

BIRTH & BEYOND ANNUAL REPORT

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TABLE OF CONTENTS

Executive Summary	i
Section 1 Introduction & Background	1
1.1 Program Origins	2
1.2 Program Changes	2
1.3 Evaluation Update	3
Section 2 The Transition from Birth & Beyond to the Birth & Beyond Community Response (B&BCR) Program.....	5
2.1 Family Resource Center (FRC) Activities and Services	6
2.1.1 FRC Participation Highlights and Trends	7
2.1.2 Classes Offered at the FRCs	8
2.1.3 Events/Meetings at the FRCs	9
2.1.4 Information/Referral Activities	10
2.1.5 Playcare and Transportation Services	11
2.1.6 Summary of FRC Services in 2007/08.....	13
2.2 Home Visitation Service Activities	13
2.2.1 Home Visiting Service Levels	15
2.2.2 Home Visitation Service Activities.....	17
2.2.3 What Happens on a Home Visit?.....	18
2.2.4 Home Visitor Staffing	19
2.3 The Multi-Disciplinary Team (MDT) Component and Services	20
Section 3 Who Does the Birth & Beyond Community Response Program Serve?.....	24
3.1 Outreach and Referrals to the Family Resource Centers	24
3.2 Family Resource Center Class Attendee Race/Ethnicity and Language	26
3.3 FRC Class Attendee Demographic Characteristics: Age, Marital Status, Education	27
3.4 Home Visitation Family Demographic Characteristics: Ethnicity, Language.....	29
3.5 Home Visitation Demographic Characteristics: Age, Marital Status, Education .	31
3.6 Screening Assessments: Risk Indicators.....	33
3.7 Families Receiving Crisis Intervention (CI) Services	37
3.8 Summary of Families Served in FY 2007/08	39
Section 4 Family Resource Center Outcomes	40
4.1 Community Outreach.....	40

4.2	The Effective Parenting Initiative (EPI)	41
4.2.1	Make Parenting a Pleasure (MPAP)	44
4.2.2	Dare to Be You (DTBY)	45
4.2.3	Strengthening Multi-Ethnic Families and Children (SMEFC)	45
4.3	Crisis Intervention Services	45
4.4	Co-located Services and Partnerships	46
Section 5 Home Visitation Service Outcomes		47
5.1	Outcome 1: Reduced Risk of Child Abuse & Neglect	47
5.2	Outcome 2: Increased Immunizations	49
5.3	Outcome 3: Breastfeeding Initiation & Duration	50
5.4	Outcome 4: Improved Health Screenings	50
5.5	Outcome 5: Enhanced Child Development (not updated for FY 2007/08)	52
5.6	Outcome 6: Improved School Readiness	55
5.7	Outcome 7: Improved Parenting Skills	56
5.8	Outcome 8: Environmental Home Safety	58
5.9	Outcome 9: Employment Readiness	58
5.10	Outcome 10: Prenatal Care Received	59
Section 6 The Future of the Birth & Beyond Community Response Program		60
Attachments		

TABLE OF FIGURES

Figure 1: Families Attending 1+ Class by Month (FY 2007/08)	7
Table 1: Rollout of EPI Workshops, 2007/08.....	8
Table 2: Types of Workshops and Classes at FRCs	8
Table 3: Examples of FRC Workshops and Activities, June 2008.....	9
Figure 2: FRC Events by Type (FY 2007/08)	10
Figure 3: Information & Referral Requests (FY 2007/08)	11
Figure 4: Reasons Families with Children 0-5 Use Playcare (FY 2007/08).....	12
Figure 5: Transportation Usage: Number of Passengers (FY 2007/08)	12
Figure 6: Families Open At Least One Day Per Month (FY 2007/08)	14
Figure 7: Average Number of Families Open 1+ Days During the Month (FY 2007/08)	16
Figure 8: Service Activities by Month (FY 2007/08)	17
Figure 9: Who Was Present at Face to Face Visits (FY 2007/08)	18
Figure 10: Topics Addressed in Face-To-Face Contacts (FY 2007/08)	19
Figure 11: Home Visitor Staffing & Home Visitation Capacity (FY 2007/08)	20
Figure 12: Total MDT Services Offered (FY 2007/08)	21
Figure 13: Total Amount of Time Provided by MDT Specialist (FY 2007/08)	22
Figure 14: Time Provided to Indirect Services by MDT Specialist (FY 2007/08)	23
Table 4: Presenting Issues for Families Referred for Home Visitation Services (Issues with more than 10% respondents)	25
Table 5: Ethnicity: FRC Class Attendees	26
Table 6: Primary Language FRC Class Attendees.....	27
Table 7: Current Age: FRC Class Attendees.....	28
Table 8: Marital Status FRC Class Attendees	28
Table 9: Education FRC Class Attendees	29
Table 10: Ethnicity Home Visitation Families	30
Table 11: Primary Language Home Visitation Families.....	31
Table 12: Current Age: Home Visitation Families.....	31
Table 13: Marital Status Home Visitation Families	32
Table 14: Education Home Visitation Families	32
Table 15: Baseline At Risk Scores on Screening Assessment Tools Families Served in FY 2007/08.....	34
Figure 15: Families "At Risk" (FY 2007/08)	36
Table 16: Distribution of Program Brochures by Language.....	37
Table 17: Crisis Intervention Services Provided (n=840)	38
Table 18: Utilization of Other B&BCR Services (n=840)	38
Table 19: Distribution of FRC Brochures by Language	41
Table 20: EPI Curricula Cross Walk	42

Figure 16: MPAP Scores for Pre and Post Assessment (FY 2007/08).....	44
Figure 17: Percent CPS Involvement for B&B Families (FY 2007/08).....	48
Figure 18: Immunizations (FY 2007/08)	49
Figure 19: Breastfeeding Duration	50
Figure 20: Health Screenings.....	51
Figure 21: ASQ Areas Needing Further Evaluation (FY 2006/07).....	53
Figure 22: Knowledge of School Enrollment, Educational Processes (FY 2007/08)	56
Figure 23: Improving From “At Risk” to “Not At Risk”	57
Figure 24: Improved Employment Readiness (FY 2007/08).....	58
Figure 25: Trimester Prenatal Care Began (FY 2007/08).....	59

EXECUTIVE SUMMARY

Birth & Beyond is a comprehensive primary prevention and early intervention program that provides in-home and neighborhood-based services for children and families. The program became operational in 2000, pursuant to a directive from the Sacramento County Board of Supervisors to the Family Support Collaborative (FSC) in 1998. The program exemplifies a shared commitment among Sacramento County policy makers, public agencies, and private nonprofit service organizations to the prevention of child abuse and neglect.

The Birth & Beyond Program is based on the Healthy Families America (HFA) model for home visiting services, and the ABC/CalSAHF model which expanded home visiting to include integrated team case management and a community-based Family Resource Center (FRC). In combination, these service components were designed to provide support to families with two important features: (1) strategic FRC placement in the neighborhoods with the highest concentrations of families at risk for child abuse and neglect; and (2) a “strength-based approach” that capitalizes on inherent family strengths as a context for addressing 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 eighth annual evaluation report with a summary of accomplishments and both family and program outcomes. The report acknowledges changes in the program that occurred during the year and identifies new or changing measures introduced in FY 2007/08.

Family Resource Center Services

Family Resource Centers (FRCs) are a neighborhood hub of services, including classes and workshops, recreation, special events, information and referrals to other services, transportation, and play care for children whose parents are engaged in an FRC activity. The FRCs are becoming increasingly more prominent components of the overall Birth & Beyond Community Response Program.

- **Classes:** During FY 2007/08, 1,737 people attended one or more classes at the eight FRCs for a total (duplicated) attendance of 12,179 (average 7.0 classes per attendee). FRCs offered a total of 2,031 class sessions during the year, with a total duplicated attendance of 12,179 people. The average attendance per class session was 7 people. The most frequently offered classes were Effective Parenting Initiative (EPI) classes (790), followed by Parenting Education/Support classes (413 class sessions).
- **Special Events:** FRCs hosted 968 events during the year, with a duplicated attendance of 38,707 people. The most common events hosted by FRCs were related to Health Needs (23%) and Anonymous AOD groups (32%). FRC special

events also provide opportunities for parents and community members to volunteer or demonstrate leadership at the neighborhood level.

- **Information and Referrals:** FRCs documented 40,217 telephone calls requesting information during the year. Families with a child age 0-5 received information & referral services from the FRC 19,019 times.
- **Playcare:** Families used Playcare 7,168 times during the year, mostly while a parent or caretaker was attending a class at the FRC (65%). 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 match between culture and language of the families served and FRC staffing contribute to the "homelike" non-institutional feel in each 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 concerted efforts to: (1) revive home visitation caseloads; and (2) expanding effective parenting classes at the FRCs. Sites continue to develop innovative approaches for outreach into the community; among the most effective outreach for FRC activities is the promotion of FRC classes and activities by the front office staff. Similarly, the sites may recruit current families 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 sharing information about new classes (EPI) and services (crisis intervention) and addressing misinformation about Birth & Beyond and the FRCs.

- The *Effective Parenting Initiative* (EPI) has been very successful in its first year of implementation, having served nearly 1,200 parents/caregivers with three distinct parent education curricula. The most prominent parenting education curricula, Make Parenting a Pleasure, have reported 85 percent of the families improving parenting skills upon completion of the workshop series. In addition, EPI has begun to bring parenting classes to increasing numbers of non-English speaking parents. Implementing the EPI has been possible due to a combination of extensive staff training, translation of materials and cross-training with partner agencies, a huge outreach campaign, and the effectiveness of internal and external recruitment and enrollment of parents as participants and co-facilitators.

- The *Crisis Intervention Services* (CIS) component has responded to 840 referrals, connecting 715 families to urgently needed services. Among the 840 referrals, 832 have resulted in the creation of Family Support Plans, with 91 getting full case management and follow up services. From CIS, 117 families were referred to the Sacramento Crisis Nursery.

In summary, FY 2007/08 has been a year of enormous change for the Birth & Beyond Program. Even as home visiting caseload capacity has been underutilized, the FRCs have become increasingly more prominent resources in their direct service to families. Data collection tools have been revised, in a response to changing areas of program emphasis and the integration of Differential Response and Birth & Beyond services. Existing organizational structures and supports have provided the infrastructure for addressing changes as needed. The effectiveness of the FSC has been proven again, as the sites braced for a series of changes to program content and structure. Committees created for the purpose of implementing the EPI and CI components, and later to address the merger of DR and B&B, continue to represent a model for collaborative work and a public-private partnership.

Home Visiting Services

Birth & Beyond has a capacity to serve between 960 and 1,280 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 four Home Visitors. A total of 1,860 families (with 3,709 children) had an open home visitation case at least one day during FY 2007/08. In addition to receiving home visitation services, 384 home visiting families (21%) also attended one or more class session at the FRC, averaging 7.4 class sessions during the year.

Caseload capacity and family engagement and retention were ongoing issues throughout FY 2007/08. The Birth & Beyond home visiting component has become increasingly more dependent on AmeriCorps as a funding resource to support home visitor staffing. As a result, the impact of AmeriCorps turnover has become more pronounced because they serve approximately 70 percent of each site's home visitation caseload. On top of the immediate impact of a loss of staffing of this magnitude, there is the additional demand on sites to interview and recruit new AmeriCorps members, the need for new members to complete their training, and the transition for families from a familiar home visitor to a new one. The combined impact of the staff turnover associated with completion of AmeriCorps terms of service has had a particularly challenging effect on engaging and retaining families in the home visiting component. Many AmeriCorps members left Birth & Beyond in August 2007; new members came online in August and September and attended requisite training between September and December 2007.

As the number of Home Visitors on the last day of the month decreased between July and December 2007, the percent of caseload at full capacity decreased as well. Once staffing began to rebound in January 2008, the percentage of full capacity of home visitation families stopped declining and stabilized at approximately 70-75 percent of

capacity. By the end of FY 2007/08 the program had achieved 78 percent of home visitation caseload capacity.

During FY 2007/08, home visitation families received an average of 2.0 home visits per month for an average of 58 minutes per visit. Altogether there were 18,543 home visits during the year. This average was relatively consistent throughout the year, varying only between 1.7 and 2.2 visits per family per month.

Home Visitation Outcomes

The Birth & Beyond Community Response Program has been tracking family-specific outcomes since the program began, with a focus on the families served by the home visitation component of the program. Because home visitation represents a direct service with regular contact, an integrated approach to case management, and sustained service over time, the outcomes reported herein are for the families served in that program component.

Early in the implementation of Birth & Beyond the Family Support Collaborative (FSC) identified 10 program outcomes for the families receiving home visitation. Derived from the original logic models for the program, these included the long term outcome of reduced risk for reports of child abuse and neglect to CPS. Intermediate outcomes represented a range of measures related to improved health, enhanced child development, improved school readiness, improved parenting, improved home environmental health, employability, and access to prenatal care. The highlights for these outcome findings in FY 2007/08 are summarized below:

- **Reduced Risk of Child Abuse & Neglect:** As many as one-third (32.9%) 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 24 percent, and dropped further to 16 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 20 percent. Overall, CPS reports declined by 60 percent from pre-program to post-program (up to 12 months).
- **Increased Immunizations:** Over three-quarters of families (82%) reported their children were up-to-date with immunizations at least once during the year. A slightly lower proportion (74%) of index children open over 90 days as of June 30, 2008 had some record of immunizations.
- **Breastfeeding Initiation & Duration:** Over three-quarters (78%) of the women who reported on breastfeeding did so for at least three months. Almost one-quarter (22%) of mothers who reported breastfeeding breastfed for over 6 months.
- **Improved Health Screenings:** Almost one-third (33%) of children received a hearing screening at least once during the year. Somewhat fewer children (19%) received a vision screening or a dental screening (19%).

- **Enhanced Child Development:** A total of 1,843 ASQs were completed during this program year. Overall, 26.6 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, a function of early screening and intervention.
- **Improved School Readiness:** Approximately three-quarters (73%) of parents were aware of kindergarten enrollment practices at case closure, while 76 percent of parents had met enrollment requirements.
- **Improved Parenting Skills:** Overall, 65 percent of families who were “at risk” on the first assessment were “not at risk” on their last assessment.
- **Environmental Home Safety:** Approximately 12 percent of families (126) reported exposure to secondhand smoke in the home at least once during the year.
- **Employment Readiness:** Just under one-third of active families (41%) reported income from employment wages at intake. Fifty-nine percent of active families reported stable employment at least once during the year. At case closure, half of families (58%) reported stable employment.
- **Prenatal Care Received:** Approximately three-quarters (70%) of active families reported at intake that they received prenatal care. Over two-thirds (68%) of active families reported at intake that prenatal care began during the first trimester.

Summary

Birth & Beyond and the Family Resource Centers have been undergoing some remarkable changes throughout FY 2007/08. These included: the launch of the Effective Parenting Initiative (EPI) and the introduction of Crisis Intervention (CI) Services, with funding from First 5 Sacramento; the shift in staffing resources to support home visiting services; and the integration of DR and B&B program elements, forming the newly named Birth & Beyond Community Response Program. Even as home visiting caseloads responded to program staffing capacity, the uptick in participation in parenting classes continued steadily throughout the year. And the trends for positive outcomes for families has continued for the eighth consecutive year; most importantly, the Birth & Beyond home visiting component appears to have an especially positive impact on parenting as families at the greatest risk of being referred to CPS.

SECTION 1 INTRODUCTION & BACKGROUND

Birth & Beyond began providing in-home and neighborhood-based services for children and families in late 1999 and early 2000. 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). In FY 2007/08 the FRCs launched an extensive new initiative of effective parenting classes, based on three evidence-based models (Make Parenting a Pleasure; Dare to Be You; and Strengthening Multi-Ethnic Families and Children). In addition, the program added a new position, the Intervention Specialist, to assist families through immediate crises or to provide additional support making connections to resources in the community. The addition of these services was a function of funding received from First 5 Sacramento, for FY 2007/08 through 2009/10.

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 2000, 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 foundation served the program well in this year of change and transition.

In addition to working through the process of implementing the Effective Parenting Initiative (EPI) and Crisis Intervention Services (CIS) components, midway through the year the program began to modify other aspects of both structure and operation. These changes were the result of an anticipated decline in funding support from CPS, and the integration of Differential Response (DR), based on the pilot efforts at three of the eight sites. During FY 2008/09, the Birth & Beyond Program will change its name to become the *Birth & Beyond Community Response (B&BCR) Program* in recognition of the merger between DR and B&B services. With these changes have come the attendant changes in reporting and documentation, and a stalwart effort to consolidate and simplify data reporting.

This report is the eighth annual evaluation report with a summary of accomplishments and both family and program outcomes, as well as an update on changes that have occurred in FY 2007/08. This year the evaluation did not include a qualitative assessment of the collaborative and various components of the infrastructure that support Birth & Beyond. The decision to focus on the quantitative data for this report is a function of both resources and availability of data, as well as the relatively unchanged status of the model and the collaborative operations.

While resources for the evaluation in year nine have been reduced dramatically, there will be several key program elements in a state of transition in FY 2008/09. The evaluation team recommends a restoration of resources for a qualitative component of

the evaluation in FY 2009/10 to assess the impact of these changes to the program model, and to reassess the roles and responsibilities of the FSC and partners to the B&BCR Program like CPS.

1.1 Program Origins

The Birth & Beyond family support program began providing home visiting services from nine sites in 2000. The Birth & Beyond program model was based on the original ABC/CalSAHF program implemented as a 17-county initiative with funding from OCAP in 2001.¹ 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-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 been evolving 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, and one fewer FRC. 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 permitted the program to initiate the Effective Parenting Initiative (EPI), and introduced a new position at each site to provide Crisis Intervention (CI) Services. Beginning in earnest in FY 2007/08, the program has entered a phase of renewed focus on providing effective parenting support services.

In addition to the changes that related to additional First 5 funding, Birth & Beyond has also been experiencing declining funding support from one of its most prominent partners, CPS. As CPS continues its commitment to the CWS Redesign and loses resources earmarked for pilot-testing Differential Response at three Birth & Beyond

¹ 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 2000 and 2002.

Family Resource Centers, FY 2007/08 was the year that initiated the integration of DR with all eight Birth & Beyond sites. Attending this milestone in systems change, there have been many committee meetings to address changes in operations, training, documentation, and data reporting.

Finally, the Birth & Beyond Program revised the original Logic Model that represented a framework for showing the relationship between program implementation and evaluation. A copy of the revised Logic Model is in Attachment A, a reflection of increased emphasis on Family Resource Centers, with Birth & Beyond as one of the Center's many services. As the program continues to evolve and change the evaluation team recommends that the FSC revisit the Logic Model annually to make changes as needed or to restore focus and realign all components to fulfill the program mission and objectives.

1.3 Evaluation Update

In FY 2007/08 the evaluation focused on tracking quantitative data, and making adjustments to both data collection and reporting to fulfill reporting requirements and to adapt to changes in the program structure. Throughout the spring of 2008 evaluation staff met with the committees that were addressing changes in program structure and hosted an ad hoc work group to revise forms. The primary intent was to merge and simplify data collection and recordkeeping for the integrated DR-Birth & Beyond program; each program had very similar forms and databases, but many details required attention and decisions regarding what to retain and what to drop.

The evaluation team provided an interface between the Birth & Beyond database and the data reporting requirements to First 5 Sacramento. This required the evaluation team to tailor the existing data fields to satisfy First 5 reporting, including the quarterly downloads submitted to Persimmony (the centralized data repository for all First 5 grantees in Sacramento County) and quarterly data summaries submitted to each Birth & Beyond site for reporting progress on contractual requirements with Sacramento County DHHS. In addition, the evaluation team has facilitated reporting to all funding sources, including First 5 Sacramento, the California Service Corps (AmeriCorps performance measures), and CAPIT, PSSF, and CBCAP annual reports.

Beginning in FY 08/09 the evaluation data will also provide data specific to the Differential Response linkages with each Birth & Beyond Community Response Program site. Three of the program sites have established a working relationship with CPS through a pilot program for Differential Response that functioned for 2-3 years per site. The pilot program experiences have contributed to the coming integration of DR with all eight Birth & Beyond Community Response Program sites, using that experience to refine the interface, policies and practices, and data collection and reporting related to DR. As DR practices become more integral features of the Family Resource Centers, there will be attendant changes and modifications to existing practices, protocols, documentation and reporting. The transition to integrate DR with all eight sites is scheduled to occur in early 2009.

The last round of qualitative evaluation work was in 2007, when the evaluation team completed a series of intensive site visits and interviews with program managers and staff, partners, and participants. The focus on FY 2008/09 did not allow for any systematic update of the qualitative assessment; rather the evaluation team has summarized program shifts as its primary focus for the qualitative evaluation this year.

This is the eighth annual evaluation report submitted to DHHS and the Family Support Collaborative since 2000. Each year the evaluation report reflects a slight shift in emphasis for either the program or the evaluation, or both. This report features findings associated with changes in the program as it relates to the introduction of new services (e.g., crisis intervention) and shifts in the program structure and organization. The outcomes associated with home visiting have been reported consistently from year to year.

