & Beyond should consider extending the hours of availability for home visits. This adjustment aims to accommodate diverse schedules and preferences, ensuring that families have greater flexibility in accessing the support and resources offered by the program.

Moreover, aligning with interviewed participants' requests for more comprehensive assistance, Birth & Beyond should explore opportunities to increase resources for essential items such as car seats, utility assistance, and other tangible supports. By aligning resources with participant needs, Birth & Beyond can enhance the effectiveness of its support services and better address the challenges faced by families in the community. Combining efforts to enhance cultural responsiveness, extend availability, and align resources will further strengthen Birth & Beyond's ability to provide tailored and responsive support to its diverse participants.

## RECOMMENDATION #3: INVESTIGATE AND ADDRESS PATTERNS OF CPS INVOLVEMENT FOLLOWING PRIOR UNSUBSTANTIATED ALLEGATION

Based on the findings that among individuals with a substantiated CPS allegation in the six months prior to Birth & Beyond home visiting intake, those who received at least eight hours of home visiting experienced no substantiated recurrence, it is evident that the specialized support and resources provided to this group have been supremely effective. However, it is concerning that those entering with an unsubstantiated baseline allegation, who do not currently receive any targeted supports, have a 9.3% rate of a subsequent substantiated allegation even after receiving at least eight hours of home visiting. This trend was also noted in the FY 2021-22 report (12.0%).

Therefore, Birth & Beyond should consider implementing policy adjustments to ensure that any child with recent CPS involvement, whether substantiated or not, is served with a heightened awareness of their elevated risk for future maltreatment. By recognizing the potential risks associated with CPS involvement, Birth & Beyond can better tailor interventions and support services to address the specific needs of these families. This may include providing additional resources, counseling, or specialized training for home visitors to effectively engage with families facing elevated risk factors.

One plausible explanation for this trend could be the differential support received by families following CPS involvement. When CPS substantiates a referral, families often receive specialized support and resources to address the underlying issues. However, this support is not always provided for unsubstantiated referrals, potentially leading to an escalation toward subsequent substantiated referrals.

Supporting this theory is the observation that participants with a substantiated CPS referral in the six months prior to intake experienced lower rates of recurrence after home visiting overall (4.3%), with zero recurrences for those receiving at least eight hours of home visiting.

Birth & Beyond should consider policy adjustments to ensure that any child with recent CPS involvement, whether substantiated or not, is served with a heightened awareness of their elevated risk for future maltreatment. These findings that children with unsubstantiated CPS involvement are also at high risk of maltreatment are consistent with external research.<sup>v,vi</sup> By addressing these patterns and implementing targeted interventions, Birth & Beyond can better support families and mitigate the risk of recurrence following CPS involvement.

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

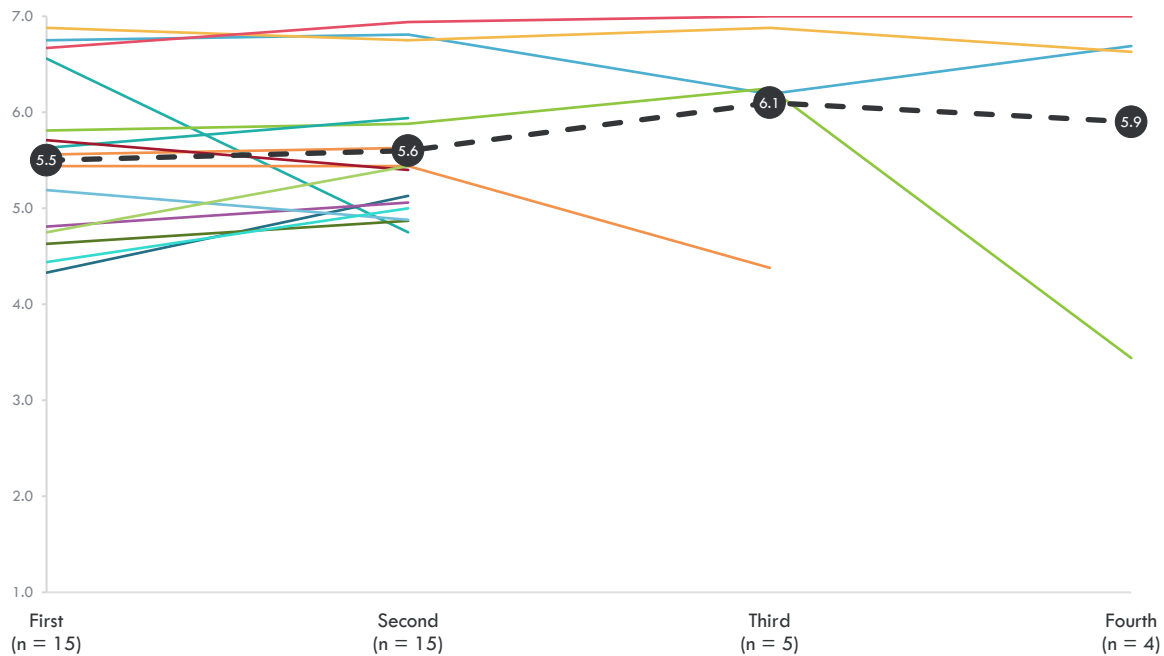
### CPS OUTCOMES FOR CHILDREN WHOSE FAMILIES RECEIVED Birth & Beyond HOME VISITING (AGES 0-17): FIRST INTAKE BETWEEN MARCH 1, 2021 AND FEBRUARY 28, 2022 (12-MONTH OBSERVATION AFTER INTAKE)

{{ 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 (%)	PY 2020-2021	% Substantiated Countywide (2022)
Baseline CPS Referral 0-17 (n = 341)	Any CPS referral up to six months prior to B&B intake (Baseline)	Substantiated (n = 92)	< 2.00	53	50 (94.3%)	3 (5.7%)	0 (0.0%)	8.3%
			2.00-7.99	16	15 (93.8%)	1 (6.3%)		
			8.00-15.99	7	7 (100.0%)	0 (0.0%)		
			16.00-24.00	4	4 (100.0%)	0 (0.0%)		
			>24.00	12	12 (100.0%)	0 (0.0%)		
			Overall	92	88 (95.7%)	4 (4.3%)		
			Overall 8+	23	23 (100.0%)	0 (0.0%)		
		Unsubstantiated (Unfounded, Inconclusive) (n = 249)	< 2.00	63	57 (90.5%)	6 (9.5%)	11 (12.0%)	
			2.00-7.99	78	69 (88.5%)	9 (11.5%)		
			8.00-15.99	50	41 (82.0%)	9 (18.0%)		
			16.00-24.00	23	22 (95.7%)	1 (4.3%)		
			>24.00	35	35 (100.0%)	0 (0.0%)		
			Overall	249	224 (90.0%)	25 (10.0%)		
			Overall 8+	108	98 (90.7%)	10 (9.3%)		
Any Prior CPS Involvement 0-17 (n = 449)	Baseline referral (above), and/or prior CPS involvement in last 5 years	N/A	< 2.00	141	129 (91.5%)	12 (8.5%)	11 (6.3%)	
			2.00-7.99	145	133 (91.7%)	12 (8.3%)		
			8.00-15.99	71	62 (87.3%)	9 (12.7%)		
			16.00-24.00	30	29 (96.7%)	1 (3.3%)		
			>24.00	62	62 (100.0%)	0 (0.0%)		
			Overall	449	415 (92.4%)	34 (7.6%)		
			Overall 8+	163	153 (93.9%)	10 (6.1%)		
No Prior CPS Involvement 0-17 (n = 788)	No baseline referral AND no prior CPS involvement in the past five years	N/A	< 2.00	161	159 (98.8%)	2 (1.2%)	3 (0.6%)	
			2.00-7.99	200	191 (95.5%)	9 (4.5%)		
			8.00-15.99	158	158 (100.0%)	0 (0.0%)		
			16.00-24.00	66	63 (95.5%)	3 (4.5%)		
			>24.00	203	202 (99.5%)	1 (0.5%)		
			Overall	788	773 (98.1%)	15 (1.9%)		
			Overall 8+	427	423 (99.1%)	4 (0.9%)		
All Clients 0-17 (n = 1,237)	All clients regardless of prior CPS Involvement (Sum of Any Priors + No Priors categories above)	N/A	< 2.00	302	288 (95.4%)	14 (4.6%)	14 (1.9%)	0.6%
			2.00-7.99	345	324 (93.9%)	21 (6.1%)		
			8.00-15.99	229	220 (96.1%)	9 (3.9%)		
			16.00-24.00	96	92 (95.8%)	4 (4.2%)		
			>24.00	265	264 (99.6%)	1 (0.4%)		
			Overall	1,237	1,188 (96.0%)	49 (4.0%)		
			Overall 8+	590	576 (97.6%)	14 (2.4%)		
	Among those with 8+ hours of B&B home visiting			Total N	No Substantiated Referral N (%)	Substantiated Referral N (%)	PY 2020-2021	% Substantiated Countywide (2022)
	8+ Hours (Ages 0-17)	Had substantiated baseline referral		23	23 (100.0%)	0 (0.0%)	0 (0.0%)	8.3%
		Had unsubstantiated baseline referral		108	98 (90.7%)	10 (9.3%)	11 (12.0%)	
		Had any prior CPS involvement		163	153 (93.9%)	10 (6.1%)	11 (6.3%)	
		Had no prior CPS involvement		427	423 (99.1%)	4 (0.9%)	3 (0.6%)	
		All Clients		590	576 (97.6%)	14 (2.4%)	14 (1.9%)	0.6%

## 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 2022-23



Source: CHEERS Check-In Assessment. Includes participants with two or more check-ins where at least one occurred during (but no later than) FY 2022-23. Participants' first and second check-ins may have occurred prior to FY 2022-23. 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.

## Gratitude to Reviewers

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As a result of our ongoing partnership with the Birth & Beyond collaborative, Applied Survey Research (ASR) would like to extend our gratitude to the following committees and groups for their consideration and contribution to this annual evaluation report.

- ▶ Birth & Beyond Family Resource Center Executive Directors and Program Managers
- ▶ Child Abuse Prevention Center leadership and data staff
- ▶ Birth & Beyond Parent Advisory Board
- ▶ First 5 Sacramento leadership and evaluation manager
- ▶ First 5 Sacramento Evaluation Committee

Above all, we extend gratitude to those who participated in the evaluation and allowed their data to be reported for quality improvement purposes.

