

Executive Summary

Overview of Organization

Birth & Beyond is a preventive home visitation program implemented in nine community-based sites in Sacramento County. The home visitation program is based on the ABC Cal-SAHF (Answers Benefiting Children California Safe and Healthy Families) model developed by the Office of Child Abuse Prevention in the State Department of Social Services. State OCAP funds supported one Birth & Beyond site and federal, state and local funds supported the remaining eight sites. The Family Support Collaborative (FSC) provided oversight and guidance to the program, authorized by the Sacramento County Board of Supervisors. The FSC and its committees enacted standards for the program, policies and procedures, ongoing training and curriculum development and quality assurance. One of the innovative features of Birth & Beyond is its emphasis on continuous quality improvement and outcome evaluation. This is the third annual evaluation report on the program, which began serving families in November of 1999.

Five community-based non-profit organizations operated the nine Birth & Beyond sites in low-income communities identified for risk factors associated with child abuse and neglect. Sacramento Children's Home operated five sites: Arden-Arcade, Meadowview, North Highlands (in partnership with Family Services Agency), North Sacramento and Valley Hi. La Familia counseling Center operated the Oak Park site, Mutual Assistance Network operated the Del Paso Heights site, River Oak Center for Children operated the Bret Harte site, and Folsom Cordova Unified School District Foundation (in partnership with the Family Services Agency) operated the Rancho Cordova site. The goal of the program is to create a network of Family Resource Centers to house home visiting, multi disciplinary teams and other services.

The evaluation of the Birth & Beyond program included a balance of quantitative and qualitative data collection and analysis. The quantitative data collection occurs on a daily basis, as staff complete forms and enter data into the MIS and database for monthly analysis reports. The qualitative data comes from staff reports as requested on selected issues, like staff turnover and training.

The majority of the qualitative data collection occurs in the course of fieldwork conducted by the evaluation team on an annual basis. The analysis of findings from the site visits and associated fieldwork provided insight into several areas of program implementation, including core elements of the program model and indicators of emphasis on key outcomes.

Qualitative Findings

The qualitative findings related to selected areas of program implementation revealed associations between program quality and caseload trends. The site visits during year three focused on core elements of the Birth & Beyond program such as the parallel process, Multi-Disciplinary Team (MDT) functioning, language and cultural staffing capacity, health outcomes, and focus on the infant.

Parallel process is a philosophy that creates a supportive environment at all levels of the service delivery system that parallels the supportive environment created for participating families. The parallel process and a strength-based approach are the foundation for both successful home visitation and a well functioning Multi Disciplinary Team. The parallel process requires a full leadership team of an on-site Program Manager and two full-time Team Leaders.

During the past year, the composition of the **Multi-Disciplinary Team (MDT)** has become more consistent across sites and the role of the MDT has become more clearly defined. Methods to record MDT deliberations are now uniform across sites. Integration of the MDT into home visitation is apparent in most sites.

Whereas effective home visitation and high functioning Multi Disciplinary Teams are closely associated, some Birth & Beyond sites have a robust **Family Resource Center (FRC)** without fully established parallel process or an integrated MDT. Some factors that contribute to a robust FRC include a creative Group Coordinator, Home Visitor buy-in to referring families to the FRC, and responsiveness to parental preferences in FRC offerings. Turnover among Group Coordinators during the past year has slowed the momentum of FRC development. During the past year, there has been significant progress in establishing parent advisory committees.

During the past year, Birth & Beyond has expanded its capacity to serve families in **diverse cultural and linguistic groups**. All nine sites have the capacity to serve Spanish speakers, five sites serve Hmong speakers and six sites have the capacity to serve Russian speakers. This expansion of language capacity is in marked contrast to year one, when about half the sites had Spanish speaking Home Visitors and one or two had Hmong speaking Home Visitors.

One of the logic models for the program focuses on maternal and child health, and includes multiple desired outcomes of Birth & Beyond is to promote the health of mother and baby. Birth & Beyond is challenged to document its **health outcomes** for mother and baby due to the diverse array of indicators that suggest health. The information recorded in the Family Health Assessment (FHA), as performed by Public Health Nurses, was the most complete single source of health indicators. The information in this record is also in the database. Altogether, 58 percent of the case files reviewed did not have a FHA, due at least in part to the shortage of nurses in the program, who must administer the baseline assessment. Other health outcome indicators were located throughout the case files.

Staff in Birth & Beyond recognize the need to focus more attention on the **infant**, since the vast majority of the program focus to date has been on the mother. Because the program is voluntary and family-driven, and families are struggling to meet simple basic needs in many cases, it is hard to shift the focus onto the infant. The evaluation team suggests a multi-faceted approach to re-energizing the focus on the baby and on serving toddlers in the program.

