



Proud Parenting Grant

Final Evaluation Report

March 2022

Prepared by



TRANSFORMING
LOCAL COMMUNITIES

P.O. Box 10268 • Bakersfield, CA 93389 TEL: 661-827-5245

TransformingLocalCommunities.com

Executive Summary

Recognizing that the highest rates of infant and child abuse occur among young parents, Champions' Youthful Parenting Project (CYPP) provides services to youth considered "at risk" for abusive and/or antisocial parenting. CYPP has three main goals: (1) to reduce the rate of child abuse and neglect in Kings County, (2) to increase health care enrollment and benefit utilization for clients and their child(ren), and (3) to reduce clients' justice involvement by 20%. Staff anticipated that the program would serve 110 participants annually.

The CYPP uses an adapted version of the Nurturing Parenting Program (NPP) for youthful parents (up to 24 years of age). NPP builds parenting skills that are necessary to reduce the risk of abusive and antisocial parenting, and social service and criminal justice involvement. It is designed to increase prosocial support systems and behaviors. In addition, NPP addresses abuse and neglect, intergenerational cycles of maladaptive coping and decision-making, substance use, and familial discord and violence; it is designed to identify and build on the strengths of participants.

Despite initial positive feedback from local agencies and schools, CYPP struggled from the start to get referrals to the program, finding their best source of referrals to be internal, through other Champions programs. In the end, the program was able to serve 26 youth in the first year, 30 in the second, and only 12 in the third. Staff also struggled with retention, and COVID-19 restrictions exacerbated the problem by making it impossible for staff to conduct home visits.

Of the 64 youth who were served over the three years of the project, 50 completed a baseline AAPI and 21 completed a post program assessment. One of the youth who completed a post program assessment did not complete a baseline, resulting in 20 clients for whom both baseline and follow-up assessments are available. The AAPI has five scales; more than half (55%) of clients improved their scores on the scale of expectations of children between the time they started the program and when they finished. Many clients (45.0%) also showed improvement in the area of parent-child family roles. Fewer clients (30.0%) grew in the areas of parental empathy (30.0%), the use of corporal punishment (25.0%), and children's power and independence (25.0%). Two clients (10.0%) improved on all five scales. One improved on four of the five scales, and another one improved on three. All clients had health insurance upon entering the program. The data for juvenile justice involvement proved unreliable, with youth giving different information about their history with the system between entering and leaving CYPP.

Introduction

Recognizing that the highest rates of infant and child abuse occur among young parents, Champions' Youthful Parenting Project (CYPP) provides services to youth considered "at risk" for abusive and/or antisocial parenting. CYPP has three main goals: (1) to reduce the rate of child abuse and neglect in Kings County, (2) to increase health care enrollment and benefit utilization for clients and their child(ren), and (3) to reduce clients' justice involvement by 20%. Staff anticipated that the program would serve 110 participants annually.

CYPP offers pregnancy support and child education mostly through case management, which includes home visits. Case management was originally intended to include transportation to doctor's appointments, meetings, and other appointments. Clients were also encouraged to enroll in medical insurance plans, and were encouraged to take advantage of their plan's benefits by visiting physicians, seeking substance abuse counseling and/or mental health counseling, if needed, and taking their infant/child(ren) for regular visits to the doctor. By providing hands-on support through trust-building, staff both formally and informally develop and reinforce prosocial parenting skills while spending time with clients—whether in a class or group setting, making a home visit, or simply transporting them to appointments.

Schools and agencies initially appeared eager to accept flyers advertising the program; staff made contact with the birthing center at the local hospital, WIC offices, the Kings County Department of Human Services, Child Protective Services, Juvenile Probation, and local schools. Despite the apparent interest in the program, CYPP struggled from the start to meet its numbers. Referrals remained low, a problem that was exacerbated by the COVID-19 pandemic and the resulting restrictions on staff movement. Service locations were available in both Hanford and Avenal at the start of the program, but the Avenal center closed in 2019 due to lack of referrals. Retention was another issue: even youth who were referred to the program and appeared willing to accept services were often sporadic in their participation, despite the best efforts of staff to accommodate their schedules. The program was able to serve 64 youth over the three years of the program.