## Photo Credits

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All photos were provided by Family Resource Centers and obtained with permission. Images corresponding with success stories do not intend to reflect the individuals served unless captioned as such. Similarly, photos of Family Resource Center staff, locations, and/or community members may not directly correlate with the program information on the same page.

## References

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- <sup>ii</sup> Organisation for Economic Co-operation and Development (OECD). 2023. “SF2.3: Age of mothers at childbirth and age-specific fertility.” [https://www.oecd.org/els/soc/SF\\_2\\_3\\_Age\\_mothers\\_childbirth.pdf](https://www.oecd.org/els/soc/SF_2_3_Age_mothers_childbirth.pdf)
- <sup>iii</sup> Parents as Teachers. 2022. “Evidence-based home visiting.” <https://parentsasteachers.org/evidence-based-home-visiting/>
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- <sup>v</sup> 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>
- <sup>vi</sup> Child Welfare Information Gateway (2003). Decision-Making in Unsubstantiated Child Protective Services Cases.



# BIRTH & BEYOND

## ANNUAL EVALUATION REPORT EXECUTIVE SUMMARY

**FY 2022-23**

# Birth & Beyond Services and Reach

Since 1999, the Birth & Beyond Program 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 Empowered Families, First 5 Sacramento Empowered Families African American (RAACD), the Sacramento County Department of Child, Family, and Adult Services (DCFAS), the Sacramento County Department of Human Assistance (CalWORKs Home Visitation Program [HVP]/Family Support Initiative [FSI]), and AmeriCorps.



## 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 2022-23. Participants were more diverse than the countywide population.**

Birth & Beyond directly served nearly 5,000 Sacramento County families across all programs and services, including 4,724 parents/caregivers and 3,118 children ages 0-17. Nearly one-third of the parents/caregivers served were Hispanic/Latino (32%) and one-quarter were Black/African American (25%). About one-third (32%) of the participants primarily spoke a language other than English.



**4,724**  
families



**4,926**  
parents/caregivers



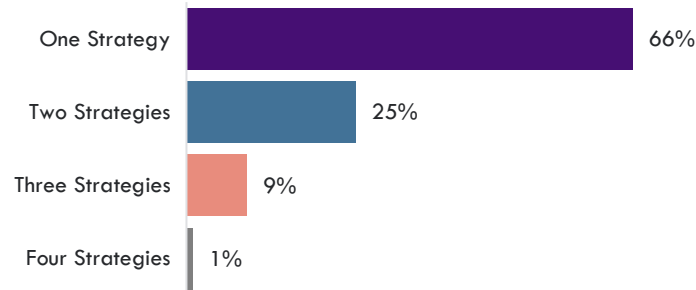
**3,118**  
children

Source: FY 2022-23 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 (34%) of the participants engaged in two or more distinct strategies (e.g., home visiting *and* group parenting education workshops) during FY 2022-23.

### Families Engaging in Multiple Birth & Beyond Strategies



The table below further highlights participation in multiple strategies. For instance, almost two thirds (62%) of the home visiting participants also engaged in crisis intervention, and 45% 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)
<b>Among HV Participants</b>	-	5%	62%	45%
<b>Among PE Participants</b>	7%	-	48%	26%
<b>Among CI Participants</b>	18%	10%	-	28%
<b>Among SELS Participants</b>	26%	11%	57%	-

Source: FY 2022-23 Persimmony Service Records.



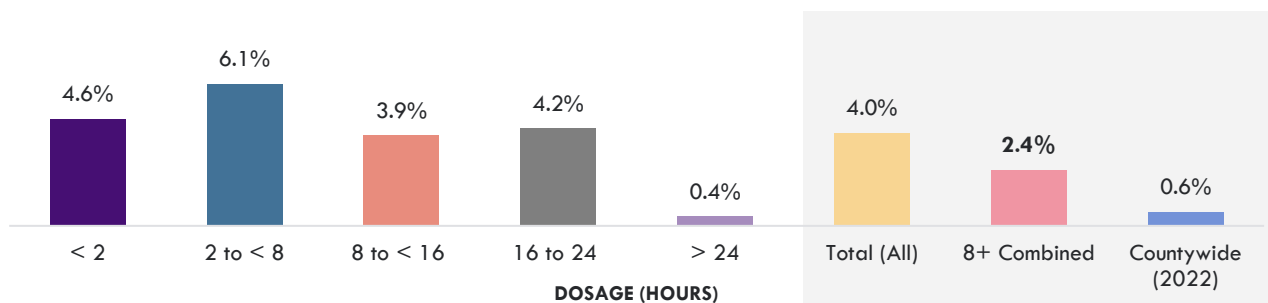
# Home Visiting: Child Welfare Outcomes

**2% of children receiving eight or more hours of Birth & Beyond home visiting experienced future substantiated CPS involvement, compared with 6% of those with 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 all children whose families had a Birth & Beyond home visiting intake between March 1, 2021 and February 28, 2022 (n = 1,237), 4.0% had substantiated CPS involvement within 12 months. However, substantiated CPS involvement decreased to 2.4% for those with eight or more hours of home visiting. Although this rate is higher than countywide rates of 2022 CPS involvement (0.6%), it is important to note that more than one-third (36%) of all participants had involvement with CPS within the five years prior to intake, indicating Birth & Beyond serves a higher-risk sample compared to the general countywide population.

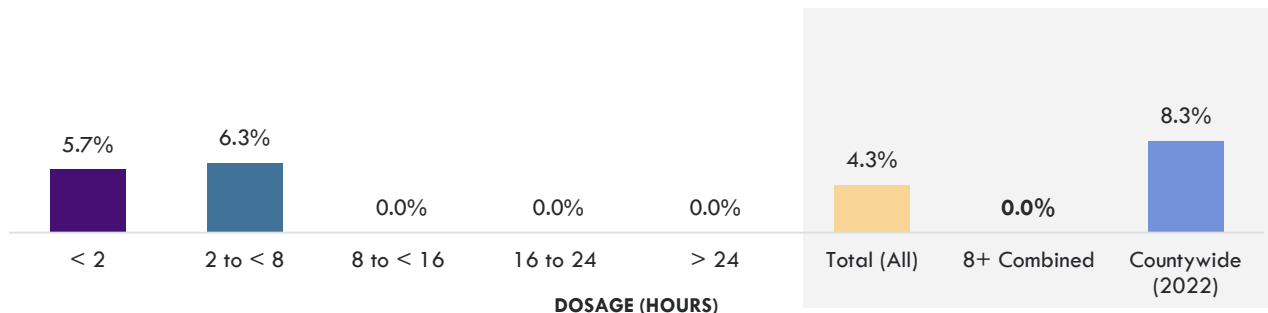
## Substantiated CPS Allegations within 12 months of Intake, by Dosage (All Children)



Source: Birth & Beyond Program Data and CPS Data Request, N = 1,237 (Ns by dosage level: <2 hours: 14/288, 2 to < 8 hours: 21/324, 8 to < 16 hours: 9/220; 16 to 24 hours: 4/92; > 24 hours: 1/264; Overall 8+ hours: 14/576).

Of the families who received home visiting, 92 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, 4.3% experienced substantiated recurrence within 12 months of intake. However, for the second year in a row, **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 2022.

## 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: 3/50, 2 to < 8 hours: 1/15, 8 to < 16 hours: 0/7; 16 to 24 hours: 0/4; > 24 hours: 0/12; Overall 8+ hours: 0/23).

# Home Visiting Models

**Nearly 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 2022-23, **964 families** participated in at least one Birth & Beyond home visiting model.



## PARENTS AS TEACHERS

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. 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, **643 families** participated in the PAT curriculum in FY 2022-23. Participants significantly improved on their reported protective factors while participating in the PAT program.

## NURTURING PARENTING PROGRAM

The Nurturing Parenting Program (NPP) is an evidence-based home visiting model provided at least weekly, with a minimum of two months of visiting services. In FY 2022-23, **201 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 2022-23, **64 families** participated in the HFA curriculum. Among participants with at least two check-ins before the end of FY 2022-23, **53% 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 2022-23, **107 families** participated in RAACD-funded home visiting at these sites.

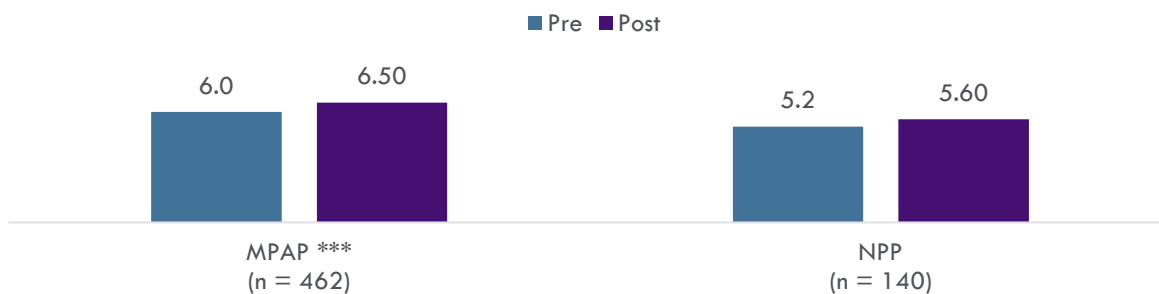
# Group Parenting Education Workshops

## Group parenting education workshop participants significantly improved parenting skills and knowledge including childrearing tactics, self-care, and stress reduction.

Parenting education workshop series are group-based classes operated by Family Resource Centers. In FY 2022-23, **730 parents/caregivers** attended **88 group parenting education workshop series**. Classes included the Make Parenting A Pleasure (MPAP), the Nurturing Parenting Program (NPP), and the Effective Black Parenting Program.

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** ( $p < .001$ ).

### Average Parenting Knowledge and Skills Increases after Group Parenting Education



Source: FY 2022-23 B&B MPAP Pre-Post, B&B AAPI Pre-Post. Statistically significant differences indicated as \*\*\*  $p < .001$ . MPAP and AAPI scores range from 1 (High Risk) to 10 (Low Risk).

## Crisis Intervention

### 3,400 families received short-term crisis intervention services. Nearly all case management participants increased self-sufficiency in their focus areas.

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. Birth & Beyond FRCs used the Family Development Matrix (FDM) case management tool when more intensive interventions were 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. Intervention specialists work in partnership with families to set and monitor goals based on their primary concerns.

In FY 2022-23, B&B FRCs provided CIS to 3,400 families. Among them, 98% (251/376) of participants with an FDM improved in at least one focal domain throughout the year.

