



# **Annual Program Evaluation 2020-2021**

**February 2022**

## **The Stanislaus County Children and Families Commission**

The Stanislaus County Children & Families Commission was established by the Stanislaus County Board of Supervisors on December 8, 1998 following voter approval of Proposition 10 in November 1998. The Commission operates as an independent County agency. In July 2018 the Commission also adopted the use of the name First 5 Stanislaus to align with nomenclature used by nearly all local commissions and the State commission.

The Commission is dedicated to promoting children's development and well-being by supporting programs that make a difference in the emotional, physical, and intellectual experiences in a child's first 5 years.

Every year, the Commission invests millions of dollars in vital services for children ages 0 through 5 and their families in the areas of health, safety, family support, and child development.

The Annual Program Evaluation assesses the Commission's funded programs to determine each program's performance and efficiency while also demonstrating the overall impact toward the Commission's long-term goals.

### **Mission**

Be a catalyst to help give children and families the best start.

### **Commissioners**

Vicki Bauman - School Representative  
Ignacio Cantu, Jr. - Community Representative  
Vito Chiesa - Board of Supervisors  
David Cooper, Chair - Community Representative  
Daniel Diep, MD - Community Representative  
Mary Ann Lilly-Tengowski, Vice-Chair - Health Services Agency  
Nelly Paredes-Walsborn - Community Representative  
Amanda Sharp - Community Services Agency  
Julie Vaishampayan, MD - Public Health Officer

**February 2022**

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## Introduction

Section 130100 of the California Health and Safety Code requires the Stanislaus County Children and Families Commission to “use outcome-based accountability to determine future expenditures.” This provision of law has been interpreted to require that evaluations are conducted for the programs funded with Proposition 10 funds.

“Evaluation,” as used by the Stanislaus County Children and Families Commission, is the systematic acquisition and analysis of information to provide useful feedback to a funded program and to support decision making about continuing or altering program operations. The results of the evaluation illustrate how a program is making a difference and to what extent the program and their outcomes align with overall Commission goals.

This Evaluation Report contains information on:

- Strategic Plan goals
- The purpose of this evaluation
- Distribution of funding and services by result areas, geography, and type of services
- Intensity of services
- Participant and County demographics
- How program results (by result area) address Strategic Plan goals
- Program operations by contract including client makeup, highlights, contractor responses to last year’s recommendations, planned versus actual outcomes, and recommendations

## Strategic Plan Goals and Objectives

In its 2019-2024 Strategic Plan, the Commission focused on providing services and producing results in the areas of family functioning, health, child development, and sustainable systems. In these areas of focus, the Commission’s desired results for children ages 0-5 in Stanislaus County are listed below with corresponding objectives:

### **Families are supported and safe in communities that are capable of strengthening families**

- Increase parental and caregiver knowledge, skills, and access to resources to support their child’s development
  - Strive to ensure all parents and caregivers of children in Stanislaus County receive parenting education from the earliest possible moment
  - Decrease child abuse and neglect
- Improve a sense of community in the lives of families (connections, supports, etc.) by increasing connections, relationships, and concrete support for parents and caregivers

### **Children are eager and ready learners**

- Increase the number of children that are read to daily
- Increase access to opportunities for professional growth for Family, Friend, and Neighbor childcare providers
- Increase the number of children who are “ready to go” when they enter kindergarten (as measured by the Kindergarten Student Entrance Profile/KSEP)

### **Children are born healthy and stay healthy**

- Increase the rate of healthy births
  - Increase the number of pregnant women and teens who receive prenatal care
  - Maintain infant mortality rates below state levels
  - Decrease the number of low birth weight babies
  - Decrease the percentage of women who smoke during pregnancy
- Increase children’s access to and utilization of health insurance benefits

### **Sustainable and coordinated systems are in place that promote the well-being of children from prenatal through age five**

- Increase the funding and/or alignment of funding for a coordinated system of support for children and families

- Increase the level of county data integration/alignment of indicators, associated monitoring, and use of data to inform course-correction as needed to improve outcomes for children and families
- Increase the knowledge of individuals serving young children about available resources (including professional development) services, and referral opportunities

### Evaluation Purpose and Methodology

The intent of this evaluation is to answer questions on two levels: individual programs' performance and the Commission programs as a collective. Put simply, on both the program performance and collective Commission levels, the Results-Based Accountability questions "How much was done?," "How well was it done?," and "Is anyone better off?" are answered in this evaluation.

With these questions in mind, the goal of the evaluation process for the 2020-2021 fiscal year was to acquire, report, and analyze information, share that information with stakeholders (i.e., programs, community, funders), and then upon reflection, make recommendations based on the areas of strengths and areas that could improve to better serve target populations on both the Commission and program levels.

The evaluation is a collaborative effort between Commission staff, programs, and other involved stakeholders. A variety of data sources have been utilized to holistically evaluate the programs and the Commission's progress toward goals set forth in the Strategic Plan.

Data sources used for the evaluation include quarterly reports, outcome-based scorecards, budgets, invoices, and a participant demographic report (PDR). Two of the main tools utilized are the PDR database and the Stanislaus County Outcomes and Results Reporting Sheet (SCOARRS). PDR is a locally developed database that tracks demographics of participants and the services provided by funded programs. The SCOARRS is a reporting tool that programs use to track progress toward planned outcomes by defining activities and reporting outputs and changes in participants.

Program data was provided exclusively by the respective programs while financial data and contract information were acquired from Commission records. Whenever possible, the contracted programs' self-analysis were integrated into the evaluation, at times in their own words. All programs were also asked to review the drafted evaluations for accuracy and feedback. Collectively, this provides information about funded programs, the impact they make on children and families, their contributions towards the objectives and goals of the Commission's Strategic Plan, as well contributions toward population level results for our community's 0-5 population.

# Community Impact Dashboard 2020-2021

## Invested...

over \$4.7 million in the community



## Reached...

19,434 children, parents and providers



## Provided...

parent education and support to the parents of 996 children



## Served...

the families of 880 children participated in literacy services



## Provided...

154 pregnant women with pregnancy education and support



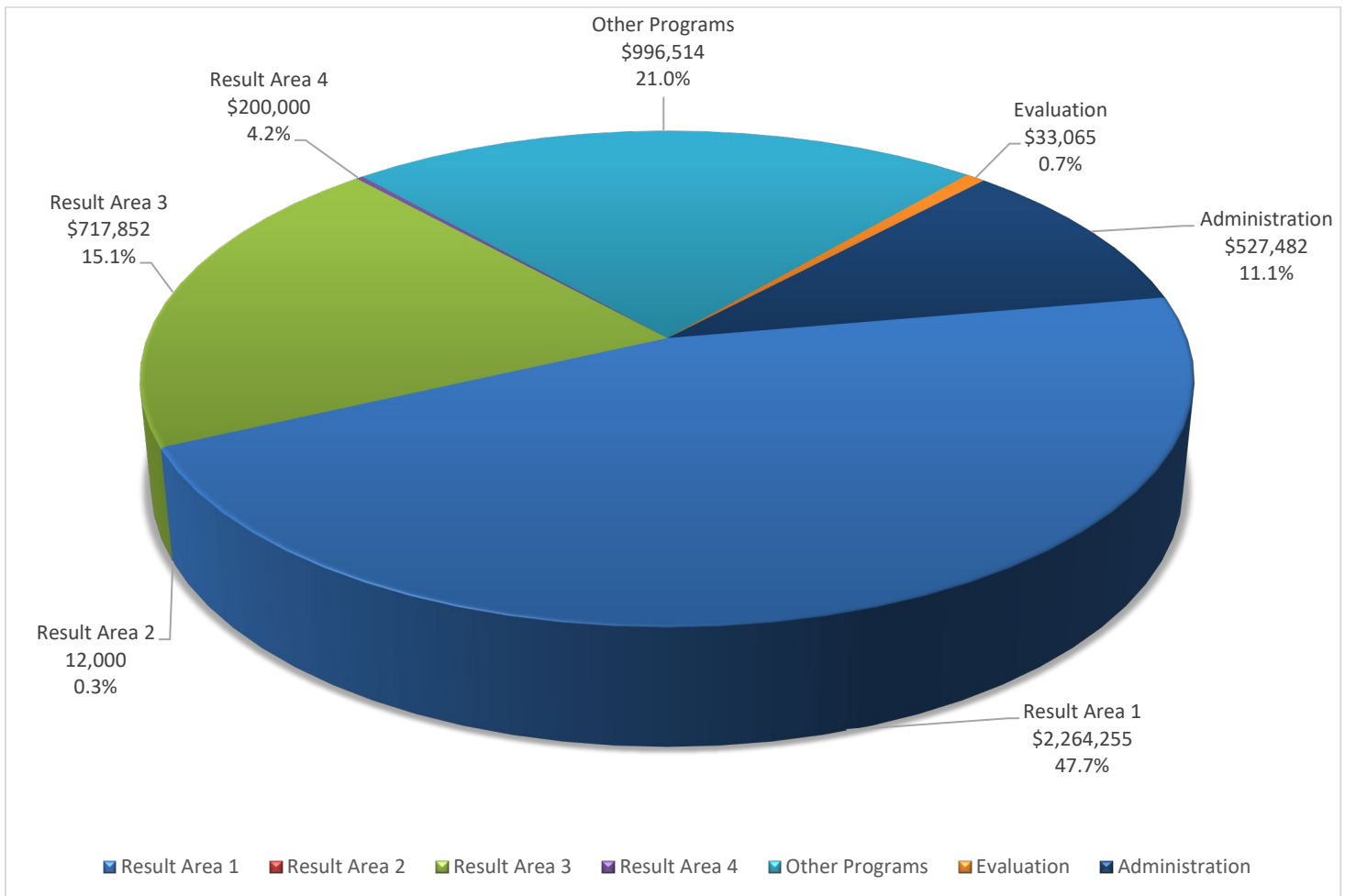
## Served...

667 children received developmental screenings



## Funding Distribution by Budget Category

**Total: \$4,751,168**



**The 2020-2021 budget pie chart portrays the distribution of Commission funding by budget category.**

### **Program Categories:**

The program categories (also known as Result Areas) make up 67.2% of the annual budget. These are areas in which outcomes for children ages 0-5 and their families are reported and evaluated. The funding provides measurable services for children and families.

### **Other Programs Category:**

"Other Programs" consists of Commission and Stanislaus County charges that support programs, and the funds appropriated for program adjustments. This category makes up 21.0% of the budget.

### **Administration and Evaluation Categories:**

These categories make up just 11.8%, with Administration comprising 11% and Evaluation comprising 0.7% of the annual budget.

The two graphs on the next page compare the distribution of the Stanislaus County Children and Families Commission total budget by fiscal year from 16/17 through 20/21. Graph 1 compares the **amount** of funding allocated to each result area (RA), and Graph 2 compares the **percentage of the total budget** allocated to each RA.

Graph 1 illustrates that for the past five fiscal years the Commission has consistently appropriated the largest *amount* of funding to RA 1 (Improved Family Functioning). In fiscal year 17/18, the amount of funding and percent of funding decreased substantially due to a reclassification of service and expenditure categories as required by First 5 California reporting requirements for county commissions. In 18/19, there was an additional 10% decrease in funding as the Commission moved to realign its funding and develop a balanced budget. The Commission adopted a new strategic plan in December 2019 and, in an effort to align its funded programs for 19/20 with its newly adopted Strategic Plan, several programs formerly funded under RA 1 were not renewed, reducing the amount and budget for this category. While the amount budgeted for RA 1 decreased in 19/20 and 20/21, the percentage of the total budget did increase slightly.

Both the funding amount and the percentage of funding for RA 2 (Improved Child Development) has remained relatively steady since 18/19. As the Commission moves to an emphasis on programs with a more primary prevention focus with the ability to scale and reach more individuals, the decision was made to no longer fund the Kindergarten Readiness program. Kindergarten Readiness was the final program funded under RA 2. The Early Care and Education conferences reported in RA 2 as well as the Spanish language Early Care and Education Conference pilot both focus on training and supporting those who work with young children daily with the ultimate goal of increasing children who are eager and ready learners. In addition, it should be noted several other programs reported under other result areas provide services that support the goals of Improved Child Development.

Compared to prior fiscal years both the amount of funding and the percentage of the total budget dedicated to RA 3 (Improved Child Health) had increased in 17/18 due to a change in reporting requirements implemented in fiscal year 17/18. The reporting change resulted in the Zero to Five Early Intervention Partnership (0-5 EIP) program which was previously reported in RA 1 to be reported in RA 3. Both the amount of funding and the percentage of the total budget dedicated to RA 3 decreased in 18/19 and again in 19/20, as several programs funded by the Commission no longer needed support. In addition, many of the services provided under the 0-5 EIP program could be offered through existing programs at Behavioral Health and Recovery Services. In 20/21 the Healthy Birth Outcomes funding was reduced as the program winded down its final year, further decreasing the amount of funding and the percentage of total budget allocated to RA 3.

Graphs 1 and 2 show that RA 4 (Improved Systems of Care) has consistently been appropriated one of the smallest amounts and percentages of funding, even less than the “Administrative” category until 20/21. As the Commission continues to implement its Strategic Plan by nurturing widespread and overarching collaboration, coordination, and leveraging, the amount and percent of funding in RA4 will increase. In addition, it should be noted, there are also activities sponsored by the Commission such as Commission staff time spent supporting funded programs, that also support RA 4 but are categorized under “Other Programs.” When reporting to First 5 California these activity expenditures are reported under RA 4, but since they are not contracted programs, they remain in “Other Programs” for local budget and expenditure reporting.

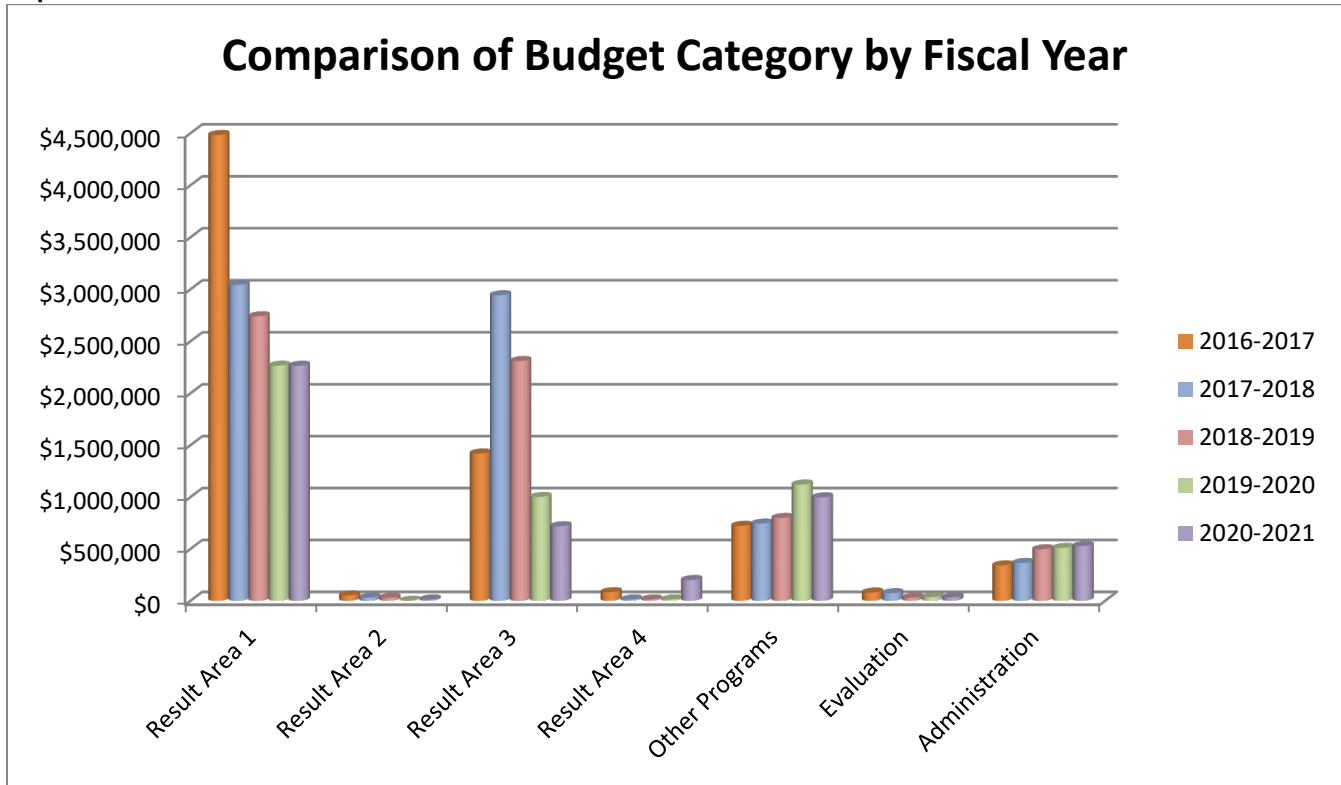
The funding category “Other Programs” has remained relatively consistent since 18/19. In 19/20 both the allocated amount of funding and the percentage of total budget appropriated to “Other Programs” increased significantly (by 45%) as a result of the planning for Strategic Plan implementation. Many of the planned activities were place on hold as the Commission shifted its focus to the COVID pandemic and its impact on the community. This category remains higher than in prior years to allow the Commission to continue to support the Strategic Plan implementation.

The budgets for the “Administrative” and “Evaluation” categories have remained consistently low in both the allocated amount and percentage. The Commission reduced funded contracts in 18/19 by 5%-20% in an effort to balance the Commission’s budgeted expenditures to anticipated revenue. The Commission again reduced its budgeted expenditures in 19/20 when it aligned its funded programs to its newly adopted Strategic Plan and then again in 20/21 with the planned wind down of the Healthy Birth Outcomes program. As a result of the reduction in the total budget, while maintaining staff time associated with administrative activities, the total allocated amount and percentage of total budget for the “Administrative” category increased in 18/19, 19/20 and 20/21.

The Stanislaus County Children and Families Commission remains dedicated to allocating the greatest amount and percentage of the budget to programs and services that positively affect the well-being of children ages 0-5 and their families. As Prop 10 funding decreases, the Commission will continue to closely align spending with its priorities.



Graph 1

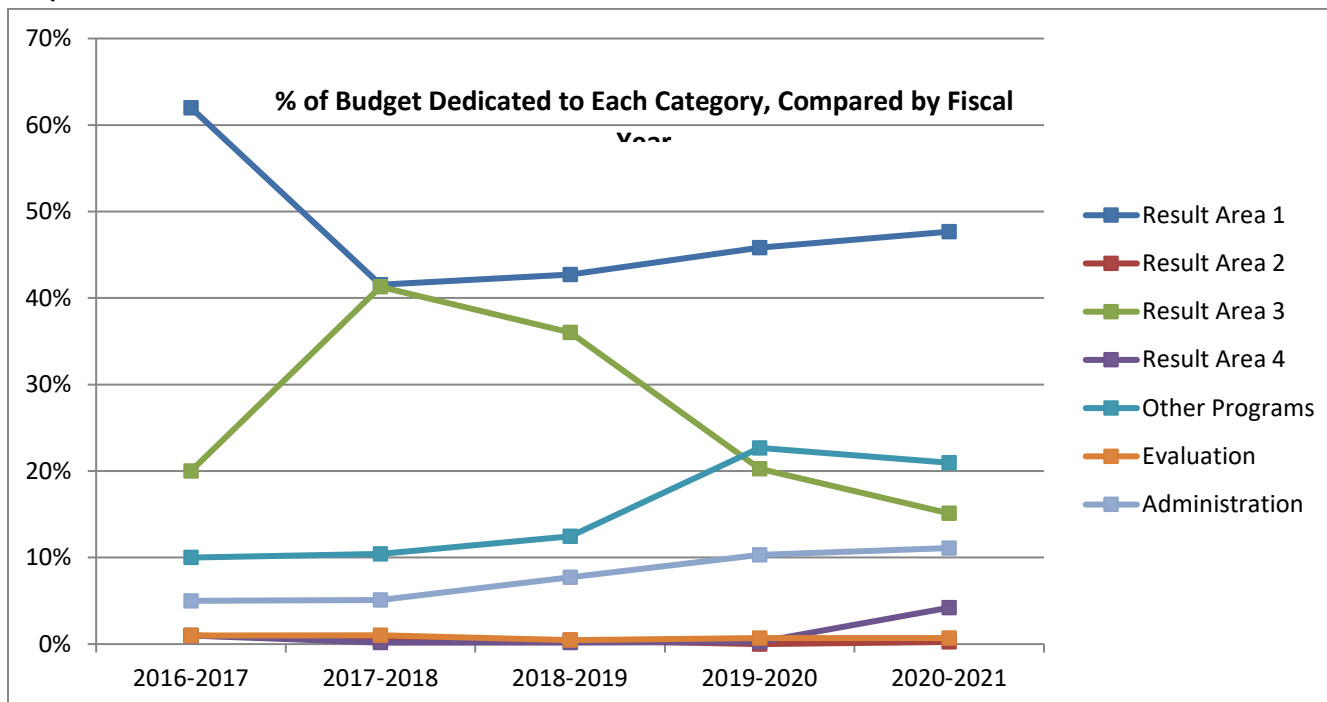


#### Total Budget

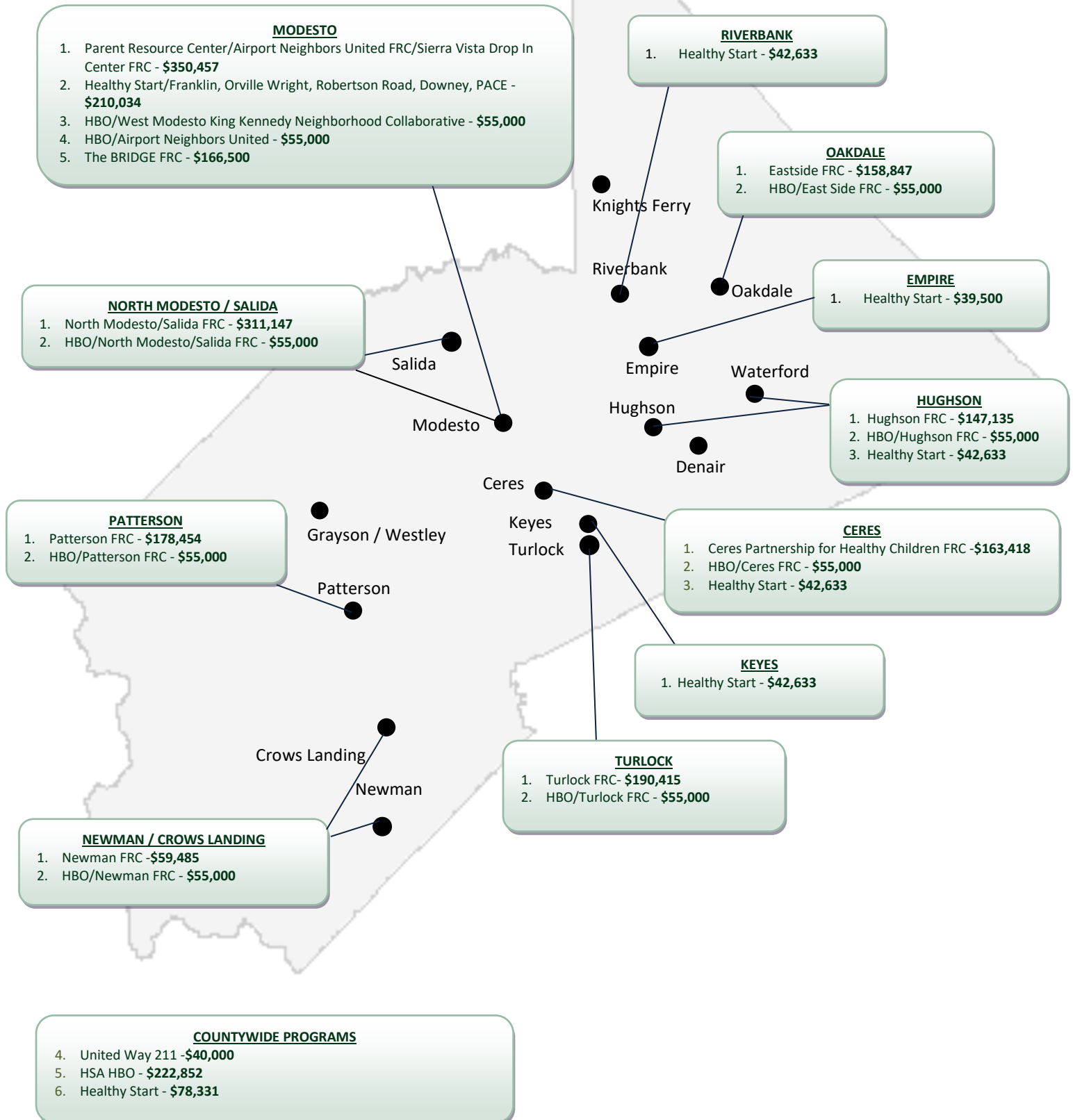
2016-2017: \$ 7,178,774  
 2017-2018: \$ 7,207,108  
 2018-2019: \$ 6,413,193  
 2019-2020: \$ 4,939,614  
 2020-2021: \$ 4,751,168

