

# **Birth & Beyond Annual Report**

**July 1, 2006 – June 30, 2007**

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## Executive Summary

Birth & Beyond is a program aimed at providing in-home and neighborhood-based services for children and families. The program represents a commitment among Sacramento County policy makers, public agencies, and private nonprofit service organizations to the prevention of child abuse and neglect by providing support to families that capitalizes on their inherent strengths and addresses challenges encountered by all families. The program features home visiting services for up to five years, beginning in early infancy between birth and six months of age, as well as supportive and informational services provided to all community members through a network of Family Resource Centers (FRCs).

This report is the seventh annual evaluation report with a summary of accomplishments and both family and program outcomes, as well as a qualitative assessment of the collaborative and various components of the infrastructure that supports Birth & Beyond.

Birth & Beyond has a capacity to serve between 1,200 and 1,600 families with home visiting services that range from once a week to once a month. Each site has two teams, each consisting of a Team Leader and five Home Visitors. A total of 2,033 families (with 3,935 children) had an open home visitation case at least one day during the 2006/07 year. In addition to receiving home visitation services, 672 home visiting families (33%) also attended one or more class session at the FRC, averaging 13 class sessions during the year.

After relatively stable staffing during the 2005/06 year, Home Visitor staffing became a challenge once again during the 2006/07 program year, particularly regarding AmeriCorps Home Visitor staffing. Birth & Beyond overall did not have a full complement of Home Visitors (10 per site or 80 total) in any month of the year. As the number of Home Visitors on the last day of the month decreases between July and December, the percent of caseload at full capacity (out of 1,400) decreases as well. Once staffing began to rebound in January 2007, the percentage of full capacity of home visitation families stopped decreasing and stabilized at approximately 70-75 percent of capacity.

During FY 2006/07, home visitation families received an average of 2.1 home visits per month for an average of 55 minutes per visit. Altogether there were 23,627 home visits during the year. This average was relatively consistent throughout the year, varying only between 1.9 and 2.4 visits per family per month.

During FY 2006/07, 1,555 people attended one or more classes at the eight FRCs for a total (duplicated) attendance of 10,272 (average 6.6 classes per attendee).

FRCs offered a total of 1,932 class sessions during the year, with a total duplicated attendance of 10,272 people. The average attendance per class session was 5 people. The most frequently offered classes were Parenting Education/Support classes (604 class sessions), followed by Alcohol and Other Drug (AOD) classes (431 classes). FRCs hosted 1,505 events during the year, with a duplicated attendance of 28,457 people. The most common events hosted by FRCs were related to health needs (28%) and Anonymous AOD groups (26%). FRC special events allow parents and community members to volunteer or demonstrate leadership at the neighborhood level.

FRCs documented 31,348 telephone calls requesting information during the year. Families with a child age 0-5 received information & referral services from the FRC 13,423 times. Families used Playcare 7,542 times during the year, mostly while attending a class at the FRC (80%). Playcare allowed families to receive services at the FRC, as well as focus on class knowing that their children are safe and entertained.

Birth & Beyond staff and partners strive to make the Family Resource Centers (FRCs) an essential part of their neighborhood. In large part, this occurs because of the Center's commitment to the community. Centers are open and available to all, and therefore can become the resource in the community. The continuum of services provides social support to families, and the consistency and diversity of staff creates a "homey" non-institutional feel in the Center.

The wide variety of partnerships active in the FRC allow for an increased variety of services and programs offered at the FRC. Partners are active at the FRC by leading groups, finding resources for families, donating goods, and facilitating large events and fairs. The collaboration that extends beyond the walls of the Center into the community through these partnerships helps make the FRCs an essential component of the neighborhood.

Staff are becoming more creative as program advocates and ambassadors in the face of (1) declining home visitation caseloads, and (2) expanding effective parenting classes at the FRCs. Sites continue to develop innovative methods of outreach into the community; however, often the best outreach comes from the person at the front desk telling people what is happening at the site. Current families can be encouraged to attend other classes with a five minute announcement of other offerings at the Center, or a monthly mailing that provides a calendar of activities and events. In addition to current families, outreach in the community has focused on contradicting misinformation that Birth & Beyond and the FRCs are only for single moms on welfare.

In summary, FY 2006/07 has been a turning point for the Birth & Beyond Program. Even as home visiting caseloads capacity has been underutilized, the FRCs have emerged as increasingly more prominent resources to serve families. Data collection tools have been undergoing review and replacement, in a response to changing areas of emphasis. Existing organizational structures and supports have provided the infrastructure for addressing changes as needed. And consistent with the evolution of the program since its inception, collaboration has provided the forum for problem-solving, decision making, and strategic planning.

## **Outcomes**

**Reduced Risk of Child Abuse & Neglect:** As many as one-third (32.5%) of the Birth & Beyond home visiting families had some form of CPS contact prior to their participation in home visiting services. During their program participation, the CPS reporting rate dropped to 21.4 percent, and dropped further to 14 percent up to one year following their exit from the program. The post-program rate of reporting (for up to two years of follow up) was 24 percent. Overall, CPS reports declined by 26 percent from pre-program to post-program (up to 2 years).

**Increased Immunizations:** Over three-quarters of families (79%) reported their children were up-to-date with immunizations at least once during the year. A slightly larger proportion (82%) of index children open over 90 days as of June 30, 2007 had some record of immunizations.

**Breastfeeding Initiation & Duration:** More than half (58%) of the women who reported on breastfeeding did so for at least three months. Almost one-third (32%) of mothers who reported breastfeeding breastfed for over 6 months.

**Improved Health Screenings:** Over one-third (35%) of children received a hearing screening at least once during the year. Fewer children (14%) received a vision screening or a dental screening (9%).

**Enhanced Child Development:** A total of 2,075 ASQs (961 children) were completed during this program year. Overall, 27 percent identified one or more developmental areas that may need further evaluation. Repeat administrations and referrals to outside experts help to address potential developmental delays.

**Improved School Readiness:** Approximately three-quarters (72%) of parents were aware of kindergarten enrollment practices at case closure, while 76 percent of parents had met enrollment requirements.

**Improved Parenting Skills:** Overall, 27 percent of families who were “at risk” on the first assessment were “not at risk” on their last assessment.

**Environmental Home Safety:** Approximately 8 percent of families (130) reported exposure to secondhand smoke in the home at least once during the year.

**Employment Readiness:** Just over one-third of active families (35%) reported income from employment wages at intake. Forty-one percent of active families reported stable employment at least once during the year. At case closure, over half of families (61%) reported stable employment.

**Prenatal Care Received:** Approximately three-quarters (75%) of active families reported at intake that they received prenatal care. Almost two-thirds (65%) of active families reported at intake that prenatal care began during the first trimester.

## **Section 1      Introduction & Background**

Birth & Beyond is a program aimed at providing in-home and neighborhood-based services for children and families. The program represents a commitment among Sacramento County policy makers, public agencies, and private nonprofit service organizations to the prevention of child abuse and neglect by providing support to families that capitalizes on their inherent strengths and addresses challenges encountered by all families. The program features home visiting services for up to five years, beginning in early infancy between birth and six months of age, as well as supportive and informational services provided to all community members through a network of Family Resource Centers.

Through case management and an extensive array of services and strategies, Birth & Beyond makes services more accessible to families and more responsive to their needs. Since its inception in 1999, Birth & Beyond has contributed toward a paradigm shift in the service delivery system in Sacramento County, exemplified through its ability to function in a community based collaborative; the expansion of public-private partnerships; the creation of policies and procedures that integrate accountability into service delivery; and the long term commitment toward primary prevention and early intervention.

This report is the seventh annual evaluation report with a summary of accomplishments and both family and program outcomes, as well as a qualitative assessment of the collaborative and various components of the infrastructure that supports Birth & Beyond.

### **1.1. Program Origins**

The Birth & Beyond family support program began providing home visiting services in late 1999 and became fully operational at nine sites throughout Sacramento County in early 2000. Birth & Beyond was based on the original ABC/CalSAHF program model<sup>1</sup>. This model consisted of home visiting services that were augmented by a multi-disciplinary team (MDT) of specialists, and a neighborhood-based Family Resource Center (FRC) to engage the community-at-large in a variety of family oriented activities and services. For Sacramento County there were nine sites, with two home visiting teams at each site. The teams included a team leader with a license in a counseling profession and five paraprofessional home visitors, half of whom were AmeriCorps members. The MDTs consisted of specialists in alcohol and other drug abuse, mental health, child protective services, public health nursing, and CalWORKS all provided in-

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<sup>1</sup> ABC/CalSAHF (Answers Benefiting Children/California Safe and Healthy Families) was an initiative funded by the Office of Child Abuse Prevention (OCAP) in the California Department of Social Services. Between 1999 and 2002 ABC/CalSAHF programs functioned in 17 counties statewide.

kind from either the Sacramento County Department of Health and Human Services (DHHS) or Department of Human Assistance (DHA).

## **1.2. Program Changes**

The Birth & Beyond Program has constantly evolved since its inception. The program began with an emphasis on home visitation services, and has consistently expanded its services with a greater focus on Multi-Disciplinary Team development, Family Resource Center services, and deeper community partnerships.

Over the past few years, the program has experienced philosophical and physical changes that have transformed the program. The closure of a site in 2003/04 reduced the number of agencies serving families in Birth & Beyond. However, shifts in staffing with increases in FRC staff and an increased reliance on AmeriCorps Members expanded services provided to families. In particular, the addition of First 5 funding increased focus on Alcohol and Other Drug (AOD) information and support. Going forward, there will be renewed focus on providing effective parenting support services.

On a philosophical level, the program is considering the role of Birth & Beyond in a wider system of family support services locally. For example, the program is revising the Logic Models created in 1999 to reflect increased emphasis on Family Resource Centers, with Birth & Beyond as one of the Center's many services.

## **1.3. Evaluation**

In the spring of 2007, the evaluation team completed a series of intensive site visits and interviews with program managers and staff, partners, and participants. The evaluation team also maintains a database of Birth & Beyond services and outcomes.

This report includes both quantitative analysis of the Birth & Beyond database, as well as qualitative analysis from the site visits and interviews. In this report, comments cited as "Birth & Beyond Managers" included a combination of Program Managers, Team Leaders, and FRC Coordinators.

## **Section 2      Current Program**

Birth & Beyond has evolved over the past seven years, modeled after ABC/CalSAHF initially and adapting to changing needs and local nuances. The program today is the by-product of a truly collaborative and community-based process, with growing recognition at the state and national level as a unique program model. This year the evaluation process included a self-assessment about the program features that contribute to its uniqueness among family support services. By far, the most commonly cited unique aspect was the power of the public-private collaboration.

*The collaborative piece is unique in the sense that all the Team Leaders meet and there is collaboration within the eight sites and collaboration with the funders, the County, and First 5. – B&B Team Leader*

Other frequently mentioned components that make Birth & Beyond unique included the wide variety of services provided in one location at the Family Resource Center, the consistency of services across the eight sites, the voluntary and free nature of the program, the focus on early prevention, and Birth & Beyond's strengths-based empowerment approach. Other unique aspects mentioned included the use of paraprofessionals, specifically through AmeriCorps and the fact that services are provided in the home until the child turns six. Managers also mentioned the support they receive from the parallel-process focused supervision and support from the MDT as unique aspects of the program. Finally, a commonly mentioned aspect that makes Birth & Beyond unique is the fact that the Family Resource Centers are part of the community, and the staff represent many cultures and languages, reflecting the communities where they work.

### **2.1. Demographics: Ethnicity, Language**

Sacramento County has received national recognition as one of the most culturally diverse communities in the country. This section presents findings from an analysis of demographic characteristics of Birth & Beyond families who received home visiting services between July 1, 2006 and June 30, 2007. The program has represented the cultural diversity of Sacramento throughout its seven year history, both in terms of its client families and its staff members. The family characteristics include race/ethnicity, family composition, population diversity, and children living in poverty, summarized below.

**Table 1: Ethnicity: Home Visitation Families**

<b>Ethnicity</b>	<b>N</b>	<b>%</b>
Latino	964	51%
African American	331	18%
Caucasian	285	15%
Hmong	60	3%
Multi-racial	56	3%
Other	47	3%
Asian	41	2%
Ukrainian/Russian	37	2%
Pacific Islander	27	1%
Native American	16	1%
Asian Indian	7	0%
Other SE Asian	3	0%
Total	1,874	100%
Missing	159	

**Table 2: Primary Language: Home Visitation Families**

<b>Primary Language</b>	<b>N</b>	<b>%</b>
English	998	52%
Spanish	785	41%
Hmong	67	3%
Russian	49	3%
Other	25	1%
Chinese	3	0%
Laotian	2	0%
Unknown	1	0%
Hindi	5	0%
Tagalog	2	0%
Total	1,937	100%
Missing	96	

Birth & Beyond strives to serve the entire community. Just over one-half of Birth & Beyond families (51%) are Latino, followed by 18 percent who are African American and 15 percent who are Caucasian. In addition, about six percent of Birth & Beyond families are Asian/Pacific Islanders and two percent are Ukrainian or Russian.

Increasing numbers of bilingual staff have made it possible for Birth & Beyond to serve larger proportion of Spanish-speaking (39%), Hmong (n=3%), and Slavic-speaking (2%) families. Most of these staff are Home Visitors or FRC Aides, recruited specifically to align with the cultural composition of the neighborhoods served.

## 2.2. Demographics: Age, Marital Status, Education

Birth & Beyond families are young, with three quarters age 30 and younger (75%). This predominance of young adults reflects the population targeted by the program, new parents or parents in prime child-bearing years. An additional 23 percent are between 31 and 40. Relatively few are over 40 years old (3%).

**Table 3: Current Age: Home Visitation Families**

Age Category	N	%
under 20	296	15%
21-30	1,206	60%
31-40	462	23%
41-50	59	3%
over 50	2	0%
Total	2,025	100%
Missing	8	

Birth & Beyond includes many first time parents who are young single parents. Nearly all of the individuals who join the Birth & Beyond Program are women.

**Table 4: Marital Status: Home Visitation Families**

Marital Status	N	%
Never Married	676	37%
Married	669	37%
Living With Partner	299	16%
Separated	59	3%
Divorced	41	2%
Other	31	2%
Unknown	40	2%
Total	1,815	100%
Missing	218	

An equal proportion of families has never married (37%) or is married presently (37%). In addition, 16 percent are living with a partner, which can add additional support in the home. Thus, slightly more than half (53%) of these families are represented by two-parent households. Conversely, nearly half (47%) are single-parent households.

Finally, the largest proportion of families who enroll in Birth & Beyond have less than a high school diploma (44%). Almost one third (30%) have a high school diploma or GED, and almost one quarter (22%) have education beyond high school.

**Table 5: Education: Home Visitation Families**

<b>Highest Level of Education Attained</b>	<b>N</b>	<b>%</b>
Not School Aged	16	1%
School Aged, El/Jr/HS	63	4%
Less than HS	780	44%
HS/GED	462	26%
Tech/Trade/AA	55	3%
Some College	220	13%
College Degree	49	3%
Some Grad. School	7	0%
Grad/Prof Degree	11	1%
Unknown	93	5%
Other	1	0%
Total	1,757	100%
Missing	276	

While these characteristics in and of themselves do not put families at risk for child abuse or neglect, they do affirm the types of challenges families face. Young, single, and immigrant status all present challenges to new parents, as does limited earning power associated with low educational attainment. Without support, occasional financial assistance, and access to community resources these families and their children would be more vulnerable, at risk for child abuse and neglect.

### **2.3. Risk Indicators**

One key component of the Birth & Beyond Program is periodic assessment of potential risk indicators. Four assessments originally introduced in the ABC/CalSAHF model continue to be used in Birth & Beyond to measure Parenting (AAPI<sup>2</sup>), Depression (CESD), Social Support (MSSI), and Conflict Tactics (CTS). The program model prescribes the first administration of the full battery of assessments within 45 days of intake, followed by re-administration every 6-12 months thereafter.

The percentages shown in Table 6 illustrate the areas where Birth & Beyond families open for more than one day during the year had elevated scores on their first battery of assessments, suggesting a potential risk for abuse or neglect, and thus an area to address in the program. Nearly all parents showed some lack of parenting skill as defined by the AAPI (89%). Given the number of youth and first time parents, this rate of elevated scores may reflect a lack of knowledge and experience.

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<sup>2</sup> As of July 1, 2007, the AAPI is no longer used in Birth & Beyond.

Another area of concern for Birth & Beyond families is the rate for families with elevated scores on the depression assessment tool. Over one-third (38%) of the families indicated some depression at the time of the administration of this measure. Eighteen percent of families indicated a lack of social support, and less than 10 percent of the families scored in the moderate to severe range for the assessment that measured risk for domestic violence. Depression, social isolation, and domestic violence are areas that are closely associated with child abuse and neglect.

**Table 6: At Risk Scores on Screening Assessment Tools (FY 2006/07)**

Screen	N At Risk	N Completed	%
At least one risk identified	823	876	93.9%
AAPI – One or more “At Risk” (parenting/child rearing attitudes)	758	856	88.6%
AAPI 1a (inappropriate expectations)	374	855	43.7%
AAPI 1b (lack awareness of child needs)	586	854	68.6%
AAPI 1c (strong belief in corporal punishment)	423	854	49.5%
AAPI 1d (reverse child/parent roles)	522	853	61.2%
AAPI 1e (oppress child’s power & independence)	485	852	56.9%
CES-D (depression)	324	863	37.5%
MSSI (lack social support)	147	833	17.6%
CTS moderate (domestic violence)	86	867	9.9%
CTS severe (domestic violence)	67	868	7.7%

The percentages of families demonstrating elevated risk upon joining Birth & Beyond has remained relatively stable throughout the life of the program, and reinforces that Birth & Beyond is serving families with potential risks. These scores may even show lower risk due to a desire for families to “look good” and impress their new Home Visitor. As a trusting relationship between the Home Visitor and the family develops, the primary caregiver may voluntarily disclose additional information about each of the risk areas related to the screening assessment tools.

