

# **Birth & Beyond: A Family Support Program**

**Year One Evaluation Report:  
Program Implementation and Immediate Outcomes**

**Submitted to:**

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## **Executive Summary**

The Birth & Beyond program provides comprehensive support services to families with infants in an effort to reduce the burdens and stressors that contribute to child abuse and neglect. The introduction of this program to families throughout Sacramento County represents a major milestone due to the local commitment and investment in primary prevention, both philosophically and programmatically. Birth & Beyond is an extension of home visitation service models that have evolved since the mid-1980s, based on the collective experiences of Hawaii Health Start, Healthy Families America (HFA), and most recently, the California Safe and Healthy Families (Cal-SAHF) program model developed in San Diego. Combining attributes from “best practices” and lessons learned from ongoing research in the area of home visitation, Birth & Beyond provides family support services in the form of home visitation, access to a multi-disciplinary team of professionals (MDT), and a multi-purpose, neighborhood based Family Resource Center for group activities and events.

In 1999 the Family Support Collaborative (FSC) was created in response to a recommendation from the Sacramento County Child Death Review Team to address child abuse and neglect through primary prevention with resources allocated from the Board of Supervisors. The FSC provides oversight to Birth & Beyond with multiple committees and task forces established to address a variety of program needs. The program is administered by Sacramento County Department of Health and Human Services (DHHS) and implemented via contracts with five community based nonprofit organizations at nine sites. The resources to support this program represent a blending of local (DHHS and DHA), state (Office of Child Abuse Prevention), and federal (MediCal) funding plus considerable in-kind support from various county agencies. In addition to shifting the paradigm for addressing child abuse and neglect, Birth & Beyond has already had a dramatic effect on the way various service delivery systems function in Sacramento County from the use of multiple funding sources, to applying principles of collaboration to direct services, to incorporating procedures and practices that enhance overall accountability.

Among the systemic attributes of Birth & Beyond is the integration of program evaluation designed to provide ongoing feedback to program managers, individual site staff, DHHS and its partner agencies, as well as the Board of Supervisors and the Child Death Review Team. DHHS contracted with LPC Consulting Associates to conduct a comprehensive evaluation study that will document program implementation and outcomes. The original evaluation design has been augmented with a logic model conceptualizing the linkages between client needs, program activities, and incremental short and long term outcomes.

Since March 2000 the evaluation team has been providing aggregate and site-specific monthly reports on referral and intake trends, client demographic and socio-economic characteristics, and client presenting issues (e.g., depression, social isolation,

substance abuse). The monthly summaries also provide information on the “dosage” of services in terms of number and duration of home visits, participation in group activities, and intervention by members of the multi-disciplinary team. Given the nature of the program and the relationship between service dosage and outcomes, the outcome data will be reported as increasing numbers of clients participate for at least six months. To date anecdotal reports from Birth & Beyond staff provide reason to believe the positive program outcomes will be forthcoming and reflected in the quantitative data collected for the evaluation. These preliminary outcome findings will become part of the monthly reporting over the next six months.

The evaluation team has worked closely with the FSC, staff of county agencies and subcontractors, and the statewide evaluation team for the ABC/Cal-SAHF initiative funded by OCAP (one of which is in Sacramento County). Through this process it has been possible to use data collection to facilitate both program operations and establish a basis for tracking a variety of targeted outcomes over time. This executive summary provides a review of findings from the first year evaluation, as described in greater detail in a comprehensive report submitted to DHHS and the FSC. Like the full report, the summary describes the program components, the clientele served to date, and the recommendations for the coming year.

## **What is Birth & Beyond?**

Birth & Beyond consists of home visitation, supported by a multi-disciplinary team, and operating from a neighborhood based Family Resource Center (FRC). There are nine Birth & Beyond sites serving residents of Sacramento County who are pregnant or have an infant up to three months of age. Each site has two teams made up of five home visitors, a team leader for each team who provides clinical supervision, a group coordinator, and a multi-disciplinary team (MDT) that consists of a public health nurse, an alcohol and drug treatment specialist, a mental health counselor, a child development professional, a Child Protective Services worker, a CalWORKS specialist, and a Child Abuse Treatment Services specialist. As of June 30, 2000 Birth & Beyond has about 80 percent of its core staff plus about 50 percent of the MDT members. Recruitment challenges and turnover have inhibited the program’s ability to reach full staffing among community providers and within County departments.

Program sites receive referrals from a variety of sources, including health care providers, schools, and individuals who self refer on the basis of program publicity and promotional materials. Many referrals are pregnant, first time and/or teen parents, with multiple issues that define them as “overburdened.” After extensive training for home visitors and team leaders, three of the nine sites began receiving client referrals in late 1999. All nine program sites were fully operational by January 2000.

Program services include home visitation from a trained paraprofessional home visitor, periodic visits and health assessments from the Public Health Nurse, access to the MDT for specialized services, and ongoing support through activities and events to be offered through the FRC associated with each site. This program model is based on the multiple assumptions that new babies provide high motivation to be or become a good parent; that all parents benefit from social support; that parents do not always know how to access care and services for their families; and that providing support that recognizes and capitalizes on family strengths, rather than family deficits, will mitigate the factors that contribute to risk for child abuse and neglect.

