

**BIRTH & BEYOND HOME VISITATION
PROGRAM
NURTURING PARENTING PROGRAM
CHILD PROTECTIVE SERVICES**

Outcomes Report

July 2010 through June 2013

Submitted to:
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Executive Summary

For the last 13 years, the annual evaluation of the Birth & Beyond Program has featured a follow up study of referrals to Sacramento County Child Protective Services (CPS) to ascertain the potential risk reduction associated with home visitation services for some of Sacramento County's most vulnerable children. The ongoing evaluation study compares referrals to CPS prior to and following participation in home visitation. This report provides CPS outcome findings for families served between July 1, 2010 through June 30, 2013. During that three-year time period, Birth & Beyond served 4,600 home visitation families and 9,752 children. At the close of FY2012/13, 2,357 families had either left the program or were still receiving services. The findings presented herein are based on a cohort of 1,943 families elected for the CPS follow up study during this reporting period.¹ The families in this study have a total of 4,354 children.

With funding from First 5 Sacramento, in FY2010/11 Birth & Beyond introduced the Nurturing Parenting Program (NPP). This evidence-based program promotes positive parenting and measures changes in parenting knowledge, attitudes and behaviors in comparisons of scores on the Adult-Adolescent Parenting Inventory (AAPI). The First 5 funding supports staff training to insure fidelity to the NPP model, among home visitors and parenting class facilitators. The emphasis on "parenting education" is in direct response to the needs of the families served over the last 10 years of Birth & Beyond experience, to mitigate risks for child abuse and/or neglect. The NPP has been fully integrated in all home visitation services. This year the CPS follow up study includes an examination of CPS outcomes in the context of the number of NPP lessons received, and a summary of changes in AAPI scores as they relate to CPS outcomes.

The findings for the most recent three-year funding period echo key outcome findings from prior years, as follows:

Demographic and Socio-Economic Characteristics

- The clients in the study cohort were primarily women (98%), two-thirds of whom were under the age of 30; 12 percent were under the age of 20.
- Almost half of these clients were Hispanic (46%), followed by African American (22%), Caucasian (14%) and a variety of Asian, Southeast Asian, Slavic, and other ethnic populations (18%).
- Almost half speak a language other than English at home.
- Nearly half (45%) were single parents.
- On average families had 2.2 children, 71% of whom were aged 0-5 (including pregnancies);
- More than two thirds of these families receive one or more forms of financial assistance, from WIC (70%), food stamps (55%), TANF (38%), and a variety of other sources (20%). Only 29 percent claimed to have income from employment.
- One third of these parent clients had completed high school or acquired their GED (33%); another third (35%) had less than a high school diploma.

Prior History with CPS

- More than half (52%) of all families in the study cohort had history of at least one CPS referral²; this is a substantial increase compared to about 33 percent in prior years (2001/02 through 2008/09).

¹ The CPS follow up cohort included closed cases for families with at least 90 days, 6 visits, and 300 minutes of direct home visitation service.

² "Referrals" include all reports to CPS as defined by the CWS/CMS data system, regardless of the disposition or outcome.

- Slightly more than half of all families with any CPS referral history had pre-program referrals to CPS that had been substantiated (28% of full sample, 54% of the families with any CPS referrals).³

CPS Outcomes, Post-Program

- The percent of families with referrals to CPS declined from 52% pre-program to 16% post-program, a drop of 70%.
- The percent of families closed for at least one year with referrals to CPS declined from 50% pre-program to 18% post-program, a drop of 64%.
- The percentage of families with substantiated CPS reports declined from 28% pre-program to 4% post-program, a drop of 88%.
- The percentage of families closed for at least one year with substantiated CPS reports declined from 27% pre-program to 4% post-program, a drop of 85%.
- The rate of referral to CPS declines dramatically from pre-program (52%), to the time during program services (20%), and continued to decline after families leave Birth & Beyond home visiting services (16%).
- Among the 934 families who entered the Birth & Beyond home visiting program with no prior CPS involvement (48% of study cohort), less than 1% had a substantiated report to CPS one year post-program.
- Rates of change for teen parents and for parents with substantiated reports of abuse and/or neglect when they were children are even more dramatic (from 41% pre-program to 3% post-program for teens; from 64% to 7% for parents abused as minors).
- Higher levels of NPP lessons correspond with lower levels of referral to CPS post-program.

CPS Follow up Study Limitations⁴

- There is no control group due to the inherent risk to children and families if services were denied due to random assignment;
- Three quarters (75%) of the CPS history pre-program occurred within two years of enrollment in Birth & Beyond, and nearly two thirds (64%) occurred within one year of enrollment; pre-program history was mostly recent.
- CPS history that was older than 2 years was partly attributed to parents who had been abused or neglected as children; there are differing opinions of the merit of including this history if it is the only record with CPS;
- Nearly two-thirds of the post-program CPS reports (n=68 for substantiated only) occurred within six months of closure, suggesting the greatest risk of recidivism is almost immediate.

Participation in the NPP, AAPI Scores, and CPS Outcomes (Immediate, Intermediate and Long Term outcomes)

- As the number of NPP lessons completed increases, there is a corresponding improvement in CPS outcomes;
- The positive changes and improvements in AAPI scores, from pre- to post-test, correspond with improved CPS outcomes;
- The greatest margin of improvement between pre- and post-test AAPIs is for the Treatment group, for all five parenting constructs; and

³ A “substantiated” referral is the most serious disposition category to which CPS responds directly.

⁴ A more detailed explanation of the study limitations is in Appendix A, on pages 30 and 31.

- The percentage of NPP participants with *no* CPS involvement post-program improves dramatically in concert with improvements in the AAPI scores, regardless of whether it was for the Treatment, Intervention, or Prevention groups (from 38 to 79%; from 51 to 85%; and from 51 to 88%, respectively).

Program Services

- On average, the Birth & Beyond clients served in this cohort had 23 face-to-face visits with their home visitor, for a total of 30 hours of direct service, over a period of about 11 months (324 days).
- On average, this cohort of clients had completed 18 NPP lessons and attended as many as seven (7) classes at the Family Resource Center.
- Almost half (47%) of these families had closed because they had “completed the program” and the remaining 53% had closed for a variety of reasons including moving out of the area, declined further services, loss of contact, chronic stressors, or loss of eligibility. Relatively few (11%) left Birth & Beyond because they became a new CPS case.

In summary, the population served by the Birth & Beyond home visiting program is at considerable risk for child abuse and/or neglect, by virtue of socio-economic stressors, limited access to support and examples of positive parenting, and history with CPS prior to enrolling in the program. The families at the greatest risk who are least likely to have any referrals to CPS after they leave the Birth & Beyond Program have had nearly one year of home visiting support, are participating in the NPP parenting education program, and are attending classes at the Family Resource Centers. The most vulnerable parents, teens and mothers whose own childhood included abuse and/or neglect, present the greatest shift in post-program referrals, with very few that result in a substantiated disposition (3% and 7%, respectively). The Birth & Beyond Program provides a stable, neighborhood-based resource, in combination with strength-based support and direct service that reinforce good parenting and establishes a network of ongoing support for families most at risk for child abuse and/or neglect.

Section 1: Introduction to Outcomes Study for the Birth & Beyond Program

Since its inception in 2000 the Birth & Beyond Program⁵ has included an ongoing evaluation study, featuring a host of outcomes derived from logic models developed in the start up phase of the program. Although selected immediate and intermediate outcomes have changed somewhat over the last 13 years, the long term outcome “to reduce child abuse and/or neglect” has remained a constant. There have been shifts in program content, most often related to parenting education approaches and/or curricula, as well as funder priorities. All program services focus on evidence based practices that reduce the risk for child abuse and/or neglect. Central to the ongoing evaluation is an annual assessment of reports to Sacramento County’s Child Protective Services (CPS) for families who have received home visitation services, which is the most family-specific and individualized service component of the Program. This report is based on a CPS follow up study for the time period July 1, 2010 through June 30, 2013, corresponding to the most recent three-year funding from First 5 Sacramento.

First 5 Sacramento provides funding to the Child Abuse Prevention Council of Sacramento, Inc. (CAPC) as the lead entity for the Family Support Collaborative (FSC) to support the administration of the Birth & Beyond Program. The FSC is comprised of seven community-based non-profit agencies CAPC, Folsom Cordova Community Partnership, La Familia Counseling Center, Mutual Assistance Network, River Oak Center for Children, Sacramento Children’s Home and WellSpace Health. The target population for services includes families expecting babies, or with children ages 0-5 years old residing in Sacramento County. Services are provided through eight Family Resource Centers nestled in eight culturally and linguistically diverse high need communities throughout Sacramento County where risk for child abuse and/or neglect is concentrated. The core program components are home visitation and parenting education, using evidence based curricula, and crisis intervention services for families as needed. The staffing includes a team at each Center, with up to eight home visitors, a team leader, a program manager, a crisis intervention specialist, a family resource center coordinator, and a multi-disciplinary team of professionals from county substance abuse treatment, mental health, child protective services, and welfare. In addition to contracting with six nonprofit service providers to staff each Family Resource Center, CAPC provides training for new staff, hosts ongoing staff development training, administers an AmeriCorps contract to provide members at each site, manages and staffs the FSC Birth & Beyond partnership, and contracts with a third party evaluation contractor to maintain and implement on ongoing evaluation study. The evaluation contractor has been LPC Consulting Associates, Inc. since 2000. The evaluation design, data collection tools, and the database have adapted to program changes over the last 13 years. In addition LPC staff has played an instrumental role in reporting Birth & Beyond Program data to funders, most prominently First 5 Sacramento and CaliforniaVolunteers (e.g., AmeriCorps).

The 2010-2013 Outcomes Study for the Birth & Beyond Program has retained the same methodology used each year, with variations and enhancements as resources permitted. At its core the Outcomes Study includes the following:

- A sample selection criteria that includes a program timeframe (usually coinciding with funding cycles), for families who have been closed and received a minimum of six home visits (also, at least 300 minutes of direct service within 90 days);

⁵ The program name has evolved through many variations, simplified for the purpose of this report to the Birth & Beyond Program.

- A matching process to identify families from the Birth & Beyond Program sample who have any record with CPS; Collection of CPS referral data for each family in the study sample, including date of referral and disposition: substantiated, inconclusive, unfounded/pending/unknown; and
- Analysis of CPS referrals to ascertain the rate at which Birth & Beyond families have history with CPS prior to program entry, as well as new referrals since intake (during and post-program closure).

A detailed description of the CPS Follow Up Study methodology is in Appendix A.

This report presents findings for the families who received home visitation services during the First 5 funding period from July 1, 2010 through June 30, 2013, and were closed during that time period. These families received at least 90 days of service, with 6 home visits totaling at least 300 minutes of direct contact with their home visitor. The analysis of outcome findings compares CPS involvement pre- and post-program, with an examination of dosage of parenting education lessons and outcomes for specific sub-groups within the study sample.⁶

The report presents a brief assessment of the characteristics of the Birth & Beyond families in the study sample, to illustrate factors that put them at risk for child abuse and/or neglect (Section 2). It also presents outcome findings from the CPS follow up, featuring the CPS status of families pre- and post-intake to the home visiting program (Section 3). The outcomes analysis examines the outcomes for the entire study sample, as well as subpopulations like teen parents and parents who had history of child abuse and/or neglect when they were child victims. Sections 4 and 5 examines the relationship between the severity of CPS outcomes and the duration and intensity of services, focusing on home visitation and the Nurturing Parenting Program (NPP), an evidence based curricula for parenting education . The report closes with conclusions and recommendations based on the findings for this three-year period (Section 6).

⁶ The follow up study did not include a quasi-comparison group. Past studies have included a comparison with families who entered the Birth & Beyond home visitation program, and then left the program before acquiring the minimum dosage of direct service. This year there were 414 families who may have been considered for inclusion in a quasi-comparison group. However, the characteristics of this group of families differed from the treatment cohort (n=1,943) on key factors that distinguished them as different populations.

Section 2: Description of Birth & Beyond Program Families in Outcomes Study

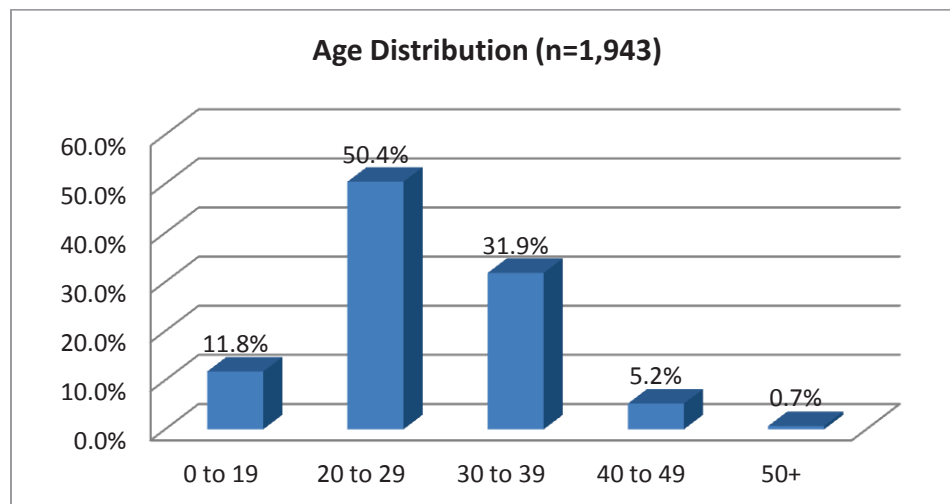
For this report, the time period for the follow up study was July 1, 2010 through June 30, 2013. The study cohort selection began with the universe of all 4,600 families served by the Birth & Beyond home visiting program component at least one day during FY 2010/11 through FY 2012/13. There were 1,943 families who became closed cases during the study timeframe, and who also met the minimum service dosage criteria for selection to the CPS follow up sample. The findings are presented for ALL 1,943 families who met the minimum service criteria, who CLOSED out of the program in FY 2010/11-2012/13. The demographic and socio-economic characteristics of those families present a profile of potential factors that put children at risk for child abuse and/or neglect.

2.1 Demographic Characteristics for Total CPS Follow Up Sample

There were 1,943⁷ families who met the criteria to be selected for inclusion in the 2012/13 CPS Follow Up Study. These are families who were served at least one day between July 1, 2010 and June 30, 2013; who had at least 90 days of service from the date of intake, plus 6 or more face-to-face visits, plus 300 or more minutes (5 hours) of direct service. This was considered the minimum dosage of home visitation case management service that would likely result in a benefit to the family. The average dosage for the study cohort was considerably higher than the minimum, with 324 days of service, 23 face to face visits, and 1,799 minutes of contact with a home visitor. Thus, on average most families in the study sample received home visiting support services for nearly one year, with about 2.5 hours of direct service per month.