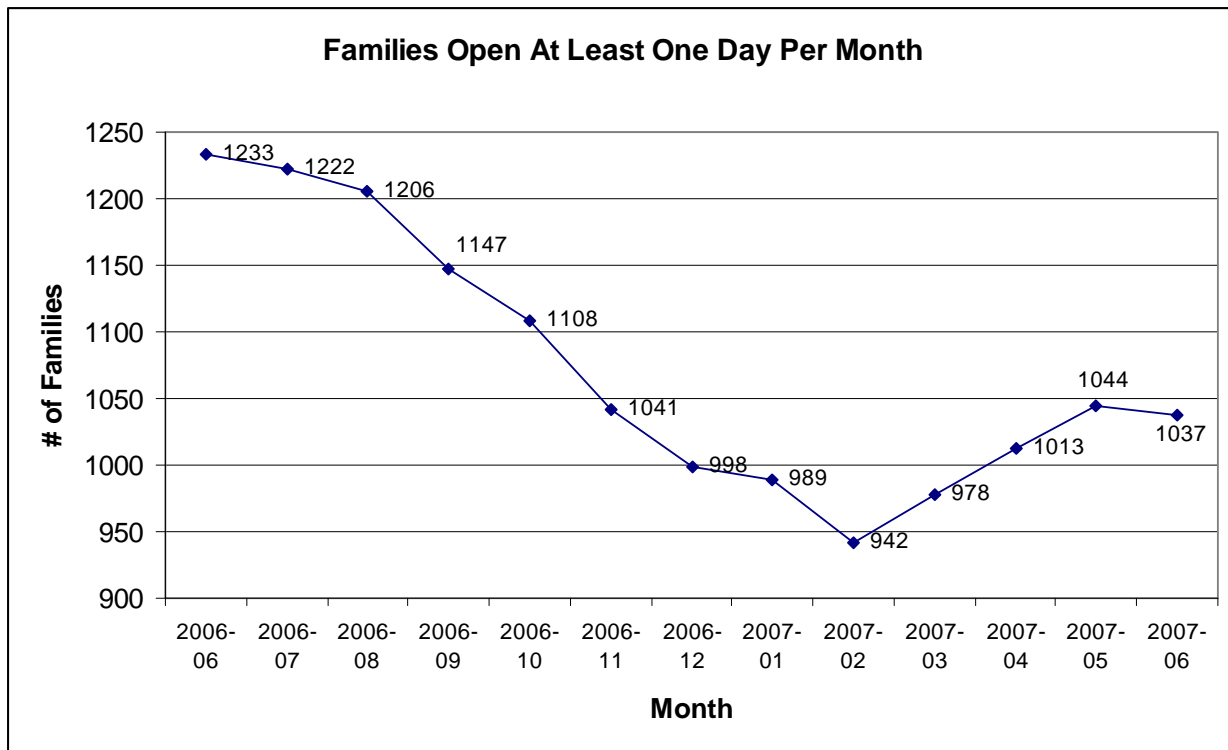
These assessment tools have been in use since 2000, based on the battery of risk assessments inherited with the ABC/CalSAHF program (funded by OCAP from FY 00/01 through FY 02/03). In 2003 Birth & Beyond replaced the AUDIT and DAST assessments for alcohol abuse and drug abuse with the CAGE questions, in response to funding from First 5 Sacramento and increased emphasis on substance abuse issues for families. Beginning in 2007/08 the selection of assessments will change again, as the program replaces the AAPI with another parenting assessment tool. In addition, the program will introduce the Family Development Matrix (FDM or “the Matrix”) to assess strengths and concerns across multiple domains of family functioning. The Matrix was developed in a year-long collaborative process, through technical support from Strategies and the Office of Child Abuse Prevention. Finally, Birth & Beyond will discontinue use of the MSSI and the CAGE for lack of psychometric sensitivity to assess risks in these areas. While changes in assessment scores may be used to

satisfy the “outcome” reporting for some funders, the program will not rely as heavily on changes in periodic assessments as measures of family or program outcome.

### 2.4. Service Activity

Birth & Beyond has a capacity to serve between 1,200 and 1,600 families with home visiting services that range from once a week to once a month. Each site has two teams, each consisting of a Team Leader and five Home Visitors.

**Figure 1: Families Open At Least One Day Per Month (FY 2006/07)**



A total of 2,033 families (with 3,935 children) had an open home visitation case at least one day during the 2006/07 year. In addition to receiving home visitation services, 672 home visiting families (33%) also attended one or more class session at the FRC, averaging 13 class sessions during the year.

The number of open home visitation cases showed a steady decline until rebounding in February of 2007. Managers attribute many of the challenges with maintaining caseload levels to the program’s reliance on AmeriCorps for Home Visitation staffing. Not only do some families leave the program when their AmeriCorps Member’s term of service ends, but new Members cannot serve families until they completed the introductory “B&B Basics” trainings. It is not unusual for it to take up to three months to train and prepare new Home Visitors for their job.

Other factors impacting the decline in Birth & Beyond's caseload throughout FY 2006/07 may be related to increased family support options, such as more FRC activities and services, and the growth and expansion of other home visiting services (e.g., Differential Response and the Nurse Family Partnership).

### **2.5. *Current Program Summary***

The Birth & Beyond Program continues to reach parents who may be most at risk for child abuse and neglect by virtue of their life circumstances and experiences. Birth & Beyond provides a viable safety net to these families, and targets neighborhoods where families most at risk for abuse and neglect reside. The Birth & Beyond Program reaches these families and engages them in services designed to mitigate the challenges they face and to reinforce the safety net of available resources. The program systematically assesses family risk factors as a central feature of the Family Support Plans developed for home visiting services. The program will continue to explore ways to assess and serve families engaged in Family Resource Center services exclusively, in recognition that some sites are beginning to offer more case management to some of these families. These changes and shifts in program operation will continue through FY 07-08.

## **Section 3      Staffing**

A program like Birth & Beyond depends entirely on the personnel who staff the program. The staffing structure and the qualifications sought to fill positions are carefully defined to assure compatibility with the program philosophy and responsiveness to family needs. The ebb and flow of staff is inevitable, particularly since this program provides a rich training ground for individuals interested in a variety of family support work. However, the continuous changes in staffing compromise program stability.

One of the greatest challenges mentioned by Program Managers, Team Leaders, FRC Coordinators, and Data Entry staff is the program's Home Visitor ratio of seven AmeriCorps Members to three agency staff. Although they acknowledge that the use of AmeriCorps "enables the program to provide more services and reach more of the community," managers feel that "once we get [Members] onboard and trained, it is time to gear down and lose them." The turnover when AmeriCorps "terms of service" end causes disruptions for families and agencies.

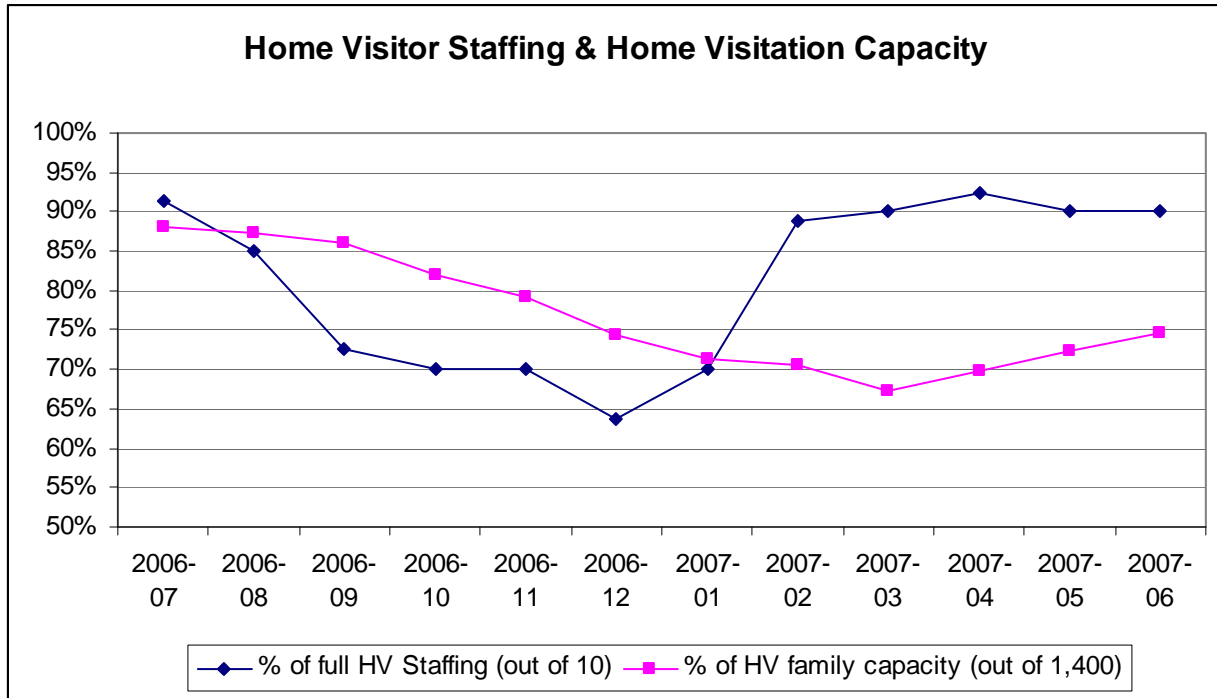
*When you are changing 80 percent of staff every few years and then you are doing triage and training over and over again, you just can't have the program function as it should be designed. – B&B Program Manager*

The increased turnover in recent years is considered a contributing factor to the decline in caseload volume, and it constantly taxes the Teams and Program Management resources.

### **3.1. Home Visitor Staffing**

After relatively stable staffing during the 2005/06 year, Home Visitor staffing became a challenge once again during the 2006/07 program year, particularly regarding AmeriCorps Home Visitor staffing. As shown in Figure 2, Birth & Beyond overall did not have a full complement of Home Visitors (10 per site or 80 total) in any month of the year. As the number of Home Visitors on the last day of the month decreases between July and December, the percent of caseload at full capacity (out of 1,400) decreases as well. Once staffing began to rebound in January 2007, the percentage of full capacity of home visitation families stopped decreasing and stabilized at approximately 70-75 percent of capacity. The relationship between caseload capacity and staffing has been the subject of many meetings among the Family Support Collaborative partners.

**Figure 2: Home Visitor Staffing & Home Visitation Capacity (FY 2006/07)**

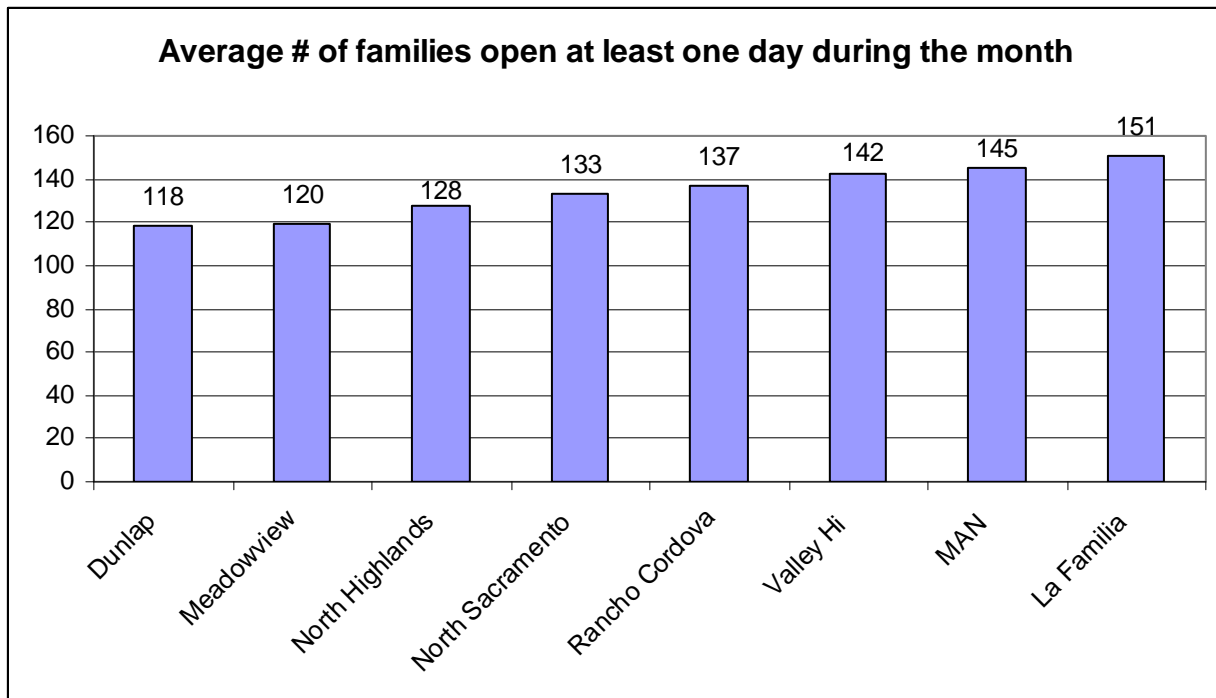


A full complement of Home Visitors is critical for serving families. Assignment of cases varies depending on service levels, site needs, and Team Leader discretion. Families are best served when all 10 Home Visitor positions are filled. The declines in staffing in July through December impact program capacity for months as new staff are hired and proceed through training in preparation to serve families directly. It may take several months for caseloads to recover.

**3.2. Service Levels**

By June 30, 2007, Birth & Beyond was serving 1,037 open families with home visiting services, which is 74 percent of the capacity of 1,400 (17.5 cases x 10 home visitors x 8 sites). In the 2006/07 program year, the total average monthly caseload ranged from 118 to 154 cases per site. During the 2006/07 year, aggregate caseload at the site level ranged between 67 percent and 88 percent of full capacity, or an average of 77 percent of capacity.

**Figure 3: Average Number of Families Open 1+ Days During the Month (FY 2006/07)**



Just over half of the families enrolled in home visiting on the last day of the year (47%) are “Level 1,” which means they receive weekly home visits for at least six to twelve months. Another one-third (30%) are “Level 2,” receiving bi-weekly visits. The remaining families (12%) are Level 3, which means the home visitors visit less frequently (e.g., monthly). Approximately 11 percent are at one of two pregnancy levels. The caseload composition for each Home Visitor is not supposed to exceed 15 Level 1 families and five (5) families in Levels 2 and 3. Thus, caseload capacity can range from 15 Level 1 families to a mixed caseload of up to 20. On average, the caseload capacity is about 17-18 per home visitor, and 175 per site (ranging from 150 to 200).

## **Section 4      Core Elements**

Based on the original ABC/CalSAHF program model, the Birth & Beyond Program consisted of three distinctive core components: (a) home visiting services, (b) Multi-Disciplinary Teams (MDT), and (c) a Family Resource Center. During the first several years of program operation, home visiting was the most prominent component of the Birth & Beyond. Hiring and training staff, keeping and maintaining fully staffed MDTs, and building caseloads were the focus of effort and attention.

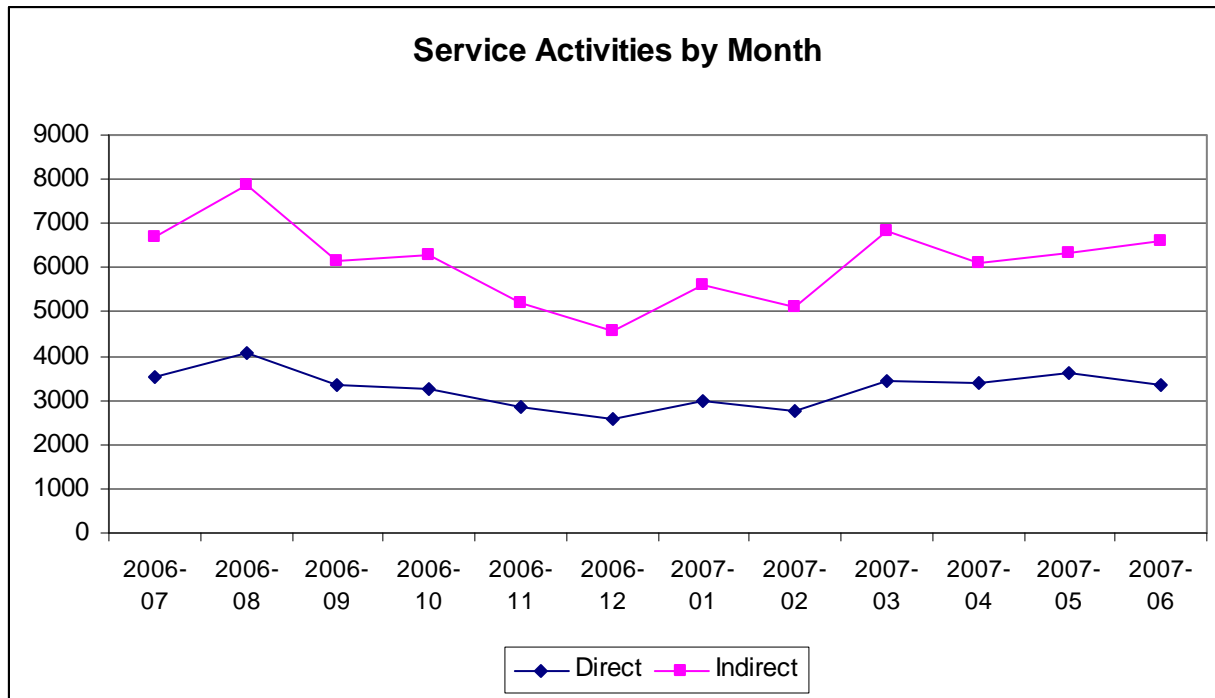
In 2002, the program secured additional resources from Sacramento County's First 5 Commission to help the FRCs flourish, particularly where there had been only modest success initiating brand new centers. Over the past four years, Birth & Beyond has worked to fully integrate home visitation and Family Resource Centers to provide services and resources to all families in the community.

### ***4.1. Home Visitation***

Home visited families receive visits from 1 to 4 times per month, depending on level designation. All families begin at Level 1 to ensure frequent (weekly) home visits, particularly in the first six months following delivery of a new baby.

