

**Child Abuse and Neglect Outcomes
for Birth & Beyond Families**

Annual Evaluation Report, 2006

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This report is the product of a one year effort that began in July 2005 through the present. It is an expanded version of annual assessments of Child Protective Services (CPS) reports for Birth & Beyond families since 2001. With the growing sample size from year to year, the evaluation team was able to conduct increasingly more in-depth analyses which contribute to the collective knowledge of “what difference this program makes to Sacramento families.”

The data collection, data analysis, and the generation of the 2005/06 report is the by-product of contributions from a variety of individuals and agencies. First, the evaluation team could not begin to assess this outcome without the direct involvement of Sacramento’s own Child Protective Services and access to the CWS/CMS management information system. Leland Tom, Deputy Director of the Department of Health and Human Services and the Director of CPS has supported this research endeavor each year. Second, LPC staff and consulting associates collected and analyzed the data. Tina Robilliard, whose masters thesis examined Birth & Beyond outcomes in 2004 and 2005, and who had a relatively brief tenure with LPC Consulting Associates, Inc. in Sacramento, supports this research by analyzing the data from New Zealand. She continues to take a deep interest in Birth & Beyond and remains a close consulting associate of LPC. Finally, this is the product of a team effort that exemplifies the work of LPC Consulting Associates, Inc. staff, including Charles de Watteville who developed the database, derived the study sample, and provided input regarding some of the analysis; Jessica Veneroni, who entered the data; Michele McGibbon, who contributed to the planning process for the data analysis and provided valuable editing and insight; Allison Burke, who conducted a review of literature on intergenerational family violence; and Tracey Weld, who formatted the document for final production. This report is a testimony to the collaboration that characterizes so many aspects of the Birth & Beyond Program and the Family Support Collaborative.

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Child Abuse and Neglect Outcomes for Birth & Beyond Families Annual Evaluation Report, 2006

Executive Summary

This is the sixth annual follow up study for families who were participants in the home visiting component of the Birth & Beyond program. This study focuses on the families who were participants for at least 6 months (183 days), a minimum of 12 home visits for a total of at least 600 minutes of direct service (10 hours). The 2006 follow up study for Birth & Beyond families included 2,391 families who met these criteria. Among this group, 1,942 families had left the program, providing the core sample for the 2005/06 follow up study. Consistent with years past, LPC staff collected data from Child Protective Services (CPS) and the CWS/CMS (Child Welfare System/Case Management Services) database to track history and outcomes for Birth & Beyond families. In addition, the study examined characteristics of the Birth & Beyond families and the services they received to identify patterns and trends that might inform program operations and policy decisions.

The findings from the annual CPS follow up study have direct implications for the ongoing Child Welfare System (CWS) Redesign that began in earnest in 2004, when Sacramento County introduced Differential Response. With the CWS Redesign came the realization that a most families reported to CPS (80%) do not reach the threshold for providing them with CPS services or supervision, yet a large proportion of these same families eventually return to CPS with substantiated reports (at least one third). Without the capacity to serve all of these families, CPS simply did not respond unless the risk was sufficiently great. Using a tiered system of assessing risk, Differential Response opened up the possibility for CPS to respond to all reports, with formal referrals to service providers in the community to address individual families' presenting issues and risks. Birth & Beyond was a natural partner with an added benefit of a track record showing that its services help families reduce the risk of referral to CPS. Birth & Beyond represented an ideal connection for families and the services they needed to reduce risk for abuse and neglect.

As the study sample increased over the first five years of the follow up study (from 300 in 2000/2001 to 3,026 in 2004/05) it was possible to address the data analysis with greater specificity. In response to the recommendations presented in the 2004/2005 Annual Report, the criteria used to select the Birth & Beyond sample for the 2005/2006 CPS follow up was modified in order to better differentiate between families who received meaningful services and families who received no services. The minimum program participation criteria was extended to 180 days of home

visiting services, at least 12 home visits, and at least 600 minutes of direct service, which was double the previous selection criteria and resulted in a smaller 2005/06 sample size (2,391 as compared to 3,026 in 2004/2005).

This report includes comparisons of outcomes for specific populations such as teen parents and parents who were victims of child abuse or neglect. It also includes a comparison group of families who enrolled in Birth & Beyond for home visiting services, but did not meet any of the minimum criteria for inclusion in the follow up study. The analysis identifies a matched comparison group to determine whether the outcomes hold up under rigorous scrutiny. The summary findings from the 2005/06 child abuse and neglect follow up study include the following highlights:

- At the time of enrollment 94% of all Birth & Beyond families presented one or more risk factors associated with parenting effectiveness, maternal depression, family violence, social isolation, or substance abuse.
- Approximately one third (31%) of all Birth & Beyond families enroll with some history of reports to CPS; 13% had substantiated reports to CPS prior to enrolling in home visiting services.
- On average, the program participants in the 2005/06 sample (1,942 closed cases) received 38 home visits over an 18 month period, and 47% participated in Family Resource Center activities at least once.

For 1,942 families who completed at least 183 days of home visiting services (with at least 12 home visits and 600 hours of direct service):

- 32.5% had history with CPS pre-Birth & Beyond;
- 21.4% had new reports to CPS while enrolled in Birth & Beyond for home visiting services; and
- 14.1% had new reports to CPS within the first year after leaving the program; and
- The rate of reduction between pre-program and *one year post-program* was 56.6%.

For substantiated reports only, out of 1,942 families:

- 13.5% had substantiated reports to CPS pre-Birth & Beyond;
- 7.5% had substantiated reports to CPS while enrolled in the program;
- 6.2% had substantiated reports to CPS post-program; and
- The rate of reduction of substantiated reports to CPS pre-program and *one year post-program* was 54.1%.

The comparison of 1,942 Birth & Beyond families with 244 families who enrolled in Birth & Beyond, but who did not receive the minimum level of services, showed that for *up to two years* after leaving the program:

- The reduced rate of reports to CPS was 26% for the Birth & Beyond families, compared to a reduced rate of 11% for the comparison families for follow up that extended up to two years after leaving the program.

The comparison of 732 Birth & Beyond families who were matched on selected characteristics with 244 comparison families, where the Birth & Beyond families had at least 6 months of home visiting services, showed that:

- For the matched sample, the reduced rate of any reports to CPS was 21% for the Birth & Beyond families, compared to a reduced rate of 11% for the comparison families for follow up that extended up to two years after leaving the program.
- The reduced rate of substantiated reports to CPS was 37% for Birth & Beyond families, compared to 0% for the comparison families for follow up that extended up to two years after leaving the program.

Finally, for teen parents or for parents who had been exposed to child abuse or neglect as children, the improvements are even more positive:

- Nearly half (42%) of the teen parents had history with CPS, primarily because they had been victims of abuse or neglect; almost half of the pre-program reports to CPS were substantiated (19%).
- The rate of reports to CPS for these teen parents (n=390) declined to 11% during the first year after they left the program, for 73% rate of decline.
- The rate of change for substantiated reports was 79% (from 19% pre- to 4% up to one year post-program);
- For all parents who were abused as minors (100% of n=148) the rate of post-program reports to CPS declined to 17.6% for the year immediately following program participation.

Overall, for the families most at risk for reports of child abuse or neglect to CPS, participation in the Birth & Beyond program appears to provide an approach that helps to reduce immediate risk by linking families to direct services like home visiting, and to classes and other resources through the Family Resource Centers. The program provides in-home services, access to a host of resources at the Family Resource Centers, linkages with other specialized services, and a family-friendly venue that reduces social isolation and builds community capacity one family at a time.

While families are engaged in home visiting services, the rate of decline (pre-program to during the program) for substantiated CPS reports ranges from 44 percent to 55 percent depending on the study group. These referrals to CPS are

part of an expanded safety net for families most at risk including many who were referred by CPS directly or indirectly.

In conclusion, the program seems to have the most positive impact on reducing child abuse and neglect risk for:

- Young and inexperienced parents;
- Parents who have history of abuse or neglect, particularly if they experienced abuse or neglect when they were children;
- Parents who participate in home visiting services for at least six months; and
- Parents who participate in home visiting services for at least six months, and attend at least one class at the Family Resource Centers.

Section 1: Introduction and Overview

In late 1999 the Birth & Beyond Family Support Program began providing home visiting services to families who were expecting or had a new baby up to three months of age. Based on the ABC/CalSAHF¹ program model, Birth & Beyond served nine neighborhoods throughout Sacramento County, strategically located in areas characterized by the highest rates of several factors associated with risk for child abuse and neglect. By February 2000 all nine sites were operational, with 10 home visitors and two team leaders (clinical social workers) at each site. At this time, the program had a capacity to serve up to 1,350 families, allowing for caseloads of 15 per home visitor. Families could receive home visiting services for up to five years. By 2001 the Family Resource Center component of the program model had developed and centers offered a variety of social activities, classes and workshops, and special events for families. The program services provided several ways for parents to access and receive support to be better parents, to provide for their families and to connect with both other families and a host of service providers.

A battery of standardized assessments administered upon enrollment indicated nearly all families had some risk associated with inadequate parenting skills, as many as half had risk for depression and/or domestic violence, and almost one quarter were socially isolated. While fewer than anticipated revealed substance abuse issues, once the families and home visitors had experienced up to six months of a trusting relationship, subsequent administrations of the assessments revealed higher rates of substance abuse risk. Many were first time parents and/or teenage parents.

All of the families who enrolled in Birth & Beyond to receive home visiting services found a supportive network of services and a responsive case management team to address their individual needs. For example, the sites hired from the neighborhoods served and were careful to staff their teams with individuals representing the cultures and languages of the families they serve. All nine sites had Spanish-speaking home visitors and others had a combination of Hmong, Ukrainian, Samoan, and other staff reflecting the ethnic makeup of the neighborhoods they serve.

Now operating at eight sites in Sacramento County, the Birth & Beyond program model features a “strength-based” approach to service delivery, working with families to enhance their inherent strengths while simultaneously mitigating underlying risk factors. Limited caseloads permit home visitors to see their families as often as weekly, and extensive training for the largely paraprofessional staff emphasizes connecting families to resources that meet their individual and varied needs. While many families served by

¹ ABC/CalSAHF (Answers Benefiting Children/California Safe and Healthy Families) was based in part on the Hawaii Healthy Start program model for home visiting services, which had evolved to become the Healthy Families American model. In addition to home visiting services, the ABC/CalSAHF model included a multi-disciplinary team of specialists who could provide support related to a variety of issues that put families at risk for child abuse and neglect. The specialists for the Birth & Beyond program included a public health nurse, mental health and substance abuse counselors, TANF eligibility workers, Child Protective Services social worker, and a child development professional. In addition to home visiting and the multi-disciplinary team (MDT) ABC/CalSAHF included a Family Resource Center (FRC) which served as the home base for the staff team and a neighborhood based center for social and learning activities for all families.