There are two companion reports to the annual evaluation report: the annual Child Abuse and Neglect Outcomes for Birth & Beyond Families, Annual Evaluation Report 2006/07 and the Indicator Trends Report, 2007/08. The evaluation team recently released the 2006/07 CPS Follow Up Study Findings and will draft and submit the update for 2007/08 in November 2008. The Indicator Trends Report for 2007/08 is available and will be released in tandem with this report, in late October 2008.

SECTION 2 THE TRANSITION FROM BIRTH & BEYOND TO THE BIRTH & BEYOND COMMUNITY RESPONSE (B&BCR) PROGRAM

Birth & Beyond has been in operation for eight years,² serving nine communities identified as “high need” areas based on indicators like rates of live births, reports of child abuse and neglect, education and unemployment, and crime. The original program structure, training, and data collection was based on the ABC/CalSAHF program model, an enhanced version of the Healthy Families America program that began in the mid-1980s as Hawaii Healthy Start. The ABC/CalSAHF program consisted of: (a) core home visitation services for pregnant and new mothers; (b) integrated team case management, with representatives from public health nursing, child protective services, mental health, alcohol and drug services, CalWORKS, and others as needed; and (c) a family resource center to serve as the hub of services at the neighborhood level, featuring a variety of family support services, classes and workshops, and special events for families and children.

When the ABC/CalSAHF funding ended in 2002 Birth & Beyond had begun modify the original model somewhat, including closer adherence to the Healthy Families America model for the home visitation component. In 2003 the program received its first grant funding from First 5 Sacramento, which allowed the nine family resource centers to expand their staffing, services, and activities for families. There have been other shifts in the program content, based in part on changes in funding sources; for example, the offerings at the Family Resource Centers focused heavily on alcohol and drug abuse prevention and intervention between 2003/04 and 2006/07 based on the strategies funded by First 5 Sacramento. Beginning in the summer of 2007, the Birth & Beyond Family Resource Centers resumed the focus on parenting education as the First 5 Sacramento funding priorities shifted.

Most recently, shifts in funding and resources have impacted the organization and structure of the program that was originally known as “Birth & Beyond.” With the increased role and prominence of the Family Resource Centers, and the advent of an expanding partnership with Child Protective Services’ Differential Response approach, the Family Support Collaborative has restructured the program again, with a new name: *The Birth & Beyond Community Response Program*. The new name represents an acknowledgment of the “branding” value of the Birth & Beyond program component, the community-based features of the Family Resource Centers, and the role of these services with CPS-referred families through the Differential Response mechanism. 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.

² The original nine neighborhoods served are defined by zip codes, and include: Arden-Arcade, Del Paso Heights, Fruitridge-Florin Road, Oak Park, Meadowview, North Highlands, North Sacramento, Rancho Cordova, and Valley Hi. The program closed the Arden-Arcade site in 2003/04 due to declining funding.

This section presents a summary description of the services provided by the Birth & Beyond Community Response Program in 2007/08. The description of these services presents an overview of Family Resource Center activities and the trends over time as the EPI has grown and responded to increasing demand. The overview of home visitation services includes a summary description of families served, since this component has the most detailed information about the characteristics and needs of these new parents, their infants, and families.

2.1 Family Resource Center (FRC) Activities and Services

Since the ABC/CalSAHF program initiative began, the Birth & Beyond program has resided in a family resource centers strategically located in the neighborhoods with the greatest needs for family support. Conceptually the FRC is a neighborhood-based, accessible, hub of services for families and their children. Over time these centers have become essential components of neighborhoods, meeting places for families and children, the source of information and assistance, as well as a platform for co-locating services or partnering with other service providers who work with the same families. A few of the FRCs had been operating prior to the launch of the Birth & Beyond program, and/or were located adjacent to or in close proximity of other services like WIC (Women, Infants and Children) or Healthy Start. Several are located close to other nonprofit organizations that serve families, and sometimes county services are outstationed at or near the FRC. After close to a decade in these neighborhoods, the FRCs actively promote the name recognition, increased utilization, and proximity to families and other services to sustain and add services as funding resources become available.

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.

In 2007/08 Birth & Beyond Family Resource Centers initiated a concentrated array of parenting education workshops. The workshops reflected increased interest among parents, requests for sequels to parenting beyond infancy, and a commitment from First 5 Sacramento to fund the Effective Parenting Initiative (EPI). Parenting and child development have attracted parents to both the Birth & Beyond home visitation services and the Family Resource Centers since the program began in early 2000. The EPI has helped to elevate these services and to make them more readily available to more families in the eight neighborhoods served.

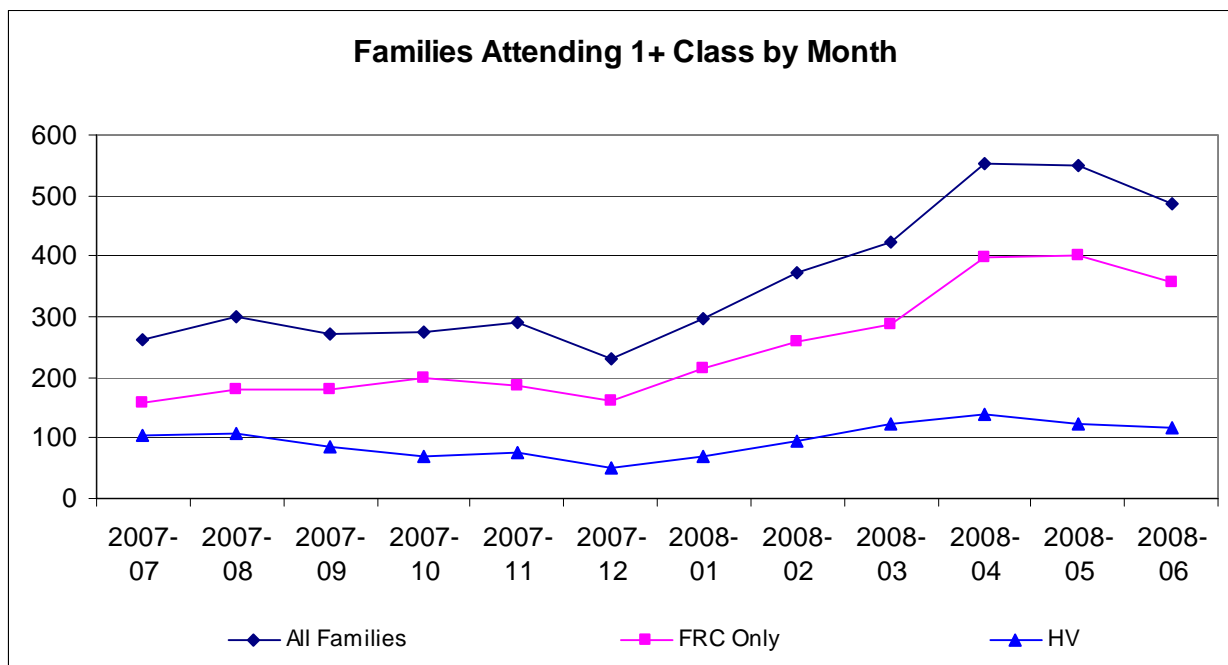
While not the only service provided by the FRCs, the EPI workshops have become a major draw for families. Each FRC provides the basic parenting workshop, "Make Parenting a Pleasure" (MPAP). Serving as the introductory workshop, MPAP has the broadest reach and the highest levels of participation. In addition to MPAP the FRCs are offering two additional curricula, targeting parenting for older children and families with increased risk for family violence. These curricula were introduced in 2007/08 and

are “Dare to Be You” (DTBY) and “Strengthening Multi-Ethnic Families and Children” (SMEFC). All three of these curricula are evidence-based and were among those supported by First 5 Sacramento.

2.1.1 FRC Participation Highlights and Trends

In the past year, (July 1, 2007 through June 30, 2008) 1,737 people attended one or more classes at the eight FRCs for a total (duplicated) attendance of 12,179 (average 7.0 classes per attendee). With the introduction of MPAP in the second half of the year, the overall levels of participation in FRC classes increased over the prior year and set records for the program. Overall the number of attendees increased by 12 percent from the previous year; the total volume of attendance (duplicated count) increased by 19 percent; and the average number of sessions attended increased from 6.6 to 7.0, or about 6 percent. Figure 1 illustrates the dramatic increase in class activity beginning in early 2008, once staff had been trained to present the new parenting curricula.

Figure 1: Families Attending 1+ Class by Month (FY 2007/08)



Though the class attendance does not reflect EPI classes only, the addition of these ongoing parenting workshops greatly enhance the FRC offerings. Furthermore, the new classes were available in other languages which made them more accessible to Spanish, Hmong, Russian, or Vietnamese speaking families for the first time.

As shown in Figure 1, over two-thirds of class attendees (72%) were FRC-Only families, or people who had never received home visitation services. The other one-third of attendees (28%) had also received home visitation services. The home visitation families attended slightly fewer classes on average (6.8 per person) than FRC-Only families did (7.1 per person). The slight drop in attendance during December is a

typical annual pattern due to the winter holidays, but seems to mostly affect FRC-Only families. However, once the FRC staff were trained for MPAP, DTBY, and SMEFC and the FRCs had extended outreach for these new classes, the participation in FRC classes accelerated in January 2008.

2.1.2 Classes Offered at the FRCs

FRCs offered a total of 2,031 class sessions during the year, with a total duplicated attendance of 12,179 people. The average attendance per class session was 7 people.

The most frequently offered classes were EPI classes (810 class sessions), followed by Parenting Education/Support classes (413 classes). Most of the EPI classes in 2007/08 were MPAP, as sites began to introduce DTBY and SMEFC later in the year. During the first full year of the EPI classes, there were many non-English speaking participants, as shown in Table 1 below:

Table 1: Rollout of EPI Workshops, 2007/08

Vital Statistics:	MPAP	DTBY	SMEFC
Date of first workshop offered	7/3/2007	12/4/2007	11/29/2007
Number of workshop sessions	612	174	24
Number of sessions attended (multiple attendees)	4,558	2,011	101
Number of sites with at least one workshop	8	5	3
Total participants (unduplicated)	1,036	117	31
English participants	785	142	16
Spanish-speaking participants	320	37	18
Hmong-speaking participants	21	0	0

In addition to the EPI workshops, the FRCs host a variety of other topical classes. The general categories include: (1) alcohol and other drug abuse workshops; (2) Play n' Grow classes; (3) lifeskills; (4) personal development; (5) parent support; and (6) socializing events (Table 2).

Table 2: Types of Workshops and Classes at FRCs

Categories of Workshops and Classes	Total Times Attended
Alcohol and Other Drug Issues	1161
Child Development	504
Life Skills and Advocacy	1572
Peer Support	1821
All "Other"	509

Table 3 presents a summary of activities offered in just one month, recognizing that workshops and classes vary throughout the year based on requests and interests from

the families served. In addition, there is some variation across sites in terms of how they categorize classes; some of the life skills and personal development classes are similar.

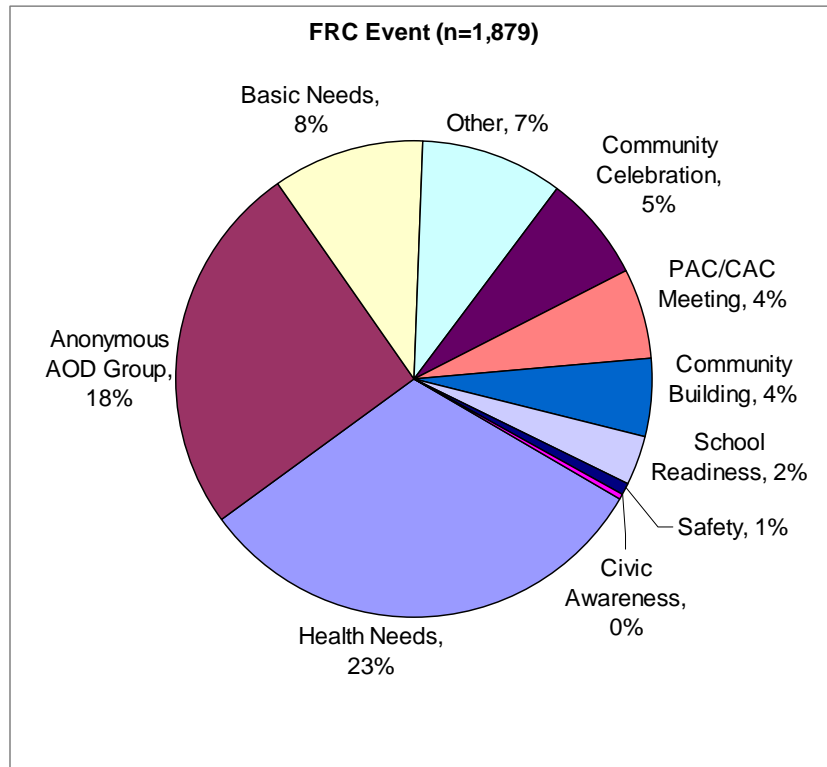
Table 3: Examples of FRC Workshops and Activities, June 2008

Alcohol and Other Drug Abuse	Play 'n Grow	Lifeskills	Personal Development	Parent Education and Support	Socializing Events
Life Happens	Mommy & Me	Arts & crafts	Creative Me	Infant Massage	Family Fun Night
Womens' Support Group (English)	Baby & Me	Relax & renew		CPS Parenting	Parents Night Out
First 5 Solutions	Play 'n Grow	Healthy Cooking with Friends		16 Parent Support Group	
First 5 Good Medicine	Just Like Home	Get Fit with Aerobics	Aerobics Class	Grupo de Apoyo Latina	
		Manicure Day		Russian Support Group	
		Conversational English		Stress Relief	
		ESL		Flourishing Families Program	
		Body Boot Camp	Exercise Class	Sisterhood Parenting	
		Baby Bucks Store			

2.1.3 Events/Meetings at the FRCs

FRCs fulfill the role of community hosts for many different types of events and meetings, as shown in Figure 2. In addition to classes, the FRCs offer events that are either too large or are inappropriate for taking attendance, such as Anonymous AOD groups. The use of the FRC as a venue for hosting outside groups is a testament to the value of the FRC as a hub of community activities. This has become an increasingly important role for the FRC, to maximize the use of the center as an easily accessible location for neighborhood residents. Increasingly outside groups and partners are hosting their activities at the FRC, an acknowledgement of its place in the community.

Figure 2: FRC Events by Type (FY 2007/08)

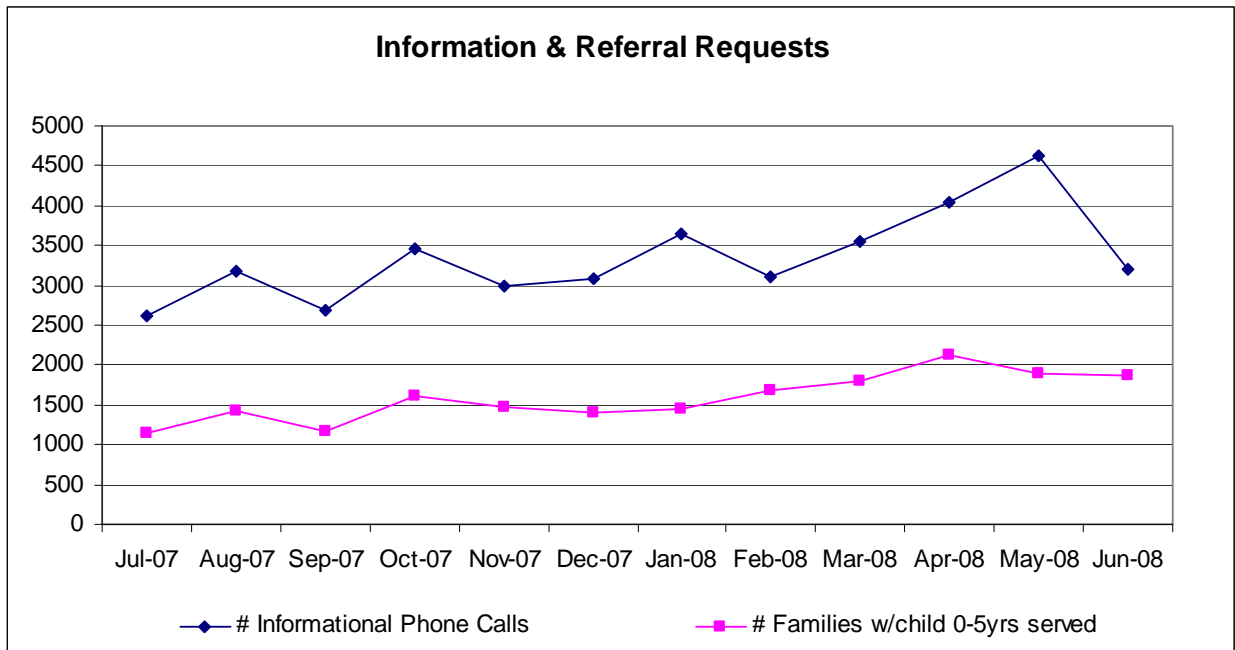


FRCs hosted 1,879 events during the year, with a duplicated attendance of 38,707 people. The most common events hosted by FRCs were related to Health Needs (23%), Anonymous AOD groups (18%), and basic needs (8%). FRC special events provide another opportunity for parents and community members to obtain information, convene with other families, and volunteer or demonstrate leadership at the neighborhood level.

2.1.4 Information/Referral Activities

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 is a tangible “welcome” to the FRC and all services contained therein. For many families the walk-in visit and the information and referrals received represent their first contact with the FRC and a gateway to all other services provided therein, as shown in Figure 3. Information and referral activity is a form of ongoing and continuous outreach.

Figure 3: Information & Referral Requests (FY 2007/08)



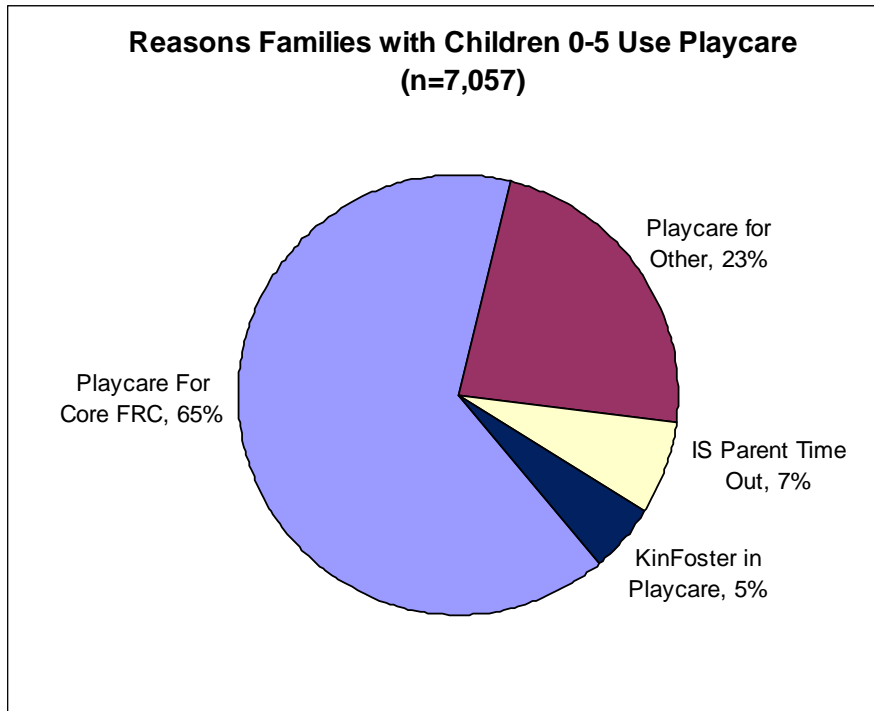
As shown in Figure 3, FRCs documented 40,217 telephone calls requesting information during the year. Families with a child age 0-5 received information and referral services from the FRC 19,019 times, reflecting the program’s emphasis on services for children age 0-5, pursuant to the funding support from First 5. Monthly variations are evident, and there has been a relatively steady increase in “I&R” services over the past year.

2.1.5 Playcare and Transportation Services

Whenever a program reaches out to serve families and children, the potential 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. Though the FRCs do not provide “child care” per se, the playcare allows for parents to participate in FRC workshops, classes, and activities and to leave their children in the care of FRC staff who are under the same roof as the parent activity. There have been times when the volume of children in playcare has stretched the FRC capacity. For well-attended classes or events, the demand for on-site playcare is high.