During FY 2006/07, on average families received 2.1 home visits per month for an average of 55 minutes per visit. Altogether there were 23,627 home visits during the year. This average was relatively consistent throughout the year, varying only between 1.9 and 2.4 visits per family per month.

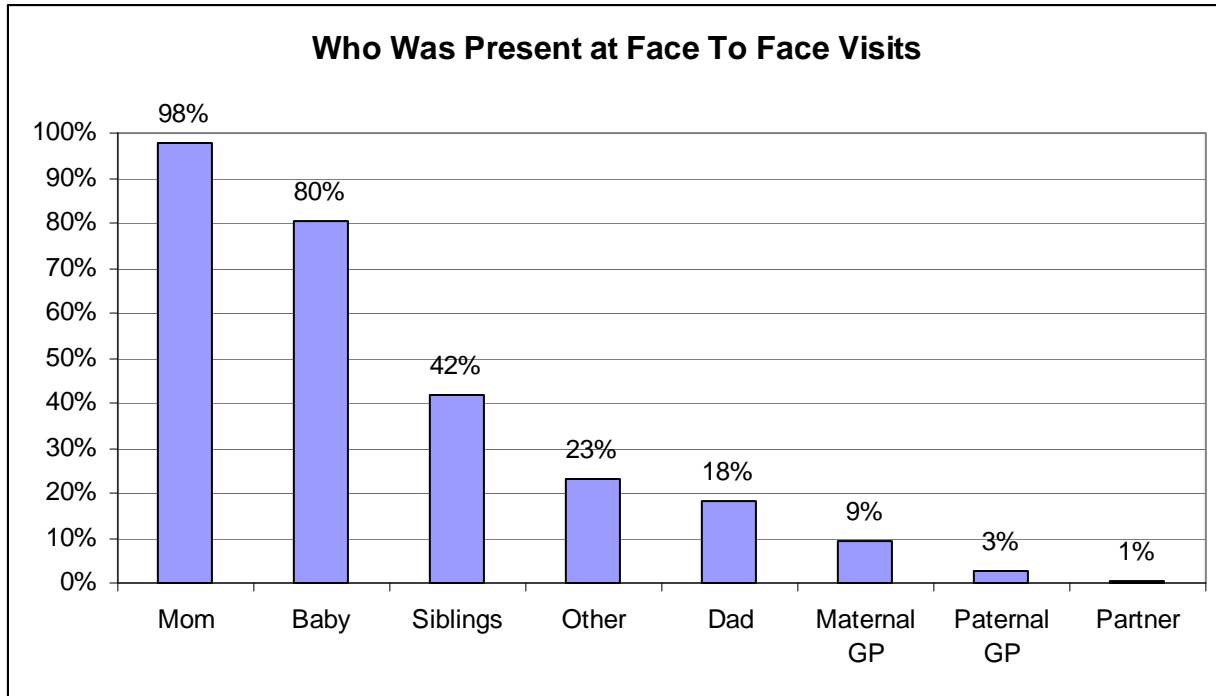
**Figure 4: Service Activities by Month (FY 2006/07)**



As shown in Figure 4, families receive both direct and indirect services, but the majority of services provided to families are indirect. Altogether, 65 percent of the 112,858 services provided during the year were indirect, which includes MDT services, advocacy, and all other work performed on the family’s behalf. In addition, 35 percent of all services provided were “direct service” which required direct contact with the family. It is important to note that many more staff members provide indirect services (all MDT members, site managers, and Home Visitors) than provide direct services (primarily Home Visitors and FRC Staff).

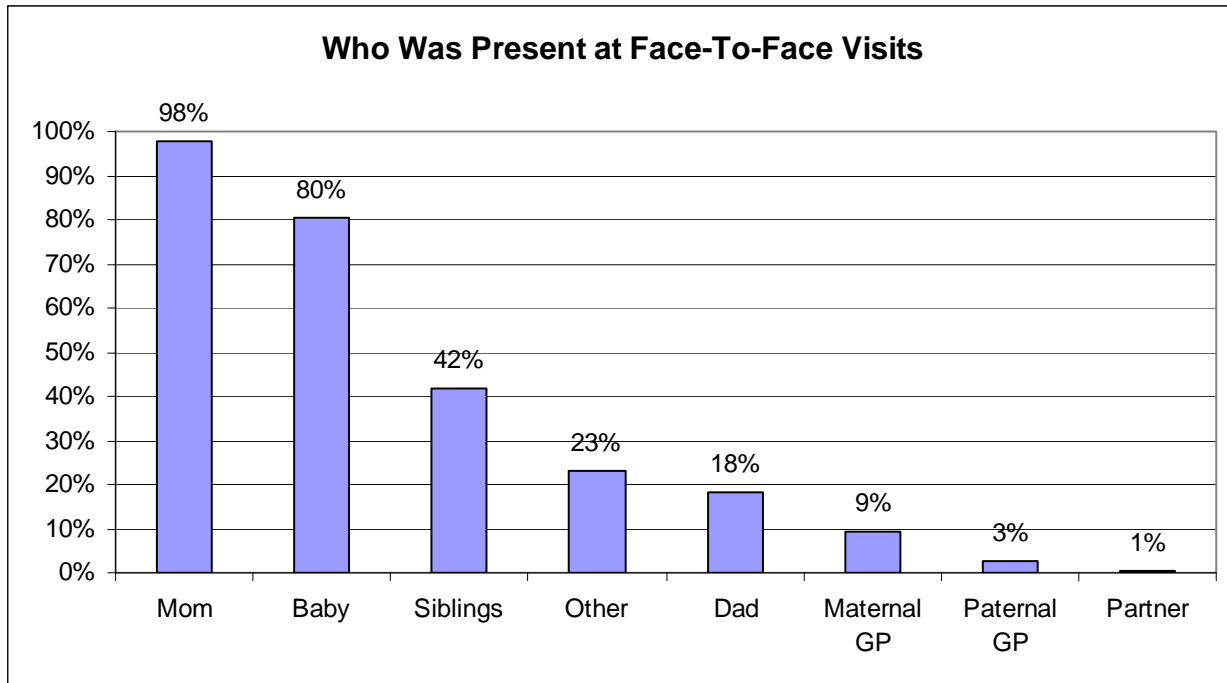
**4.1.1. Home Visitation Participation**

Families received a total of 21,872 face-to-face visits during the 2006/07 year. With a deliberate focus on direct services via home visitation, 95 percent of face-to-face contacts took place in the home. Families decide who is present at their face to face contact with B&B Staff, which is documented in Figure 5 below.

**Figure 5: Who Was Present at Face to Face Visits (FY 2006/07)**

Nearly all contacts (98%) included Mom, and 18 percent included Dad. One of the primary considerations of Birth & Beyond is “Where is the Baby?” The Baby was present for 80 percent of face-to-face contacts, and other siblings were present for 42 percent of face-to-face contacts. Since home visits might occur while the baby was napping, it became increasingly important for Home Visitors to make a point to check on the baby. In addition, Birth & Beyond utilizes the Ages and Stages interactive child development curriculum to reinforce more parent-child interaction during the home visits. The observation of parent-child interaction becomes a key focus of all home visits since it helps identify strengths and needs of the caregiver and child.

Home Visitors plan their face-to-face contacts with families, but often focus on several key topics that align with B&B outcomes. As shown in Figure 6, almost two-thirds of the face-to-face contacts with families included a discussion of or activities around Health (64%). The other most commonly discussed topics are Child Development (59%), Advocacy (44%) and Parenting Skills (33%).

**Figure 6: Topics Addressed in Face-To-Face Contacts (FY 2006/07)**

Birth & Beyond managers (Program Managers, Team Leaders, and FRC Coordinators) are very clear about the importance of partnership with the Family Resource Center. Family engagement starts in the home, but the program intent is to continue to engage the family with resources beyond their relationship with the single Home Visitor. Thus, Home Visitors provide an important link between in-home services and the FRC.

Home Visitors leading groups at the FRC can be an incentive for families to leave their homes and meet people at the FRC. Staff enjoy the flexibility of meeting with families at home or at the FRC. Although Home Visitors tell all families about what the FRC has to offer, it can sometimes be difficult to explain exactly what an FRC is. One Home Visitor suggested arranging FRC tours “so families can see the Center, sit in on a class, and just get an idea about what’s going on.” For some families, it is easier to remain socially and emotionally isolated. The FRC is a vehicle for families to tap other resources in the community and connect with other staff and families.

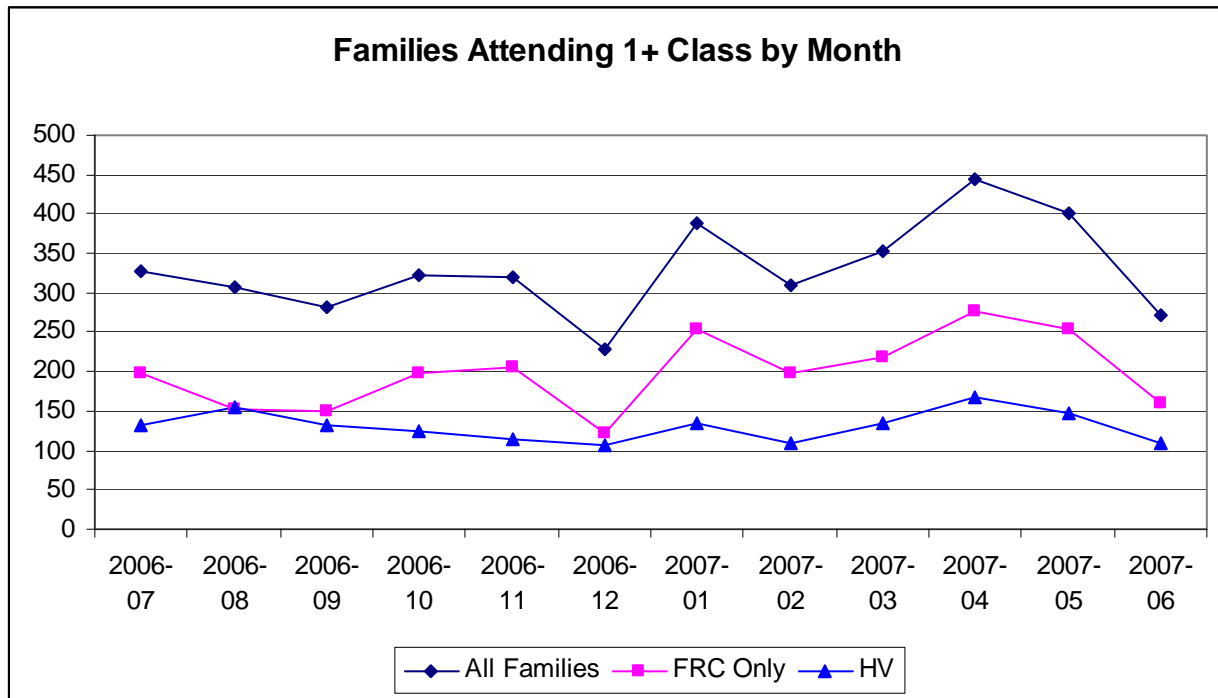
#### **4.2. Family Resource Centers (FRCs)**

The FRCs offer a variety of services, including drop-in information and referrals, classes for families receiving home visitation services, classes open to all families wanting to participate, meetings and classes offered by other agencies using the FRC facility, and large community events. All FRCs feature parenting classes, Play ‘n Grow (an interactive parent-child play group), and support groups for parents.

### 4.2.1. FRC Participation

In the past year, (July 1, 2006 through June 30, 2007) 1,555 people attended one or more classes at the eight FRCs for a total (duplicated) attendance of 10,272 (average 6.6 classes per attendee).

**Figure 7: Families Attending 1+ Class by Month (FY 2006/07)**



As shown in Figure 7, just over two-thirds of class attendees (66%) were FRC-Only families, or people who had never received home visitation services. The other one-third of attendees (33%) also received home visitation services. Although a smaller proportion of attendees were home visitation families, they attended slightly more classes on average (8.5 per person) than FRC-Only families did (5.7 per person). The drop in attendance during December is a typical annual pattern due to the winter holidays, but seems to mostly affect FRC-Only families.

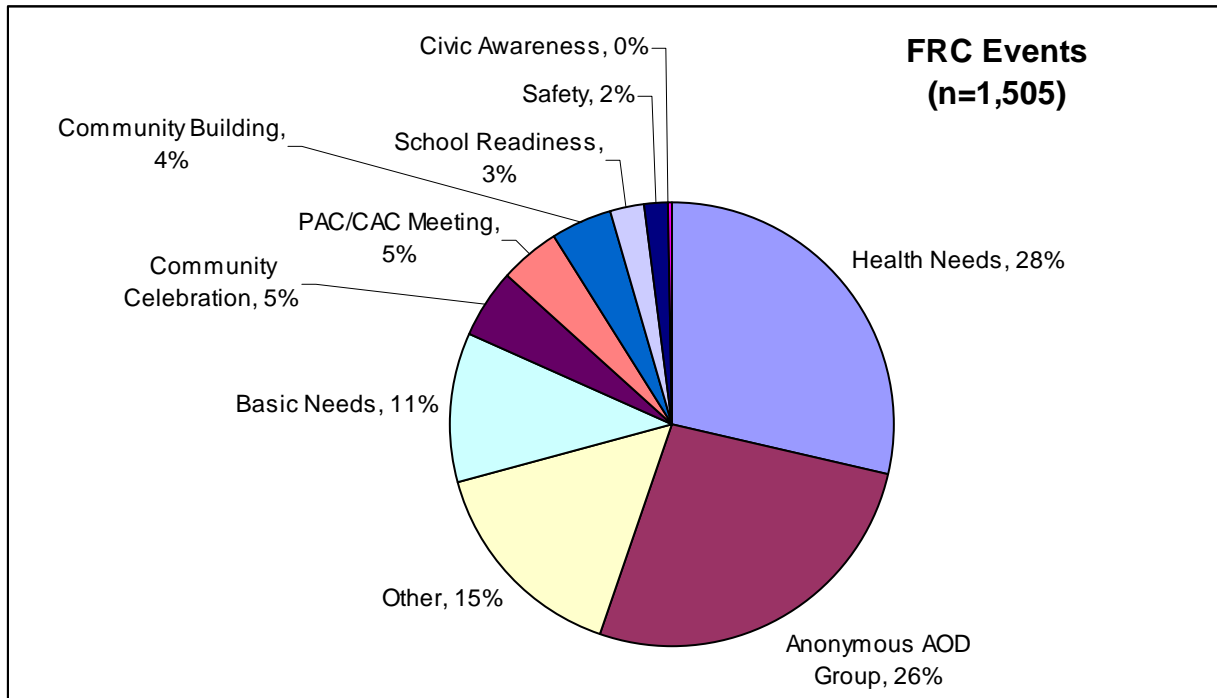
### 4.2.2. Classes Offered

FRCs offered a total of 1,932 class sessions during the year, with a total duplicated attendance of 10,272 people. The average attendance per class session was 5 people. The most frequently offered classes were Parenting Education/Support classes (604 class sessions), followed by Alcohol and Other Drug (AOD) classes (431 classes).

**4.2.3. Events/Meetings**

FRCs fulfill the role of community hosts for many different types of events and meetings. In addition to classes, the FRCs offer events that are either too large or are inappropriate for taking attendance, such as Anonymous AOD groups.

**Figure 8: FRC Events by Type (FY 2006/07)**

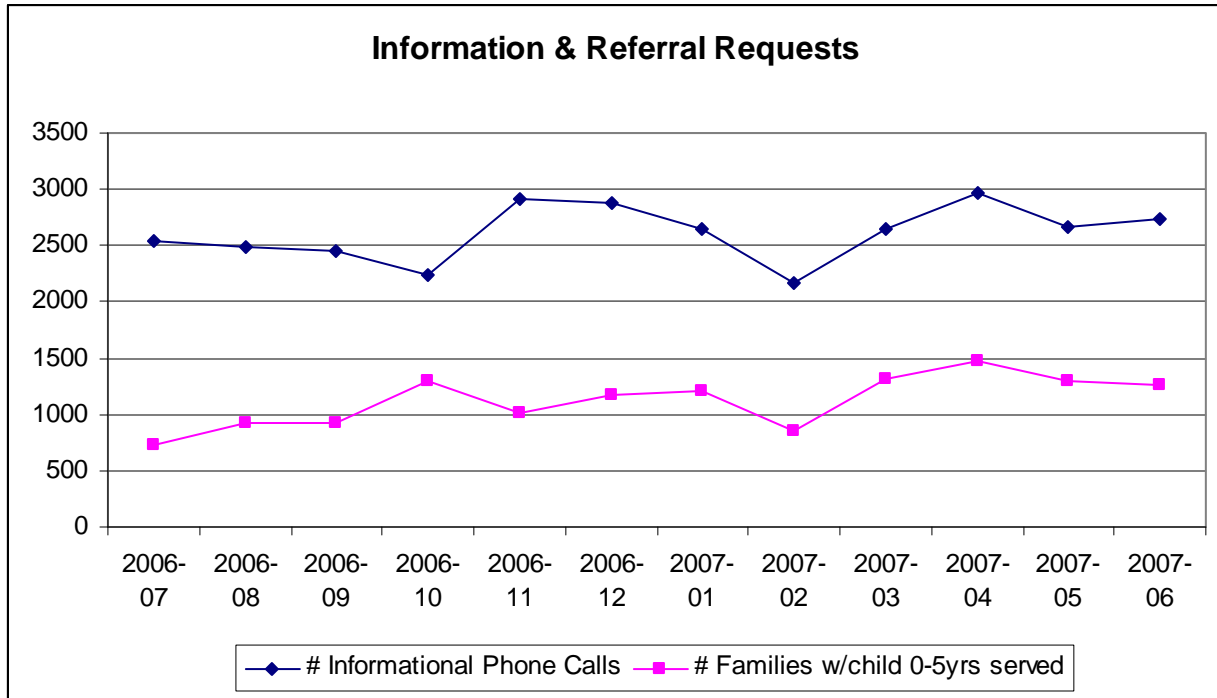


FRCs hosted 1,505 events during the year, with a duplicated attendance of 28,457 people. The most common events hosted by FRCs were related to health needs (28%) and Anonymous AOD groups (26%). FRC special events provide another opportunity for parents and community members to volunteer or demonstrate leadership at the neighborhood level.