For the full sample of 1,943 families, nearly all (98%) of the primary caretakers were female; 2 percent were males. The following charts and graphs (Figures 1-4) illustrate additional characteristics of these families, based on the primary caretaker client. Consistent with the population targeted for the Birth & Beyond home visiting program, more than three quarters (82%) of clients in the CPS follow up sample were of child-bearing age, either between 20 and 29 years of age (50%) or between 30 and 39 years of age (32%). Relatively few were either teen parents or older adults (12% and 6%, respectively).

Figure 1: Age Ranges for CPS Follow Up Sample

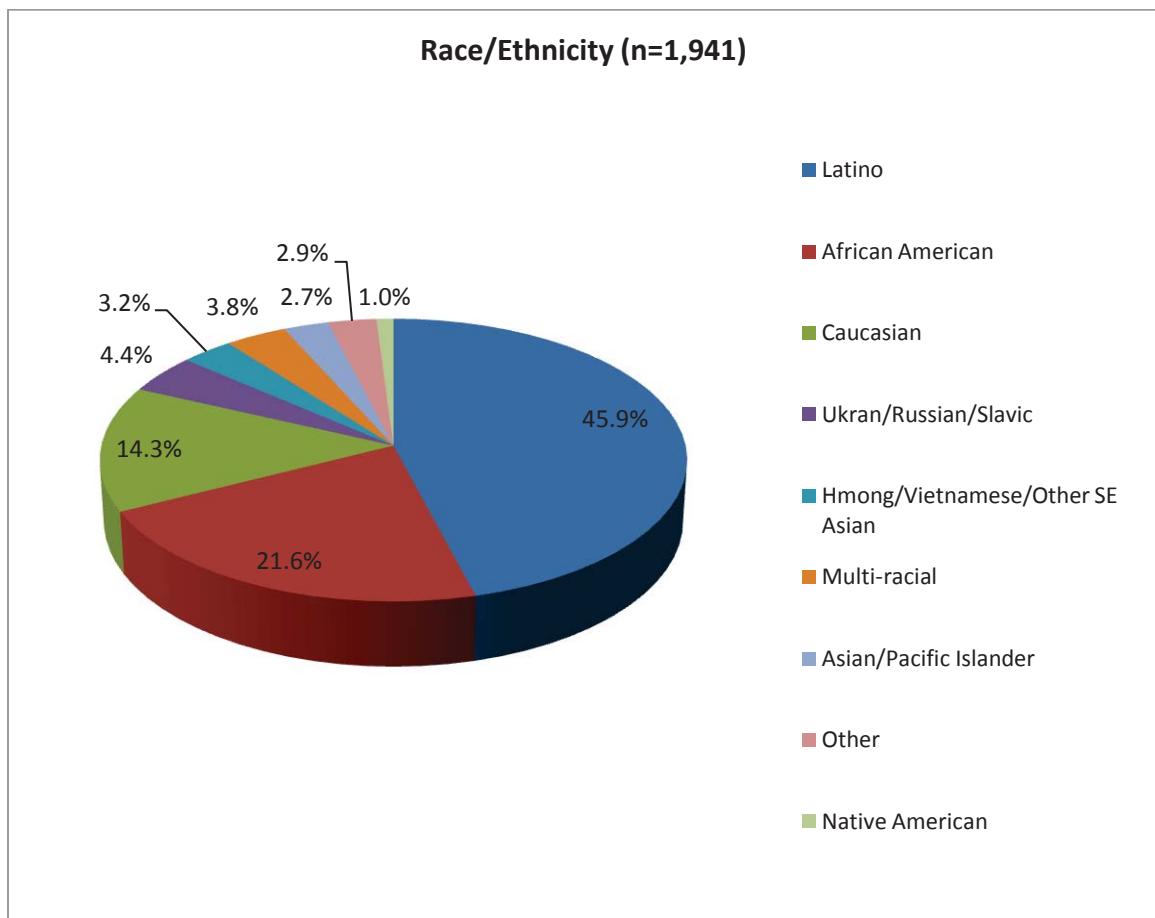


⁷In all graphs the values for “n” vary due to the elimination of missing data from the denominator for each calculation.

All families in the home visiting program have at least one child age 0-5, including pregnancies. The 1,943 families represented in the CPS follow up study sample account for 4,354 children, averaging 2.2 per household. While nearly three quarters (71%) of all of these children were aged 0-5, as many as half (49%) were under the age of two (2). Another 13 percent were aged 6-8, with declining representation for older children.

Figure 2 shows the diversity of the population in the CPS follow up sample, reflecting the overall diversity of the communities served and the population of families who enroll in Birth & Beyond services at the Family Resource Centers. For the home visiting services, Latino caregivers are the largest racial/ethnic group represented accounting for nearly half (46%) of all clients served. African American parents or caregivers account for the second largest group (22%) followed by Caucasians (14%). In addition, though accounting for less than 10 percent each, the remaining 20 percent of the parents/caretakers include a mix of Slavic, Asian, Southeast Asian, Pacific Islander, Native American, and multi-racial clients. In general, compared to Sacramento County minority populations are overrepresented in the Birth & Beyond Program, as reflected in the study cohort.

Figure 2: CPS Follow Up Sample Representation by Race/Ethnicity



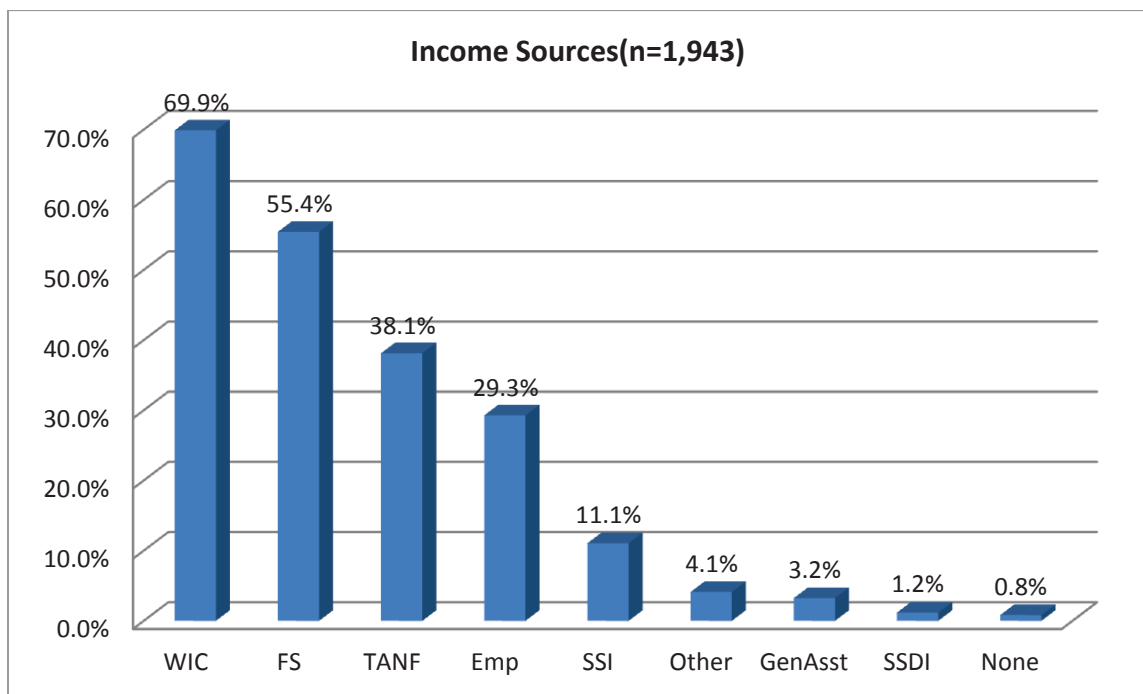
Related to the racial/ethnic diversity of the CPS follow up sample, 43% of these participants claim a language other than English as the primary language spoken at home. Spanish is the dominant alternative language (34%), followed by Russian (4%), Hmong (2%), and a variety of other languages reflecting the overall diversity of the population shown in Figure 2. The Birth & Beyond Program has consistently responded to the language

needs of its clientele at each site, with staffing to accommodate families and caregivers whose primary language is not English.

Education and employment are two other factors that help describe the population in Birth & Beyond, and the CPS follow up sample. Figures 3 and 4 show how Birth & Beyond families are at a disadvantage on most economic indicators, showing a high dependency on public assistance and limited options for employment that pays well. Because education is so closely related to employability and financial stability, these limitations raise the risk of economic hardship for families, a known stressor for family violence and neglect.

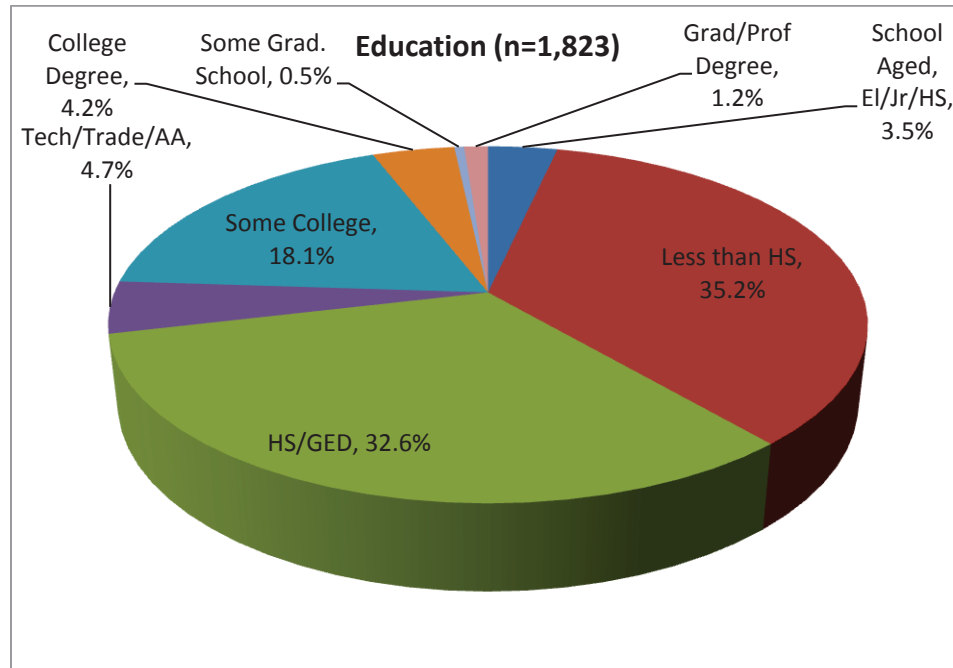
Relatively few of the parents/caregivers in the CPS follow up sample claimed earned wages among their sources of income (29%). In contrast, two thirds (70%) rely on WIC, about half (55%) rely on food stamps, and more than one third (38%) rely on TANF. These rates also reflect the reliance on multiple forms of public assistance for many families. Though in the minority, some client families rely on other sources or claim no income. The income data indicate that the families are likely under stress financially, either month to month or chronically, due to limited income. The Birth & Beyond Program attracts families with financial limitations, if only to help them access other resources that they are entitled to receive, or to provide linkages to these and other sources of support or financial assistance.

Figure 3: Income Sources for CPS Follow Up Sample



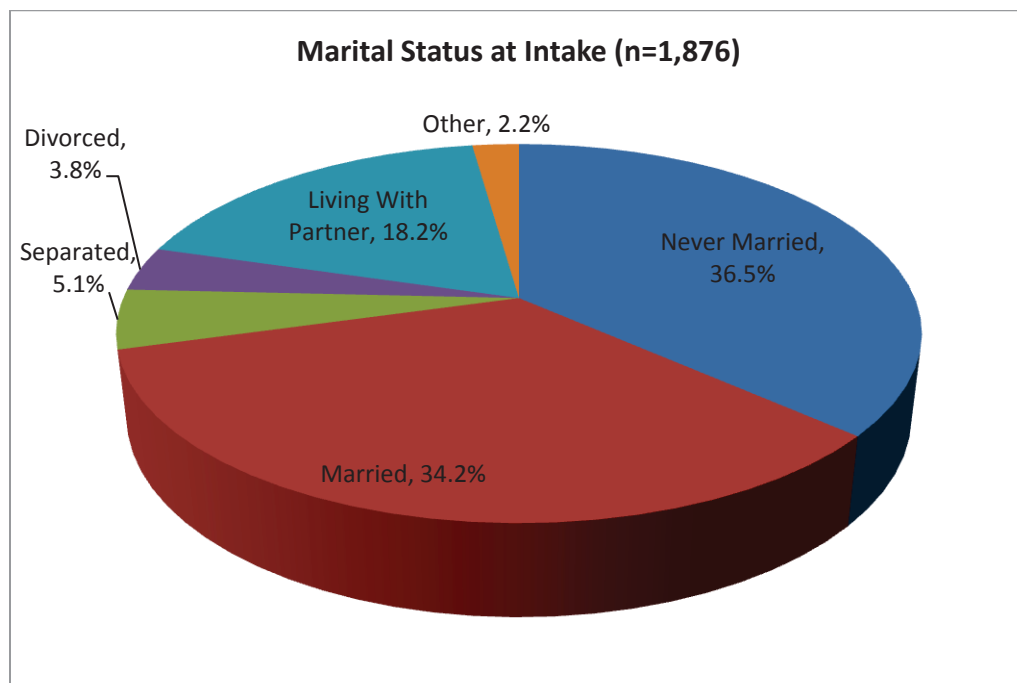
To compound the potential for financial insecurity, the population served by the Birth & Beyond Program has a relatively low education level, as shown in Figure 4. More than two thirds (71%) have either less than a high school education (35%) or have achieved completion of 12th grade or satisfied their GED requirement (33%). A few (4%) are still in school and the remainder have completed additional schooling beyond high school. For the most part these parents/caretakers have more limited prospects in the labor market, which will keep them in low earning jobs and more reliant on other forms of assistance to make ends meet.

Figure 4: Level of Education for CPS Follow Up Sample



Finally, in addition to socio-economic factors that contribute to risk for child abuse and/or neglect, many of the families served by the Birth & Beyond home visiting program are parenting alone. Figure 5 presents data on marital status at the time of intake. Single parenting compounds other stressors, when fathers are not present and/or boyfriends come and go, and even when families live with grandparents. Financial stability, transiency, and conflict over approaches to parenting are all exacerbated in a single parent household.

Figure 5: Parental Relationships and Sources of Support



If we assume that marriage provides the most stable family constellation for parenting, then that is the status that provides the greatest resiliency for risk of abuse and/or neglect. Though this alone does not describe the quality of the relationship or parenting, it is an indicator of stability and potential for increased financial well being. Most of the Birth & Beyond home visiting clients were single, either never married (37%), separated (5%), or divorced. Even the 18 percent who reported they were living with their partner, are at undetermined risk for child abuse and/or neglect. Marital status data suggests most Birth & Beyond clients are parenting alone with all of the associated stress, isolation, and risk for financial instability.