## Who Becomes a Client of Birth & Beyond?

Birth & Beyond has received 1,387 referrals through June 30, 2000. The program has a capacity to serve up to 1,350 when fully staffed. The program had engaged 508 client families through the end of June, representing about half of its current capacity.

The profile of the Birth & Beyond client presents the following characteristics:

- . Female (99%)
- . Young (67% under the age of 25)
- . Single (54%)
- . Racial/ethnic minority (32% African American; 30% Hispanic; 6% Asian/Pacific Islander)
- . Less than high school education (47%) or completed high school (34%)
- . First time mothers (37%)
- . Average 2.2 children (except for the first time parents)
- . Reliant on public assistance (45%, when source of income identified)

On the basis of socio-demographic characteristics, the families who have become Birth & Beyond clients suggest a high need for social support, access to resources, and lack of parenting experience.

Beginning at intake new clients complete a series of screening measures to identify potential areas of risk. These areas include indices of social support, parenting skills, domestic violence, depression, alcohol abuse, and drug use, all of which are based on client self reporting in structured questionnaires. Preliminary findings suggest that Birth & Beyond clients have issues in all of these areas at the following rates:

- . 61-75% have parenting issues (e.g., inappropriate expectations of children; strong belief in corporal punishment)
- . 52% show signs of depression
- . 24% lack adequate social support
- . 23% presented moderate to severe risk for domestic violence

- . 10% presented drug abuse issues
- . 3% presented alcohol abuse issues

These issues and the socio-demographic profile suggest numerous areas of support for Birth & Beyond families, all of which can be addressed through home visitation, the MDT, and the Family Resource Center. Among the roles of the home visitor are establishing a trusting relationship with the client, providing social support, linking her and her family members to needed resources, and working with her to develop a plan that will address ongoing needs over the short and long term.

### **What Services Has Birth & Beyond Provided To Date?**

The core service provided by Birth & Beyond during the first six months of operation has been home visitation with growing support from the MDT. Record keeping on home visitation indicates that over 2,500 home visits had been logged through the end of June. The average number of home visits per family per month is 2.2, which is consistent with findings from the Healthy Families America home visitation program network throughout the country. Birth & Beyond home visitors spend over an hour (65 minutes) visiting their client families on the average.

Home visitors and team leaders are meeting with their respective MDTs to augment the services available to families. Public Health Nurses are making home visits within the first few weeks of a family becoming a client, and other specialists are consulted during weekly team meetings. These specialists may also provide direct service or suggest referrals to their colleagues, as required.

Family Resource Centers were beginning to schedule activities and events with increasing frequency as the first year report was being drafted. Among the services that will be added into the data base for future reporting are family health assessments, MDT input and involvement with each case, and group activities and client participation at the Family Resource Centers.

### **What are the Recommendations from Findings To Date?**

The first year of Birth & Beyond consisted of equal shares of administrative start up activity and program implementation across nine sites. The first six months represented a robust period of administrative start up consisting of contracting with community based organizations; staffing the program with 18 team leaders, 90 home visitors, and nine group coordinators; getting all staff through the mandated 40-hour ABC/Cal-SAHF training, the HFA training, and AmeriCorps training for that cadre of home visitors; conducting outreach and community awareness to stimulate referrals to the program;

learning to work as a collaborative; staffing up the MDTs through agreements across and within county departments; and continuing to refine practices at all levels from the line staff work through the contract evaluation team.

The second six months represented the first time a prevention program of this scale has been introduced into the service delivery landscape of Sacramento County. With six months of active program operation the first annual report provides an opportunity for both celebration and reflection. Both collaboration and an integrated evaluation study have yielded many lessons and provided direction for the near future. The core recommendations for year two of Birth & Beyond are summarized below.

*Expand outreach and community education to engage health care delivery systems, and other large service providers, such as school based Healthy Start.*

*Complete recruitment, hiring, and training for staff on all teams. Learn what contributes to staff retention and reasons staff leave, in order to mitigate staff turnover. Relax training requirements to permit latitude for team leaders assigning case work to new home visitors prior to completing “mandated” training.*

*Each program site should have a fully staffed MDT by September 30, 2000, beginning with the Public Health Nurse and the specialists for mental health and child development. The CalWORKS Specialist may be delayed due to less urgency for client families, and current caseload demands for DHA staff.*

*Program managers from the five providers must demonstrate more consistent support of the teams, and specifically the team leaders under their supervision.*

*Provide home visitors (and other staff with direct client contact) with a “tool box” of materials and information to share with families that relate directly with the targeted outcomes of Birth & Beyond.*

*Develop and/or participate in neighborhood based collaboratives through increased community development activities.*

This program has introduced a major paradigm shift for addressing child abuse and neglect in Sacramento County and will continue to apply both best practices and lessons learned as it evolves and achieves full capacity in year two.