Birth & Beyond may not present obvious risks for child abuse and neglect, many are single parents, low income, immigrant and/or non-English speaking, and most have limited or no immediate access to health care, individual counseling, assorted basic needs, and child development services.

Because Birth & Beyond is a primary prevention program, the desired outcomes for families may be as diverse as their individual needs. Logic models developed early in the first year of operation identify four overarching goals: (1) to reduce child abuse and neglect; (2) to improve maternal and child health; (3) to improve parental efficacy; and (4) to improve school readiness. The ongoing evaluation of Birth & Beyond addresses the program and families' performance on numerous outcome indicators within each of these goal areas. This report focuses on the goal to reduce child abuse and neglect, as measured by reports to Child Protective Services (CPS), for families participating in the Birth & Beyond program.

1.1 CPS Follow-Up Study Methodology

The CPS follow-up study applied a quasi-experimental research design using two approaches to make comparisons with the treatment group. The first approach compared participating families with themselves in a pre-program and post-program condition. In addition, the research methodology permitted the selection of a quasi-comparison group from families who initially enrolled in Birth & Beyond, but who did not remain in the program long enough for the intervention to have had any impact. These two approaches provided the basis for comparison of outcomes with the varying sample sizes over time.

As the Birth & Beyond program grows, the larger sample sizes in each subsequent annual CPS follow up study permit comparisons within sub-groups, such as teen parents and parents with CPS histories of abuse and neglect as minors. In combination, these approaches to analyzing the CPS follow-up data generate compelling findings.

The rationale for using these alternative approaches to a rigorous experimental research design was based almost exclusively on the program decision to not exclude any families who wanted to receive Birth & Beyond home visiting services. In lieu of random assignment with treatment and control group comparisons, the evaluation study examined child abuse and neglect outcomes using other methodologically sound approaches.

The evaluation study of Birth & Beyond did not use random assignment because it would have required a drawing to select which families received services and which families did not. The program was designed to serve families, first and foremost. Thus, the evaluation methodology relied on a quasi-experimental design to compare outcomes in order to maximize access to services for all families who were interested and eligible. The 2006 CPS follow-up study for Birth & Beyond family support services

compared outcomes using the following three alternatives to random assignment in an experimental design:

- **Comparison of CPS Involvement Pre- and Post-Intervention for Treatment Group:** First, the evaluation examined participant families pre-program, during, and post-program to compare rates of reports for child abuse and neglect over time. This approach presumes that many families have recurring reports to CPS and that an effective intervention will prevent or reduce further CPS involvement, given that identified risks are addressed.²
- **Comparison of Treatment and Quasi-Comparison Groups:** Second, the evaluation introduced a quasi-comparison group from the population of families who voluntarily enrolled in Birth & Beyond, but who received minimal, if any, services. These families approximate the control group derived from a random assignment process, except that they select themselves out of the program, choosing to “opt-out” of services. Thus, it is important to note how these families are similar and different from those in the “treatment condition”.
- **Comparison of Matched Sample Treatment and Quasi-Comparison Groups:** Finally, the evaluation established a matched sample from the treatment group that matched the quasi-comparison group by a ratio of 3:1 (i.e. 3 treatment group families were matched to 1 quasi-comparison group family). The categories matched were: pre-program CPS history (matched by CPS report type), marital status, education level, age, and race/ethnicity.

Each of these three approaches provided a reasonable alternative to random assignment, given the propensity of families with CPS history to have continued involvement with CPS, and the voluntary basis for program enrollment. With sufficiently large sample sizes, these study cohorts have provided consistently positive findings since the CPS follow-up study began in 2001. Since that time the evaluation team has conducted the follow-up study each year with expanding sample sizes, until this year, when the sample selection criteria was modified and resulted in a slightly smaller sample of families.

In response to the recommendation made in last year’s 2004/05 Annual Report, the criteria used to select the Birth & Beyond 2005/06 sample for CPS follow up was modified. It was determined that a greater service dosage better differentiates between families receiving meaningful services and families receiving no services. Therefore, the previous selection criteria were doubled. In order to be included in the treatment group, it was required that the family:

- Had at least 183 days between enrollment and discharge;
- Had at least 12 home visits; and

² In 2001 the California Department of Social Services (CDSS) reported that statewide, 80% of the calls to Child Protective Services (CPS) did not warrant a formal response because they did not meet the threshold for CPS to intervene. DSS also reported that more than one third of these families became CPS involved within 12 months, with a new allegation that was substantiated. A similar analysis for Sacramento County revealed a similar pattern.

- Had at least 600 minutes of direct service via home visitation.

To be included in the comparison group the family must have had less than:

- 30 days between enrollment and discharge;
- 6 home visits; and
- 300 minutes of direct service via home visitation.

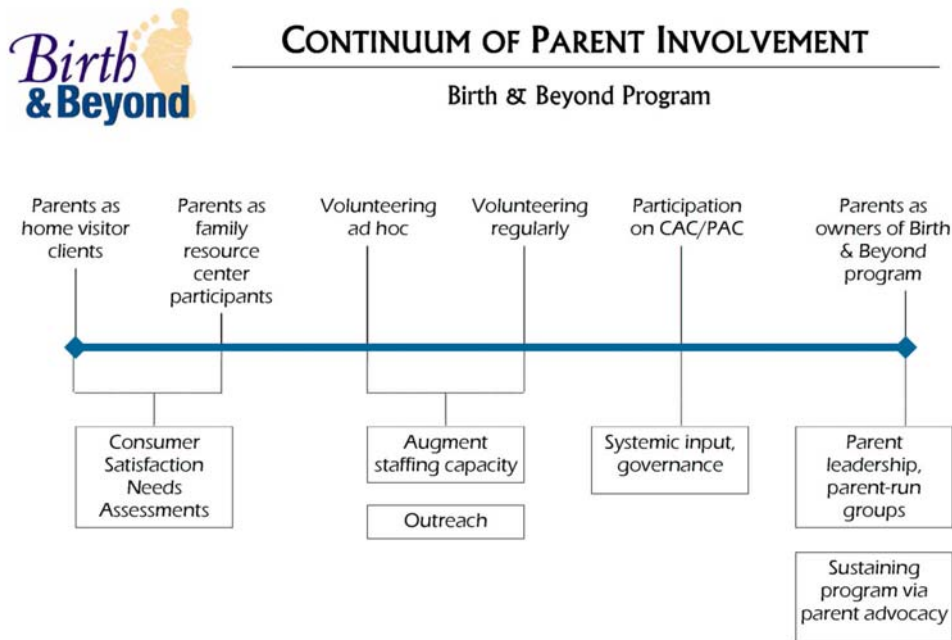
Comparison families for this study met all of these criteria for the “no treatment” condition. Thus, the primary distinction between the treatment and comparison samples was a minimum level of home visitation services. Likewise, the matched sample analysis required the same minimum service levels for the treatment group and the comparison group.

This report examines characteristics of families, risk factors, dosage of services received, and outcomes along three dimensions of CPS involvement and provides detailed findings from the sixth annual follow up study on CPS outcomes for Birth & Beyond families as of June 30, 2006. The CPS outcomes analysis begins in Section 3.

Section 2: Characteristics of All Families in the 2006 Study Sample

Birth & Beyond families represent the cultural diversity of Sacramento County, and include families with a range of recognized risks for child abuse and neglect. While no single risk factor may constitute cause for grave concern, many of these families present multiple risks. At a minimum, social isolation and lack of access to services may compound their presenting issues. Birth & Beyond provides immediate access to social and service connections, initially via the home visitation and eventually by linking families with the extensive array of activities and events offered at the neighborhood-based Family Resource Centers (FRCs). Figure 1 illustrates the progression of parent involvement for families who remain in the program for some duration. Eventually, as parents become more resourceful their confidence increases and they become better advocates for themselves and their families. Birth & Beyond provides parents with opportunities to grow both personally and professionally, to gain self confidence as parents and providers, and to engage in roles at the FRC, at their children’s school, and within the neighborhood. There are many parents who have demonstrated considerable progress and now represent leadership at the FRC and/or have made advances professionally and financially. The rationale for the continuum of program services aligns with increasing parental efficacy. Parent progress milestones are above the line, while measures of parental involvement show below the line in the figure below.

Figure 1 – Continuum of Parent Involvement



Capacity Building for Program, Parents, Families, Neighborhoods

For the 2006 CPS follow-up study there were 2,391 families who met the criteria for selection to the treatment group and 259 who met the criteria for inclusion in the comparison group. The following tables present their characteristics to illustrate similarities and differences between the two groups. The differences are indicated in the last two columns, the most noteworthy of which are marked with a “✓”.