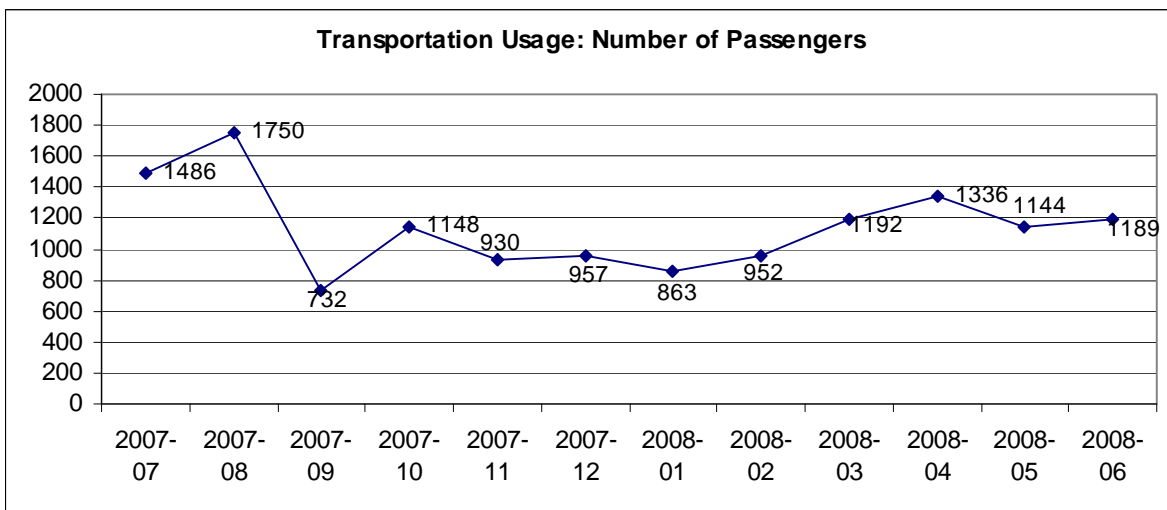
As shown in Figure 4, families used Playcare 7,057 times during the year, mostly while attending a class at the FRC (65%). Playcare allowed families to receive services at the FRC, as well as focus on class content knowing that their children are safe and entertained.

Figure 4: Reasons Families with Children 0-5 Use Playcare (FY 2007/08)



Similarly, many of the families served by the program rely on public transportation, exclusively or in part, in direct response to the challenge for getting to a weekly class. FRC transportation services, while limited, help mitigate this barrier to class participation. During the past year the transportation services provided have been declining, after peaking in August 2007, shown in Figure 5 below. To some extent the transportation services have been curtailed with the loss of a dedicated transportation specialist that was part of First 5 funding in the prior grant cycle. Most FRCs had to relinquish their dedicated driver with this funding loss.

Figure 5: Transportation Usage: Number of Passengers (FY 2007/08)



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 13,679 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 1,140 passengers per month.

2.1.6 Summary of FRC Services in 2007/08

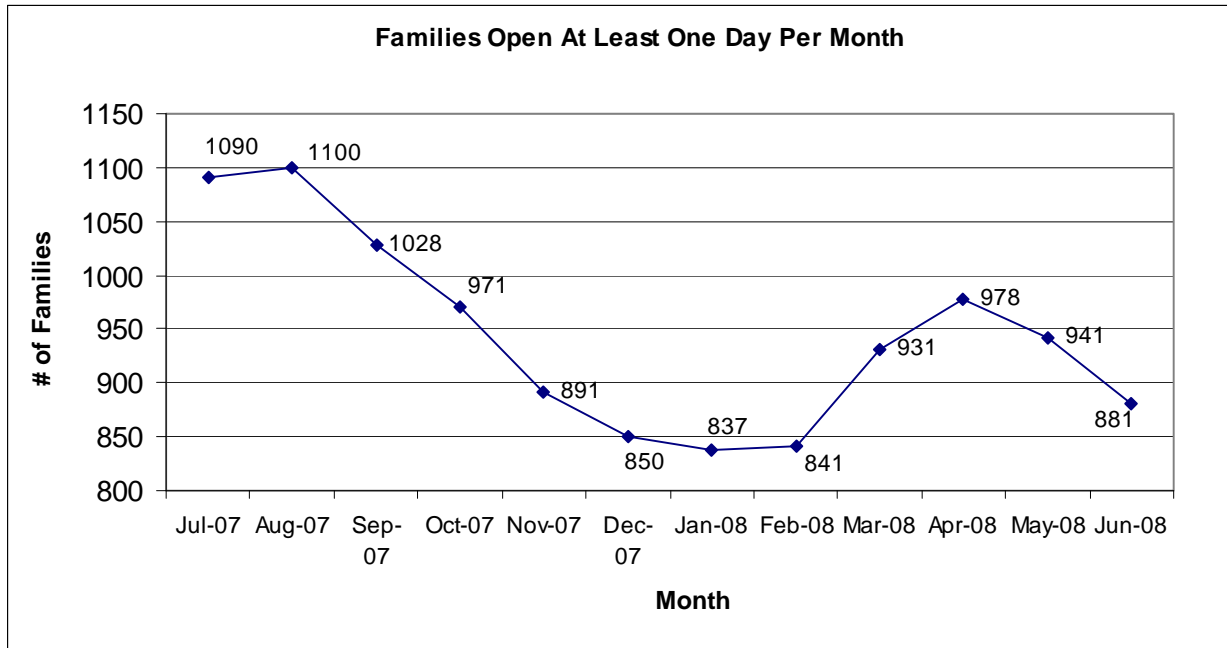
The Family Resource Centers have continued to grow and flourish in 2007/08 with the welcome return of an emphasis and focus on parenting education. The uptick in participation in EPI workshops and classes began in the second half of the year, once staff had completed training in all three curricula and the sites had extended outreach to let families know of the new classes. In addition, the FRCs continue to offer the workshops, classes, support groups, and socializing activities that have been introduced site by site based on the interests and requests of the families served. FRCs also host activities brought in from community partners and provide a variety of resources ranging from information and referrals to resources, to on-site play care, and transportation to and from the FRC.

2.2 Home Visitation Service Activities

Home visitation services have been the most visible and most substantive direct service offered by the program. The home visiting component has become widely known in the community as “the Birth & Beyond program” and has better name-recognition than do the neighborhood-based FRCs. The Birth & Beyond home visitation program component has a capacity to serve between 960 and 1,280 families with home visiting services that range from once a week to once a month, depending on the level of need indicated by the family. Each site has two teams, each consisting of a Team Leader and four Home Visitors. The program was shifting to a somewhat modified staffing structure for the FY 08/09 year to align with changes in funding.

Figure 6 shows the dramatic decline in home visitation services during FY 07/08. The decline began in August as a large cohort of AmeriCorps members began to end their term of service. Since AmeriCorps members now comprise most of the home visitation staff, this turnover has an enormous impact on the program’s ability to retain existing families and to enroll new families. Some sites lost nearly all their home visitors when this cohort of AmeriCorps members terminated.

Figure 6: Families Open At Least One Day Per Month (FY 2007/08)



On the first issue, while sites have been very creative and resourceful in attempting to transition families from one home visitor to another when an AmeriCorps member leaves the program, the nature of the relationship between a home visitor and a family has developed over time and is not readily replicated with a new home visitor assignment. Sites estimate that they may lose as much as half of their existing caseload when an AmeriCorps member completes their term of service and leaves the Birth & Beyond Program. In addition, it is an extraordinary challenge for the non-AmeriCorps home visitors to pick up the additional cases when there is a transition in staffing; if their caseloads are already at or near capacity, they cannot manage the additional cases.

Compounding the issue of retention is the time required to recruit, hire, and train new AmeriCorps members to serve as home visitors. Site staff estimate that new home visitors are not fully ready to carry a caseload until they have been at work for six months. Within the first three months, the new AmeriCorps recruits participate in the standard training for AmeriCorps service, followed by the 40-hour Birth & Beyond Basics training (often scheduled within 6-8 weeks of the new cohort beginning their AmeriCorps term of service). Even if the new members are “fully trained” by mid- to late-November, sites like to provide plenty of time for job shadowing, on-the-job training and close supervision, before the new members are ready for home visitation work. Therefore, the loss of AmeriCorps staffing in August continues to reverberate well into the year; the new members are “ready for prime time” in January and February, nearly six months into their term of service. The “uptick” in enrollment in home visitation appears in the Figure between February and April 2009, before beginning to decline again in May.

This second wave of decline may be related to the restructuring in the program staffing that was a function of declining resources, and the imminent merger and full integration of Differential Response into the B&BCR Program. Beginning in July 2008 each B&BCR site would have one team leader supervising seven home visitors, four of whom are AmeriCorps members. As a result of this shift in staffing caseloads are shifting again and will not likely settle until the DR merger becomes more complete in early 2009.

FY 2007/08 was a particularly challenging year for the sites as this turnover impacted them more than usual with more than 70 percent of their home visitors from the ranks of AmeriCorps. Program managers at the sites 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 six months to train and prepare new Home Visitors for their job.

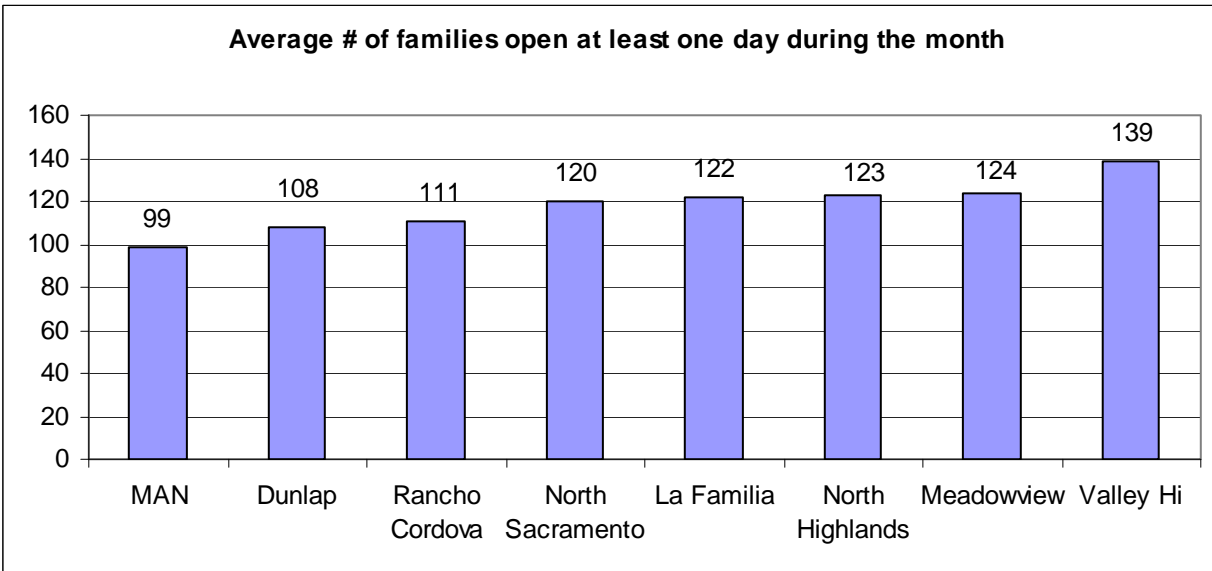
During FY 2007/08 a total of 1,860 families (with 3,709 children) had an open home visitation case at least one day during the 2007/08 year. In addition to receiving home visitation services, 384 home visiting families (21%) also attended one or more class session at the FRC, averaging 7.4 class sessions during the year. The interaction between home visitation and FRC classes continues to evolve and grow, as more home visiting families engage in FRC activities. This was a critical element of the outreach for the Effective Parenting Initiative (EPI) since the most readily accessible population to recruit for parenting classes were the families already receiving home visitation services.

Other factors impacting the decline in Birth & Beyond's caseload throughout FY 2007/08 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).

2.2.1 Home Visiting Service Levels

By June 30, 2008, Birth & Beyond was serving 772 open families with home visiting services, which is 69 percent of the capacity of 1,120 (17.5 cases x 8 home visitors x 8 sites). In the FY 2007/08 program year, the total average monthly caseload ranged from 99 to 139 cases per site as shown in Figure 7; site capacity is designed to serve 120 to 160 families, depending on level. During FY 2007/08, aggregate caseload at the site level ranged between 86 percent and 100 percent of full staffing capacity, or an average of 93 percent of capacity. This capacity estimate is likely to be inflated due to lapses in maintaining an accurate staff roster in the Birth & Beyond database (e.g., not recording when home visitors leave the program). For example, the downturn in AmeriCorps member staffing was not reflected accurately in the database and the home visitors are not fully ready for case work for months after they are hired and trained.

Figure 7: Average Number of Families Open 1+ Days During the Month (FY 2007/08)



During the FY 2007/08 56 percent of home visitation families were “Level 1,” which means they receive weekly home visits for at least six to twelve months. All families begin home visiting services at Level 1, and may move to progressively less frequent home visits as they stabilize or are less available due to work or school obligations. Still, the majority of the caseload for Birth & Beyond is Level 1.

Another 22 percent are “Level 2,” receiving bi-weekly visits. Among the remaining families 7 percent are Level 3, which means the home visitors visit less frequently (e.g., monthly). Level 2 and 3 families are often either long-term home visitation clients and/or they are engaged in other activities that make it more challenging for them to sustain a schedule of weekly home visits (e.g., work or school).

In addition to the home visiting service levels for families with new babies, there are two levels for women who enroll in Birth & Beyond while they are pregnant. Since the needs of pregnant women are different, the levels for pregnant clients recognize that the frequency of home visits is lower, but it is important to maintain some ongoing contact to develop the relationship that will flourish upon the arrival of the new baby. Approximately 15 percent of all Birth & Beyond families are at one of two pregnancy levels.

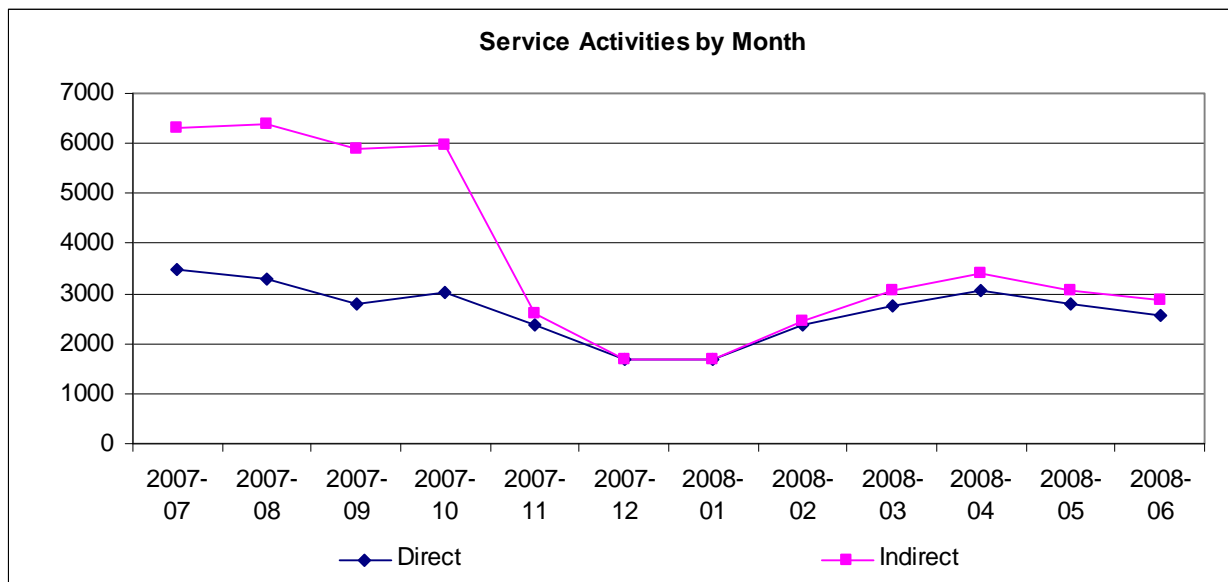
The caseload composition for each Home Visitor is not supposed to exceed 15 Level 1 families and five (5) families in Levels 2 and 3. Thus, caseload capacity can range from 15 Level 1 families to a mixed caseload of up to 20. On average, the caseload capacity is about 17-18 per home visitor, and 140 per site (ranging from 120 to 160).

2.2.2 Home Visitation Service Activities

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 2007/08, on average families received 2.0 home visits per month for an average of 58 minutes per visit. Altogether there were 18,543 home visits during the year. This average was relatively consistent throughout the year, varying only between 1.7 and 2.2 visits per family per month. Figure 8 below presents the monthly trend for average number of direct (home visits) and indirect (referrals, consultations, MDT meetings) services provided to Birth & Beyond families.

Figure 8: Service Activities by Month (FY 2007/08)

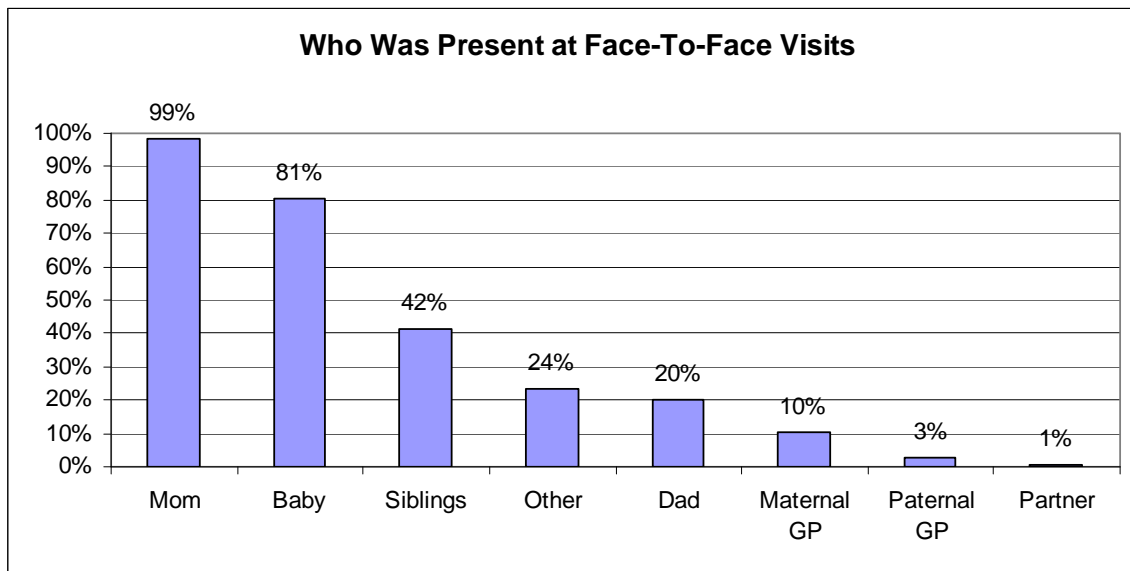


As shown in Figure 8, families receive both direct and indirect services, but the majority of services provided to families prior to November 2007 were indirect. Altogether, 59 percent of the 77,381 services provided during the year were indirect, which includes MDT services, advocacy, and all other work performed on the family’s behalf. In addition, 41 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). However, there was a dramatic shift in November when indirect and direct services mirrored one another. This is a function of changes in recordkeeping. Beginning in November 2007 documentation for MDT Specialists became a separate category from Indirect Services. As a result, the services provided by MDT Specialists ceased to be part of the “indirect services.” The details about MDT services provided in FY 2007/08 are in Section 2.3.

Families received a total of 18,543 face-to-face visits during the 2007/08 year. With a deliberate focus on direct services via home visitation, 96 percent of face-to-face contacts took place in the home. Families decide who is present at their face to face contact with Birth & Beyond Staff, which is documented in Figure 9 below. As might be expected, nearly all home visits include face-to-face contact between the home visitor and the mother (99%). The baby is present in almost all visits (81%), which is a reflection of the program mantra, “where is the baby?” 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.

Almost half of the home visits acknowledge the presence of additional children (42%). Fathers are present in about one fifth of the home visits. Since many of the Birth & Beyond households are single parents, and for those with fathers present many are working fathers, the rate of fathers present (20%) is notable.