Project Design

The CYPP uses an adapted version of the Nurturing Parenting Program (NPP) for youthful parents (up to 24 years of age). NPP builds parenting skills that are necessary to reduce the risk of abusive and antisocial parenting, and social service and criminal justice involvement. It is designed to increase prosocial support systems and behaviors. In addition, NPP addresses abuse and neglect, intergenerational cycles of maladaptive coping and decision-making, substance use, and familial discord and violence; it is designed to identify and build on the strengths of participants. CYPP planned to serve 110 participants and their families each year to meet its goals of reducing the rate of child abuse and neglect, increasing the number of youthful parents who have health insurance and utilize benefits for themselves and their children, and reducing the number of youthful parents who are involved in the justice system. The table on page 2 delineates the goals and objectives for the three-year program.

CYPP is a voluntary program that recruits youth identified as demonstrating risk factors for teen pregnancy, youthful parents, and young families. As discussed above, youth are recruited from agencies, schools, and the community-at-large. When a new youth enters the program, staff completes a basic intake on all referred (including self-referred) parents and youth at risk of becoming young parents to determine services

Project Goals and Objectives

Goal 1: Reduce the rate of child abuse and neglect in Kings County.

Objective 1	Provide participants with skills, knowledge, resources, and support through pregnancy and child rearing via psychoeducation, case management, and home visitation.
Activity 1a	Intake and AAPI-2 assessment for each incoming client.
Activity 1b	Provide 16 to 26 weeks of NPP, as appropriate.
Activity 1c	Establish a case management plan and track client progress.
Activity 1d	Conduct home visits at intake, at six months, and at exit.

Goal 2: Increase health care enrollment and benefit utilization for clients and their child(ren).

Objective 2	Provide linkage services for all medical and benefit resources, inclusive of case management for applications, setting and adhering to treatment regimens and appointments, and securing adequate transportation for such.
Activity 1a	Complete intake interview to determine current health coverage.
Activity 1b	Refer clients to appropriate agencies for enrollment in health coverage, as needed.
Activity 1c	Educate clients about the importance of routine physical health exams.
Activity 1d	Work with clients to make healthy choices (e.g., nutrition, exercise, tobacco-free homes).
Activity 1e	Assist in identifying transportation options for clients to get to medical appointments.

Goal 3: Reduce justice involvement for the identified population by 20%.

Objective 3	Address dynamic criminogenic factors such as negative antisocial peer associations, substance use, mental health, antisocial cognitions and behaviors and improve education and employment skills via the application of the CYPP and any other needed programs and services.
Activity 1a	Intake and assessment of criminogenic factors.
Activity 1b	Referral to appropriate programs and services.
Activity 1c	Tracking of client participation in alternative Champions programs.
Activity 1d	Tracking of client enrollment in programs and services offered through agency referral.

needed. The assessment focuses on criminogenic needs, as well as needs related to housing, education, employment, job skills training, health care, food insecurity, etc. Services are designed to be family-centered, trauma-informed, culturally sensitive and appropriate, and delivered in locations and at times easily accessible. Case plans are individualized and strengths-based.

All participants complete a pre and post program Adult Adolescent Parenting Inventory-2 (AAPI-2), which is an inventory designed to assess the parenting and child rearing attitudes of parents. The parenting and child rearing sub-scales include: (1) expectations of children, (2) parental empathy towards children's needs, (3) use of corporal punishment, (4) parent-child roles, and (5) children's power and independence. The AAPI-2 has been in use for over 30 years and is developed for consistency and reliability. The inventory is key in the development of the case plan for each client.

The case management model used by CYPP staff is assertive community treatment-based, assessing life and criminogenic domains. It focuses on building a case plan around needs identified in these domains, in conjunction with the AAPI-2 and any additional collateral risk assessment and information. Linkages to additional Champions services are made available to all CYPP participants, such as residential treatment, outpatient services, gang diversion, etc.

CYPP staff originally intended to deliver the adapted NPP for youthful parents in a group-based format, with the children meeting in a separate, age-appropriate group setting. The duration of the program was to be dependent on the referral source, collateral information, assessments, and the needs responsiveness information. The programs range from 16 to 26 sessions (secondary model and tertiary model), and are specifically designed for youthful parents (teens and transition-age youth). Each session is scheduled for 90 minutes and includes skills-based content, application of skills, processing, and creative expression. The model calls for staff to conduct home visits with participating families, including observations of parenting, coaching, assessment, and monitoring.

As will be discussed below, the program had to be modified significantly for a number of reasons, all of which were intensified by the impact of COVID-19.