Table 1 - Demographic and Socio-Economic Characteristics of Treatment and Comparison Groups: Open and Closed Cases

Characteristics	Treatment Group n=2,391	Comparison Group n=259	Differences Between groups	
<u>Age</u>				
Under 19 years	18.8%	26.4%	7.6	
20-29 years	54.9%	51.9%	3.0	
30-39 years	23.6%	17.8%	5.8	
40 years or older	2.7%	3.9%	1.2	
<u>Race/ethnicity</u>				
Latino	42.7%	26.4%	16.3	✓
African American	19.1%	32.1%	13.0	✓
Caucasian	20.0%	23.8%	3.8	
Asian/Pacific Islander	7.6%	6.1%	1.5	
Russian/Ukrainian	4.2%	1.0%	3.2	
Other, including multi-racial	2.0%	5.7%	3.7	
<u>Language other than English</u>				
Spanish	49.6%	26.7%	24.7	✓
Hmong	34.6%	19.2%	15.4	
Russian	4.1%	2.0%	2.1	
All other	5.0%	1.5%	3.5	
	5.9%	4.0%	1.9	
<u>Marital Status</u>				
Married or living with partner	56.0%	34.5%	21.5	✓
Single, divorced, separated	42.6%	62.6%	20.0	✓
<u>Education of primary caregiver</u>				
Less than high school	45.7%	45.1%	0.6	
Completed high school/GED	32.7%	34.2%	1.5	
Some college, trade school, AA	15.4%	16.8%	1.4	
College or advanced degree	4.7%	2.6%	2.1	
<u>Primary income sources</u>				
Wages	25.6%	14.7%	10.9	✓
TANF	23.2%	5.8%	17.4	✓
WIC benefits	34.1%	31.7%	2.4	
Food stamps	17.6%	18.9%	1.3	
All other sources	8.0%	12.4%	4.4	
Primary client is female	99.5%	100.0%	0.5	
<u>Service dosage</u>				
Average days in program	557	17	540	✓
Average months in program	18.3	0.6	17.7	✓
Average hours of direct service	36.8	1.3	35.5	✓
Average # of Home Visits	40	1	39	✓
Participated in FRC activities	46.8%	8.1%	38.7	✓

The two groups were similar in terms of the distribution of age, gender, and education. They were also similar in terms of sources of income. Racially and ethnically, the two groups were very similar, in terms of ranking, although proportionately more Latino and Russian/Ukrainian families remained in Birth & Beyond home visiting services. Conversely, proportionately more African American and more Caucasian families left the program prior to having received 183 days of service.

In a more pronounced way, marital status distinguished the treatment and comparison groups, with many more single parents in the comparison group (63%). Language also differentiated the treatment group from the comparison group. About 50 percent of the treatment group was non-English speaking, compared to 27 percent of the comparison group. While it appears that non-English speaking families were more likely to engage with the Birth & Beyond home visiting services, both groups had large proportions of non-English speakers. Based on the socio-demographic characteristics selected, the treatment and comparison groups were more similar than different. Most importantly, both groups sought the voluntary services provided by Birth & Beyond when they had a new baby 0-3 months of age (or during pregnancy).

Finally, the treatment and comparison groups differed most on the average dosage of services they received. The full treatment group participated in home visiting services for more than a year and a half, including families with open cases and those with closed cases. In contrast, the comparison group averaged less than one month in home visiting services and only one home visit. Interestingly, some of these families did engage in FRC classes (8%).

Tables 2 and 3 present additional information about risk factors for the full treatment group, both open and closed cases. This is a baseline risk profile based on scores derived from a battery of assessments that identify risks associated with: (1) parenting (AAPI); (2) depression (CES-D); (3) family violence (CTS); (4) social isolation (MSSI); and (5) substance abuse (modified CAGE screening questions).

Table 2 - Other Risk Factors for Treatment Group

Risk Area	Elevated Scores on Baseline	
	Assessment Tool	Treatment Group n=2,391
Parenting	Adult-Adolescent Parenting Inventory (AAPI)	94.2%
Depression	Center for Epidemiologic Studies – Depression (CES-D) scale	41.8%
Family Violence	Conflict Tactics Scale (CTS)	11.2%
Social Isolation	Maternal Social Support Index (MSSI)	20.4%
Alcohol and Other Drug Abuse	CAGE (or AUDIT/DAST) screening tool	11.1%
One or more	Combined assessments	94.2%

Nearly all families who enroll in the Birth & Beyond program (94%) had an elevated risk score on at least one of the assessment tools used at intake. Unfortunately none of the families in the comparison group had assessments due to their brief encounter with the program. The program's assessment protocol allows for up to 45 days to complete assessments for risk of child abuse and neglect.

Table 3 presents more detail about risk for abuse or neglect associated with parenting skills or parenting effectiveness. Nearly all Birth & Beyond families had some level of risk associated with parenting skills. In response to these risk areas, the program offers parenting classes at the Family Resource Center, and provides considerable attention to parenting during home visits. The Home Visitors use the *Ages 'n Stages* curriculum to emphasize child development and to reinforce age-appropriate responses to infant and toddler needs. Home visitation also provides frequent opportunity for modeling and reinforcing positive parenting behaviors through "floor time" and a focus on parent-child interaction.

Table 3 - Detailed AAPI Assessments Baseline Risk Areas

Risk Area	Elevated Scores on Baseline AAPI Domain	Treatment Group n=2,391
1	Inappropriate expectations of children	48.0%
2	Lack of empathic awareness of children's needs	64.1%
3	Strong belief in the use and value of corporal punishment	51.6%
4	Reversing parent-child family roles	63.8%
5	Oppressing children's power and independence	55.1%
Total with 1 or more	Combined AAPI domains	94.2%

The 2006 CPS follow-up study selected a treatment sample of 2,391 families and 259 comparison (non-treatment) families. These samples provided the basis for the CPS follow-up study which examined pre-, during, and post-program reports to CPS. The next section compares the CPS status for all closed cases from both the treatment and the comparison groups.

Section 3: Preliminary CPS Follow-Up Findings: Comparison of Pre- and Post-Program CPS Reports for Treatment Group Only

The CPS follow-up study has been conducted annually since 2001, once the program had been in operation for approximately 18 months and there was a sufficiently large cohort of families participating long enough for the program to have made a difference. During the first five years, the sampling criteria remained relatively consistent, with the selection linked to a minimal dosage of home visiting services. With each additional year, more families met the minimum criteria and in 2005 the families who both met the minimum service dosage criteria AND were categorized as closed cases totaled 2,410. In the sixth year of study, the selection criteria were doubled to include only families who were in the Birth & Beyond program for a minimum of 6 months (in contrast to the previous required minimum of 3 months). Therefore, 2006 had a slightly smaller initial sample of 2,391 families (e.g., those who met the service dosage criteria) and 1,942 of those that were considered closed cases. The following outcome findings are based on data analyzed for the 1,942 families with closed cases who received the minimal level of services with Birth & Beyond.

The preliminary CPS follow-up study analysis compares these families with themselves, examining their rates of reporting to CPS prior to enrolling in Birth & Beyond home visiting services and comparing these with rates of reporting after they leave the program having had at least 6 months of service. There were two important assumptions behind this preliminary analysis:

- (1) In California the child welfare system estimates that at least 80 percent of all emergency response calls do not result in a formal CPS intervention, and that approximately one third of these families end up with a substantiated report to CPS within 12 months of that call. Sacramento County reports a pattern that is similar to these statewide rates.
- (2) The risk for recurring substantiated calls to CPS is highest for families with prior substantiated calls to CPS.

Thus, the preliminary analysis of CPS involvement comparing pre- to post-program calls to CPS is based on the assumption that families with the most risk for recurring reports of abuse or neglect will be less likely to have a substantiated report if they have participated in the Birth & Beyond home visiting services program component. This study also examined how FRC participation may further enhance family outcomes.

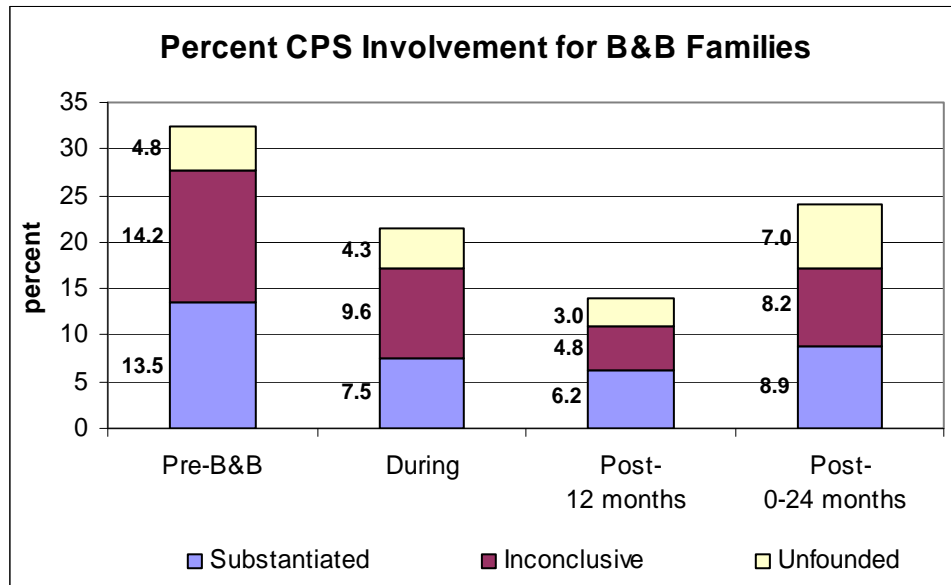
Figure 2 presents a summary of the CPS follow-up findings for the 2006 cohort of 1,942 families who received at least 12 home visits, totaling at least 600 minutes of direct service contact, over 183 days. On average this group had 38 home visits, 2,064 minutes of direct service (e.g., 34.4 hours), and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

3.1 Level of CPS Disposition

The CPS data collection included a differentiation between “substantiated”, “inconclusive” and “unfounded” reports to CPS. The evaluation study identified all levels of disposition, and categorized each family according to the most severe level. Thus, families with multiple reports to CPS and a combination of dispositions were “catalogued” as having the most severe out of all the documented dispositions, whether it was substantiated, inconclusive, or unfounded. The latter two categories are those most likely to have been bypassed by CPS in the past (e.g., 80% of all reports to CPS do not meet the risk threshold to which CPS can respond; one third of these “lesser risk” families eventually come back to CPS with substantiated reports).

As Figure 2 shows, as many as a third (32.5%) of the Birth & Beyond home visiting families had some form of CPS contact prior to their participation in home visiting services. During their program participation, the CPS reporting rate dropped to 21.4 percent, and dropped further to 14 percent up to one year following their exit from the program. The post-program rate of reporting (for up to two years of follow up) was 24 percent. Overall, CPS reports declined by 26 percent from pre-program to post-program (up to two years). Conversely, the percent of families without any CPS reporting increased from 67.5 percent pre-program to 85.9 percent one year post-program. This represents a positive rate of change of nearly 27.3 percent.

Figure 2 – CPS Involvement for B&B Families



Perhaps most importantly, the families who had high risk for a CPS report, but who could not be served by CPS (e.g., had an inconclusive or unfounded report), received home visiting services from Birth & Beyond. More than half of the CPS reports in this

sample would not have been open to CPS intervention, and would have received no support without the Birth & Beyond program. They were highly likely to have a subsequent, substantiated report to CPS.