**4.2.4. Information/Referrals**

The FRC provides a high volume of general information to all community members, whether or not they receive direct services from Birth & Beyond. Much of the traffic in and out of the Family Resource Center includes people coming in for information and referrals; these brief encounters can only be tracked in the aggregate. However, this resource represents an important gateway to both the services provided on-site at the FRC, as well as in the larger community. The Information and Referral service component of the FRCs represents a valuable introduction and welcome to the FRC and all services contained therein.

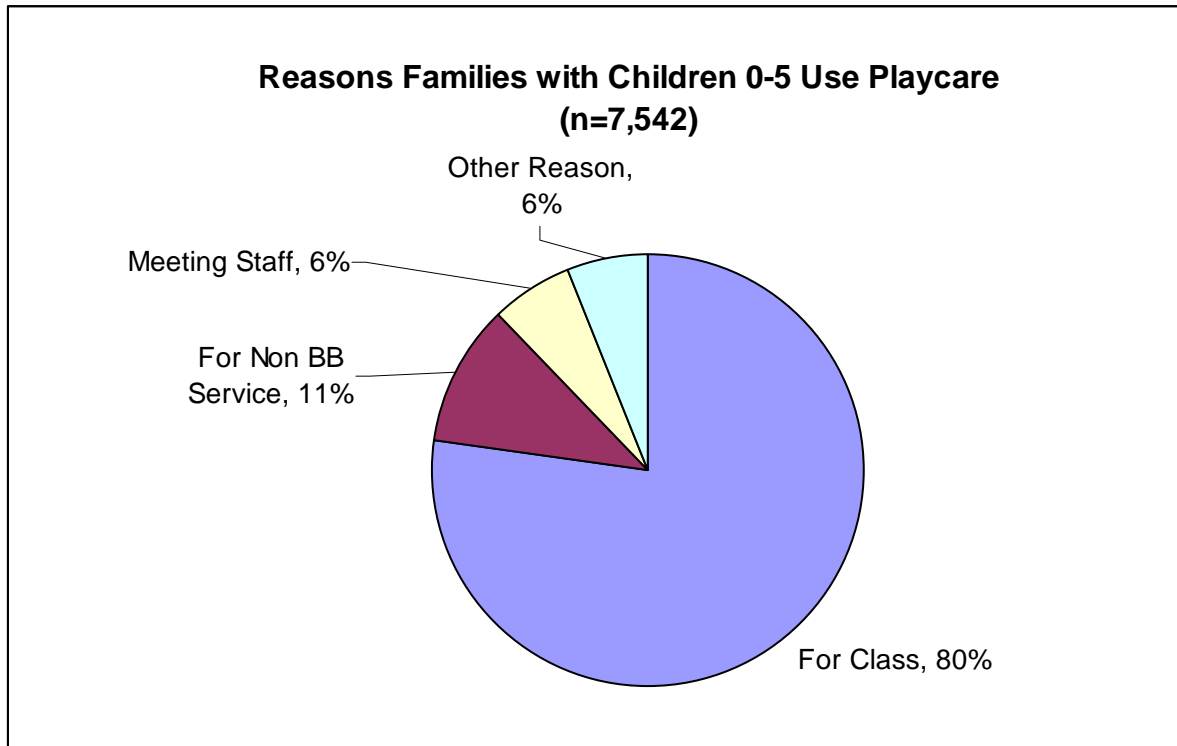
**Figure 9: Information & Referral Requests (FY 2006/07)**



As shown in Figure 9, FRCs documented 31,348 telephone calls requesting information during the year. Families with a child age 0-5 received information & referral services from the FRC 13,423 times, reflecting the program’s emphasis on services for children age 0-5, pursuant to the funding support from First 5.

**4.2.5. Playcare and Transportation**

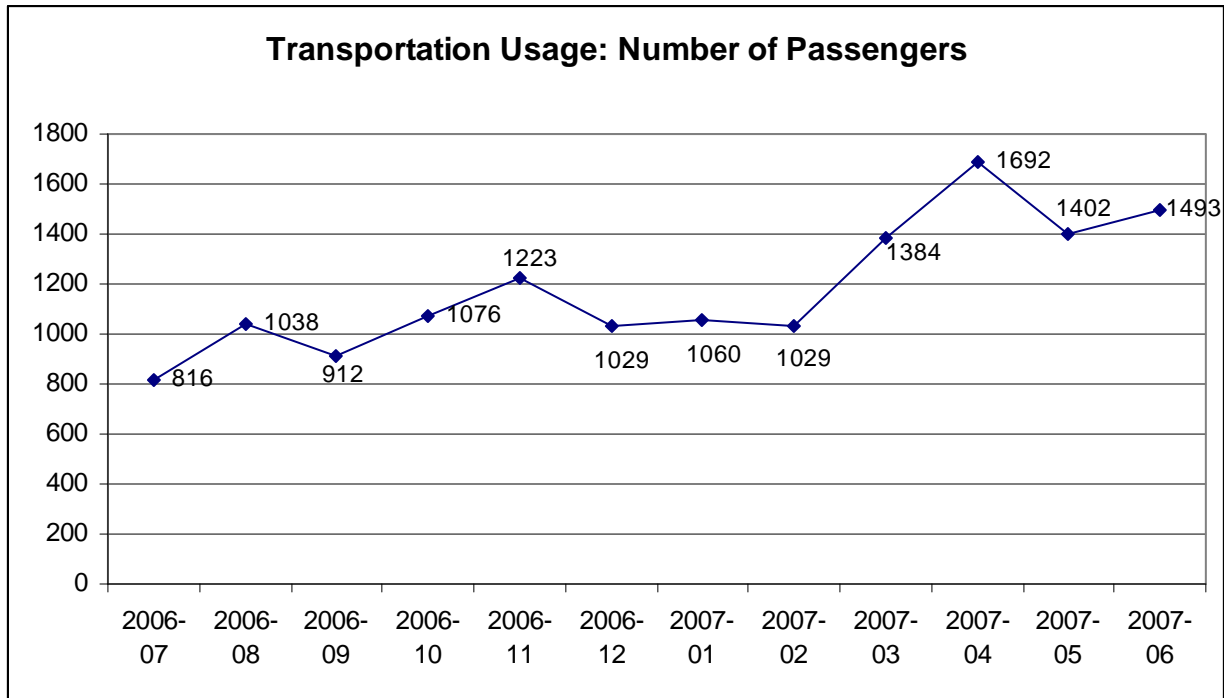
Whenever a program reaches out to serve families and children, the barriers to services often focus on the need to provide childcare and transportation. In order for parents to attend classes at the FRC, many must bring their pre-school age children with them. The FRCs provide a Playcare facility to permit parents to participate in on-site FRC activities.

**Figure 10: Reasons Families with Children 0-5 Use Playcare (FY 2006/07)**

As shown in Figure 10, families used Playcare 7,542 times during the year, mostly while attending a class at the FRC (80%). Playcare allowed families to receive services at the FRC, as well as focus on class content knowing that their children are safe and entertained.

Similarly, many of the families served by the program rely on public transportation, exclusively or in part, and this is an additional challenge for getting to a weekly class. FRC transportation services, while limited, assume that this barrier does not keep families from participating in classes.

**Figure 11: Transportation Usage: Number of Passengers (FY 2006/07)**



A part- or full-time transportation worker and a van at each site help families attend classes and events at the FRC. B&B vans transported passengers 14,154 times, almost evenly split between parents and children age 0-5. Usage varied month to month, depending on events and classes offered at the FRC, but averaged 1,080 passengers per month.

### **4.3. Summary of Services and Core Elements**

The Birth & Beyond Program provides an extensive array of services and activities designed to support and empower families in the neighborhoods where they live and raise their children. While home visitation is the most visible of these core services, there is a Multi-Disciplinary Team that supports their work. And the FRC component has been evolving and developing into the comprehensive all-purpose resource that takes Birth & Beyond families well beyond home visitation. The FRCs provide the link between families and services, complete with a host of support services to facilitate the use of and access to the FRC.

## **Section 5      Training & Supervision**

Birth & Beyond relies heavily on paraprofessional staff to implement the home visitation services, as well as FRC events and activities. This staffing pattern requires considerable training, rigorous staff support, and regularly scheduled reflective supervision sessions between Home Visitors and their Team Leaders. The program continues to examine how it trains and supports its line staff to carry out the functions of family support services. The qualitative evaluation provides a periodic opportunity to solicit input from staff at all levels to ascertain what is working and what needs attention.

Birth & Beyond supports ongoing training for Home Visitors, beginning with Birth & Beyond Basics (“Basics”), a 40-hour introductory training that is required for all new staff, offered 3-4 times per year. Additional trainings are offered by the Child Abuse Prevention Council (CAPC) throughout the year on a variety of topics. CAPC also provides training and ongoing support to all AmeriCorps Members throughout their terms of service.

### **5.1.    *Training***

B&B managers had several comments and suggestions about Basics. First, managers acknowledged the hard work that CAPC and the trainers put into conducting B&B Basics, and what a huge undertaking it is. However, a few people mentioned that Basics has “way too much crammed into five days.” In addition, for some, the goals of Basics are not clear. Some managers felt that Basics does not “relate to home visiting specifically,” and should include more “position-specific breakouts.” This has been an ongoing topic for the training planners, in recognition of the shift from exclusive home visitation services to a richer array of services at the FRC.

B&B managers also acknowledged that many families referred to Birth & Beyond have more intense needs, particularly in terms of mental health. Therefore, several managers mentioned a desire for additional trainings beyond Basics and the trainings required by the contract.

#### **5.1.1.      Additional Trainings Needed**

B&B managers mentioned several additional trainings they would like to see offered. The most common type of training requested was ethics and boundaries (4), Playcare (2), and Personnel (2). Other trainings mentioned were:

Practice

AOD (Alcohol & Other Drug)  
ASQ (Ages 'n Stages)  
Community Development  
Floortime/Tummytime  
FRC/HV Working Together  
Group Facilitation  
Home Visiting Practice  
Interaction with Mom  
Mental Health (infant, adult)  
Positive Parenting

Management

Communication  
Computer Skills  
Continuing Education  
Multi-ethnic supervision  
Professionalism  
Time Management

Health

Blood-borne Pathogens  
CPR  
TB Testing

Birth & Beyond staff are required to address a wide range and variety of family needs. This requires a robust and comprehensive training agenda. As Birth & Beyond home visitation and FRCs continue to flourish, the staff will identify new and emerging training needs.

## **5.2. Supervision and Staff Support**

Birth & Beyond encourages frequent communication between the managers (Program Managers, Team Leaders, and FRC Coordinator) and the staff (Home Visitors and FRC Aides) through weekly one-on-one supervision meetings. These meetings provide a built-in opportunity for the team leader to provide support to each home visitor, to foster their personal and professional development, and to intervene on behalf of a family or the home visitor when necessary. Team Leaders also provide an ongoing source of on-the-job training, through reinforcement of Birth & Beyond policies and procedures and monitoring the quantity and quality of staff work.

*The supervisor that I have goes above and beyond everything to help us.  
Whether it is personal or work-related, our supervisor is always there. –  
B&B Home Visitor*

The Birth & Beyond Program utilizes a multi-layer system of support among all sites for staff and managers, both formal and informal. B&B Managers embrace the parallel process and reflective supervision process in supporting their staff. All of the managers mentioned providing weekly direct supervision with staff, as well as providing informal support and supervision. Managers cited an open-door policy and availability by telephone as critical for encouraging staff to seek support.

Managers perform several roles in supporting staff. Not only do managers provide case-related support and supervision, but they also provide personal support and serve as a resource to staff. Managers work to promote a cohesive team by controlling

rumors and resolving problems as they arise. The indirect support managers provide to staff is critical to the success of the team and the site.

In terms of their own support systems, staff and managers cited their supervisors as a source of formal support, but also their peers at other sites for informal support. Most managers mentioned that they find the most support from the other people in the same position throughout the program, and that they “stick together and support each other.”

## Section 6      Multi-Disciplinary Team

The Multi-Disciplinary Team (MDT) has been an integral part of the Birth & Beyond Program since its inception. Most MDTs meet weekly with split teams, where the Home Visitors split into two groups to discuss cases with the Team Leader and MDT Specialists. The Specialists consist of Public Health Nurses, CPS Social Workers, Alcohol & Other Drug Counselors, etc.) Most MDT meetings use the standard Birth & Beyond MDT Case Presentation Form, which includes information about the family, action plans, and follow-through. Each member of the MDT signs the form acknowledging agreement with the plan and commitment to complete the follow-through, as required.

Although there has been discussion about including families in MDT meetings, sites have only included families a few times. Many sites acknowledged the great value in families attending, but also mentioned difficulties in terms of logistics and the need for MDT members to have more strength-based conversations with parents present. One suggestion was that a Family Team Conference may be a better venue for working with families than the MDT. The few sites who have had families attend MDT meetings said that it “worked well” and was “more honest and critical.” However, B&B managers mentioned that it is critical to consider why families are attending and be sure they are attending for the right reasons.

*They [MDT meetings] take longer, but are more thorough. My sense is that people who are on the MDT tend to be more sensitive to the family's needs when they are right there. It gives a physical presence to a family, instead of being just on paper. – B&B Program Manager*

Sites mentioned that the MDT works well, and that most Specialists get along well. One site cultivates this team relationship in the MDT by have a quarterly meeting with only the specialists to explore how to improve, and review roles and responsibilities. In addition, the site coordinates an in-service with the MDT Specialists at least once a year to let the Home Visitors know more about the Specialists. The site also seeks feedback from Specialists and Home Visitors about what they would like to see changed, and roles and responsibilities at MDT, with an emphasis on recognizing Home Visitors as another type of specialist.

## **Section 7 Partners/Neighborhood**

Family Resource Centers, by definition, invigorate collaboration between the Birth & Beyond Program, its FRCs, and a variety of service providers and resources for families. FRC sites have a variety of partners in their respective communities, predetermined by proximity, co-location, and/or mutual interests. Mapping community assets and partnering with organizations in each FRC service area has become an increasingly important aspect of the program. This section describes how these partnerships evolve and where the FRCs seek viable partnerships to augment what they offer for families they serve.

### ***7.1. FRCs are an Essential Part of the Neighborhood***

Birth & Beyond staff and partners strive to make the Family Resource Centers (FRCs) an essential part of their neighborhood. In large part, this occurs because of the Center's commitment to the community. Centers are open and available to all, and therefore can become the resource in the community. The continuum of services provides social support to families, and the consistency and diversity of staff creates a "homey" non-institutional feel in the Center.

Families develop ownership of the Centers, and the success of the Family Resource Centers increases their position in the neighborhood. As people who use the Family Resource Center tell their friends, the Center becomes more and more established as a "one-stop shop" to help families find what they need. In particular, many managers highlighted the importance of being known as the "North Highlands FRC" or the "Meadowview Community Center," etc. rather than the "Birth & Beyond FRC." This switch has encouraged more people to utilize the FRC who are not pregnant or new parents, who may have thought that Birth & Beyond did not apply to them.

### ***7.2. Strongest Partners***

B&B managers spend a significant amount of time building partnerships with local agencies. When asked who their strongest partners were, most B&B managers mentioned UC Davis, Child Protective Services, School Districts, and WIC. MDT partners were also mentioned, mostly because of the effort they expend toward helping families. Several managers mentioned that their MDT Members lead classes and go above and beyond to support staff and families.

**Strongest Partners Mentioned:**

UC Davis Clinic (8)	MDT Specialists (2)	Pacific Education Services (1)
CPS (7)	Planned Parenthood (2)	Parks & Recreation (1)
School Districts (5)	Sacramento Self Help Housing (2)	Phoenix Park (1)
WIC (5)	CalLearn (1)	Roger Dickinson (1)
AOD (4)	Children's MMH (UCD) (1)	Sacramento County (1)
SETA (4)	Cottage Housing's Serna Village (1)	Sacramento Housing
CalWORKs (3)	EDD (1)	Redevelopment (1)
DHA (3)	Grocery Outlet (1)	Salvation Army (1)
Sacramento Children's Home (3)	Healthy Start (1)	St. Hope Academy (1)
Alanon/Alateen (2)	hospitals (1)	The Cordova Community
CAPC (2)	Junior League (1)	Collaborative Foundation (1)
Churches (2)	Karate (1)	The County (1)
Healthy Marriage Project (2)	Oak Park Multi-Services Center (1)	The Effort (1)
Law enforcement (2)		Walmart (1)
		WEAVE (1)

Although one site mentioned a partnership with WEAVE, several other sites mentioned WEAVE as a missing partner. There is a need for domestic violence-related in-service workshops for staff as well as groups at the FRC. In response, one site has partnered with another domestic violence agency, Pacific Education Services.

The wide variety of partnerships active in the FRC allow for an increased variety of services and programs offered at the FRC. Managers mentioned that partners are active at the FRC by leading groups, finding resources for families, donating goods, and facilitating large events and fairs. The collaboration that extends beyond the walls of the Center into the community through these partnerships helps make the Family Resource Centers an essential component of the neighborhood.

### **7.3. Parent Leadership**

One of the indicators of a Family Resource Center's entrenchment in the community is how parents bond to a specific site. Parents can be a Center's most visible and effective ambassadors for recruitment in the community. Parents can take a leadership role in inviting people to classes or distributing brochures throughout the community. Parents talking to other parents can also help dispel any misgivings or rumors in the community about the Family Resource Center. They let the community know that everyone is welcome and there are services to meet a wide range of needs. Some sites engage their parent leaders to call individuals with reminders for meetings and classes.

Sites often consider how to involve parents as leaders in the Family Resource Centers. Usually, ideas and suggestions surround different offerings at the Center. Parents suggested offering hands-on and applied classes such as computer classes, beauty classes, and classes on home décor. In addition, parents suggested fun activities such as dance classes, nutrition or cooking classes, or sewing classes. Parents talked about the timing of activities, such as holding Health Fairs in the summer when it stays lighter longer and offering English classes in the evening. Suggestion for involving fathers

were to offer workshops geared toward men (e.g., electronics, mechanics, etc) that have a childhood education component, showing sports games on a big screen television, or offering a 'games night' with a pool table at the Center. A final suggestion for involving parents at the FRC was to offer marriage counseling classes and classes to help them cope with a partner using alcohol or other drugs.