# Social Emotional Learning and Supports (SELS)

**Birth & Beyond FRCs provided over 16,000 “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 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, fitness classes, workshops, events/celebrations, and support groups. In FY 2022-23, B&B FRCs provided 16,457 SELS services to **1,658 families**.

## From Crisis to Stability: A Success Story

Kali<sup>13</sup>, a 34-year-old single mother of four children spanning from 7 months to 15 years old, faced immense challenges as her family found themselves homeless and in dire need of assistance. Their journey towards stability began in September 2022 when they sought support from the MAN Arcade FRC.

Facing the looming threat of her 15-year-old twin sons being sent to a group home or youth camp due to their current situation in juvenile hall, Kali was determined to keep her family together. Referred by Child Protective Services, she sought assistance in securing stable and suitable housing before her sons' next court date.

Kali and her family engaged in Intervention Specialist services and **received comprehensive support** to address their immediate needs. Through our interventions, Kali accessed resources for safe sleep for her youngest child, received a First 5 kit, and navigated the complexities of securing stable housing.

Additionally, Kali and her family were connected to partner programs offering ongoing support services to ensure their continued stability and success. With our assistance, Kali was able to **transition her family from crisis to stability**, securing a **safe home for herself and her children**.

This newfound stability not only **prevented the separation of her family** but also **allowed Kali to regain custody of her 15-year-old sons**, securing their release from juvenile hall.

Kali's journey exemplifies the **transformative power of community support and resources** in empowering families to **overcome adversity and build a brighter future**. Through her resilience and determination, Kali has paved the way for her family to thrive despite the challenges they faced.





This section highlights the key findings in the analysis of **Birth & Beyond** program outcomes for **Black/African American families** compared to families of other races. The full report provides details on successes and areas for improvement to promote equitable engagement and reduce disparities.

**In FY 22-23, Birth & Beyond directly served**



**1,176 Families**  
**1,221 Caregivers**  
**591 Children**  
**who were Black/African American**

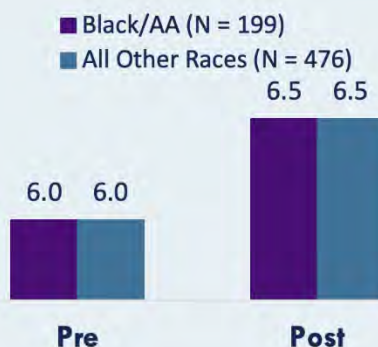


of caregivers served by **Birth & Beyond** were **Black/African American**

**199**

**Black/African American families engaged in Group Parenting Education Workshops**

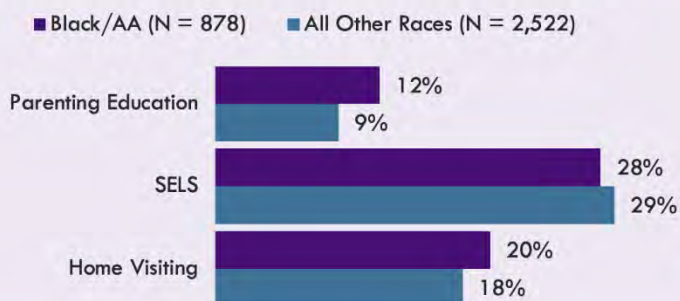
Group parenting education workshops fostered **equal growth** in knowledge and skills, regardless of race.



**878**

**Black/African American families engaged in Crisis Intervention Services**

Of all crisis intervention participants, here are those who also engaged in other FRC services:



Black/African American **crisis intervention** participants were **more likely** than all other races to **also engage in group parenting education workshops and home visiting.**



**37%** of all Birth & Beyond **Black/African American** families participated in **two or more strategies**, compared to 34% of those of all other races

## 261 Black/African American families participated in Home Visiting

### Home Visiting Program Participation by Black/African American Families

#### Nurturing Parenting Program:

- **18%** Black/African American families
- Average hours completed: **6.4** (vs. 8.0 for others)

#### RAACD-Supported:

- **107** Black/African American families
- Average hours completed: **14.1** per family

#### Healthy Families America:

- **25%** Black/African American families
- Average hours completed: **14.1** (vs. 12.8 for others)

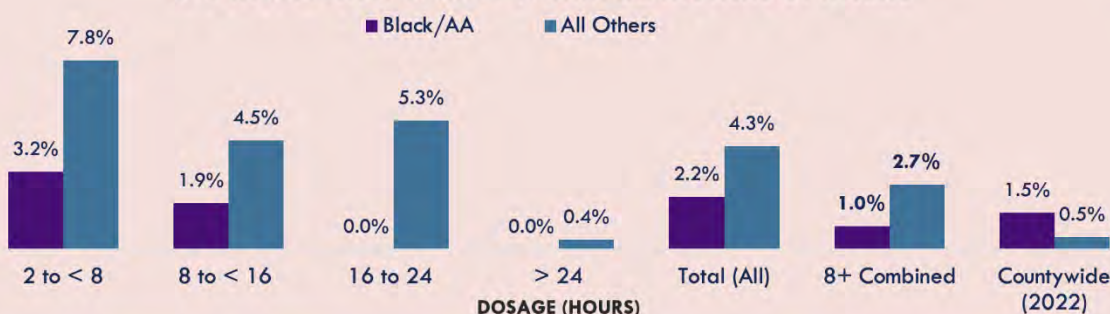
#### Parents as Teachers:

- **19%** Black/African American families
- Average hours completed: **7.8** (vs. 10.1 for others)

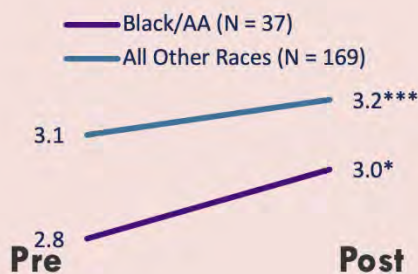
Black/African American participants with 16+ hours of home visiting had

**zero CPS substantiations**, lower than Countywide rates regardless of race.

#### CPS Involvement Rates within 12 months of Intake



### The Impact of Home Visiting: Parents as Teachers Program



**Black/African American** participants significantly increased their protective factors, although their pre- and post-scores were lower than those of other races.



**58%** of all **Black/African American** families with identified high needs **completed program minimums**, compared to 49% of all other races.



# Birth & Beyond Annual Report Program Year 2022-23

Jordan Katti, PhD  
Jessica Irwin, PhD



Birth &  
Beyond  
Reach  
22-23

**Birth & Beyond** directly served

**4,926** parents/caregivers &

**3,118** children ages 0 to 17

Average # of hours served: 10.2

**1,045** adults  
received **Home  
Visiting**

**730** adults  
attended  
Group  
**Parenting  
Education  
Workshops**

**3,400** families  
received **Crisis  
Intervention**

**1,658** families  
received **Social-  
Emotional  
Learning and  
Support  
services**

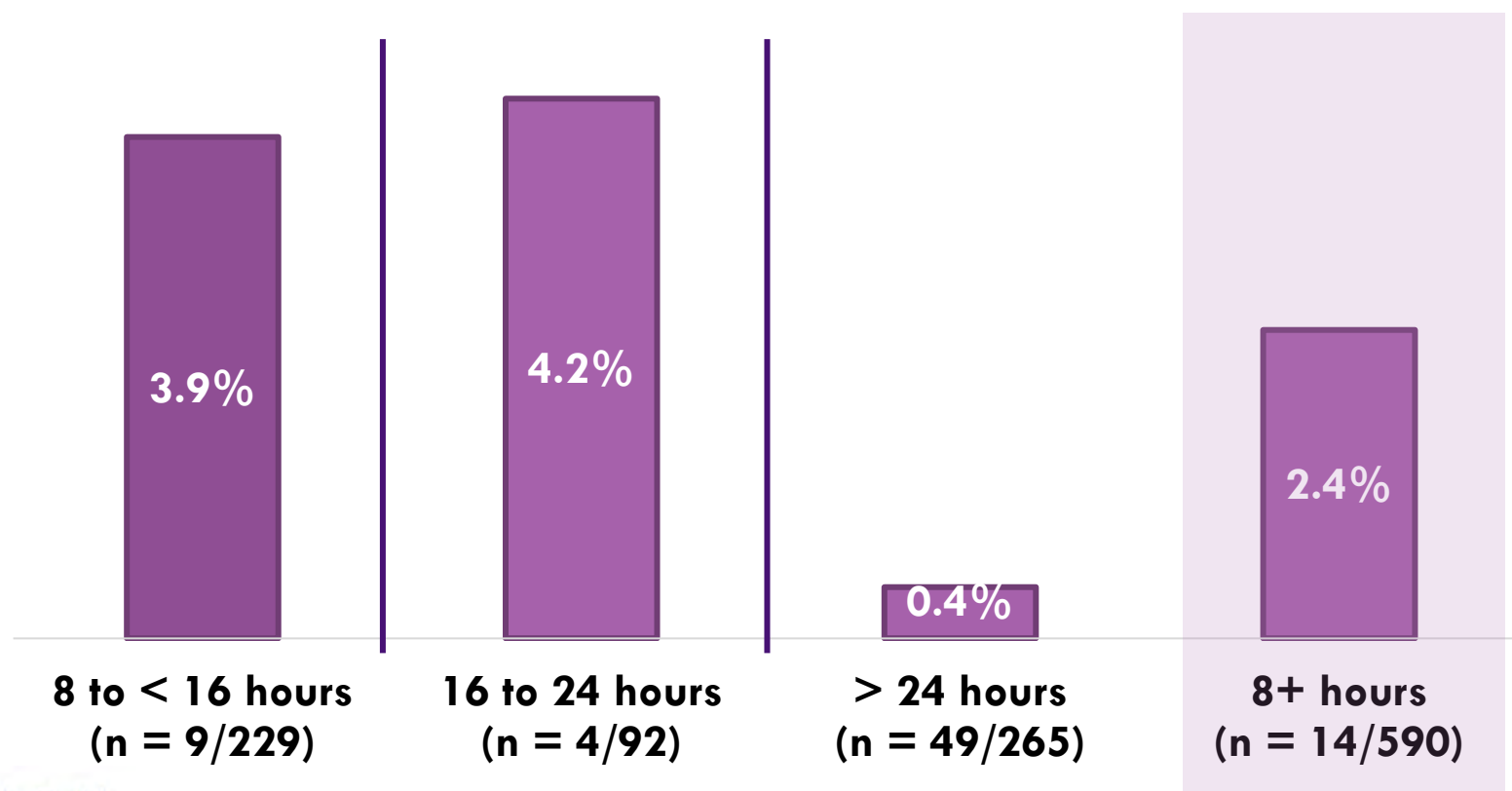


## Birth & Beyond Home Visiting 22-23

- **964 families served**
  - 49% First 5 funded
  - 1,045 adults, 1,200 children
- **772 Developmental Screenings**
  - 18% identified a developmental need
- **62% of participants were also involved in Crisis Intervention**