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

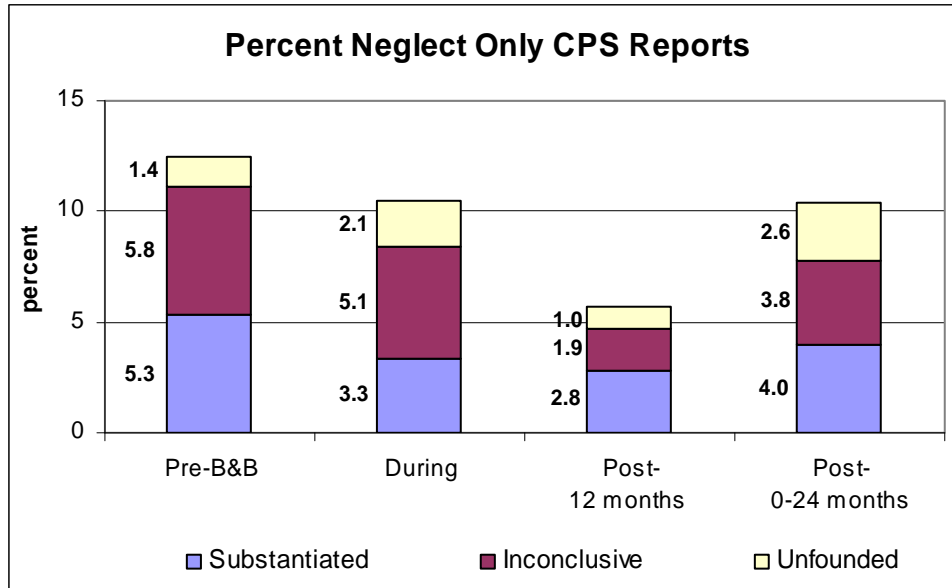
3.2 Types of Neglect and Abuse

The next two figures present changes in reports for either neglect or abuse. Neglect may reflect allegations ranging from extremely poor hygiene, lack of cleanliness in the home, or lack of supervision, or neglect resulting from drug and alcohol abuse. Abuse is more likely to reflect allegations of physical harm inflicted on the child, not including sexual abuse. Both sexual abuse and emotional abuse are additional categories for child maltreatment as documented in the CWS/CMS records,³ but with extremely low frequency in this study sample.

Figure 3 presents the changes in reports of *neglect only* for the 1,942 families in the treatment group who had left the program (e.g., were closed cases). While the percent of Birth & Beyond families with any allegations of neglect is relatively small (nearly 12.5 percent had such reports prior to enrolling in the program), almost all (11%) were reports deemed inconclusive or substantiated. The rate of reports of neglect declined somewhat during program participation (to 10.5%), and substantiated reports of neglect dropped by over one third. The best result was post-program, when only 5.7 percent had any reports of neglect 12 months after leaving the program, less than half of the original rate pre-program. However, rates increased slightly over time beyond one year after families left the home visiting services.

³ The evaluation team often found multiple allegations and dispositions in the CWS/CMS. To simplify the analysis, the "outcome" used for the follow-up study was the most serious disposition for the most serious allegation. Thus, any substantiated report trumped all inconclusive and unfounded allegations; inconclusive allegations trumped unfounded reports. Sexual abuse and physical abuse were more serious than emotional abuse, general neglect, and severe neglect. The limitation of "cataloguing" each family for their pre-, during, and post-program CPS involvement is that this did not take into account the total number and severity of all allegations.

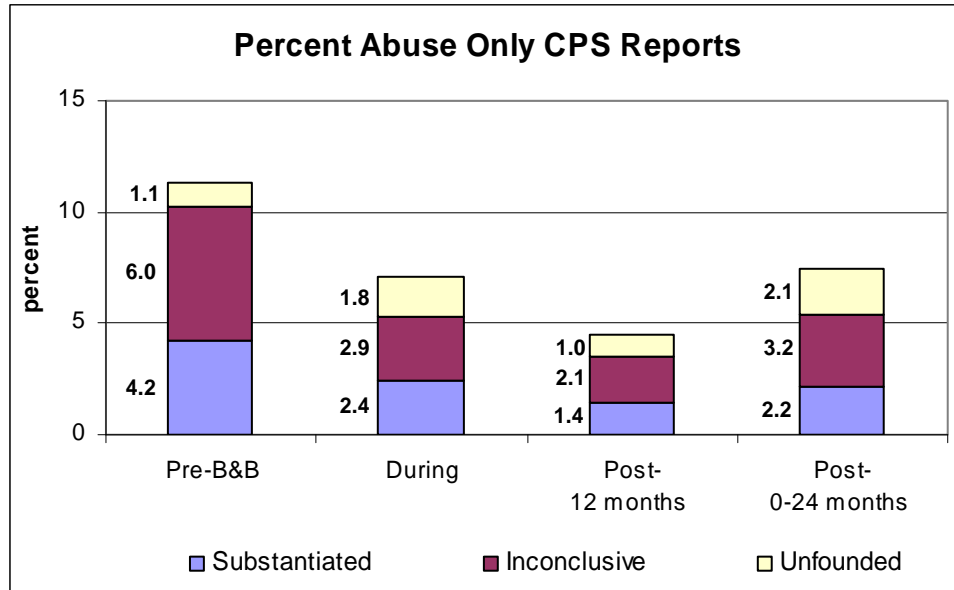
Figure 3 – Neglect Only CPS Reports



In sum, it appears that Birth & Beyond families at risk for neglect improve steadily both during and immediately following program participation. And while the positive changes remain below the pre-program rate, it appears that neglect issues resurface for families the longer they are away from the home visiting services. Neglect issues, particularly if they are related to limited financial resources or substance abuse, may be more pervasive and challenging to address unless there is a long period of service, because they require sustained support services to alter permanently.

Figure 4 presents the trend for reports of *abuse only*. The decline in reports of abuse is more dramatic than for reports of neglect. Slightly more than 11 percent of Birth & Beyond families had reports of abuse pre-program, over half of which (6%) were inconclusive. The rate of inconclusive abuse reports, which accounts for most reports, declined by half during program participation, and more within the first year post-program to about 2 percent.

Figure 4 – Abuse Only CPS Reports



The 12 month post-program rate for all abuse dispositions combined is slightly less than 5 percent (4.5%). Over time after leaving the program, the rate for reports of abuse climbs to almost 8 percent (7.5%), but still represents an overall 34 percent decline from the pre-program rate (11.3%).

Within the context of all reports to CPS, it is useful to examine trends for neglect and abuse since they represent different issues for children and families. Consistent with the program trends overall, pre-program reports and dispositions decline both during program participation and immediately following closure for up to one year. The rates of change are greater for families with allegations of abuse, compared to those whose most serious allegation was neglect. In either case, children are safest *during* the time their caregiver is receiving home visiting services and for some duration afterwards.

Furthermore, whether the allegation was for physical abuse or neglect, the “inconclusive” and “unfounded” dispositions represent those reports that did not warrant a formal CPS response until the advent of the Child Welfare System (CWS) Redesign and with it, Differential Response. Through Differential Response, CPS now makes formal referrals to community based service providers (Birth & Beyond sites, among others) to link families to services that may support them and mitigate the presenting issues that led to the CPS referral. Prior to the Redesign, these families were among those who eventually came back to CPS with substantiated reports.

Section 4: CPS Outcomes for the Quasi-Comparison and Matched Samples

The CPS follow-up study was designed to compare pre-program history of CPS involvement, with new reports to CPS both during and post-program. This section examines the CPS outcome findings for two samples of Birth & Beyond families who left the program in order to track recurring reports to CPS post-program. From the full sample of 2,391, a total of 1,942 families left the program having received the minimum service dosage (12 home visits, 600 minutes, and 183 days of service); the balance of 449 were still enrolled in the program at the time of the study. Similarly, within the quasi-comparison group of 259, there were 244 families who left the program without having achieved the dosage criteria, deemed to have received virtually no treatment (the remaining 15 were new to the program and still open). The following analysis examines outcomes for these two groups of closed families, replicating the comparison of CPS involvement pre- and post-program to reflect changes in risk for child abuse and neglect. However this analysis introduces a quasi-comparison group, thus enhancing the preliminary analysis for the treatment group outcomes.

Table 4 presents an overview of the CPS history and follow-up status (pre- and post-program) for the families from both treatment and quasi-comparison samples who had left Birth & Beyond home visiting services. CPS reports included substantiated, inconclusive, and unfounded reports as an indicator for abuse or neglect risk. The rates for each group were similar, with slightly higher rates of reporting for the comparison group. The overall decline of reports post-program were about one third better for the treatment group.

Table 4 - CPS History and Follow-Up Status Treatment and Comparison Cohorts

CPS Status (substantiated, inconclusive, and unfounded reports)	Treatment n=1,942	Comparison n=244
Pre-program	32.5%	38.5%
Up to two years post-program	24.0%	34.4%
Absolute Difference	11.2	4.1
Rate of change	-26.0%	-10.6%

In the 2006 CPS follow-up study there were 259 open and closed families who did not meet any of the criteria for selection in the treatment cohort. A total of 244 of this sample had already left Birth & Beyond services, which provided the quasi-comparison group for the follow-up study. To further enhance the follow-up study analysis, the evaluation then progressed to a third level of child abuse and neglect outcomes analysis to compare matched treatment group and comparison group samples and their respective post-program referrals to CPS.

As shown in Table 5, the treatment and comparison samples were similar on some variables, and different on other key characteristics. The differences are indicated in the

last two columns, the most noteworthy of which are marked with a “✓”. The groups were similar with regard to age, the proportion of Caucasian and Asian/Southeast Asian families, education attainment, and income sources. In contrast, African Americans were under-represented in the treatment group (21% compared to 34% in the quasi-comparison group), and Latino families were over-represented in the treatment group (39% compared to 26% in the quasi-comparison group).