Even the most basic socio-demographic data suggests that the families who enroll in Birth & Beyond's home visiting are the very families targeted for family support services provided by the program. Most have low educational achievement, are heavily dependent on public assistance and other limited income sources, and are primarily single heads of household. In addition, many are young parents with language and cultural barriers that may impede their capacity to access services to meet basic needs. The following section presents data on their relative risk for being referred to CPS for allegations of abuse and/or neglect, compounding the potential for recurring referrals due to social isolation, unmet needs, and elevated stress.

2.2 Severity of CPS Ratings for Study Cohort, Full Sample and Closed Cases

For all 1,943 families served at least 3 months in FY 2010-2013, more than half (52%, or 1,009) had some history with CPS prior to enrollment in the Birth & Beyond home visiting component; more than half (54%) of those with *any* CPS history included at least one substantiated referral (28% of all enrollees). This is an increase over prior years (2000-2008) when approximately one third⁸ of families served had any prior involvement with CPS. Thus, the current families referred to Birth & Beyond home visitation are far more likely to enter the program with increased risk related to allegations of child abuse and/or neglect. This trend toward a higher risk population in Birth & Beyond was a byproduct of the Child Welfare System (CWS) Redesign (which occurred between 2004 and 2006), when Differential Response practices further advanced a working partnership between CPS and Birth & Beyond, and referrals from CPS to Birth & Beyond increased. Beginning in about 2005 CPS began referring more families to community resources when the risk factors did not meet the threshold for CPS intervention, or when additional support services were advised upon closure from CPS. This practice has remained an increasingly important component of a continuum of prevention, intervention, and treatment services to address child abuse and/or neglect in years of severely reduced CPS capacity during the economic recession.

In summary, the study cohort includes 1,943 families who became closed cases between FY 2010/11 and FY 2012/13. Consistent with the population targeted for home visitation services, the study sample reflected young parents, many of whom were raising their children as single parents, who relied on public assistance and other social services, and whose educational achievement limited their prospects for steady, living wage employment. The closed cases included families whose CPS involvement was relatively recent, within one (64%) or two years (75%) prior to enrolling in Birth & Beyond home visitation; for those whose CPS involvement was older, 3 years or more pre-program (21%), most of those incidents showed the Birth & Beyond client was the victim when they were a minor. The Birth & Beyond Program is not only reaching the intended target population, but the program content and approach provide opportunities to decrease social isolation, to increase access to family support resources, and to learn about child development and parenting, all of which are designed to mitigate risk for child abuse and/or neglect.

⁸ In the first 8 years of operation, the rate of pre-Birth & Beyond CPS involvement was 33-36%, depending on year of the CPS follow up study.

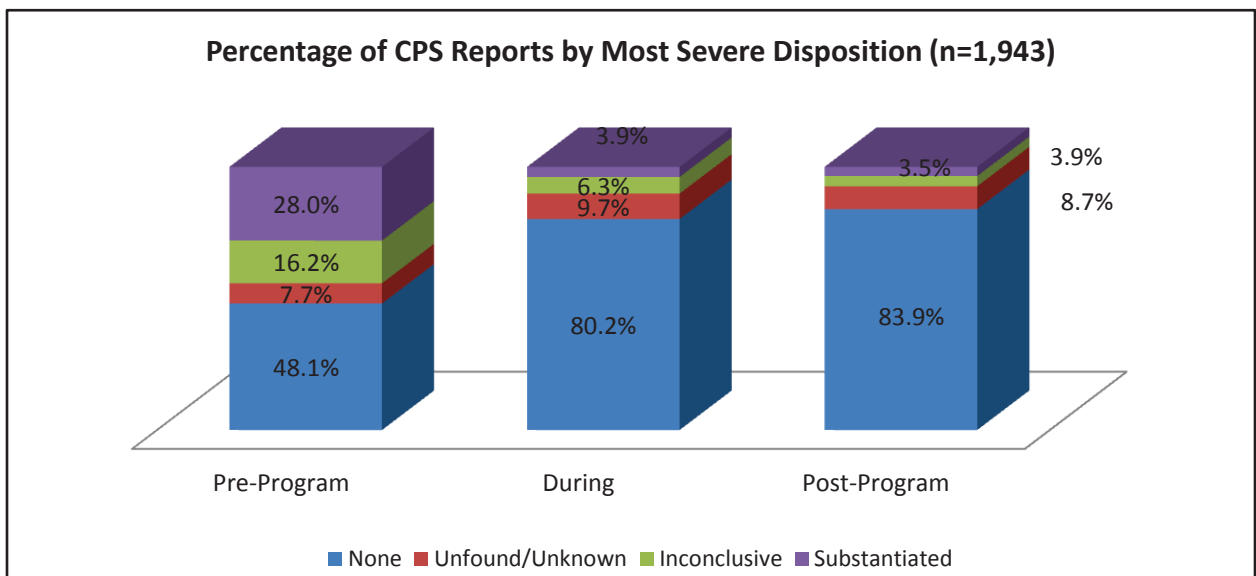
Section 3: Comparison of Pre- and Post-Home Visiting CPS Reports

The CPS follow up study compares referrals and dispositions for Birth & Beyond families pre-, during, and post-program for 1,943 closed cases. Among the CPS follow up sample of 1,943 families, nearly 21 percent had been out of the program for less than six months; another 9 percent had been out 7-9 months, and 12 percent had been out 10-12 months. There were sixty-eight CPS referrals post-program that resulted in a substantiated disposition, 24 of which had occurred within the first 3 months after closure; and 21 occurred 4-6 months post-program. This section of the report on client outcomes is based on the most recent cycle of First 5 funding.

3.1 CPS Outcomes for All Birth & Beyond Closed Families⁹

For the 1,943 families who had closed their home visiting services with Birth & Beyond between FY2010/11 and FY 2012/13, Figure 8 presents the rates of CPS reporting pre-, during, and post-program. Importantly, the rate for no CPS reporting increased from 48 percent pre-program to 80 percent while families were still enrolled in services, and increasing even slightly higher to 84 percent after they leave home visiting. Among the 934 families who had no CPS involvement prior to Birth & Beyond, fewer than 1 percent had a substantiated CPS disposition after leaving the program; this rate was consistent for families out of the program for at least one year, as well as those out for 1- 12 months. Even more importantly, the rate of substantiated reports declined from 28 percent pre-program to 4 percent during program participation (3.9%) and remained at about 4 percent (3.5%) post-program.

Figure 8: CPS Outcomes for Families Closed in FY 2010-2013



Conversely, the rate of CPS involvement (e.g., all referrals and dispositions) declined from 52 percent pre-program to 20 percent during program participation, and even further to 16 percent post-program. The rate of CPS reporting declined by 62 percent from pre- to during, and by 69 percent from pre- to post-program. By the

⁹ All reported CPS incidents, pre- and post-program, reflect referrals and dispositions for the parent or caretaker. Though more than one child may have been in the CPS record, we simplified the data collection and analysis by just recording a single incident rather than the number of children involved.

time the family left the Birth & Beyond home visiting program there were still fewer referrals to CPS for suspected child abuse and/or neglect. Altogether 16 percent of the closed cases had new referrals to CPS after they left the home visiting program, and the majority of those were unfounded or inconclusive; only 4 percent were substantiated.

The CPS outcomes for 1,132 clients closed for at least one year are also very positive. Their rates declined by 64 percent, from 50 percent with any pre CPS record to 18 percent post program. Clients with substantiated reports decreased 85 percent, from 27 percent to four percent.

Because home visiting affords increased opportunity for home visitors¹⁰ to observe a household or family risk factors for abuse and/or neglect, one might expect a relatively high rate of referral simply due to increased surveillance while families are receiving in-home services. Contrary to this expectation the rate of referrals declined dramatically and the rate of substantiated dispositions during program participation was lower than either inconclusive or unfounded referrals.

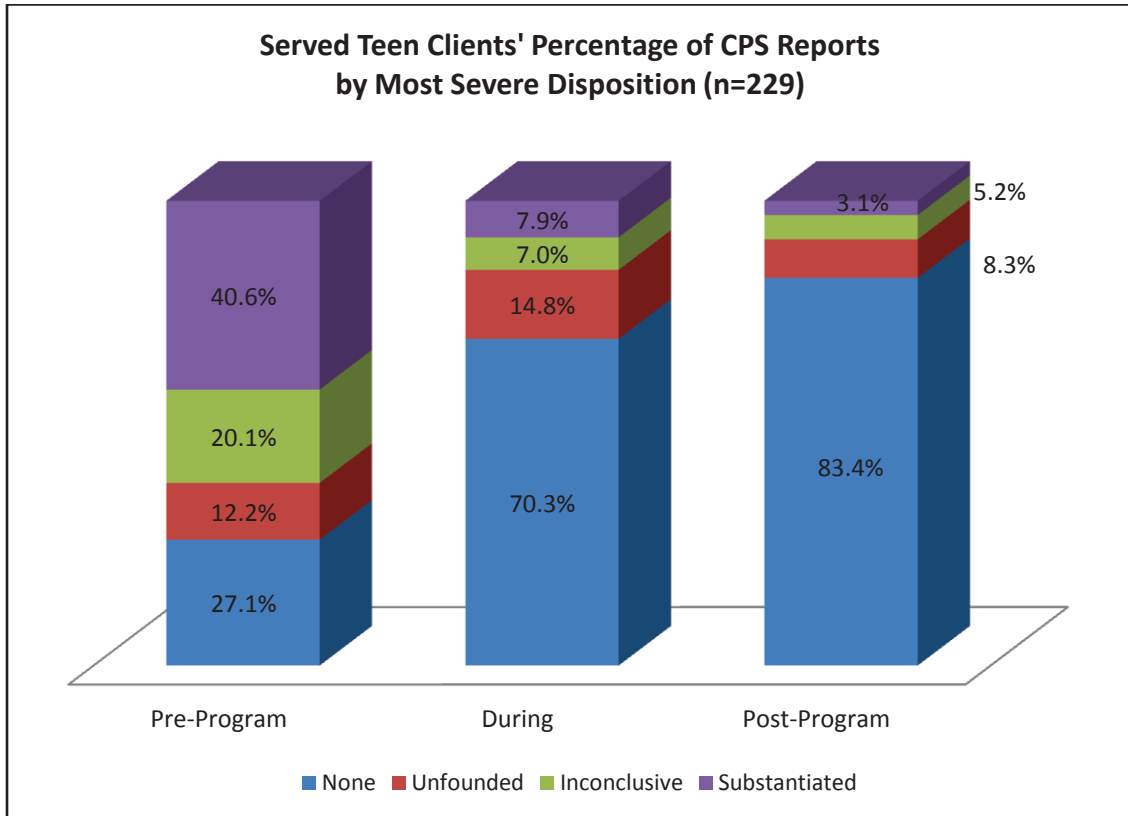
To summarize, Figure 8 also illustrates the rate of reduction for all referrals to CPS for these families. At intake more than half (52%) of all families had referral history with CPS. The most critical measure of child abuse and/or neglect is the rate of referrals that resulted in substantiated dispositions, which declined from 28 percent pre-program to 4 percent during and post-program. The substantiated reports reflect the cases where CPS responds formally, when the referral has provided an opportunity to intervene with child abuse and/or neglect. The following sections address additional findings from the CPS follow up data analysis.

3.2 CPS Referrals and Outcomes for Teen Parents

One population that is at elevated risk for child abuse and/or neglect is the most inexperienced group of parents, who are also the youngest in the study cohort. Figure 9 presents data on a subgroup of 229 parents under 20 years of age who were served by Birth & Beyond home visiting program in FY 2010/11-2012/13. This group is particularly high risk for child abuse and/or neglect because of age, immaturity, and lack of experience with positive parenting. In fact, nearly three quarters (73%) of these young parents had referral history with CPS, mostly a function of referrals when they were children and there was an allegation for abuse and/or neglect by their parent or caretaker. Most were first time parents so CPS history was based on records reflecting their childhood abuse and/or neglect. Forty percent of teen parents with pre-program referrals had one or more substantiated referral.

¹⁰ All Birth & Beyond home visitors are mandated to report suspicion of child abuse and/or neglect, based on the training provided by the program.

Figure 9: CPS Outcomes for Teen Parents, Closed Cases



The rate of referrals for the subpopulation of closed teens during participation in Birth & Beyond home visiting declined to 30 percent, only 8 percent of which were substantiated. After completing the program, 17 percent had referrals to CPS, only 3 percent of which were substantiated. This population is particularly vulnerable for continuing the parenting practices they experienced, having learned parenting from their own caregivers or parent(s). The enormous reduction in CPS referral activity and the decline in substantiated reports hold promise that the intervention provided by Birth & Beyond reinforces positive parenting education and responsible parenting practices.

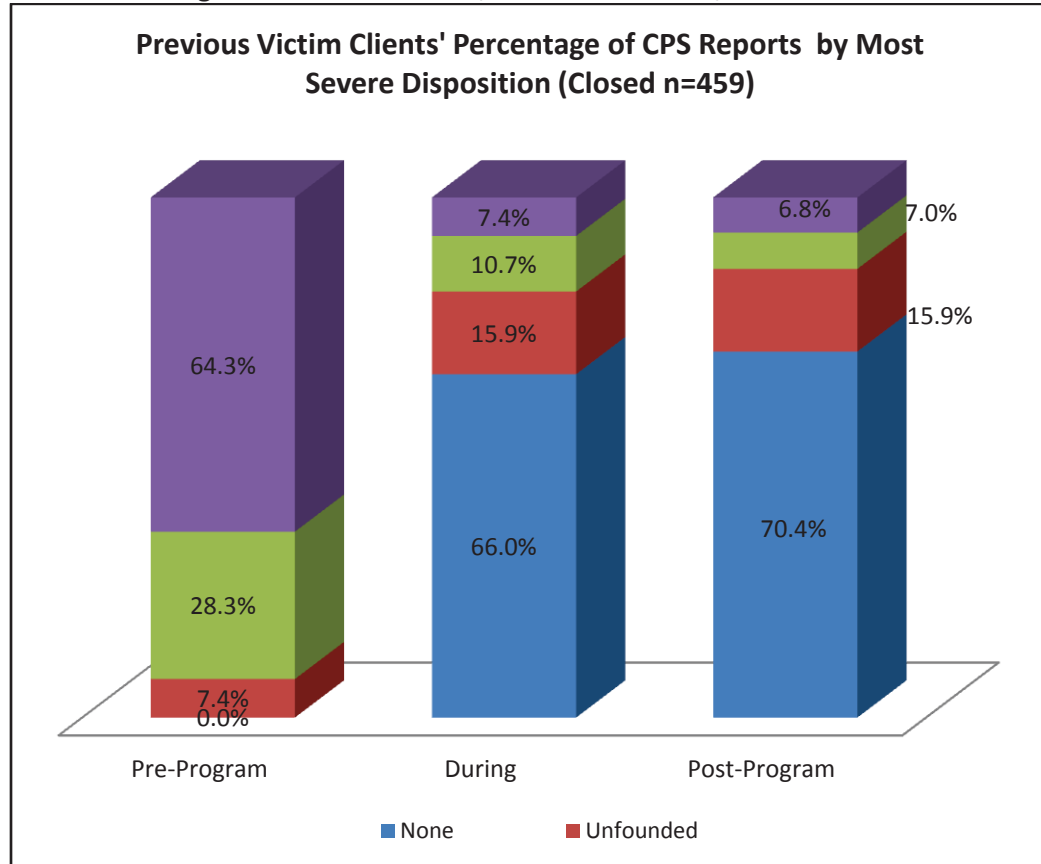
3.4 CPS Outcomes for Parents Who Were Also Victims

Out of all 1,943 families who were included in the CPS follow up study, 24 percent (459) had records with CPS when they were victims of abuse and/or neglect in their own childhood. This group included young parents, teens and older, whose CPS record revealed they had been victims of abuse and/or neglect when they were minors. Figure 10 presents a summary of the CPS referrals pre-, during, and post-program for these clients. For these young parents who had been victims as children, the risk of repeating abuse and/or neglect with their own children was presumed to be higher. Parenting is learned behavior, derived from our own upbringing. Similarly, evidence-based parenting education provides alternatives to depart from parenting behaviors that put them at risk for abuse and/or neglect.