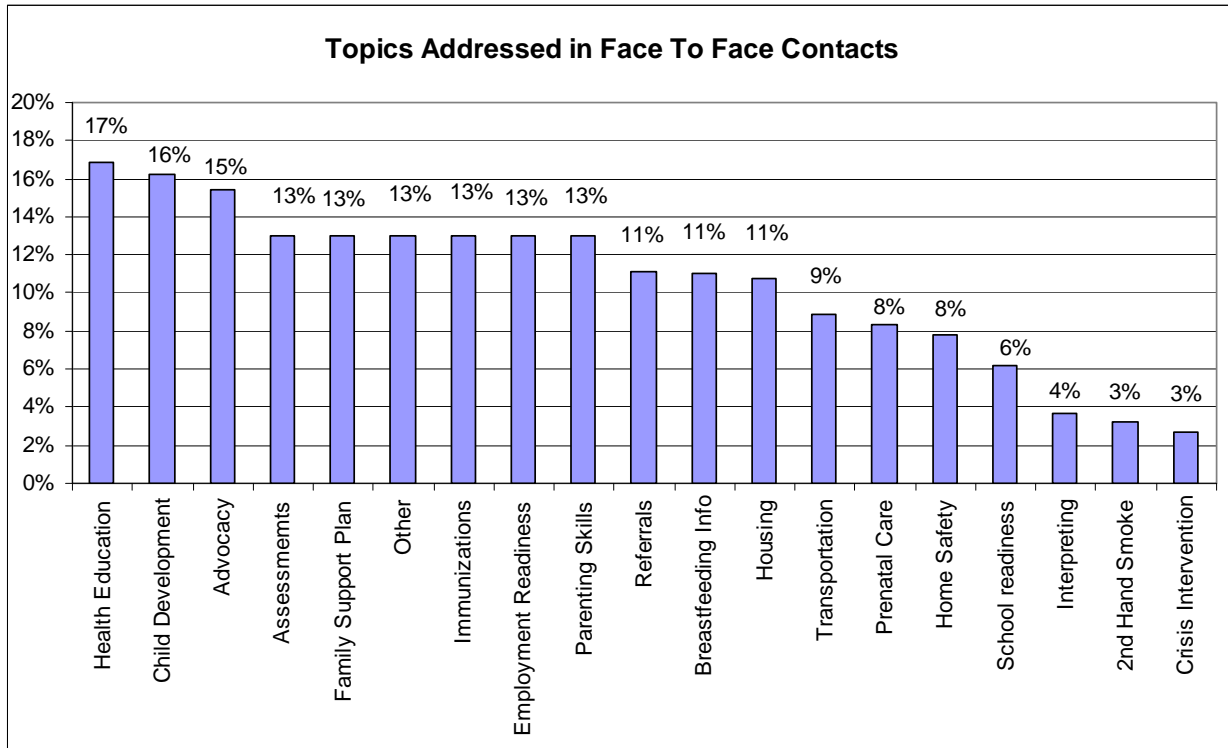
Figure 9: Who Was Present at Face to Face Visits (FY 2007/08)



2.2.3 What Happens on a Home Visit?

Home Visitors plan their face-to-face contacts with families, but often focus on several key topics that align with program outcomes. As shown in Figure 10, 17 percent of the face-to-face contacts with families included a discussion of or activities around Health. The other most commonly discussed topics are Child Development (16%), Advocacy (15%) and Parenting Skills (13%). With the wide range of topics, it is likely that most visits address multiple topics pertaining to parenting, maternal and child health, home health and safety, and other areas of family support.

Figure 10: Topics Addressed in Face-To-Face Contacts (FY 2007/08)



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.

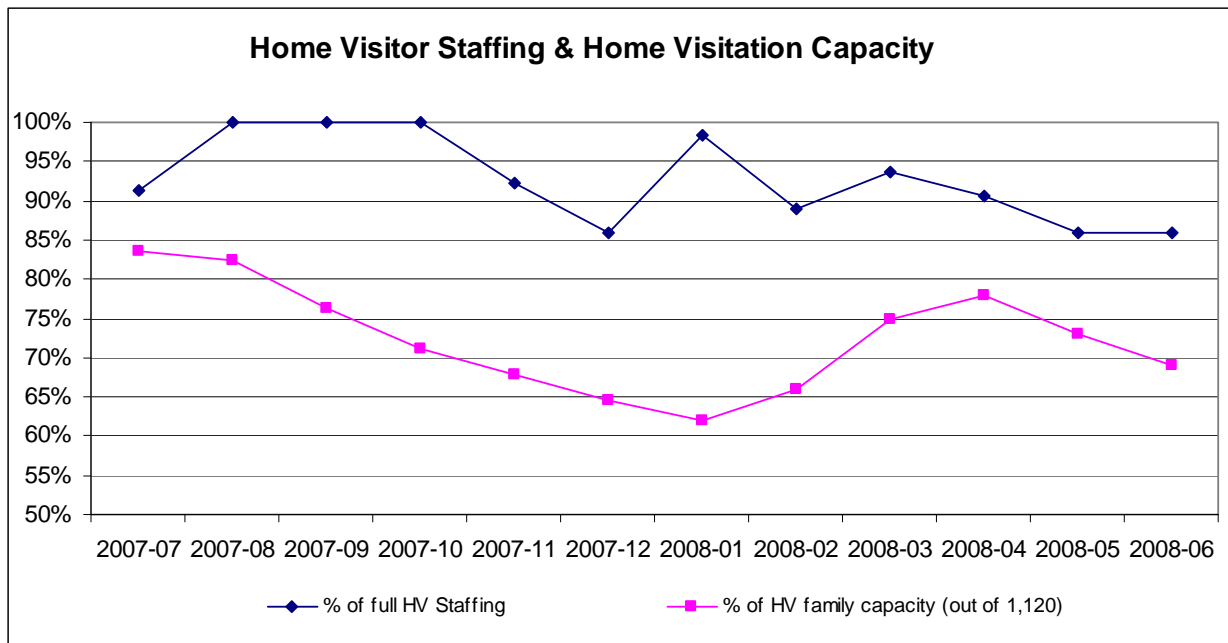
For some families, it is easier to remain socially and emotionally isolated. When home visitors facilitate or co-facilitate groups at the FRC, families in home visiting services are more inclined to venture from their homes and engage in more social activities at the FRC. Staff enjoys the flexibility 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. As Differential Response has become a more viable partner to the B&BCR sites, the FRC staff are increasingly likely to guide families on a tour of the FRC, to observe a class or event, and to explain what is available through the FRC. Home visiting and DR are both gateways to the FRC. The FRC is a vehicle for families to tap other resources in the community and connect with other staff and families.

2.2.4 Home Visitor Staffing

After relatively stable staffing during the 2005/06 year, Home Visitor staffing became an annual challenge once again beginning in 2006/07 and continuing into the 2007/08 program year. As shown in Figure 11, Birth & Beyond overall did not consistently have a full complement of Home Visitors (8 per site or 64 total) in any month of the year. In

addition, lapses in closing staff in the database may suggest more adherence to full staffing than was actually the case in FY 2007/08. As the number of Home Visitors on the last day of the month decreased between July and December, the percent of caseload at full capacity (out of 1,120) decreased as well. Once staffing began to rebound in January 2008, 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 11: Home Visitor Staffing & Home Visitation Capacity (FY 2007/08)



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 eight Home Visitor positions are filled. The decline 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.

2.3 The Multi-Disciplinary Team (MDT) Component and Services

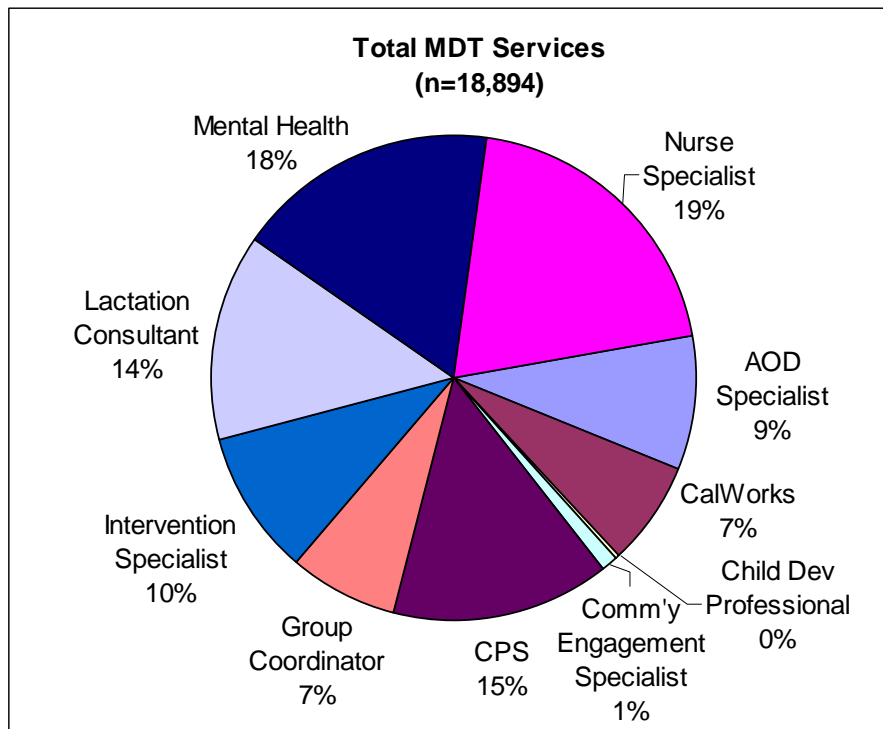
During FY2007/08 the Birth & Beyond Community Response Program continued to provide services through the Multi-Disciplinary Team (MDT), staffed in large part by county staff representing other departments and services. The MDT meetings are scheduled to occur weekly, where home visitors present new families that have just begun to receive services. This is the initial opportunity for the home visitor to present the strengths and concerns of the new family, to solicit input from various MDT specialists, and to begin to integrate these experts in the service delivery as needed. Home visitors also bring their families' cases before the MDT at quarterly intervals to

update their status and respond to questions related to the family’s progress. These reviews may occur more frequently if warranted by the family’s needs or risk status, or when the home visitor and team leader determine it is time for and MDT review.

The role of the MDT is a critical component of the integrated case management approach to home visiting services, featured in the ABC/CalSAHF program model. The constellation of expertise and agency representation varied among all ABC/CalSAHF sites, and Birth & Beyond has undergone changes in its MDTs by site from year to year. The data reported below presents the current status of the MDT in FY 2007/08, and reflects both program priorities and the availability of in-kind support from other Sacramento County agencies.

Since the beginning of the program in 2000 the composition of the MDT has shifted as resources have come and gone. Since the end of the ABC/CalSAHF initiative in 2002 there have been no Child Abuse Treatment Specialists (CATS) and changes in First 5 funding support have resulted in the discontinuation of the Child Development Specialist at each site. However, with the advent of the Child Welfare Redesign and new First 5 funding each site has added a Community Engagement Specialist to focus on community outreach and program promotion activities in the neighborhoods served. The primary MDT specialists who participate in the Birth & Beyond program are represented in Figure 12 below. Out of nearly 19,000 service units provided by MDT specialists in FY 2007/08, the most active participation came from the county in-kind partners: Public Health Nursing (19%); mental health (18%); CPS (15%); and the lactation consultants funded by First 5 (14%).

Figure 12: Total MDT Services Offered (FY 2007/08)



The distribution of MDT services provided shows that the most potent services were from the Public Health Nurses (19%) and the Mental Health Specialists (18%), followed by CPS (15%) and the Lactation Consultants (14%) who WIC partners to Birth & Beyond. The services from the Child Development Specialist have all but disappeared and the Community Engagement Specialist is a nominal part of the MDT and may not participate actively in MDT meetings, but rather is a resource to the entire site. Group Coordinators (7%), the Intervention Specialists (10%), and the AOD Specialists (9%) provide the balance of services via the MDT. As the program funding has shifted, so has the composition of the MDT. Currently, First 5 funding supports the Community Engagement Specialist and the Intervention Specialist at each site. The AOD Specialist has received First 5 support in the past, and sites have worked with Sacramento County Alcohol and Drug Services to retain some AOD expertise on the MDT and a link to direct services. The Lactation Consultant participates in the MDT and serves each site with its own First 5 funding to WIC.

In terms of the amount of direct service time provided by each MDT Specialist, Figure 13 shows that the mental health specialist provided the most time (20%), followed by CPS (16%), and the Public Health Nurse and the Lactation Consultant (15% each).

Figure 13: Total Amount of Time Provided by MDT Specialist (FY 2007/08)

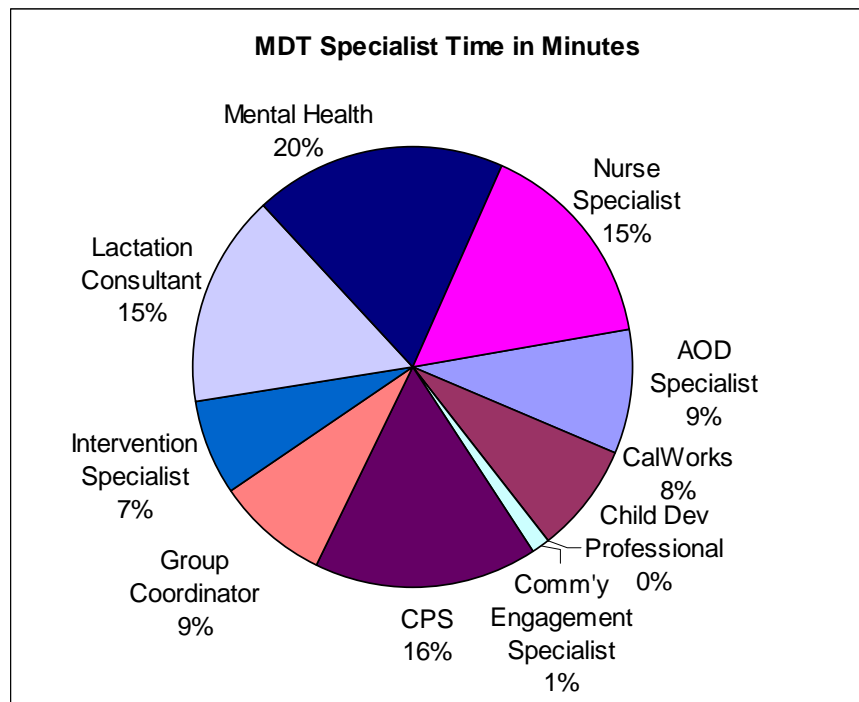
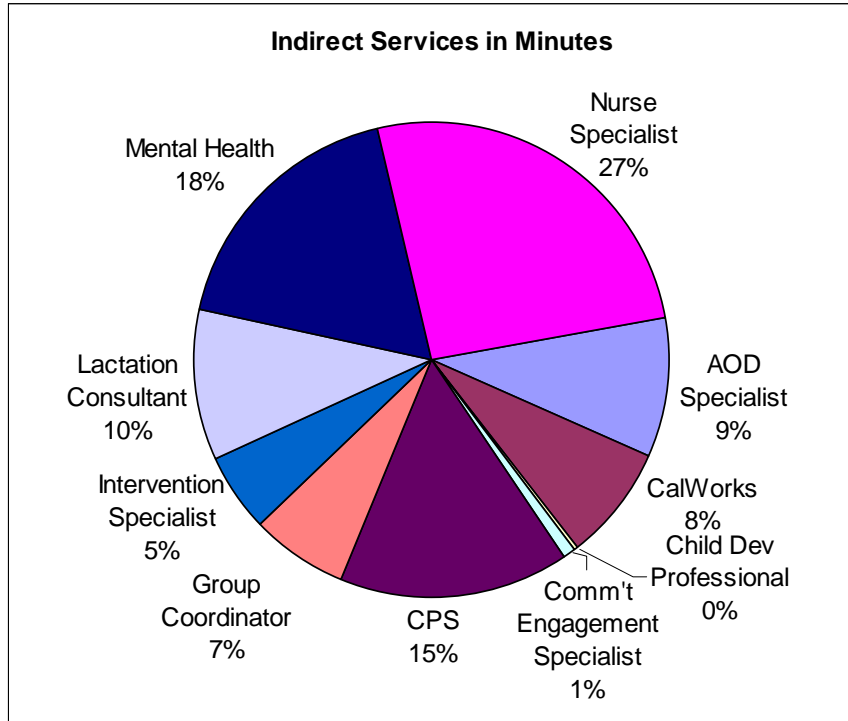


Figure 14 below shows which MDT Specialists provided the most time in indirect services, which includes attendance at the MDT meetings and providing information and support to home visitors. This distribution of time is somewhat different from the first two figures; for example, the most active MDT specialists in terms of indirect time are the Public Health Nurses (27%), followed by mental health (18%), and CPS (15%). The

remaining specialists all provide 10 percent or less of the indirect service time for home visitation families.

Figure 14: Time Provided to Indirect Services by MDT Specialist (FY 2007/08)



Finally, it is important to recognize and acknowledge that a variety of other staff and partners participate in the MDT meetings. These are individuals who provide little, if any, direct service to families. However several of them contribute to the weekly MDT meetings. Among the most actively involved in the MDT meetings are:

- B&BCR Program Managers
- Representatives from the Department of Human Assistance
- Domestic Violence experts or service providers
- DHHS Program Planners

All of these and “other” guests must log in and sign a confidentiality statement to participate in any MDT meetings.

In sum, the MDT contributes to the overall “integrated team case management” approach to providing home visiting services. In addition to providing direct or indirect input regarding specific cases and situations the home visitors encounter, they may accompany the home visitor to meet with the family. Also, by sharing their expertise and being available to the staff, the specialists contribute to the enhanced capacity of the home visitors as they develop professionally and learn to recognize and respond to family needs.

SECTION 3 WHO DOES THE BIRTH & BEYOND COMMUNITY RESPONSE PROGRAM SERVE?

Sacramento County has received national recognition as one of the most culturally diverse communities in the country. School Districts report as many as 47 languages among their students, and the Caucasian population is no longer the majority in Sacramento County. The Birth & Beyond Community Response Program serves neighborhoods that are diverse, where languages other than English are spoken, and where immigrant families may encounter additional challenges accessing services and resources. The Birth & Beyond Community Response Program has been designed to serve all families, with staffing to meet those needs, and increasingly responsive services and programs for families in the eight neighborhoods where the Family Resource Centers are located.

The Birth & Beyond Community Response Program continues to reach parents who may be most at risk for child abuse and neglect by virtue of their life circumstances and experiences. The comprehensive services provide a viable safety net to these families, and target neighborhoods where families most at risk for abuse and neglect reside. The Birth & Beyond Community Response Program reaches these families and engages them in services designed to mitigate the challenges they face and to reinforce their use of available resources. The outreach and referral processing illustrates the types of challenges the families have, and present a profile of their immediate needs. In addition the FRC class attendees provide some basic demographic characteristics that illustrate their needs. There are two case management services associated with the program: (1) the home visiting component systematically assesses family risk factors as a central feature of the Family Support Plans developed for home visiting services; and (2) the Intervention Services component offers short term and immediate relief to families in crisis.

This section presents findings from an analysis of demographic characteristics of families who were referred to and served by the program in classes, home visitation, or intervention services between July 1, 2007 and June 30, 2008. The program service components that include data collection on family characteristics are the classes, home visitation services, and crisis intervention services. Overall the program has represented the cultural diversity of Sacramento throughout its eight 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 by each of the major program components below.

3.1 *Outreach and Referrals to the Family Resource Centers*

Because the Birth & Beyond Community Response Program initiated a new constellation of parenting workshops in FY 2007/08 there was a deliberate campaign to reach into each of the communities served by a Family Resource Center. While not the only outreach work of the sites, the profile of the population to who brochures were

disseminated through the year is a direct reflection of the populations that the program aims to serve, listed below:

54,729	English
27,801	Spanish
2,191	Russian
100	Vietnamese
<u>825</u>	<u>Other languages/Unknown</u>
85,647	TOTAL Brochures

The brochures dissemination began in July 2007, and accelerated monthly beginning in September. More than 10,000 brochures were disseminated in November, February, March, April, and May of FY 2007/08.

A total of 5,024 families were referred to the Family Resource Centers between July 1, 2007 and June 30, 2008. The presenting issues for 2,045 families presents a profile of the types of challenges they are living with; many families had more than one issue. Table 4 presents the list of issues in rank order, when reported on the Referral Form.³

Table 4: Presenting Issues for Families Referred for Home Visitation Services (Issues with more than 10% respondents)

Presenting Issue	Number of times reported	Percent of all Respondents
Unemployed	1,137	55.6%
Unreliable/inadequate income	864	42.2%
Single parent	842	41.2%
Overwhelmed with difficulties	631	30.9%
Unreliable/inadequate transportation	600	29.3%
Less than high school education	543	26.6%
Teen parent	485	23.7%
TANF recipient	429	21.0%
Isolated; alone	367	17.9%
Unintended/unwanted pregnancy	342	16.7%
Drug use – history	319	15.6%
No help at home	318	15.6%
CPS history (not current)	311	15.2%
Inadequate housing; unstable housing	267	13.1%
3 or more children under 5 years of age	227	11.1%

Families referred to Birth & Beyond home visiting services have financial difficulties, ranging from unemployment and inadequate income, to reliance on public assistance, to

³ Not all referral sources complete information on the presenting issues for the family.

inadequate or unstable housing, and unreliable transportation. These basic needs challenge most families referred to the program. In addition, many lack support because they are single parents, isolated, lack help at home, or have 3 or more children at home. Additional challenges that represent 10 percent or fewer families referred include lack of support from family or friends, physical or mental disabilities, no or late prenatal care, family violence, legal or criminal justice problems, history or current alcohol use, multiple births, illiteracy in primary language, and unrealistic expectations of the baby. This composite presents a profile of families who are at high risk for abuse or neglect, due to the stresses associated with these issues.

3.2 Family Resource Center Class Attendee Race/Ethnicity and Language

The Birth & Beyond Community Response Program strives to serve the entire community. Table 5 presents the rates for which various racial/ethnic groups are represented in the FRC classes. About one third of families who come to the Family Resource Center for classes (30%) are either Latino or Caucasian, followed by 23 percent who are African American. In addition, 4 percent of these families are Asian/Pacific Islanders.