#### ***7.4. Summary of Partners and Neighborhood Connection***

In recent years, all levels of the Birth & Beyond Program have increased emphasis on building partnerships and relationships. This focus will continue in the future as Birth & Beyond brings its Effective Parenting Initiative into the community. In addition, there has been an increased importance for providing opportunities for parent leadership roles. Parent input has been critical in the changes Birth & Beyond has experienced, particularly in terms of advocacy and planning.

## Section 8      Outreach/Engagement

The need to educate community partners and the community-at-large continues is ongoing. While many organizations and agencies recognize the Birth & Beyond component of this program, many do not fully understand the target population that B&B seeks to serve, nor the array of services provided by the FRCs. “Marketing and promotion” are tasks that extend beyond the job descriptions of most B&B and FRC staff. Staff are becoming more creative as program advocates and ambassadors in the face of (1) declining home visitation caseloads, and (2) expanding effective parenting classes at the FRCs. This section describes outreach and engagement efforts during FY 2006/07 and plans for the coming year.

### **8.1. Outreach Efforts**

Sites continue to develop innovative methods of outreach into the community; however, often the best outreach comes from the person at the front desk telling people what is happening at the site. Current families can be encouraged to attend other classes with a five minute announcement of other offerings at the Center, or a monthly mailing that provides a calendar of activities and events. In addition to current families, outreach in the community has focused on contradicting misinformation that Birth & Beyond and the Family Resource Centers are only for single moms on welfare.

*People think these kinds of centers are for single moms who are on welfare or need help and not for married people. It is misinformation. – FRC Parent*

Parents had many suggestions for spreading the word about Birth & Beyond and the Family Resource Centers. Specifically, parents felt that booths at health fairs and television and radio ads were good methods to let people know about the FRC. Parents cited the importance of word of mouth, including flyers at preschools, elementary schools, and in the park. Other parents suggested flyers at local grocery stores, liquor stores, and the Mexican markets. In terms of practice, parents suggested families would know more about Birth & Beyond and the Family Resource Centers if they offered activities for all ages of children, offered incentives for attendance, and asked for less personal information at intake.

Parents considered what might deter families from attending classes and events at the Family Resource Center. The most common deterrent mentioned by parents was fear; fear that they will be told they are doing something wrong, fear of CPS, and fear or embarrassment to ask for help. Parents mentioned the perception in the community that Birth & Beyond and the Family Resource Centers are only for people with problems could serve as a deterrent. Again, programmatically, the schedule of activities can conflict with preschool schedules. From sick kids to household chores, families encounter many demands on their time, and some families will be deterred if they think participation will require too much of a time commitment. In addition, parents again

mentioned that husbands may act as a deterrent to wives attending groups at the Family Resource Centers.

*I have told a lot of friends about the program, but they are afraid to come because they think they will be told they are doing something wrong. They are afraid of CPS; afraid that CPS will find out about their husband drinking. – FRC Parent*

Ironically one of the biggest deterrents to participating in the Family Resource Center, transportation, was also cited by parents as one of the big motivations to bring parents to the Centers. The transportation provided by the FRC allows families to attend classes and groups. In addition, the services provided at the Centers help families. Time spent at the Family Resource Center also provides opportunity for children to play with other children. Parents greatly value the Family Resource Centers for the opportunities it provides to socialize and learn from other parents. In addition, classes, groups, and resources at the FRC help families learn job skills, communication skills, patience, assertiveness, and how to deal with their family and their kids.

*Now I am less shy, and at school I can speak for myself. I don't have to ask other for help. I have personally developed myself. – FRC Parent*

When asked why parents stop attending classes and events at the Family Resource Centers, parents cited logistics as the most common reasons. For example, the scheduling of classes can conflict with work or school. Likewise, transportation can be a challenge to families attending classes and events. In addition, parents mentioned programmatic issues at the Centers, such as programs being cut, classes being offered over and over again without variety, and inconsistent staff as reasons stop attending. Family-related issues cited include parents not returning after the conclusion of a CPS parenting class or husbands not allowing wives to attend because “they think they will put ideas into our heads and make us rebels.”

## **8.2. Most Effective Outreach**

Birth & Beyond has enjoyed success in outreach in the community, both through word-of-mouth and formal outreach activities. An effective referral and outreach source for many of the Family Resource Centers has been partnerships with the Women Infant and Children Program (WIC) and Child Protective Services (CPS). In addition, site staff “pound the pavement” by setting up tables at Walgreen’s, apartment complexes, community events, and neighborhood watch meetings. However, some staff mentioned that in this type of open community recruitment, the zip code policy creates difficulties. Sites cannot serve all of the families they recruit if families live in other zip codes. Thus, sites sometimes feel like there is competition and that they end up recruiting for other sites rather than their own. B&B managers did not have a suggestion for resolving this perceived competition in outreach, other than reconsidering the zip code restrictions, particularly when zip codes overlap two or more sites.

*We are out there to serve B&B, but some agencies get upset when we are at an event. They see it as competition; not at the Program Manager level, but at the FRC Coordinator level. It doesn't matter, because referrals get sent to the other sites based on zip codes. – B&B Program Manager*

According to B&B managers, all staff members conduct outreach activities, and therefore staffing impacts outreach activities. Turnover at a site can limit the number of staff available to conduct outreach, or to serve families who are engaged. In order to reach new families, staff give presentations and attend networking meetings in the community and at various community agencies. Sites acknowledge the importance of partnering with health clinics, but also mention that there are opportunities for outreach everywhere. One staff member suggested making buttons that said “are you pregnant and need support?” that staff could wear around the community. Many sites acknowledge the need for a detailed outreach plan that includes efforts with many different groups, such as faith-based groups, community events, and fairs, as well as a variety of times and locations, such as in the evening and on weekends. Outreach activities are not limited to any site or situation. Although tabling events can be hard work, staff realize that every interaction is an opportunity to conduct outreach.

*It shows when you meet someone, how to greet them and how to sell the program. We have to be in the community to bring about positive change.  
– Birth & Beyond Team Leader*

Once Birth & Beyond and the Family Resource Centers reach families, the next challenge comes in engaging families. According to Birth & Beyond Home Visitors and FRC Aides, the majority of engagement comes down to relationship building and sharing about a product in which they believe wholeheartedly. Most of the “selling” of the program involves listening to families and sharing what events and classes at the FRC relate to their needs. Staff explicitly mention the confidential nature of services, as well as the rights and responsibilities and consent to participate. In addition, staff explain that there is commitment on both sides, staff and families, to work together. A lot of engagement is educating parents about what Birth & Beyond and the Family Resource Centers offer that can benefit their family.

*I put myself as an example because I used to be a family of the program.  
– B&B Home Visitor*

Outreach is an increasingly critical program activity, to promote existing services in an ever-changing landscape of services for families. Outreach at the countywide level will insure more partners and referral sources are aware of programmatic shifts, like the emerging Effective Parenting Initiative (EPI). At the neighborhood level sites are committing more energy and resources to individualized outreach plans designed to expand the capacity and utilization of the FRCs. Beginning in FY 2007/08 all FRCs will have Community Engagement Specialists to focus on outreach at the neighborhood level.

## **Section 9      Collaboration**

The Birth & Beyond Program oversight, operation, and organizational structure are all by-products of a commitment to collaboration. Collaboration is apparent in the oversight function and membership/composition of the Family Support Collaborative. The matrix of funding support for the program reflects a working public-private partnership between Sacramento County agencies and a host of private nonprofit organizations. In addition, the collaborative structure affords access to diverse funding from federal, state, and local resources.

At the operational level the staffing, MDT composition, and community engagement all represent working collaborative relationships. Committees of the FSC include staff from all eight (8) sites and from every level. This inclusive process insures collaborative decision-making and has been instrumental in the standardization of program operations based on collective experience and expertise.

The organizational structures of both the FSC and the FRCs provide additional examples of collaboration. Program implementation is team-driven, from policy making to data collection and problem-solving. This section addresses several examples of this uniquely collaborative working environment, based on qualitative findings from site visits and interviews conducted during the FY 2006/07 program year.

### **9.1.    *Family Support Collaborative***

The Family Support Collaborative (FSC) has been designated as the oversight body for both Birth & Beyond and another home visiting program known as the Nurse-Family Partnership, based on the David Olds nurse home visiting program model. In 1998, the Sacramento County Board of Supervisors assigned this oversight responsibility to the Family Support Collaborative, which has been chaired and staffed by the Child Abuse Prevention Council, Inc. of Sacramento. The FSC is not only the oversight body, but also has provided an extensive infrastructure to support Birth & Beyond in its evolution.

#### **9.1.1.    Benefits**

Birth & Beyond Program Managers, Team Leaders, and FRC Coordinators cited several aspects of participation in the Family Support Collaborative that were beneficial for the sites. Managers value the help and support they receive from the FSC, as well as the name recognition that results in additional resources, funding, and grantwriting assistance. Birth & Beyond benefits from collaboration with other groups, which managers credit to participating in the FSC. There is also a feeling of greater accountability (answering to a higher authority), as well as having access to a higher level of advocacy, locally, statewide, and nationally. In addition, the large size and scope of the program, at eight sites county-wide, provides increased justification for funding as opposed to one small community-based organization (CBO) operating on its own.

The MOUs in place through the FSC provide a united voice, a sense of belonging and continuity across the eight sites, and is reinforced by the strength of the Multi-Disciplinary Team. The financial support secured by the Family Support Collaborative allows site staff and managers a bit of insulation from the day-to-day survival so they can worry less about funding and more about serving families.

### **9.1.2. Trade-Offs**

Although managers mentioned several positive aspects of Family Support Collaborative membership, many of the benefits of participation in the FSC can also be trade-offs. For example, the increased accountability requires additional reporting and consideration of different policies and outcomes. The continuity across sites can be a challenge when a change in programmatic offerings affects everyone, regardless of whether it was a challenge at a particular site or not. The sharing of resources across sites can also be problematic. When some sites meet their goals and others do not, the lower performing sites may feel that they are singled out, even though they believe that their performance is due in part to variations in the distribution of resources and that otherwise hard work goes unrecognized.

*I think that sometimes we run the risk of becoming cookie-cutter in our approach. On one hand it is a good thing – having eight sites look the same, but it makes it a little harder to make sure you are meeting specific community needs. – Birth & Beyond Program Manager*

Most of the Birth & Beyond Program Managers, Team Leaders, and FRC Coordinators interviewed participate in committees, and cite time constraints as the biggest trade-off in participating in the FSC. Although they acknowledge the value of hearing what is going on in the project and participating in the process, there can be headaches and frustration around the collaborative process and lack of concrete decision-making. Collaboration requires a commitment of time and shared purpose.

In addition, there seems to be some confusion among Birth & Beyond Program Managers, Team Leaders, and FRC Coordinators about what the Family Support Collaborative is, and how it differs from the Birth & Beyond Management Committee. When managers cited specific examples of their participation in the FSC, many of the examples were related to Birth & Beyond-specific committees such as Policies & Procedures. Perhaps there should be clearer explanation and delineation of the relationship between the Birth & Beyond Management structure and the Family Support Collaborative. There may be a need for education among Birth & Beyond staff and managers about what it means to be part of the Family Support Collaborative. The newer staff have not had the direct experience of participating in the collaborative as it has evolved over time.

## **9.2. Child Abuse Prevention Council**

When asked about the support the Child Abuse Prevention Council (CAPC) provides, Birth & Beyond managers discussed CAPC's contribution in terms of training, AmeriCorps, and the Family Support Collaborative.

*CAPC actually does a good job of supporting. They are always willing to help and are always nice. Anytime I have an issue, they are always nice about it– Birth & Beyond Team Leader*

Birth & Beyond managers really appreciate the trainings provided by CAPC. They believe the trainings are of “high-quality” and are “valuable.” The only suggestions about the trainings were in regards to logistics. First, several Birth & Beyond managers cited challenges when trainings are scheduled or cancelled at the last minute. In addition, they mentioned the challenges of requiring second-term AmeriCorps members to repeat the training series during their second term, when their time could be spent supporting families and the sites.

*They [CAPC] hold a big responsibility in terms of the training and making sure the training is of a best practice in nature....Sometimes I send my staff to trainings and they don't show up and you get feedback from CAPC. We just need to continue to increase communication about the training and continue to look at the curricula to make sure they are best practice curricula and meeting the needs. – Birth & Beyond Program Manager*

CAPC provides the administration for the AmeriCorps program within Birth & Beyond. Program Managers, Team Leaders, and FRC Coordinators cited the support they received in working with AmeriCorps members as very helpful, although they also mentioned several challenges they face with the AmeriCorps program overall. Although CAPC provides extensive programmatic support, managers mentioned challenges with the financial support AmeriCorps members including stipends and mileage reimbursements.

*Every month we fear that half [of the AmeriCorps members] will quit. They can't get to work because of gas prices, much less make home visits. They get evicted if they can't pay rent. We try to maintain staff, but they are like families, sometimes in crisis. – Birth & Beyond Program Manager*

Finally, many Birth & Beyond managers equate CAPC with the Family Support Collaborative (FSC) because the Executive Director of CAPC chairs the Family Support Collaborative, and CAPC provides staffing and meeting space for many Birth & Beyond committee meetings. However, there sometimes seems to be a blurring between the roles CAPC plays as the training provider, AmeriCorps administrator, and Family Support Collaborative leadership and staff. Despite this vagueness about roles, overall, Birth & Beyond managers felt supported by CAPC.

### **9.3. Sacramento County Planners**

Similar to the confusion about roles performed by CAPC, several Birth & Beyond Program Managers, Team Leaders, and FRC Coordinators interviewed mentioned confusion about the roles of the Planners and Sacramento County overall. For example, several managers mentioned not knowing if the County Planners' role is "to support Program Managers in their job or to be a contract monitor?"

In particular, staffing changes among Program Managers and County Planners has increased the level of confusion. Although it is difficult to predict when there will be turnover, several Program Managers cited the challenge of pairing a new Program Manager and a new Planner. In addition, there seems to be a fine balance between support and micromanagement.

*DHHS does provide lots of support. They all love the program, and go out of their way not to take any credit for its success. Sometimes we get into some head-butting over contract management issues, and sometimes there is an element of micro-management that suggests the Planners may not have confidence in the site management. – Birth & Beyond Program Manager*

*We don't hesitate to consult with our Planner. In addition to when she comes out to do chart reviews, she also helps us identify things we ought to work on, and she gives us a heads up on changes that may be coming. – Birth & Beyond Team Leader*

Despite confusion about roles and responsibilities, several Birth & Beyond managers mentioned that they appreciate the support that they do receive, especially in terms of providing an "outsider perspective". As a valued advisor, it is important for Planners to understand the complexities and contexts of each site. However, several managers expressed that it is challenging when the three Planners sometimes contradict each other.

*They support our work by just being there if we have questions or concerns or if situations occur. They respond to emails and they make themselves available to us. We communicate very little; it is really just keeping them in the loop. – Birth & Beyond Team Leader*

### **9.4. Evaluation**

Birth & Beyond Program Managers, Team Leaders, and FRC Coordinators interviewed mentioned that they appreciate the monthly and quarterly reports provide by the evaluation team (LPC). They cited the importance of data for day-to-day decisions at the sites, but also "to have information to help support the case for continuation of prevention services and B&B."

*Any evaluation can benefit our site because it can let us know what we need to do better, what we are doing wrong, or what we're doing well so we can make changes. – Birth & Beyond Team Leader*

However, several Program Managers, Team Leaders, and FRC Coordinators interviewed expressed a desire for more information and hands-on training about how to read the reports, specifically about how categories are defined. In addition, several mentioned frustration about their inability to run detailed reports on-site with just their data. They feel like “there is a lot of data that we don’t know about.” In addition, they requested that suggestions and recommendations be more clearly spelled out, rather than requiring managers to “wad through the report and find what’s helpful and not.”

In terms of additional support, they want additional technical assistance about the understanding and using data. One Team Leader suggested the LPC Data Systems Manager attend the Team Leaders meeting once or twice a year to help Team Leaders learn how to read reports and interpret what the reports say. In addition, Team Leaders would like more information about what the Report Maker function does, and how they can best use it.

In addition, a Program Manager suggested having someone come out to the site and provide on-site technical assistance to the data team, especially with the introduction of a new First 5 data collection system. This onsite meeting could also include a refresher or reminder to explain the benefits of data.

*Come out once a year to the site and explain the benefits of data...like at Refresh & Renew. Help staff know the importance of all of the boxes and provide on-site feedback of the data. Why does data matter, and what does [the site’s] data look like? – Birth & Beyond Program Manager*

*Having technical assistance onsite makes it more real than It’s All About the Data [the monthly data meeting]. – Birth & Beyond Program Manager*

Overall, it seems that Birth & Beyond managers appreciate and understand the evaluation’s value in an abstract way. However, most managers clearly would like additional site-specific support from the evaluation team about how the data can be more effectively and efficiently used.

*More knowledge is always beneficial. If someone can give you a better way to do something, that is always beneficial. – Birth & Beyond FRC Coordinator*

## **9.5. Collaboration in Summary**

Site visits and interviews provided an opportunity to assess the functionality and value of the collaborative features of the Birth & Beyond Program. The Family Support Collaborative (FSC) represents the collaborative umbrella for program oversight, and sites closely identify the FSC with the Child Abuse Prevention Council (CAPC). This is

a function of the key role CAPC plays in terms of maintaining funding from First 5, providing AmeriCorps Members and support, and hosting and conducting a wide array of training to the Birth & Beyond Program sites. Furthermore, the committee structure and staff support from CAPC have been instrumental in the evolution of this as a model program. Sites and program staff at all levels recognize the key role of collaboration, the FCS, and CAPC.