A breakout of the pre-program CPS data shows that 64 percent (295) of these victims had at least one substantiated report to CPS when they were children. Among those with substantiated history, 83 percent had no substantiated referrals to CPS during program participation (if closed) and 93 percent had no substantiated

reports post-program. These parents are the most likely to subject their own children to risk for child abuse and/or neglect, having been victims themselves. With participation in the Birth & Beyond home visiting program with its parenting education component, these are also the parents for whom the positive parenting changes are most immediate and compelling.

Figure 10: CPS Outcomes, Parents as Victims, Closed Cases



3.5 Summary of General CPS Outcome Findings

The findings from the most recent follow up study retain many similarities with findings from prior years. Since 2008, about half of the families who enroll in Birth & Beyond home visiting services come with history of some level of involvement with CPS prior to program entry. The rate at which they have reduced referrals to CPS and reduced substantiated dispositions, declines both during program services and following case closure. Reduced CPS outcomes were particularly pronounced for teen parents and for parents who had history with CPS when they were child victims, both of which are at somewhat higher risk for child abuse and/or neglect with their children.

Section 4: CPS Severity, Parenting Education, and Post-Program CPS Recidivism

This section presents a summary of CPS outcomes findings by examining both the pre-program CPS involvement in greater detail and depth, as well as the “dosage” of lessons provided via the Nurturing Parenting Program (NPP). Each of these additional analyses presents more information about the level of risk for recurring referrals to CPS, in combination with the program response to risk with deeper levels of parenting education through the NPP curriculum. In both instances the analysis features change: (1) the risk severity scoring highlights the *potential for change* for the families with the most entrenched involvement with CPS; (2) the NPP lessons “dosage” data examines CPS outcomes via the *vehicle for change* through an evidence-based parenting curriculum.

4.1 CPS Severity and CPS Outcomes after Enrolling in Birth & Beyond Home Visitation Services

The evaluation of the CPS outcomes is a scoring system to quantify the breadth and depth of CPS history, using the severity matrix¹¹ to provide composite scores for each Birth & Beyond family based on the severity of the disposition for each referral. By definition, substantiated dispositions are the highest scoring CPS outcomes because these result in an intervention from CPS, to protect the child from further potential child abuse and/or neglect. All other dispositions may reflect some level of potential for abuse and/or neglect, but without clear and immediate danger to the child. The CPS severity scores are divided into ranges that account for relative level of risk as follows:

- (1) *Low CPS Severity*: A score in the range of 1-4 includes referrals to CPS that were all unfounded/pending or unknown at the time of data collection;
- (2) *Moderate CPS Severity*: A score in the range of 5-19 includes a combination of unfounded and inconclusive referrals, none of which resulted in a substantiated disposition;
- (3) *High CPS Severity*: A score of 20-50 represents multiple referrals and a variety of dispositions, most likely to include at least one substantiated disposition; and
- (4) *Extremely High CPS Severity*: A score of 51 or higher represents multiple referrals and a variety of dispositions, highly likely to include one or more substantiated disposition.

The creation of a “severity” score accounts for families with CPS records that include multiple referrals as well as a weight for each level of CPS outcome disposition. Prior to developing the severity matrix the CPS follow up study analysis simplified categories of risk by taking the most severe CPS disposition in a record and assigning the family to the disposition category that represented the highest level of severity (e.g., substantiated, inconclusive, unfounded, and pending). While the simplification of complex CPS records into a single outcome category facilitated the analysis of CPS outcomes, it represented only a single dimension of CPS history. The severity index expanded the categories to also account for both the breadth and the depth of CPS history.

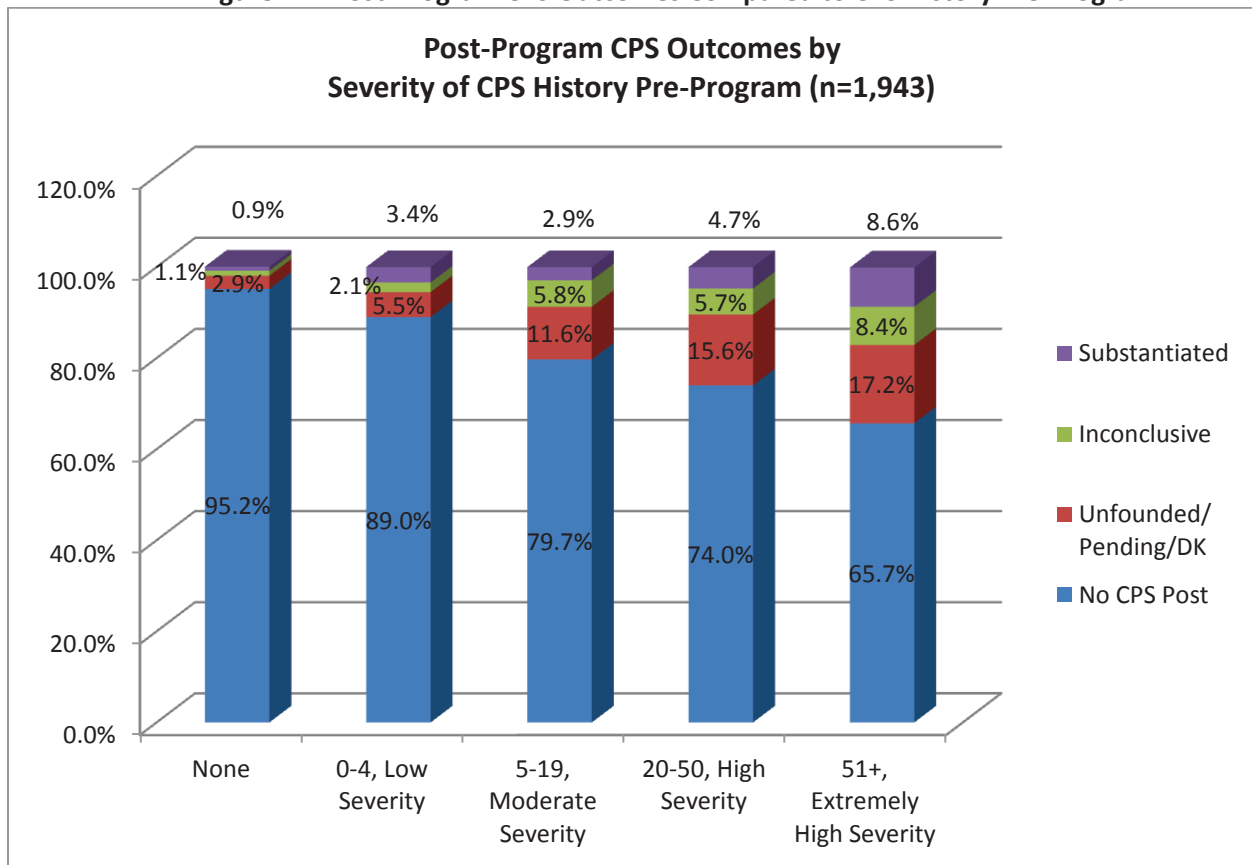
By examining “severity” as a composite score this analysis addresses the change in *total volume of referrals* to CPS for Birth & Beyond families at varying levels of risk for repeated referrals. Importantly, the changes shown

¹¹ Beginning in the FY 2010/11 CPS Follow Up Study LPC created scores to differentiate between families with single CPS referrals or dispositions and those with multiple and varied referrals and dispositions over a protracted period of time. The “severity” index provides a crude measure of risk based on the depth of CPS history prior to entering the Birth & Beyond home visiting program. The methodology for assigning risk scores followed a hierarchy provided on the CWS/CMS data website, managed by UC Berkeley, as well as input solicited from local practitioners and First 5 researchers.

in the graphs illustrate the decline in relative risk for the highest risk cohort, families with scores in excess of 51 which includes at least one substantiated referral. Similarly, risk levels decline for all groups regardless of their severity scores prior to Birth & Beyond enrollment. The lowest risk groups with pre-program severity scores of 19 or lower have the most dramatic decline in re-referral to CPS. This suggests that Birth & Beyond home visitation services provide an effective intervention for families at low to moderate risk for repeat referrals to CPS.

The findings presented in Figure 11 tend to reinforce the importance of early intervention for families with any potential risk for child abuse and/or neglect, as well as the power of home visitation and parenting education to reduce recidivism for families who have shown higher risk for repeated referrals to CPS or substantiated referrals. Nearly all (95%) of the families with no CPS history prior to enrollment in Birth & Beyond home visitation had no CPS referrals post-program; less than 1 percent of those families had a CPS referral that resulted in a substantiated disposition post-program. At the other extreme, two thirds (66%) of the families with extremely high CPS severity scores pre-program had no further CPS involvement post-program. And even among those with new referrals to CPS, less than 9 percent were substantiated. This is a remarkable improvement for the highest risk families. And among the families with low, moderate, and high CPS severity scores pre-program, less than 5 percent had any substantiated CPS outcomes post-program.

Figure 11: Post-Program CPS Outcomes Compared to CPS History Pre-Program



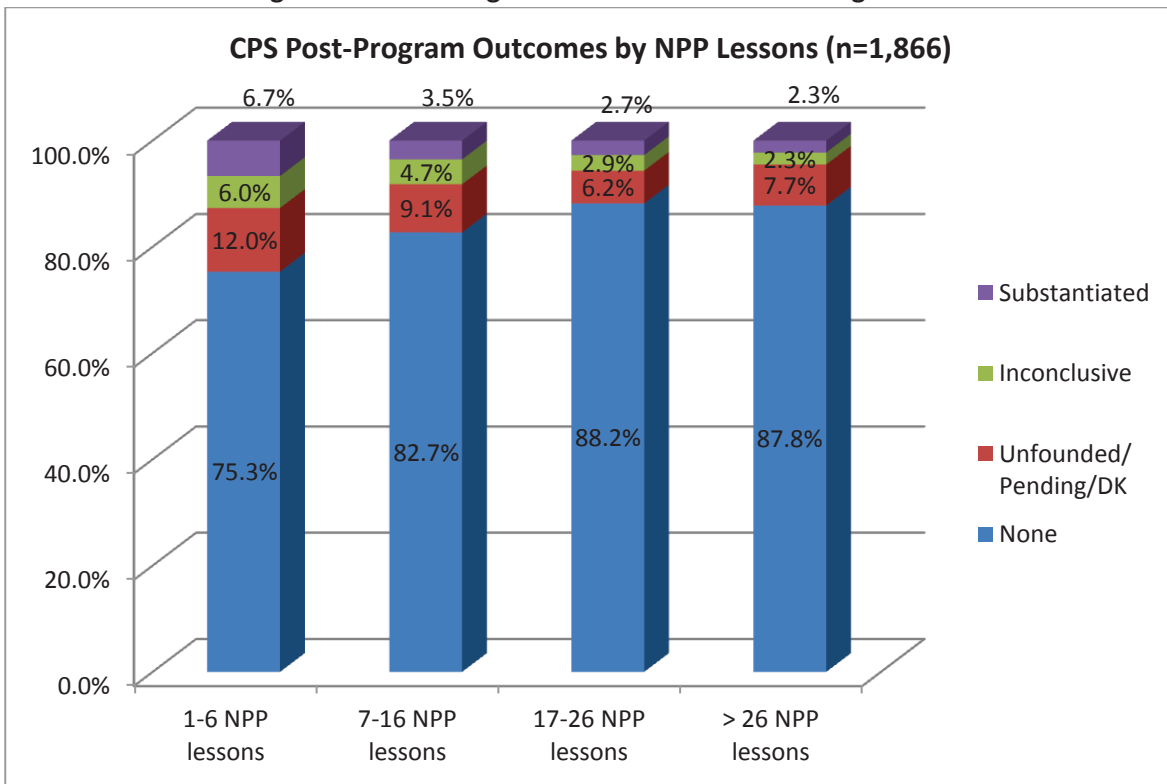
For families whose level of risk has not resulted in direct intervention from CPS (e.g., CPS severity scores of 19 or lower), the findings also illustrate how an intervention can prevent escalation of risk for abuse and/or neglect. The decline in referrals to CPS not only reduces the demand for CPS workers to respond to referrals to assess

relative risk for child abuse and/or neglect, but ultimately the services provided by Birth & Beyond provide a safety net for families who are at risk, with a variety of support services and parenting education to mitigate future referrals and costs to the child welfare system.

4.2 CPS Outcomes and NPP Lessons Completed

Figure 12 presents findings of post-program CPS outcomes comparing levels of participation in the lessons provided by the Nurturing Parenting Program (NPP), an immediate outcome for families in the home visiting program. This data suggests that CPS involvement declines with increasing participation in NPP lessons. The rate of no CPS involvement post-program ranges between 75 percent for the families with the fewest NPP lessons, to 88 percent with the highest number of NPP lessons. Similarly, the rate of CPS referrals that become substantiated drops from almost 7 percent for the lowest NPP dosage (1-6 lessons) to slightly over 2 percent with 26 or more lessons.

Figure 12: Post-Program CPS Outcomes and Dosage of NPP Lessons



4.3 Summary of CPS Outcomes in Context of Severity Scoring and NPP Lessons

In summary, the findings from the CPS follow up study for this time period provide an opportunity to examine these CPS outcomes in the context of risk scores as well as with the parenting education component of the home visiting services. CPS risk scores align with outcomes as might be expected, with lower level risk associated with the lowest rates for referral to CPS, and the highest level risk associated with higher rates of referral to CPS. However, the CPS outcomes also show a promising rate of “no new referrals to CPS” that corresponds roughly with the risk scores, and an across the board rate of less than 10 percent for new substantiated CPS referrals regardless of risk severity scores. This means that at least 90 percent of the families

with deep and serious CPS history, were benefitting from their participation in the Birth & Beyond home visiting program.