Table 5: Ethnicity: FRC Class Attendees

Ethnicity	Number	Percent
Latino	246	30.30%
Caucasian	245	30.20%
African American	186	22.90%
Other	39	4.80%
Multi-racial	25	3.10%
Native American	22	2.70%
Asian	9	1.10%
Hmong	8	1.00%
Filipino	8	1.00%
Vietnamese	8	1.00%
Asian Indian	6	0.70%
Ukrainian/Russian	4	0.50%
Pacific Islander	4	0.50%
Native Hawaiian	1	0.10%
Total Known	811	100%

The remainder of the families in FRC classes and workshops represent a variety of other racial/ethnic groups. In addition, there were more than 400 participants who did

not complete this part of the Family Information Form, who likely represent multiple groups.

Increasing numbers of bilingual staff have made it possible for Birth & Beyond to serve larger proportion of non-English speaking families. Most of these staff are Home Visitors or FRC Aides, recruited specifically to align with the cultural composition of the neighborhoods served. Table 6 below shows that while English is still the dominant language of class participants, other languages are represented.

Table 6: Primary Language FRC Class Attendees

Primary Language	Number	Percent
English	658	77.10%
Spanish	162	19.00%
Hmong	9	1.10%
Other	9	1.00%
Vietnamese	5	0.60%
Russian	4	0.50%
Chinese	2	0.20%
Hindi	1	0.10%
Ukrainian	1	0.10%
Unknown	1	0.10%
Tagalog	1	0.10%
Mien	0	0%
Total Known	853	100.0%

During FY 2007/08, the Family Resource Centers introduced three new parenting curricula, all of which have the capacity to meet increased language-specific needs. This will become more apparent as the program partners with other agencies to meet additional language needs of the families served in FY 2008/09.

3.3 FRC Class Attendee Demographic Characteristics: Age, Marital Status, Education

More than half of the participants in the FRC classes and workshops are under 30 years old (51%). This predominance of young adults reflects the population targeted by the program, new parents or parents in prime child-bearing years. An additional 33 percent are between 30 and 39. Relatively few are over 40 years old (15%). Table 7 presents the breakdown by age of participants in FRC classes in FY 2007/08.

Table 7: Current Age: FRC Class Attendees

Age Category	Number	Percent
Under 19	72	8.2%
20-29	379	43.0%
30-39	290	32.9%
40-49	99	11.2%
over 50	42	4.8%
Total Known	882	100.0%

FRC class participants include many young single parents. As shown in Table 8 more than half (55%) appear to be raising their family alone (e.g., never married, separated and divorced). More than one third (39%) are either married or living with a partner. This verifies the extent to which the individuals who seek services from the FRCs are likely to be seeking ways to obtain support in their roles as parents.

Table 8: Marital Status FRC Class Attendees

Marital Status	Number	Percent
Never Married	254	34.5%
Married	189	25.7%
Living With Partner	99	13.5%
Separated	87	11.8%
Divorced	64	8.7%
Other	43	5.8%
Total Known	736	100.0%

Finally, the families who enroll in classes at the FRC are most likely to have less than a high school diploma or completed high school (32%) (see Table 9). Altogether, two-thirds (64%) are limited in terms of employment and income. Since many are single parents, they have the added challenge of working and child care.

Table 9: Education FRC Class Attendees

Highest Level of Education Attained	Number	Percent
Not School Aged	12	1.7%
School Aged, EI/Jr/HS	42	6.1%
Less than HS	165	24.1%
HS/GED	217	31.6%
Tech/Trade/AA	42	6.1%
Some College	154	22.4%
College Degree	33	4.8%
Some Grad. School	9	1.3%
Grad/Prof Degree	12	1.7%
Total Known	686	100.0%

While these characteristics in and of themselves do not put families at risk, the combined impact is that many are parenting alone and/or have limited resources and potential for providing for their families. Engaging in FRC services, particularly the classes and workshops, provides both a social outlet and a gateway to resources that address most of their immediate needs.

3.4 Home Visitation Family Demographic Characteristics: Ethnicity, Language

The demographic characteristics of home visitation families who received services from Birth & Beyond during FY 2007/08 have shifted since the program began in 2000. Table 10 shows that currently more than half of the families receiving home visiting services are Hispanic/Latino, followed by African American (20%) and Caucasian (15%) families.

Table 10: Ethnicity Home Visitation Families

Ethnicity	Number	Percent
Latino	878	49.5%
African American	349	19.7%
Caucasian	260	14.7%
Hmong	61	3.4%
Multi-racial	60	3.4%
Ukrainian/Russian	50	2.8%
Other	39	2.2%
Pacific Islander	24	1.4%
Asian	23	1.3%
Native American	15	.8%
Asian Indian	5	.3%
Filipino	3	.2%
Vietnamese	4	.2%
Native Hawaiian	2	.1%
Total Known	1,773	100%

Hispanic families have increased their representation in the program, while Caucasian families are far less likely to enroll now compared to the first few years of the program. By comparison, in FY 2000/01 almost one third of the families who enrolled were African American (32%) or Hispanic (30%) followed by Caucasian (26%). At that time the database did not track Hmong or Russian/Ukrainian families specifically and there were no staff representing those two cultural groups.

Now the program is serving other racial/ethnic minority families due to the increased diversity of staffing and the more consistent capacity to meet the language or cultural needs of these families. While the rates are modest, the program enrolled Hmong and Russian/Ukrainian families. The program has long been effective reaching immigrant families, which now includes more families representing these two groups.

As shown in Table 11, the program is serving larger proportions of Spanish-speaking (38%), Hmong (4%), and Slavic-speaking (3%) families. Steadily increasing numbers of bilingual staff have made it possible for Birth & Beyond to serve more non-English speaking families. Most of these staff are Home Visitors or FRC Aides, recruited specifically to align with the cultural composition of the neighborhoods served.

Table 11: Primary Language Home Visitation Families

Primary Language	Number	Percent
English	963	53.4%
Spanish	682	37.8%
Hmong	65	3.6%
Russian	52	2.9%
Other	24	1.3%
Hindi	6	.3%
Ukrainian	4	.2%
Unknown	3	.2%
Chinese	2	.1%
Vietnamese	2	.1%
Tagalog	1	0%
Mien	1	0%
Total Known	1,805	100%

3.5 Home Visitation Demographic Characteristics: Age, Marital Status, Education

Since the program began in 2000, Birth & Beyond families have been predominantly young, single parents, with less than a high school education. Well over 90 percent of the “clients of record” have been and continue to be female. Table 12 shows that 65 percent of the families served in FY 2007/08 were under 30 years old of age, compared to as many as 80 percent of those served in FY 2000/01. 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 30 and 39. Relatively few are over 40 years old (2%).

Table 12: Current Age: Home Visitation Families

Age Category	Number	Percent
Under 19	321	17.6%
20-29	1,036	56.9%
30-39	420	23.1%
40-49	41	2.2%
over 50	3	.2%
Total Known	1,821	100%

Birth & Beyond includes many first time parents who are young single parents. As shown in Table 13 almost half (44%) were parenting alone, while more than half (55%) were either married or living with a partner. This is the reverse of the trend when the program began, when more than half were single parents.

Table 13: Marital Status Home Visitation Families

Marital Status	Number	Percent
Never Married	647	38.3%
Married	643	37.9%
Living With Partner	282	16.6%
Separated	50	2.9%
Divorced	41	2.4%
Other	32	1.9%
Total Known	1,695	100%

An equal proportion of families has never married (38%) or is married presently (38%). In addition, 17 percent are living with a partner, which can add additional support in the home.

Finally, Table 14 shows the educational profile for Birth & Beyond families. Proportionately more families who enroll in Birth & Beyond have not acquired a high school diploma (45%). Slightly more than one quarter (29%) have a high school diploma or GED, and somewhat fewer (21%) have education beyond high school. Thus, most of the families served in Birth & Beyond have somewhat more limited earning power based solely on their education attainment. These rates have remained relatively constant for families served since the program began in FY 2000/01.

Table 14: Education Home Visitation Families

Highest Level of Education Attained	Number	Percent
Not School Aged	16	1.0%
School Aged, EI/Jr/HS	62	3.9%
Less than HS	709	44.9%
HS/GED	465	29.4%
Tech/Trade/AA	40	2.5%
Some College	221	14.0%
College Degree	50	3.2%
Some Grad. School	8	.5%
Grad/Prof Degree	9	.6%
Total Known	1,580	100%

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.

3.6 Screening Assessments: Risk Indicators

In addition to the risks associated with being a young, single parent, with limited education and income, Birth & Beyond also seeks to ascertain the potential for risk of child abuse and neglect from standardized assessments completed at the time of enrollment and at six month intervals thereafter. These assessments provide a gauge of risk at the beginning of services, and a benchmark for changes in risk as intermediate outcomes throughout the family's participation in the program.

Three assessments originally introduced in the ABC/CalSAHF model continue to be used with Birth & Beyond home visitation families to measure Parenting (AAPI⁴), Depression (CESD), and Conflict Tactics Scale (CTS). The program model prescribes the first administration of the full battery of risk assessments within 45 days of intake, followed by re-administration 6 and 12 months thereafter.

The percentages shown in Table 15 illustrate the areas where all⁵ Birth & Beyond families had elevated scores on their first assessments at the time they enrolled in the program. These assessments suggest there is some potential for risk of child abuse or neglect, representing at least one presenting issue to address in the program. Since the program began, the cumulative rate of families with at least one presenting risk as determined from these screening and assessment forms is 94 percent.

⁴ During 2007/08 Birth & Beyond phased out use of the AAPI. The program developed an alternative measure of parenting effectiveness that will be used with home visitation families and participants in the Dare to Be You and Strengthening Multi-Ethnic Families and Children workshops. The new Parenting Assessment tool began in the second half of FY 2007/08.

⁵ These data have been reported for cumulative totals of the families enrolled in Birth & Beyond since 2000/01. Generally, the evaluation report has not separated the risk assessment profile data out by year. This is due in part to the nature of "length of stay" since families served in a year enrolled in a variety of years.

Table 15: Baseline At Risk Scores on Screening Assessment Tools Families Served in FY 2007/08

Screening and Assessment Forms	Number with Forms Completed	Number at Risk	Percent at Risk
AAPI – One or more “At Risk” (parenting attitudes)	931	819	88.0%
AAPI 1a (inappropriate expectations)	931	422	45.3%
AAPI 1b (lack awareness of child needs)	931	615	66.1%
AAPI 1c (strong belief in corporal punishment)	931	428	46.0%
AAPI 1d (reverse child/parent roles)	931	525	56.4%
AAPI 1e (oppress child’s power & independence)	931	503	54.0%
CES-D (depression)	1455	523	35.9%
CTS moderate (domestic violence)	1461	122	8.4%
CTS severe (domestic violence)	1461	103	7.0%

Parenting: Nearly all parents (88%) showed some lack of parenting skill as defined by the Adult and Adolescent Parenting Inventory (AAPI). By domain, the risk levels ranged from 46 to 66 percent of these families. The highest risk area was the *lack of awareness of a child’s needs* (66%), followed by the *reversal of parent-child roles* (56%) and *oppression of child’s power and independence* (54%). Given these specific risk areas and the proportion of young and first time parents, these elevated scores suggest the need for parenting education.

Depression: Another area of concern for Birth & Beyond families is the rate for families with elevated scores on the depression assessment tool. Over one-third (36%) of the parent caretakers indicated some depression at the time of the administration of this measure. The CES-Depression Scale asks the respondent about feelings of depression within the past 10 days, and should identify periods of depression that warrant closer examination from a mental health specialist.

Domestic Violence: The Conflict Tactics Scale (CTS) measures risk of family violence as either moderate or severe. In combination, about 15 percent of the families served last year scored in either the moderate to severe range.

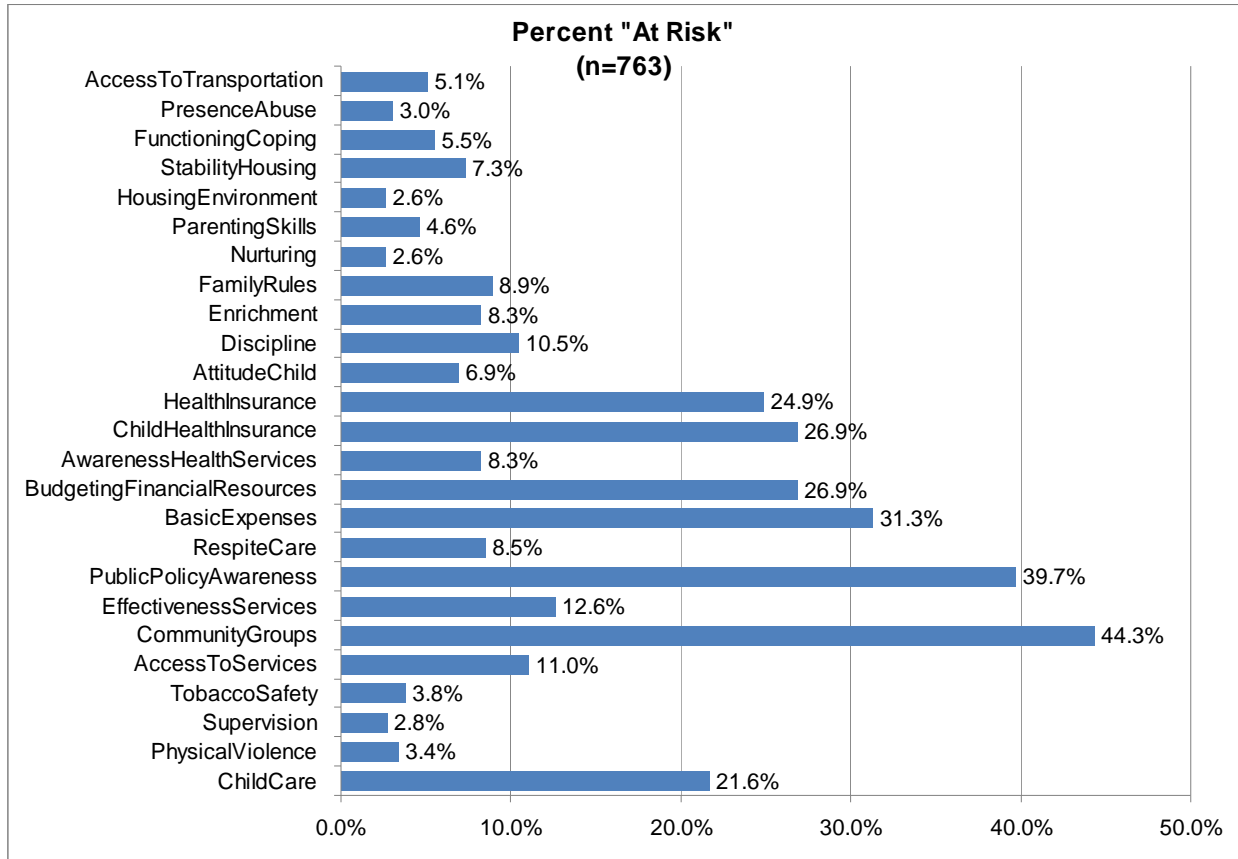
Poor parenting skills in combination with depression and risk for family violence are areas that are closely associated with child abuse and neglect. The percentages of families demonstrating elevated risk upon joining Birth & Beyond has remained relatively stable throughout the life of the program, 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.

While the screening and assessment tools are meant to be used to help structure the Family Support Plan for each family, and to reassess needs at regular intervals (6 and 12 months), it is possible to track changes in scores and risk thresholds over time. The changes in risk on these screening and assessment forms is an intermediate measure for the evaluation of the Birth & Beyond home visitation program component.

In FY 2008/09 the program will retain the CES-D and CTS assessments, and has added the Family Development Matrix (FDM). The FDM includes 26 indicators, tailored to fit the Birth & Beyond program families. The B&BCR Program partners developed their own FDM as participants in an 18-month process supported by the Institute for Community and Collaborative Studies at CSU-Monterey Bay, and funded by the Office of Child Abuse Prevention (OCAP) beginning in late FY 2006/07 and extending into late FY 2007/08. Eventually the FDM will be used more extensively with families who are case managed in the B&BCR Program. For FY 2007/08 the focus was on using the FDM with families in home visiting, as well as some who are case managed by some FRCs. There is a proposal to use the FDM with families in the Crisis Intervention component, to replace the Parent Stress Index (PSI) which has proven impractical to use with families seeking help in crisis.

Figure 15 below provides an overview of baseline FDM scores in FY 2007/08. Though the FDM became part of the assessment protocol in FY 2007/08, the data collected represented families who enrolled between November 2007 and June 2008, a partial year of operation.

Figure 15: Families "At Risk" (FY 2007/08)



The Birth & Beyond Community Response Program began using the Family Development Matrix with home visiting families⁶ in November 2007. There were 763 FDMs in the database through June 30, 2008. Nearly all (83%) had a score that indicated at least one area of concern among the 25 indicators. The indicators with the highest rate of "concern" were associated with community engagement, including lack of involvement with community groups (44%) and lack of awareness related to public policies that impact families (40%). While these two indicators are among those that are the last to change for Birth & Beyond families, and suggest increased family resourcefulness and efficacy, there were several others that are more immediate.

The indicators that presented areas of concern for more than 20 percent of the Birth & Beyond families in FY 2007/08 were:

⁶ Some sites are also using the FDM with families who are case managed through the Family Resource Center, rather than home visiting. These scores are also included in the baseline risk areas noted above.

- 31% Difficulty meeting basic expenses
- 27% Budgeting and adequacy of financial resources
- 27% Access to health insurance for the child
- 25% Access to health insurance for the parent or family
- 22% Access to adequate child care

These areas of concern align with other indicators of risk associated with struggles to meet basic needs. Because the FDM is self-administered and based on self-report by the parent-client, areas of concern may in fact be greater than what is reported at baseline. History has shown that families may be more forthcoming and disclose more personal concerns later in the relationship with their new home visitor.

3.7 Families Receiving Crisis Intervention (CI) Services

With the advent of a new grant award from First 5 Sacramento in July 2008, Birth & Beyond introduced a new position on the team at each site. The Crisis Intervention Specialist (known as the “Intervention Specialist”) position was designed to step in to assist families in crisis, to support the home visitors in their work with families, and to address the immediate need in a relatively short timeframe and/or refer to other services to maintain the family’s stability once the risk was addressed.

The introduction of this new service component included an outreach campaign, part of which included the distribution of the new program brochures. The distribution of brochures by language is presented in Table 16, illustrating the depth and breadth of outreach into non-English speaking communities. While almost two-thirds of the brochures (61%) distributed were in English, nearly one third (31%) were in Spanish, the most dominant of the non-English languages represented by Birth & Beyond families. And although proportionately much smaller, program staff distributed nearly 4,000 Hmong and over 2,000 Russian brochures, 100 in Vietnamese, and more than 800 in non-specific languages.

Table 16: Distribution of Program Brochures by Language

Language	Number	Percent
English	54,729	61.1%
Spanish	27,801	31.0%
Russian	2,192	2.4%
Hmong	3,953	4.4%
Vietnamese	100	0.1%
Other or language unknown	825	1.0%
Total	89,600	100.0%

The combination of all promotional activities yielded a high rate of use of the Intervention Services in the first year of its operation. Because of these varied

outreach activities, as well as internal referrals from home visitors to the Intervention Specialists, there were 840 families referred for intervention services. This represents activities that were mostly in the second half of the year, since the first half of the year was devoted to hiring and training the new Intervention Specialist, outreach and promotion, and development of the data tracking mechanism to identify families referred and served. Table 17 below shows that nearly all (85%) of the families referred to the Intervention Specialist received referrals to help them address their crisis or immediate need. All (99%) had a Family Support Plan, to guide the inquiry about needs and to document the response to those needs.

Table 17: Crisis Intervention Services Provided (n=840)

Crisis Intervention Referrals and Services Provided	Number	Percent
Referrals to Crisis Intervention Services	840	100.0%
Families connected to appropriate services via referral	715	85.1%
Family Support Plans developed	832	99.0%
Case managed families	91	10.8%
Families connected to Crisis Nurseries	117	13.9%
Families referred to EPI Classes	319	38.0%

In addition, well over one third (38%) of the families seeking help from the Intervention Specialist were referred to one of the EPI parenting classes, 14 percent were referred to the Crisis Nursery and 11 percent were case managed for a short duration to make sure that the crisis had been resolved, and the risk of abuse or neglect for the child(ren) was diminished. Finally, Table 18 below presents additional services provided by the Intervention Specialists.

Table18: Utilization of Other B&BCR Services (n=840)

Various B&BCR Services used by Families in Crisis	Number	Percent
Times Families used Parent Timeout Services	477	56.8%
Children referred to various insurance providers	229	27.3%
Cover the Kids	94	11.2%
MediCal	112	13.3%
Healthy Families	39	4.6%
Other medical insurance	7	.8%
Dental Insurance	7	.8%
Families referred for lactation consultation	8	.9%
WIC	7	.8%
Non-WIC	1	0%

3.8 Summary of Families Served in FY 2007/08

The families served in FY 2007/08 are young, often single, and have limited education and income. Most are financially on the edge or struggle to make ends meet from month to month. They live in the neighborhoods most at risk for child abuse and neglect, due to sheer volume of births, dependency on public assistance, unemployment, and reports of child abuse and neglect to Child Protective Services (see Annual Indicator Report, FY 2007/08). In addition to the risks reported at the time of being referred to the B&B CR Program, those who enroll in home visiting services present specific risks related to parenting, depression, and risk for family violence. These families are the most vulnerable to numerous stressors associated with child abuse and neglect. The B&B CR Program is designed to reach out to and engage these families and to respond to their specific needs in a variety of ways. Both the families in home visiting and FRC services present a similar demographic profile, as parents who need plenty of support and access to resources to help them as they raise their families.