Data Collection

The project evaluator, Transforming Local Communities, Inc. (TLC), worked with staff to identify an appropriate assessment instrument to measure criminogenic need and to set up data tracking spreadsheets. CYPP staff tracks risk assessment data, treatment planning, and coordination of services (including referrals and linkages to outside services) within Anasazi (Cerner Electronic Health Record). Anasazi allows the generation of periodic reports to ensure that expected progress is being made at the individual, group, and program-wide levels. Additional data tracked and monitored included: criminogenic areas, abstinence from substance use, housing status, human services involvement, employment status, criminal justice involvement, access to services, retention in services, and social connectedness. The data collection was to occur face-to-face at three main collection points: intake, 6-month post intake, and discharge with a target follow-up rate of 80%.

Research Design

For each client, the following data were collected: gender, race/ethnicity, age (DOB, if possible), city/town of residence, parenting status (pregnant, currently parenting), age of child/children (if currently parenting), date of intake, insurance status at intake (Medi-Cal, California Covered, private insurance, no insurance), AAPI – baseline (at intake or soon after), AAPI – post program (at six months or upon leaving the program), number of home visits/one-on-one meetings, number and type of referrals to outside agencies (WIC, housing, etc.), date of exit, insurance status at exit (Medi-Cal, California Covered, private insurance, no insurance), status at exit: completed program or dropped out of program (reason: working/going to school; no longer court ordered; moved out of area; reason unknown).

Additional questions asked at intake included:

- ◆ Have you been to a doctor for yourself in the past three months?
- ◆ Have you taken your baby/child to the doctor in the past three months (or since birth, if more recent)?
- ◆ Current criminal justice status: Have you been arrested in the past six months? Have you been incarcerated in the past six months? Are you currently on probation?

Questions asked at exit included:

- ◆ Have you visited a doctor for your own health care since entering the program?
- ◆ Have you taken your child to the doctor since entering the program? (How many times?)
- ◆ Current criminal justice status: Have you been arrested in the past six months? Have you been incarcerated in the past six months? Are you currently on probation?
- ◆ (Regarding any referrals to other agencies/organizations you have made for them): Have you made contact with [name of agency—e.g., Housing Authority]

The TLC team was able to conduct one case study with a graduate of the program (see page 7).

Outcomes

Goal 1 Outcome Measure

GOAL 1: Reduce the rate of child abuse and neglect in Kings County.		
Outcome Measure		Results
1.1	Reduce the rate of child abuse and neglect in the target population in Kings County by 15%, from 74.2/1000 to 63.1/1000.	The year prior to program services beginning, 2017, the rate for child maltreatment substantiations was 8.0/1,000. The most recent year for which data are available is 2020. In that year, the rate was 6.0/1,000, marking a 25% reduction. It should be noted that both the report and investigation of child maltreatment were hampered by the pandemic.

Outcome Measure 1. Reduce the rate of child abuse and neglect in the target population in Kings County by 15%, from 74.2/1000 to 63.1/1000.

Data for this measure were taken from the California Child Welfare Indicators Project from University of California Berkeley’s Center for Social Services Research. While the percent reduction for this measure has not changed, the baseline rate mentioned in the measure (74.2/1,000) is not being used here. There are two reasons for this change: the rate cited in the measure could not be confirmed and the rate is most likely for allegations as opposed to substantiated claims. Because a variety of factors contribute to reports of abuse, few of which the CYPP program can control, focusing on substantiated claims more closely aligns with the program’s mission.

In the year prior to program services beginning, 2017, the rate for child maltreatment substantiations was 8.0/1,000. The most recent year for which data are available is 2020. In that year, the rate was 6.0/1,000,

marking a 25% reduction. It should be noted that both the report of and investigation into child maltreatment were hampered by the pandemic.

Goal 1 Process Measures

GOAL 1: Reduce the rate of child abuse and neglect in Kings County.		
Process Measure		Results
1.1	The two case workers and the parenting program manager will provide the Nurturing Parenting Program to 110 participants and their families each year.	A total of 64 clients received services through CYPP. Program activities were geared toward their clients, rather than the entire family.
1.2	Program staff will identify at least 10 new participants each month.	The number of enrollments varied each month and ranged from no enrollments to seven during any given month.
1.3	50% of participants will complete the program.	More than half of the participants (60.9%) successfully completed the program.

Process Measure 1.1 The two case workers and the parenting program manager will provide the Nurturing Parenting Program to 110 participants and their families each year.