Result Area 1 (RA 1) – Improved Family Functioning  
 Result Area 2 (RA 2) – Improved Child Development  
 Result Area 3 (RA 3) – Improved Health  
 Result Area 4 (RA 4) – Improved Systems of Care

Graph 2



## STANISLAUS COUNTY CHILDREN & FAMILIES COMMISSION 2020-2021 PROGRAMS



## Program Budget Award by Location

Location	Program Budget Allocation	% of 20/21 Program Budget*	% of County's Population**
Modesto	\$ 836,991	31.7 %	39%
Turlock	\$ 245,415	9.3 %	13%
Riverbank	\$ 42,633	1.6%	5%
Ceres	\$ 261,051	9.9%	9%
Newman/Crows Landing	\$ 114,485	4.3%	2%
Empire	\$ 39,500	1.5%	1%
Hughson (includes SE smaller towns)	\$ 244,768	9.3%	3%
Oakdale	\$ 213,847	8.1%	4%
Salida***	\$ 366,147	13.9%	3%
Keyes	\$ 42,633	1.6%	1%
Patterson	\$ 233,454	8.8%	4%
<b>TOTAL of location specific programs</b>	<b>\$ 2,640,924</b>		
<b>Countywide Programs</b>	<b>\$ 341,183</b>		
<b>TOTAL:</b>	<b>\$ 2,982,107</b>		

\*Percent of Program Budget that is not allocated countywide

\*\*State of California, Department of Finance, E-1 Population Estimates for Cities, Counties, and the State with Annual Percent Change – January 1, 2020 and 2021; Sacramento, CA, May 2021; 2020 Census Redistricting Data, June 2021

\*\*\*The program budget allocation for the Salida location includes parts of the North Modesto area.

The map depicts the distribution of Stanislaus County Prop 10 funds allocated to programs by location within the county. It illustrates the extent to which program services reach children ages 0-5 and their families countywide, and the number of programs in each area. The chart above shows the percentage of program funds allocated by city or region juxtaposed against the percentage of the county's population in that area. The percentage of funding allocated to the Stanislaus County cities and towns continues to align closely with population demographics in general. Some of the smaller outlying areas of the county such as Oakdale and Patterson were allocated disproportionately higher amounts of funding as the outlying areas of the county are located farther from many community resources.

A total of \$341,183 was allocated to programs that operate throughout the county, making up 11% of the total program budget. These countywide programs reach all the above locations, and many have developed partnerships in order to collaborate with location specific programs, thereby leveraging Prop 10 resources. The remaining 89% of the program budget is allocated to programs that operate within a specific community to best serve the needs of the children and families within that community. As programs that operate within specific communities begin to expand their virtual services, they also have the potential to reach families outside of their immediate neighborhoods and community. This broadens their potential community reach.

### Intensity of Services and Service Levels

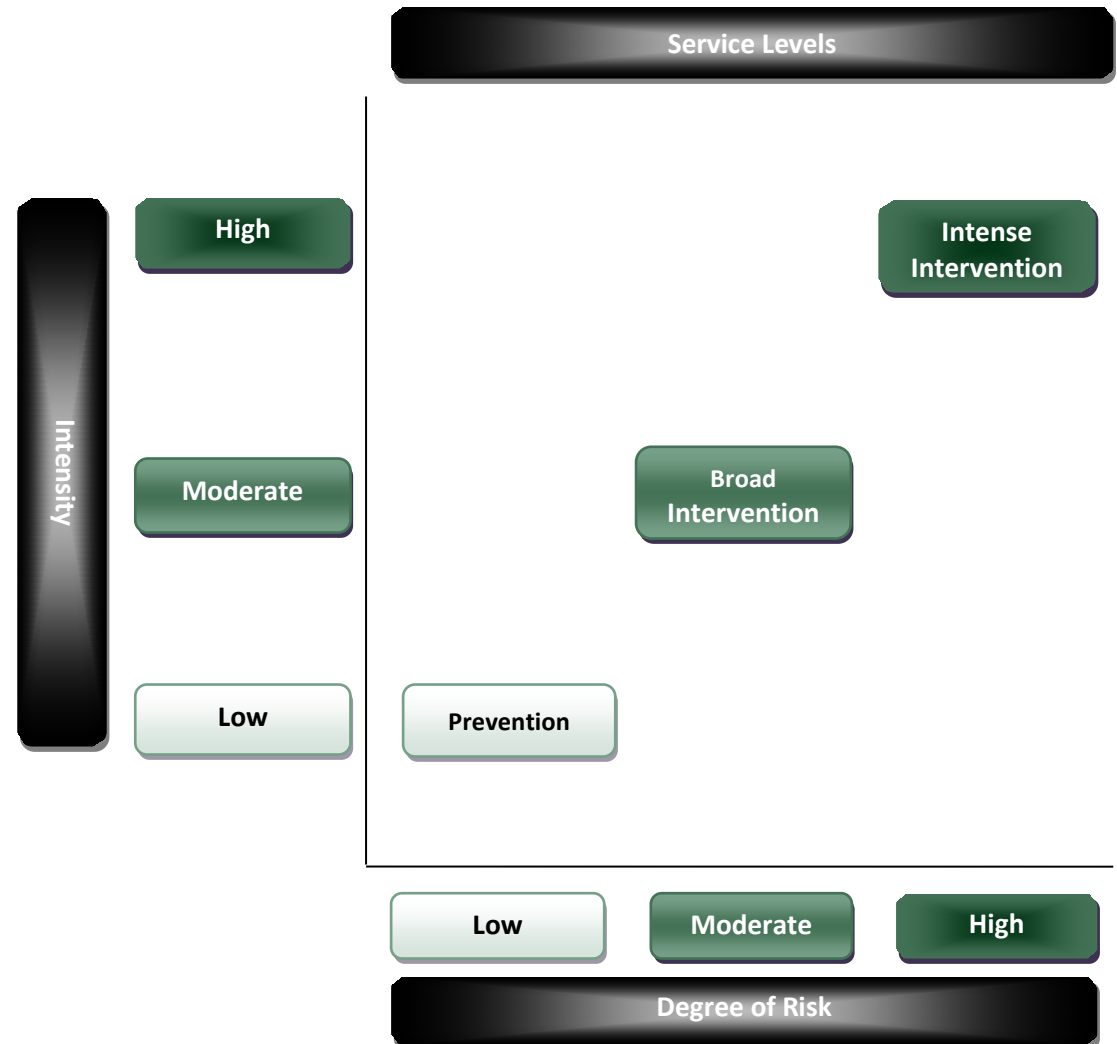
With the adoption of the Commission's 2019-2024 Strategic Plan, the Commission decided to focus more on primary prevention services. While the Commission continues to fund programs that offer a continuum of prevention and intervention services that target all children 0-5 and their families in Stanislaus County, it is shifting away from intensive services.

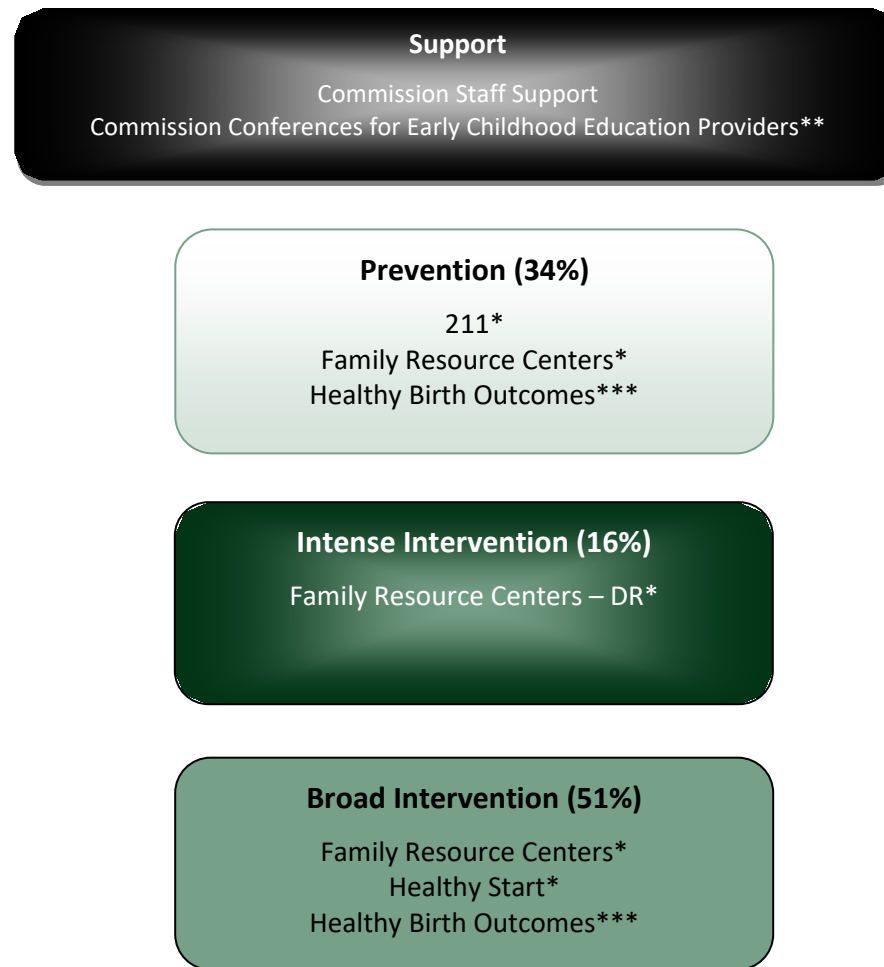
#### Service Levels

The diagram to the right portrays how the level of services relates to the intensity of the service and the degree of risk. In general, the low-risk and low-intensity services (prevention) are those that benefit a larger number of children and families with lower associated costs. Conversely, the high-risk and high-intensity services (intense intervention) usually assist a smaller number of children and families with higher associated costs. It is important to note that there are services that fall in areas between these main levels of services.

#### Service Level Investment

Approximately 51% of the program budget is dedicated to Broad Intervention, while 16% goes towards Intense Intervention and 34% to Prevention services. The Commission's priority has shifted towards prevention and broad intervention, therefore decreasing the percentage applied to intensive services. Some programs are listed under more than one level because they have different program components, and there is certainly overlap between service levels.





- \* Improved Family Functioning
- \*\* Improved Child Development
- \*\*\* Improved Health
- \*\*\*\* Improved Systems of Care

**Prevention:**

Strategies delivered to the 0-5 population and their families without consideration of individual differences in need and risk of not thriving

**Broad Intervention:**

Strategies delivered to sub-groups of the 0-5 population and their families identified based on elevated risk factors for not thriving

**Intense Intervention:**

Strategies delivered to sub-groups of the 0-5 population and their families identified based on initiated or existing conditions that place them at high risk for not thriving

## Participant and County Demographics

Prop 10 funded programs utilize the locally developed participant data report (PDR) to track and report direct service participants' demographic information. Demographic data used in these charts were obtained from state/federal sources and contract reports.

### **Race/Ethnicity Served and Participant Primary Language**

These two charts depict the profile of the population being served by Prop 10 funded programs. As shown, the programs are providing services to a diverse population and closely align with county demographics. There is a continuing emphasis on serving Hispanic families. Programs are aware of the need for culturally sensitive and appropriate services. All funded programs have implemented cultural awareness/proficiency trainings and the outreach efforts to diverse populations have been consistently strong.

### **Participating Children Age Distribution**

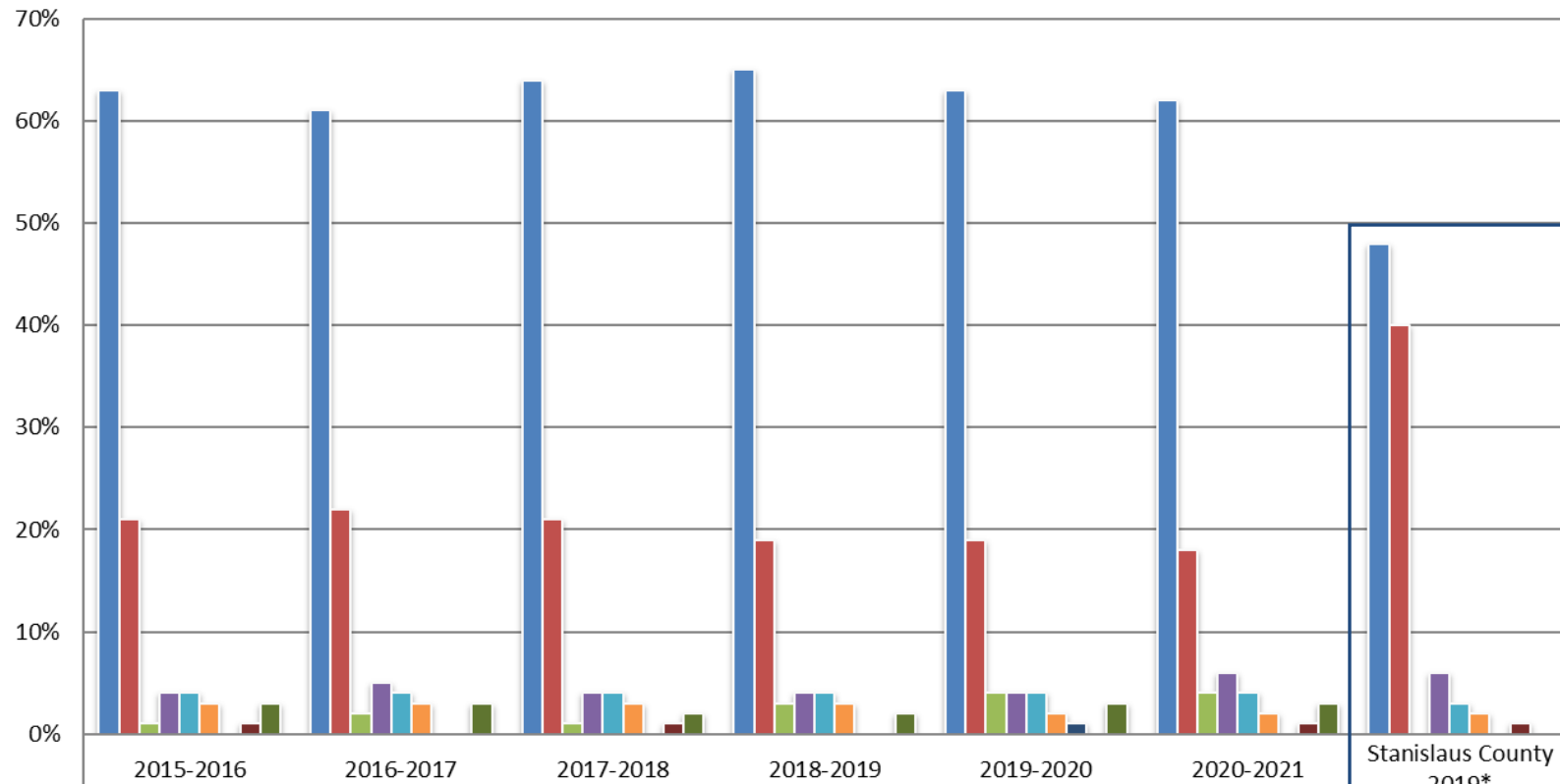
This chart shows the age distribution of children participating in Prop 10 funded programs. The programs offer families a wide range of services to engage and support children from birth through age 5. The programs have almost equally served children ages 0 through 2 and children ages 3 through 5 from 16/17 through 19/20. In 20/21 more children ages 3 through 5 were served than in the past. This may be a result of the COVID-19 pandemic and these children not being able to engage in other services such as early Head Start.

### **Infant Mortality Rate**

These charts show that the Infant mortality rate for Stanislaus County is slightly higher than the State rate and exceeds the Healthy People 2030 goal of 5.7. (Healthy People 2020 established science-based 10-year national objectives for improving the health of all Americans on a number of different indicators, including infant mortality. Visit <https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth> for more information.)

However, there are disparities when comparing the infant mortality rates for individual ethnicities. Stanislaus County exceeds or meets the Healthy People 2020 goal for all. Socioeconomic influences such as education, food security and income stability may be factors impacting the infant mortality rate for the different ethnicities.

## Race/Ethnicity Served

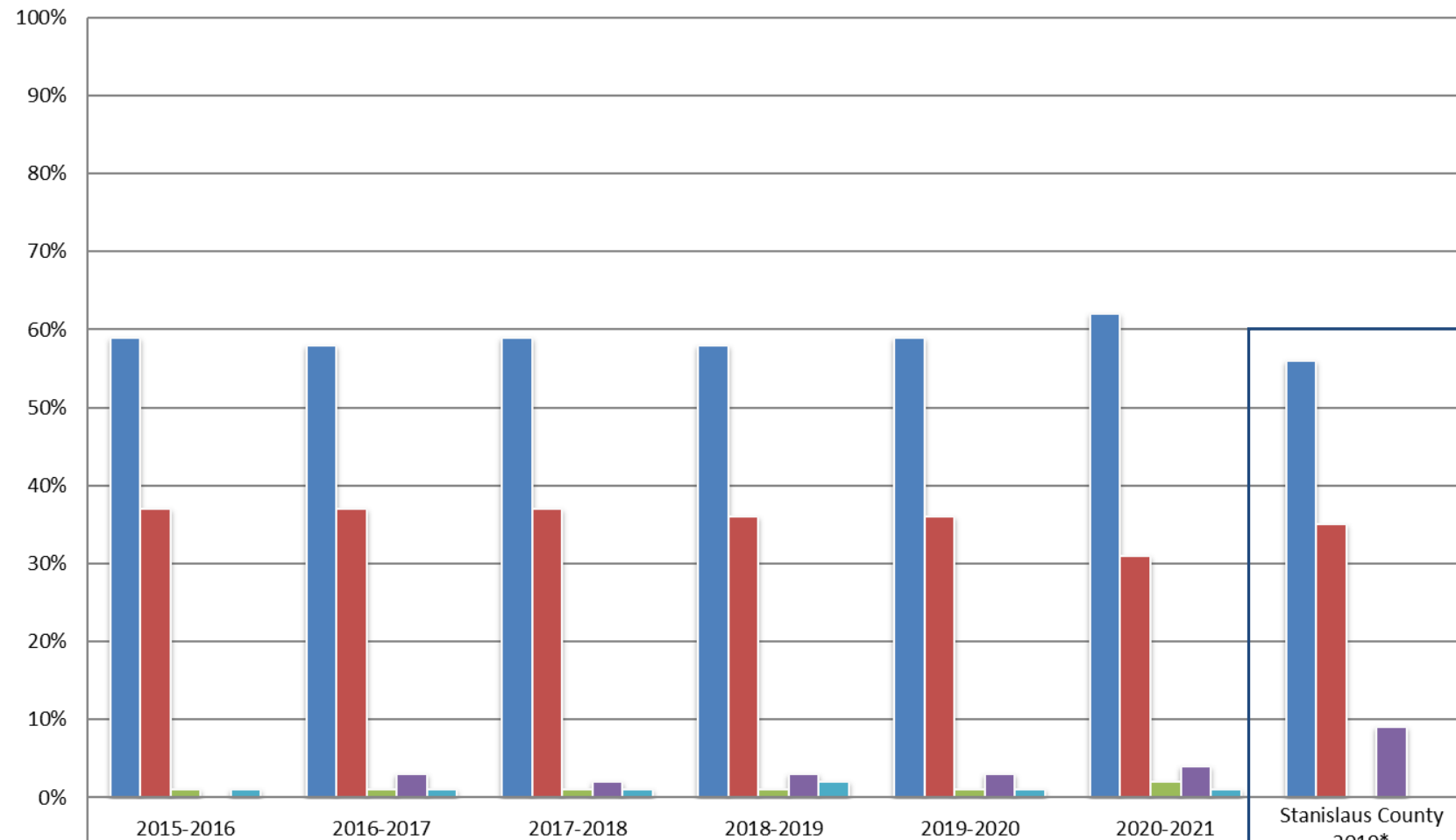


Hispanic	63%	61%	64%	65%	63%	62%	48%
White	21%	22%	21%	19%	19%	18%	40%
Unknown	1%	2%	1%	3%	4%	4%	0%
Asian	4%	5%	4%	4%	4%	6%	6%
African American	4%	4%	4%	4%	4%	4%	3%
Multiracial	3%	3%	3%	3%	2%	2%	2%
American Indian	0%	0%	0%	0%	1%	0%	0%
Pacific Islander	1%	0%	1%	0%	0%	1%	1%
Other	3%	3%	2%	2%	3%	3%	0%

CFC data does not include provider capacity language data.