Table 5 - Characteristics of Quasi-Comparison and Treatment Cohorts

Selected Demographic Characteristics	Treatment Group (n=1,942)	Quasi-Comparison Group (n=244)	Differences Between groups	
<u>Age</u>				
Under 19 years	20.1%	25.5%	5.4	
20-29 years	54.8%	52.3%	2.5	
30-39 years	22.5%	18.5%	4.0	
40 years or older	2.6%	3.7%	1.1	
<u>Race/ethnicity</u>				
Latino	38.8%	26.4%	12.4	✓
African American	20.8%	33.5%	12.7	✓
Caucasian	21.9%	24.2%	2.3	
SE Asian/Asian/Pacific Islander	7.4%	5.9%	1.5	
Russian/Ukrainian	4.4%	1.1%	3.3	
Other, including multi-racial	6.7%	5.5%	1.2	
<u>Primary Language</u>				
English	54.1%	75.1%	21.0	✓
Non-English	45.9%	24.9%	21.0	✓
<u>Marital Status</u>				
Married or living with partner	53.4%	36.2%	17.2	✓
Single (never married, divorced, separated)	45.1%	60.8%	15.7	✓
<u>Education Level</u>				
Less than high school	43.9%	43.8%	0.1	
Completed high school/GED	33.5%	35.4%	1.9	
Some college, trade school, AA	16.2%	16.7%	0.5	
College or advanced degree	4.8%	2.8%	2.0	
<u>Income Sources & Supplements</u>				
Wages	23.7%	14.3%	9.4	✓
TANF	23.6%	19.7%	3.9	
WIC benefits	29.3%	29.5%	0.2	
Food stamps	15.9%	19.3%	3.4	
All other sources	7.8%	12.7%	4.9	
<u>Service dosage</u>				
Average days in program	540	17	523	✓
Average months in program	17.7	0.6	17.1	✓
Average hours direct service	34.4	1.3	33.1	✓
Average number Home Visits	38	1	37.0	✓
Participated in FRC activities	46.5%	8.2	38.3	✓

This profile comparison suggests that there are differences in engagement and retention by race/ethnicity, and that the program may be a better cultural fit for Latino families than it is for African American families. Since African American families are over represented in the CPS caseload for Sacramento County, it is important to engage them in Birth & Beyond and to retain them for a duration that is sufficient enough for the program services to have a positive impact.

Language and marital status were two other differences between the two groups. A higher proportion of non-English speaking families were in the treatment group, suggesting that these families are finding services that are compatible with their language and cultural needs. Marital status differentiates the two groups, with more single families in the quasi-comparison group (61% vs. 45% in the treatment group). Since the program aims to provide support to parents who are raising families alone, this is another group to engage and retain in home visiting services. The differences in marital status may reflect the racial/ethnic proportions, since African American families are more likely to be headed by single females and Latino families are more likely to have a two-parent household, with parents either married or living together.

Finally, income sources seemed to distinguish the two groups when wages were the primary source. A higher percentage of the treatment group (24%) reported wages were a source of income, as opposed to the quasi-comparison group (14%). This most likely reflects the fact that the treatment group also had more families in which the partners were married or living together, and may have had income from spouses.

In summary, it is important to note that there are both strong similarities and differences between the quasi-comparison and the treatment groups. The differences in race/ethnicity, language, and marital status are important distinctions. It is not possible from the existing data to know the extent to which these differences account for the group differences in program participation (e.g., engagement and retention). In recognition of these inherent differences between the two samples, the evaluation study conducted additional analysis to compare matched samples in order to reduce the potential for self-selection bias between the two groups.

4.1 Sample Selection for Matched Treatment and Quasi-Comparison Groups

This section examines CPS outcomes for the quasi-comparison group (n=244), identified previously, and a newly introduced matched treatment group (n=732). In order to comprehensively analyze the outcomes of these two matched cohorts, the evaluation over-sampled the matched treatment group at the rate of 3 treatment families for every 1 family in the quasi-comparison sample.⁴ The matching process aligned the two groups on the basis of five family characteristics to ensure sufficient similarities between the matched treatment and non-treatment samples. The characteristics selected for matching included:

⁴ Statistician Howard Greenwald, PhD recommended the 3:1 over-sampling approach to strengthen the viability of this analysis.

- Pre-program CPS involvement
- Race/ethnicity
- Age
- Education (high school graduation or not)
- Marital status (single or not)

The matching criteria included pre-program involvement with CPS as an indicator of increased risk for recurring incidents of child abuse and neglect. A goal of the CWS Redesign is to reduce the rate of recurring child abuse and neglect, which is one of the bases for conducting the CPS follow up for the Birth & Beyond evaluation study.

The service dosage criterion for inclusion in the treatment group was 6 months of program services (with at least 600 minutes of direct home visiting services and at least 12 home visits). Because the non-treatment group may have received some services (albeit, little to none), it was important to make the distinction between service dosage pronounced for the two groups. This quasi-experimental methodology sought to compare these two groups who matched on key characteristics, allowing for the primary difference between the two groups to be service related.

Finally, Table 6 presents a summary of the primary reasons for closure for both the matched treatment and the quasi-comparison groups. By definition the reasons for closure are different for the two groups, since the comparison group left the program without ever having engaged with the home visiting service component. The summary below simply acknowledges these differences exist between the two samples.

Table 6 - Matched Samples: Reasons for Closure

Primary Reasons for Closure	Treatment n=732	Comparison n=244
Declined further services	25.1%	40.6%
Family moved or relocated	19.6%	20.1%
Family unavailable (e.g., working or in school)	18.9%	8.7%
Whereabouts unknown	9.8%	4.4%
Family completed services	9.9%	0.0%
Changed home visitors	9.2%	11.4%
CPS case opened (home visiting closed)	4.1%	5.7%
Miscarriage, no birth	0%	5.2%
All other reasons	3.4%	3.9%

By rank order, the dominant reasons for closure for both the treatment and the comparison groups were: (1) families declining further services, and (2) relocation. These accounted for between 45 and 61 percent of the closures. Changes in home visitors assigned to these families accounted for 9-11 percent of the closures, and CPS opening a case was relatively the same for both samples at a rate of 4-6 percent.

Reasons which clearly distinguished the two samples were the family completing services, the family had become unavailable due to school or work, the family had a miscarriage, and the family's whereabouts were unknown, all of which accounted for more families in the treatment sample. Due to the relatively brief encounter between the non-treatment families and the program, it is not surprising that they primarily either declined further services or moved. Little more was known about these families because of their brief contact with the program.

4.2 Comparison of CPS Outcomes for Matched Samples

With the selection of the matched treatment and non-treatment samples, the primary difference between these groups was the dosage of home visiting services. The non-treatment group received no services and the treatment group received services for at least six months duration (183 days), with at least 12 home visits, and a minimum of 600 minutes of direct service. For each of the 244 non-treatment families there were 3 matches with the treatment group (n=732). This analysis compares pre-program to post-program reports to CPS only; it does not include reports to CPS during program participation, since the comparison group had virtually no exposure to Birth & Beyond program services.

Tables 7 and 8 present the outcomes for each of the matched samples. In Table 7 the CPS reports for the quasi-comparison group indicate that more than one third (38.5%) of the families had prior reports for child abuse or neglect to CPS, about half of which were substantiated. The overall rate for all types of reports to CPS was the same for the treatment group, as shown in Table 8.

Table 7 - CPS Outcomes for Quasi-Comparison Group (n=244)

CPS Disposition	Pre-Birth & Beyond enrollment	Post-Birth & Beyond enrollment	Change in rates from pre- to post-	Rate of Change
Substantiated	17.6%	17.6%	0.0%	0.0%
Inconclusive	13.9%	11.1%	-2.8%	-20.1%
Unfounded	7.0%	5.7%	-1.3%	-18.6%
Total CPS Reports	38.5%	34.4%	-3.5%	-9.1%
Total w/o any CPS Reports	61.5%	65.6%	+4.1%	+6.7%

The post-program rates for recurring reports of abuse or neglect, regardless of the final disposition, were 34 percent for the quasi-comparison group and 31 percent for the treatment group. However the greatest difference between the two groups was the change in rates for substantiated reports to CPS, the indicator about which there is the most confidence that abuse or neglect has occurred. The rate for post-program substantiated reports did not decline for the quasi-comparison group compared to a 37 percent decline for the matched sample from the treatment group.

Table 8 - CPS Outcomes for Treatment Group (minimum of 6 months of service) (n=732)

CPS Disposition	Pre-Birth & Beyond enrollment	Post-Birth & Beyond enrollment	Change in rates from pre- to post-	Rate of Change
Substantiated	17.6%	11.1%	-6.5%	-37.2%
Inconclusive	13.9%	11.9%	-4.3%	-14.7%
Unfounded	7.0%	7.7%	+7%	+9.8%
Total CPS Reports	38.5%	30.6%	-7.9%	-20.6%
Total w/o any CPS Reports	61.5%	69.4%	+7.9%	+12.8%

The rate of total reports (e.g. substantiated, inconclusive, and unfounded) to CPS also declined more dramatically for families in the treatment sample compared to those in the non-treatment, quasi-comparison sample. The treatment group experienced 21 percent fewer reports to CPS, compared to a reduction of only 9 percent for the non-treatment sample, which also displays a significant difference between the links to CPS for the two groups.

4.3 Summary of Outcome Analysis: Treatment Sample, Comparison, and Matched Comparison Samples

To summarize, because of the inherent differences between the treatment group and the non-treatment group in previous sections of the report, the evaluation team selected a matched sample of treatment families to compare to the non-treatment families. To further distinguish the treatment group from the non-treatment group, the selection of the treatment group doubled the original service dosage criteria. Now both groups were closely matched, except for the services received.

Table 9 below presents the summary outcome analysis of differences between the comparison and matched treatment groups, presented as the rate of substantiated reports to CPS for both Birth & Beyond matched families and families in the comparison group, pre- and post-program. This comparison group consists of families who enrolled in Birth & Beyond, but did not remain in the program and did not receive a minimum level of service. The CPS follow-up data for this comparison group enhanced the outcome analysis and provided the evaluation team with the ability to conduct a 'matched sample' analysis between the Birth & Beyond comparison group and matched treatment group to better determine the impact of program participation on mitigating child abuse and neglect, controlling for other influencing factors.

Table 9 - CPS Follow-Up Study of Matched Treatment and Comparison Groups

Disposition	When Incident Recorded in CWS/CMS			
	Pre-Program		Post-Program	
	Comparison	Matched Treatment	Comparison	Matched Treatment
Substantiated report	17.6%	17.6%	17.6%	11.1%

- Prior to involvement in the Birth & Beyond program, the rates of substantiated reports for the comparison and matched treatment groups were the same at 17.6 percent due to the matching criteria for these two sample groups to be matched for CPS reports pre-program.
- Following “closure”, the rate of substantiated reports was higher in the comparison group at 17.6 percent compared to 11.1 percent in the matched treatment group. This is a zero percent decrease for the comparison group and a considerable 37 percent decrease for the matched treatment group. The decline for the matched treatment group was more dramatic than that of the comparison group, with the primary difference between the two groups being the Birth & Beyond services received.