With the addition of the Nurturing Parenting Program (NPP) the Birth & Beyond home visiting services have elevated the program's approach to parenting education, with the combination of establishing levels of need and number of NPP lessons. The CPS outcomes show a progressive improvement in the rate of "no CPS referrals" with the increasing number of lessons, and gradually declining rates of substantiated dispositions from CPS referrals. Less than 7 percent of the families receiving up to six NPP lessons had any new substantiated dispositions, and the rate declines to less than 3 percent for the higher level of NPP lessons. Even the inconclusive and unfounded referrals declined with more NPP lessons, for families who were assigned to the treatment cohort, where they would receive more NPP lessons. The NPP appears to be an ideal complement to the overall home visitation model for mitigating risk of child abuse and/or neglect for families known to be at risk by virtue of past history or presenting issues at enrollment.

Section 5: CPS Outcomes and Changes in AAPI Scores for NPP Participant Groups

The Nurturing Parenting Program (NPP) is an evidence-based parenting education program that includes up to 55 training modules, with core lessons designed to address prevention (16 lessons), intervention (26 lessons), and treatment needs (up to 55 lessons). Birth & Beyond introduced the NPP to its home visiting program in 2010/11, beginning with training for staff on implementing the curriculum modules and using the assessment tools. Thus, the NPP has been fully operational at all eight sites for about two years. The NPP uses the Adolescent-Adult Parenting Inventory (AAPI)[®] as a companion to the program, to measure changes over time on five constructs of parenting. The five constructs that make up the AAPI are listed below (detailed descriptions of each construct are in Appendix B:

Construct A: Inappropriate Parental Expectations

Construct B: Parental Lack of an Empathic Awareness of Children’s Needs

Construct C: Strong Believe in the Use and Value of Corporal Punishment

Construct D: Parent-Child Role Reversal

Construct E: Oppressing Children’s Power and Independence

For this report we examined the changes in AAPI scores for families assigned to groups based on their parenting education needs. The assignment to groups corresponded to the level of risk determined during the intake process (including the baseline AAPI) and the number of NNP lessons for them to complete, as summarized in Table 1 below:

Table 1 – Using AAPI Scores for Assessing Need and Change in Risk Levels

Risk Level	AAPI Pre-Test Scoring	Number of NPP Lessons
Prevention Group	7-10 (low risk range)	16 lessons
Intervention Group	4-6 (normal risk range)	26 lessons
Treatment Group	1-3 (high risk range)	All 55 lessons

In addition, a special lesson plan for fathers provides 24 NPP lessons and there are 18 lessons for first time parents who enroll in Birth & Beyond prenatally. All families in the Birth & Beyond home visitation program component receive a minimum of six NPP lessons, with added lessons based on the group to which they are assigned. The completion of NPP lessons is an immediate outcome, and reflects the dosage of a critical element of the home visiting program. The NPP lessons are aligned with development of parenting skills through changes in knowledge about child development and attitudes and beliefs about child rearing, which all contribute to changes in parenting behavior.

The Birth & Beyond Program has been collecting baseline and subsequent AAPI assessments since introducing the NPP. For this report we are examining changes in AAPI scores¹² for most of the 1,943 families in the 2012/13 CPS Follow Up Study cohort, 1,603 of whom have at least two AAPIs on record. On a standardized scoring rubric and a scale of 1-10, the AAPI allows for the identification of high (1-3), medium (4-6), and low (7-10) risk for practicing abusive and neglecting parenting and child rearing behaviors. Thus, the AAPI is both a clinical tool for assessing parental education needs, and a research tool for assessing changes over time.

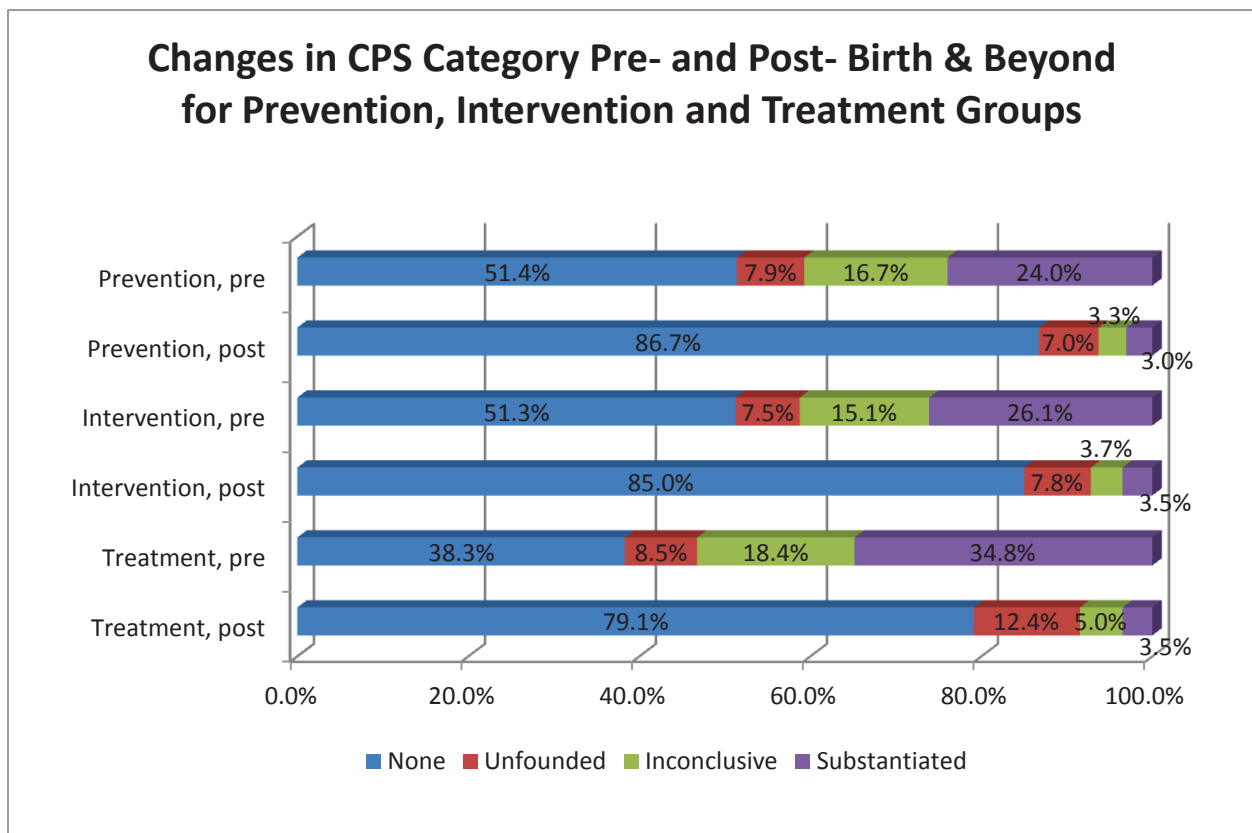
¹² We used the scores from the adjusted standardized scoring that is integral to the AAPI website reporting system, with a scale of 1-10, from high risk to low risk.

5.1 Intermediate and Long Term Outcomes: Changes in AAPI Scores and CPS Outcomes

This section examines the interface between changes in the AAPI scores and CPS outcomes, with breakout by NPP groups: Prevention, Intervention, and Treatment. The graphs illustrate clearly that the pre-test AAPI scores determine the Treatment group is at highest risk for child abuse and/or neglect, in contrast with the Prevention group, with the Intervention group falling in between. Similarly, the Treatment group makes the greatest gains along the continuum from risk to resiliency. Section 4 introduced the relationship between the immediate outcome of simple NPP participation (e.g., number of lessons completed) and the long term CPS outcomes. The following sections compare AAPI pre- and post-test scores in relationship to CPS outcomes, the intermediate and long term outcomes for these families.

Figure 13 presents findings from a comparison of AAPI scores (pre- and post-) with CPS outcomes, for each of the NPP groups. Continuing the trends described in Section 4, the changes in AAPI scores align with the CPS outcomes, showing improvements for all three groups, most markedly for the Treatment group.

Figure 13 – CPS Outcomes for Prevention, Intervention, and Treatment Groups



Looking only at the changes in percentage rates of each group in terms of the absence of CPS involvement (left side of the bars), every group advances. The percentage of NO CPS involvement changes from 51 to 87 percent for the Prevention group; from 51 to 85 percent for the Intervention group; and from 38 to 79 percent for the Treatment group. Thus, regardless of the level of CPS involvement pre-program, between 79 and 87 percent are free of CPS involvement after they leave the Birth & Beyond Program. Conversely, less than 5 percent had any

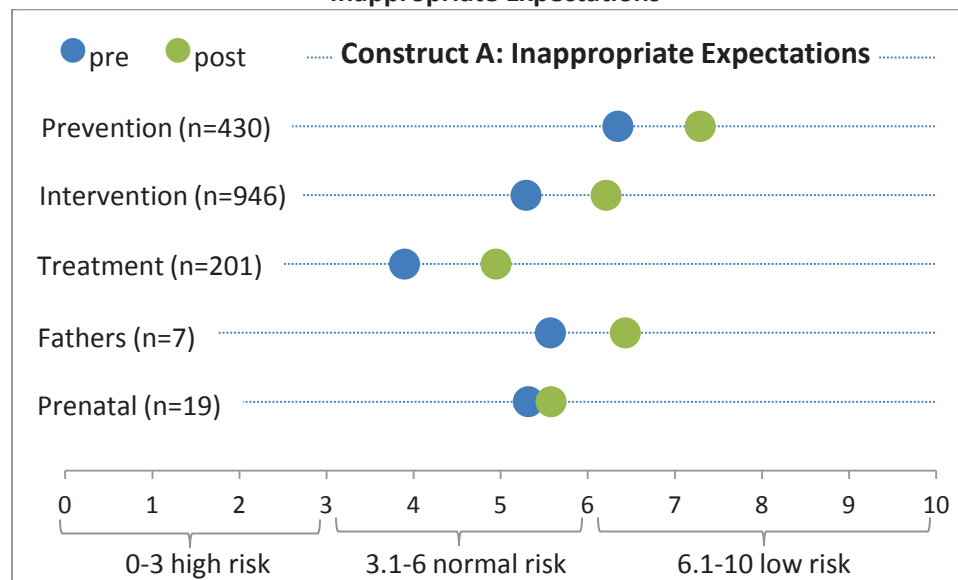
substantiated CPS involvement post-program, and post-NPP. These findings are a compelling affirmation of the value of parenting education to impact changes in parental knowledge, attitudes and beliefs, and ultimately behavior. The Birth & Beyond home visiting program and the NPP curriculum provide services and supports that mitigate child abuse and/or neglect by developing parents.

The remaining sections present findings related to the constructs of the AAPI, first showing how AAPI scores change for each group and each construct, followed by the changes in percentage rates of parents in high risk, normal, and low risk cohorts.

5.2 Intermediate Outcomes: Comparison of AAPI Pre- and Post-Test Scores by Construct

The analysis of AAPI scores has provided a basis for understanding the importance of parenting education, and its contribution to the prevention of child abuse and/or neglect. In Figures 13-19 the AAPI data for pre-and post-tests illustrates how parents progress through parenting education, with the outcomes associated with each of the NPP groups and for each of the five constructs of parenting as defined by the AAPI. Remembering that the scoring from 0-3 represents the highest risk and 6-10 is the lowest risk, Figure 14 plots the starting and ending scores for Prevention, Intervention, and Treatment groups. For the construct “Inappropriate Expectations,” all groups showed improvement. The Treatment group started with the lowest average pre-test score and the prevention group had the highest pre-test score, with the intervention group in between at pre-test. Movement for all three groups was similar, about one full notch on the scale of 1-10. The Treatment group moved into a higher score in the “normal” range; the Intervention group moved from “normal” to “low risk” and the Prevention group moved up further into the lowest risk level. Findings for the fathers and prenatal groups are more varied, but continue to reflect trends of improvement overall for this construct.

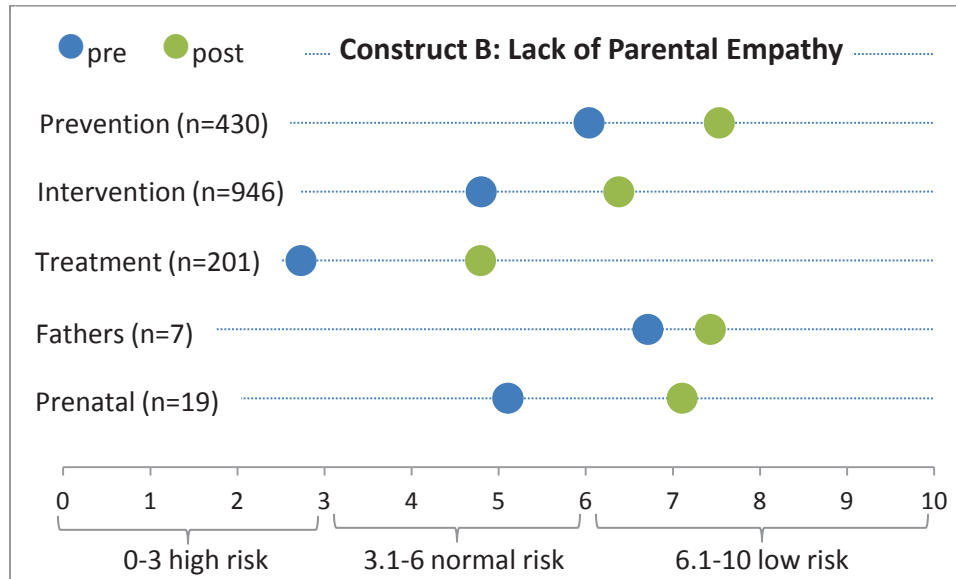
Figure 14: Changes in Pre- and Post-AAPI Scores for Inappropriate Expectations



For the construct “Lack of Parental Empathy,” all groups showed improvement as shown in Figure 15. The Treatment group started with the lowest average pre-test score and the Prevention group had the highest pre-test score, with the Intervention group in between at pre-test. Movement for all three groups was most dramatic for the Treatment group, which moved from “high risk” to “normal” average scores. Similarly, the

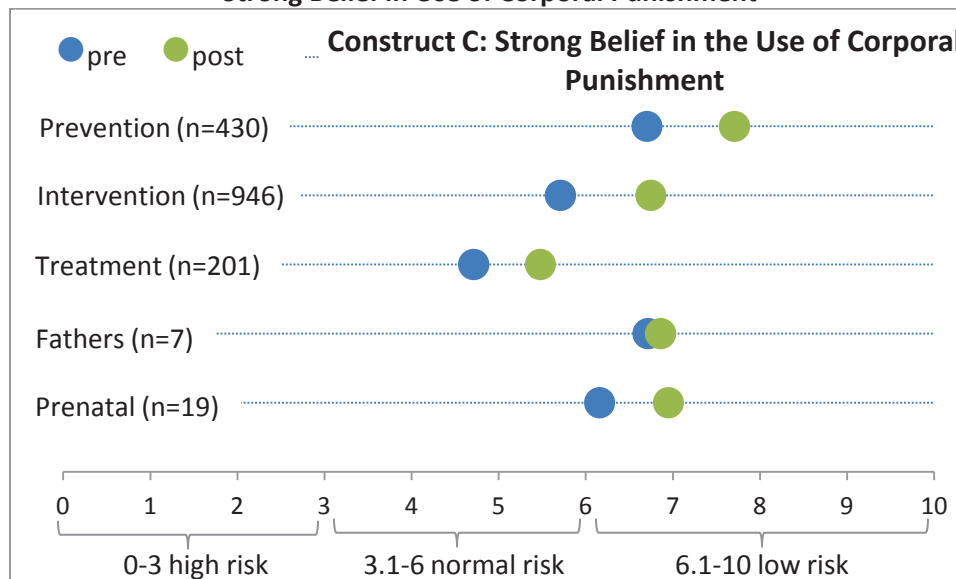
Intervention group moved from “normal” to “low risk” and the Prevention group moved from “normal” into the lowest risk level. Findings for the fathers and prenatal groups also showed improvement, most dramatically for the prenatal group which moved from “normal” to “low risk.”