Services to Families

Birth & Beyond is designed to provide support to families with young children from pregnancy through the child's fifth year of life. Since its inception in November 1999, Birth & Beyond has received 6,160 referrals from a variety of sources including public health nurses, health providers, community agencies and community members via word of mouth. To be eligible, families must be overburdened by poverty, isolation, health problems, or other issues.

Among families referred to the program 55 percent report they have unreliable or inadequate income, 50 percent are unemployed, 49 percent are single parents, 21 percent report unstable housing, 19 percent report feeling isolated. The program is voluntary and not all families accept Birth & Beyond services. Families may not have an open case with Children's Protective Services. They may receive Birth & Beyond home visitation services after their CPS case is resolved. Of the 6,160 referrals, 48 percent became engaged in the program. As of June 30, 2002, there were 1,072 active cases in the nine B&B sites.

Birth & Beyond clients are women (99%), 60 percent are under 25 years of age. The women are diverse, with 32 percent Latina, 31 percent African American, and 24 percent Caucasian. Less than half (42%) are first time mothers. Among women who already have children, the average number of children in the home is 2.7.

Once in the program, home visitors work with each family to establish a Family Support Plan based on the needs and wishes of the family. The home visitors also ask families to assess themselves using standardized screening and assessment tools. The assessments identify at least one risk factor in 93 percent of families. Results from each of the six screening tools reveal that 91 percent show risk in parenting attitudes. Almost half (48%) showed symptoms of depression (as measured by the Depression Scale, Center for Epidemiological Studies). Almost one quarter (24%) need more social support (as measured by Maternal Social Support Index), and 24 percent report moderate to severe risk of domestic violence (Conflict Tactics Scale). Fewer families report alcohol and other drug risk, with 8 percent reporting drug abuse risk (Drug Abuse Screening Test), 3 percent reporting alcohol abuse risk (Alcohol Use Disorders Identification Test). However, the reportedly low alcohol and other drug risk is most likely a function of the assessment tools used and the reluctance to disclose these issues early in the relationship with their home visitor.

The target number of total families the program is funded to serve with weekly home visits is 1,350 or 150 families per site with nine sites. The upward limit is 1,800 families when caseloads are more diverse in terms of client needs and there is reduced frequency of program contact. In practice, caseloads in the program have been growing slowly but steadily for the past 30 months. By June 30, 2002, there were 1,072 active cases. The program calls for 90 home visitors (10 per site). As of June 30, 2002, there were 86 home visitors.

Program Outcomes

In this third annual evaluation report, the evaluation team reports on outcomes for Birth & Beyond. Birth & Beyond is designed to reduce risk factors for child abuse and neglect and increase family strengths and resiliency. The evaluation team developed five logic models in collaboration with the program that identify critical linkages between family needs, service activities, immediate, intermediate and long term outcomes. The logic models identified four major outcome areas that relate to families and systems change. Much of the data for the outcomes come from program staff gathering data from families and other sources and entering the data in the MIS system provided by the state in the ABC/CalSAHF program and database enhancements for Birth & Beyond created by LPC Consulting Associates. There are several components of program implementation that address the quality of the data used to describe families served and services provided (process evaluation), and a variety of outcomes from those services. Despite these measures, quality may lapse due to challenges associated with staff retention, changes to forms and procedures, and the sheer complexity of documentation to track multiple levels of outcomes. Thus, some outcome measures are more complete than others.

The following table shows the immediate, intermediate and long-term outcomes in this preliminary analysis.

Preliminary Outcomes for Birth & Beyond	
Immediate Outcomes	Findings
Direct services provided	<ul style="list-style-type: none"> • 41,162 home visits; 2.5 average number of visits per month per family; 53 minutes average length; • MDT services (as of June 2002) 433,356 services in 7,223 hours; • 1,674 classes offered at FRC; average attendance: 5.2 people
Indirect services provided -- referrals for outside services	<ul style="list-style-type: none"> • 1,584 referrals for families at intake to B&B; • 1,959 referrals for families to resources outside B&B; • total number of outside services received by families: 3,365

Intermediate Outcomes	Findings
Access to health care	<ul style="list-style-type: none"> • 42% of families had baseline health assessment by a Public Health Nurse; • 70% had one visit to the doctor in the previous year; 12% reported calling their doctor at least once; 20% used Emergency Room; • 87% on MediCal; 7% have an HMO; 3% have “other” coverage; 2% are uninsured; <1% have Healthy Families or private insurance.
Immunizations	<ul style="list-style-type: none"> • 32% of families with infants 0 to 18 months have records in database; attempts to increase reporting on this indicator will commence in earnest during year 4.
Child Abuse Treatment Services (CATS)	<ul style="list-style-type: none"> • 5 sites had a CATS specialist on their MDT during year 3 • CATS specialists have conducted 646 individual therapy sessions and 115 group counseling sessions as of June 2002.
Service Utilization follow up on referrals	<ul style="list-style-type: none"> • Selected tracking began in year 3 • Of the referrals where utilization is known, 60 percent had full utilization, and 15 percent had partial utilization.