The program continues 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 discussions of changes and shifts in program operation likely will continue through FY 2008/09.

SECTION 4 FAMILY RESOURCE CENTER OUTCOMES

The Birth & Beyond Community Response (B&BCR) Program resides in eight neighborhood-based Family Resource Centers (FRCs). Though the “Birth & Beyond” moniker has been most closely associated with the home visiting component of the program, there are a growing array of services and activities for families that are available at the FRC. In FY 2007/08, the FRCs added specialized services with new funding from First 5 Sacramento. These services manifested in two new positions, as well as an extended array of parenting workshops, described below. The two new staff positions are the Community Engagement Specialist and the Intervention Specialist. The three parenting workshops are all evidence-based, and include “Make Parenting a Pleasure,” “Dare to be You,” and “Strengthening Multi-Ethnic Families and Children.” In addition, the FRCs have gained prominence as natural partners to other First 5 grantees and special services that address needs of the population served by the B&BCR Program.

4.1 *Community Outreach*

In the first quarter of FY 2007/08 all FRC’s had recruited and hired a Community Engagement Specialist. The purpose of this position was to dedicate human resources specifically to outreach and engagement for home visitation and FRC services. This fiscal year presented new challenges for the Family Resource Centers as they added parenting workshops and sought ways to rebuild the home visiting family caseload. In addition the FRCs introduced the Intervention Specialist to the staff, with the purpose of addressing immediate needs for families in home visiting as well as FRC services. The community outreach aimed to introduce new services to families and residents in the neighborhoods served, with new emphasis on reaching non-English speaking families. The FRCs also used their community outreach activities to seek new partnerships with organizations looking for a venue to provide services targeting either Birth & Beyond families, or the neighborhood in which the FRCs are located.

An indicator of the outreach activities for FY 2007/08 is the dissemination of brochures to inform families of the new services at the FRCs, to renew interest in the core services, and to continue developing partnerships with other organizations serving the same population. The distribution of brochures during this fiscal year is in Table 19 below, by language. By site, the most Spanish brochures were disseminated from MAN and North Sacramento; the most Hmong brochures were disseminated at MAN and La Familia; the most Russian from North Sacramento, MAN, Rancho Cordova, and North Highlands. All the Vietnamese brochures were disseminated from Valley Hi. These distribution patterns reflect outreach intended to reach populations that the program was now able to address with classes and/or home visiting staff who represented these languages and cultures.

Table 19: Distribution of FRC Brochures by Language

Language	Number	Percent of Total Brochures
English	54,729	61.1%
Spanish	27,801	31.0%
Hmong	3,953	4.4%
Russian	2,192	2.4%
Vietnamese	100	.1%
Other/unspecified	825	.9%
TOTAL	89,600	100.0%

Most of the brochures were disseminated at large special events, some of which were hosted by the FRCs. During this year the sites conducted 5,370 outreach activities. The number of events logged by site ranged from 85 to 2,583, with an average of more than 670 per site.

As a result of the outreach focus in FY 2007/08, the Birth & Beyond Community Response Program logged 4,644 referrals throughout the year. Among these referrals, 1,058 were families referred directly from home visitors to the EPI classes. Also, 1,769 families initiated home visiting services in FY 2007/08 as a result of the outreach efforts.

4.2 The Effective Parenting Initiative (EPI)

The Effective Parenting Initiative (EPI) began in July 2007 as the sites recruited new FRC staff through AmeriCorps, and CAPC began to implement training across the sites for the three new curricula introduced via First 5 funding. The EPI included three curricula, selected to complement one another and serve as a course of progressive classes for parents. The base course aimed to reach the most families and offering a universal appeal to parents with children from birth to 8 years of age. The other two curricula were somewhat more specialized in terms of age and focus: Dare to be You (DTBY) was designed for parents of children aged 2-5 years of age, and Strengthening Multi-Ethnic Families and Children (SMEFC) was for parents of older children, up to 18, with curriculum nuances for specific racial/cultural groups. The EPI Crosswalk provides an overview of the curricula, followed by findings from the first year of implementation.

A total of 1,108 parents attended at least one EPI class in FY 2007/08.

Table 20: EPI Curricula Cross Walk

	Curricula	Parent Target	Child Age	Risk or Indicators	Focus	Addresses	Special Features	Modules
Make Parenting A Pleasure (MPAP)	<ul style="list-style-type: none"> • 10-13 sessions • 2 hrs per session • 15-20 per group 	<ul style="list-style-type: none"> • Universal • Parenting young children, experiencing stress • 4th grade reading level • Teen parents & partners 	0-6 yrs	<ul style="list-style-type: none"> • New parents experiencing stress • Child abuse or neglect • Family dysfunction • Lack of social support/isolation 	<ul style="list-style-type: none"> • Education • Social supports and networking • Parent self care to make better parents 	<ul style="list-style-type: none"> • Stress • Anger • Isolation • Lack of Parenting Information • Child Development • Positive Discipline • Communication Skills 	<ul style="list-style-type: none"> • “down to earth quality” • Builds on family strengths • 10 Videos • Adaptable to the group in terms of pace, language, and style • Interactive • Experiential • Culturally sensitive 	Parenting skills: <ul style="list-style-type: none"> • Getting Started • Nurturing • Understanding Stress • Stress and Anger Management • Managing Anger • Modeling Alternatives • Communication • Listening Skills • Verbal Communication • Child Development • Discipline
DARE to be You (DTBY)	<ul style="list-style-type: none"> • Simultaneous workshops for parent and child • Min. 20 hours over 12 weeks • Meal (30 min) • Parent-child activity (15 min) • Simultaneous classes for parents, preschool youth, siblings (2 hrs) • After-DARE support groups or community events • Annual reinforcing workshops, 8 hrs 	Parents and other caregivers and siblings	2-5 yrs	<ul style="list-style-type: none"> • Variable risk factors • Parent competency and satisfaction • Used with: <ul style="list-style-type: none"> • AODA • CAN • Low Income • Non-HS Graduate 	<ul style="list-style-type: none"> • Individual /Child • Family Environment • School • Community 	<ul style="list-style-type: none"> • Protective factors: developmental level, self-worth, empathy, competence, problem solving, social skills, self management • Parent self-efficacy, Self-esteem, internal locus of control, decision making, reasoning, stress management, and child rearing • Teacher efficacy, sense of self worth, effective teaching methods • Teams of community workers, awareness of negative messages and skills to change messages 	Adapt at least 10% of curricula to culturally specific issues (NA, AA, HIS, SE Asian, and mixed)	<ul style="list-style-type: none"> • Protective factors: developmental level, self-worth, empathy, competence, problem solving, social skills, self management • Parent self-efficacy, Self-esteem, internal locus of control, decision making, reasoning, stress management, and child rearing

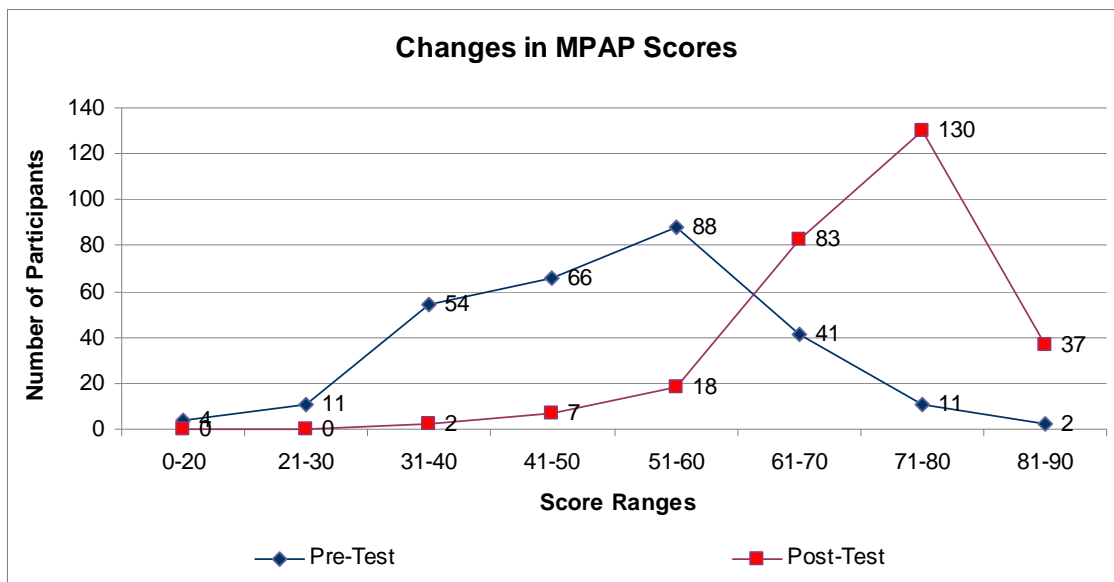
<p>Strengthening Multi-Ethnic Families and Children (SMEFC)</p>	<ul style="list-style-type: none"> • 12 sessions • hrs/session • Facilitative approach 	<ul style="list-style-type: none"> • Ethnic and culturally diverse parents • High risk groups: <ul style="list-style-type: none"> - Teens - Foster - Court ordered - Grand parents - Migrants - Gay parents - Single parents - Fathers 	<p>3-18 yrs</p>	<p>Reducing violence against self, family and community</p>	<ul style="list-style-type: none"> • Raising children with commitment to violence-free, healthy lifestyle • Parent empowerment • Strong values • Parents making good choices 	<p>Parent sense of competency, positive family/parent/child interactions, positive parent/child relationships, child self-esteem and self-discipline, child social competency, increased parental involvement in community activities</p>	<p>Parent materials in English, Spanish, Vietnamese, Korean, Chinese, Russian, Somali (14 languages)</p>	<ul style="list-style-type: none"> • Cultural/spiritual focus • Rites of passage • Positive Discipline • Enhancing Relationships • Community Involvement
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4.2.1 Make Parenting a Pleasure (MPAP)

More than 1,000 parents participated in MPAP in the first year of introducing this universal parenting workshop. Given that the first full quarter and part of the second quarter of the year were devoted to training staff, conducting outreach to enroll families, and taking care of related administrative start up activities, this accomplishment is a testimony to the diligent efforts of all 8 FRC program staff. There were 1,036 parents in attendance at MPAP workshops, well in excess of the annual First 5 target of 720. Once the sites began to offer the MPAP series regularly and were able to extend it to non-English speaking families, the demand accelerated. In the fourth quarter of the year, 607 parents started the MPAP series. By the end of the first year several sites have offered MPAP in Spanish and were beginning to offer classes to Hmong parents.

The MPAP classes have an assessment tool to measure changes in parenting knowledge and attitudes, the “Parenting Ladder.” This measure is administered at the end of each series, and participants answer each question according to what they know now, compared to what they knew when they started the class (e.g., post-test with retrospective pre-test). At the end of the year there were 277 MPAP assessments in the database. On a scale of 0-90 the average pre-test score was 49.8 and the average post-test score was 71.3. This represents an improvement rate of 43 percent. Figure 16 below illustrates the ranges of scores and improvement for the MPAP participants.

Figure 16: MPAP Scores for Pre and Post Assessment (FY 2007/08)



The MPAP comparison of pre- and post-test scores on the Parenting Ladder shows that 70 percent of the participants scored between 41 and 70 for the pre-test. At the post-test 77 percent of participants scores between 61 and 80. And while one quarter (25%) scored below 41 at the pre-test, virtually none scored below 41 at the post-test. In addition, 92 (33%) families improved their scores by 11-20 points; 75 families

improved by 21-30 points (27%); and 42 families improved by 31-40 points (15%). Altogether 85 percent of the families showed improvement on the Parenting Ladder.

4.2.2 Dare to Be You (DTBY)

The DTBY curricula was introduced to FRC sites in the third and fourth quarters of FY 2007/08. By the end of the year, 117 families had completed this parenting curricula at 5 of the 8 sites. The target was 120 for the first year. The pre-post-test comparisons are not reported herein due to inconsistent use of the Parenting Assessment tool that was designed for use with this curriculum. Findings from these assessments will be presented for the first full year in the annual report for FY 2008/09.

4.2.3 Strengthening Multi-Ethnic Families and Children (SMEFC)

The SMEFC curricula was introduced to FRC sites in the third and fourth quarters of FY 2007/08. By the end of the year, 31 families had completed this parenting curricula. The target was 120 for the first year. This curricula was more challenging to implement and will be expanded in FY 2008/09. The pre-post-test comparisons are not reported herein due to inconsistent use of the Parenting Assessment tool that was designed for use with this curriculum.

4.3 Crisis Intervention Services

All 8 FRCs had hired their Intervention Specialists by the end of the first quarter of FY 2007/08. Most recruited from experienced home visitors, based on the newly developed job description for this position and the need to put experienced staff in this position in order to be responsive to families immediately.

By the end of the first year of this service, there were 840 referrals to the Intervention Services (IS), with particularly high volume at three of the eight sites (124, 183, and 223). The remaining five sites reported between 36 and 90 referrals for Intervention Services.

Out of the 840 referrals, 715 families were linked to appropriate services to address their immediate needs. These linkages included referrals in-house at the FRC, as well as referrals to other services provided in close proximity to the FRC and elsewhere in the community. As many as 832 of the 840 families had a Family Support Plan, which indicated a start and end date for the services and at least a general assessment of the needs and responses.

Altogether 91 families received direct services via case management, indicating as much as a few months of direct service with follow up. A total of 117 families received a referral to the Sacramento Crisis Nursery as a result of their interaction with the Intervention Specialist. In addition, 319 families were referred to the EPI workshops. These and other milestones for the Intervention Services are listed below:

- 840 referred to Intervention Services
- 832 had a Family Support Plan

- 91 families received case management services via IS
- 117 families referred to the Crisis Nursery
- 319 families referred to EPI workshops

The assessment tool associated with IS was the Parenting Stress Index (PSI). This tool has proven extremely impractical for use with IS. The use of any assessment tool for a pre- and post-intervention assessment is unwieldy because of the urgency of need when they first seek services, and the likelihood that they do not “terminate” formally from IS, but rather “just move on.”

The IS component has become an integral feature of the B&BCR Program, and continues to reach an increasing number of families with each passing month. They have become an important partner to the home visiting staff and the FRCs simply because they can respond to families in crisis without detracting from other client needs. This approach to a direct service for families in crisis complements the other services at the FRC, and the Intervention Specialist has full access to the MDT as needed.

4.4 Co-located Services and Partnerships

The B&BCR Family Resource Centers have grown in prominence since first receiving funding from First 5 Sacramento in 2001. When First 5’s strategic results areas aligned with promoting effective parenting, the FRCs were able to not only resurrect a strong parenting education component but also to expand it and enrich the FRCs with additional sources of support. In addition, the FRCs have come to be recognized as hubs of family support services, and venues for other service providers. For example, the Lactation Consultants funded by First 5 Sacramento have a strong presence at the FRCs and work closely with new mothers to encourage and sustain breastfeeding. Similarly, the Healthy Marriage Project is bringing the Flourishing Families Project to FRCs, in a series of workshops on communications, co-parenting, and relationship enhancement. And the FRCs are also reaching out in their respective neighborhoods to take EPI classes off-site, making them more accessible to some populations.

Among the milestones for FY 2007/08, the B&BCR Program and the Family Resource Centers achieved the following:

- 4,716 referrals to FRCs
- 2,618 assessments for EPI classes
- 875 newly enrolled in home visitation
- 1,769 home visiting families served
- 19,969 enhanced services provided (e.g., referrals, other forms of FRC participation)

The role of the FRC in the neighborhoods served by the B&BCR will continue into FY 2008/09. Having laid the foundation for outreach and the introduction of a variety of new services, the FRCs represent a natural gateway for neighborhood-based family support services.

SECTION 5 HOME VISITATION SERVICE 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 component, 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)

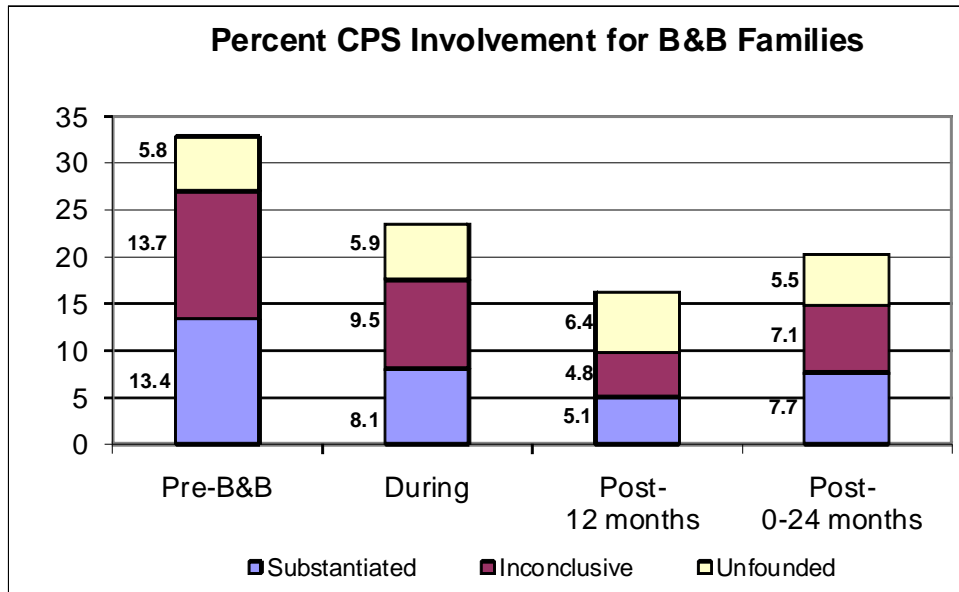
The program seeks to simplify its targeted outcomes further, as it works toward creating an identity as a model program. Still, these 10 outcomes have provided a multi-faceted gauge of family progress and change through FY 2007/08.

5.1 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 2007 CPS follow-up cohort included 2,087 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 36 home visits, 1,914 minutes of direct service (e.g., 31.9 hours), and were enrolled in the Birth & Beyond home visiting program component for 537 days.

Figure 17: Percent CPS Involvement for B&B Families (FY 2007/08)



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 (32.9%) 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 24 percent, and dropped further to 16 percent up to one year following their exit from the program (Figure 17). The post-program rate of reporting (for up to two years of follow up) was 20 percent. Overall, CPS reports declined by 60 percent from pre-program to post-program (up to 12 months). 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 percent pre-program to 76 percent one year post-program

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.

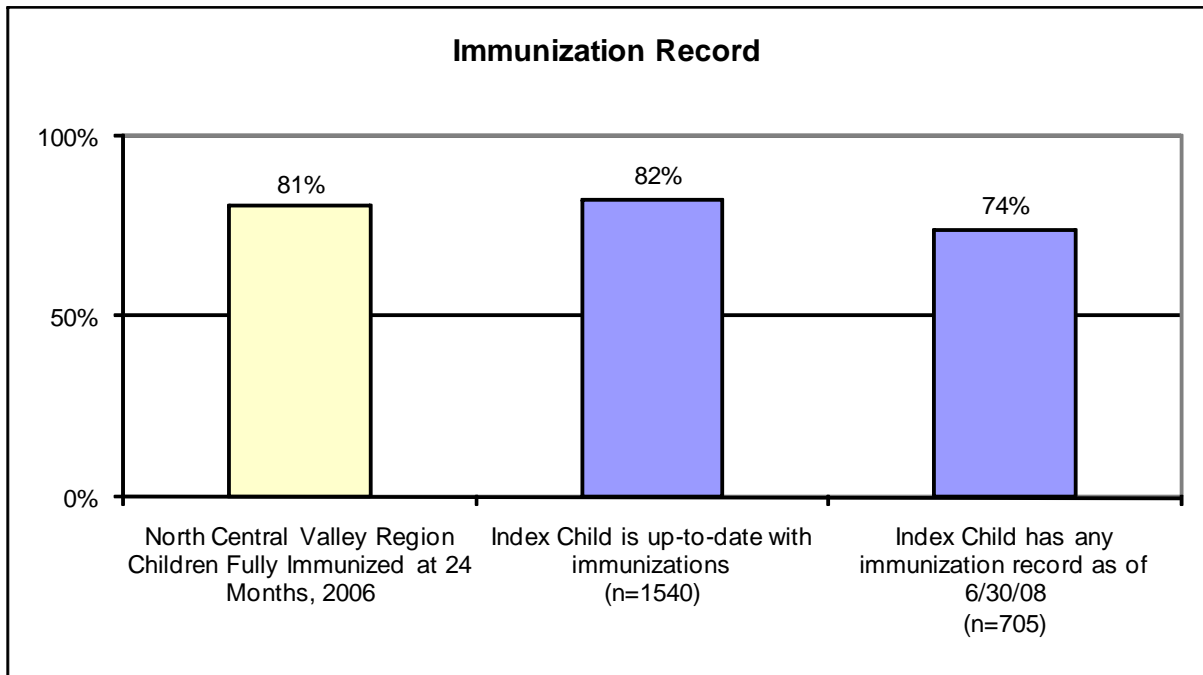
The change of rate for family involvement with CPS and substantiated reports is the most meaningful, since these are the reports that CPS found warranted a formal intervention to address abuse or neglect. The pre-program rate for substantiated reports to Birth & Beyond was 13.4 percent. The rate dropped to almost half that while families were actively involved with Birth & Beyond (8.1%) and declined even further for

the 12 months immediately following closure from home visiting services (to 5.1%). Within two years after leaving the program the rate increased slightly to 7.7 percent, but never again reached the pre-program rate for substantiated reports to CPS.