Over the course of the program, 64 unduplicated clients were served. Services were focused on the program participants specifically, and were not offered to their families. In most cases, a case manager and another staff member (e.g., an intern) provided direct services to the participant with oversight from the program manager.

Originally, Champions' staff provided many of their services through home visits. The COVID-19 pandemic halted in-person interaction, and required staff to meet with clients virtually. Not only did this delay some clients' programs, as the service delivery model had to become compatible with virtual delivery, staff also believe that clients were less engaged and it was easier for them to opt out, which negatively impacted retention.

In the first full year of the program (2018-2019), 26 clients received services. A slightly higher number (30) was served in 2019-2020. During the final year, which was longer than the others (extending from July 2020 through fall 2021), 12 youth were enrolled. It is important to note that several youth were enrolled multiple times; four of them had enrollments in different project years.

Process Measure 1.2 Program staff will identify at least 10 new participants each month.

During the first year of the program, 2018-2019, the most enrollments in any one month was five in September 2018. In 2019-2020, November 2019 saw the largest number of clients entering the program with seven enrollments. August 2020 was the highest enrolling month of the final year with four clients starting the program. The pandemic hampered the ability of staff to recruit and serve clients from the latter half of the second program year through the end of the extension.

Process Measure 1.3 50% of participants will complete the program.

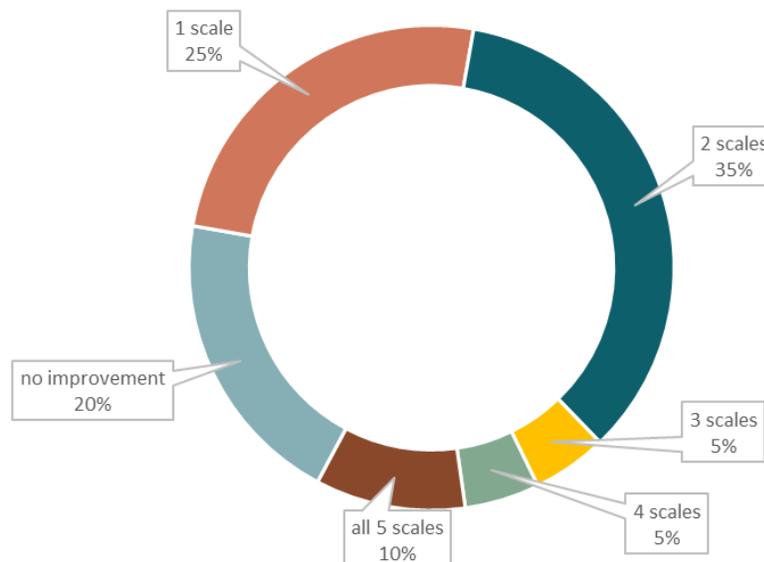
According to the CYPP staff, successfully completing the program meant that clients finished a 16-week curriculum and participated in home visits. They also needed to demonstrate improvement on their Adult Adolescent Parenting Inventory (AAPI) and should not have new legal infractions. Program staff tracked participation and shared completion status with the evaluation team.

Of the 64 clients who received services through the program, more than half (39 or 60.9%) successfully completed program requirements. Sixteen (16, or 25.0%) dropped out of the program, one (1.6%) moved, and no exit data were provided for the other eight participants (12.5%).

As previously mentioned, one of the requirements for successfully completing the program was demonstrating improvement on the AAPI. The risk assessment is comprised of five specific parenting and child rearing attitudes: expectations of children, parental empathy towards children's needs, the use of corporal punishment, parent-child family roles, and children's power and independence. Of the 64 clients who participated in the program, 50 completed a baseline AAPI and 21 completed a post assessment. One of the youth who completed a post did not complete a baseline, resulting in 20 clients for whom both baseline and follow-up assessments are available.

Amongst the five scales, the one measuring expectations of children had the greatest number of clients demonstrate improvement; more than half (55%) improved their scores between the time they started the program and when they finished. Many clients (45.0%) also showed improvement in the area of parent-child family roles. Fewer clients (30.0%) grew in the areas of parental empathy (30.0%), the use of corporal punishment (25.0%), and children's power and independence (25.0%).