\*U.S. Census Bureau, 2019 American Community Survey (ACS). ACS data for 2020 delayed due to COVID-19 pandemic and prior year data used.

## Participant Primary Language



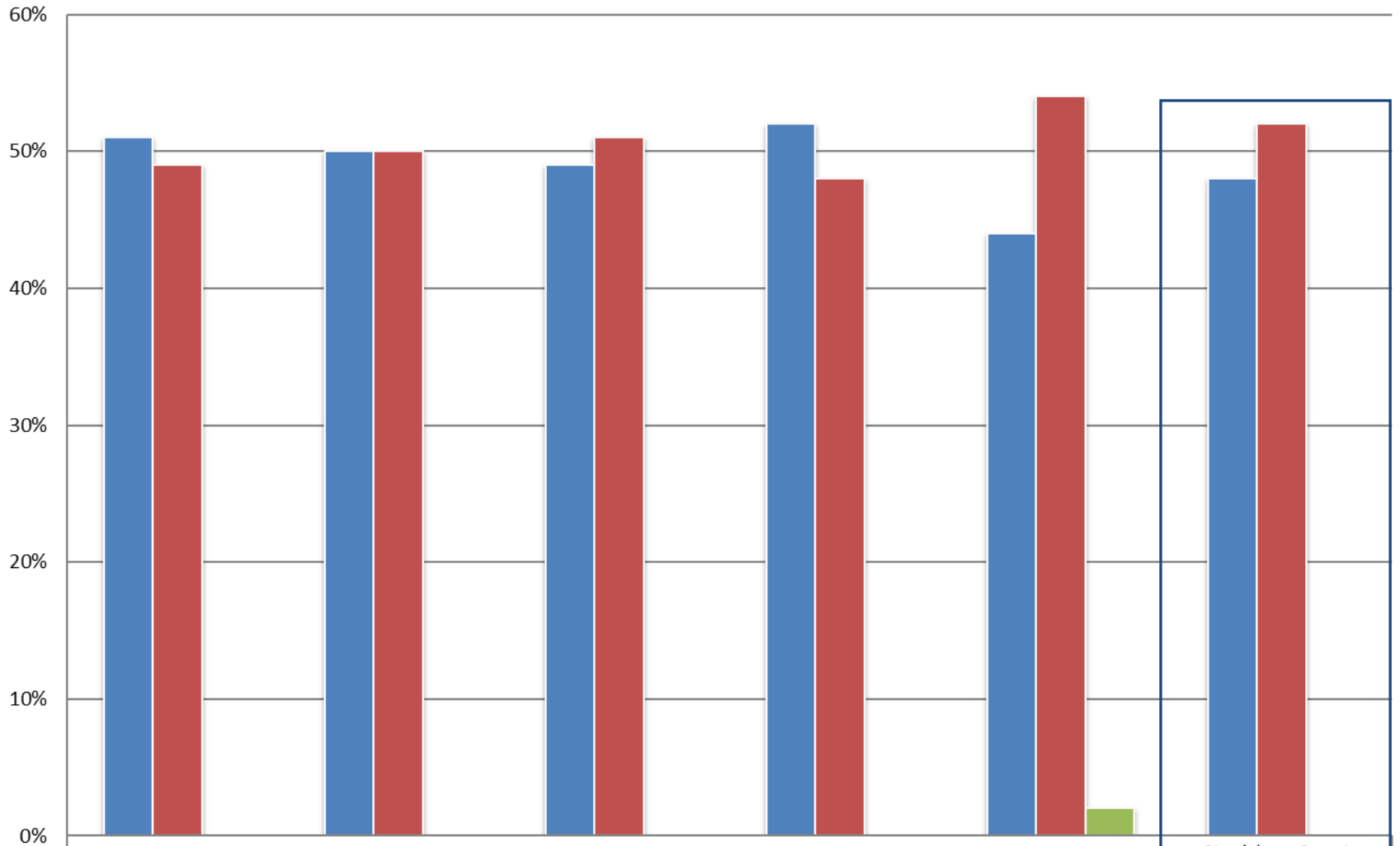
English	59%	58%	59%	58%	59%	62%	56%
Spanish	37%	37%	37%	36%	36%	31%	35%
Hmong	1%	1%	1%	1%	1%	2%	0%
Other	0%	3%	2%	3%	3%	4%	9%
Unknown	1%	1%	1%	2%	1%	1%	0%

CFC data does not include provider capacity language data.

\*U.S. Census Bureau, 2019 American Community Survey (ACS). ACS data for 2020 delayed due to COVID-19 pandemic and prior year data used.



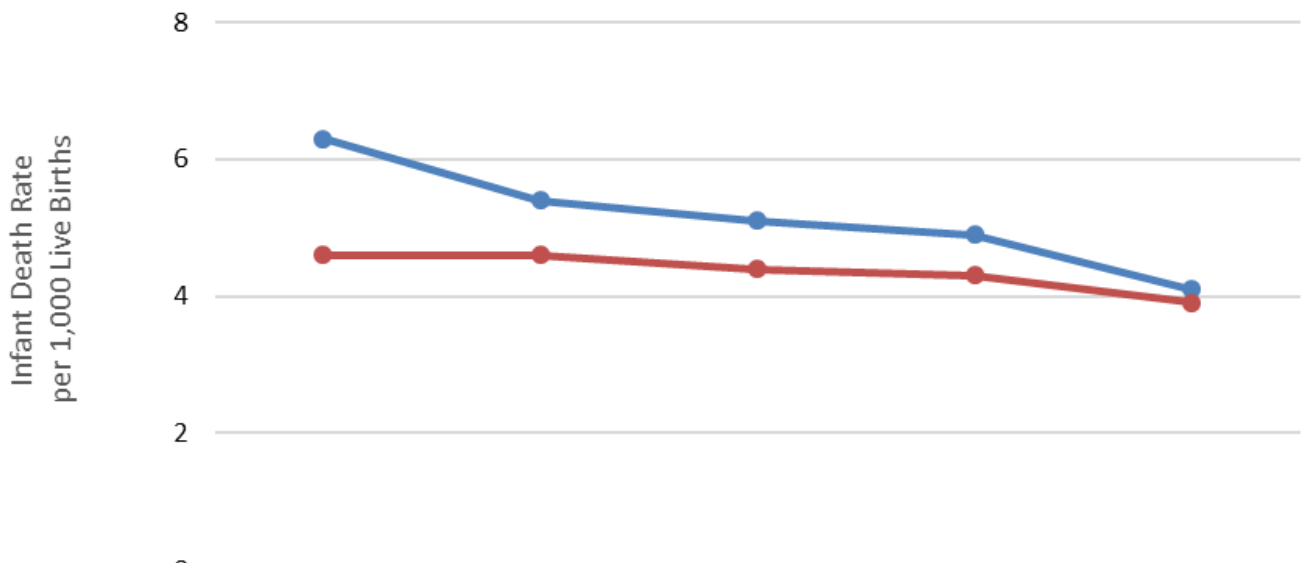
## Participating Children Age Distribution



■ 0-2	51%	50%	49%	52%	44%	48%
■ 3-5	49%	50%	51%	48%	54%	52%
■ Unknown	0%	0%	0%	0%	2%	

\*State and County Total Population Projections by Race/Ethnicity and Detailed Age, California Department of Finance, 2021

## Infant Mortality Rate



	2017	2018	2019	2020	2021
Stanislaus County	6.3	5.4	5.1	4.9	4.1
State	4.6	4.6	4.4	4.3	3.9

County Health Status Profiles, California Department of Public Health, 2017, 2020 and 2021; Stanislaus County's Health Status Profile, 2018 and 2019

## Stanislaus County Infant Mortality Rate

	2017	2018	2019	2020	2021
All Races	6.3	5.4	5.1	4.9	4.1
Asian	6.3	7.7	NM*	NM*	M*
Black	15.2	4.3	M*	M*	M*
Hispanic	5.8	5	4	4.1*	3.2
White	6.3	5.2	5.7	5.3*	4.8

\*Rates deemed unreliable when based on fewer than 20 data

\*NM – Not Met refers to the Healthy People 2020 National Objective only (objective is 6.0)

\*M – M refers to the Healthy People 2020 National Objective only (objective is 6.0)

<https://www.healthypeople.gov/2020/About-Healthy-People>

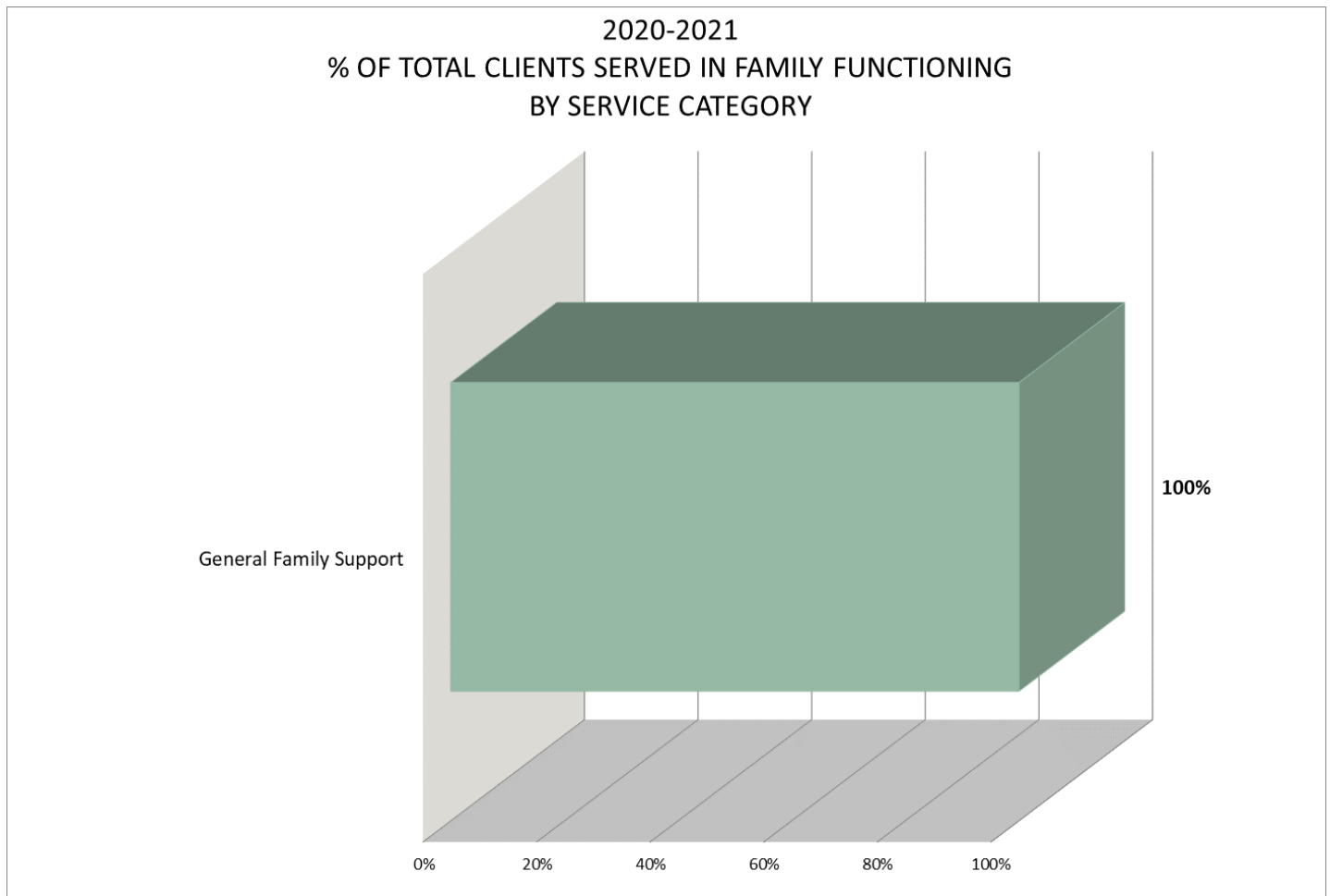
## Result Area 1: Improved Family Functioning

### Description

The Result Area 1: Improved Family Functioning goal is to increase community capacity to support safe families. Programs included in Result Area 1 provide parents, families, and communities with relevant, timely, and culturally appropriate information, education, services, and support. The Commission's strategy is to fund programs that are working towards the two strategic plan objectives for Result Area 1, which are area: (1) Increase parental and caregiver knowledge, skills, and access to resources to support their child's development and (2) Increase a sense of community in the lives of families (connections, support, etc.) by increasing connections, relationships, and concrete support for parents and caregivers.

Ten Prop 10 funded programs are categorized under Improved Family Functioning and represent 47.7% of the 2020-2021 budget. Seven of the programs are grouped under "Family Resource Centers with Differential Response services."

The amount budgeted in Result Area 1 is the largest of any other result area for fiscal year 20/21 suggesting that funding for Improved Family Functioning continues to be critical in the provision of services for children and families.



## Result Area 1 Services and Service Delivery Strategies

The number of programs and services, as well as the amount of funding dedicated to the Improved Family Functioning Result Area, suggests that it plays a prominent role in fulfilling the goals of the Commission's strategic plan. The Commission's Strategic Plan confirms the emphasis on this area after reviewing countywide statistics regarding poverty, unemployment, substance abuse, and other issues that affect families and how they are able to function within our county's environment. The funding that is allocated to Result Area 1 is meant to increase the communities' capacity to support safe families, leading to a population result for Stanislaus County of, "Families Are Supported and Safe in Communities That Are Capable of Strengthening Families." Programs contribute to this population result by providing a variety of services that result in changes for children and families to improve family functioning, and ultimately, safety.

### ***Desired Result: Families Are Supported and Safe in Communities That Are Capable of Strengthening Families***

#### *Objectives:*

- *Increase parental and caregiver knowledge, skills, and access to resources to support their child's development*
  - *Strive to ensure all parents and caregivers of children in Stanislaus County receive parenting education from the earliest possible moment*
  - *Decrease child abuse and neglect*
- *Increase a sense of community in the lives of families (connections, support, etc.) by increasing connections, relationships, and concrete support for parents and caregivers*

*The Commission has employed the following services and service delivery systems to progress towards these objectives, to increase community capacity to support safe families, and contribute to the population result "Families are Safe":*

- **General Family Support**

Commission Programs provide referrals or service information about various community resources, such as medical facilities, counseling programs, family resource centers, and other supports for families with young children. This includes 211 services or other general helplines. This category reflects services that are designed as a broad strategy for linking families with community services.

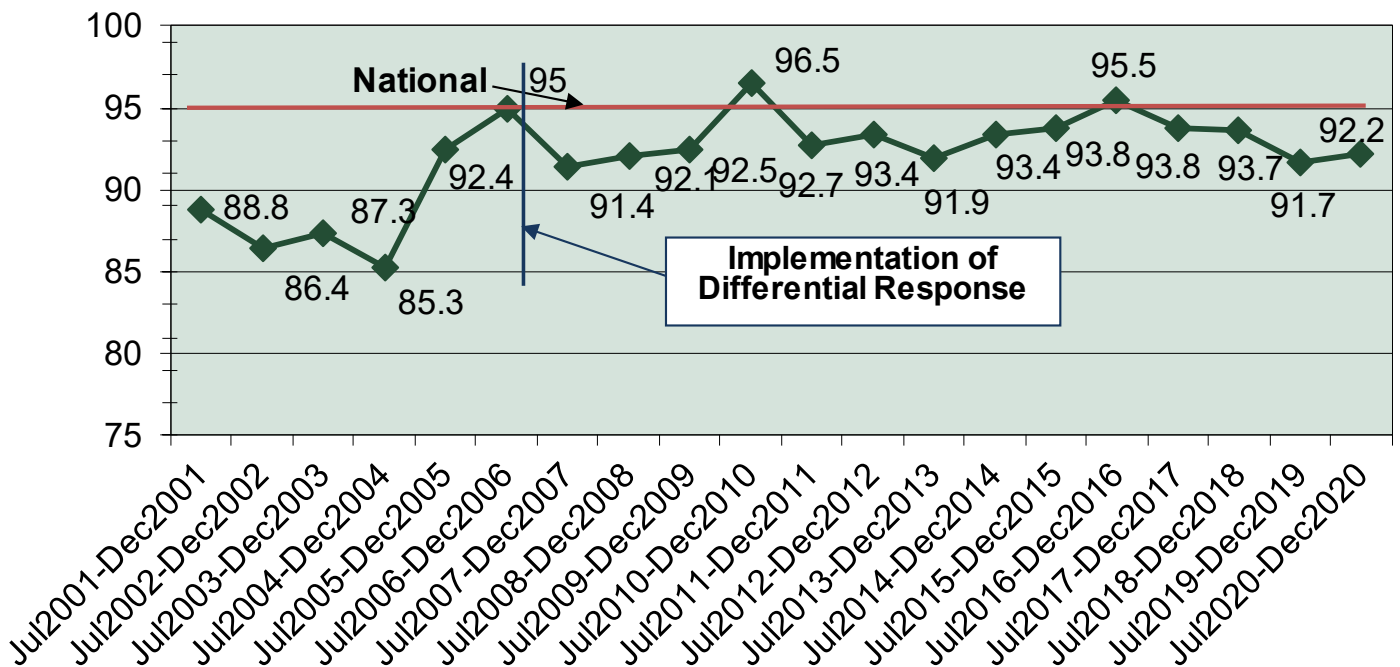
Services are offered by a spectrum of providers, from community-based family resource workers to mental health clinicians. A variety of strategies are used to provide the services, including differential response (a flexible approach for child welfare to respond to child abuse/neglect referrals), group classes, and home visitation.

### Child Abuse/Neglect Outcomes

The graph below illustrates the recurrence of maltreatment trends from July 2001 through December 2020 for children 0-5. Stanislaus County exceeded the National Standard of 94.6% “no recurrence” of maltreatment within six months of a substantiated report in 2006, 2010 and 2016 after the implementation of Differential Response (DR) through FRCs. The rate has dropped in subsequent years, but it has never fallen below the rate before DR was implemented. In 2010, the rate of “no recurrence” of maltreatment was at the highest rate it had been in over a decade. Although there are many factors that contribute to this population indicator of “no recurrence” rate, 1,145 children 0-5 were referred through differential response, and of those, the families of 24% of those children (276) engaged with the FRCs for family support services. This engagement and participation are key components in assisting families who are at risk, and these DR services contributed to the statistics shown below. In addition, all programs funded in this result area help support these outcomes.

### *No Recurrence of Abuse/Neglect, Children 0-5 Years*

Percentage of Children 0-5 with a substantiated allegation of abuse or neglect who did NOT have another substantiated allegation in the following 6 months



How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
<ul style="list-style-type: none"> <li>• 7,687 children 0-5 received services designed to improve family functioning</li> <li>• The parents of 996 children attended parenting education classes</li> <li>• The families of 5,981 children 0-5 received resources or referrals to improve family functioning</li> <li>• 1,422 children 0-5 whose caregiver participated in literacy services received a book</li> </ul>		
	<ul style="list-style-type: none"> <li>• 13% of the children and families who received family support services (996/7,687) were engaged further through assessments</li> <li>• 12% of those receiving family support services and who indicated a need (935/7,687) received more intensive services focused on improving child abuse risk factors</li> <li>• 937 caregivers of children 0-5 were screened for depression and 70 were referred for mental health services as a result</li> </ul>	
		<ul style="list-style-type: none"> <li>• 75% of parents participating in parent education (576/764) report an increase in skills or knowledge</li> <li>• 90% of children 0-5 whose caregiver received literacy services (788/880) increased time reading at home with their family</li> <li>• 100% of children 0-5 whose caregivers receive individual counseling indicated improvement with presenting issues (12/12)</li> </ul>

Result Area 1: Improved Family Functioning							
Program	Amount Expended in 2020-2021 (% of 2020-2021 allocation)		Total #Children 0-5 Served (or served through family members)	Cost per Child 0-5	Total Award To-Date (7/1/2007-6/30/2021)	Cumulative Amount Expended (7/1/2007-6/30/2021)	% of Cumulative Amount Expended
<b>211</b>	\$	37,731 (94%)	2,250	\$ 17	\$ 1,553,159	\$ 1,426,044	92%
<b>Healthy Start**</b>	\$	498,398 (100%)	2,515	\$ 198	\$ 8,980,787	\$ 8,946,336	99.6%
<b>The Bridge (FRC)</b>	\$	151,357 (90.9%)	173	\$ 875	\$ 2,504,500	\$ 2,419,041	97%
<b>Family Resource Centers (providing Differential Response and AfterCare Services)* (7 contracts)</b>	\$	1,376,178 (88%)	1,927	\$ 714	\$ 23,596,603	\$ 21,983,022	93%
<b>TOTAL</b>	\$	2,063,664 (91%)	6,865	\$ 301	\$ 36,635,049	\$ 34,774,442	95%

\* Includes prior year adjustments that were recorded in 2020-2021 according to generally accepted accounting principles.

\*\* Data for expenditures, award, and cost per child includes the total of entire contract and amount awarded. The amount of support funding and expenditures was split between result areas in prior years but has inclusive since FY 2017-2018.

## 211 Stanislaus County

Agency: United Way of Stanislaus  
Current Contract End Date: June 30, 2021

### Program Description

211 Stanislaus County (211) helps meet the essential needs of Stanislaus County residents by providing health and human service information and referrals through trained and live Call Specialists; 24 hours a day, 7 days a week, and 365 days a year in more than 120 languages through language line services. Callers are provided up-to-date information, referrals and offered a follow-up call, 7-10 days from their initial call to determine the outcome of referrals provided. 211 can be accessed by dialing 2-1-1, 1-877-211-7826 (toll-free), texting their zip code to 898211, and by visiting [www.stanislauscounty211.org](http://www.stanislauscounty211.org)

Through comprehensive outreach efforts, 211 staff members also strive to educate the County at large of 211's ability to provide vital information and referral services including critical resources in times of disaster to those who live in underserved areas, and households with children 0-5.