5.2 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 18: Immunizations (FY 2007/08)



Over three-quarters of families (82%) reported their children were up-to-date with immunizations at least once during the year (Figure 18). A slightly lower proportion (74%) of index children open over 90 days as of June 30, 2008 had some record of immunizations in their case file.

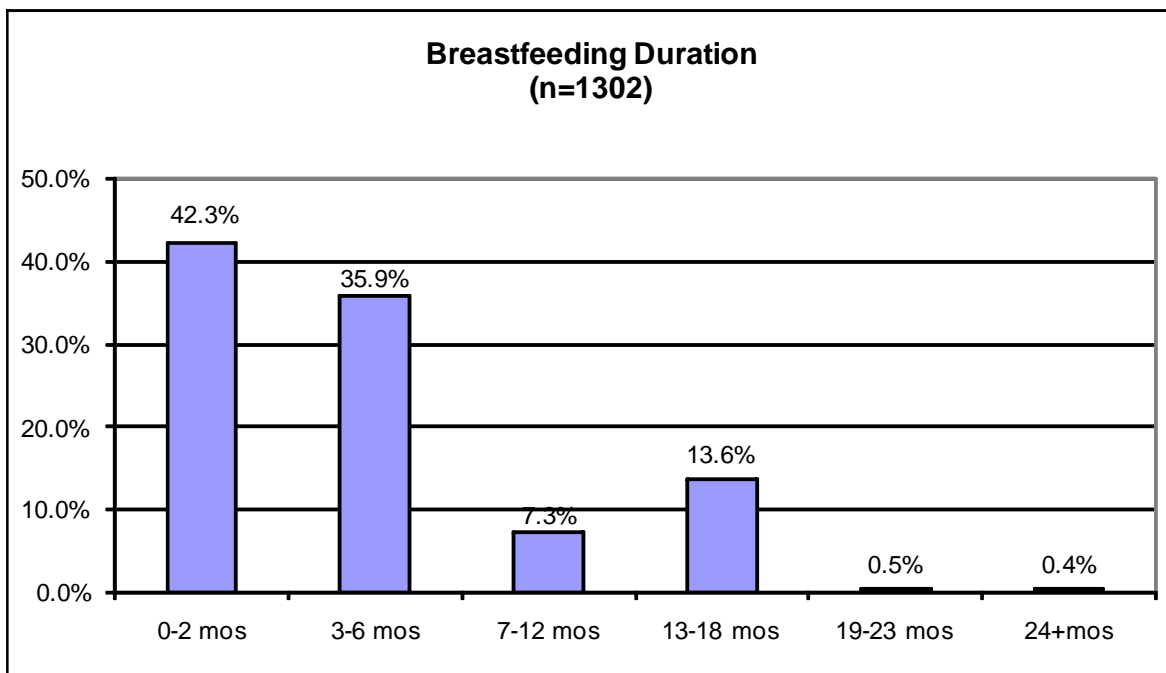
The Sacramento Children’s Report Card reported that 81.2 percent of North Central Valley Region Children were fully immunized at 24 Months (San Joaquin, Sacramento and Stanislaus Counties) in 2006. The data presented in the Children’s Report Card comes from the California Department of Health Services, Immunization Branch, 2006 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 (13%) included a discussion about immunizations. Their work has contributed mightily to the relatively high rate of immunizations among Birth & Beyond infants and toddlers.

5.3 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 80 percent of the mothers in Birth & Beyond were breastfeeding at hospital discharge.

Figure 19: Breastfeeding Duration



As displayed in Figure 19, more than half (78%) of the women who reported on breastfeeding did so for at least six months. Almost one-fourth (22%) of mothers who reported breastfeeding breastfed for over 6 months.

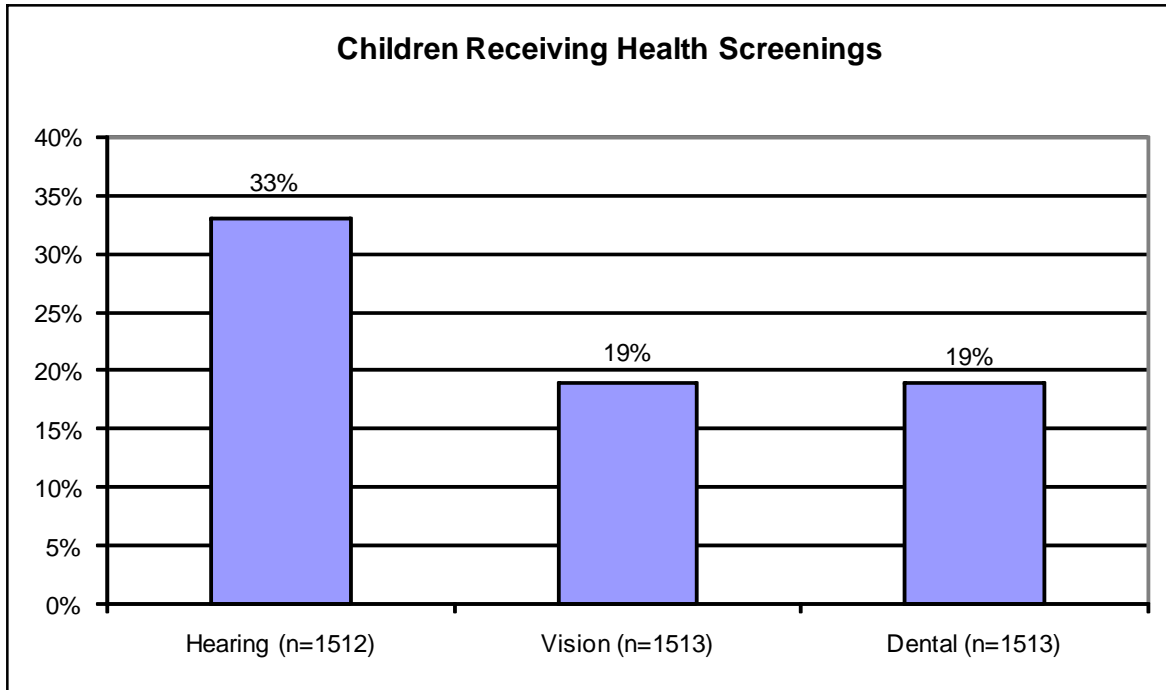
Home Visitors encourage families to breastfeed and offer supportive referrals when needed. Eleven percent of face-to-face contacts included a discussion about breastfeeding information. Home Visitors made 762 referrals for lactation consultant services; 73 percent (560) were to the MDT Lactation Consultant.

5.4 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 20: Health Screenings



One-third (33%) of children received a hearing screening at least once during the year (Figure 20). Fewer children (19%) received a vision screening or a dental screening (19%), 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, 17 percent of face-to-face contacts included a discussion about health education.

5.5 Outcome 5: Enhanced Child Development (not updated for FY 2007/08)

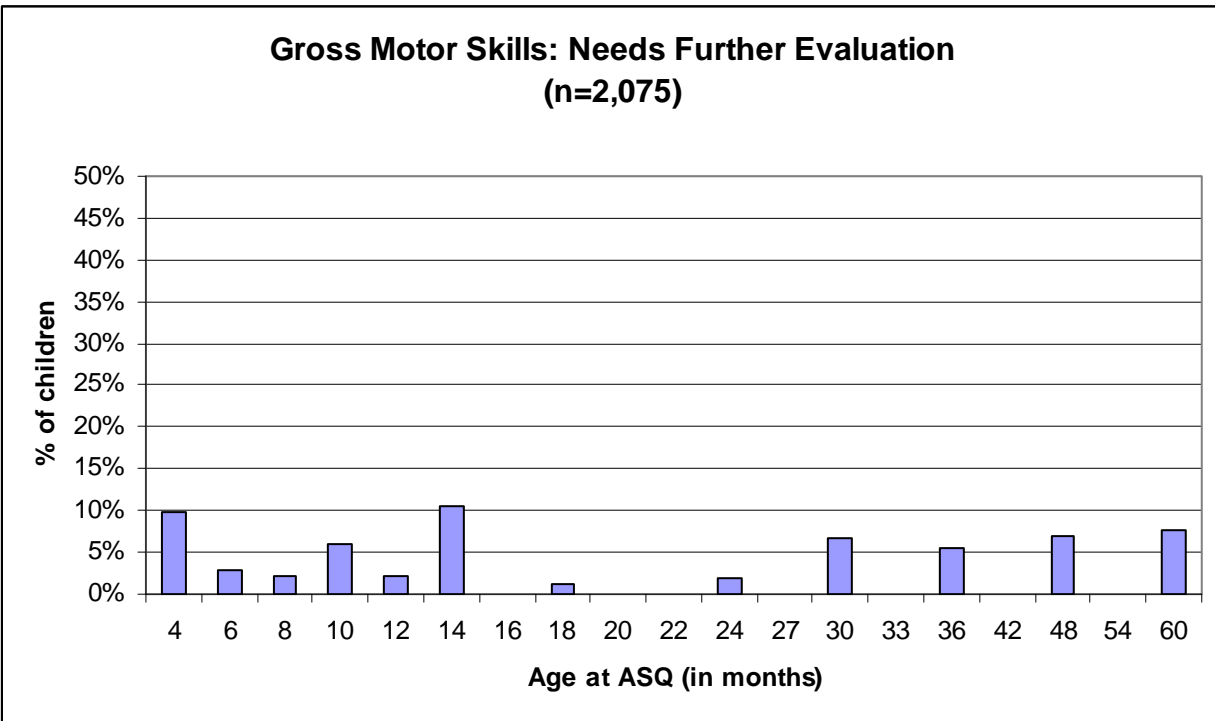
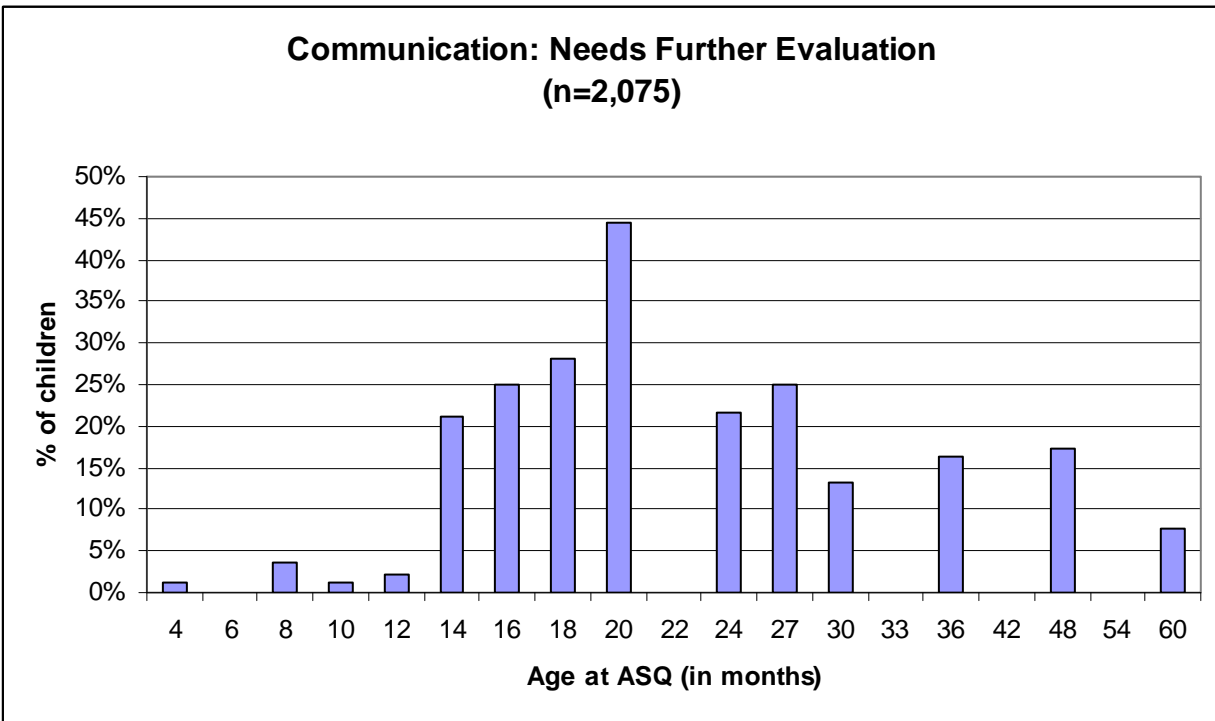
Child development is a critical component of school readiness and an indicator of effective parenting. Parents not only love to learn about the developmental milestones of their child, they also learn the advantages of early intervention if a milestone is off course. The child development component of 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.

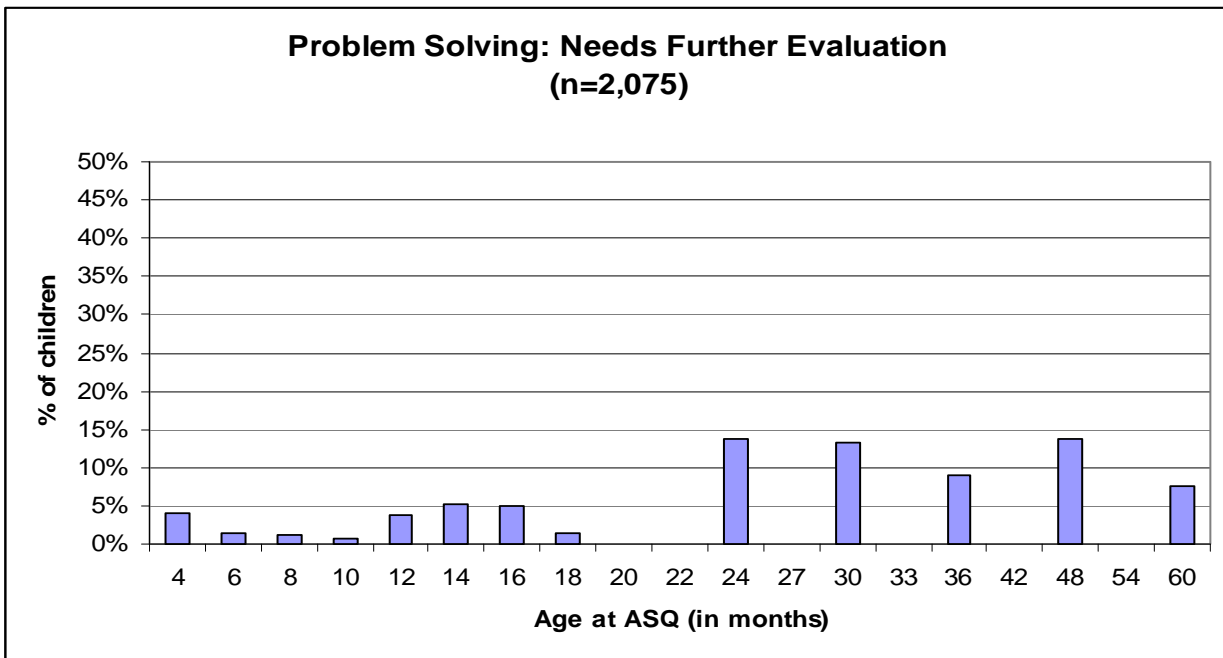
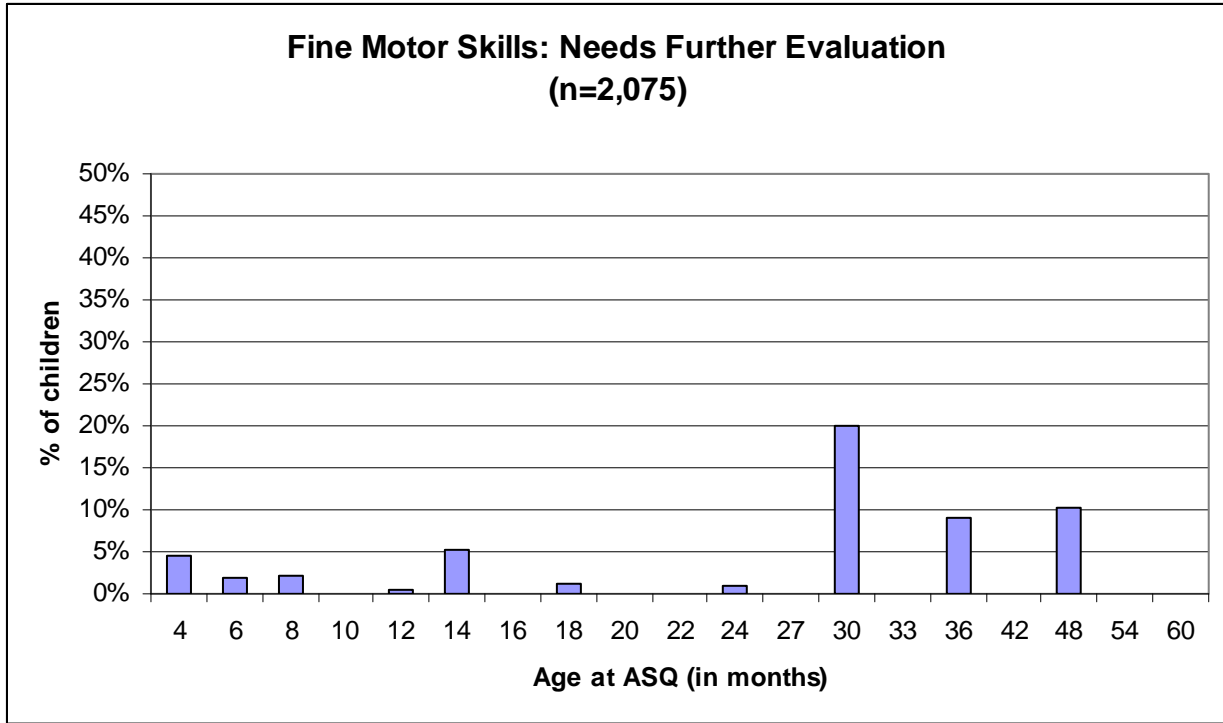
Families complete the ASQ quarterly. Regular use of the ASQ identifies different developmental areas that may need further evaluation, contributing to early intervention prior to school enrollment. The ASQ also engages parents with their child in direct interaction and playtime.

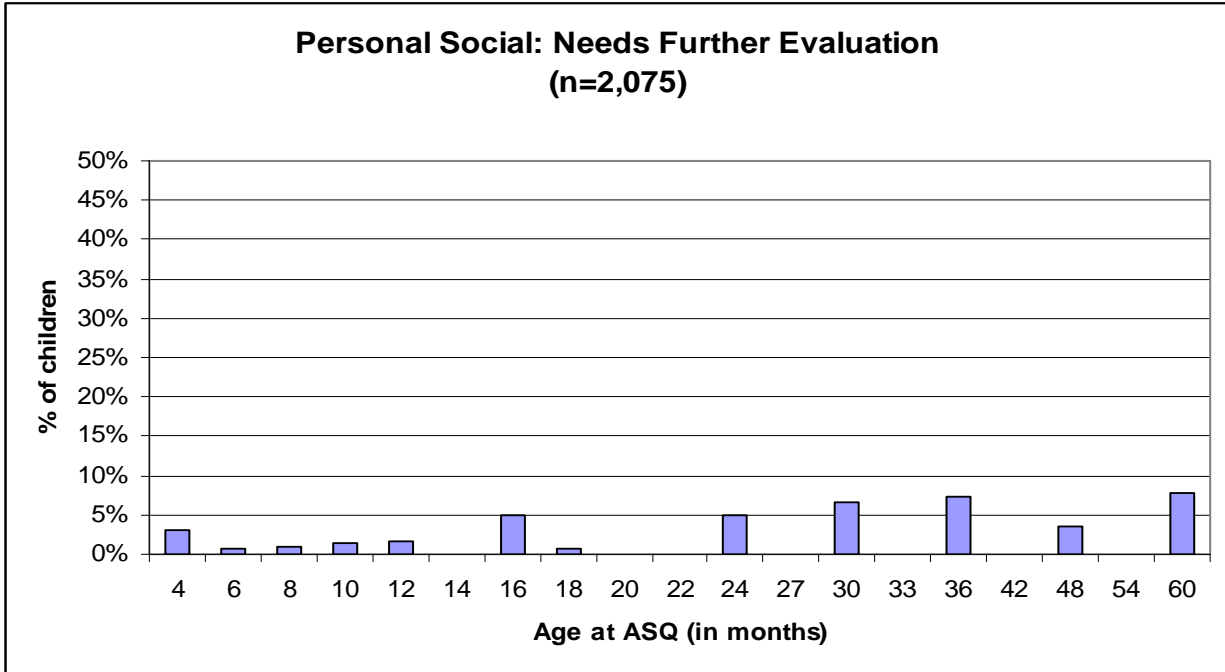
A total of 1,843 ASQs (1,065 children) were completed during FY 2006/07, the last year that the ASQ rates were computed. Overall, 27 percent identified one or more developmental areas that may need further evaluation. This is an important resource for early intervention for B&B families and their children. 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 in Figure 21 illustrate the areas where the ASQ has helped families and Home Visitors identify areas for concern to address. The ASQ data analysis will be updated for the next annual report, for FY 2008/09.