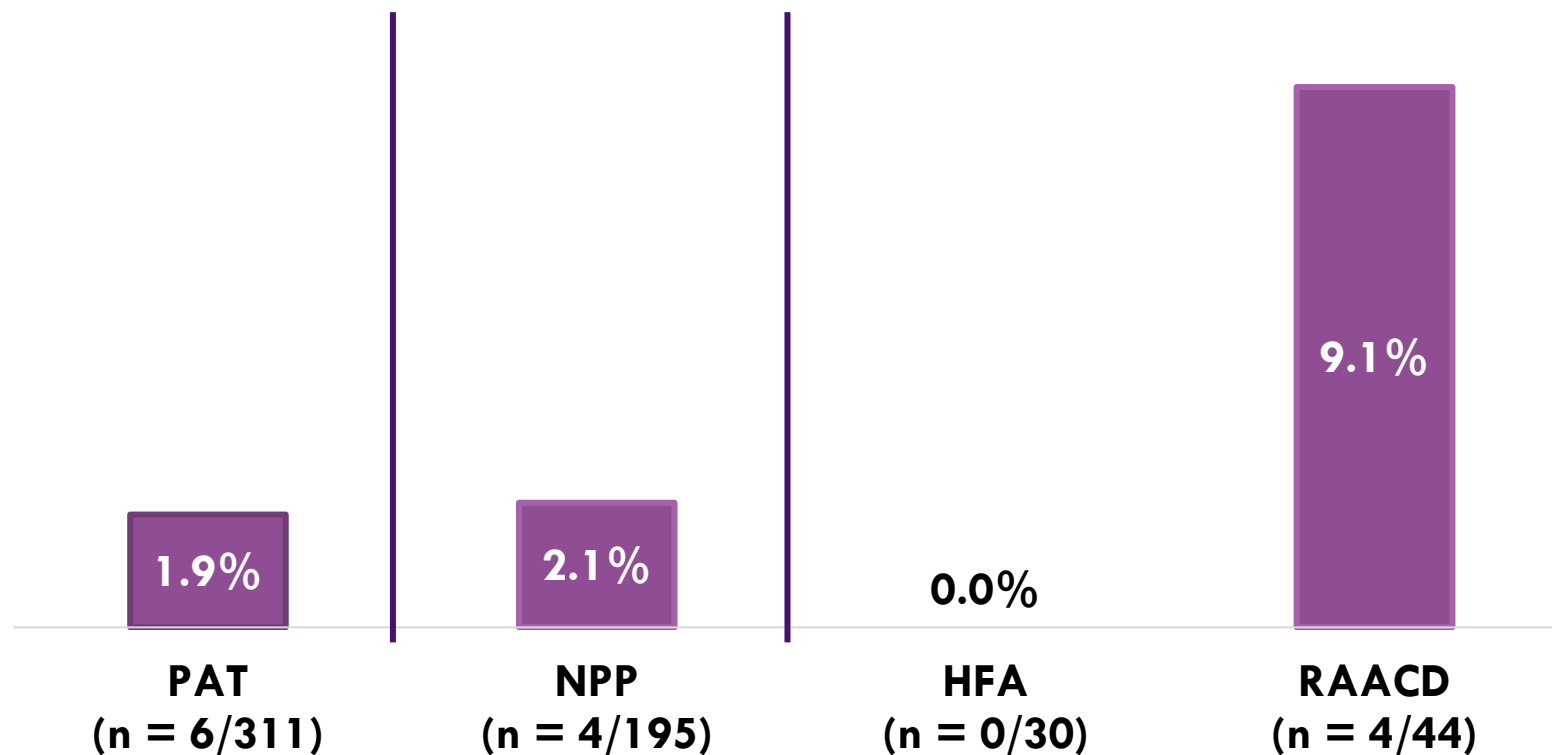
# CPS Outcomes among Birth & Beyond Home Visiting Participants

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



# CPS Outcomes among Birth & Beyond Home Visiting Participants

**Percent of Children with a Substantiated CPS Allegation within 12 months of B&B Home Visiting Intake, by Model (8+ hours)**



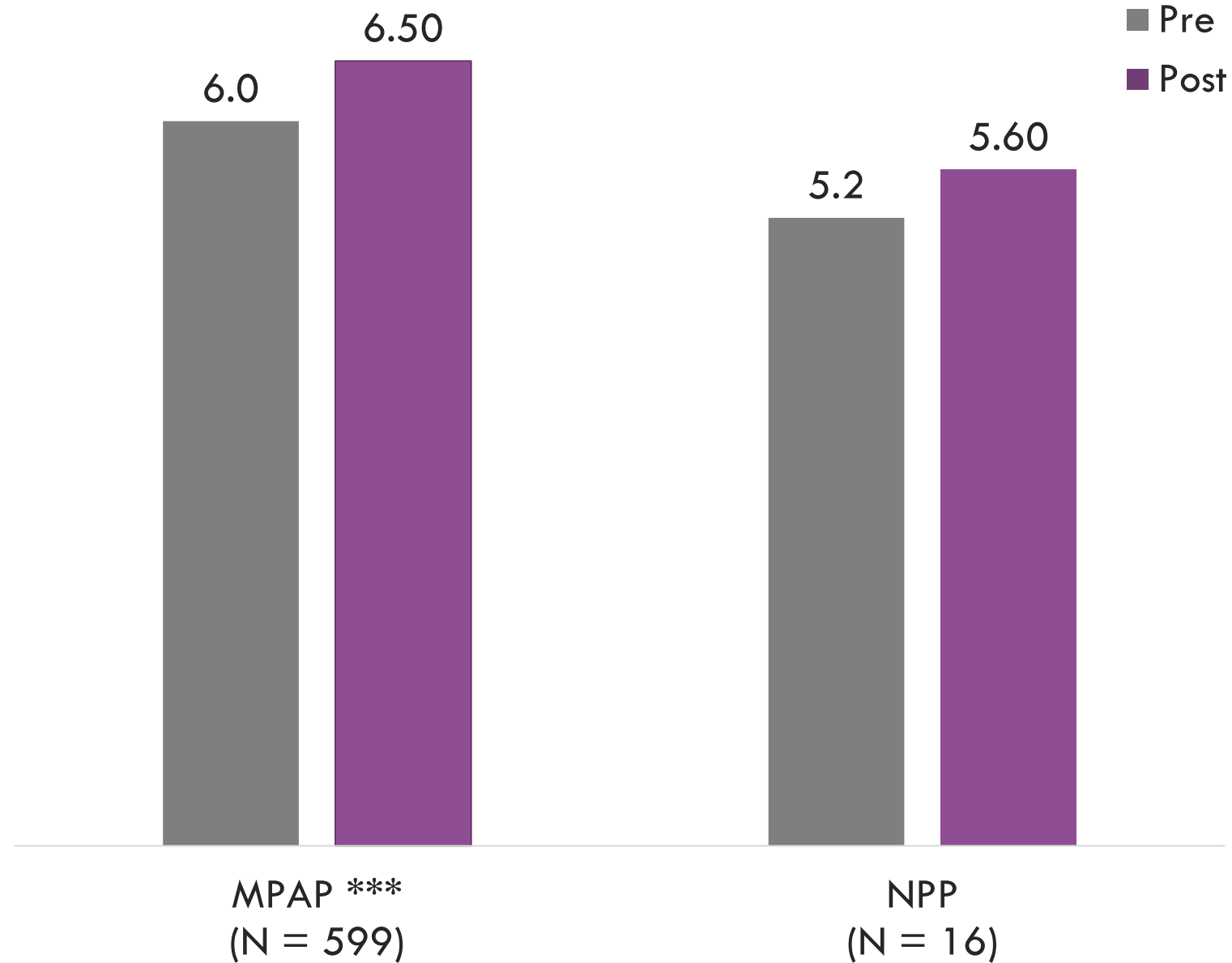
# Birth & Beyond Group Parenting Education Workshops 22-23

- **730** parents/caregivers served
- Make Parenting A Pleasure (MPAP): **711**
- Nurturing Parenting Program (NPP): **20**
- Effective Black Parenting: **16**
- **48%** of participants were also involved in Crisis Intervention



# Birth & Beyond Group Parenting Education Workshops 22-23

Improvements in  
parenting knowledge  
and skills



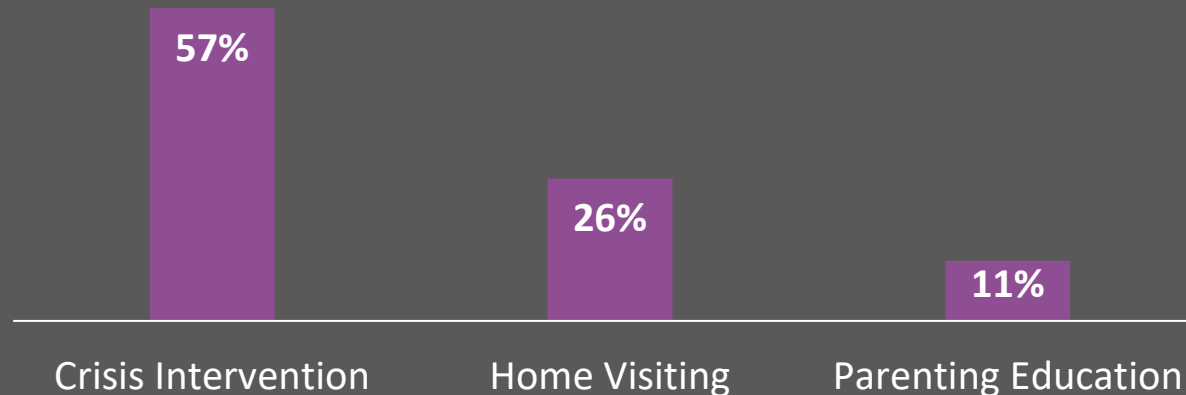
# Birth & Beyond Crisis Intervention 22-23

- 3,400 families served
- 98% of families showed progress on the FDM (improved in at least one focal area)
- 18% also participated in home visiting