Finances			
Total Award July 1, 2007 – June 30, 2021	FY 20/21 Award	FY 20/21 Expended*	Cumulative Amount Expended
\$1,553,159	\$40,000	\$37,731 (94% of budget)	\$1,426,044 (92% of budget)

FY 20/21 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Marketing	Indirect Cost Rate	Cost per Caller (2,250 callers with a child 0-5)
\$21,470	\$15,176	\$1,085	0%	\$17

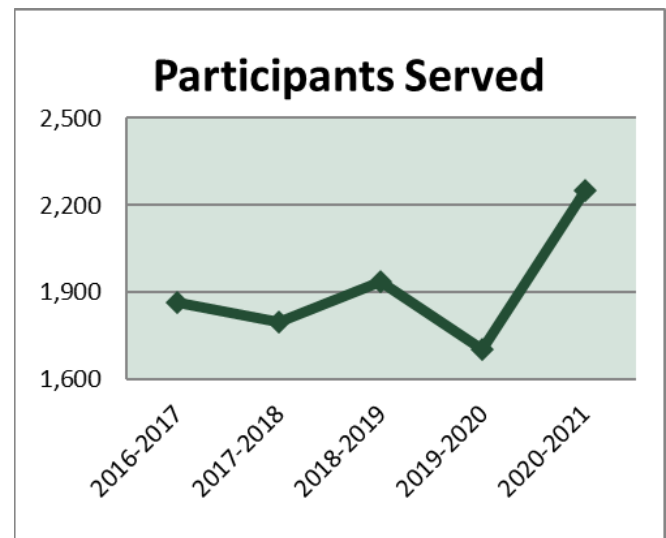
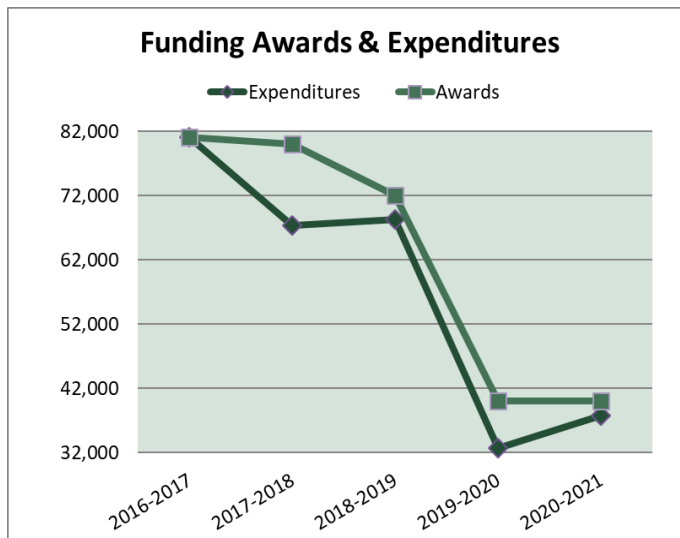
PARTICIPANT TYPE	% SERVED
Children 0-5	58%
52% <3; 48% 3-5;	
Parents/Guardians	41%
Other Family	1%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	56%
White	16%
Black/African American	6%
Asian	2%
Alaska Native/American Indian	1%
Pacific Islander	1%
Multiracial	3%
Other	5%
Unknown	10%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	72%
Spanish	28%
Hmong	-
Other	-
Unknown	-



### Participants Served Comparison by Fiscal Year



211 has struggled to consistently expend the award amount over the past several years. Funding for 211 has decreased as the Commission has begun implementing its 2019-2024 Strategic Plan. The decreased number of participants served starting in 2016-2017 reflects a Statewide trend across 211 programs. People are preferring to access services through the internet or phone applications instead of calling the call center. The slight increase in participants served in 18/19 is attributed to the program's partnership with the Focus on Prevention homeless initiative. The significant increase in participants served in 20/21 was a result of families needing assistance finding resource during the COVID-19 pandemic.

### Program Highlights

- Only 15% of callers were from households with a child 0-5. This percentage remains below the goal of 33% despite efforts to target outreach to 0-5 families. However, website traffic for user with children 0-5 continues to increase (88%) as participants, in ever-increasing numbers, use cell phones and other personal devices to obtain information they need.
- In addition, 211's higher than normal call volume was sustained through 2020-2021 as the COVID-19 Pandemic continued and, as a result, the call center's standard "Disaster" call handling protocol, which limits the amount of demographic data collected from callers, remained in place. 211 believes this impacted the demographic information collected related to callers with children 0-5.
- On April 1, 2020, to support the residents of Stanislaus County during the COVID-19 Pandemic, 211 worked with Stanislaus County to establish a "COVID-19 Pop-Up Call Center" with the purpose of offering more detailed information about COVID-19 related resources. Calls were first triaged by 211 call specialists then, utilizing a hard transfer, directed to County staff who answered COVID-19 specific questions from callers. The Pop-Up Call Center answered COVID-19 specific questions and concerns from callers as well as non-compliant businesses and activities exceeding social distancing guidelines (when in place). During the reporting period, 211 received, screen and provided 1,812 COVID related calls, 4,541 COVID related referrals and 1,096 COVID related calls transferred to the Pop-Up Call Center.
- United Way Stanislaus County partnered with Love Our Neighbors (LON) to coordinate a food delivery program to assist seniors who could not leave their home due to COVID-19 and/or at-risk individuals who were self-quarantined due to health conditions. 211 assisted by screening calls and completing the LON food delivery survey which was then forwarded to LON to begin the process. Many individuals assisted were seniors; however, while screening calls, 211 found that some callers reported that they were living with family or had family living with them which included children 0-5. During this reporting period, 211 referred/provided assistance to 288 individuals requesting food delivery assistance.

- In 2020-2021, United Way of Stanislaus County, as part of a collaborative partnership with Stanislaus County, the City of Modesto, the Stanislaus Regional Housing Authority and four local credit unions, is helping to facilitate the Emergency Rental Assistance Program (ERAP). 211 assists the public in answering questions about the program and how to apply. Credit unions and mobile outreach teams serve as community intake at various locations throughout Stanislaus County to offer additional assistance to households with entry of information into the online portal. During this reporting period, 211 screened a total of 1,879 calls from individuals requesting assistance through the Emergency Rental Assistance Program.
- In 2020-2021, due to COVID-19, 211 outreach activities including presentations were put on hold. However, 211 significantly increased its marketing efforts by utilizing COVID-19 funding received. The guidelines for the funding required improved communication to the community. 211 took the opportunity to use this funding to:
  - Develop updated marketing materials (posters and flyers)
  - Utilized Spanish radio and television to inform our community about using SC 211
  - Placed 2 billboards strategically in the county to reach our target audience
  - Purchased a full-page ad in the Modesto View Magazine
  - Increased social media posts to include Facebook, Twitter, and Instagram.
- The following were common types of service requests in 2020-2021:
  - Housing / Shelter / Rent – 5,591 requests
  - Food / Meals – 4,535 requests
  - Utility Bill Payment – 3,482 requests
  - Health Care – 3,195 requests
  - Legal, Consumer and Public Safety – 1,951 requests
- The 211 website had 26,678 unduplicated visitors who received information about health and human service program information. This is a 76% increase in the number of visitors from 2019-2020.
- Leveraging: 211 received \$80,000 in funding from Stanislaus County Community Services Agency, \$90,000 from Kaiser, and \$10,000 from United Way Worldwide/CalETIC.
- Cultural Competency: All of 211's call operators are bi-lingual (English/Spanish) making the dialogue more proficient between the caller and the call specialist. All other languages are handled through the AT&T Language Line Services to provided translation services in over 120 languages as needed.
- Collaborations: 211 continues to collaborate with many agencies/programs throughout the county to educate staff, clients and the community through presentations, material distribution and attendance at scheduled outreach fairs/events in the community. United Way and 211 have partnerships already in place with local organizations, city/county government and existing collaborations to include: Stanislaus County agencies (OES, HSA, CSA, Cal-EMA); Advancing Vibrant Communities; Latino Community Roundtable/Latino Emergency Council; Stanislaus CBO Collaborative; Stanislaus County Focus on Prevention; Stanislaus Housing and Supportive Services Collaborative/Continuum of Care; and Turlock Community Collaborative Meeting. In addition, United Way and 211 are working with the Family Resources Centers to distribute 211 information among their clients. During COVID-19, United Way and 211 continued to collaborate with community partners using Zoom and other digital platforms.
- Sustainability: As United Way Stanislaus County (UWSC) continues to operationalize their Strategic Direction that was adopted in 2017, and revisited in 2020, the sustainability of 211's current model will be at the forefront for leadership in the 20-21 fiscal year. There are great opportunities for the expansion of the 211 services in Stanislaus County and many communities have seen success in offering a fee for service model to community partners and County departments, but this will require an initial investment in UWSC capacity. Also, the COVID-19 Pandemic created various areas for 211 to support the community, for example, the Stanislaus County Pop-Up Call Center and Senior Food Delivery collaboration with Love Our Neighbors. This could create additionally funding for 211 to manage these projects effectively Post COVID-10. Recently 211 has been recognized as an important partner to become the single point of entry for major county initiatives such as the Emergency Rental Assistance Program. 211 will continue to pursue additional opportunities to be the single point of entry for other important projects to support the communities they serve.

### Prior Year Recommendations

2019-2020 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> <li>UWSC continues seeks sources of funding to ensure SC 211 service will continue after the Commission's financial support ends. COVID-19 statewide funding to support 211's continues. UWSC / SC 211 continues partnership with Stanislaus County to provide screening and referral services for the Emergency Rental Assistance Program to provide financial support to residents who have been impacted by COVID-19. These collaborations will hopefully create continued relations to further partner and leverage funding source.</li> </ul>

### Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
OUTPUTS / OUTCOMES	PLANNED	ACTUAL
211 callers have access to health and human services program information 24/7/365	100%	90% (13,214/14,624)
211 callers with children 0-5 have access to health and human services program information 24/7/365	100%	90% (2,033/2,250)
33% of callers have children 0-5	33%	15% (2,250/14,624)
Callers with children 0-5 years are unduplicated callers	75%	90% (2,033/2,250)
Children 0-5 years whose caregivers request health insurance information are provided a referral	No Planned Outcome	82% (91/110)
211 callers with children 0-5 who are contacted for follow-up report having their needs met through referrals after calling 211	50%	69% (66/96)
211 callers with children 0-5 who are contacted for follow-up report satisfaction with the services they received from 211	80%	95% (88/90)

## Recommendations

This program has undergone multiple annual and periodic evaluations by Commission staff and the program has been responsive to prior years' recommendations. As the program enters its "maturation phase," it is recommended that the program continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.

Additionally, it is recommended the program continue to stay informed on community resources as possible to ensure referrals given to callers are appropriate and available.

## Healthy Start

**Agency:** Stanislaus County Office of Education  
**Current Contract End Date:** June 30, 2021

### Program Description

Ten Stanislaus County Healthy Start sites form a collaborative connecting children and families with resources, support and education essential to create and sustain healthy communities. Located on or near school sites, the sites link schools with the community to provide a safety net of culturally appropriate and family centered programs, services, referrals, and support for families with children 0-5. By connecting with families of school age children, Healthy Start also connects with families who have children 0-5 who are not accessing resources in any other way. The sites serve the populations specific to their communities, and some specialize in serving teen parents who are attending school. Healthy Start sites build relationships by meeting families where they are and reflect the demographics of the communities they serve.

The 10 countywide Healthy Start sites provide services to families with children 0-5 that include walk-ins, telephone calls, referrals, monthly presentations, and written materials about community resources and agencies so families will become more knowledgeable and access services. Healthy Start sites also provide sessions through various programs that include information on health, nutrition, and safety issues. In addition, Healthy Start sites provide child development strategies and tools for caregivers to support involvement in their children's development and education.

Stanislaus County Office of Education (SCOE) Healthy Start Support provides assistance in multiple ways to the individual Healthy Start sites. SCOE conducts site visits to each of the locations to provide technical assistance in the areas of budgeting, health services, outreach, education, sustainability, contract compliance, reporting, and operational issues. Regular consortium meetings are also facilitated to strengthen the countywide Healthy Start collaborative and to provide a forum for information, trainings, partnership development, and sharing of resources and best practices. The meetings have fostered a strong sense of collaborative purpose to serve children 0-5 and their families in Stanislaus County.

Finances			
Total Award March 15, 2002 – June 30, 2021	FY 20/21 Award	FY 20/21 Expended	Cumulative Amount Expended
\$8,980,787	\$498,398	\$498,398 (100%* of budget)	\$8,946,336 (99.6% of budget)

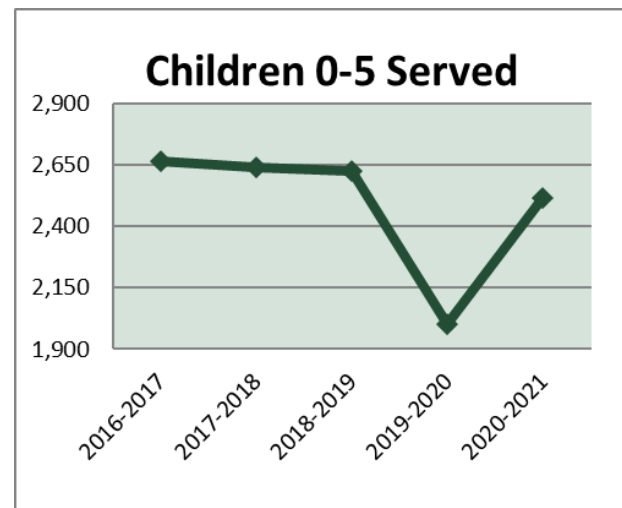
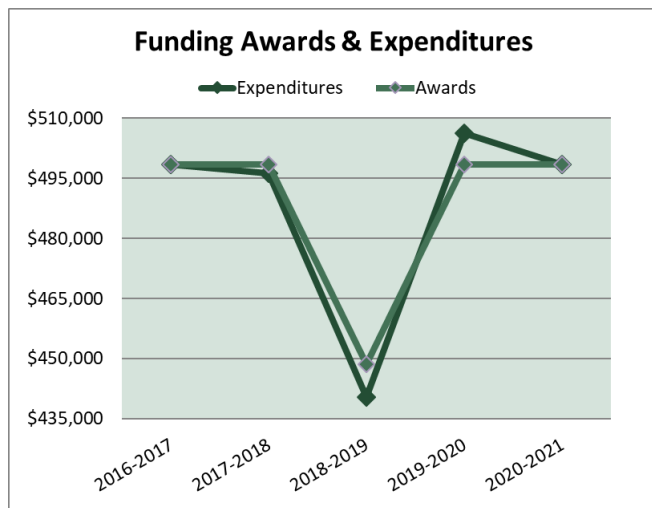
FY 20/21 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Healthy Start Sites	Indirect Cost Rate	Cost Per Child 0-5 (2,515)
\$62,020	\$9,270	\$420,067	9.8% (excludes sites)	\$198

PARTICIPANT TYPE		% SERVED
Children		48%
30% <3; 70% 3-5		
Parents/Guardians		43%
Other Family		9%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	76%
White	18%
Black/African American	1%
Asian	21%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	1%
Other	2%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	57%
Spanish	42%
Hmong	-
Other	1%
Unknown	-

### Children 0-5 Served Comparison by Fiscal Year



Funding for Healthy Start has remained stable except for 18/19 when all programs received funding reductions in an effort by the Commission to balance its budget while going through extensive strategic planning. A prior year technical adjustment in 19/20 is the reason the program appears to have spent over its award. School closures as a result of COVID-19 impacting all 10 sites caused a significant decline in the number of children served in 19/20. As the sites adjusted to providing services in alternative formats, the number of children served increased in 20/21 to nearly pre-pandemic numbers.

### Program Highlights

- The 10 Healthy Start sites funded by the Commission are located at the following schools: Ceres, Downey, Franklin, Hughson, Keyes, Orville Wright, Petersen Alternative Center for Education (PACE), Riverbank, Robertson Road and Stanislaus Military Academy (SMA) at Teel.
- In 2020-2021, the COVID-19 pandemic continued to significantly impact the strategies and program activities designed to reach and serve each of the underserved populations. The Healthy Start sites continued to shift from in-person resource and referrals to over the phone check-ins with families, and from in-person classes/workshops to virtual formats such as Zoom, Google hangout or WhatsApp. Most sites continued providing the bulk of their services through curbside distribution events for basic needs such as food, school supplies, and face coverings. Toward the end of the school year when conditions began to improve, a few sites were able to begin welcoming back families to in-person services on a one-on-one or small group basis.
- Free and reduced lunch eligibility continues to be an indicator of the socio-economic levels at the 10 sites. The percentage of students at sites who are eligible for free and reduced lunch ranges from 52% to 98%.
- The Hispanic/Latino population continues to be the largest ethnic group in each of the 10 school communities ranging from 58% to 82%.
- In 2020-2021, the Healthy Start sites provided a variety of services geared to the communities they served. Services included case management, parent education and Parent Cafés, support groups, concrete need distribution (food, diapers, clothes, bus passes, etc.), backpack and school supplies distribution, vaccine clinics, Medi-Cal assistance, mental and medical health referrals, child development and school readiness/literacy education, workshops (Mother Empowerment, Mindfulness and Movement, etc.).

- Pre- and post-tests show increases of 68% for home literacy activities (reading to children, writing and coloring, and parental involvement) for the 695 caregiver and 529 children 0-5 participating in services offered by the Healthy Start sites. SCOE Healthy Start Support and Persimmony technical staff feel this percentage may actual be higher and are working on improving how data is collected and reported in FY 2021-2022.
- The program began using Persimmony, an online data tool, to further improve accuracy, efficiency and save staff time in 2020-2021. SCOE Healthy Start Support staff continues to work closely with Persimmony technical staff to ensure data is collected and reported in the most accurate and efficient way.
- Leveraging: In 2020-2021, the 10 Healthy Start sites reported receiving \$669,412 directly from State and Federal government sources, local government sources, and in-kind services or goods generated by participating school sites.
- Cultural Competency: The largest ethnic group served continues to be Hispanic/Latino at all of the 10 Healthy Start sites/districts. Materials and programs are culturally sensitive and provided in both Spanish and English. Most staff are bilingual or have bilingual support available as needed. SCOE Healthy Start Support is working to identify training providers who may be able to offer trainings focused on race and equity in the provision of services as well as how Healthy Start sites can better reach cultures not currently represented in their programs.
- Collaboration: All sites work with other FRCs in their community, other Prop 10 programs, and a myriad of other community organizations. The program reports the 10 funded sites collaborate with over 100 different agencies.
- Sustainability: It continues to be a priority for sites to present outcome results to their local school boards and to community members as a method to promote and market their program. All 10 Healthy Start Family Resource Centers also support various community capacity building efforts through their continued partnerships with local businesses, faith-based organizations, and community organizations. Key champions are constantly revisited, and/or revised due to ongoing personnel changes. Site Coordinators continue to keep community decision makers such as Boards of Trustees, County Supervisors, district administrators and school principals apprised of up-to-date Healthy Start information.

### Prior Year Recommendations

2019-2020 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
<p>1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.</p>	<ul style="list-style-type: none"> <li>• Sustainability: Site coordinators continue to keep community decision makers such as Boards of Trustees, County Supervisors, district administrators and school principals apprised of up-to-date Healthy Start information. For example, CASA del Rio presented at the DELAC and RUSD Leadership meeting on the programs and services provided by their Healthy Start Family Resource Center. Ceres also presented to their district's Wellness Committee and Learning Loss Case management team. Franklin provided information about the services of their Healthy Start Family Resource Center at their school district's Student, Parent and Community Support Services programs, and facilitated community presentations as well.</li> <li>• Leveraging: As noted in section 6, sites continue to leverage school district resources such as: Ceres Unified School District (CUSD) LCAP funds; Hughson Unified School District (HUSD) McKenny Veto Act, Student Attendance Review Team and LCAP funds; Riverbank Unified School District (RUSD) general fund; and in-kind contributions such as Modesto City Schools (MCS) Title 1, LEA and LCFF Supplemental/Concentration funds; RUSD AEBG; and CUSD, MCS and RUSD facilities usage (in-kind).</li> <li>• Collaboration: All ten Healthy Start Family Resource</li> </ul>

	Centers support various community capacity building efforts through their continued partnerships with local businesses, faith-based and community organizations
2. Continue its use of virtual services with families as appropriate.	<ul style="list-style-type: none"> <li>• In quarter two, SCOE Healthy Start Support provided Healthy Start Family Resource Centers with two professional development opportunities; the first on "No Tech, Low Tech and High Tech Strategies for Engaging Families" by kid-grit for our October Collaborative meeting, and the second on "Conducting Virtual Site Visits" by Scholastics for our November Collaborative meeting. These trainings equipped site coordinators with some needed tools to begin offering virtual services with families at the onset of COVID, and to continue using as we transition out of COVID, as appropriate.</li> </ul> <p>CASA del Rio Healthy Start Family Resource Center has been particularly successful with virtual events. Throughout 2020-21, they were able to offer the following virtual events at their site alone:</p> <ul style="list-style-type: none"> <li>○ Kinder FACTTS Virtual Parent Presentation</li> <li>○ CPR/First Aid Certification Training: Online course and in-person skills assessment</li> <li>○ Student Virtual Oral Health Presentation</li> <li>○ Parenting Skills Class</li> <li>○ Student Virtual Story Time by Riverbank Library</li> <li>○ Parent Nutrition Class</li> </ul>



### Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
OUTPUTS / OUTCOMES		
Families with children 0-5 have support systems, social emotional systems, and decreased stress - as evidenced by the following:		2,393 families 2,515 children
Families indicating increased knowledge of community resources	80%	95% (269/283)
Families indicating increased social/emotional support	80%	87% (246/283)
Families indicating decreased stress	80%	86% (243/283)
Families reporting progress towards positive family goals	80%	93% (263/283)
Families reporting improved parenting skills	80%	88% (249/283)
Families reporting increased confidence in their parenting ability	80%	89% (252/283)
Families/caregivers have knowledge and skills and are empowered to improve their children's health, nutrition, safety – as evidenced by:		
Families indicating increased knowledge to access health and wellness information for their children	80%	97% (275/283)
Caregivers passing CPR/First Aid course	80%	78% (63/81)

### Recommendations

This program has undergone multiple annual and periodic evaluations by Commission staff and the program has been responsive to prior years' recommendations. As the program enters its "maturation phase," it is recommended that the program continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.

Additionally, it is recommended the program:

- Offer virtual services with families as appropriate.
- Continue to work with Healthy Start sites and Persimmony to ensure data collected and reported is accurate to the program's best ability

## The BRIDGE

**Agency:** Sierra Vista Child & Family Services

**Current Contract End Date:** June 30, 2021

### Program Description

In 1988, The BRIDGE was created in response to the arrival of a large number of Southeast Asian (SEA) refugee families into Stanislaus County without the skills or background necessary to function or participate in a meaningful way within the community. The majority of The BRIDGE clients are Cambodian, Hmong, and Laotian families. Profound poverty, difficulties with parenting, cultural adaptation, language, and fundamental belief differences challenge the Southeast Asian community. In response, The BRIDGE offers many services including case management, parenting education/support, interpretation, translation, ESL classes, an after-school program, GED tutoring, and cultural liaison services to health care providers, schools, and legal and social service providers.