Figure 15: Changes in Pre- and Post-AAPI Scores for Lack of Parental Empathy



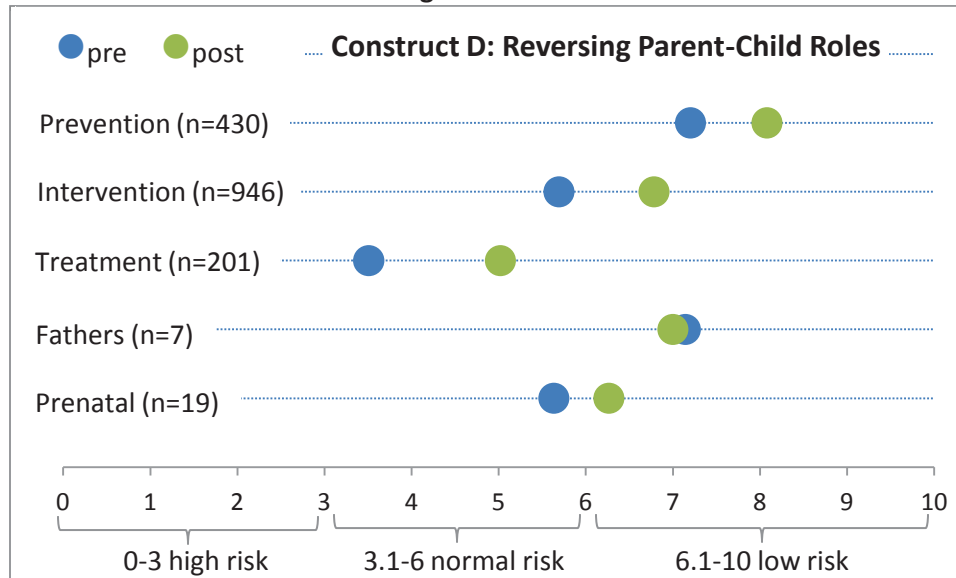
For the construct “Strong Belief in Use of Corporal Punishment,” all groups showed improvement as shown in Figure 16. The Treatment group started with the lowest average pre-test score and the Prevention group had the highest pre-test score, with the Intervention group in between at pre-test. Movement for all three groups was similar, about one notch on the scale. In addition, the Intervention group moved from “normal” to “low risk” and the Prevention group advanced further into the lowest risk level. Findings for the Fathers and Prenatal groups also showed improvement, slightly for Fathers and more marked for the Prenatal group.

Figure 16: Changes in Pre- and Post-AAPI Scores for Strong Belief in Use of Corporal Punishment



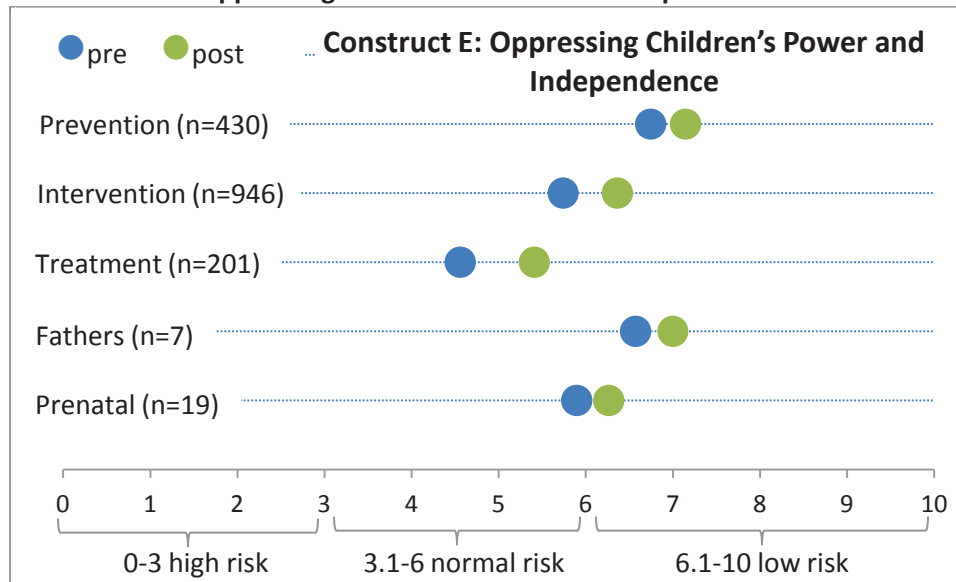
For the construct “Reversing Parent-Child Roles,” all groups showed improvement as shown in Figure 17. The Treatment group started with the lowest average pre-test score and the Prevention group had the highest pre-test score, with the Intervention group in between at pre-test. Movement for the Treatment group was most striking, from the low end of the “normal” risk range to a higher “normal” average score. In addition, the Intervention group moved from “normal” to “low risk” and the Prevention group advanced further into the lowest risk level. Findings for the Fathers and Prenatal groups also showed modest improvement, slightly for Fathers and more marked for the Prenatal group.

Figure 17: Changes in Pre- and Post-AAPI Scores for Reversing Parent-Child Roles



For the construct “Oppressing Children’s Power and Independence,” all groups showed improvement as shown in Figure 18. The Treatment group started with the lowest average pre-test score and the Prevention group had the highest pre-test score, with the Intervention group in between at pre-test. The Treatment, Intervention, and Prevention groups all improved about one notch on the scale, proceeding higher in the “normal” risk range or entering and improving further in the “low risk” range. Findings for the Fathers and Prenatal groups also showed modest improvement.

Figure 18: Changes in Pre- and Post-AAPI Scores for Oppressing Children’s Power and Independence



In summary, the comparison of AAPI pre-and post-scores has shown that all groups are improving in all of the five construct areas. The Treatment group AAPI pre-test scores are the lowest, indicating the highest potential for risk on that behavioral domain. The Treatment group proceeds to lower risk levels, as do both the Intervention and Prevention groups. Since the plotting reflects the average scores for each NPP group, we also examined the percentage of each group that were in each risk level according to their pre- and post-test AAPI scores, presented in Section 4.2.2.

5.2 Changes in Percentage of Parents at Risk, Pre- to Post-AAPI

The following analysis of the AAPI scores examines the percentage of parents in each risk category when they completed the AAPI at pre- and post-test intervals. Moving from the analysis of changes in average AAPI scores in the preceding section (4.2.1) the data presented in Figures 18, 19, and 20 focus on the proportion of Birth & Beyond parents in each risk level, at pre-test compared to post-test time intervals. This is an alternative way to examine the comparison data, and it features findings in three of the five construct areas: Lack of Parental Empathy, Strong Use of Corporal Punishment, and Parent-Child Role Reversal. These three areas are all closely linked to risk for child abuse and/or neglect.

Figure 19 presents the changes in percentage of parents in the Prevention, Intervention, and Treatment groups pre- and post-AAPI, illustrating shifts from higher to lower risk levels for Lack of Parental Empathy. The percentage of parents in the Treatment group who were in the higher risk category declined, as the percentage who moved in the “normal” and “low risk” ranges increased. This trend was consistent for both the Intervention and Prevention groups, who were lower risk at pre-test.

Prevention Group:

- Decreased from 13% to 4% at high risk for lack of parental empathy;
- Increased from 43% to 65% with lower risk of lack of parental empathy;

Intervention Group:

- Decreased from 26% to 10% at high risk for lack of parental empathy;
- Increased from 20 to 46% with low risk for lack of parental empathy;

Treatment Group:

- Decreased from 76% to 30% at high risk for lack of parental empathy;
- Increased from 5% to 23% for low risk for lack of parental empathy.

Figure 19: Rate Changes by Risk Level for Lack of Parental Empathy

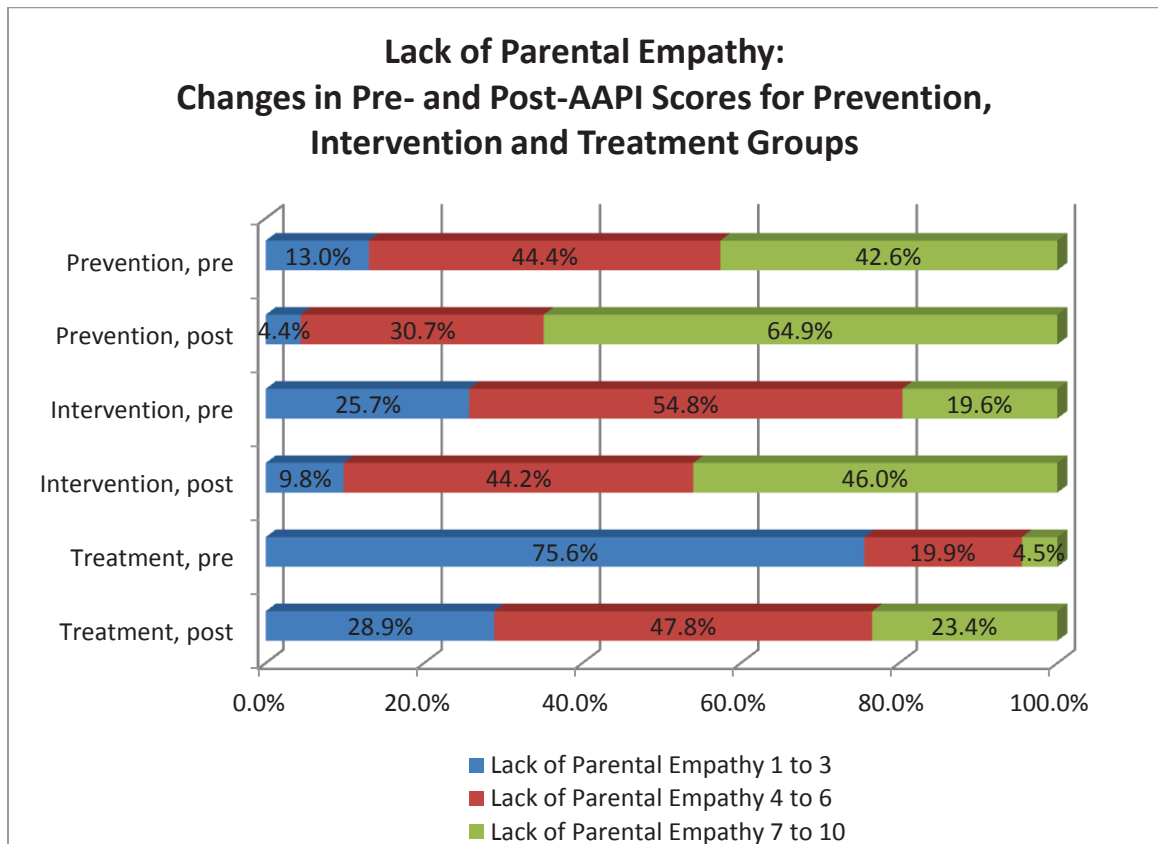


Figure 20 presents the changes in percentage of parents in the Prevention, Intervention, and Treatment groups pre- and post-AAPI, illustrating shifts from higher to lower risk levels for Strong Corporal Punishment. The percentage of parents in the Treatment group who were in the higher risk category declined, as the percentage who moved in the “normal” and “low risk” ranges increased. This trend was consistent for both the Intervention and Prevention groups, who were lower risk at pre-test.

Prevention Group:

- Decreased from 4% to 1% at high risk for strong corporal punishment;
- Increased from 56% to 69% with low risk of strong corporal punishment;

Intervention Group:

- Decreased from 10% to 3% at high risk for strong corporal punishment;
- Increased from 33 to 49% with low risk for strong corporal punishment;

Treatment Group:

- Decreased from 27% to 16% at high risk for strong corporal punishment;
- Increased from 17% to 22% for low risk for strong corporal punishment.