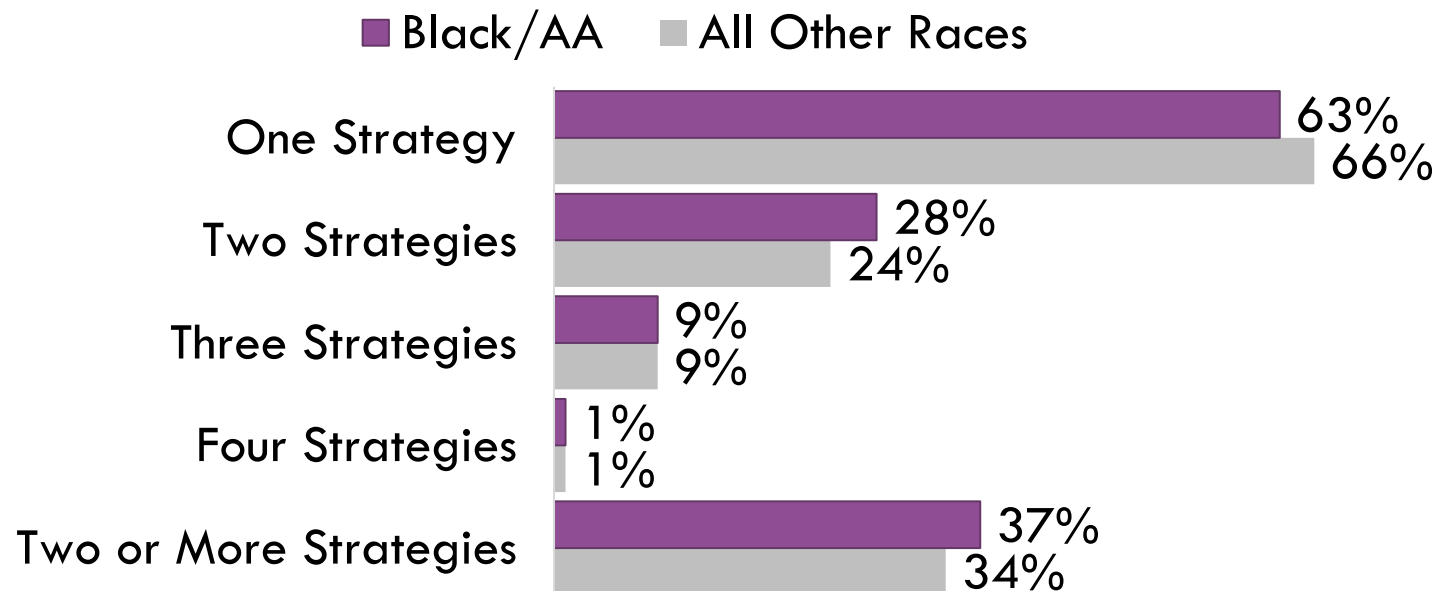
# Birth & Beyond Social Emotional Learning and Supports (SELS) 22-23

- Over **16,000** “light touch” support services to provided to **1,658** families
  - Examples: child development activities, life skill classes, peer support groups, and stress-reducing activities
- Average engagement per family: **17.2 hours**
- Over half also participated in Crisis Intervention



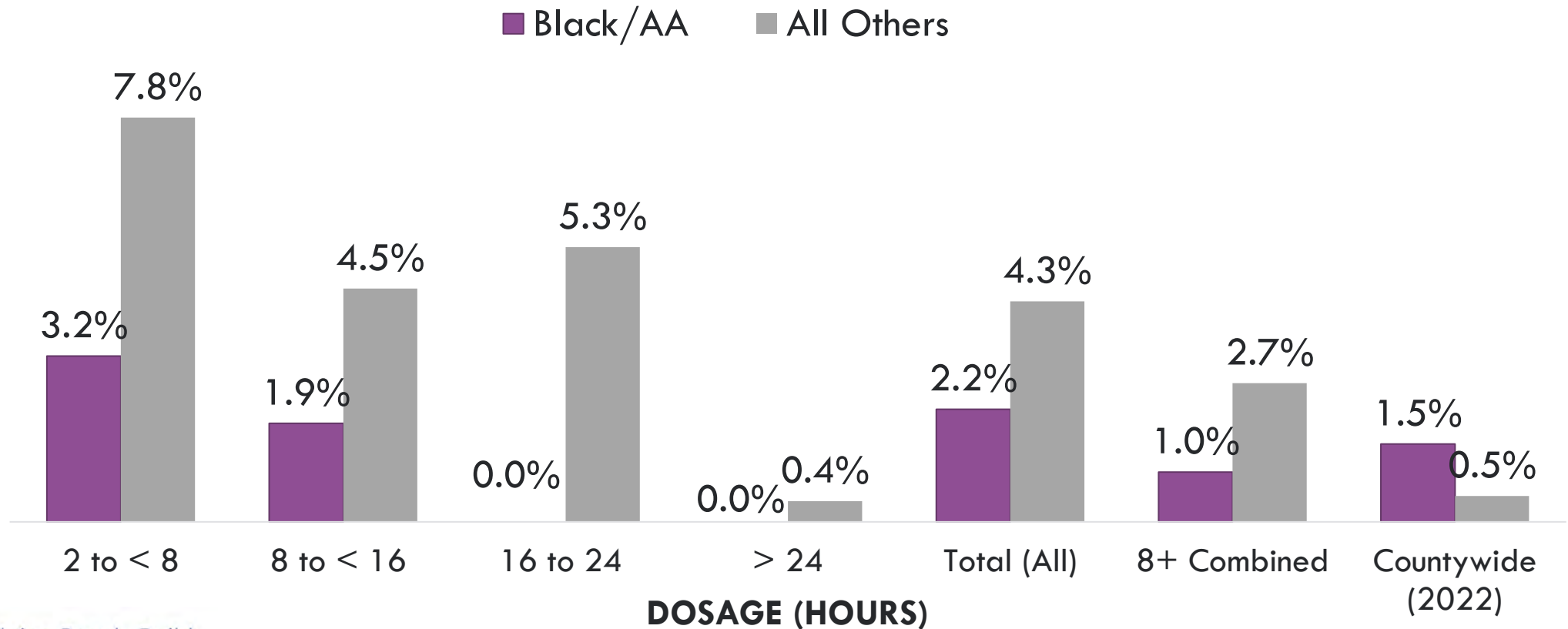
# Spotlight on Black/African American Families in Birth & Beyond

- Black/African American parents/caregivers comprised **over a quarter** of those served by all strategies at Birth & Beyond.
- A **higher percentage** of Black/African American families participated in two or more strategies than all other races in Birth & Beyond.



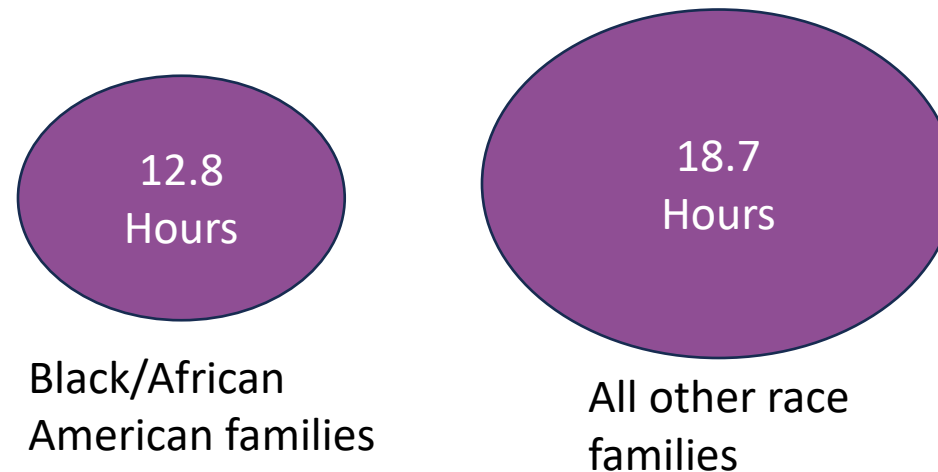
# Spotlight on Black/African American Families in Birth & Beyond

- Black/African American Birth & Beyond home visiting participants exhibited **lower rates of CPS involvement** after Birth & Beyond home visiting intake than all other races across all dosage categories.



# Spotlight on Black/African American Families in Birth & Beyond

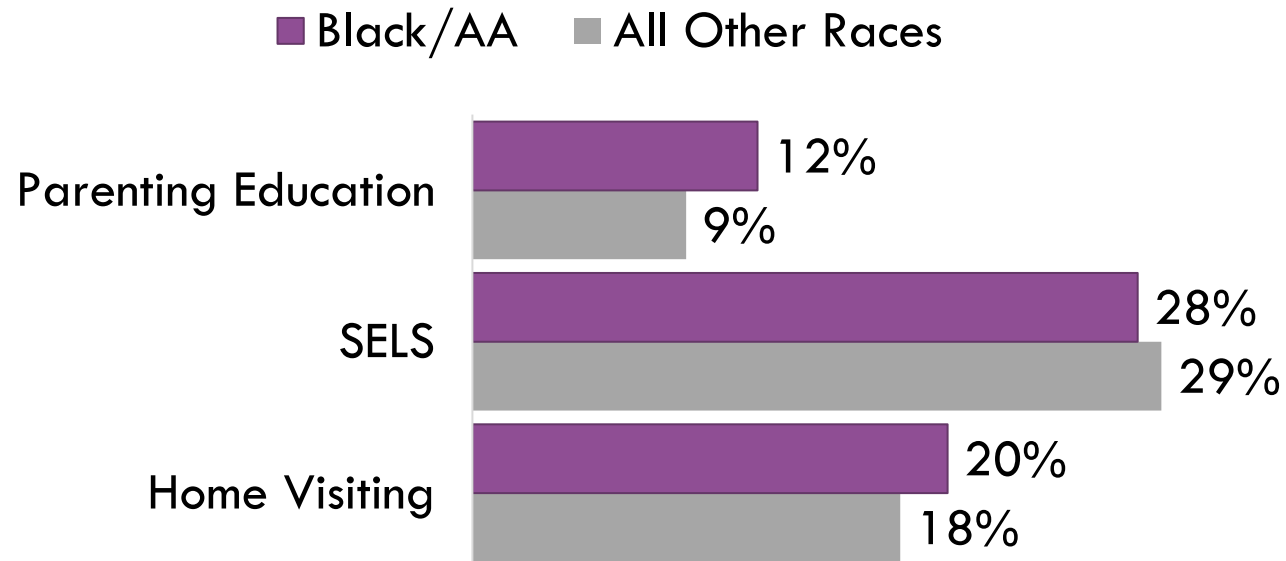
- Black/African American Birth & Beyond group parenting education workshop participants showed the **same increase** in parenting knowledge and skills as all other races.
- On average, Black/African American families spent **less time** participating in Birth & Beyond SELS activities, compared to all other races.