The BRIDGE provides culturally sensitive and knowledgeable services to the very reticent SEA population. The population has a history of poor service utilization, but The BRIDGE is a trusted service provider for the SEA community and has been successful in bringing in young SEA families with children 0-5. The BRIDGE provides focused outreach to inform families of the various programs offered. Additionally, other resource centers refer families to The BRIDGE when they determine that BRIDGE services would be more effective. The BRIDGE operates under Sierra Vista Child & Family Services, who provide administrative and fiscal services.

### Finances

Total Award June 1, 2007 – June 30, 2021	FY 20/21 Award	FY 20/21 Expended	Cumulative Amount Expended
\$2,504,500	\$166,500	\$151,357 (90.9% of budget)	\$2,419,041 (97% of budget)

### FY 20/21 Budget / Expenditure Data

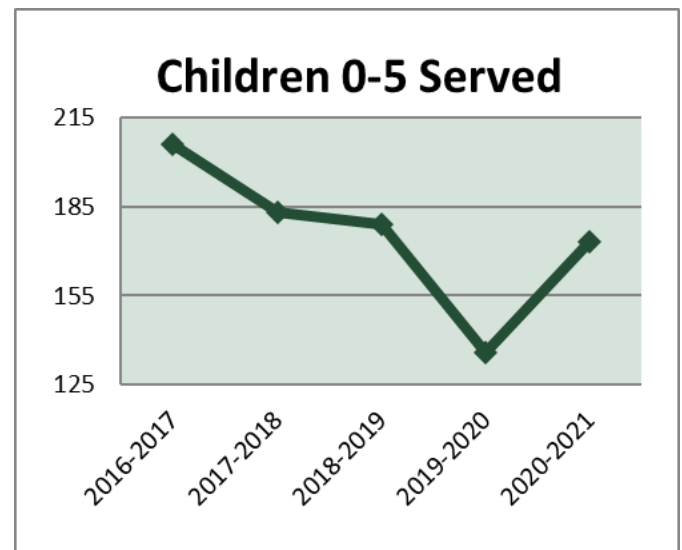
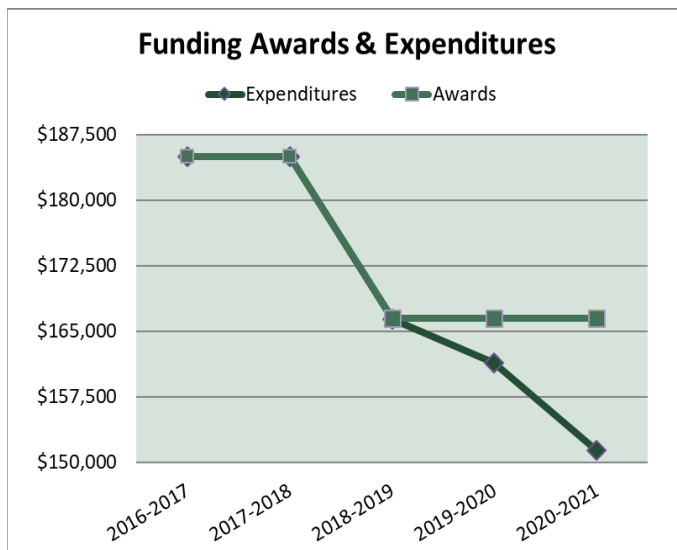
Personnel Costs	Services/Supplies	Indirect Costs	Indirect Cost Rate	Cost Per Child 0-5 (173)
\$101,242	\$27,901	\$22,213	17.2%	\$875

PARTICIPANT TYPE	% SERVED
Children	18%
44% <3; 56% 3-5	
Parents/Guardians	60%
Other Family	22%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	-
White	-
Black/African American	-
Asian	100%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	-
Other	-
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	-
Spanish	-
Hmong	30%
Other	70%
Unknown	-

### Children 0-5 Served Comparison by Fiscal Year



Funding remained steady for The BRIDGE until 18/19 when all programs received a reduction in funding as the Commission went through intensive strategic planning and began efforts to balance its budget. As a result of a vacant position, The BRIDGE did not expend all of its award in 19/20 and 20/21. A vacant position in 16/17 and a reduction of staff hours to offset salary costs in 18/19 resulted in the decline of children 0-5 served for those two years. Several factors influence the program's ability to served children 0-5 in 19/20 including the relocating to a new site, two vacant positions during the year and the COVID-19 pandemic. The latter resulted in a shift to providing services on a more one-on-one basis. The increase in children served in 20/21 was a result of families impacted by the COVID-19 pandemic needing services and The Bridge staff outreach to the community.

### Program Highlights

- The BRIDGE staff continued to engage families and children 0-5 during the COVID-19 pandemic. Parent education and literacy services were conducted via Zoom or one-on-one via teleconference as needed. Families were provided with materials to support school readiness and literacy activities. Positive parenting practices were embedded into all activities provided to increase caregivers' knowledge of appropriate child development and communication.
- The BRIDGE staff distributed personal protection equipment (masks, disinfectant, sanitizer, etc.) as well as outreach and information sharing to the SEA community related to COVID-19 updates provided by local health care providers.
- The BRIDGE provided 2,501 hours for Family Support Services to 207 families representing 173 children 0-5. A total of 826 hours of case management services were provided to 180 families representing 215 children 0-5. The program was able to provide more children 0-5 and their families with much needed services as the COVID-19 pandemic continued.
- The BRIDGE received 157 food boxes from a collaboration with Ag Link. The food boxes were distributed to families within the Southeast Asian community in need (Cambodian, Hmong, and Lao).
- The BRIDGE staff struggle to have caregivers complete surveys and pre/post-test for services received virtually or by teleconference. Caregivers did not have enough technology skills to complete the forms by clicking through to another website or wouldn't follow through with returning paper forms.
- Leveraging: In 2020-2021, The BRIDGE received \$160,000 from local government sources and \$15,000 from Together Toward Health.

- **Cultural Competency:** It is critical in working with the SEA population that the staff be members of the SEA community and be respected by the community. Community members are involved in the hiring of staff to build capacity within the target population and to ensure staff reflects the target population. The BRIDGE staff provide services in Hmong, Cambodian and Laotian languages by staff who are both linguistically and culturally competent. Limited materials are available in the SEA languages; however, The BRIDGE has found several resources for health and parent education materials in SEA languages and uses them regularly. The BRIDGE participates in the monthly Cultural Competency Equity and Social Justice Committee (CCESJC) facilitated by Stanislaus County Behavioral Health & Recovery Services (BHRS). Additionally, Sierra Vista Child & Family Services (SVCFS) employs a Cultural Services Director who oversees all aspects of cultural diversity within the agency, including holding bi-monthly cultural competency meetings specifically structured to support staff who provide services to clients/families.
- **Collaboration:** The BRIDGE has a long history of collaborating with the Modesto Police Department, MID, PG&E, Probation, CSU Stanislaus, Josie's Place, El Concilio, BHRS, among other organizations. The BRIDGE also has collaborative relationships with several local Modesto City School campuses; Robertson Road, Kirschen, and Burbank. The BRIDGE continues strong and active collaborations with West Modesto King Kennedy, CVOC, Clients' Rights Advocates, Modesto Commerce Bank, and the Cambodian and Laotian Temples. The BRIDGE also continues strong collaborations with doctors' offices, social security, the Community Services Agency, providing linkages to and interpreting services for families. The BRIDGE has created new relationships with other agencies and businesses including Modesto Commerce Bank, Self-Help Federal Credit Union, United Way, Public Health Advocates, Doctor's Medical Center, Stanislaus County Library, and Valley Mountain Regional Center, Health Plan of San Joaquin and Health Net. The Stanislaus Asian American Community Resource (SAACR) has reached out to and collaborated with The BRIDGE as well.
- **Sustainability:** The BRIDGE's continued strategy is to seek outside funding sources (grants, allocations, and other government support). The BRIDGE currently uses funding through grants from CSA CalFresh, CARES and Together Toward Health. However, the majority of the program's long running funding continues to be provided by the Commission.

### Prior Year Recommendations

2019-2020 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> <li>• Sierra Vista Child &amp; Family Services continues to work on the Commission's priorities of sustainability, leveraging and collaboration to ensure services continue after the Commission's financial support ends. SVCFS annually updates its sustainability plan, instituting practices and procedures that build and strengthen fiscal, administrative, and service capacity (i.e., Joint Commission Accreditation, leadership training, Strategic Planning, staff training, fundraising). SVCFS consistently seeks to leverage new and diverse funding to broaden services to families and bolster financial stability. Lastly, SVCFS values collaboration throughout the organization and with partners to provide children and families with the most comprehensive services to meet the unique needs of the community as well as to minimize duplication of services.</li> </ul>
2. Offer virtual services with families as appropriate.	<ul style="list-style-type: none"> <li>• The BRIDGE significantly increased its virtual service delivery during the 2020-2021 fiscal year. Staff were trained in the fundamentals of using the virtual platform and subsequently worked to train the community. The virtual events are becoming better attended each quarter.</li> </ul>

3. Continue to work to increase the number of caregivers engaging in parenting education services.	<ul style="list-style-type: none"> <li>The BRIDGE increased outreach activities to engage the community in parenting classes. This was successful as indicated in outcomes. The Bridge staff will continue to outreach and encourage engagement in parenting classes.</li> </ul>
4. Continue to work to increase the number of children 0-5 engaging in literacy services.	<ul style="list-style-type: none"> <li>The BRIDGE increased outreach activities to engage more 0-5 children in Literacy activities. This was successful as indicated in outcomes. The Bridge staff will continue to outreach and encourage engagement in literacy services.</li> </ul>

### Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Children 0-5 whose caregiver(s) received services during the year have caregivers who receive a Strength Based Assessment	70%	82% (107/173)
Children 0-5 referred during the year have caregivers who receive referrals, resources, or support services	80%	100% (139/139)
Children 0-5 have caregivers who receive ongoing case management	40%	55% (76/139)
Children 0-5 have caregivers who indicate an increase in parenting knowledge or skills after attending parenting education or support groups as measured by an increase in knowledge/skills through a survey or pre/post test	80%	9% (15/162)
Children 0-5 who are assessed have caregivers who received depression screenings	60%	100% (111/111)
Children whose caregivers indicate a need will receive a mental health referral	90%	N/A (0/0)
Children 0-5 whose families are assessed receive developmental screenings	55%	100% (111/111)
Children who indicate a need will be referred for further developmental assessment	90%	N/A (0/0)
Children 0-5 served indicate increased time reading at home with family	60%	100% (103/103)

## Recommendations

These programs have undergone multiple annual and periodic evaluations by Commission staff and the programs have been responsive to prior year's recommendations. As the programs enter their "maturation phase," it is recommended that the programs continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.

Additionally, it is recommended that Family Resource Centers:

- Work to increase the number of caregivers engaging in parenting education services.
- Work to increase the number of children 0-5 engaging in literacy services.
- Continue their use of virtual services with families as appropriate.
- Work to increase surveys collected from participants, even for virtual services.

## Family Resource Center Countywide Summary

**Agencies:** AspiraNet, Center for Human Services, Ceres Partnership for Healthy Children,  
Sierra Vista Child & Family Services, Parent Resource Center  
**Current Contract End Date:** June 30, 2021

### Program Description

In May 2005, the Children and Families Commission and the Community Services Agency (CSA) partnered to fund a network of Family Resource Centers (FRC's) to provide Differential Response (DR) and family support services to Stanislaus County communities. The intent was to provide families with children 0-5 and 6-17 and families at risk for child abuse/neglect with support services and a hub of resources. (DR is explained in more detail on the following page.) Originally, six contracts were awarded to serve Central/South Modesto, Ceres, Hughson and Southeast communities, Turlock, the Westside (Newman/Crows Landing, Grayson/Westley, and Patterson), and the Eastside (Oakdale/Riverbank). In May 2007 a seventh contract was awarded to serve North Modesto/Salida. In 2017-2018, After Care services were added as part of an expansion to CSA's portion of the contracts.

All FRC's provide the following core services: community resources and referrals, strength-based assessments and case management, parent education and support groups, school readiness information dissemination, depression screenings and mental health referrals, and child developmental screenings and referrals. In addition, each site provides unique services that address the needs of each community.

Finances							
Total Award June 1, 2005 – June 30, 2021		FY 20/21 Award		FY 20/21 Expended (% of budget)		Cumulative Amount Expended (% of budget)	
Commission Funds	Combined Funds (includes CSA)	Commission Funds	Combined Funds (includes CSA)	Commission Funds	Combined Funds (includes CSA)	Commission Funds	Combined Funds (includes CSA)
\$23,596,603	\$33,125,564	\$1,559,357	\$2,459,357	\$1,376,178 (88%)	\$2,050,841 (83%)	\$21,983,022 (95%)	\$30,963,109 (93%)

*Cost per Child 0-5 to Commission (1,927) = \$714*

PARTICIPANT TYPE	% SERVED
Children	28%
45% <3; 48% 3-5; 7% Unknown	
Parents/Guardians	38%
Other Family	34%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	63%
White	24%
Black/African American	4%
Asian	1%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	1%
Other	3%
Unknown	4%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	67%
Spanish	28%
Hmong	-
Other	2%
Unknown	3%



## An Investment In Communities

### Family Resource Centers and Differential Response

During the last 15 years, the Commission has invested over \$23 million dollars in Differential Response-Family Resource Centers (DR-FRCs). The funding for 20/21 represents 34% of the Commission's total program budget and 69% of the budget allocated to Improved Family Functioning. This investment is based on both published national research about DR and FRCs, as well as the results that Stanislaus County has experienced. The Commission is funding what works within an effective structure.

#### What Works

##### ***Family Resource Centers***

When the Commission, CSA, and the community began the work necessary to develop the network of FRCs, research was evolving which indicated that FRCs were promising strategies for addressing child abuse and neglect, substance abuse, family violence, isolation, instability, community unity and health, and educational outcomes. The California Family Resource Center Learning Circle cites this research and offers the shared principles and key characteristics of an effective FRC. All of the funded DR-FRCs share these principles and key characteristics and apply them within their own communities in unique ways.

##### ***Shared Principles***

- Family Support
- Resident involvement
- Partnerships between public and private
- Community building
- Shared Accountability

##### ***Key Characteristics***

- Integrated
- Comprehensive
- Flexible
- Responsive to community needs

##### ***Differential Response***

Studies across the nation regarding various DR programs and services have suggested positive results for children, families, and communities. Evaluations have demonstrated that the implementation of DR has led to quicker and more responsive services. Evidence also indicates that parents are less alienated and much more likely to engage in assessments and services, resulting in the focus on the families' issues and needs (Schene, P. [2005]).

Drawing from the success of DR in other communities, the protocol for Stanislaus County's DR was designed by the Child Safety Team, a group made up of Community Services Agency staff and other stakeholders. Parameters had been set by the state, and members of the group attended various trainings about how other states had successfully implemented DR. A strength based and solution focused model was selected as the mode of implementation, with the Strength Based Assessment serving as the foundational tool. This strategy is well documented in the literature as empowering families to not only engage in services, but to become their own best advocates.

##### ***Effective Structure***

- ***FRCs provide an infrastructure and capacity to organize and supply services at the community level***  
FRCs are "one-stop-shops" located in the heart of the communities they serve. With an array of public and private partnerships, FRCs have the capacity to provide services to individuals and families where they live, alleviating access and transportation barriers that often prevent them from getting their needs met. FRCs provide a less formal, more comfortable setting for receiving services, and staff are familiar and connected to the community at large.
- ***FRCs provide a framework for unifying the efforts of new and existing programs***  
FRCs offer a gateway through which many programs and services are offered and coordinated, and they are at the center of the resource and referral process.
- ***FRCs provide a structure for linking finance/administration with community feedback, local development and improved program evaluation***  
FRCs provide the opportunity for consumers and partners to share feedback about their programming, community needs, and quality of services. By implementing various strategies such as focus groups, surveys, informal discussions and broader community forums, FRCs can regularly evaluate outcomes and any emerging needs that require support.
- ***FRCs provide a single point of entry to an integrated service system that provides local access to information, education, and services that improve the lives of families***  
Families experiencing crisis or trauma are often overwhelmed and confused when seeking support. FRCs make this process easier by initiating contact locally and working with families to develop a plan for support (eliminating the need for families to access multiple service systems on their own).



### **Family Development Matrix and Case Management (Improved Family Functioning)**

All FRCs utilize the same assessment from the Family Development Matrix (FDM). The assessments are conducted with families who are referred through Differential Response or who have a child 0-5 years old. This process allows the case manager to discuss with the family their strengths and concerns in the areas of basic needs, child safety and care, self-sufficiency, social community, family interactions, child development, and family health and well-being. An empowerment plan is then developed with the family to address any issues in those areas, and the family is always engaged in the work to be done to achieve goals. Case management activities may include frequent home visits to support the family, school readiness/preschool assistance, referrals for adjunct services such as housing/food/employment needs, and individual parenting support. Each case managed family is reassessed every three months and the FDM is used to document the family's progress towards self-sufficiency and independence. Individual FRCs, and the staff members employed, have their own style of delivering case management services, such as length of total services and duration of visits. All of the FRCs also provide interpretation and translation for Spanish speaking families, as well as culturally sensitive services.

### **Parent Education and Support Groups (Improved Family Functioning)**

Parenting education and support groups are offered by every FRC and are adjusted to meet the community's needs. Each FRC uses unique curricula. The number of classes, times, and frequency vary, but all sites provide or give access to classes in both English and Spanish. Positive parenting and discipline, nurturing, infant care, and safety are some of the subjects addressed during the classes.

### **Community Outreach**

All FRC sites conduct community outreach in a manner that is most appropriate for their particular communities and populations. Some of the methods that FRCs employ are door-to-door outreach, presentation of information at both health and safety events, family fairs, and participation in community events. Some sites have conducted their own events as well, including open houses and community-wide workshops. Outreach is a critical component of reaching positive outcomes due to a variety of barriers preventing families from knowing about or seeking services on their own.

### **FRC Core Services**

**All funded DR-FRCs  
provide  
these core services**

### **Behavioral Health Services/ Depression Screenings (Improved Family Functioning)**

The Burns Depression Screening is used by all FRCs to assess caregivers of children 0-5. Caregivers who indicate a need for additional assessment or mental health services are referred to a variety of resources, depending on the community. Some FRCs employ a clinician on-site for these referrals, and others provide support groups and/or opportunities for counseling.

### **Developmental Screenings/Preparation for School (Improved Child Development)**

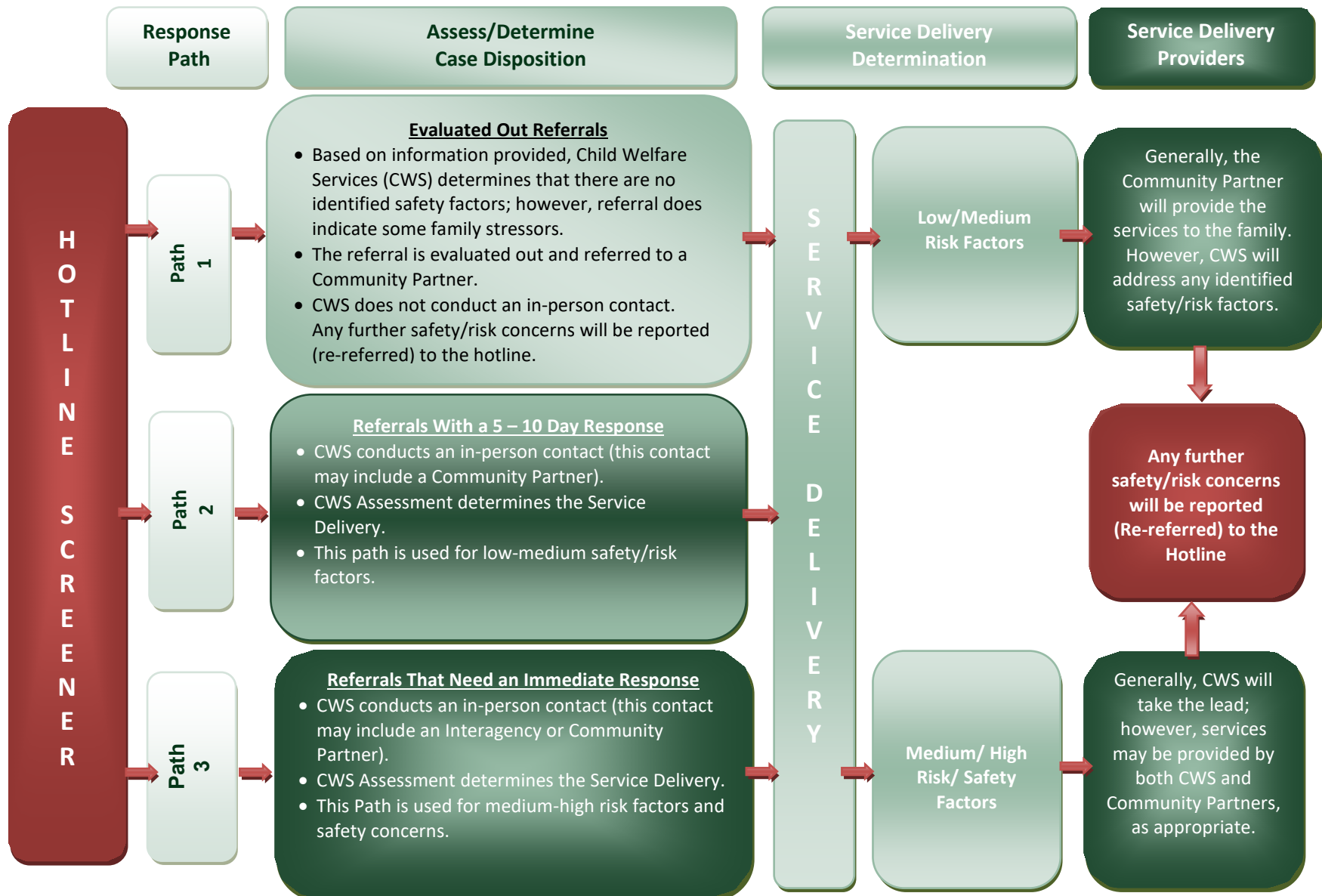
The Ages and Stages Questionnaire is used by all FRCs to screen children 0-5. The screening is intended for the early detection of developmental concerns in asymptomatic children. The caregiver is involved in the screening process, and child development activities and issues are discussed. If indicated, referrals and support are given to the children and families. Workshops, classes, and information about school readiness are offered at all FRC locations at varying levels of intensity.