Figure 20: Rate Changes by Risk Level for Strong Corporal Punishment

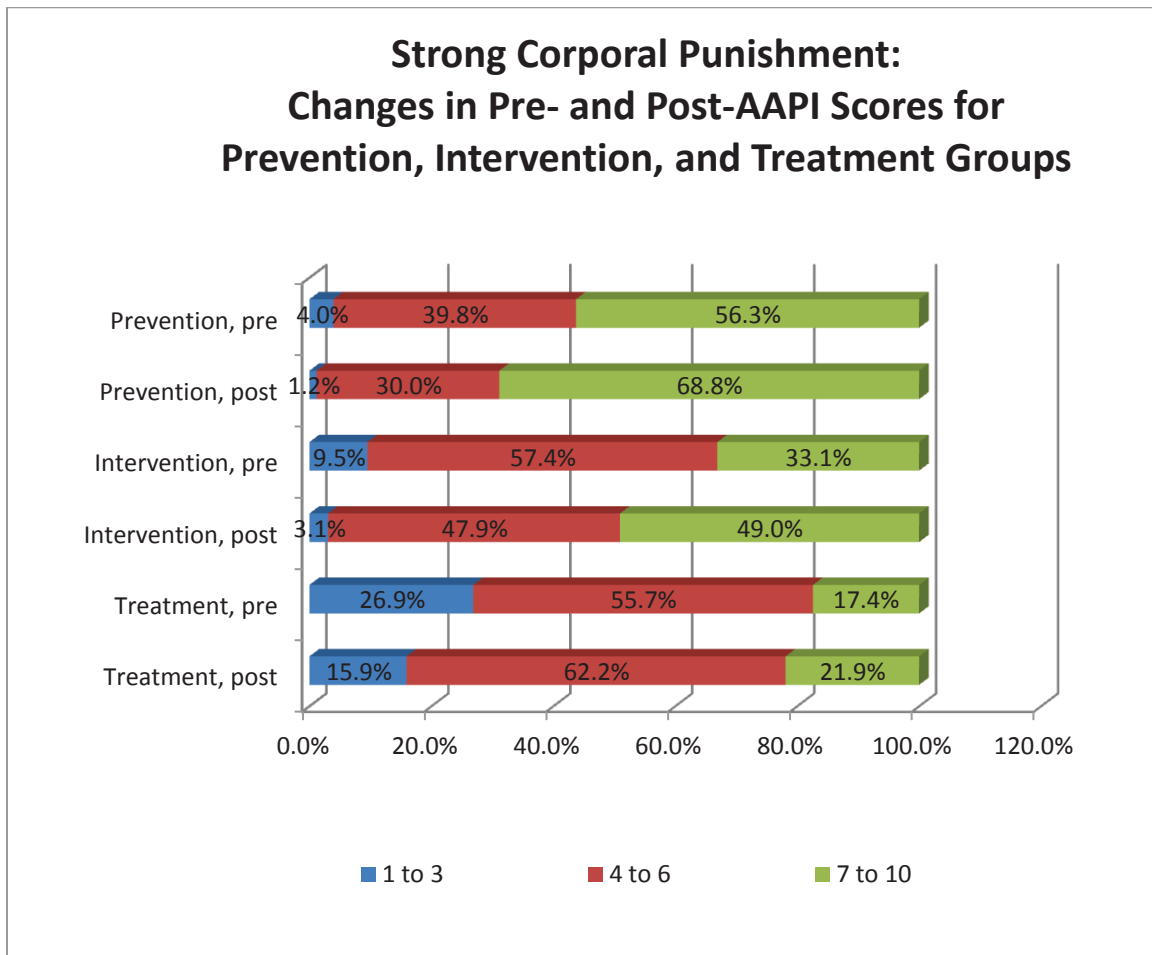


Figure 21 presents the changes in percentage of parents in the Prevention, Intervention, and Treatment groups pre- and post-AAPI, illustrating shifts from higher to lower risk levels for Reverse Parent-Child Roles. The percentage of parents in the Treatment group who were in the higher risk category declined, as the percentage who moved in the “normal” and “low risk” ranges increased. This trend was consistent for both the Intervention and Prevention groups, who were lower risk at pre-test.

Prevention Group:

- Decreased from 9% to 3% at high risk for reverse parent-child roles;
- Increased from 61% to 79% with low risk of reverse parent-child roles;

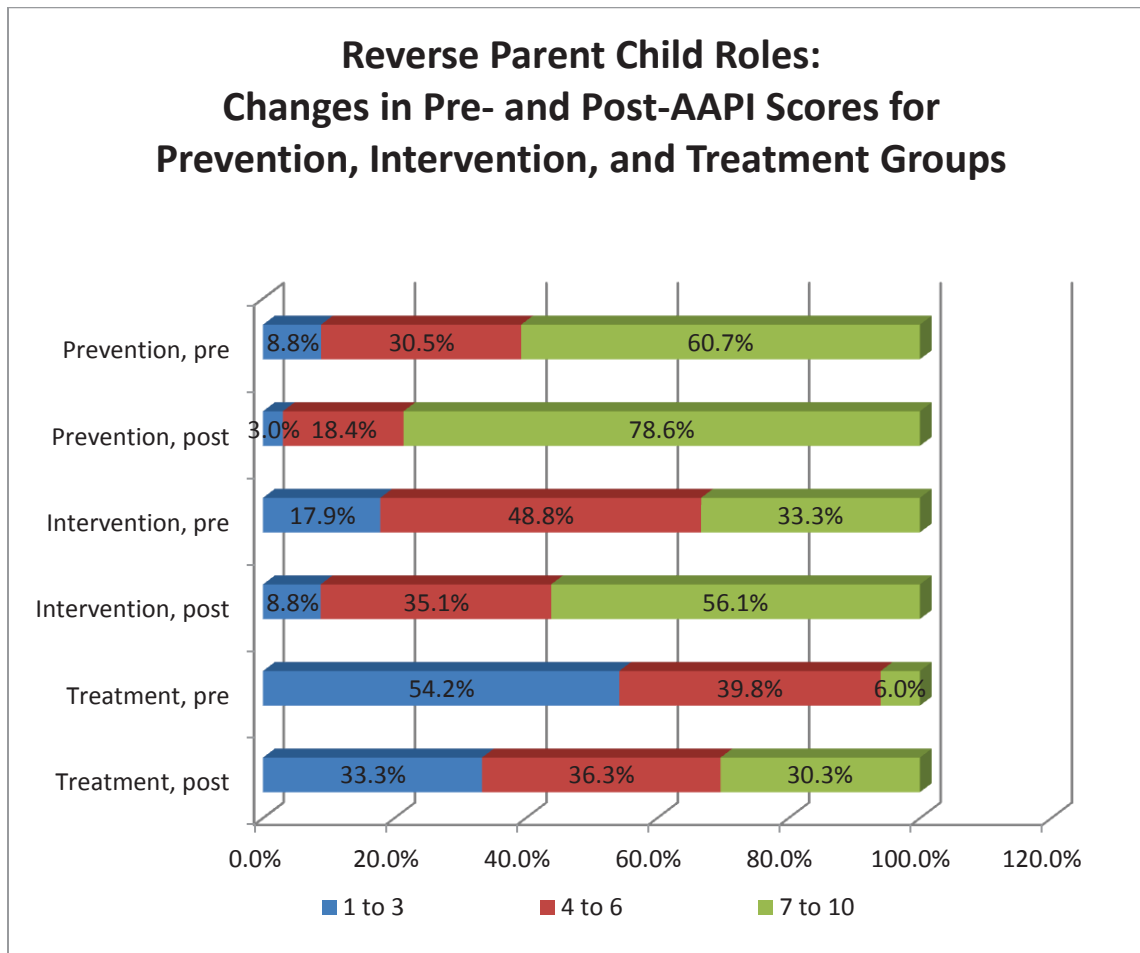
Intervention Group:

- Decreased from 18% to 9% at high risk for reverse parent-child roles;
- Increased from 33% to 56% with low risk for reverse parent-child roles;

Treatment Group:

- Decreased from 54% to 40% at high risk for reverse parent-child roles;
- Increased from 6% to 30% for low risk for reverse parent-child roles.

Figure 21: Rate Changes by Risk Level for Reverse Parent-Child Roles



5.3 Summary for Changes in AAPI Scores

Overall, the AAPI scores reflect positive changes for all participants in the NPP parenting curriculum, with the greatest improvement for the Treatment Group in all five construct areas. For the three constructs that are indicators for risk of potential for child abuse and/or neglect, these improvements are even more compelling. The parenting education outcomes are an intermediate outcome related to participation in the Birth & Beyond home visiting program, reflecting the alignment between parenting efficacy and risk and resiliency for child maltreatment.

Section 6: Summary and Conclusions

During the most recent three-year funding cycle from First 5 Sacramento, the Birth & Beyond home visiting program continues to experience very positive outcome findings that have been reported since 2001. The families served during this time period present numerous characteristics and circumstances that put them at risk for child abuse and/or neglect, including history of referrals to CPS, low income and education, and raising children as a single parent.

The 2012/13 CPS Follow Up Study findings indicate that approximately half of the families who receive home visiting services have some prior history of involvement with CPS. For the families with history that includes at least one substantiated report to CPS, as many as 92 percent do not have a new substantiated referral to CPS for up to a year following closure from home visiting services. For families with no prior CPS involvement, almost all (98%) remain free of any CPS referrals that result in a substantiated disposition. And for the very small proportion of families who do have a new referral to CPS, the Birth & Beyond program has provided an additional safety net in terms of increased awareness of and response to families in need, to mitigate the usual risks for child abuse and/or neglect. Birth & Beyond is not only a form of primary prevention, but also early intervention and a resource for evidence based parenting education. These findings are particularly striking for young parents and for parents whose own childhood included referrals to CPS for abuse and/or neglect.

The families at the greatest risk for repeated abuse and/or neglect and intervention from CPS are among those who are most likely to have new referrals. However, even among this group, referrals are far less likely to result in a substantiated disposition. Even with heightened surveillance because of their risk for child abuse and/or neglect, very few have new referrals that are substantiated by CPS.

Since 2011/12, Birth & Beyond has been integrating the Nurturing Parenting Program (NPP) with home visitation. Aligning the number of and specific lessons with levels of need, this report included a measure of program participation which we compared to CPS outcomes in this report. Generally, the more NPP lessons a parent completed, the less likely they were to experience any new referrals to CPS. In addition, improvements in the AAPI scores correspond with reduced risk of referrals to CPS. Parenting education has a direct relationship with improvements in parenting knowledge, attitudes and beliefs, and behaviors.

In conclusion, the Birth & Beyond home visiting program has been serving families at risk for child abuse and/or neglect for more than a decade. Annual follow up studies have shown that the rate of recurring abuse and/or neglect has declined for families who have participated in the program, despite more families coming to the program with history of CPS involvement. The positive program outcomes correspond with both duration of home visiting, and parenting education that is both systematic and intentional. For families without prior CPS involvement, the program provides a source of support and a safety net to prevent child abuse and/or neglect. For families whose history includes prior CPS involvement, especially if it includes substantiated dispositions, very few continue to need CPS intervention again. The program provides a combination of both personalized, individualized parenting education and support from a home visitor, as well as access to community resources and opportunities to interact with other families who are also learning about parenting and improving their confidence as parent caretakers.

Appendix A CPS Follow Up Study Methodology, 2012/13

At the end of every fiscal year since 2001, the evaluation contractor for the Birth & Beyond Program has collected and analyzed data about CPS involvement for families receiving home visiting services. For 13 years the CPS follow up study represented a coordinated effort between the program sites, the evaluation contractor (LPC Consulting Associates, Inc.), and Sacramento County's Department Health and Human Services, Child Protective Services (CPS) Division. The selection of the study sample each year has been based on the following assumptions:

- The minimum level of home visiting services that may have any impact on the recipient families is 3 months. The study sample has included all families with at least 90 days in the program based on their program intake date; with at least 300 minutes of direct service; and at least 6 home visits, since each one averages about one hour. This selection criteria insured that the families in the treatment sample had a minimum level of case management services provided via their home visitor. Conversely, we assumed that families with less than this minimum dosage had not received sufficient services to make a measurable difference in reducing risk for child abuse and/or neglect.
- Birth & Beyond home visitation services are designed to enroll parents with new babies, and can serve them from pregnancy through age five of the index child. Newborns, infants and toddlers, are at increased risk for harm due to abuse and/or neglect, given their complete dependency on adult caregivers. By comparison, the older child is somewhat less vulnerable due to increased size, mobility, and verbal communication that can lead to an official intervention when abuse and/or neglect is suspected.
- The families served by the Birth & Beyond home visiting component all have one or more risk factors for child abuse and/or neglect, ranging from inadequate financial resources or single parent households to prior history with CPS. Most of the families have multiple risk factors for child abuse and/or neglect.
- Families with CPS referral history are at heightened risk for recurring referrals.
- CPS referral history may include reports when the Birth & Beyond client mother was a victim of abuse and/or neglect when she was a child. These reports may have occurred years before she enrolled in Birth & Beyond as a new mother.
- Many, if not most, families referred to CPS have inadequate financial resources to care for their families; do not know how to be caretakers or parents; and/or lack access to the support that might mitigate risks for abuse and/or neglect. Neglect is closely related to poverty and lack of resources; abuse is often a function of loss of control and unrelenting stressors for the adult caretaker. The Birth & Beyond program has been designed to reduce the risks associated with neglect and abuse.

As a result of these assumptions, the methodology for the annual CPS follow up study has included collection of data from the Child Welfare System/Case Management System (CWS/CMS). The evaluation team collected information on all referrals to CPS, by date of referral, type of allegation, final disposition, and category of perpetrator (e.g., mother, father, or other caretaker). This standard protocol for data collection has permitted considerable flexibility for the analysis of the CPS follow up data, including examination of specific dispositions (e.g., substantiated only), comparison of pre-, during, and post-program referrals and dispositions, and identification of the mother as victim of abuse and/or neglect in her childhood).

Between 2001 and 2006, the annual CPS follow up was cumulative, providing both increasing sample sizes and longer periods of post-program time each year. More recently the study samples and time frames have corresponded with specific funding cycles, currently aligned with funding support from First 5 Sacramento. Though these reports have varied somewhat from year to year, these variations have permitted analyses that continue to test assumptions about the program and increase confidence in the findings. As resources allowed, these annual studies have also included varying sample sizes, and more in depth analysis. Some years the study included a quasi-comparison group matched to the treatment group, for increased analytical rigor. Sometimes the study examined changes for families served by Birth & Beyond for a minimum of 3 months, in others the minimum length of service was 6 months. Resources allocated for the annual evaluation study have declined 60 percent since 2001, with corresponding limitations on the analysis of the findings. The more comprehensive evaluation reports have included a minimum of two and up to four years of post-program follow up, as well as a quasi-comparison sample of families who had not participated in the Birth & Beyond home visiting program.

Current Study Methodology, 2012/13

The 2012/13 CPS Follow Up Study repeated the same basic methodology for sample selection and the type of data collected in prior years. The legacy of these annual reports on CPS outcomes has resulted in a high level of confidence in the overall findings from one year to another due to consistency in findings, regardless of variations in evaluation resources, sample size, and range of analyses. The study cohort of 1,943 represents records for families who are no longer being served by the program, having closed out during the study timeframe. Among the families who became closed cases in the three year study period, the sample also includes families who met the minimum criteria for services, 3 months of home visitation, as defined above.

The 2012/13 CPS Follow Up Study has sustained many elements of the original sample selection and data collection approach. Heretofore, we have simplified the abundance of data collected about the types of abuse and/or neglect, and the final dispositions of all referrals to CPS. We have selected the most severe disposition for the most severe type of abuse and/or neglect, to assign each family into a category for their most serious CPS record at each time period: before, during, and after Birth & Beyond services. Until 2011/12, the analysis did not factor in the total number of incidents, for a measure of the depth and length of CPS involvement.

This year we included additional details about CPS involvement and expanded on the understanding of each family's CPS history. We sought to incorporate additional information about all aspects of the family's involvement, to create a multi-dimensional approach to ranking CPS involvement. We consulted with the evaluation contractor for First 5 Sacramento¹³ to develop the ranking system, examined the hierarchy used with CWS/CMS data, and solicited input from both CPS and Birth & Beyond personnel. As a result of this reexamination, we have introduced a coding system to rank the depth and severity of each family's CPS involvement. For the 2012/13 follow up study we applied this coding system to 1,943 families in the study sample who had any CPS records.