Long Term Outcomes	Findings
Length of service	Among 1,668 closed cases: 38% stayed in program 6 months or more; 28% stayed 3 to 6 months; 34% stayed in program less than 3 months.
Reports to CPS	<ul style="list-style-type: none"> • 14% of families had substantiated reports to CPS before entering B&B; • 6% had substantiated reports during their stay in B&B; and • 9% had substantiated reports after their B&B case closed.

Repeating an analysis conducted in year two, the evaluation team reviewed all cases from Birth & Beyond who had been in the program at least 90 days with at least five home visits equaling at least 300 minutes. Among the 1,472 families who met these criteria, 703 of these cases were still open in the program and 769 cases had closed at the end of June 2002. With the cooperation of the Sacramento County Department of Health and Human Services, the evaluation staff researched the substantiated CPS records of these 1,472 families in the Child Welfare System before, during and after their Birth & Beyond program involvement.

From the total, 14 percent of Birth & Beyond families (199 out of 1,472) had a history of substantiated reports of abuse or neglect prior to their program involvement. Approximately 6 percent had substantiated CPS reports during their involvement in Birth and Beyond (93 out of 1,472). Following their closure date and the end of Birth &

Beyond services, almost 9 percent had substantiated reports (68 out of 769). These proportions are similar to the findings of a similar analysis conducted in 2001 for the Birth & Beyond year two report.

CPS Records as of 2001 Compared to as of 2002

	Pre-Intake*	During B&B*	Post-B&B* (closed)
SECOND YEAR (June 2001)			
Number of Families Researched	300	300	89
Number of Families with 1+ Substantiated Referrals	39	13	8
Percent of Families with 1+ Substantiated Referrals	13.0%	4.3%	9.0%
THIRD YEAR (June 2002)			
Number of Families Researched	1,472	1,472	769
Number of Families with 1+ Substantiated Referrals	199	93	68
Percent of Families with 1+ Substantiated Referrals	13.5%	6.3%	8.8%

* Includes duplicated counts for families with a record in more than one category.

The evaluation team noted certain factors associated with higher risk for CPS involvement: teen mothers, first time mothers, and TANF recipients had a somewhat higher rate of CPS records compared to the total pool of Birth & Beyond families. Almost all (93%) of the families with CPS records showed risk in at least one of the Birth & Beyond screenings and assessments. The Conflict Tactics Scale had a high association with CPS reports; 16 percent of families with CPS reports had elevated scores in the “severe risk for domestic violence” range, compared with 11 percent of all Birth & Beyond families. Between 29 and 86 percent of the families with CPS records had elevated scores for depression, lack of social support, and poor parenting skills.

The evaluation team also examined the records of teen mothers in CPS and found that they had a higher rate of pre-program substantiated abuse and experienced a drop in involvement with CPS after entering Birth & Beyond. Seventeen percent of the teen mothers in the sample had had some contact with CPS prior to joining Birth & Beyond. However, it is very important to note that in the CPS history for those young women, 81 percent involved reports for someone other than the young teen mother, either her mother, an adult male or another household member. Involvement in CPS dropped from 17 percent pre-program to 6 percent post-program for the sample of 419 teen mothers. Participation in Birth & Beyond holds the promise of breaking intergenerational cycles of abuse and neglect.

Milestones for the First Three Years

The first three years of Birth & Beyond were characterized by steady growth and continuous change. Several changes occurred at the program level, including serving an increasing number of families, expansion of the FRCs, enhanced and more frequent staff training at the local level, and a preliminary examination of family outcomes related to child abuse reports. In addition, the program had an effect on service delivery systems in terms of resourceful funding and the creation of a collaborative work group with a shared interest in coordinating all home visiting services in Sacramento County.

Anticipated Changes for Year Four

Year four is poised to be one of the most dynamic years in Birth & Beyond, thanks to funding from the Sacramento County Children and Families Commission. Not only will multiple elements of the Family Support Collaborative and Birth & Beyond expand over the next three years of the award, but other partner agencies received funding that will indirectly enhance Birth & Beyond.

Birth & Beyond has already developed its own internal sources of support for training, quality assurance, evaluation, and staff support for the many activities and considerable work of FSC committees. Year four presents the first year that the program will be able to complete the process of tailoring these resources for the infrastructure of program support. This will likely continue to effect training as the entire FRC component begins to take on more form and substance, with staffing to support expanded activities. It will also likely result in refinements and wholesale changes to both data collection and the data base used for all quantitative indicators related to process and outcome evaluation.