### **Health Insurance Enrollment Assistance (Improved Health)**

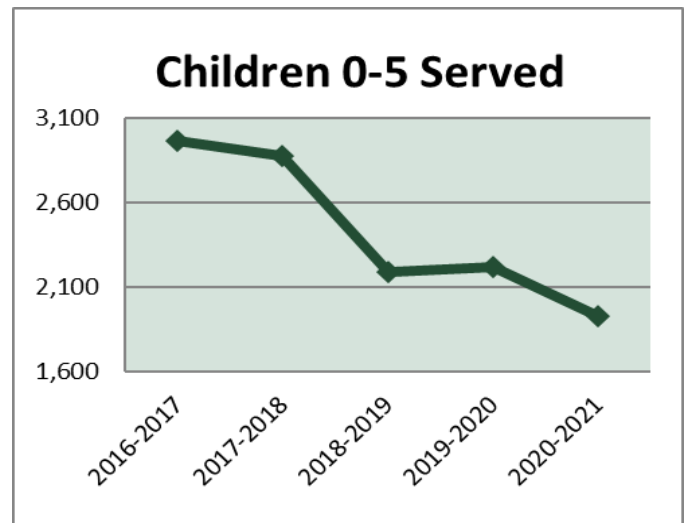
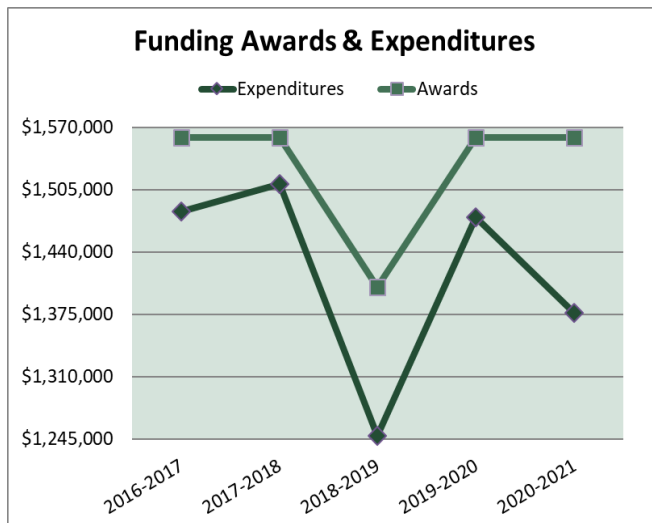
Every family who is assessed by an FRC is asked about the status of health insurance for their children 0-5. If a child does not have medical insurance, the family is assisted with applying for a program such as Medi-Cal and Kaiser Kids within 90 days of the assessment. FRCs conduct this activity in a variety of ways, including training staff to be Certified Application Assistors (CAAs) and employing the assistance of other agencies. Many of the FRCs take part in outreach events during which families are informed of the choices they may have for medical care and the assistance available through the FRCs.

Differential Response is a strategy where community groups partner with the county's child welfare agency to respond to child abuse/neglect referrals in a more flexible manner (with three response paths instead of one). CSA's response to a referral depends on the perceived safety and risk presented. The family circumstances and needs are also considered. Families are approached and assisted in a non-threatening manner, and family engagement is stressed; prevention and early intervention is the focus. Below is a graphic presentation of the DR structure used by Stanislaus County.

## Stanislaus Differential Response Paths



### Children 0-5 Served Comparison by Fiscal Year



Commission funding for countywide FRCs has remained stable except for 18/19 when all programs receiving funding reductions in an effort by the Commission to balance its budget while going through extensive strategic planning. FRC expenditures have been relatively stable (averaging 93% of award). FRCs struggled to expend funds in 20/21 during the pandemic as they had to continue to offer modified services and participants chose to engage differently. The number of participants served declined slightly 17/18. In 18/19, there was a significantly decline in the number served as a result of several factors: reduced funding, reporting errors that were corrected, and staffing vacancies that impacted outreach efforts and service delivery. The FRCs had a slight increase in the number served in 2019-2020 due to their efforts to engaging families during the pandemic using alternative formats. The number served declined in 20/21 as participants struggled to balance other critical needs such as supporting their children in online schooling.

### Program Highlights

- In 2017-2018, CSA added an additional \$400,000 to the FRC program for the provision of After Care services. CSA began referring clients who closed out their family unification and family maintenance cases with CSA to FRCs for After Care support. The intent of After Care services is to increase awareness of and utilization of community resources by referred clients. CSA and FRC staff continue to develop strategies to further engage After Care clients and the FRCs have been slowly increasing their work with this population.
- In addition to collaborating with others in the region, the FRCs work together through the Multidisciplinary Team (MDT) within Stanislaus County. The MDT consists of providers of Differential Response services from each FRC. The Team has been meeting twice monthly since the inception of FRCs. The MDT members discuss cases, protocol, and best practices, as well as share successes and challenges.
- Each FRC partners with a wide and unique spectrum of agencies, businesses, and community organizations to serve the needs of the children and families it serves. The list of partnerships is extensive and continues to grow as one of the critical roles of the FRCs is to link children and families to community resources. The FRCs have become established and trusted in the communities and are considered hubs of services. Partnerships and collaboration are the cornerstones for this development.
- Each FRC utilizes unique tools for evaluation and operational purposes. However, the following are the common tools all FRCs use:
  - ✓ Demographic Data Sheets – Excel spreadsheets developed by Commission staff in which programs input counts for services and the demographic data of participants; data is entered quarterly.

- ✓ Stanislaus County Outcomes and Results Reporting Sheet (SCOARRS) - Completed quarterly throughout the fiscal year addressing five milestones: 1) Caregivers' assets and needs are assessed; 2) Mental health issues of caregivers are assessed; 3) Children receive early screening and intervention for developmental delays and other special needs; 4) Children possess literacy tools (books, skills) and caregivers demonstrate improved literacy skills; and 5) Caregivers possess parenting knowledge, skills, and support. The SCOARRS lists the strategies each program uses to reach milestones, and the indicators that show progress towards the milestones and planned outcomes.
  - ✓ Customer Satisfaction Surveys – Each FRC administers a customer satisfaction survey at least twice a year.
  - ✓ Employee Satisfaction Surveys – Each FRC administers an employee satisfaction survey at least once a year.
  - ✓ Family Development Matrix (FDM) – This assessment is used every sixty days to track the progress a case managed family is making towards independence and resiliency. The periodic assessments can be compared to document changes in the family unit.
  - ✓ Intake Forms/Logs – FRCs began using intake forms that collected consistent information. These coordinated intake forms allowed FRCs to collect and report data more consistently and accurately.
  - ✓ ASQ (Ages and Stages Questionnaire) – Every FRC uses the ASQ-3 to screen children 0-5 for developmental concerns.
  - ✓ Burns Depression Screening – Every FRC uses this screening to assess depression indicators.
- With the COVID-19 pandemic continuing into 2020-2021, the FRCs' maintained all services in modified formats. All in person classes and groups remained in virtual platforms. One-on-one meetings remained virtual or telephone appointments. Staff adhered to strict safety procedures when in person contact was required, including wearing masks, social distancing, sanitization/disinfecting procedures, and health screenings for staff and clients before the in-person contact was made. The FRCs also continued to increase their social media presence to reach families. These strategies allowed families to access critical services and resources during the pandemic.
  - The FRCs continued to offer holiday and other events to families using drive through or pick-up formats which allowed families engage while maintaining appropriate social distance. Families received the materials needed to participate in the activities planned by the FRCs and could virtually join FRC staff for the scheduled activities. This allowed families to continue to have a sense of normalcy and much needed social connection as the pandemic continued. The FRCs also provided other materials in this way including: school readiness activities for families, self-care packets for caregivers, food and hygiene kits for families, and distributing emergency supplies First 5 Stanislaus received from First 5 California.
  - With the COVID-19 pandemic, families faced more struggles including: loss of employment or reduced work schedule, lack of availability or inability to access food and daily supplies, lack of availability or inability to access cleaning and hygiene supplies, the stressors of needing to become teachers for their children, and coping with anxiety and uncertainty. Due to being geographically dispersed throughout the County and their established relationships within their communities, FRCs were recognized as strategic partners to support families during the pandemic. Therefore, the FRCs received various COVID emergency grants from the Commission and other organizations to provide needed support for families such as housing and utility assistance, gift cards to purchase food, cleaning and hygiene materials, and other basic needs.
  - The FRCs listened to the needs of their communities and added support groups to address the stress and concerns families were experiencing during the pandemic. New groups addressed self-care, mental health, wellness or feelings of isolation. Some groups were focused on the needs of caregivers and others were for children/teens.
  - Leveraging: As a group, in 2019-2020 the FRCs leveraged a total of \$2,354,107 from local government sources and \$524,364 was generated by civic groups, foundations, and local fundraising events.
  - Cultural Competency: All DR-FRCs are committed to the continued development of cultural competency for staff. FRCs recruit and hire multicultural and bi-lingual staff to meet the needs of their diverse communities. A large number of bi-lingual Spanish staff are employed by FRCs. FRCs employ staff with fluency in other languages including Cambodian, Laotian, Hmong, Farsi, Assyrian, and American Sign Language. FRCs also contract with the Language Line for translation for other languages and interpreters as needed. The FRCs provide direct services, literature, and presentations in threshold languages and in other languages as material is available. Staff at the FRCs is provided with ongoing cultural competency training in order to provide competent services to clients.

- **Collaboration:** FRCs have developed an extensive number of collaborations with public, private, and non-profit agencies including: El Concilio, The BRIDGE, other Family Resource Centers, Women Infant and Children (WIC), Workforce Development, Healthy Birth Outcomes, Healthy Starts, International Rescue Committee, Family Justice Center, Salvation Army, United Samaritans, Children's Crisis Center, 211, Promotoras, local health plans and health clinics, churches, city governments, County departments, school districts, civic groups, CalFresh and many others.
- **Sustainability:** Each FRC has prepared a Sustainability Plan that contains the following elements: (1) Vision and Desired Results; (2) Identifying Key Champions and Strategic Partnerships; (3) Internal Capacity Building through development of a strategic planning process and (in some cases) accreditation; (4) Strategic Financing (including cost management and revenue enhancement); and (5) Establishing an Implementation Plan with Periodic Reviews. The FRCs have successfully developed Sustainability Plans and each year the FRCs report on the progress made in each of the 5 elements of the plan.

### Prior Year Recommendations

In the 2019-2020 Local Evaluation Report, the seven Family Resource Center contracts were evaluated together as an initiative and while the number and type of recommendations were the same for each contract, the individual responses of the contractors are listed below:

CERES	
2019-2020 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> <li>• On Sustainability: CHS and our FRCs will continue to grow a broad base of local community support and involvement to help sustain our work in the communities of Oakdale/Eastside, Westside/Newman/Patterson and Ceres. The agency will work to advance best practices and strong partnerships, as well as connect to larger, regional or national funding opportunities that support family strengthening work. Locally, CHS has been successful at promoting regional fund-raising events to increase our unrestricted funding, as well as utilizing MAA Medi-Cal as an additional resource to support FRC work</li> <li>• On Leveraging: The FRCs continue to build a continuum of leveraged resources and support from public and private partners. We have leveraged monetary donations, manpower, food, clothing, space and household items (to name a few) and continue to look for ways to minimize costs and maximize our funding. A good example of leveraging is work in receiving several new sources of funding for 2020-2021 and 2021-2022 including CDBG Cares, COVID Cares, and miscellaneous donations that help us to support community members and their families.</li> <li>• On Collaboration: Collaboration on the county and local level will continue to be important for our FRCs. Each FRC collaborates with a multitude of partners, public and private, and helps increase our capacity to provide resources without duplicating efforts. The Stanislaus County FRC collaborative group is well-connected and there is continued interest on working together, vs. in silos. At CHS, we are working toward greater community engagement and involvement in our FRC. This movement of community will help ensure sustainability beyond our agency's involvement.</li> </ul>

2. Work to increase the number of caregivers engaging in parenting education services.	<ul style="list-style-type: none"> <li>Ceres has added 1:1 parent education as a way to support parents. This has been successful in tailoring the appropriate parent education topic, building rapport, and influencing positive changes in parenting behavior.</li> </ul>
3. Work to increase the number of children 0-5 engaging in literacy services.	<ul style="list-style-type: none"> <li>Ceres provided literacy services to 374 0-5 children this year, an increase of 218% from 2019-2020. This increase was due to providing literacy services in 1:1 formats and Partnership with the Stanislaus County library in groups and events.</li> </ul>
4. Continue their use of virtual services with families as appropriate.	<ul style="list-style-type: none"> <li>Over the last year, we found a virtual option is essential to creating access for families with barriers. Ceres will continue to offer virtual groups and 1:1 engagement as needed.</li> </ul>

### EASTSIDE

2019-2020 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> <li>Center for Human Services continues to look for programs or grants to support sustainability efforts. Leveraging and collaboration with other partners, as well as developing other strategies, are a priority to ensure identified services continue as the Commission's financial support ends. The Center for Human Service is committed to continue to provide service to the Eastside Community as it has done for the past 18 years.</li> <li>Medi-Cal Administrative Activities (MAA) is an example of unrestricted funds that are available that we are using as a way to leverage the end of financial support for the Oakdale FRC.</li> </ul>
2. Work to increase the number of caregivers engaging in parenting education services.	<ul style="list-style-type: none"> <li>Through our many drive thru food box events and pop-up parent cafés we were able to engage more caregivers throughout the year. With the pandemic we really focused on retaining the families we were serving.</li> </ul>
3. Work to increase the number of children 0-5 engaging in literacy services.	<ul style="list-style-type: none"> <li>This was a challenge with a full year of closure due to the pandemic and no in person classes at the FRC. We still managed to serve 25 children and had a large following for story time on our Facebook page.</li> </ul>
4. Continue their use of virtual services with families as appropriate.	<ul style="list-style-type: none"> <li>With the pandemic lasting the entire fiscal year we only held virtual classes/support groups. We were able to see families in person on our FRC porch or in their front yards.</li> </ul>

FAMILY RESOURCE CONNECTION	
2019-2020 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> <li>The program partners, Parent Resource Center and Sierra Vista Drop-In Center, have awareness of this priority. This year was the first full year of funding for the PRC's West Modesto RAIZ Promotora program. The City of Modesto considers the PRC a high performing grant recipient, and the budget for the parenting education program increased to \$30,000 in FY 2020-21; for 21-22, it further increased to \$40,000. Also, PRC was invited to apply for two new sources of funding as subcontractor under the county to provide elder abuse prevention services in Stanislaus and primary prevention services in the Airport Neighborhood. Sierra Vista also applied as a subcontractor for the elder abuse prevention services. As FRCs, both PRC and SV benefited from new partnerships and funding sources that developed as part of the FRC network, including two relatively large COVID CARES contracts. There is also an expected RFP for county "navigation" services and plans to apply once the RFP is announced.</li> </ul>
2. Work to increase the number of caregivers engaging in parenting education services.	<ul style="list-style-type: none"> <li>The number of caregivers 0-5 served in parent education this year under the FRC contract did decrease from 128 to 84; however, this is mostly because so many more parents enrolled in the PRC's CDBG class. If looking at parents served in all programs, the number increases to 143. There has also been a substantial increase in demand for parenting education classes for 6-17 caregivers, which would not be covered under the FRC portion of the contract. However, PRC was able to leverage funding from other programs to meet this need for walk-in clients.</li> </ul>
3. Work to increase the number of children 0-5 engaging in literacy services.	<ul style="list-style-type: none"> <li>Children receiving literacy services also decreased, but rate of literacy improvement increased. Additionally, there was a large number of non-custodial parents of children 0-5 receiving literacy services: in 2019-2020, a total of 127 children 0-5 received literacy services while caregivers of 139 children 0-5 received literacy services, which equates to 12 non-custodial children 0-5; in 2020-2021, a total of 117 children received literacy services while caregivers of 172 children 0-5 received literacy services, which equates to 55 non-custodial children. Efforts are made to develop the skills of non-custodial parents so they can re-enforce literacy during visitations.</li> </ul>
4. Continue their use of virtual services with families as appropriate.	<ul style="list-style-type: none"> <li>All of classes and services are offered via virtual platforms. A client's physical presence is only needed briefly for items such as signatures on paperwork. Emergency and program supplies are door-dropped at client homes or mailed if appropriate. We also increased our virtual capacity this year with the purchase of six laptops, six smart phones, and a VPN firewall that allows for employee remote access. The FRC partners will continue to provide services via</li> </ul>



	virtual platforms and develop meaningful ways for clients to engage.
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### HUGHSON

2019-2020 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
<p>1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.</p>	<ul style="list-style-type: none"> <li>• Sierra Vista Child &amp; Family Services continues to work on the Commission's priorities of sustainability, leveraging and collaboration to ensure services continue after the commission's financial support ends.</li> <li>• SVCFS completes annual updates of its sustainability plan, instituting practices and procedures that build and strengthen fiscal, administrative, and service capacity (i.e., Joint Commission Accreditation, leadership training, Strategic Planning, staff training, fundraising).</li> <li>• SVCFS consistently seeks to leverage new and diverse funding to broaden services to families and bolster financial stability.</li> <li>• SVCFS values collaboration throughout the organization and with partners to provide children and families with the most comprehensive services to meet the unique needs of the community, as well as to minimize duplication of services.</li> </ul>
<p>2. Work to increase the number of caregivers engaging in parenting education services.</p>	<ul style="list-style-type: none"> <li>• Hughson staff have reached out to the local elementary schools in the geographical area to educate on the parenting services available. The staff has created relationships with local churches to distribute services information. In March, letters were mailed to current and former clients with information on services being offered virtually and how to access it. The staff also visited migrant campus providing outreach regarding parenting services.</li> <li>• Hughson FRC continuously works with academic settings and organizations within our services area to establish collaborative working relationships.</li> <li>• Hughson FRC will continue to promote services by completing general outreach local events and within locally existing programs in hopes of reaching new and preexisting participants.</li> <li>• Staff is in the process of acquiring trainings that will help in the development of new events and classes within the center with the intent of engaging new/ preexisting clients. Hughson FRC plans on using the Parent Café model to help engage parents in nontraditional formats.</li> </ul>
<p>3. Work to increase the number of children 0-5 engaging in literacy services.</p>	<ul style="list-style-type: none"> <li>• Hughson FRC distributes books to all families within our services are in hopes of increasing literacy development, and literacy in the home setting. This will remain a focus during the upcoming fiscal year.</li> <li>• Hughson FRC plans to collaborate with the local libraries</li> </ul>



	<p>to develop literacy events the promote literacy services (i.e. “Book of the Month Club”).</p> <ul style="list-style-type: none"> <li>• Hughson FRC is incorporating literacy services into it current weekly groups and plans on developing a revised virtual “Story Time”. The program will incorporate literacy in a fun and interactive manner.</li> <li>• All Hughson FRC events will incorporate literacy components that will promote literacy amongst children and provided parents with ideas and skills to continue with the promotion of literacy in the home setting.</li> </ul>
4. Continue their use of virtual services with families as appropriate.	<ul style="list-style-type: none"> <li>• All of classes and services are offered virtually. Program supplies are pick-up or dropped off at client homes when needed. FRC staff continue to work with clients on their preferred service option.</li> </ul>

NORTH MODESTO / SALIDA	
2019-2020 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM’S RESPONSE
1. Continue to work on the Commission’s priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission’s financial support ends.	<ul style="list-style-type: none"> <li>• Sierra Vista Child &amp; Family Services continues to work on the Commission’s priorities of sustainability, leveraging and collaboration to ensure services continue after the commission’s financial support ends.</li> <li>• SVCFS completes annual updates of its sustainability plan, instituting practices and procedures that build and strengthen fiscal, administrative, and service capacity (i.e., Joint Commission Accreditation, leadership training, Strategic Planning, staff training, fundraising).</li> <li>• SVCFS consistently seeks to leverage new and diverse funding to broaden services to families and bolster financial stability.</li> <li>• SVCFS values collaboration throughout the organization and with partners to provide children and families with the most comprehensive services to meet the unique needs of the community, as well as to minimize duplication of services.</li> </ul>
2. Work to increase the number of caregivers engaging in parenting education services.	<ul style="list-style-type: none"> <li>• North Modesto/ Salida FRC continuously works with academic settings and organizations within our services area to establish collaborative working relationships.</li> <li>• North Modesto/ Salida FRC will continue to promote services by completing general outreach local events and within locally existing programs in hopes of reaching new and preexisting participants.</li> <li>• Staff is in the process of acquiring trainings that will help in the development of new events and classes within the center with the intent of engaging new/ preexisting clients. North Modesto/ Salida FRC plans on using the Parent Café model to help engage parents in</li> </ul>

	nontraditional formats.
3. Work to increase the number of children 0-5 engaging in literacy services.	<ul style="list-style-type: none"> <li>• North Modesto/ Salida FRC distributes books to all families within our services are in hopes of increasing literacy development, and literacy in the home setting. This will remain a focus during the upcoming fiscal year.</li> <li>• North Modesto/ Salida FRC plans to collaborate with the Salida Library and other local libraries to develop literacy events the promote literacy services (i.e. "Book of the Month Club").</li> <li>• North Modesto/ Salida FRC is incorporating literacy services into it current weekly groups and plans on developing a revised virtual "Story Time". The program will incorporate literacy in a fun and interactive manner.</li> <li>• All North Modesto/ Salida FRC events will incorporate literacy components that will promote literacy amongst children and provided parents with ideas and skills to continue with the promotion of literacy in the home setting.</li> </ul>
4. Continue their use of virtual services with families as appropriate.	<ul style="list-style-type: none"> <li>• All of classes and services are offered virtually. Program supplies are pick-up or dropped off at client homes when needed. FRC staff continue to work with clients on their preferred service option.</li> </ul>

TURLOCK	
2019-2020 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> <li>• The Turlock Family Resource Center will continue to provide outreach and hold events to inform the community of services currently being offered. TFRC will collaborate with community partners and other FRC's within the network to continue to create new opportunities for funding, workshops and trainings. TFRC's Contract's Coordinator will continue to look for grants and send them to TFRC leaders, as well as assist with the application process for funding.</li> </ul>
2. Work to increase the number of caregivers engaging in parenting education services.	<ul style="list-style-type: none"> <li>• TFRC staff will continue outreach in order to inform the community of the services being offered. During each community event, flyers are passed out with class information and contact numbers. During events held by the TFRC, flyers are provided to each client.</li> </ul>

<p>3. Work to increase the number of children 0-5 engaging in literacy services.</p>	<ul style="list-style-type: none"> <li>TFRC staff will continue outreach in order to inform the community of the services being offered. During each community event, flyers are passed out with class information and contact numbers. During events held by the TFRC, flyers are provided to each client.</li> </ul>
<p>4. Continue their use of virtual services with families as appropriate.</p>	<ul style="list-style-type: none"> <li>TFRC staff will continue to offer courses hybrid so families have the opportunity to join virtually if needed. New computers with cameras, headphones, and studio equipment was purchased in order to make virtual classes more engaging for clients.</li> </ul>