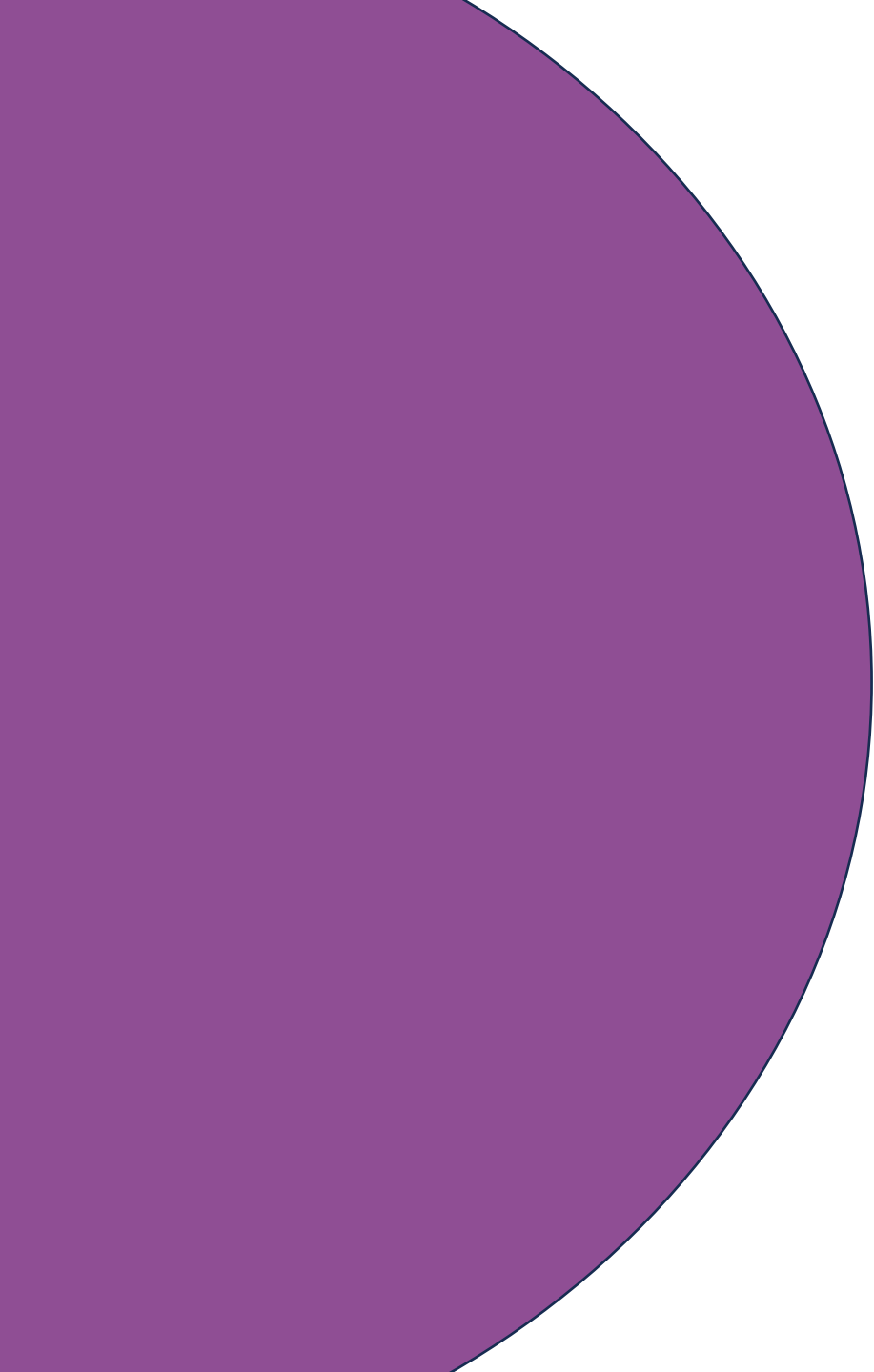


# Spotlight on Black/African American Families in Birth & Beyond

- Black/African American Birth & Beyond crisis intervention participants were **more likely** than all other races to also engage in group parenting workshops and home visiting.

Crisis Intervention Family Engagement in Other B&B FRC Services





“Without the support of this program, this would have been impossible to achieve. We have been homeless for six months, now we are doing better and have a place to raise our son.”

- Birth & Beyond Home Visiting Participant





# Building Strong Families: Year One Highlights

## INTRODUCTION

The Building Strong Families (BSF) program was developed using ARPA funds to address the ongoing impact of the COVID-19 pandemic. BSF focuses on populations hardest hit by the virus, including Black/African American families and families of all racial/ethnic backgrounds living in the lowest socioeconomic areas of Sacramento County. These areas were disproportionately affected by higher rates of COVID, as well as homelessness, unemployment, limited child care options, food deserts, and other quality of life issues. BSF Navigators provide families with trauma-informed support and connections to critical resources and services based on individualized concerns and priorities.

Participating organizations include seven Community Incubator Leads (CILs) in partnership with Sierra Health Foundation, and nine Birth & Beyond Family Resource Centers (FRCs) in partnership with the Child Abuse Prevention Center.

**Figure 1. Building Strong Families Participating Organizations**

COMMUNITY INCUBATOR LEADS (CILS)	FAMILY RESOURCE CENTERS (FRCs)
<ul style="list-style-type: none"> <li>• Fruitridge/Stockton Boulevard</li> <li>• Greater Sacramento Urban League Oak Park</li> <li>• Liberty Towers/Impact Sac</li> <li>• Mutual Assistance Network (MAN)*</li> <li>• Roberts Family Development Center</li> <li>• South Sacramento Christian Center Valley Hi</li> <li>• Family Creative Empowerment Center</li> </ul>	<ul style="list-style-type: none"> <li>• River Oak</li> <li>• Sacramento Children’s Home (SCH) Meadowview</li> <li>• SCH North Sacramento</li> <li>• SCH Valley Hi</li> <li>• MAN Firehouse Community Center *</li> <li>• WellSpace Health North Highlands Multi-Service Center</li> <li>• Folsom Cordova Community Partnership</li> <li>• La Familia Counseling Center</li> </ul>

\* MAN is listed twice in this visual as they are both an FRC and a CIL and participating in BSF as both. However, MAN did not receive additional funding relative to the other participating organizations.

The following report summarizes BSF program reach during the first year of implementation, with a focus on participant characteristics, well-being and COVID-related indicators, outgoing referrals, and family outcomes.

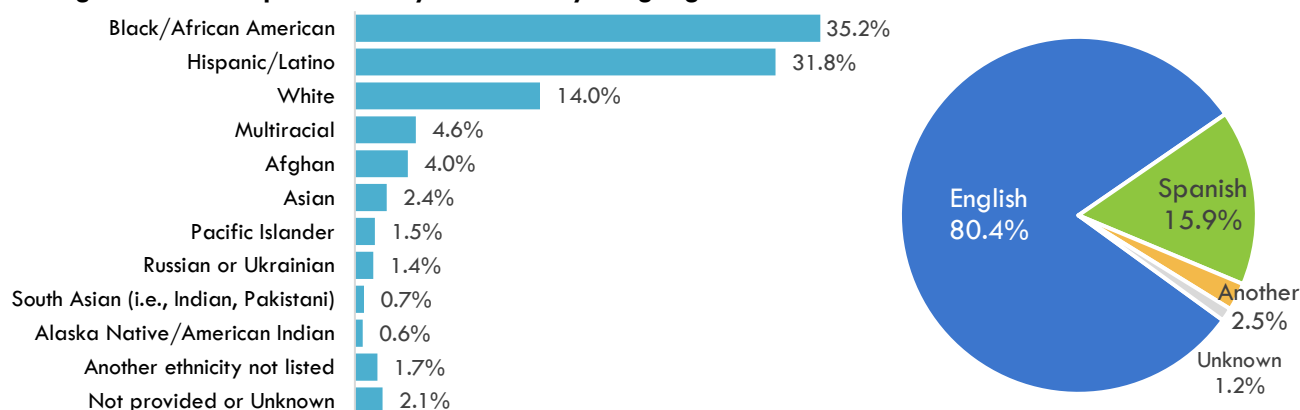
## PARTICIPANT CHARACTERISTICS AT INTAKE

BSF programs served 805 unduplicated individuals in 795 families between May 2023 and April 2024. CIL locations reached 272 families and FRC locations reached 525 families.<sup>1</sup> Among the total individuals served, more than one-third (35%) identified as Black/African American followed by 32% who identified as Hispanic/Latino. Four out of five participants (80%) considered English to be their preferred language, while

<sup>1</sup> Unduplicated counts by CIL and FRC may exceed unduplicated total as some families may have received support at both a CIL and an FRC at some point during the year.

16% preferred Spanish, and about 2% of participants preferred another language such as Mandarin, Russian, Ukrainian, or a South Asian language. See Appendix 1 for demographics by CIL, FRC, and total.