In addition to the FSC and CAPC, the roles and responsibilities of DHHS Planners and the contracted evaluation team are part of the greater collaboration. The Planners are a source of support to the sites, even though some site staff are confused about the Planner roles. Similarly, Planners may vary in their approach in their work, due in large part to their individual professional backgrounds. Sometimes the variations are read as inconsistencies, contributing to the confusion at the site level. This probably manifests most directly at position-specific meetings, where all sites are represented, and where variations in Planner responses to specific issues or questions may become more apparent.

Finally, the evaluation team is another feature of the collaborative. And while most staff understand and appreciate the data generated from the evaluation, they want to improve their own proficiency in reading, understanding, and using data. They have suggested more hands-on technical assistance and support from the evaluation team.

## Section 10                      Outcomes

In fiscal year 2002-03, the Family Support Collaborative proposed and approved ten (10) core outcomes for the Birth & Beyond Program. The 10 outcomes correspond with the program's overall stated outcomes and with content in four programmatic logic models. However, simplifying the list to the 10 most critical measurable outcomes helps target program activities and reporting. The following sections detail each of the 10 outcomes:

- Outcome 1: Reduced Risk of Child Abuse & Neglect
- Outcome 2: Increased Immunizations
- Outcome 3: Breastfeeding Initiation & Duration
- Outcome 4: Improved Health Screenings
- Outcome 5: Enhanced Child Development
- Outcome 6: Improved School Readiness
- Outcome 7: Improved Parenting Skills
- Outcome 8: Environmental Home Safety
- Outcome 9: Employment Readiness
- Outcome 10: Prenatal Care Received

These outcomes reflect the four core goals of the Birth & Beyond Program, for which the FSC developed logic models in 2000. The goals are:

1. To reduce child abuse and neglect (outcome 1)
2. To improve maternal and child health (outcomes 2, 3, 4, 5, 8 and 10)
3. To increase parental efficacy (outcomes 7 and 9)
4. To increase school readiness (outcomes 4 and 6)

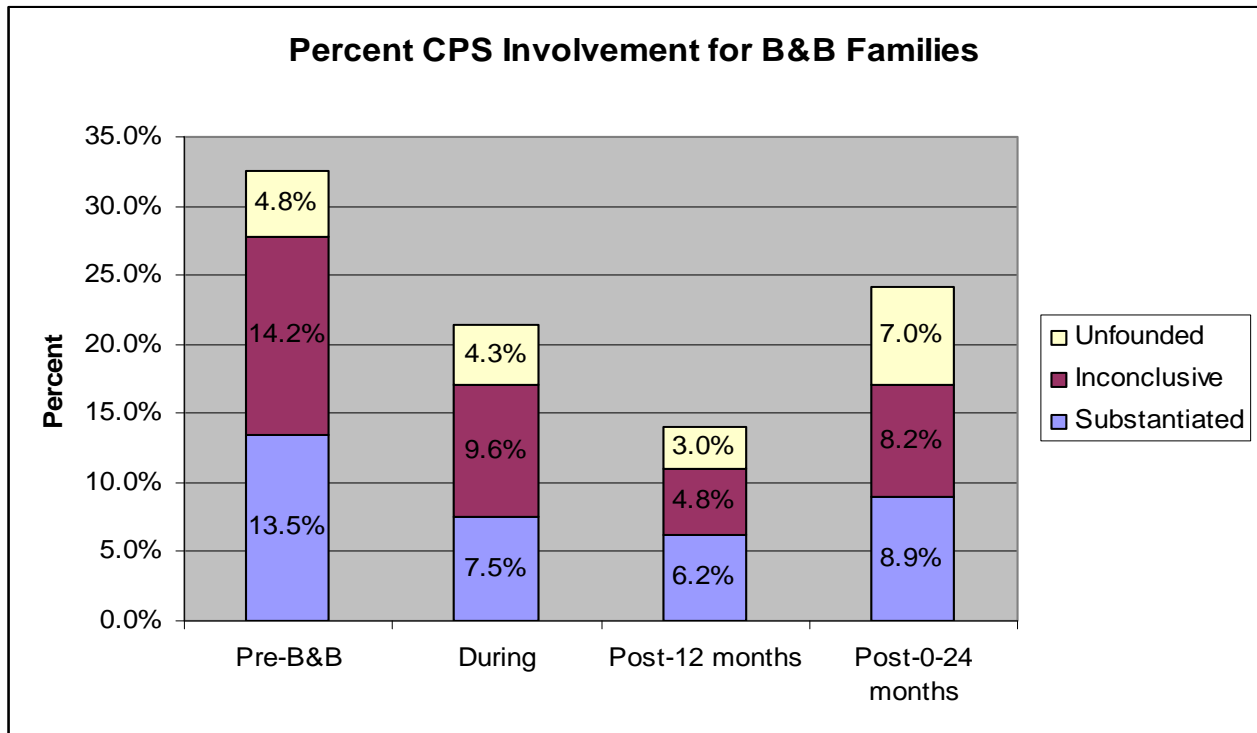
The program seeks to simplify its targeted outcomes further, as it works toward creating an identity as a model program. Still, these 10 outcomes have provided a multi-faceted gauge of family progress and change through FY 2005/06.

**Outcome 1: Reduced Risk of Child Abuse & Neglect**

The most sought-after outcome for the Birth & Beyond Program is the reduction in reports to Child Protective Services (CPS) of child abuse and neglect. Thus, the evaluation of this program includes a follow-up study to ascertain the rate of recurring reports to CPS, or conversely, the rate of no referrals to CPS. The evaluation methodology compares aggregate rates of reporting pre-program with reporting rates during and post-program participation.

The 2006 CPS follow-up cohort included 1,942 families who received at least 12 home visits, totaling at least 600 minutes of direct service contact, over 183 days. On average this group had 38 home visits, 2,064 minutes of direct service (e.g., 34.4 hours), and were enrolled in the Birth & Beyond home visiting program component for 540 days.

**Figure 12: Percent CPS Involvement for B&B Families (FY 2005/06)**



*CPS responds to the substantiated reports with direct services, indicating these are the most severe and indisputable allegations. Inconclusive reports do not result in CPS intervention, but are recorded for future reference and may signal increased risk for future substantiated reports.*

As many as one-third (32.5%) of the Birth & Beyond home visiting families had some form of CPS contact prior to their participation in home visiting services. During their program participation, the CPS reporting rate dropped to 21.4 percent, and dropped further to 14 percent up to one year following their exit from the program. The post-program rate of reporting (for up to two years of follow up) was 24 percent. Overall,

CPS reports declined by 26 percent from pre-program to post-program (up to two years). Due to the time lapsed for up to two years post-program, a variety of factors may contribute to CPS recidivism. While this gradual increase in reports to CPS post-program shows the absence of supports that families at risk may need for longer periods of time. Conversely, the percent of families without any CPS reporting increased from 67.5 percent pre-program to 85.9 percent one year post-program. This represents a positive rate of change of nearly 27.3 percent.

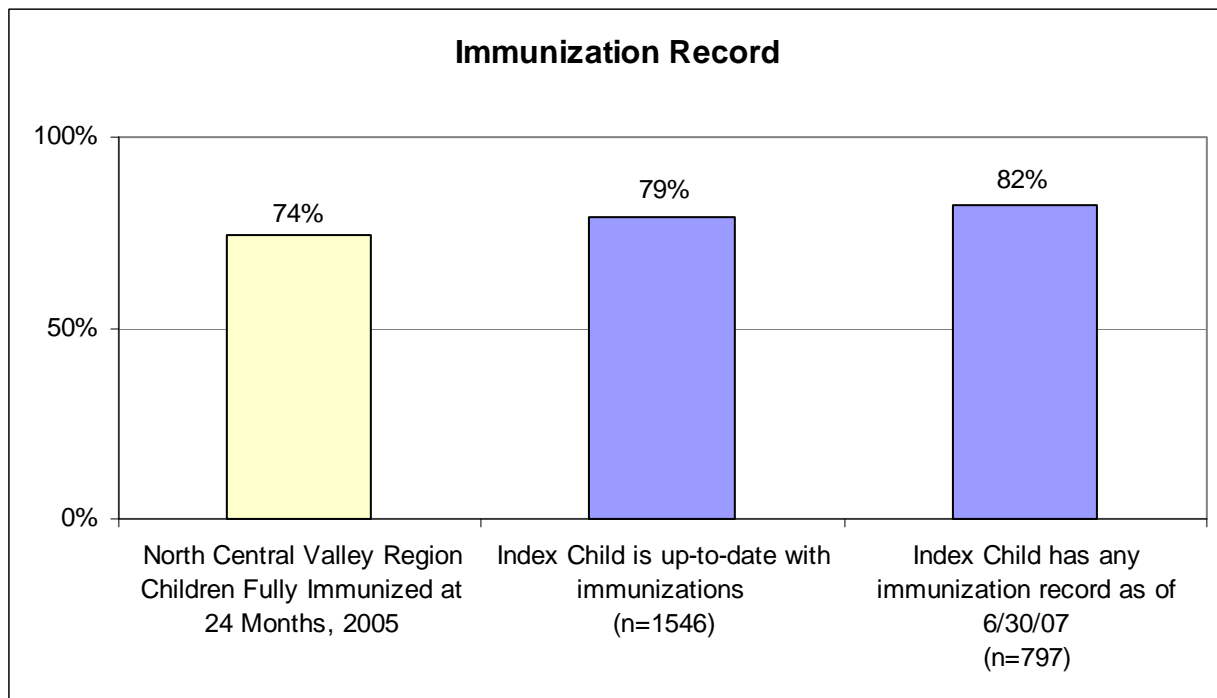
Perhaps most importantly, the families who had high risk for a CPS report, but who could not be served by CPS (e.g., had an inconclusive or unfounded report), received home visiting services from Birth & Beyond. More than half of the CPS reports in this sample would not have been open to CPS intervention, and would have received no support without the Birth & Beyond Program. They were highly likely to have a subsequent, substantiated report to CPS.

The change of rate for family involvement with CPS and substantiated reports is the most meaningful, since these are the reports that CPS found warranted a formal intervention to address abuse or neglect. The pre-program rate for substantiated reports to Birth & Beyond was 13.5 percent. The rate dropped to almost half that while families were actively involved with Birth & Beyond (7.5%) and declined even further for the 12 months immediately following closure from home visiting services (to 6.2%). Within two years after leaving the program the rate increased slightly to 8.9 percent, but never again reached the pre-program rate for substantiated reports to CPS.

## Outcome 2: Increased Immunizations

Immunization rate is an indicator of general health and wellbeing, as well as school readiness. Families self-report quarterly whether their children's immunizations are up-to-date. In addition, B&B records the specific immunizations recorded on the family's yellow immunization record, if any.

**Figure 13: Immunizations (FY 2006/07)**



Over three-quarters of families (79%) reported their children were up-to-date with immunizations at least once during the year. A slightly larger proportion (82%) of index children open over 90 days as of June 30, 2007 had some record of immunizations in their case file.

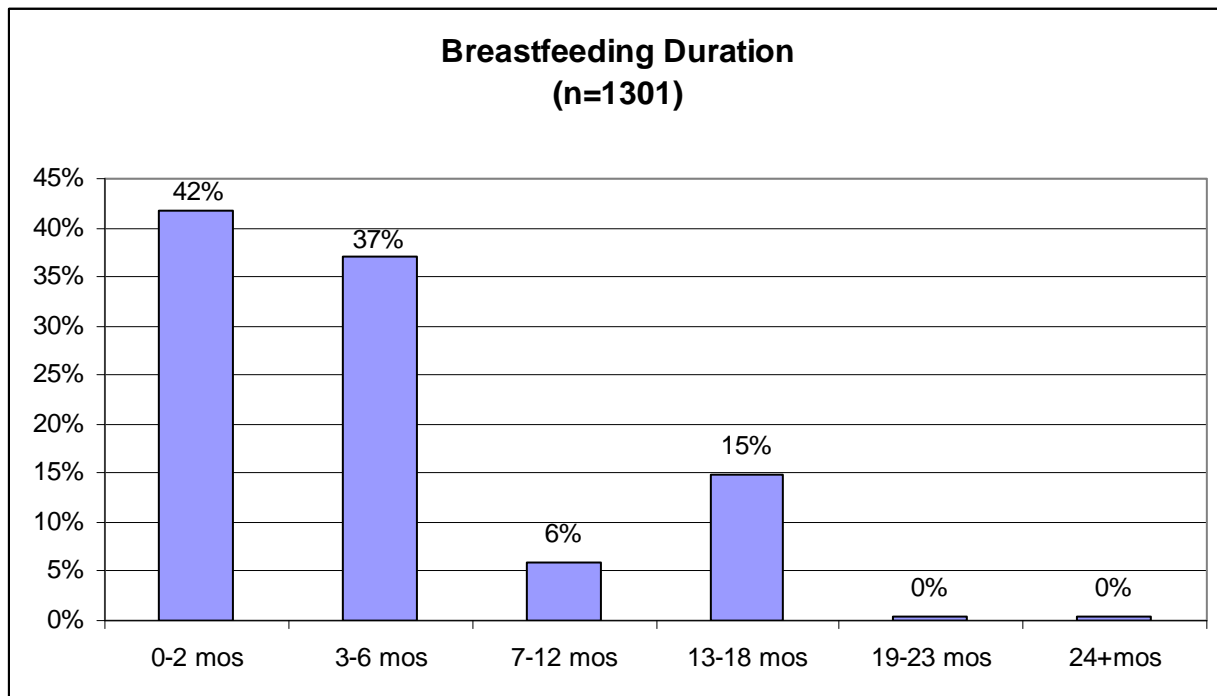
The Sacramento Children's Report Card reported that 74.4 percent of North Central Valley Region Children were fully immunized at 24 Months (San Joaquin, Sacramento and Stanislaus Counties) in 2005. The data presented in the Children's Report Card comes from the California Department of Health Services, Immunization Branch, 2005 Kindergarten Retrospective Survey. This study includes families from all types of communities, resulting in an average rate that represents the full spectrum of family resiliency and risk factors. In comparison, Birth & Beyond families are considered to be at greater than average disadvantage for accessing immunizations due to lack of awareness, poor access to health care, or other personal barriers.

Home Visitors encourage families to keep their children's immunizations up to date. One quarter of all face-to-face contacts with families during the year (25%) included a discussion about immunizations. Their work has contributed mightily to the relatively high rate of immunizations among Birth & Beyond infants and toddlers.

### Outcome 3: Breastfeeding Initiation & Duration

Breastfeeding is another health indicator that contributes to success in school, due to the direct nutritional health benefits and the important parent-child interaction that is part of breastfeeding. Breastfeeding data from the Immunization Record and PHN/LC Referral Form indicates that as many as 78 percent of the mothers in Birth & Beyond were breastfeeding at hospital discharge.

**Figure 14: Breastfeeding Duration**



*\*Includes both open (515) and closed (1,111) home visitation cases.*

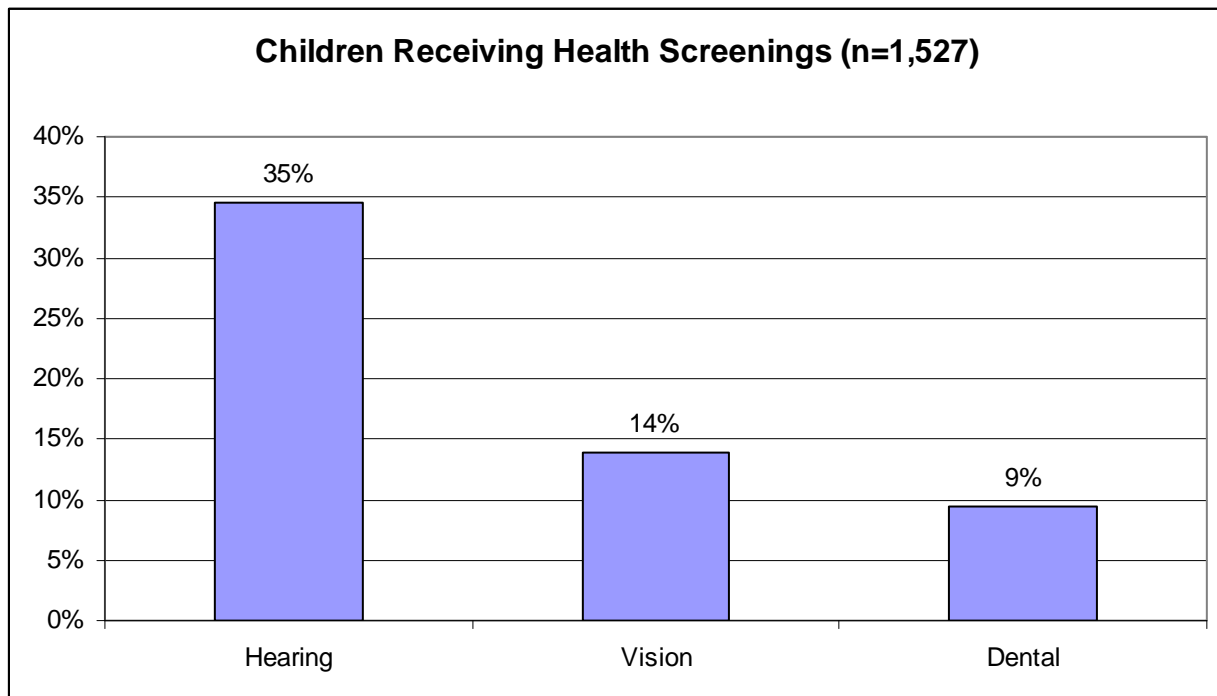
More than half (58%) of the women who reported on breastfeeding did so for at least three months. Almost one-third (32%) of mothers who reported breastfeeding breastfed for over 6 months.

Home Visitors encourage families to breastfeed and offer supportive referrals when needed. Almost one-fifth (19%) of face-to-face contacts included a discussion about breastfeeding information. Home Visitors made 665 referrals for lactation consultant services; 78 percent (665) were to the MDT Lactation Consultant.

### **Outcome 4: Improved Health Screenings**

Early screenings for hearing, vision, and oral health are important opportunities for early intervention and are additional indicators for school readiness. As children in the program get older, it will become increasingly important for them to receive health care screenings. Families are asked quarterly whether their child has received a hearing, vision, or dental screening.