WESTSIDE	
2019-2020 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
<p>1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.</p>	<ul style="list-style-type: none"> <li>On Sustainability: CHS and our FRCs will continue to grow a broad base of local community support and involvement to help sustain our work in the communities of Oakdale/Eastside, Westside/Newman/Patterson and Ceres. The agency will work to advance best practices and strong partnerships, as well as connect to larger, regional or national funding opportunities that support family strengthening work. Locally, CHS has been successful at promoting regional fund-raising events to increase our unrestricted funding, as well as utilizing MAA Medi-Cal as an additional resource to support FRC work</li> <li>On Leveraging: The FRCs continue to build a continuum of leveraged resources and support from public and private partners. We have leveraged monetary donations, manpower, food, clothing, space and household items (to name a few) and continue to look for ways to minimize costs and maximize our funding. A good example of leveraging is work in receiving several new sources of funding for 2020-2021 and 2021-2022 including CDBG Cares, COVID Cares, and miscellaneous donations that help us to support community members and their families.</li> <li>On Collaboration: Collaboration on the county and local level will continue to be important for our FRCs. Each FRC collaborates with a multitude of partners, public and private, and helps increase our capacity to provide resources without duplicating efforts. The Stanislaus County FRC collaborative group is well-connected and there is continued interest on working together, vs. in silos. At CHS, we are working toward greater community engagement and involvement in our FRC. This movement of community will help ensure sustainability beyond our agency's involvement.</li> </ul>

<p>2. Work to increase the number of caregivers engaging in parenting education services.</p>	<ul style="list-style-type: none"> <li>Westside FRC's staff will be trained in the Abriendo Puertas and Nurturing Parents curriculum, which will allow staff to provide and engage families who are seeking formal parent education. We will also continue to provide Parent Café's to families as an alternative and less structured parent education.</li> </ul>
<p>3. Work to increase the number of children 0-5 engaging in literacy services.</p>	<ul style="list-style-type: none"> <li>The Patterson and Newman FRC will use social media as an approach to engage more children 0-5 in literacy services. Working with partners in the community like WIC, Healthy Starts, public library and schools to outreach will help parents become aware of the literacy services provided at each of our FRC's. Working with current parents to help reach other parents and using volunteers like the Community Promotoras to disseminate information about the literacy groups offered.</li> </ul>
<p>4. Continue their use of virtual services with families as appropriate.</p>	<ul style="list-style-type: none"> <li>Westside FRC's are working to continue to use virtual services as a way to continue to reach families who may not be able to attend groups in person, but also provide services to families who are not able to come into an office for a variety of reason. Westside FRC's will have a hybrid model with groups where families who can attend in person will be welcomed, but those families who are not can join virtually and participate. COVID-19 has shown us that "traditional" groups are no longer a norm and that many families have the technology to engage in groups or services virtually.</li> </ul>

### Planned Versus Actual Outputs / Outcomes

#### Family Resource Centers 19/20 Annual Scorecard Data

	Ceres Partnership		Eastside FRC		Parent Resource Center		Hughson FRC		North Modesto / Salida		Turlock FRC		Westside FRC		Total	
FRC Staff will provide an FDM Assessment to the caregivers of children 0-5 (AC, DR & Non-DR).																
30% children 0-5's caregivers who responded to a contact will receive a second FDM assessment	19%	36/192	3%	5/184	54%	327/605	27%	49/182	40%	79/197	38%	42/110	0%	0/160	33%	538 / 1,630
FRC staff will provide a valid depression screening to caregivers of children 0 -5 who receive an FDM assessment (AC, DR & Non-DR).																
Number of the children 0-5 whose caregivers receive depression screenings.	22		16		480		132		124		36		16		826	
FRC staff or contracted staff will provide group and individual mental health counseling to caregivers of children 0-5. Improvement will be reported by clinician.																
96% of the children 0-5 whose caregivers receive GROUP counseling will, according to their clinician, indicate improvement with presenting issues	N/A	0/0	N/A	0/0	N/A	0/0	100%	22/22	100%	9/9	N/A	0/0	N/A	0/0	100%	31/31
80% of the children 0-5 whose caregivers receive INDIVIDUAL counseling will, according to their clinician, indicate improvement with presenting issues	N/A	0/0	N/A	0/0	N/A	0/0	100%	5/5	100%	5/5	N/A	0/0	100%	2/2	100%	12/12

## Family Resource Centers 19/20 Annual Scorecard Data

	Ceres Partnership		Eastside FRC		Parent Resource Center		Hughson FRC		North Modesto / Salida		Turlock FRC		Westside FRC		Total	
FRC Staff will provide children 0-5, whose caregivers are assessed, with developmental screenings using Ages & Stages Questionnaire (AC, DR, & Non-DR)																
65% of the children 0-5, whose caregivers receive a second FDM assessment, will receive developmental screenings.	34		9		290		101		78		15		29		556	
FRC Staff or contracted staff will provide literacy / school readiness services (teaching adults literacy, distributing children's books, teaching adults how to read to children, etc.)																
92% of children 0-5 who received literacy services will indicate increased time reading at home with family	100%	59/59	96%	24/25	100%	117/117	100%	42/42	100%	27/27	100%	109/109	100%		100%	493/494
97% of children 0-5 will be provided books	100%	59/59	100%	25/25	99%	116/117	100%	42/42	100%	27/27	94%	103/109	100%		99%	487/494
75% of children 0-5 whose caregivers receive adult literacy services will self-report an increase in adult literacy skills	100%	59/59	N/A	0/0	99%	170/172	100%	66/66	100%	58/58	100%	54/54	100%		100%	522/524

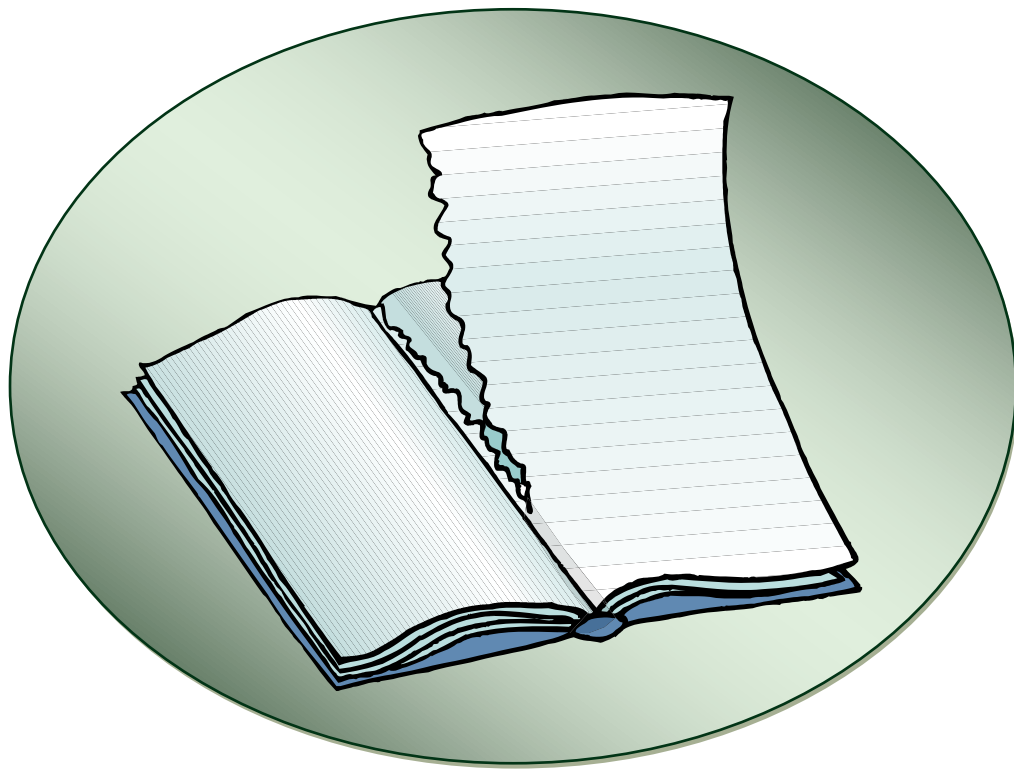
## Recommendations

These programs have undergone multiple annual and periodic evaluations by Commission staff and the programs have been responsive to prior year's recommendations. As the programs enter their "maturation phase," it is recommended that the programs continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.

Additionally, it is recommended that Family Resource Centers:

- Work to increase the number of caregivers engaging in parenting education services.
- Work to increase the number of children 0-5 engaging in literacy services.
- Continue their use of virtual services with families as appropriate.
- Work to increase surveys collected from participants, even for virtual services.

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## Result Area 2: Improved Child Development

### Description

The goal of the Improved Child Development Result Area is for children to be eager and ready learners. Included in this result area are programs and services that focus on preparing children and families for school, and improving the quality of, and access to, early learning and education for children 0-5. While the Commission does not have contracts to report under Result Area 2 however, it does have expenditures which that are working towards the three strategic plan objectives for this result area.

The percentage of the budget represented by the Result Area 2: Improved Child Development is 0.3%.

### Result Area 2 Services and Service Delivery Strategies

The funding allocated to the Improved Child Development Result Area is meant to support families and systems, leading to a population result for Stanislaus County of "Children are Eager and Ready Learners." The programs and services contribute to this population result by providing services that result in changes for children and families. Although the percentage of the budget allocated to this result area has decreased over the years, the support that the Commission gives to services helps improve child development and helps children and families get ready for school. Since a variety of factors influence the development of a young child, the Commission supports efforts to help children become eager and ready learners by funding programs not only in the Improved Child Development Result Area, but in other Result Areas as well. Although programs categorized in other result areas also contribute to the Strategic Plan goal and objectives below, the emphasis in this result area is on school based programs and activities that positively affect early learning providers and environments.

### Desired Result: Children Are Eager and Ready Learners

#### Objectives:

- Increase the number of children that are read to daily
- Increase access to opportunities for professional growth for Family, Friend, and Neighbor providers
- Increase the number of children who are "ready to go" when they enter kindergarten (as measured by the Kindergarten Student Entrance Profile/KSEP)

*The Commission has employed the following services and service delivery systems to progress towards these objectives, increasing the capacity of families, providers, and schools to help children prepare for school:*

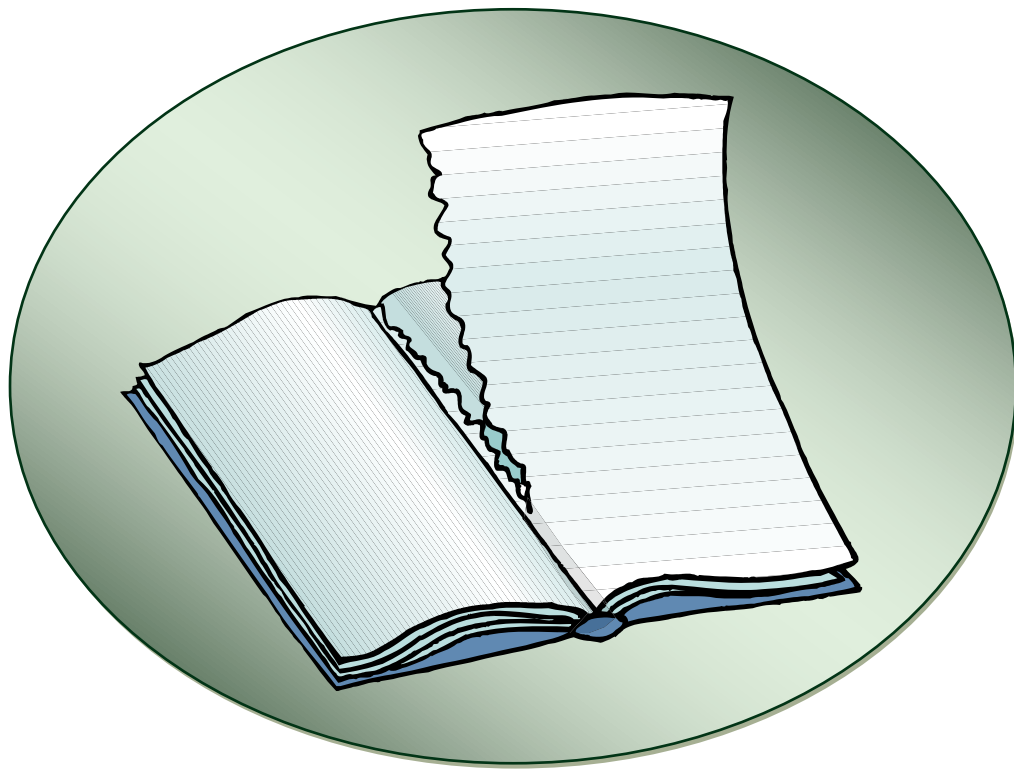
The services are through Early Childhood Educator/Provider Conferences provided bi-annually that are designed to train and support those working daily with young children. Offering these conferences at no cost to participants remains a cost-effective means to serve many with beneficial results. In FY 2020-2021, a Spanish language ECE conference was offered to providers who may struggle to grasp technical concepts in their second language. It was event was geared to targeted Family, Friend and Neighbor providers within the county.

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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- 100% of the surveyed attendees (197/197) rated the August 2020 and February 2021 ECE/Provider Conferences as good or excellent
- 91% of surveyed attendees (187/198) indicated they would take information they learned at the August 2020 and February 2021 ECE/Provider Conferences and apply it in their family childcare home/classroom/center
- 100% of the surveyed attendees (45/45) indicated the Spanish Language ECE Conference trainer was effective and the content was fair/excellent
- 87% of surveyed attendees (39/46) indicated they would take information they learned at the Spanish Language ECE and apply it in their family childcare home/classroom/center

Result Area 2: Improved Child Development	
Program/Activity	Amount Expended in 2020-2021
Early Care & Education Conferences / Spanish Language ECE	\$ 6,382
<b>TOTAL</b>	<b>\$ 6,382</b>

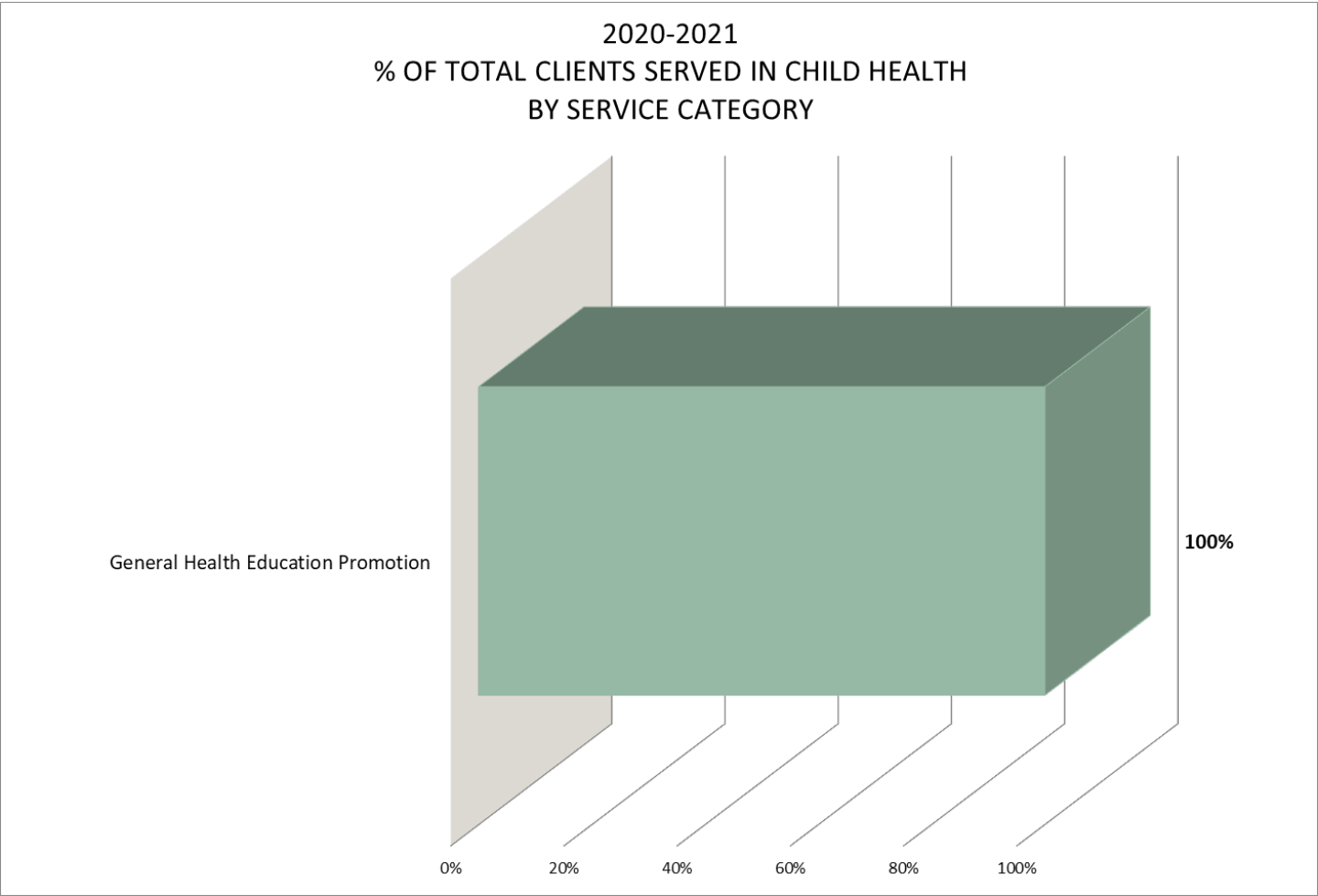
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Result Area 3: Improved Health

Description

Children who are born healthy and stay healthy is the goal of the Result Area 3: Improved Health. In order to work towards this goal, the programs in this result area include those that increase access to, and provide healthcare and health education for pregnant women, children 0-5, and their families. The Commission’s strategy is to fund programs that are working towards the two objectives for this result area: (1) Increase the rate of healthy births and (2) Increase children’s access to and utilization of health insurance benefits. The Prop 10 funded program categorized under Improved Health, represents 15.1% of the 2020-2021 budget.



### Result Area 3 Services and Service Delivery Strategies

The services provided in Result Area 3 continue to promote optimal health for children 0-5 in Stanislaus County. The Improved Health Result Area remains a very important component in the Commission's strategic plan.

Funding allocated to Result Area 3 is meant to increase access to and improve healthcare for children 0-5 and their families, leading to a population result for Stanislaus County of, "Children are Born Healthy and Stay Healthy." Some countywide positive results are being seen, and indications are that services in this area may be a factor in the improving environment. Although programs categorized in other result areas also contribute to the Strategic Plan goal and objectives below, the programs categorized in Result Area 3 are those that are primarily providing health services or support of those services.

### ***Desired Result: Children Are Born Healthy and Stay Healthy***

#### *Objectives:*

- *Increase the rate of healthy births*
  - *Increase the number of pregnant women and teens who receive prenatal care*
  - *Maintain infant mortality rates below state levels*
  - *Decrease the number of low birth weight babies*
  - *Decrease the percentage of women who smoke during pregnancy*
- *Increase children's access to and utilization of health insurance benefits*

*The Commission has employed the following services and service delivery systems to progress towards these objectives, increasing access to and improving healthcare for children, and contributing to the population result "Children are Born Healthy and Stay Healthy":*

- ***Prenatal and Infant Home Visiting***

Home visiting is a primary service delivery strategy for inter-generational family-centered supports. Home visiting services are provided in the home by qualified professionals to parents, prenatally and/or with children birth to age three. These voluntary programs tailor services to meet the needs of individual families and offer information, guidance, and support directly in the home environment. While home visiting programs vary in goals and content of services, in general, they combine parenting and health care education, early intervention, and early learning supports for young children and their families. Home visits focus on linking pregnant women with prenatal care, promoting strong parent-child attachment, coaching parents on learning activities that foster their child's development and supporting families during the pivotal window of pregnancy through early childhood.

The services are offered by a variety of providers, including public health nurses, FRC family service providers and mental health clinicians. Multiple strategies are also used, including community-based support groups, county based health programs, and mobile health services.

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
<ul style="list-style-type: none"> <li>• 190 children 0-5 received services that focused on improved health</li> <li>• 154 pregnant women received prenatal care</li> <li>• 154 women (who were pregnant for the first time) participated in pregnancy support groups</li> <li>• 717 families participated in health, nutrition, or safety programs</li> </ul>		
<p><b>Infants are Being Born Healthy</b></p> <ul style="list-style-type: none"> <li>• 80% of the infants born to participants in a healthy birth program (80/100) were born term</li> <li>• 89% of the infants born to participants in a healthy birth program (89/100) were born with a healthy weight (between 5 lbs. 5 oz. and 8 lbs. 13 oz.)</li> <li>• 91% of the mothers in a healthy birth program (91/100) initiated breastfeeding</li> </ul> <p><b>Pregnant Women in a Healthy Birth Program Have Increased Knowledge and Make Positive Health Decisions for Themselves and Babies</b></p> <ul style="list-style-type: none"> <li>• 92% of the infants (72/78) were up-to-date on immunizations at one year and 100% had health insurance (71/71)</li> <li>• 98% of participants (158/161 duplicated) report making positive changes based on health, nutrition, and safety classes</li> </ul>		

Result Area 3: Improved Health									
Program	Amount Expended in 2020-2021 <small>(% of 2020-2021 allocation)</small>		Total # Children 0-5 Served <small>(or served through family members)</small>	Cost per Child 0-5		Total Award To-Date <small>(7/1/2007-6/30/2021)</small>	Cumulative Amount Expended <small>(7/1/2007-6/30/2021)</small>		% of Cumulative Amount Expended
Healthy Birth Outcomes	\$	571,904 (80%)	308	\$	1,857	\$ 21,855,856	\$	21,855,856	94%
TOTAL	\$	571,904 (80%)	308	\$	1,857	\$ 21,855,856	\$	21,855,856	94%



## Healthy Birth Outcomes (HBO)

Agency: Health Services Agency  
Current Contract End Date: June 30, 2021

### Program Description

HBO focuses on improving maternal and infant health through education and support. Together, Public Health (PH) staff and 9 community partners provide services to pregnant and parenting women and teens in Stanislaus County. Program services are designed for those who are at risk of having an adverse outcome to their pregnancies because of age, medical, and/or psycho-social factors. This partnership also seeks to link individuals, families, and providers in Stanislaus County to available resources, increase access to services, and raise awareness about how to have a healthy pregnancy.