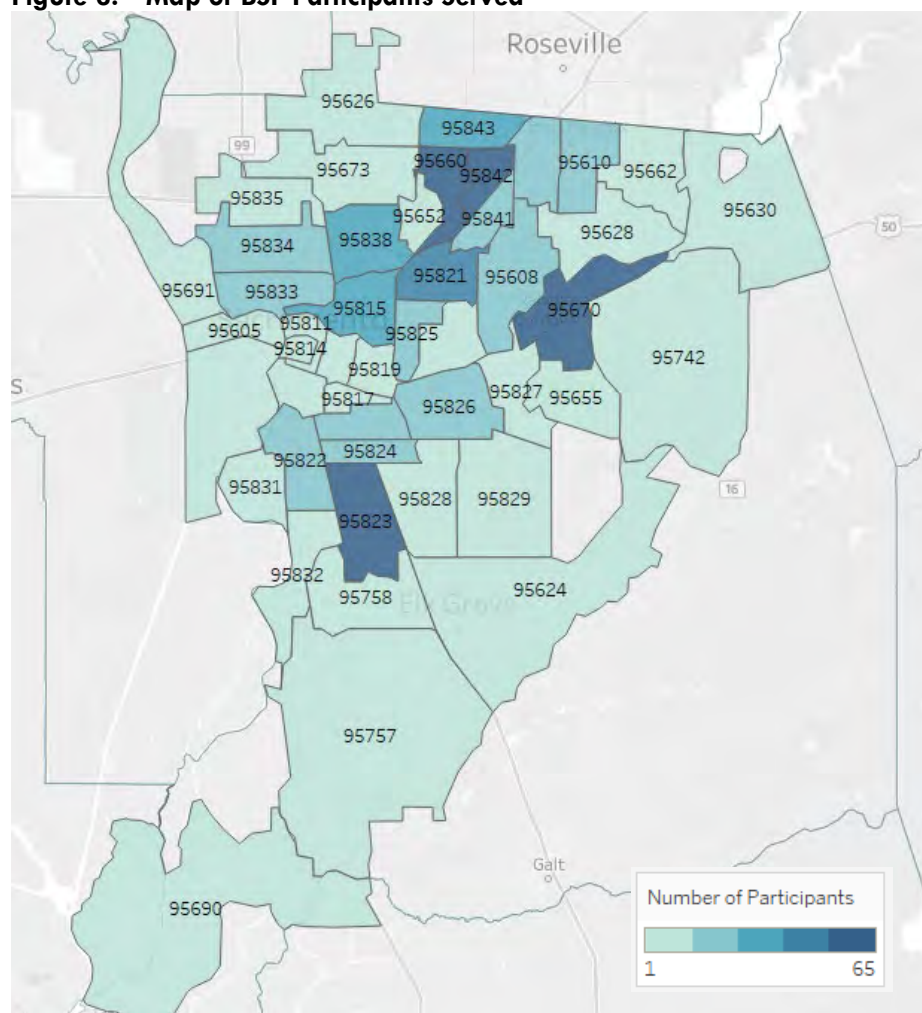
**Figure 2. Participant Ethnicity and Primary Language**



Source: BSF Intake Questionnaire (N = 805 unduplicated individuals). Categories are mutually exclusive.

BSF participants who completed an intake and provided a Sacramento County address most commonly lived in Rancho Cordova (95670, 9%), North Highlands (95660, 9%, and 95842, 8%) and Valley Hi (95823, 8%).

**Figure 3. Map of BSF Participants Served**



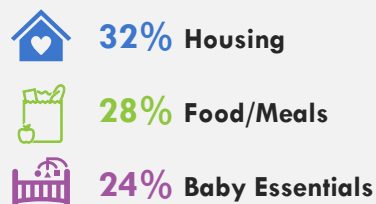
Source: Building Strong Families Intake participants with Sacramento County Zip Code (n = 700). Excludes participants whose client record lists an address outside of Sacramento County, whose zip code was not provided, and participants who may be unhoused.

## WELL-BEING CHARACTERISTICS

The following section describes participant characteristics according to their intake assessments. Among the 805 participants, a total of 815 intake assessments were completed.<sup>2</sup>

- **81%** were able to handle the stresses of day-to-day parenting.
- **64%** found themselves in stressful situations at least weekly.
- **55%** knew what program to contact for help with basic needs.
- **43%** shared that they felt nervous, anxious, or on edge in the two weeks prior to intake.
- **38%** felt down, depressed, or hopeless in the past two weeks.
- On the other hand, only **12%** shared that they were receiving counseling or mental health support.

### **Most Common Pressing Concerns at BSF Intake**



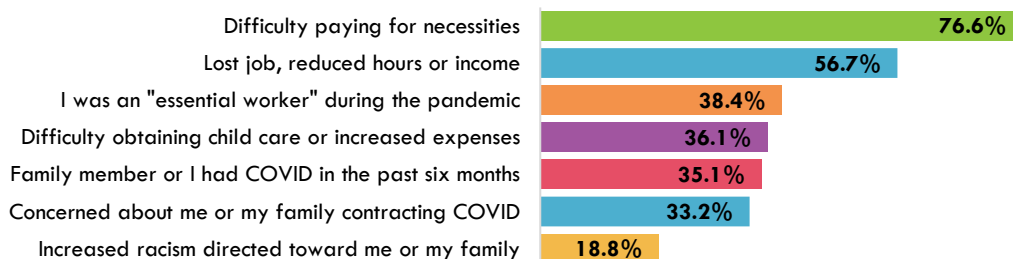
The most common concerns at intake included housing (e.g., stable housing, rent/mortgage costs) (32%), food/meals (28%), and essential baby supplies (such as diapers, wipes, cribs, and car seats) (24%). See Appendix 2 for details by CIL, FRC, and total.

At intake, more than one-third (36%) of participants reported a family annual income of less than \$15,000, and nearly two thirds (63%) had an income of \$50,000 or less. However, another one-third of participants were unsure or preferred not to share their income, meaning only 3% reported an income greater than \$50,000.

## IMPACTS OF COVID-19

Participants shared their experiences related to the COVID-19 pandemic, including impacts during the peak of the pandemic as well as ongoing concerns. More than three-quarters (77%) of participants reported having difficulty paying for necessities because of/during COVID. More than half (57%) reported that they lost their job or had reduced hours or income. Additionally, 38% of BSF participants were “essential workers” during the pandemic, and one in five participants reported increased racism directed toward themselves or their family during/because of the pandemic. See Appendix 2 for details by CIL, FRC, and total.

**Figure 4. Participant Experiences Because of/During COVID-19**



Source: Building Strong Families Intake Questionnaire (N = 815). Responses include “Yes,” “No,” and “N/A.” Percentages exclude N/A responses.

<sup>2</sup> Unless otherwise stated, percentages represent proportion of total intakes (N = 815), including CIL (n = 280) and FRC total (n = 535). Number of intakes exceed number of participants as some may have re-entered the program at multiple points in time during the year.

## OUTGOING REFERRALS

BSF navigators provided more than 1,200 referrals to 774 program participants between the start of the program and April 30, 2024. Referrals for basic needs were most common (43%), such as referrals to the Sacramento Housing Authority, United Way, or food pantries. One-quarter (25%) of all referrals were for parent support/family resource center services such as home visiting and parenting education workshops. Additionally, nearly one in ten (8%) referrals was for prenatal/infant support.

BSF participants received  
**1,282 referrals**  
to community resources  
in the program's first year

**72%** of referrals  
resulted in participants  
**receiving services** in  
the program's first year

In total, 83% (972/1,282) of all referrals had an outcome or follow-up completed,<sup>3</sup> and 72% (704/972) of those with a follow-up resulted in the families receiving the intended service(s). On the other hand, BSF navigators and/or organizations receiving referrals were unable to contact families for about one in ten referrals (11%), the parent declined services for 6% of referrals, 3% of referrals resulted in a waitlist, 2% were not eligible, and 6% were still pending or did not yet have an outcome provided.<sup>4</sup> See Appendix 3 for details by CIL, FRC, and total.

## CHANGES BETWEEN INTAKE AND FOLLOW UP

The BSF program includes a follow-up with participants to check in on their well-being, identify program impact, and provide additional support as needed. Among the 815 intakes in the first year of the BSF program, 175 participants were reached for follow-up at least three weeks after intake.<sup>5</sup>

Overall, participants had significant improvements in knowledge of which program to contact when they need help with basic needs, as well as reductions in depression and anxiety. Additionally, participants had significant reductions in their job loss, difficulties obtaining child care and paying for necessities, and racism directed at themselves or their families when comparing experiences during COVID to experiences in the past month. See Appendix 4 for significance details by CIL, FRC, and total.

### Significant Improvements

- ↑ Knowledge of **programs to contact** for help with basic needs
- ↓ **Depression** symptoms in the past two weeks
- ↓ **Anxiety** symptoms in the past two weeks
- ↓ Difficulties obtaining **child care** or increased child care expenses
- ↓ **Job loss** or reduced hours/income
- ↓ Difficulties paying for **necessities**
- ↓ **Racism** directed toward themselves or their family

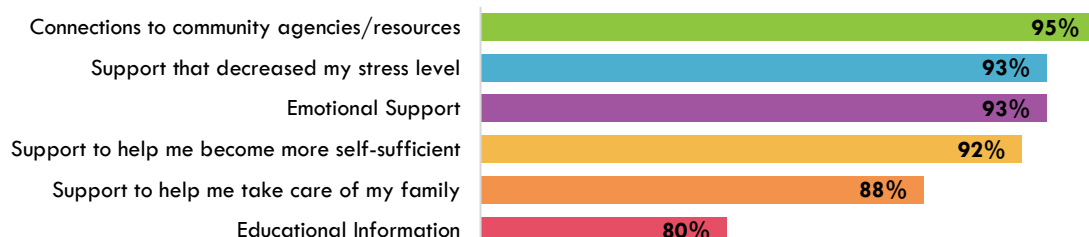
<sup>3</sup> The Persimmony Referral Portal enables partnering organizations to directly provide outcomes for referrals sent to their program. However, not all organization for which referrals are provided have this capacity, so staff are encouraged to follow up/check in with program participants being referred, in order to support the closed loop referral process and participants' access to ongoing support.

<sup>4</sup> Excludes recent referrals for which a follow up was not yet due, as well as referrals for which there were no follow ups completed.

<sup>5</sup> Excludes 38 participants whose follow up was completed after April 30, 2024 and will be included in the second year report, 351 participants who could not be reached for follow up, 91 participants whose follow up was not yet due (e.g., intake completed during April 2024), and 160 participants whose follow up date was unknown and/or completed only one to two weeks after intake. The last group was excluded as program training indicates to complete follow up 30-60 days after intake and the First 5 evaluation team considers one to two weeks of intake too soon to show impact.

Participants also shared their experiences with the BSF navigators. In particular, nearly all (95%) participants agreed that BSF helped somewhat or a lot with connections to community agencies and resources, followed by providing support that helped reduce their stress level (93%) and providing emotional support (93%). Among those who received educational resources, 80% reported this resource helped somewhat or a lot. See Appendix 5 for details by CIL, FRC, and total.

**Figure 5. Percent of BSF Participants Helped Somewhat or A Lot by Program Services**



Source: BSF Follow-Up Survey, N = 175 although Ns vary by item based on the number of participants self-reporting receiving each service.