**Figure 15: Health Screenings**



Over one-third (35%) of children received a hearing screening at least once during the year. Fewer children (14%) received a vision screening or a dental screening (9%), but that may be a function of the index child's age. These screenings help children and families address these health issues prior to preschool and kindergarten enrollment, so that the issues will not interfere with learning or go undetected. In addition, 64 percent of face-to-face contacts included a discussion about health education.

### ***Outcome 5: Enhanced Child Development***

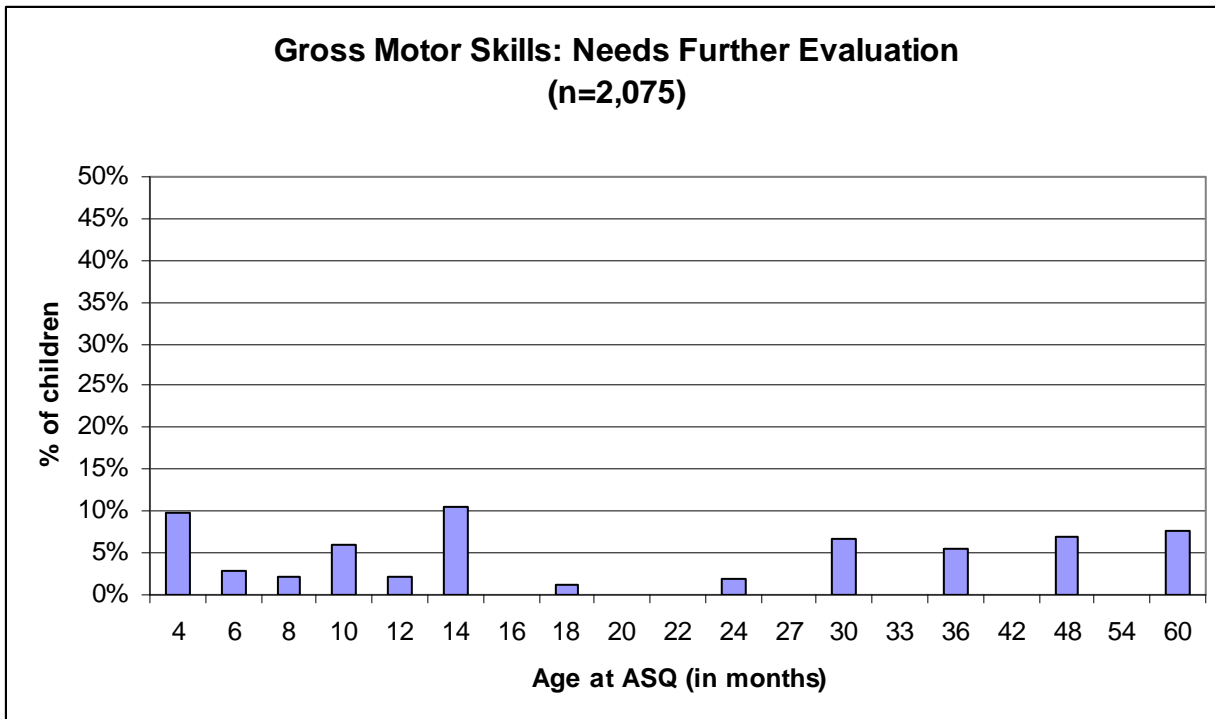
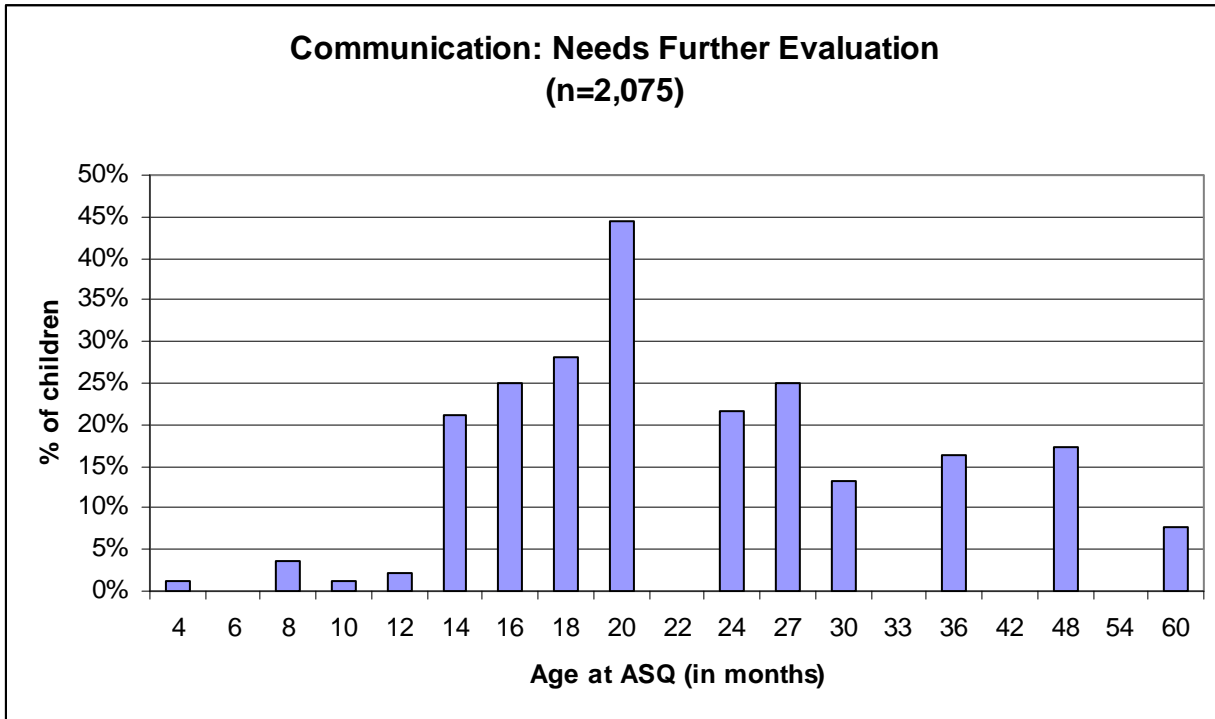
Child development is a critical component of school readiness and an indicator of effective parenting. Parents not only love to learn about the developmental milestones of their child, they also learn the advantages of early intervention if a milestone is off course. The child development component of Birth & Beyond home visitation helps parents become better parents and engages them with their children in direct ways using the Ages 'n Stages (ASQ) curriculum for various age levels.

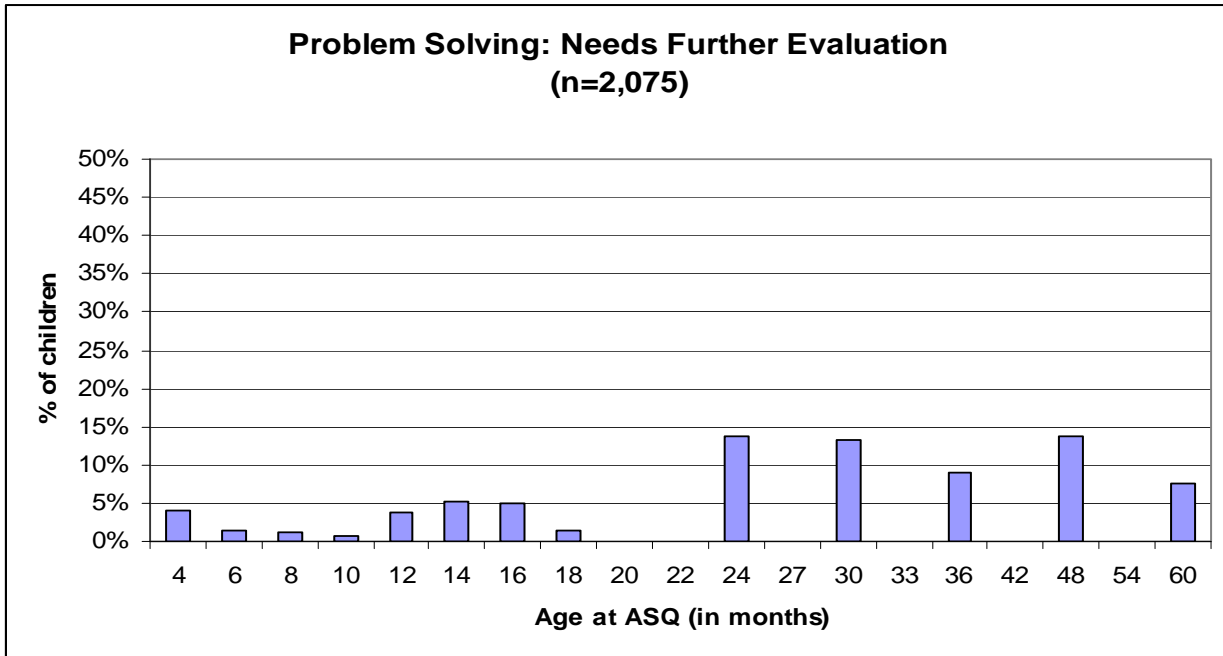
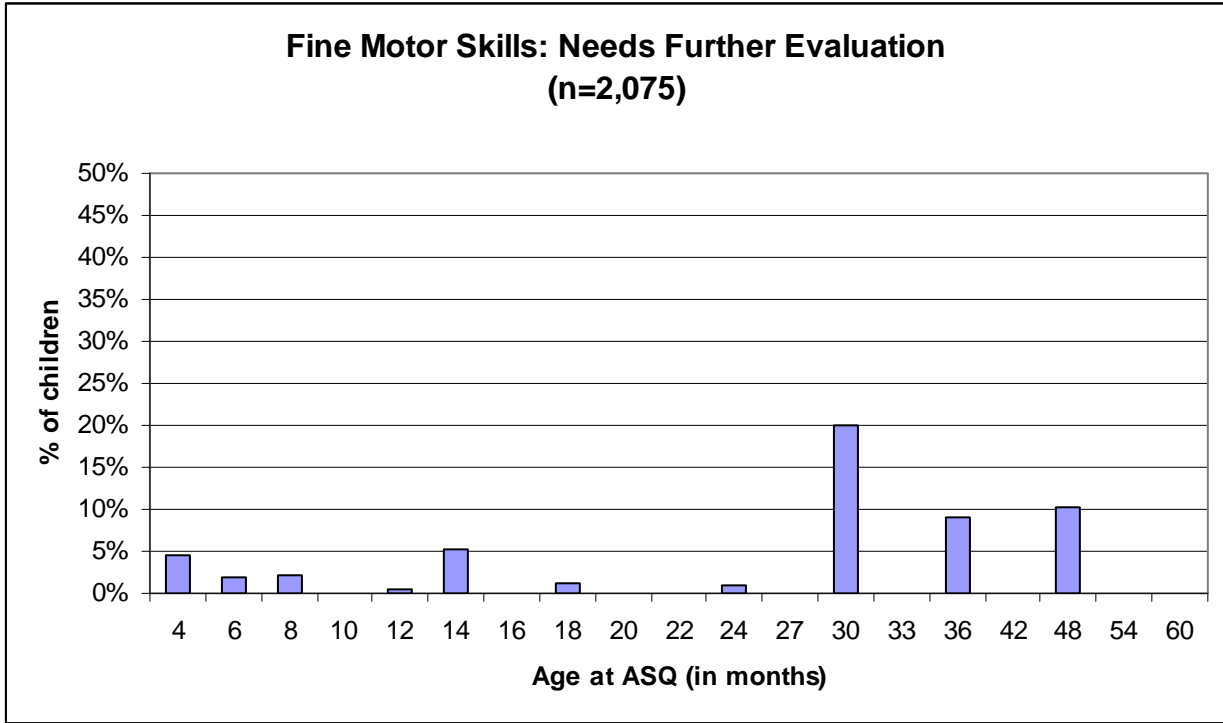
Families complete the ASQ quarterly. Regular use of the ASQ identifies different developmental areas that may need further evaluation, contributing to early intervention prior to school enrollment. The ASQ also engages parents with their child in direct interaction and playtime.

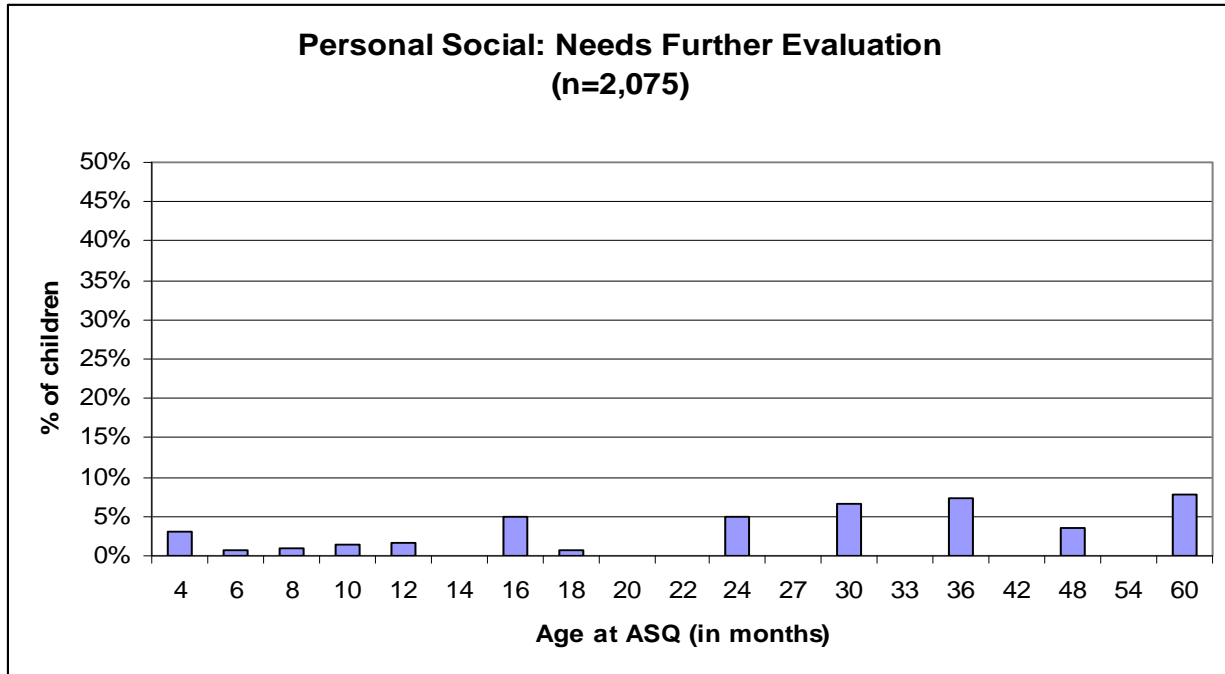
A total of 2,075 ASQs (961 children) were completed during this program year. Overall, 27 percent identified one or more developmental areas that may need further evaluation. This is an important resource for early intervention for B&B families and their children. As children get older, the development milestones become more critical to address prior to school enrollment. The ASQ provides an ongoing tool to monitor and respond to various developmental milestones. Repeat administrations and referrals to outside experts help to address potential developmental delays.

The following five graphs illustrate the areas where the ASQ has helped families and Home Visitors identify areas for concern to address.

**Figure 16: ASQ Areas Needing Further Evaluation (FY 2006/07)**





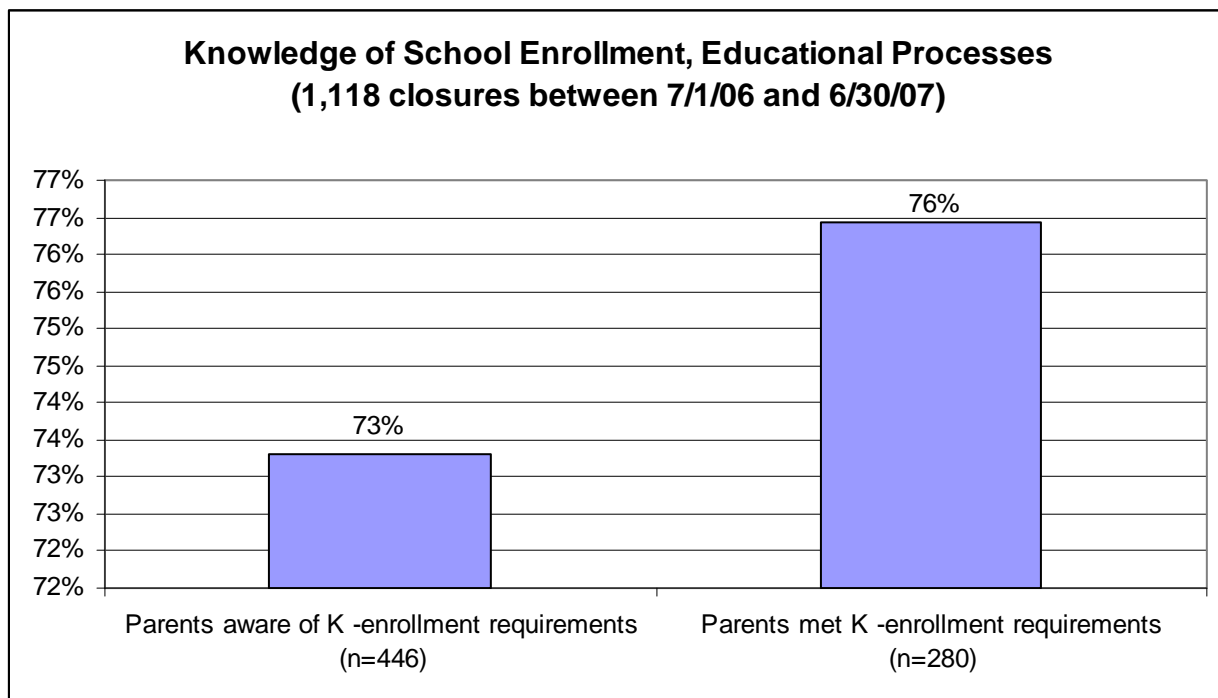


Most ASQs (79%) were administered with children age 4-12 months. The areas that need further evaluation differ depending on the child's age. During the first year, the critical area seems to be Gross Motor, while during the child's second year, the area showing the greatest need for further evaluation is Communication. However, this makes intuitive sense based on the different skills children master throughout their first two years. As children get older, Communication continues to be an area showing a need for further evaluation, along with Problem Solving.