Research has shown that the rate of substantiated reports to CPS for families who participated in Birth & Beyond dropped by 37.2%, a much greater decrease than that of similarly matched families who dropped out of the program.

Section 5: CPS Outcomes for Teen Parents

Nearly one fifth of the families receiving home visiting services from Birth & Beyond are teen parents, under the age of 20. For the 2006 sample of 2,391 open and closed families, 451 (19%) were under 20. Similarly, in the cohort of all closed cases, 20 percent of the mothers were teen parents (390 of 1,942). This subgroup of Birth & Beyond families was the focus of an additional outcome analysis. The reasons for focusing outcome analysis on this subpopulation of Birth & Beyond families include:

- Teen parents were largely first time parents, for whom a comparison of their parenting behavior pre-program would be meaningless; this was their first child;
- Nearly all teen parents were inexperienced parents, usually with fewer sources of support and limited financial resources; and
- Teen parents represented a primary prevention subgroup, as first time parents.

The initial analysis of CPS data on the teen cohort revealed that the rate of reports of pre-program abuse and neglect among this group was far higher than it was for the full sample of all closed cases. Since it was counterintuitive for the youngest of Birth & Beyond parents to have had pre-program history with CPS, the evaluation team examined the CPS reports for teen parents more closely, and found a category of parents who had history of abuse and neglect when they were children. Table 10 presents a summary of the characteristics for each of these cohorts, who are the subject of this section of the report.

All the teens in both cohorts were female. The largest proportion of teen parents (n=390) were Latino (36%) and Spanish-speaking (22%), followed by African American teens (24%). Two-thirds (66%) were single parents, with little education and dependency on various forms of public assistance. While the group of teen parents who were also non-victims of abuse or neglect were similar to all teens, served by the programs, they differed from their peers as follows:

- The highest proportion of teen parents who had been victims of abuse or neglect were Caucasians (32%) followed by African Americans (29%);
- Relatively few were non-English speaking;
- Almost all (81%) were single parents;
- Nearly three quarters (73%) had not completed high school. On average they had over one year of home visiting services, and about 40 percent had participated in at least one FRC class.

These two groups of home visiting families are of interest for this study because they may be at higher risk for abusing or neglecting their own children, due to their immaturity and exposure to poor parenting practices when they were young. In addition, they engaged in the Birth & Beyond program for over one year and they participated in FRC classes. These young, mostly single parents appeared to have

related to the services and staff of the Birth & Beyond program. And “dosage of services” appears to relate to improved outcomes related to CPS reports

Table 10 - Demographic and Socio-Economic Characteristics of Teen Parent Sub-groups: Closed Cases

Characteristics	Teen Parent Sub-group n=390	Teen Parent Victim as Child Sub-group n=148
Age		
Under 19 years	100.0%	100.0%
Race/ethnicity		
Latino	36.3%	22.3%
African American	24.3%	28.5%
Caucasian	21.2%	32.3%
Asian/Pacific Islander	9.8%	8.4%
Russian/Ukrainian	1.1%	.8%
Other, including multi-racial	7.2%	7.7%
Language other than English		
Spanish	22.0%	5.3%
Hmong	4.5%	3.1%
Russian	1.9%	1.5%
All other	5.3%	4.6%
Marital Status		
Married or living with partner	31.7%	16.4%
Single, divorced, separated	66.2%	81.3%
Education of primary caregiver		
Less than high school	67.6%	73.4%
Completed high school/GED	23.8%	17.5%
Some college, trade school, AA	7.3%	7.5%
College or advanced degree	.9%	1.6%
Primary income sources		
Wages	20.3%	16.9%
TANF	16.2%	20.9%
WIC benefits	27.7%	27.7%
Food stamps	10.3%	11.5%
All other sources	5.4%	6.2%
Primary client is female	100.0%	100.0%
Service dosage		
Average days in program	505	482
Average months in program	16.6	15.8
Average hours of direct service	29.5	27.9
Average number of Home Visits	34	33
Participated in FRC activities	39.7%	40.5%

5.1 Teen Parents and CPS Reports

The data collection from CWS/CMS included information about victims and perpetrators, which allowed for identification of teen parents whose pre-program history with CPS reflected their having been abused or neglected as children. Nearly half (42%) of the teen parent group had history with CPS pre-program, compared with 33 percent of the treatment group of 1,942 families who had left the program. Among those reports on teens, 19 percent were substantiated, 18 percent were inconclusive, and 4 percent were unfounded.

The implication of this preliminary finding about teen parents is that they bring experiences of having been abused or neglected as children to their own parenting. Since parenting is learned behavior these teens are likely to repeat what they learned from their own parent(s) or caregiver(s). There are many research-based assumptions related to intergenerational cycles of family violence.

The literature on child abuse and neglect suggests that there is a cycle of intergenerational abuse and neglect. In assessing the risk of parents abusing their children, convergent findings across a broad range of research populations in several countries suggest that problematic parenting develops in part through learned behavior modeled by one's own parents.⁵ Estimates for intergenerational abuse range from 18 percent to 70 percent. The best estimate of intergenerational abuse appears to be approximately 30 percent. This is six times the estimated rate of 5 percent for the general population.⁶ Results from a study of a nationally representative sample of early adults in the U.S. between 2001 and 2002 show that those who were physically abused in their childhood are 5.0 times more likely to physically abuse and 1.4 times more likely to neglect their children than those who were not.⁷ In a two-generational prospective study, parents who reported having been abused in childhood were significantly more likely to engage in abusive behaviors toward the next generation. Parents who had experienced multiple acts of abuse and at least one physical impact were more likely to become abusive than were the other parents.⁸

Victims who do not continue the cycle of abuse are those who are able to develop trust and intimacy by rising above the obstacles of an abusive childhood, at least in part through the support of loving partners and spouses and supportive networks in their

⁵ Serbin, L. & Karp, J. Intergenerational Studies of Parenting and the Transfer of Risk from Parent to Child. *Current Directions in Psychological Science*. Vol. 12, No. 4. August 2003.

⁶ Kaufman, j. & Zigler, E., (1986) Do Abused Children Become Abusive Parents? *American Journal of Orthopsychiatry*. 57(2) 186-192. Jacobvitz, Deborah. *Banishing the Ghosts of Abuse*. Discovery Magazine: Research and Scholarship at the University of Texas at Austin. August 11, 1997.

⁷ Kim, Jinseok PhD. *Intergenerational Transmission of Child Neglect and Physical Abuse: a Comparative Study*. Society for Social Work and Research. 2003.

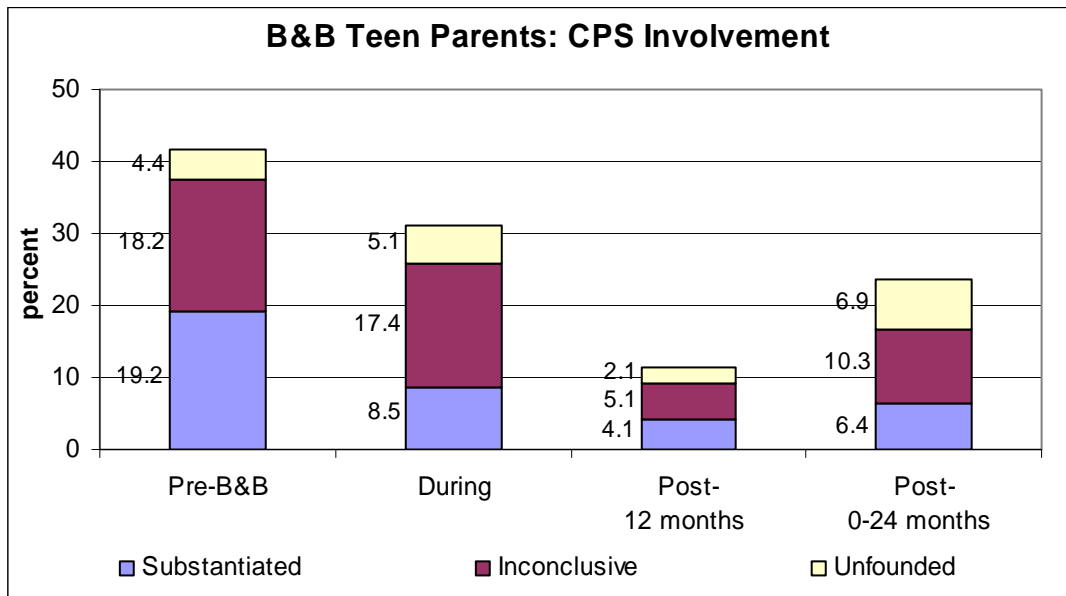
⁸ Pears, K. & Capaldi, D. Intergenerational Transmission of Abuse: A Two-Generational Prospective Study of an At-Risk Sample. *Child Abuse and Neglect*. Vol. 25, 1439-1461. November 2001.

adult lives.⁹ Non-abusing mothers in the prospective studies conducted by Hunter and Kilstrom (1979) and Egeland et al. (1987) reported having extensive social supports, were less likely to have been maltreated by both of their parents, and were more likely to report a supportive relationship with a parent while growing up. The finding that parents who experience more social support were less likely to continue the cycle of violence, compared with those who have a poor support system, is congruent with literature on physical abuse which indicates that physically abusive or neglectful parents are often isolated, lack family and peer support, and are not involved in community activities.¹⁰

Poor parenting is likely to continue with each subsequent generation if left unchecked. Unless there are interventions and opportunities to “unlearn” poor parenting skills, the cycle of abuse continues. Birth & Beyond provides a unique and comprehensive opportunity for teen parents in particular, to learn how to be good parents and to obtain both direct support and modeling for their parenting behavior. Impacting teen parents in a positive way breaks the intergenerational cycle of violence and reinforces positive parenting.

The 2006 CPS data shows that teen parents have a higher rate for CPS reports overall, but also have the most significant declines during and post-program participation, shown in Figure 5 below.

Figure 5 - B&B Teen Parents CPS Involvement (n=390)



⁹ Egeland, B., Jacobvitz, D., & Papatola, K. (1987). *Intergenerational continuity of abuse*. In R. J. Gelles & J. B. Lancaster (Eds.), *Child abuse and neglect: Biosocial dimensions*, (pp. 255-276). New York: Aldine.