## SUMMARY

In the first year of the Building Strong Families programs, BSF navigators provided valuable support to families with immediate concerns ranging from basic/concrete needs (e.g., housing, food, baby supplies) to support with navigating systems (e.g., legal support, health insurance). Participants largely agreed that the connections to community agencies/resources helped them and they valued the support to reduce their stress level and meet their emotional needs. Participants significantly improved their knowledge of community resources and reduced the impact of depression and anxiety symptoms following BSF support. Additionally, participants had significant reductions in the areas for which the COVID-19 pandemic had a major impact (such as employment, access to child care, and racism directed at their families). However, many of these participants' needs persist and extend beyond a relationship with the COVID-19 pandemic. Navigation support can mitigate the impact of these challenges as participants gain increased access to community resources and support.



# Appendix 1: Participant Characteristics by Organization Type

BSF Participant Characteristics	CIL		FRC		TOTAL	
Total number of families who completed intake	266	-	531	-	795	-
Total number of individuals who completed intake	275	-	533	-	805	-
<b>Ethnicity<sup>6</sup></b>						
Black/African American	89	32.4%	196	36.8%	283	35.2%
Hispanic/Latino	88	32.0%	170	31.9%	256	31.8%
White	44	16.0%	68	12.8%	113	14.0%
Multiracial	10	3.6%	28	5.3%	37	4.6%
Afghan	10	3.6%	22	4.1%	32	4.0%
Asian	6	2.2%	13	2.5%	19	2.4%
Pacific Islander	2	0.7%	10	1.9%	12	1.5%
Russian or Ukrainian	8	2.9%	3	0.6%	11	1.4%
South Asian (i.e., Indian, Pakistani)	5	1.8%	1	0.2%	6	0.7%
Alaska Native/American Indian	2	0.7%	3	0.6%	5	0.6%
Another ethnicity not listed	2	0.7%	12	2.3%	14	1.7%
Not provided or Unknown	9	3.3%	7	1.3%	17	2.1%
<b>Primary/Preferred Language</b>						
English	210	76.4%	439	82.4%	647	80.4%
Spanish	51	18.5%	79	14.8%	128	15.9%
Another language	7	2.5%	13	2.4%	20	2.5%
Not Provided or Unknown	7	2.5%	2	0.4%	10	1.2%
<b>Gender</b>						
Female / Woman	222	80.7%	449	84.2%	668	83.0%
Male / Man	53	19.3%	81	15.2%	134	16.6%
Non-Binary, Not Listed, or Another Gender	0	-	3	0.6%	3	0.4%

Source: Building Strong Families Client Record among those with completed Intake Questionnaire. Sum of CIL and FRC columns may exceed Total columns as some individuals may have been served by both organization types throughout the year.

<sup>6</sup> Russian and Ukrainian ethnicities are grouped together in this report as the First 5 Database began differentiating between the two groups after most participants client records were already established. Some ethnicities are grouped together in this report into broader regional categories due to small numbers of responses to further ensure confidentiality. Hmong participants are grouped within Asian category for this report due to small number of responses.

## Appendix 2: Intake Characteristics by Organization Type

Participant Well-Being (% Agree, Strongly Agree)	CIL		FRC		TOTAL	
I know what program to contact in my community when I need help with basic needs	187	66.8%	262	49.0%	449	55.1%
I am able to handle the stresses of day-to-day parenting. <sup>7</sup>	192	68.6%	387	72.3%	579	80.8%
I find myself in stressful situations at least once a week	172	61.4%	349	65.2%	521	63.9%
In the past two weeks, I have felt down, depressed, or hopeless	74	26.4%	234	43.7%	308	37.8%
In the past two weeks, I have felt nervous, anxious, or on edge	85	30.4%	264	49.3%	349	42.8%
I am currently receiving counseling or mental health care (% Yes)	33	11.8%	69	12.9%	102	12.5%
Experiences because of/during COVID-19... <sup>8</sup>	CIL		FRC		TOTAL	
Difficulty obtaining child care or increased child care expenses	54	30.3%	158	38.5%	212	36.1%
Lost job or had reduced hours or income	132	55.5%	280	57.3%	412	56.7%
Difficulties paying for necessities (e.g., rent/mortgage, bills, groceries)	169	69.3%	412	80.2%	581	76.6%
Increased racism directed toward me or my family	39	16.5%	97	20.0%	136	18.8%
I was an “essential worker” during the pandemic	55	22.4%	232	46.3%	287	38.4%
A family member or I had COVID in the past six months	90	36.4%	176	34.4%	266	35.1%
I am concerned about me or my family contracting COVID when around others or in large crowds	80	32.4%	173	33.7%	253	33.2%
Most Pressing Concern(s) – Categorized Themes	CIL		FRC		TOTAL	
Housing (e.g., homelessness, rent/mortgage, deposits)	58	20.7%	202	37.8%	260	31.9%
Food (e.g., meal kits, food resources, groceries)	131	46.8%	96	17.9%	227	27.9%
Baby Supplies (e.g., diapers, wipes, crib, car seat)	88	31.4%	106	19.8%	194	23.8%
Basic/Concrete Needs & General Financial Support	16	5.7%	103	19.3%	119	14.6%
Utilities and Other Bills (e.g., PG&E, SMUD)	7	2.5%	68	12.7%	75	9.2%
Employment/Jobs	19	6.8%	51	9.5%	70	8.6%
Transportation (e.g., bus passes, gas, general)	2	0.7%	61	11.4%	63	7.7%
Counseling/Mental Health/Emotional Support	21	7.5%	38	7.1%	59	7.2%
Legal/Family Safety (e.g., immigration, family reunification)	6	2.1%	31	5.8%	37	4.5%
Parenting classes and/or home visiting	3	1.1%	34	6.4%	37	4.5%
Child Care, Early Learning, Schooling	2	0.7%	34	6.4%	36	4.4%
Youth and/or Family Activities	0	-	28	5.2%	28	3.4%
Health Care (e.g., Insurance, providers, medical support, COVID)	11	3.9%	15	2.8%	26	3.2%
Adult Education	2	0.7%	6	1.1%	8	1.0%
Other (e.g., connection to resources)	2	0.7%	1	%	3	0.4%
Unknown/Not Provided	16	5.7%	39	7.3%	55	6.7%

Source: Building Strong Families Client Record Intake Questionnaire. May contain some duplicates as some individuals may have been served multiple times throughout the year.

<sup>7</sup> Denominator excludes 98 participants who indicated “N/A”

<sup>8</sup> Denominators exclude participants whose response was “N/A”

## Appendix 3: Outgoing Referrals, by Organization Type

	CIL		FRC		TOTAL	
Outgoing Referrals by Category						
Total Number of Referrals	423		859		1,282	
Basic Needs	259	61%	291	34%	550	43%
Parent Support/Family Resource Centers	26	6%	298	35%	324	25%
Prenatal/Infant Support	74	17%	32	4%	106	8%
Other Need	10	2%	60	7%	70	5%
Family Counseling/Mental Health	24	6%	34	4%	58	5%
Academic Services/Employment	16	4%	41	5%	57	4%
School Age/Teen Support	7	2%	27	3%	34	3%
Legal Aid/Immigration	0	-	28	3%	28	2%
Child Care/Early Learning	1	<1%	15	2%	16	1%
Health/Dental	1	<1%	8	1%	9	1%
Substance Use	1	<1%	3	<1%	4	<1%
Child Development	0	-	2	<1%	2	<1%
Referral Type not Provided	4	1%	20	2%	24	2%
Follow-Up/Initial Connection with Agency Referred To						
Yes (Follow-Up Complete and/or Outcome Provided)	307	74%	665	88%	972	83%
No/Unknown	107	26%	94	12%	201	17%
Follow-Up Not Due Yet	9	-	100	-	109	-
Participant Outcomes (if follow up/contact made)						
Received Service	263	86%	441	66%	704	72%
Unable to contact family	18	6%	86	13%	104	11%
Pending/Blank	17	6%	46	7%	63	6%
Parent Declined	9	3%	48	7%	57	6%
On Waitlist	0	-	25	4%	25	3%
Not Eligible	0	-	19	3%	19	2%

Source: Persimmony Referral Portal for Building Strong Families Referrals.

## Appendix 4: Changes from Intake to Follow-Up, by Organization Type

	CIL		FRC		TOTAL	
Participant Well-Being (% Agree, Strongly Agree)	Pre	Post	Pre	Post	Pre	Post
I know what program to contact in my community when I need help with basic needs (e.g., housing, food, employment).	72%	94% *	47%	89% ***	57%	91% ***
I am able to handle the stresses of day-to-day parenting. <sup>9</sup>	76%	90%	77%	92% **	76%	91% **
I find myself in stressful situations at least once a week	66%	64%	72%	72%	69%	69%
In the past two weeks, I have felt down, depressed, or hopeless	42%	19% **	42%	17%	42%	18% ***
In the past two weeks, I have felt nervous, anxious, or on edge	45%	29%	57%	25% ***	52%	26% ***
I am currently receiving counseling or mental health care (% Yes)	17%	17%	11%	19%	13%	18%
Experiences during COVID compared to the past month (% Yes)	Pre	Post	Pre	Post	Pre	Post
Difficulty obtaining child care or increased child care expenses	21%	21%	43%	13% **	32%	16% *
Lost job or had reduced hours or income	74%	56% **	54%	23% ***	62%	36% ***
Difficulties paying for necessities (e.g., rent/mortgage, bills, groceries)	77%	77%	75%	47% ***	76%	59% ***
Increased racism directed toward me or my family	23%	14%	26%	15%	25%	14% *

Source: Building Strong Families Pre/Post Matched Set (N = 175 with follow ups completed at least three weeks after intake). CIL matched set N = 72, FRC Matched Set N = 103. Sample size may vary by question based on missing data. McNemars test of significance reported as \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$ . Results should be interpreted with caution, particularly by organization type due to small subsamples.

## Appendix 5: BSF Program Support, by Organization Type

BSF Program helped “Somewhat” or “A Lot” with...	CIL		FRC		TOTAL	
Emotional support	46	87%	93	97%	139	93%
Support that decreased my stress level	44	85%	96	98%	140	93%
Connections to agencies and resources in the community	54	86%	101	100%	155	95%
Support to help me become more self-sufficient	42	79%	97	99%	139	92%
Support to help me take care of my family	52	78%	93	96%	145	88%
Educational information	23	68%	47	89%	70	80%

Source: Building Strong Families Follow-Up (N = 175 with follow ups completed at least three weeks after intake). CIL N = 72, FRC N = 103. Denominators exclude participants reporting N/A or no response.

<sup>9</sup> Denominator excludes 98 participants who indicated “N/A”