**Outcome 6: Improved School Readiness**

School readiness is a major goal for Birth & Beyond children, based on the assumptions that families may be enrolled in the home visiting component of the program for up to five years, during which time parents and children receive many forms of support that contribute toward school readiness. The school readiness outcome measures the percentage of families who closed during the year who indicated that they were aware of and/or met Kindergarten enrollment requirements for their children.

**Figure 17: Knowledge of School Enrollment, Educational Processes (FY 2006/07)**

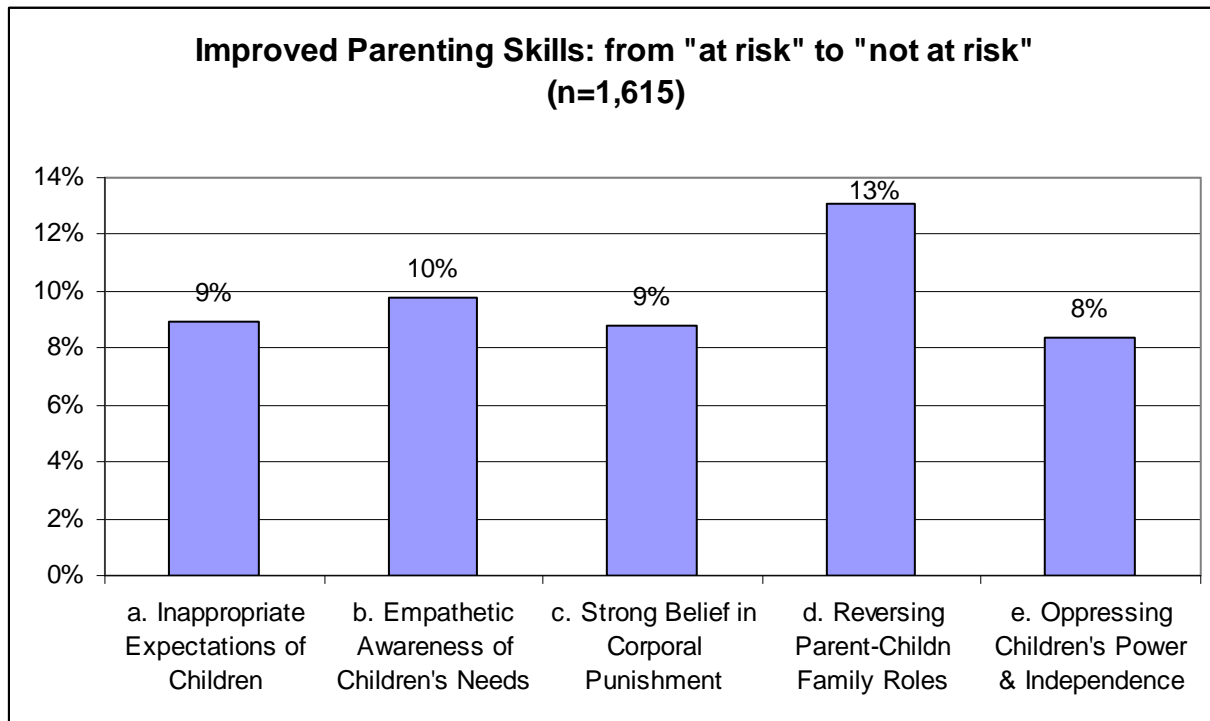


Birth & Beyond raises parental awareness of the importance of preparing for pre-school and kindergarten while their children are very young. Approximately three-quarters (72%) of parents were aware of kindergarten enrollment practices at case closure, while 76 percent of parents had met kindergarten enrollment requirements. Approximately 8 percent of face-to-face contacts included a discussion about school readiness

**Outcome 7: Improved Parenting Skills**

Birth & Beyond helps improve parenting skills, especially for families with potential risk factors related to parenting behavior. Between 1999 and 2007, the Adult-Adolescent Parenting Inventory (AAPI) was used to assess parenting skills. For families open one or more days during the year, 83 percent were “at risk” in one or more domains on their first assessment.

**Figure 18: Improved Parenting Skills (FY 2006/07)**



In each of the five AAPI domains, approximately 8-13 percent of families who were “at risk” at their first assessment in that domain were “not at risk” at their latest assessment. Overall, 27 percent of families who were “at risk” in one or more of the domains on the first assessment were “not at risk” on their last assessment. The AAPI will be phased out during the 2007-08 program year, and will be replaced by an alternate parenting skills assessment. Although it will take a year or two to build a strong cohort with baseline and follow-up scores for analysis with the new instrument, the program anticipates continued success in improving parenting skills.

Parenting techniques, social support, and empowerment are all very important to the success of Birth & Beyond as well as to the success of individual families. One-third (33%) of all face-to-face contacts conducted during the year included a discussion of parenting. The most frequently held and most popular classes addressed parenting education and support, which is a cornerstone program for the FRCs. A total of 604 Parenting Education/Support class sessions were held, with a total (duplicated)

attendance of 3,971 families. In the coming years, Birth & Beyond will continue to expand its focus on improving parenting skills through the Enhanced Parenting Initiative (EPI) (See Section 11 of this report). Each of the three curricula selected for the EPI include assessments to measure changes in knowledge and attitudes related to parenting, attributable to the content and process of the respective workshop series.

### ***Outcome 8: Environmental Home Safety***

While there are numerous indicators of home safety, the one targeted by Birth & Beyond is exposure to second-hand smoke. This reflects the priority of one source of funding for many FRC activities, First 5 Sacramento. It is also a concrete and measurable indicator of environmental home safety.

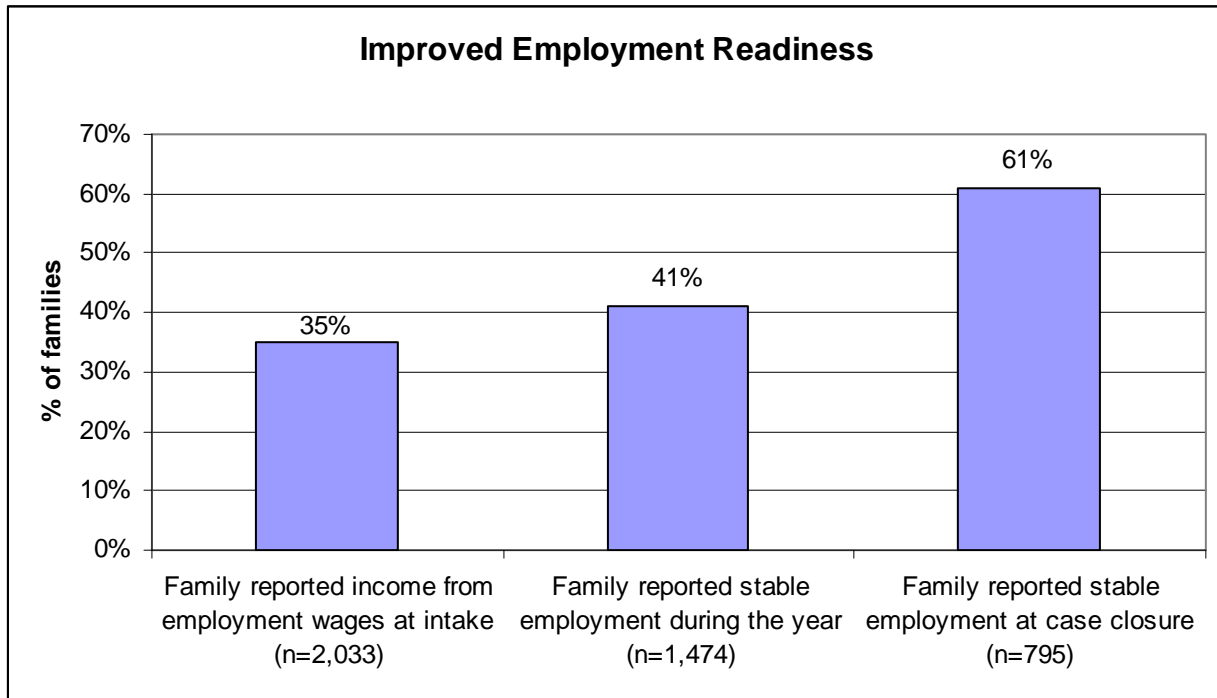
The deleterious effects of secondhand smoke to adults and humans are well documented. In 2006, the California Environmental Protection Agency declared secondhand tobacco smoke a toxic air pollutant. Approximately 8 percent of families (130) reported exposure to secondhand smoke in the home at least once during the year.

Home visiting provides repeated opportunities to guide families toward improved home health and safety for their children. Approximately 2 percent of face-to-face contacts included a discussion about the dangers of secondhand smoke. In addition, 15 percent of face-to-face contacts included a discussion about home safety.

### Outcome 9: Employment Readiness

Stable employment is a key indicator of parental efficacy and reduced risk for child abuse and neglect due to financial stress. The most prominent indicators of family economics are employment and income.

**Figure 19: Improved Employment Readiness (FY 2006/07)**

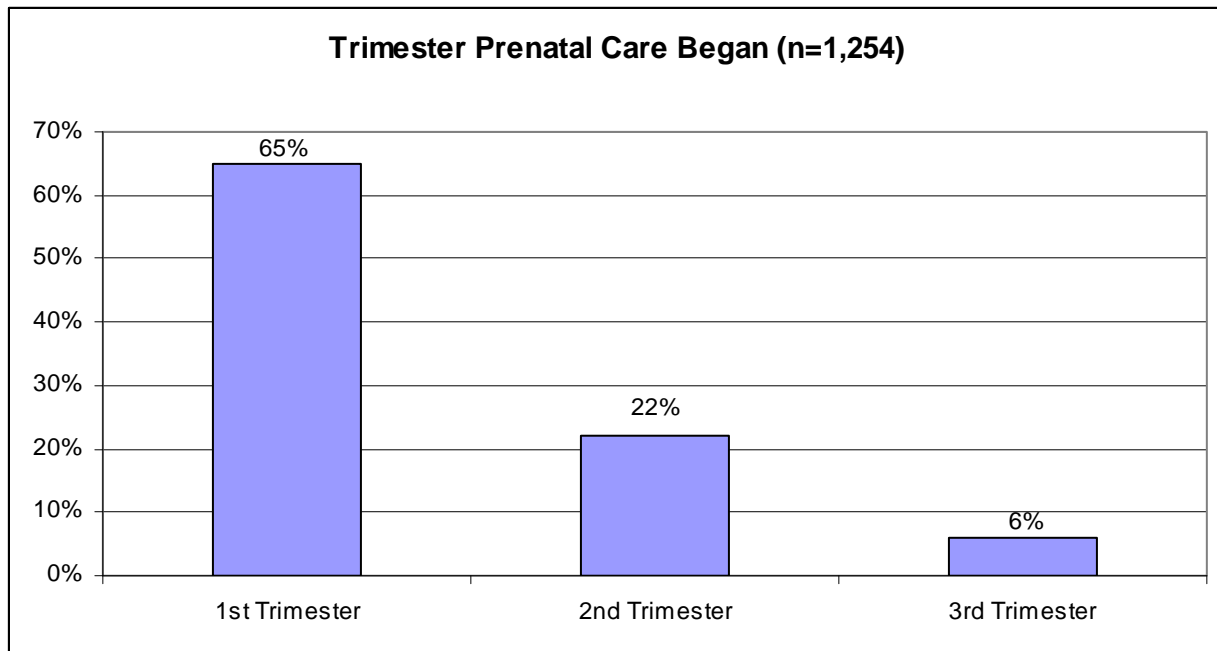


Just over one-third of active families (35%) reported income from employment wages at intake. Forty-one percent of active families reported stable employment at least once during the year. At case closure, over half of families (61%) reported stable employment. Although B&B is not specifically a job training or readiness program, Home Visitors support families by discussing employment readiness issues at approximately 24 percent of face-to-face contacts. Furthermore, many mothers return to work once their baby is older, out of economic necessity. Birth & Beyond provides support to these parents as they prepare to enter or re-enter the workforce.

## Outcome 10: Prenatal Care Received

The majority of Birth & Beyond families receive prenatal care early, in their first trimester. This is an important indicator for infant health. Approximately three-quarters (75%) of active families reported at intake that they received prenatal care. Almost two-thirds (65%) of active families reported at intake that prenatal care began during the first trimester.

**Figure 20: Trimester Prenatal Care Began (FY 2006/07)**



Birth & Beyond encourages pregnant moms to get prenatal care as early as possible in their pregnancy. Approximately 15 percent of face-to-face contacts included a discussion about prenatal care.

## Section 11      Going Forward

After seven years the Birth & Beyond Program has flourished, surviving the inevitable fluctuations in funding, the developmental stages of a new and comprehensive initiative, as well as the changes in personnel at all levels. Most importantly, the program has kept its commitment to respond to the needs expressed by the families it serves. These needs change over time as well, requiring retooling and adaptation by the Birth & Beyond Program and the Family Resource Centers.

As the program enters its eighth year, Birth & Beyond will emerge in a quest for prominence as a model program, an evidence-based practice, and remains the centerpiece of thriving family resource centers in eight Sacramento neighborhoods. The Family Resource Centers will begin to redefine their identity, as the one-stop hub for social, emotional, and family support. Beginning in FY 07/08 the Effective Parenting Initiative (EPI) will bring evidence-based parenting workshops into neighborhoods at an unprecedented level. This initiative promises to “normalize” parenting workshops, to re-introduce the FRCs and Birth & Beyond to the community, and to engage parents and organizations in an array of new roles and partnerships.

In addition to expanded parenting workshops, FY 07-08 will mark the first year that the FRCs and Birth & Beyond will have an Intervention Specialist at each site. This staff member will be dedicated to immediate crisis intervention with families, in an effort to provide short term, targeted case management to mitigate emergencies and high stress life events. This will permit home visitors and other FRC staff to remain available to their other families, rather than be diverted indefinitely to respond to a single family crisis. The Intervention Specialist will serve families as well as provide support to home visitors and other FRC staff.

*We spend more time teaching people how to drive than how to raise kids.*  
– Birth & Beyond Team Leader

Birth & Beyond managers have high hopes for the Effective Parenting Initiative (EPI). At the most basic level, Program Managers, Team Leaders, and FRC Coordinators' hopes for the EPI are that sites can achieve the performance targets stated in the First 5 contract. On a wider scale, they hope that the EPI can serve as a positive mechanism for parenting classes to expand. In particular, they cite the EPI as a way for more families, low, middle, and high income, to improve their parenting tools.

*I hope we have an opportunity to take the three curricula and make it so one day people from all along the continuum are attending EPI.* – Birth & Beyond Program Manager

In addition to expanding the population of families participating in parenting classes, several Program Managers, Team Leaders, and FRC Coordinators interviewed mentioned hopes that the EPI will provide an opportunity to expand the FRCs overall.

However, although they seem confident about engaging families in the parenting classes, there seems to be a bit of concern about identifying parent leaders and engaging them to become more involved in their community as a parent educator. This is one of the goals of the EPI

Despite the high hopes that Program Managers, Team Leaders, and FRC Coordinators interviewed have, there also seems to be a bit of uncertainty as the Initiative launches. Several mentioned concerns about how the transition proceeds so as to not disrupt families because “change is hard for the families we work with.” In addition, the ongoing challenges of transportation will be critical to engage families in classes. However, several respondents remember the challenges in implementing classes focused on substance abuse prevention, and seem excited for the re-focus on parenting.

*I am just excited about the whole thing – the switch from AOD to positive parenting and how it will reframe B&B and the FRC. I think we will get more families in and the main thing is the collaboration with CPS. Our goal is to reduce recidivism and the only way we can do that is working hand-in-hand with CPS. – Birth & Beyond Team Leader*

In addition to the Effective Parenting Initiative, Program Managers, Team Leaders, and FRC Coordinators interviewed are excited about the Intervention Specialist (IS) position. Not only do they hope the Intervention Specialist will provide better linkages for families when there are extreme challenges, but the IS will be available as a support to staff as well.

*Adding resources around the intervention specialist allow someone who can spend more intensive time and locate resources either at the FRC or outside and can alleviate stressors for the family. The family can concentrate on bonding with their children. – Birth & Beyond Program Manager*

Three Birth & Beyond sites at the Family Resource Centers also engaged in direct partnerships with Sacramento’s Child Protective Services (CPS) agency. The partnership is a formal recognition of the valuable role these services can play in reducing risk for child abuse and neglect among families where risks are present. As CPS began to embark on the Child Welfare System (CWS) Redesign, the agency reached out to Birth & Beyond and the FRCs to facilitate implementation of Differential Response. The formal relationships with three sites have provided the staging area for implementing a new practice on a relatively modest scale (first at one site, followed a year later by two more). Thus far, the “DR Sites” and CPS staff are working through the development of this relatively new partnership. The evolving relationship with CPS has been the source of considerable organizational and cultural change within CPS, and signifies the prominence of the Birth & Beyond program and the FRC resources to help families and children thrive. Ultimately, this demonstration initiative will represent standard practice between CPS and all Birth & Beyond FRCs.

In summary, this year has been a turning point for the Birth & Beyond Program. Even as home visiting caseloads capacity has been underutilized, the FRCs have emerged as increasingly more prominent resources to serve families. Data collection tools have been undergoing review and replacement, in a response to changing areas of emphasis. Existing organizational structures and supports have provided the infrastructure for addressing changes as needed. And consistent with the evolution of the program since its inception, collaboration has provided the forum for problem-solving, decision making, and strategic planning.

As this year ended, the program was anticipating and planning for more changes in the FRCs, while working toward improved understanding of the declining home visiting caseload volume. Parenting workshops will become the new and highly visible program component beginning in FY 07-08, attended by new staff positions to focus on both engagement and crisis intervention. All of these programmatic shifts are responses to input from families served and their increasing visibility as advocates for families and children. Similarly, the program will be developing new formal partnerships with organizations serving more non-English speaking families, making parenting workshops more accessible to more families in Sacramento County.