The coding system was based on the matrix shown in Table 2, which cross-references the types of child abuse and/or neglect, by the severity of each disposition. Each family received a composite score for the type of child abuse and/or neglect (2, 3, 5, 7, or 9) multiplied by the substantiated or inconclusive disposition outcome (10 for substantiated, 2 for inconclusive). All Unfounded, Unknown, or Pending dispositions had a score of 1, and Evaluated Out dispositions had a score of 0. Thus, substantiated outcomes weigh far more heavily than other dispositions, but there is some weight for reports that are either inconclusive or unfounded.

¹³ Walter R. McDonald Associates, Principal Investigator, Fred Molitor, PhD

Table 2 -- CPS Record Severity Matrix

SCORING RUBRIC	Type of Child Abuse or Neglect → Disposition ↓	2	3	5	7	9
		Caretaker Absence/Incapacity Emotional Abuse Substantial Risk	General Neglect	Severe Neglect	Physical Abuse	Sexual Abuse
10	Substantiated	20	30	50	70	90
2	Inconclusive	4	6	10	14	18
1	Unfounded	1	1	1	1	1
0	Evaluated Out	0	0	0	0	0
1	Unknown/Pending	1	1	1	1	1

Notes:

- The most serious inconclusive record is scored lower than the least serious substantiated disposition;
- Severe neglect, physical, and sexual abuse, are scored significantly higher due to the long term impact potential;
- Unfounded records are all rated as 1 regardless of the type, because the allegation, no matter how serious, was deemed to have no basis; and
- Pending/unknown reports are all rated 1 to acknowledge the minimum score possible.

In addition to this severity rating, the CPS follow up analysis continues to compare family involvement with CPS before, during, and after participation in Birth & Beyond home visiting. Because the FY2012/13 study sample was aligned with the most current funding cycle for First 5 Sacramento.

Study Limitations

The “gold standard” for identifying a program as evidence-based is the use of random assignment for clients who are eligible for a program service, into either a treatment or control group. This research design is based on a medical model which assumes that given equal opportunity for a treatment intervention to work, the most meaningful way to determine program effectiveness is to compare outcomes for similar groups who differ only on the basis of whether or not they received the treatment intervention. The evaluation of the Birth & Beyond Program has not used random assignment, primarily because of the inherent denial of services for families assigned to a control group, who are vulnerable and for the children at greatest risk for child abuse and/or neglect.

Though we have used alternative methods for enriching the study findings, the 2012/13 study does not include those alternatives. Some years we have identified a quasi-comparison group, based on families who enrolled in the Birth & Beyond program but did not remain in the program long enough to have received services that might impact outcomes. Generally, these were families who had less than **less than 200 minutes of direct service, and no other services provided by or through the Family Resource Center.** We examined the characteristics of both the treatment and the quasi-comparison group, to determine how well they were matched, or to identify areas where they differed on some basis other than receipt of home visiting services. This year our attempt to identify a quasi-comparison group yielded groups that differed on multiple criteria which resulted in a decision not to make any comparison for their outcomes. However, we may reexamine this methodology and identify a matched sample from the treatment group, if so directed and if resources support this additional work.

One evaluation study identified a matched sample of CPS clients who did not receive services from Birth & Beyond, for a comparison of outcomes.¹⁴ This methodology made an important contribution to understanding how outcomes may be linked to Birth & Beyond services; however, this was a one-time opportunity associated with additional resources for the evaluation work.

Questions related to the methodology arise from time to time. Reviewers often want to know (a) how long ago was the pre-program CPS history, and (b) how much time past before the recidivism occurred? The importance of the answers to these questions is related to how much to credit the Birth & Beyond program with changes in parenting behavior. For example, some reviewers discount the risk associated with CPS referrals that happened more than two years prior to enrollment in the Birth & Beyond program. It is important to remember that older referrals to CPS may have occurred when the parent was a minor and a victim of abuse and/or neglect. Also, older CPS records may have reflected parenting behavior with prior families; the current Birth & Beyond enrollment may reflect a new family with many years since the last time the parent had a young child. Furthermore, the CPS follow up data collection does not include information on children removed from parental custody. Therefore it is not possible for us to determine whether older CPS referrals resulted in loss of custody and the latest child rearing reflects a “second chance to do it right.”

One of the recurring questions is about the age of CPS history prior to coming into the Birth & Beyond program. Though we maintain that any history is pertinent in an assessment of risk for child abuse and/or neglect, we provide a breakout of the age of prior CPS history for the current study cohort in Table 2. Almost three-quarters of the recidivism for any new referrals post-program (75%) occurred within two years of enrolling in Birth & Beyond; as many as 45 percent occurred within 3 months prior to enrollment. Among the older CPS incidents, 63 percent of the clients with CPS referrals that occurred more than two years prior to enrollment had records showing they had been a victim of abuse and/or neglect as a minor. Thus, nearly two thirds of the oldest CPS pre-program history included referrals when the parent/client was a child victim. CPS history is a highly relevant factor for considering risk of repeating abuse and/or neglect, regardless of the age of the referral.

Table 2 -- CPS Referrals Pre-Program Enrollment

Last CPS Referral before Birth & Beyond Intake Date <i>(Substantiated, Inconclusive, Unfounded/ Pending/Unknown disposition records)</i>	n	%
0 to 2yrs Pre-Birth & Beyond enrollment	755	74.8
2 to 3yrs Pre-Birth & Beyond enrollment	42	4.2
Over 3yrs Pre-Birth & Beyond enrollment	212	21.0
TOTAL w/ any Pre-Birth & Beyond enrollment	1,009	100.0

Similarly, the time out of program is related to the “staying power” of what parents gain while they are actively participating in the Birth & Beyond program. Historically, we have found that recidivism incidents cluster in the first year post-program; 31% of the newly substantiated referrals in 2012/13 study occurred within 12 months of program closure. Most studies of treatment interventions do not examine outcomes beyond one year, based on the assumption that the strongest relationship between outcomes and interventions is in close proximity to the actual intervention. As the length of time separated from the program increases, the less likely the recidivism is related to what was accomplished in the program, and it is increasingly spurious to link outcomes to program participation.

¹⁴ Ed Byrnes, PhD, Eastern Washington University and Glacier Consulting, Inc. and Michael Lawson, CAPC and University of California, Davis. CPS Recidivism Outcomes for Birth & Beyond Families, 2006.

Appendix B Identification of the Parenting Constructs: What the AAPI Measures¹⁵

The early work of Bavolek, Kline, and McLaughlin (1979) systematized information generated from the previously mentioned sources and identified parenting patterns that lead to the development of four parenting constructs. These constructs represented a summary of theory, research, and practice put forth by scientists, researchers, clinicians, and practitioners in describing abusive and neglecting parenting practices. In recent research by Bavolek and Keene (1999), a fifth construct emerged from the research generated from the administration of the Adult-Adolescent Parenting Inventory (AAPI-2). These constructs serve as the basis for assessing attitudes known to contribute to child abuse and neglect.

Construct A: Inappropriate Parental Expectations

A parenting practice that is very common among reported cases of child abuse and/or neglect is the inappropriate expectations parents have for their children. Beginning very early in the infant's life, abusive parents tend to inaccurately perceive the skills and abilities of their children. Inappropriate expectations of children are generally the result of three factors:

1. Parents simply don't know the needs and capabilities of children at various stages of growth and development. Ignorant of this knowledge, expectations are made that often exceed the skills and abilities of the child.
2. Many parent who abuse their children generally lack a positive view of themselves and consequently of their children. Inadequate perceptions of self as an adult generally stem from early childhood experiences of failure, ridicule, and disappointment. These patterns of childhood failure are repeated to yet another generation where demands are made for children to perform tasks that they are emotionally, physically or intellectually incapable of performing.
3. Abusive parents generally lack the empathy that is required to determine what is an appropriate expectation for children at different stages of development. Lacking empathy, described in more detail in the following construct, is a major contributor to the inappropriate demands parents make of their children.

The effects of inappropriate parental expectations upon children are debilitating. Many children perceive themselves as worthless, as failures, and as unacceptable and disappointing to adults.

Construct B: Parental Lack of an Empathic Awareness of Children's Needs

Empathy is the ability to be aware of another person's needs, feelings, and state of being. It is the ability to place the needs of another as a priority. Empathic parents are sensitive to their children and create an environment that is conducive to promoting children's emotional, intellectual, physical, social, spiritual, and creative growth. Empathic parents understand their children from the inside, not from the outside as an interested observer.

Many professionals are of the opinion that the trait of empathy exists in children at birth and is fostered through the manner in which they are treated during the process of growing up. Parents lacking sufficient levels of empathy find children's needs and wants as irritating and overwhelming. Everyday normal demands are perceived as unrealistic, resulting in increased levels of stress. The

¹⁵ Bavolek, Stephen J. and Richard G. Keene. AAPI OnLine Development Handbook. The Adult-Adolescent Parenting Inventory (AAPI-2)[®], Published by Family Development Resources, Inc.

needs of the child come into direct conflict with the needs of the parent, which are often similar in magnitude.

Lacking an empathic home life, children often fail to develop a solid moral code of conduct. Right and wrong, cooperation, and kindness are not important because they are not recognized as important values. Others are devalued as “self” takes center stage. The impact of one’s negative actions on another is muted as the ability to care about the needs or feelings of another is not important. Children with low levels of empathy are often labeled as “troublemakers” or “disobedient” and often engage in acts of cruelty to themselves, others, and animals.

Construct C: Strong Believe in the Use and Value of Corporal Punishment

Physical punishment is generally the preferred means of discipline used by abusive parents. Throughout history, the use of corporal punishment has been well documented. Rationale for the practice includes:

1. To teach children right from wrong.
2. As a parenting practice sanctioned by the proverbs of the Old Testament;
3. As a cultural practice of discipline;
4. To provide punishment for children’s misbehavior in a loving way;
5. Just simply to punish behavior; and
6. Because it produces quick results.

Abusive parents often believe children should not be “given into” nor allowed to “get away with anything.” They believe children must periodically be “shown who is the boss” and to respect authority so they will not become sassy or stubborn. Abusive parents not only consider physical punishment a proper disciplinary measure, but strongly defend their right to use physical force. Physical attacks by the abusing parent are not often a haphazard, uncontrolled, impulsive discharge of aggression by the parent toward his or her children. To the contrary, studies appear to indicate that abusive parents utilize physical punishment as a unit of behavior designed to punish and correct specific bad conduct or inadequacy on the part of children. Much of what abusive parents find wrong with their children are the same things for which they were criticized and punished for as children, hence the punishment carries the approval of traditional family authority and an aura of righteousness.

The effects of physical abuse are demonstrated in the observed inadequate behavior of children. It is a common tendency for abused children to identify with the aggressive parent in an effort to gain some measure of self protection and mastery. Abused children often develop a set pattern of discharging aggression against the outside world in order to manage their own insecurities. Additionally, children who see and experience recurrent serious expressions of violence in their own family learn that violence is a useful way to solve problems. These children, upon becoming parents, tend to punish their children more severely. As a result, abused children often become abusive parents.

Construct D: Parent-Child Role Reversal

A fourth common parenting behavior among abusive parents is their need to reverse parent-child roles. Children are expected to be sensitive to and responsible for much of the happiness of their parents. Parent-child role reversal is an interchanging of traditional role behaviors between a parent and child, so that the child adopts some of the behaviors traditionally associated with parents. In role reversal, parents act like helpless, needy children looking to their own children for parental care and comfort.

Although the phenomenon of role reversal is often associated with an ability to be empathically aware of the children's needs, the two behaviors are markedly different. When abusive parents fail to show an empathic awareness of their children's needs, the children are often left to care for themselves. Carried to the extreme, children are emotionally and/or physically neglected or abused. The emphasis is not placed on children assuming the role of the "nurturing parents" as in role reversal. In the latter situation, children are an integral part of the family functions often becoming a source of authority, control, and decision making.

The effects of role reversal on abused children are destructive. Assuming the role of the responsible parent, children fail to negotiate the developmental tasks that must be mastered at each stage of life if they are to achieve normal development and a healthy adjustment. Failure to perform any of the developmental tasks not only hampers development in succeeding stages, but also further reinforces feelings of inadequacy. Children in a role reversal situation have little sense of self and see themselves as existing only to meet the needs of their parents.

Construct E: Oppressing Children's Power and Independence

Closely aligned with the value of physical punishment and the lack of an empathic awareness of children's needs is the belief that children's independence and power needs to be oppressed. The age old phrase "the terrible two's" most adequately describes this construct. Parents fear that if children are permitted to use their power and independence to explore their environment, or ask questions, or challenge parental authority, they will become "acting-out" and disrespectful. Hence, obedience and complete compliance to parental authority is demanded. When children's power and independence are oppressed, they are not allowed to challenge, to voice opinions, or to have choices, but rather are told to "do what they are told to do" without question. This demand for compliance to parental authority has many limitations:

1. **Obedience breeds powerlessness.** When independence is not fostered as a state of growth the feeling of dependence becomes a dominant personality trait. Independence fosters power – a sense of self in comparison to others and one's environment. The young child who explores is learning about cause and effect and the relationship between concepts: the "if-then law" of logic and nature. For young children, the ability to say "no" is a way of establishing boundaries and developing a sense of power, both necessary for success in life. Obedience to parental rule, however, breeds a sense of helplessness and dependence at a time when learning to be a separate being is critical.
2. **Obedience breeds inadequacy.** Inadequacy is the perception that self or others are "less than, incapable, or inferior." By demanding obedience, parents model that power is something to be used on others to get them to do what you want. Power is equated to control and the more power you have, the more control you exert on others. The sense of powerlessness described earlier fosters a personal sense of inadequacy, as being a decision maker for your own life is not an option. Powerlessness, excessive dependence, and a sense of personal inadequacy are common traits of many obedient children.
3. **Obedience also breeds rebelliousness.** History teaches us over and over again that the oppressed will rise up to be recognized. It's inevitable. The human spirit cannot be denied its existence. Power struggles acting out behavior and disobedience are all common behaviors resulting from years of obedience and complete yield to parental rule.
4. **Obedience breeds compliance – to all.** Doing only what one is told to do often teaches children a generalized learned response of compliance. When those in perceived power make a demand, like a child's peer group, once again the learned response is to comply. In the experimental world of teenagers, common sense to stay away from drugs and alcohol,

vandalism, and crimes against the community are overwhelmed with the compliance of peer pressure. Simply, children who have been raised as obedient to authority lose their ability to withstand peer pressure. Saying “no” to drugs and other inappropriate behaviors will remain only a concept, not a practice.

5. **Finally, obedience breeds followers, not leaders.** Doing what you’re told to do is not nearly enough to succeed in the world. Businesses look for energetic, creative employees who have visions for the future. Thinkers, problem solvers, visionaries and leaders are made from early home environments that foster those traits. Obedience as a dominant parenting practice designed to oppress children’s power and independence often has long lasting devastating consequences as observed in children and adults unable to make wise choices, take the initiative, and provide the leadership critical to nurturing parenting.