¹⁰ Tomison, Adam M. *Intergenerational Transmission of Maltreatment*. Issues in Child Abuse Prevention. National Child Protection Clearinghouse. 1996.

The rates of reporting decline dramatically during program participation, following the trend for the entire post-program treatment group. Almost half (42%) of the parents who were 19 and younger had history of CPS reporting prior to their enrollment in the program. Nearly half of those reports (19%) were substantiated. These rates are higher than for the entire Birth & Beyond treatment sample, and since teens account for one fifth of the families served, they account for pre-program CPS involvement at a disproportionately high rate.

Without the teen CPS involvement, 30 percent of the Birth & Beyond families had pre-program involvement (compared to 33% including the teens). With home visiting services, the rate of CPS involvement for teen parents declines by almost half to 23 percent during program participation, when these young parents are receiving weekly home visits by a staff of home visitors who are also mandated reporters. The rates for recurring reports of abuse or neglect during and post-program are about half that of the pre-program rates. Furthermore, the decline in reports for teen parents continues for up to 12 months after the parent leaves program services, to almost 11 percent. Even up to two years post-program the overall rate of reports to CPS is 24 percent, signifying a decline of 44 percent. These rates represent the sum of all reports to CPS pre-, during, and post-program.

The analysis of CPS reports for teen parents suggests that the Birth & Beyond program's primary prevention and early intervention has tremendous potential to change the behavior of young and inexperienced parents. It also suggests a strong potential for changing the intergenerational cycle of child abuse and neglect; most of these teen parents had pre-program involvement with the CPS system because of reports against their parents and their own victimization. Rather than repeating the poor parenting behavior or abuse their own parents modeled, these teens appear to have learned new behaviors and are at reduced risk for bringing harm to their own children.

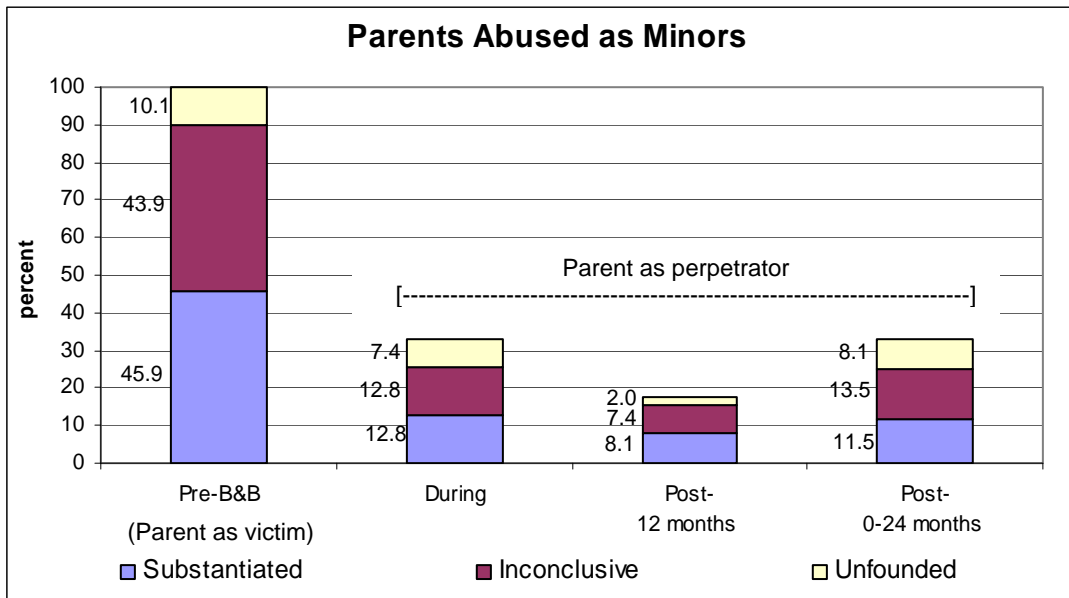
Given that over 90 percent of Birth & Beyond families had an elevated risk score on the baseline Adult-Adolescent Parenting Inventory (AAPI), the program's emphasis on parenting and child development is well-founded. Furthermore, parenting education and child development are especially important to address the needs of the teen parent cohort. Changes in AAPI scores for teens improved somewhat over time in the program, suggesting that the program is influencing parents and therefore reducing risk factors of child abuse, on specific parenting domains such as: lack of awareness about child development, inappropriate expectations of the child, and reversing parent-child family roles.

The findings from the analysis of teen parents provides compelling evidence that program services like home visiting have the potential to break the intergenerational cycle of abuse and neglect by providing intervention services that focus on improved understanding of parenting and child development. Changes in parenting behavior are predicated on changes in knowledge about child development, changes in attitudes toward parenting, and changes in behavior or parenting skills.

Having identified the teen parent cohort and the proportion of teen parents with a history childhood victimization, the final analysis for CPS outcomes examines changes only for the parents in the Birth & Beyond program with identified histories as victims of abuse or neglect. Through the series of analyses conducted for the CPS follow-up study it has become apparent that the victims of abuse present the greatest risk for recurring abuse or neglect, as they continue to practice parenting behavior learned from their parent(s) and/or caretaker(s). The final cohort for the CPS outcome analysis is the parents who were child victims themselves.

Figure 6 presents a summary of the findings from analysis of the Birth & Beyond parents who had one or more pre-program reports of abuse or neglect when they were the identified child victim. There were 148 Birth & Beyond parents who met this criteria, and represented 8 percent of all closed cases (n=1,942) for this study.

Figure 6 – Teen Parents Abused as Minors (n=148)



For the parents who had CPS reports of abuse or neglect as minors, the rate of change for subsequent reports of perpetrating abuse or neglect on their own children is dramatic and compelling. Considering all of these parents had pre-program reports of victimization, the rate of new reports to CPS during their program participation was only 33 percent (only 13 percent of which were substantiated). In the first 12 months after they left Birth & Beyond home visiting services, the rate of reporting dropped further, to 18 percent. Even over the long term, up to two years after leaving the program only 12 percent of these teen parents had any substantiated report of abuse or neglect. This means that just 49 of the original 148 had recurring reports, and only one-third of those reports (17) were substantiated. This low number of substantiated reports is extremely significant, considering 100% of the parents were reported to be abused or neglected themselves as minors.

The most encouraging finding of the teen parent analysis is the marked decline in substantiated reports to CPS. Pre-program, almost half (46%) of these parents were victims where the allegation was substantiated. When they were receiving home visiting services, the rate of substantiated reports as perpetrators was 13 percent and remained between 8 and 12 percent after they left the program.

Families in the Birth & Beyond program enroll voluntarily, seeking home visiting services to support them soon after having a new baby. For families with the greatest risk of abusing or neglecting their children, the CPS outcome findings provide a compelling indication that risk for abuse or neglect is greatly diminished for parents who have experienced abuse or neglect of their own caregivers when they were minors. These families are receiving supportive services to mitigate circumstantial risks and are learning new parenting behaviors that break the intergenerational cycle of abuse and neglect.

Despite the positive results presented in Figures 5 and 6, it is important to note that overall, teen parents had much higher pre-program rates of CPS reporting than did the families in the general treatment group. Birth and Beyond must continue to conduct outreach and work to engage young mothers in order to provide them education and services appropriate for teen parents who are at higher risk for perpetrating abuse and neglect.

Section 7: Service Utilization and CPS Outcomes

Upon completion of the analyses of CPS outcomes and the variety of ways to compare these outcomes, the last step of the analysis examined Birth & Beyond families' dosage of services in order to provide insight related to services that may account for positive CPS outcomes. This section presents a summary of the findings related to these inquiries.

In general, the families with the greatest dosage of home visiting services and participation in at least one FRC class activity had less post-program involvement with CPS. The evaluation study examined low, medium, and high intensity levels of home visiting participation.¹¹ The families most likely to have no CPS involvement after leaving the program had either the highest level of home visiting or home visiting services combined with FRC class participation. This phenomenon is most marked for the reductions of substantiated and inconclusive reports to CPS.

The families with home visitation plus FRC class participation experienced a greater reduction in post-program reports of abuse and neglect than did families with home visiting only. As illustrated in Table 11, this change was in large part due to dramatic reductions in CPS reports that were either substantiated or inconclusive. The data implies that Birth and Beyond staff should vigorously and continuously refer home visiting families to the FRC and encourage all families' participation in FRC activities.

Table 11 – CPS Report Rates of Home Visitation Families With and Without FRC Participation*

	Pre-Program		Post-Program		Percent decline
Closed cases with home visitation only (n=270)	Substantiated	14%	Substantiated	3%	79%
	Inconclusive	13%	Inconclusive	4%	69%
Closed cases with home visitation plus FRC participation (n=78)	Substantiated	10%	Substantiated	1%	88%
	Inconclusive	10%	Inconclusive	1%	88%
Open and closed cases with home visitation plus FRC participation (n=203)	Substantiated	9%	Substantiated	<1%	94%
	Inconclusive	12%	Inconclusive	<1%	96%

*for families with 6 months or more of home visitation who entered the program between 7/1/04 and 6/30/06.

Table 12 below presents a summary of the number of families in each service utilization group, by age, for both the treatment and the comparison families examined in the CPS follow-up study. It shows that more than half of the families in the program (55%) were aged 20-29, followed by older parents aged 30-39 (23%) and then teen parents (20%). The youngest of these families were overrepresented in the "low home visiting" category, while the older group aged 30-39 were most likely to either have connected to both home visiting and FRC services (26%) or to be in the "high home visiting" category (26%). The immediate implications of the data suggest that the program needs to find a

¹¹ Low=less than 12 home visits; medium=12-24 home visits; and high=more than 24 home visits

way to retain younger families and must engage them in FRC services to optimize their CPS outcomes.