Number of Scales On Which A Client Improved
n=20



Lucy's Story

"Lucy" first learned about Champions when she entered the Celebrating Families program as a 17-year-old with her first child. She explained that the program staff helped her with general parenting advice, such as establishing parental bonding routines with her baby. Now 22, a mother of three with a fourth child on the way, Lucy entered the Proud Parenting program as a condition of her probation. The fact that she has successfully completed the program will make it possible for her to get more time with her son, she said; right now, his father has primary custody and she only sees him on weekends.

The motivation to get shared custody has been life changing for Lucy. She is currently taking domestic violence classes. She enrolled in college, got her certificate and is now working as a medical assistant. She still calls on the Proud Parenting staff when she has a question or needs support. Because she deals with anger management issues, they have been particularly helpful in teaching her how to discipline her children appropriately.

Asked what advice she would give another 17- or 18-year-old youth who was offered the opportunity to enroll in Proud Parenting, she said, "Honestly, I don't know. I think back, and I ask myself, why didn't I know this as a minor? I feel like I would still have to have gone through some things, struggle and learn from it, to get my mindset where it is right now."

Two clients (10.0%) improved on all five scales. One improved on four of the five scales, and another one improved on three. Most clients improved on one (25.0%) or two (35.0%) of the scales, and four (20.0%) did not improve on any of them.

GOAL 2. Increase health care enrollment and benefit utilization for clients and their child(ren).

Goal 2 Outcome Measures

Outcome Measure 2. Increase the enrollment of participants in health coverage and proper utilization of benefits for self and child(ren) by 30%.

GOAL 2: Increase health care enrollment and benefit utilization for clients and their child(ren).	
Outcome Measure	Results
2.1 Increase the enrollment of participants in health coverage and proper utilization of benefits for self and child(ren) by 30%.	All CYPP participants had health care coverage when they enrolled in the program. Nearly half of program participants (46.9%) reported utilizing health services either for themselves or for their child(ren) at the end of the program.

All CYPP participants had health care coverage when they enrolled in the program. The majority (85.9%) were covered by Medi-Cal, but a few had private insurance (12.5%) and one (1.6%) had both private insurance and Medi-Cal. When they left the program, most participants (79.7%) were still covered by Medi-Cal and two (3.1%) had private insurance. Insurance coverage was not available for 17.2% of youth when they exited the program.

Amongst the 35 clients who had not visited a doctor in the 3 months before starting the program, 10 (28.6%) reported at exit seeing a doctor for their own needs. It should be kept in mind, however, that end of program data were only available for 16 of these 35 clients.

Some of the participants did not yet have a child when they started the CYPP program, but in looking at those who were already parents when they enrolled, nine had not taken their child(ren) to the doctor in the last three months. End of program data are available for only three of these nine clients; one took their child to the doctor before leaving the program, while the remaining two youth did not.

Goal 2 Process Measures

Process Measure 2.1. At program exit, 80% of participants will demonstrate utilization of health services.

GOAL 2: Increase health care enrollment and benefit utilization for clients and their child(ren).	
Process Measure	Results
<p>2.1 At program exit, 80% of participants will demonstrate utilization of health services.</p>	<p>Nearly half of program participants (46.9%) reported utilizing health services either for themselves or for their child(ren) at the end of their program.</p>

At both intake and exit, program staff asked participants if they had sought medical attention for themselves or for their child(ren). For participants with multiple program enrollments, their most recent exit was used for this measure.

At the time they left the program, 18 participants (28.1%) reported that both they and their child had seen a doctor at least once while they were enrolled in the program. Another 12 (18.8%) indicated that either they or their child had seen a doctor while in the program. Six (6) participants (9.4%) reported that neither they nor their child had visited a doctor during their tenure in the program, and nearly half of the clients (28 or 43.8%) did not have data available for this measure. If only including the participants for whom data are available, then 50.0% visited a doctor themselves *and* took their child, and 83.3% reported that either they *or* their child had a visited a doctor while in the program.



Goal 3. Reducing justice involvement for the identified population by 20%.

Goal 3 Outcome Measures

GOAL 3: Reducing justice involvement for the identified population by 20%.	
Outcome Measure	Results
3.1 Reduce justice involvement for the identified population by 20%.	Much of the data for this outcome measure is missing. Although arrest, incarceration and probation data were collected at intake, it was missing for most clients when they exited the program. Further, the self-reported data were unreliable as some clients reported fewer convictions at exit than they had when they started the program. Champions staff did report that two youth were dropped from the program because they were incarcerated but these two youth later returned to the program.

Outcome Measure 3. Reduce justice involvement for the identified population by 20%.