Figure 21: ASQ Areas Needing Further Evaluation (FY 2006/07)







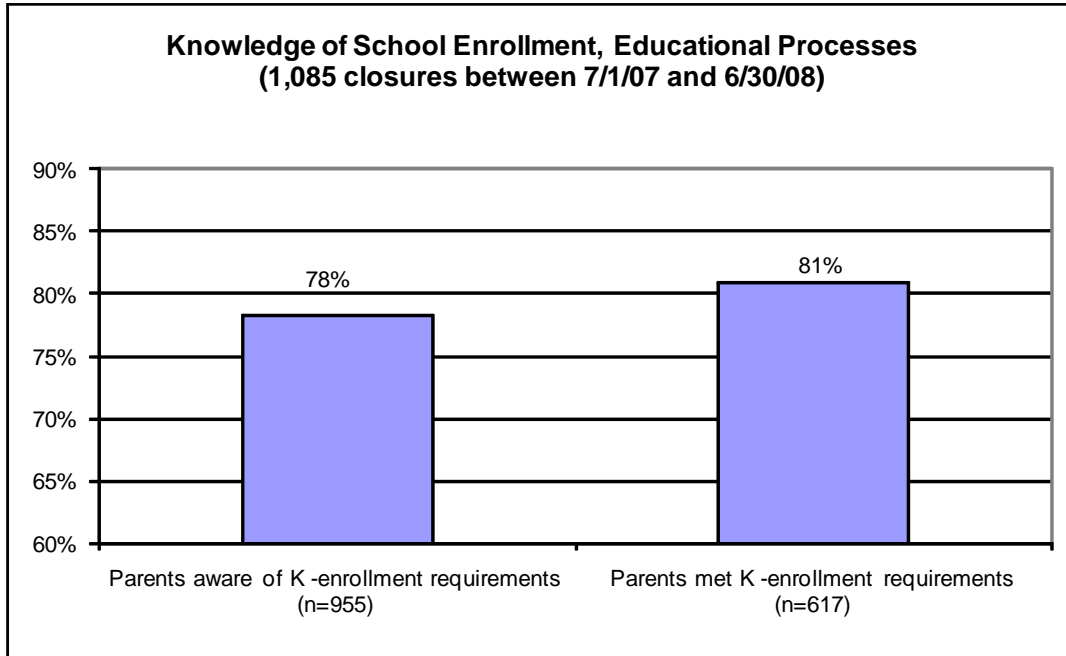
Most ASQs (79%) were administered with children age 4-12 months. The areas that need further evaluation differ depending on the child’s age. During the first year, the critical area seems to be Gross Motor, while during the child’s second year, the area showing the greatest need for further evaluation 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.

5.6 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. As children get older, Birth & Beyond home visitors and parent/caretakers begin to discuss school readiness, as evidenced by the topics addressed in the home visits and the rates of screenings for immunizations, hearing, vision, and dental hygiene.

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. Birth & Beyond families have steadily increased the rate of school readiness at closure (up from 73% who were aware of kindergarten enrollment requirements, and 76% who had met kindergarten enrollment requirements in FY 2006/07)

Figure 22: Knowledge of School Enrollment, Educational Processes (FY 2007/08)



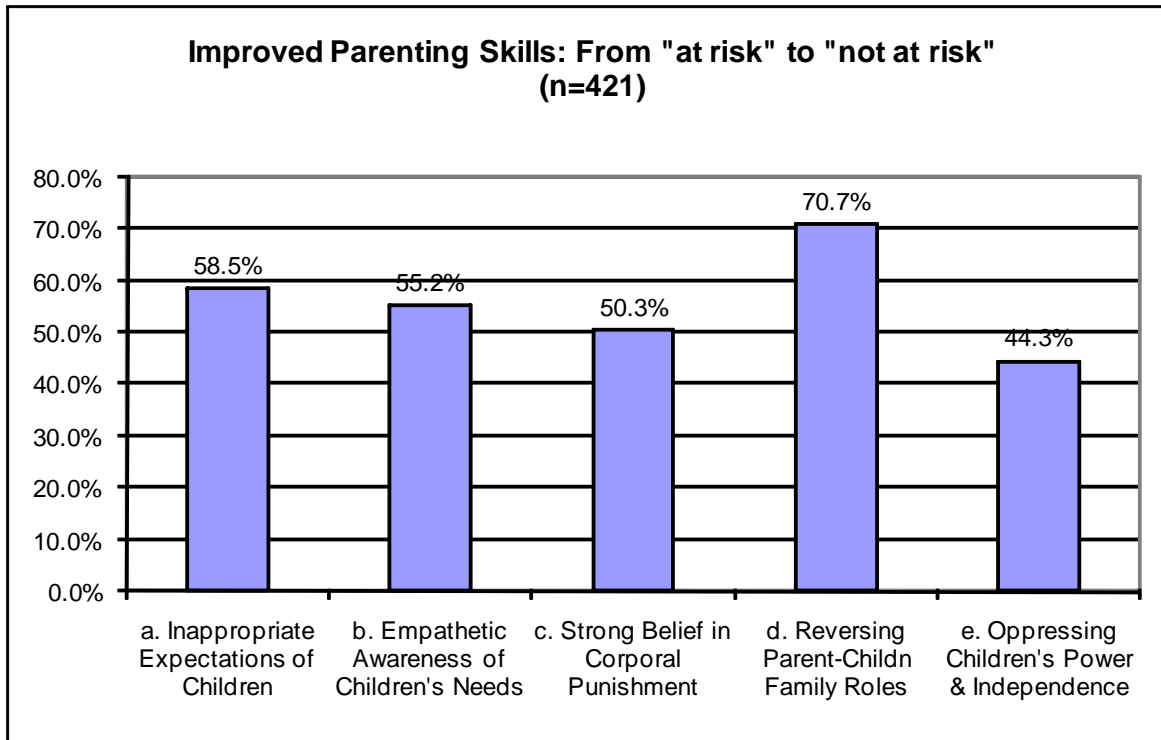
Birth & Beyond raises parental awareness of the importance of preparing for pre-school and kindergarten while their children are very young as displayed in Figure 22. Approximately three-quarters (78%) of parents were aware of kindergarten enrollment practices at case closure, while 81 percent of parents had met kindergarten enrollment requirements. Approximately six percent of face-to-face contacts included a discussion about school readiness.

5.7 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, 88 percent of the families served in FY 2007/08 were “at risk” in one or more domains on their first assessment.

Figure 23 shows the rate of improvement for families who: (a) presented an at-risk score, by domain, at the time they enrolled in Birth & Beyond home visiting services; and (b) had at least two AAPI scores; and (c) closed during FY 2007/08.

Figure 23: Improving From “At Risk” to “Not At Risk”



In each of the five AAPI domains, 50-71 percent of families who were “at risk” at their first assessment in that domain were “not at risk” at their latest assessment. Overall, 65 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 phased out during the 2007-08 program year. While the replacement parenting assessment tool has been introduced, there were too few Parenting Assessment scores at the end of FY 2007/08 to report herein. It will take a year or two to build a strong cohort with baseline and follow-up scores for analysis with the new instrument to report outcomes related to 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 (13%) 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 228 Parenting Education/Support class sessions were held, with a total (duplicated) attendance of 1,315 families. In the coming years, Birth & Beyond will continue to expand its focus on improving parenting skills through the Enhanced Parenting Initiative (EPI). 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.

5.8 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.

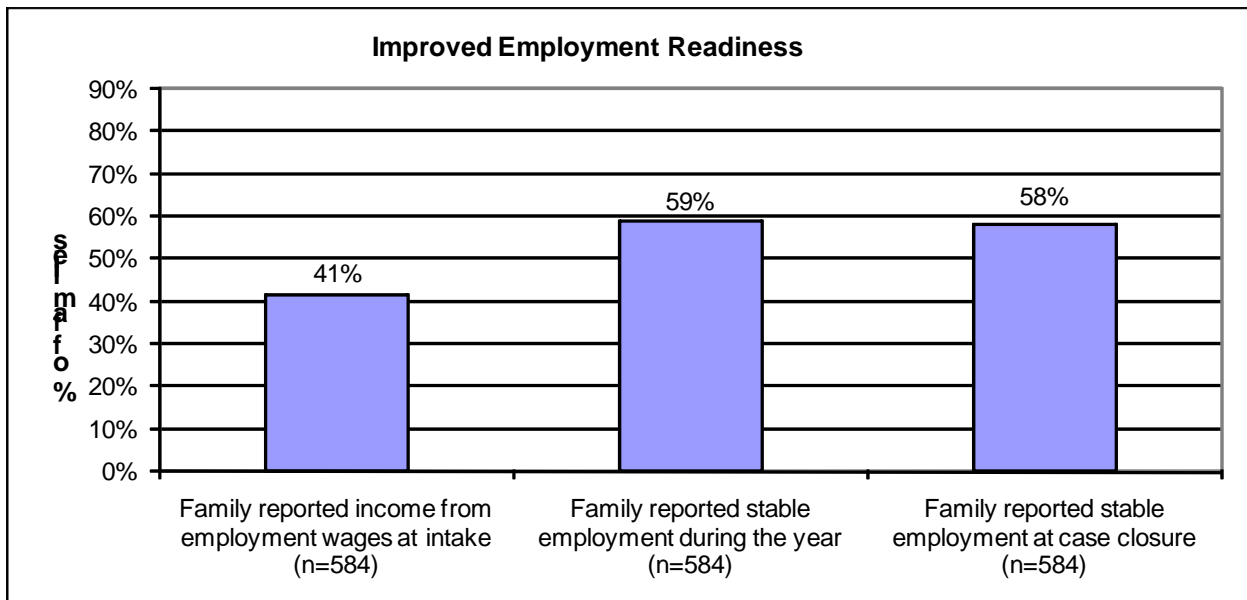
The deleterious effects of secondhand smoke to adults and humans are well documented. In 2006, the California Environmental Protection Agency declared secondhand tobacco smoke a toxic air pollutant. Approximately 12 percent of families (126) reported exposure to secondhand smoke in the home at least once during the year.

Home visiting provides repeated opportunities to guide families toward improved home health and safety for their children. Approximately 3 percent of face-to-face contacts included a discussion about the dangers of secondhand smoke. In addition, 8 percent of face-to-face contacts included a discussion about home safety.

5.9 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 24: Improved Employment Readiness (FY 2007/08)



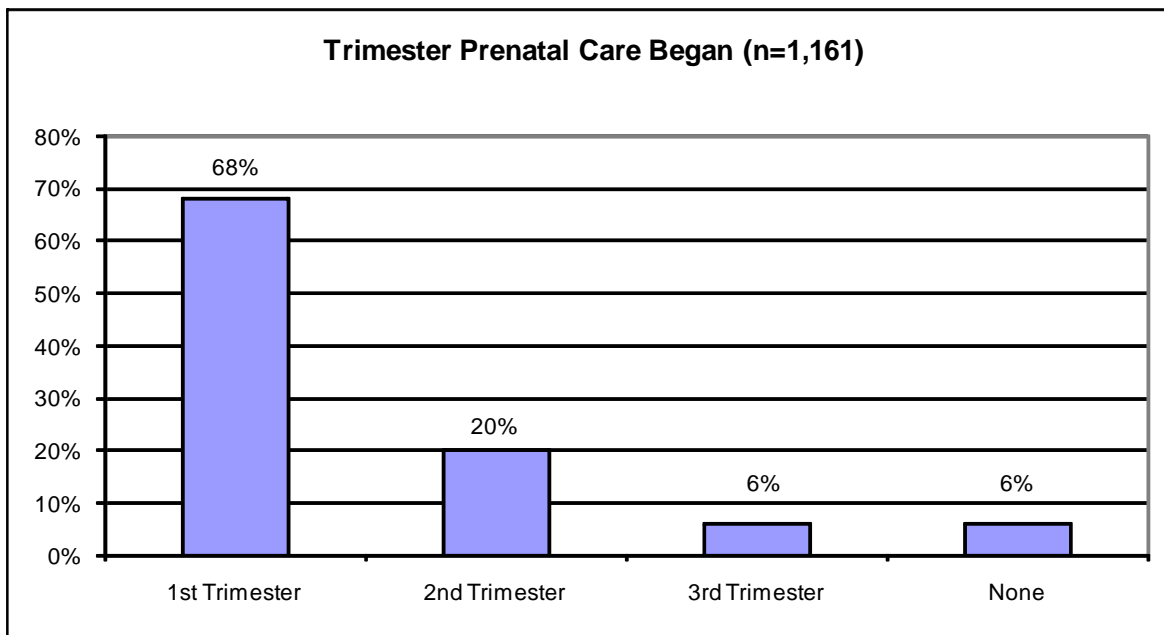
Just over one-third of active families (41%) reported income from employment wages at intake (Figure 24). Fifty-nine percent of active families reported stable employment at least once during the year. At case closure, over half of families (58%) reported stable employment. Although B&B is not specifically a job training or readiness program,

Home Visitors support families by discussing employment readiness issues at approximately 13 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.

5.10 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 (70%) of active families reported at intake that they received prenatal care. Over two-thirds (68%) of active families reported at intake that prenatal care began during the first trimester (Figure 25).

Figure 25: Trimester Prenatal Care Began (FY 2007/08)



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

SECTION 6 THE FUTURE OF THE BIRTH & BEYOND COMMUNITY RESPONSE PROGRAM

After eight 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 Community Response (B&B CR) Program and the Family Resource Centers.

As the program enters its ninth year of operation, Birth & Beyond will continue its quest for prominence as a model program, an evidence-based practice. During FY 2007/08, CAPC, Inc. on behalf of the Family Support Collaborative (FSC) contracted with Dr. Ed Byrne of the University of Eastern Washington to conduct a study of CPS outcomes for Birth & Beyond families compared to a sample of CPS families. The findings from this study will be used to advance this program model as an evidence-based practice in FY 2008/09.

The Family Resource Centers are engaged in a major expansion and redefinition of their identity, as the one-stop hub for social, emotional, and family support. Beginning in FY 07/08 the Effective Parenting Initiative (EPI) brought three evidence-based parenting workshops into neighborhoods at an unprecedented level. This initiative promises to “normalize” parenting workshops, re-introduced the FRCs and Birth & Beyond to the community, and engaged parents and organizations in an array of new roles and partnerships.

In addition to expanded parenting workshops, FY 2007/08 introduced the role of an Intervention Specialist at each site. This new staff member is 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 has permitted 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 served families and provided back-up to home visitors and other FRC staff.

Birth & Beyond Community Response Program sites have embraced the Effective Parenting Initiative (EPI). At the most basic level, Program Managers, Team Leaders, and FRC Coordinators’ met or exceeded most performance targets stated in the First 5 contract. On a wider scale, they will continue efforts begun in FY 2007/08 to use the EPI as a 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 FY 2008/09 the B&B CR Program will fully integrate a partnership with CPS as a result of the success of the first three pilot sites for the Differential Response initiative.

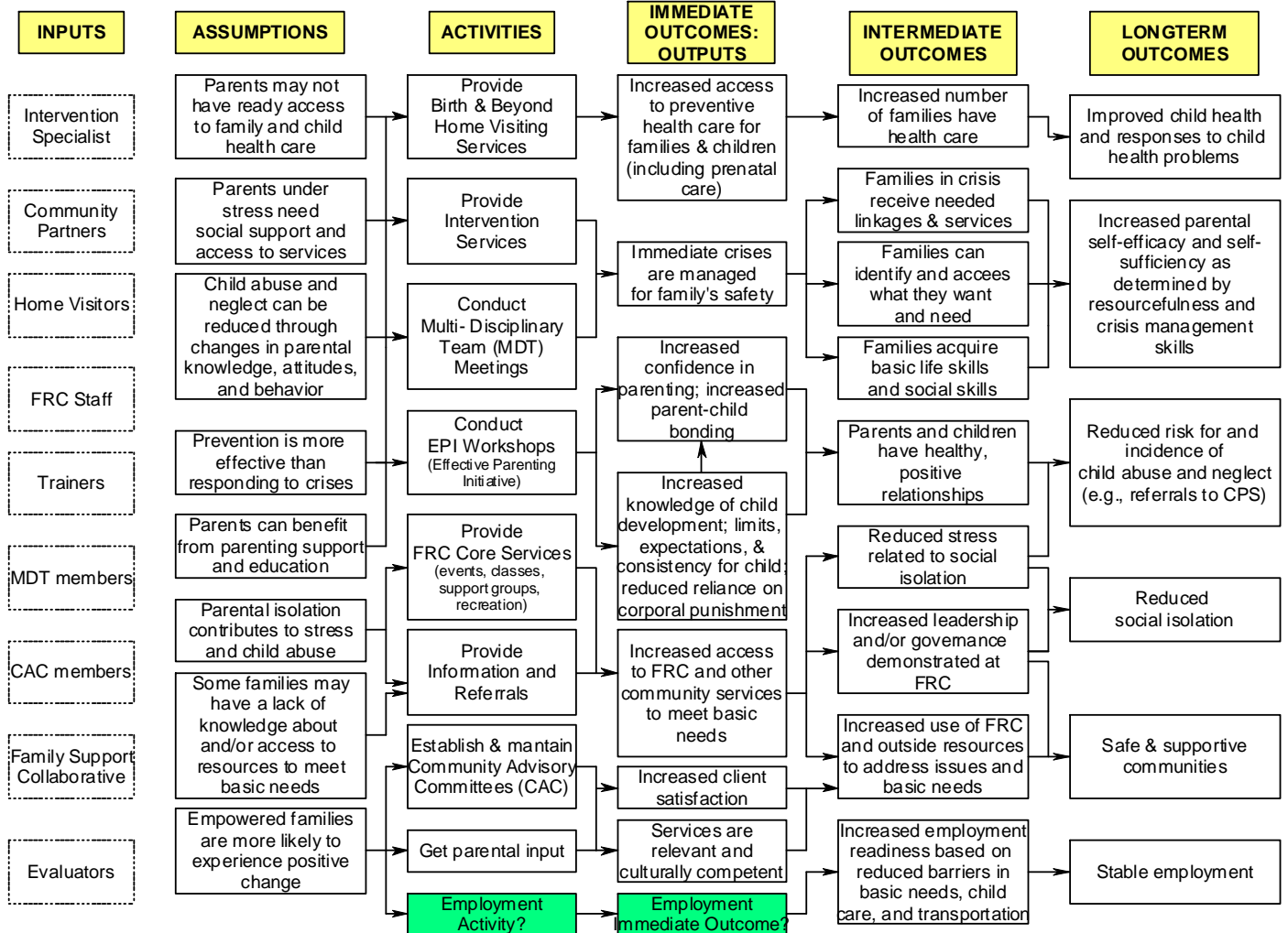
The evolving partnership is a formal recognition of the valuable role these services can play in reducing risk for child abuse and neglect among families where risks are present. As CPS proceeded through the Child Welfare System (CWS) Redesign, the agency reached out to Birth & Beyond and the FRCs to facilitate implementation of Differential Response. The formal relationships with three sites provided the staging area for implementing a new practice on a relatively modest scale, which will expand to all eight sites in the second half of FY 2008/09. Thus far, the B&B CR and CPS staff are working through the full integration of the DR partnership. This has been an ongoing process that began in FY 2007/08 and will continue into FY 2008/09. The evolving relationship with CPS has been the source of considerable change in structure, roles and responsibilities, documentation, and data tracking. The evaluation has undergone a complete overhaul, including the development of new forms that retain elements of both B&B and DR recordkeeping.

In summary, this year has been one of enormous change and upheaval for the Birth & Beyond Community Response 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. The coming year will continue to foster stability amidst change, explore ways to sustain the B&B CR Program, and further systems change in Sacramento County in a growing and shared commitment to support families and children in an effort to reduce child abuse and neglect.

ATTACHMENTS

Attachment A: B&BCR Logic Model

Birth & Beyond Community Resource Program Logic Model



Revised June 2007 - draft 6/21/07

Attachment B: Appendix of Site-by-Site Data