Table 12 - Service Utilization by Age of Parent All Treatment Families, Closed Cases

Ages	Low HV	Med HV	High HV	HV Only	HV+FRC	Total
<20	26.8%	21.4%	16.1%	22.6%	17.1%	20.1%
20-29	55.7%	54.4%	54.2%	54.9%	54.7%	54.8%
30-39	15.1%	21.8%	25.8%	19.9%	25.6%	22.5%
>40	2.3%	2.4%	3.9%	2.6%	2.7%	2.6%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

By race and ethnicity, service utilization patterns emerge as follows:

- Highest level of participation in Home Visiting plus FRC Class Participation: Latino and Russian/Ukrainian families
- Most representation in High Intensity Home Visiting: Asian and Pacific Islander (including Hmong) families
- Most representation in Medium Intensity Home Visiting: Caucasian families
- Most representation in Low Intensity Home Visiting: African American families and “Other” families including Native American and Multi-racial families

Immigrant families seem to have attached to FRC services in combination with high levels of home visiting services. This is a reflection of cultural competence of the staff who administer the program services, as well as the responsiveness of the FRCs to provide classes that attract and meet the needs of immigrant families. In fact, all non-English speaking (Spanish, Hmong, and Russian) families are overrepresented in home visiting engagement plus FRC class participation. Conversely, since African American families are overrepresented in CPS statistics (for Sacramento County as well as for Birth & Beyond) it is critically important to find ways to engage and retain these families for longer services to mitigate risks for recurring reports of abuse and neglect. Table 13 presents a summary of program engagement by race/ethnicity.

Table 13 - Service Utilization by Race/ethnicity of Parent All Treatment Families, Closed Cases

Race/ethnicity	Low HV	Med HV	High HV	HV Only	HV+FRC	Total
Latino	34.5	37.3	34.5	35.9	42.3	34.2
African American	26.7	20.1	17.9	22.2	19.2	25.2
Caucasian	21.4	24.2	23.4	23.1	20.4	24.1
Asian, Pacific Islander	6.1	6.6	11.7	7.2	7.3	7.2
Russian/Ukrainian	2.3	4.6	4.1	3.7	5.3	2.9
Other, including multi-racial	9.0	7.1	8.3	8.1	5.6	6.9
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Couples, both married and living with partners, were the most likely to combine home visiting and FRC class participation. Single parents were more likely to have low level

home visiting service utilization, perhaps reflecting the struggles of women who never married or were separated to remain involved in services when demands to work and take care of their families compete for their time and energy. Interestingly, while relatively small in number, divorced parents were more likely to be represented in the high intensity home visiting services. Even though both of these groups of parents were parenting alone, they had different home visiting usage patterns.

Service utilization did not align with any particular trend related to the education level of the program participant. For families where the parent had not achieved a high school diploma, the rate of utilization was very similar for each type and level of service. High school graduates were overrepresented for both low levels of home visiting and for home visiting in combination with FRC class participation. Families with “some graduate school” were far more likely to have high levels of participation in home visiting services. This high education level may be connected to a more affluent lifestyle, in which families (specifically mothers) have the luxury of a flexible or decreased work schedule, thus creating increased time for consistent Birth & Beyond services.

The families with the greatest dosage of home visiting and FRC classes appear to be those with the least access to services, including: immigrant families, non-English speaking families, individuals over 30 years of age, and those either married or living with their partner. The families least likely to have either substantiated or inconclusive reports to CPS post-program were those with either high levels of home visiting or a combination of home visiting with FRC class participation. Furthermore, the families with home visiting and FRC class participation experienced greater reductions in post-program reports of abuse and neglect than did the entire treatment cohort, in large part due to dramatic reductions in CPS reports that were either substantiated or inconclusive.

Section 8: Implications for Birth & Beyond: Defining a Model Program and the Interface with the CWS Redesign

Birth & Beyond has been fully operational at multiple locations throughout Sacramento County since 2001, serving the neighborhoods most impacted by child abuse and neglect as well as the attendant risk factors associated with reports to CPS. The home visiting services component provides a multi-disciplinary and integrated approach to case management; the Family Resource Center provides a host of classes, with heavy emphasis on parenting and child development. These core services have been meeting the needs of families in high risk neighborhoods since 2000. One year later and every year thereafter, the evaluation of Birth & Beyond included a follow-up study to learn what impact the program has on reports of child abuse and neglect to CPS. Every year, with growing sample sizes and increasingly more rigorous methodology and sample selection criteria, the evaluation provides compelling findings with regard to declining rates of reporting to CPS for Birth & Beyond families.

The Child Welfare System (CWS) Redesign in Sacramento County began in earnest in 2004. Among the more sweeping changes to CWS practice was the introduction of Differential Response. Differential Response is a response to CPS referrals which channels families into one of three possible paths based on their specific risk level. This provides a broader, more specialized approach than does the traditional CPS response to intervene only when families meet a particular threshold of risk. Differential Response opens up two additional paths for service to families who present some lesser level of risk or hardship. Path 3 is the traditional CPS intervention; Path 2 consists of CPS and a community partner organization jointly serving the family; and for Path 1, CPS refers the family to a community based organization for services likely to help the family and reduce risk of future referral to CPS. Differential Response was introduced to interrupt the escalation of risk, or to mitigate it with services CPS was not at liberty to provide under the current policies and legal mandates.

With the realization that a large proportion of families without any intervention eventually return to CPS with substantiated reports, the introduction of Differential Response opened up the possibility for CPS to respond with formal referrals to service providers in the community to address individual families' presenting issues and risks. Birth & Beyond was a natural partner with an added benefit of a track record showing that its services help families reduce the risk of referral to CPS. Birth & Beyond represented an ideal connection for families and the services they needed to reduce risk for abuse and neglect.

In a recent report, Lawson, et al. conducted an extensive review of its operations, training materials, structure and organization, evaluation, and service delivery, concluding that Birth & Beyond was a complex, innovative program model. Birth & Beyond represents the connection between families and services in the communities

where families are most at risk. The following quotations are excerpts from Lawson, et al.'s *A Utilization-focused Evaluation of Birth & Beyond*:

Already it is clear that B & B is responsible for several important impacts evident in programs, organizations, communities, and service systems. These impacts are important because the new capacities they represent help set the stage for improved results for children, families, and communities. They are indicative of pervasive systems change in systems serving families with young children, indeed the kinds of changes recommended in national reports and related research and evaluation studies. And without these impacts, results for children, families, and neighborhood communities may not improve or last.

B & B is an emergent, exemplary model. It encompasses six core components, four of which qualify as programs. These components are: (1) A home visiting program; (2) A multidisciplinary service team program; (3) A family resource center program; (4) A public health nursing program; (5) A family support collaborative, which provides collaborative leadership, governance, and management; and (6) A lead organization, The Child Abuse Prevention Council (CAPC), which enjoys lead responsibility for quality assurance, data gathering, record keeping, policies and procedures, evaluation, and continuous improvement. B & B serves vulnerable children, parents, families, and neighborhood communities.

B & B is aimed at improvements in five, related outcome domains. Decreased child abuse and neglect, including child deaths, comprises the top priority. Three other outcome domains are improved parent child health, parental efficacy, and school readiness. Changes in service systems and accompanying policy—in short hand, systems change—comprise the fifth priority. In pursuit of these outcomes, this model emphasizes systematic screening and assessment; and, based on this assessment, three related strategies. These strategies are early intervention, primary prevention, and secondary prevention. Strong connections between social services and health services characterize all three strategies.

Beginning in 2005 Sacramento Child Protective Services entered into a contractual agreement with one of the eight Birth & Beyond sites which established a home visiting team specifically for serving Path 1 and eventually Path 2 families referred from CPS through the Differential Response pilot program. In mid-2006 two more Birth & Beyond sites established teams to respond to referrals from Differential Response. While some CPS social workers made referrals to Birth & Beyond prior to Differential Response, the advent of the CWS Redesign brought a formal, recognized approach and with it, the need to develop protocols for Birth & Beyond and CPS to work in close partnership. All of this laid an important foundation for the CWS Redesign, establishing a proven network of services that could respond well to the needs of families at imminent risk for

reports to CPS. The early investment CPS made in Birth & Beyond included the provision of a social worker for the multi-disciplinary team at each site and funding related to the PSSF (Promoting Safe and Stable Families) Act. Commitment to primary and secondary prevention has culminated in a naturally aligned partnership between Birth & Beyond and CPS as it proceeds with Differential Response and other changes in practice related to the CWS Redesign. As a result of this partnership, CPS has enhanced its internal capacity to better serve families by connecting with the Birth & Beyond sites where family needs are addressed through primary prevention, early intervention, and social support.

Section 9: Summary and Recommendations

For the past six years, the evaluation of the Birth & Beyond program has presented compelling findings of reduced reports to CPS for families served in its home visiting component as well as for families receiving home visiting and participating in at least one FRC class. The changes have remained relatively consistent with about half as many CPS reports while families are actively involved in services, maintaining that reduction up to one year post-program. Even up to two years later, the rates of reporting to CPS never return to the pre-program rates. The most marked changes occurred for families with CPS history, particularly for teen parents and for parents who were themselves abused or neglected as children. Immigrant and non-English speaking parents were among those most likely to connect to both home visiting and the FRC classes. Caucasian families were most likely to remain heavily involved in home visiting services exclusively. African American families did not connect to either home visiting or FRC services as much as did other racial/ethnic groups.

The following recommendations are based on findings from each of the last six years, as well as the most comprehensive set of CPS outcome analyses to date, reported herein. These recommendations apply to both program operation and the future of the evaluation study.

- Learn what the barriers are to African American families remaining engaged with Birth & Beyond home visiting services. African American families accounted for 25 percent of the treatment group, and are overrepresented (34%) in the comparison group, selected on the basis of non-engagement with the program.
- Continue to seek input from families, both those served and those who left prior to engagement with services, to learn what motivates families to engage in the Birth & Beyond program, and to learn how to retain them in services longer. Empower parents to solicit the input from other parents.
- Recruit Home Visitors and FRC staff who match the cultural and lingual needs of the neighborhoods that Birth & Beyond serves, including but not limited to individuals with African American, Hispanic, Hmong, and Ukrainian background.
- Adopt vigorous outreach and retention techniques that target teen parents, as they have higher pre-program CPS reporting rates, are more likely to be single parents, and are often difficult to engage and retain in the program.
- Engage home visitation families in FRC activities, as FRC participation both lessens social isolation and is shown to decrease post-program substantiated and inconclusive CPS reports for home visiting clients.
- Expand the data collection for FRC-only families to include more than class participation. While the FRC services are usually far less intensive than those provided via home visiting, they are a critical component of the comprehensive program menu and reach families who do not have the need or schedule for home visiting, or who do not meet the referral criteria.

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