When clients entered the program they were asked for how many misdemeanors and for how many felonies they'd been convicted. They were asked again when they left the program, but data were available for only five clients at the end of the program. All five clients reported at both entry into the program and at exit that they had been arrested at least one time and they all reported that they have spent time in jail. Two were never convicted, but the other three indicated that they have been convicted of a crime. At the time they entered the program, three clients reported that they had already been convicted. When they left the program, a fourth reported having been arrested. Because the data are self reported, there were some conflicting results. For both types of offenses, the number of convictions fluctuated between program entry and exit. In one instance, the number of misdemeanors and felonies reversed (3 misdemeanors at intake and 0 felonies at intake, and 0 misdemeanors and 3 felonies at program exit). Another client reported fewer misdemeanors and felonies at exit than at entry, demonstrating that the results are unreliable.

Goal 3 Process Measures

GOAL 3: Reducing justice involvement for the identified population by 20%.	
Process Measure	Results
3.1 80% of youth referred to alternative programs at Champions will accept services.	Most often youth were part of another Champions' program before entering CYPP, rather than the other way around as expected when this measure was written. That said, 28.1% participated in alternative programs at Champions.
3.2 60% of youth referred to outside programs will accept alternative services.	In all, 13 referrals were made for 12 youth to outside agencies. Of these referrals, youth followed up on six of the referrals; half of these (3) resulted in services.

Process Measure 3.1. 80% of youth referred to alternative programs at Champions will accept services.

CYPP participants had the opportunity to benefit from other programs offered by Champions. Typically participants participated in other Champions programs first, and were then enrolled in CYPP if they were eligible. Of the 64 CYPP participants, 18 (28.1%) were also in other Champions programs, such as Celebrating Families, child abuse treatment, Nurturing Parenting, and Supporting Fathers. In fact, two clients took part in three different programs, not including CYPP. Ten (10) were in two other programs, and six were in one other program.

Process Measure 3.2. 60% of youth referred to outside programs will accept alternative services.

Over the course of the CYPP program, 13 referrals to outside agencies were made to 12 participants. Four clients were referred to the Kings County Action Organization to obtain diapers and food, and one was made to the Kings/Tulare Homeless Alliance; it is not known to which agencies the other eight referrals were made but they were all for assistance with either housing or food. Three (3) of the 13 referrals resulted in the client receiving services. For five of the referrals, the client did not follow-up with the agency, and for the other five referrals, the client followed-up but did not receive the services for which they were referred.

Conclusions

Between 2018 and 2021, CYPP was able to serve a total of 64 youth who were either currently parenting or at risk of becoming parents. During the first six months of the program, project staff reached out to the birthing center at the local hospital, to Juvenile Probation, to the WIC program, to the Kings County Department of Human Services, to local schools, and to other youth-serving agencies; however, despite seemingly positive feedback initially, few of these agencies actually began referring youth to the CYPP. Information provided after the project ended suggested that the schools were not interested in referring students because they had their own parenting program in place in the district.

Even when agencies did refer, staff found it difficult to convince parents to give permission for their underage children to participate in the program—particularly if the youth was considered *at risk* for parenting and not actually already pregnant or parenting. Staff attributed this both to the belief of some parents that their children were not sexually active, and in rural outlying communities, a culture that to some degree views having babies at a young age as typical. Eventually staff found that recruiting youth from other groups sponsored through Champions was the best way to engage new participants.

Staff went to considerable length to retain youth. A case manager explained:

I start doing intake and talk about when to meet to begin the first session. I even let them know that... they don't have to feel we have to come on this day and time with this program I let them feel that it's up to them [to determine the day and time we meet], just as long as we meet once a week and as long as they're committed to me every week...I am able to go to them or we can meet anywhere they feel comfortable to meet, either at a office, home, or maybe outside their home, or outside at a park...As long as they are able to participate and engage, that's the main thing. Then we just schedule a day and time. I would follow up with them with, with me having a work cell I am able

to provide them my number and text, and I notice a lot of the youth prefer text as the best communication method. So even when we schedule I always send them a reminder a day before.

Despite the staff's flexibility, retention was a struggle. Some youth dropped out of the program because they were able to find jobs; others simply dropped out without giving a reason. COVID-19 exacerbated the problem due to the fact that, for a period, it was not possible to meet in-person with youth. Although the staff quickly flexed to provide online services, youth participation was sporadic.