The program provides support, advocacy and education to promote the health of participants and their infants through the use of community support groups and outreach. Women and teens who are pregnant and would like extra support can attend one of 9 support groups that are located throughout the county. They may receive advocacy, peer and professional support, and education at each location through their infant's first year of life. In addition, women who are not pregnant but are parenting an infant less than one year of age, can also join a group if they have a need for extra support.

Outreach to locate and provide information on services available to pregnant women is conducted by both the collaborative partners and the Health Services Agency (HSA) Public Health staff through door-to-door outreach, attending health fair events, creating linkages with neighborhood clinics and businesses, and meeting with perinatal providers. HSA staff also participates in the Maternal Child Health Advisory group that meets to network, raise awareness of current maternal-child health events, and share resources.

Finances			
Total Award September 1, 2003 – June 30, 2021	FY 20/21 Award	FY 20/21 Expended	Cumulative Amount Expended
\$21,855,856	\$717,852	\$571,904 (80% of budget)	\$20,541,224 (94% of budget)

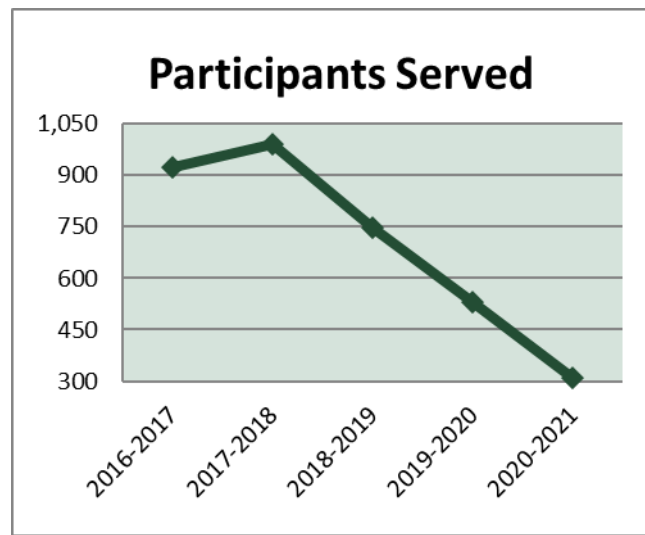
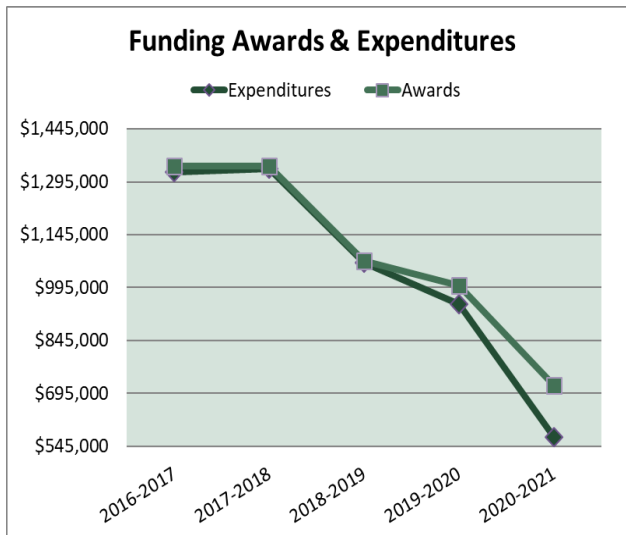
FY 19/20 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Community Partners	Indirect Cost Rate	Total Cost Per Participant (308)
\$83,702	\$29,305	\$450,527	10% of personnel	\$1,857

PARTICIPANT TYPE	% SERVED
Children	50%
100% <3	
Parents/Guardians	50%
Other Family	-

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	83%
White	15%
Black/African American	<1%
Asian	1%
Alaska Native / American Indian	-
Pacific Islander	-
Multiracial	-
Other	1%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	39%
Spanish	61%
Hmong	-
Other	-
Unknown	-

### Participants Served Comparison by Fiscal Year



Funding remained steady for HBO until 18/19 when all programs received a reduction as the Commission went through intensive strategic planning and began efforts to balance its budget. Several sites struggled to meet their enrollment number for 18/19 and this resulted in a decline in participants served. In addition, the program had a reduction in funding for 18/19 that impacted staffing for the home visiting component of the program. As a result, staff were not able to serve as many clients. Several sites continued to not meet their enrollments number for 19/20. HBO also reduced the case management component of program as it shifted the associated services and clients to other existing programs under HSA. Both these factors impacted the number of children served as well as the amount of funding allocated to the program. 20/21 was the final year of the program and funding was reduced as was the number of participants sites were required to serve.

### Program Highlights

- HBO program participants delivered term babies (80%) and at healthy weights (89%). Participants are more likely to initiate breastfeeding and continue for six months; have infants who at one year of age are more likely to be current with immunizations and have health insurance.
- Nine community sites held 381 support sessions and 154 new pregnant women joined the program. 99% of mothers who completed satisfaction surveys stated that the groups met their needs.
- Several of the sites struggled to enroll 20 new pregnant women into HBO groups while others exceeded the milestone. Hughson (10), Newman (11), North Modesto (9) and Turlock (3) all fell below the minimum. Turlock had several staffing changes in key positions. Support was offered throughout the year to help increase enrollment. Newman struggled due to staffing changes as well as to the limited population of pregnant women in the community. Ceres (20), Oakdale (23) Parent Resource Center (23), Patterson (24) and West Modesto King Kennedy Center (30) all met or exceeded their enrollment goal.
- More than 99% of participants reported making changes in how they cared for themselves or their children as a result of information they gained in their HBO class.
- Leveraging: In 2020-2021 no funds were leverage as the program was in its final year.
- Cultural Competency: HBO provides classes, learning materials, and forms in both English and Spanish as requested by the facilitators at the FRCs. If the instructors do not speak Spanish, the facilitators at each of the FRCs in the community are able to interpret. This fiscal year as the classes were virtual, an English only class was offered to meet the need of the participants. This allowed for improved communicate during the support groups.
- Collaboration: HBO has historically worked closely with the Maternal, Child and Adolescent Health program at HSA as well as with Stanislaus County Community Services Agency (CSA) on the Shaken Baby prevention outreach. During the COVID-19

pandemic, HSA staff were required to provide support to the COVID-19 response in the community and additional activities were put on hold.

- Sustainability: Fiscal year 2020-2021 was the final year of the Healthy Birth Outcomes program. The high-risk case management component of the program will be absorbed into other existing programs offered at Health Services Agency. The support group component of the program will continued to be offered via PlanetBaby!, a new Commission funded prenatal and new mother education program with a focus on primary prevention developed with input from Health Services Agency and HBO staff.

### Prior Year Recommendations

2019-2020 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> <li>• Fiscal year 2020-2021 was the final year of the Healthy Birth Outcomes program. The high-risk case management component of the program will be absorbed into other existing programs offered at Health Services Agency. The Commission and HSA developed PlanetBaby!, a new Commission funded program, which will continue to offer the community support groups in a modified way without HSA's continued involvement.</li> </ul>
2. Prepare its subcontractors and their clients for the conclusion of the HBO program.	<ul style="list-style-type: none"> <li>• Staff met with the subcontractors to notify them of the end of the HBO program in FY 2020-2021. Changes were made to the SOW for each site to wind down the program and decrease the number of new participants into the program. The FRCs were encouraged to create an exit plan for the HBO women still in the support groups at the end of the fiscal year and to convert them into PlanetBaby! as possible.</li> </ul>
3. Complete all final reports and submit them in a timely manner.	<ul style="list-style-type: none"> <li>• Due to COVID an extension has been requested for this final report.</li> <li>• During this past year staff have been reassigned to the emergency operation center to respond to COVID emergency. This has caused delays in meeting reports deadlines for this fiscal year we appreciate the Commissions understanding.</li> </ul>
4. Compile and share all training materials and resources for HBO with Commission staff.	<ul style="list-style-type: none"> <li>• Materials have been sent to the commission staff. Models, resources and data have been sent.</li> </ul>

### Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
OUTPUTS / OUTCOMES		
Participants rate the support groups as having met their needs	85%	99% (159/161)
Participants demonstrate an increase in knowledge after attending classes promoting health, nutrition, and safety	70%	0%* (0/161)
Participants report having made changes based on what they learned in classes	60%	98% (1,58/161)
Participants deliver term infants	90%	80% (80/100)
Participants deliver infants weighing at least 5 lbs. 5 oz. and no more than 8 lbs. 13 oz.	90%	89% (89/100)
Participants initiate breastfeeding	50%	91% (91/100)
Infants at one year of age have up-to-date immunizations	85%	92% (72/78)
Infants at one year of age have health insurance	85%	99% (77/78)

\*Unable to conduct pre and post tests during COVID-19 pandemic using Zoom classes.

### Recommendations

First 5 Stanislaus has funded the Healthy Birth Outcomes program operated by the Health Services Agency (HSA) for more than 15 years. Discussions began with HSA staff at the beginning of Fiscal Year 2019-2020 to discuss and plan for the future of the HBO program. During this time, it became apparent that significant changes would be needed for the HBO program in Fiscal Year 2020-2021 and it would also be the final year for the HBO program.

PlanetBaby!, a prenatal and new mother education program, with an emphasis on primary prevention was created with assistance from Health Services Agency and HBO staff. PlanetBaby! will be offered in Family Resource Centers throughout the county in both English and Spanish, in person and virtually.

The Commission recognizes all the meaningful work and positive impact the HBO program had on the lives of children 0-5 and their families in the community during its ongoing partnership with the Commission. The Commission thanks you!

## Result Area 4: Improved Systems of Care/Sustainable Systems

### Description

Programs and services funded specifically to improve coordination, leveraging, collaboration, or utilization of resources are to be categorized in Result Area 4: Improved Systems of Care/Sustainable Systems. While the Commission does have a couple contracts under Result Area 4, they are not program contracts. These contracts support and nurture widespread and overarching collaboration, coordination, and leveraging. As such, they don't have necessarily have direct participant impacts.

The percentage of the budget represented by the Result Area 4: Improved Systems of Care/Sustainable Systems for fiscal year 2020-2021 was 21%. As the Commission continues to implement its 2019-2024 Strategic Plan, which has an emphasis on collaboration and capacity building, the percentage of its total budget allocated to RA 4 will remain high. It should also be noted, expenditures that are allocated to "Other Programs" in the Commission's 2020-2021 budget should be considered as contributing to the results in Result Area 4. These include expenditures for community and partner training education, as well as staff time spent supporting and monitoring programs.

### Result Area 4 Services and Service Delivery Strategies

Result Area 4 encompasses programs and services that build capacity, support, manage, train, and coordinate other providers, programs, or systems in order to enhance outcomes in the other result areas. Funding in this category also supports programs in their efforts to sustain positive outcomes. The overall population result that the Commission activities contribute to in Result Area 4 is, "Sustainable and coordinated systems are in place that promote the well-being of children from prenatal through age five" Although the Commission and funded programs cannot take full responsibility for this result in Stanislaus County, there are numerous ways that they are contributing to this result. In addition, Commission staff has continued to support contractors with sustainability, leveraging efforts, collaboration, and building capacity.

### ***Desired Result: Sustainable and Coordinated Systems Are In Place that Promote the Well-Being of Children From Prenatal Through Age Five***

#### *Objectives:*

- *Increase the funding and/or alignment of funding for a coordinated system of support for children and families*
- *Increase the level of county data integration/alignment of indicators, associated monitoring, and use of data to inform course-correction as needed to improve outcomes for children and families*
- *Increase the knowledge of individuals serving young children about available resources (including professional development) services, and referral opportunities*

*The Commission has employed the following services and service delivery systems to progress towards these objectives, and contribute to the population result "Sustainable and coordinated systems are in place that promote the well-being of children 0-5":*

- ***Fund programs that provide outreach, planning, support, and management***  
Outreach is critical for all Result Areas in order to reach out to those who may be marginalized or underserved. The Commission expects all funded programs to ensure that targeted populations are reached to participate in their particular services. Effective planning, support, and management are also imperative in providing services that are efficient and valuable. Commission staff provides support in this area to contractors as needed.
- ***Offer training and support for providers and contractors to build capacity and improve utilization of limited resources***  
Capacity building can occur at multiple levels, and the Commission supports this effort in a variety of ways. One way is through the training and support Commission staff provides to contractors, including contractor trainings and workshops. The Commission partnered with On the Verge to offer a leadership cohort to Family Resource Center and Community Service Agency staff in FY 20/21.

- **Encourage collaboration and coordination amongst contractors and other organizations by sponsoring meeting/sharing opportunities**

Collaboration and coordination can help decrease duplication of and increase the effectiveness of services. Programs understand that to gain the most beneficial results, collaboration and coordination is often necessary, especially during times of diminishing resources. During each quarterly meeting of all agencies contracting with the Commission, successful collaboration efforts are celebrated, agency presentations are made to promote awareness of Commission-funded programs, and time for discussions and networking are built into the agenda of each meeting. In FY 20/21, the Commission began efforts to create a home visiting collaborative. A part-time coordinator was hired to assist with the process. In addition, the Commission provided funding to support the work of the StanREADY team of the Cradle to Career initiative. The StanREADY team's goal is to have all children in Stanislaus County enter Kindergarten ready to succeed.

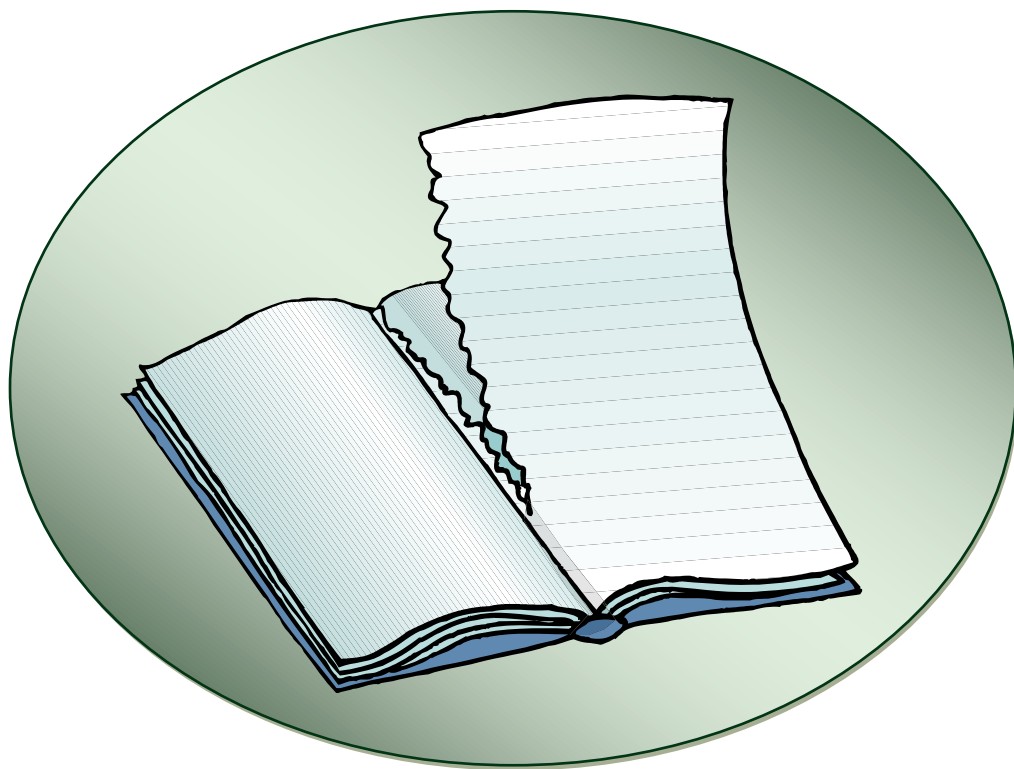
- **Support leveraging opportunities within and outside of Stanislaus County**

As Commission revenues diminish, supporting leveraging opportunities is critical to be able to sustain services and programs, as well as the results they are achieving. Leveraging resources within the county increases both the capacity of the leveraging program as well as that of the community in which the leveraging occurs. Resources are maximized, services are improved or enhanced, and community capacity increases as assets are capitalized upon. Human resources (both paid and volunteer), supplies, physical sites, skills, and knowledge from other community members and organizations can and are utilized to benefit children 0-5 and families served. Leveraging resources outside of the county, including state, federal, and private sources, is also an effective strategy to sustain results. During FY 20/21, programs leveraged Commission funding both within and outside of Stanislaus County. The Commission received \$240,000 in COVID-19 relief grants from Sunlight giving which was passed through to the FRCs to support the families in their communities impacted by COVID-19.

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
<ul style="list-style-type: none"> <li>• A Home Visiting Collaborative was formed, and a local home visiting action plan was created</li> <li>• 10 High Risk Pregnancy Support Coalition meetings were held with health partners and community stakeholders to discuss topics such as barriers to care, resource mapping, diabetes in pregnancy, and many other topics</li> <li>• 3 new StanREADY leads were onboarded</li> <li>• 552 children 0-5 and 624 caregivers received COVID-19 relief support to help with housing assistance, utility payments, or other basic needs</li> </ul>		
<ul style="list-style-type: none"> <li>• Stakeholders attending Risk Pregnancy Support Coalition meetings received education on domestic violence, postpartum mental health concerns, and substance use disorders during pregnancy and current community resources available</li> </ul>		
<p><b>Increases in Leveraging Within and Outside of the County</b></p> <p><b>Increase in Resources and Community Assets Leveraged Within the County</b></p> <ul style="list-style-type: none"> <li>• 91% of the Commission contracted programs (10/11) report leveraging of community resources</li> <li>• A total of over \$3.2 million was leverage from inside sources in 2020-2021</li> </ul> <p><b>Increase in resources coming into Stanislaus County, As a Result of Leveraged Dollars</b></p> <ul style="list-style-type: none"> <li>• 82% of the Commission contracted programs (10/11) report leveraging Prop 10 dollars to receive funding from outside of Stanislaus County</li> <li>• Over \$680,000 was leverage from outside sources in 2020-2021</li> </ul>		

<b>Result Area 4: Improved Systems of Care (Sustainable Systems)</b>	
<b>Program/Activity</b>	<b>Amount Expended in 2020-2021</b>
Home Visiting Coordination	\$ 8,003
High Risk Maternal Health	\$ 6,525
Stanislaus Community Foundation (Cradle to Career)	\$ 18,654
Technology Stipends	\$ 70,000
COVID Emergency Support Stipends	\$ 240,000
<b>TOTAL</b>	<b>\$ 343,182</b>

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## APPENDIX - ACRONYMS

The following list identifies widely used acronyms that have been referenced in this evaluation. They include organizations, programs, tools, and terms.

<b>0-5 EIP</b>	Zero to Five Early Intervention Partnership (formerly SCCCP)
<b>AC</b>	After Care
<b>ADRD/DRDP</b>	Adapted Desired Results Developmental Profile/Desired Results Developmental Profile
<b>AOD</b>	Alcohol and Other Drugs
<b>ASQ</b>	Ages and Stages Questionnaire
<b>ASQ-3</b>	Ages and Stages Questionnaire – Third Edition
<b>ASQ SE</b>	Ages and Stages Questionnaire – Social Emotional
<b>BHRS</b>	Behavioral Health and Recovery Services
<b>CAA</b>	Certified Application Assistor
<b>CAPC</b>	Child Abuse Prevention Council
<b>CASA</b>	Court Appointed Special Advocates
<b>CAPIT</b>	Child Abuse Prevention, Intervention, and Treatment
<b>CARES</b>	Comprehensive Approaches to Raising Educational Standards Project
<b>CBCAP</b>	Community-Based Child Abuse Prevention
<b>CBOs</b>	Community Based Organizations
<b>CCC</b>	Children’s Crisis Center
<b>CDBG</b>	Community Development Block Grant
<b>CDC</b>	Center for Disease Control
<b>CFC</b>	Children and Families Commission, also know as First 5 Stanislaus
<b>CHA</b>	Community Health Assessment
<b>CHDP</b>	Child Health and Disability Prevention Program
<b>CHIS</b>	California Health Interview Survey
<b>CHS</b>	Center for Human Services <i>Funded Programs:</i> Westside Family Resource Centers, Eastside Family Resource Center
<b>CHSS</b>	Community Housing and Shelter Services
<b>CPHC</b>	Ceres Partnership for Healthy Children
<b>CPS</b>	Child Protective Services
<b>CPSP</b>	Comprehensive Prenatal Services Program
<b>CSA</b>	Community Services Agency <i>Funded Programs:</i> Family Resource Centers
<b>CVOC</b>	Central Valley Opportunity Center
<b>CWS</b>	Child Welfare Services
<b>CWS/CMS</b>	Child Welfare Services Case Management System
<b>DMCF</b>	Doctors Medical Center Foundation

<b>DR</b>	Differential Response
<b>ECE</b>	Early Childhood Education
<b>0-5 EIP</b>	Zero to Five Early Intervention Program
<b>EL</b>	Early Learning <i>or</i> English Learners
<b>EPSDT</b>	Early and Periodic Screening, Diagnosis, and Treatment
<b>ESL</b>	English as a Second Language
<b>FJC</b>	Family Justice Center
<b>FCC</b>	Family Child Care
<b>FDM</b>	Family Development Matrix
<b>FFN</b>	Family, Friends, and Neighbors (childcare category)
<b>FM</b>	Family Maintenance (division of CPS)
<b>FPG</b>	Federal Poverty Guideline
<b>FPL</b>	Federal Poverty Level
<b>FRCs</b>	Family Resource Centers
<b>FSN</b>	Family Support Network
<b>FY</b>	Fiscal Year
<b>GED</b>	General Education Diploma
<b>GVHC</b>	Golden Valley Health Centers
<b>HBO</b>	Healthy Birth Outcomes
<b>HEAL</b>	Healthy Eating Active Living
<b>HEAP</b>	Home Energy Assistance Program
<b>HRSA</b>	Health Resources and Services Administration
<b>HSA</b>	Health Services Agency <i>Funded Programs: Healthy Birth Outcomes</i>
<b>IZ</b>	Immunizations
<b>KBS</b>	Keep Baby Safe
<b>KRP</b>	Kindergarten Readiness Program
<b>LSP</b>	Life Skills Progression tool
<b>MAA</b>	Medi-Cal Administrative Activities
<b>MCAH</b>	Maternal Child Adolescent Health
<b>MHSA</b>	Mental Health Services Act
<b>MOMobile</b>	Medical Outreach Mobile
<b>NSJVFRCN</b>	Northern San Joaquin Valley Family Resource Center Network
<b>PACE</b>	Petersen Alternative Center for Education
<b>PAT</b>	Parents as Teachers Program
<b>PEDS</b>	Prop 10 Evaluation Data System
<b>PEI</b>	Prevention and Early Intervention

<b>POP</b>	Power of Preschool
<b>PRC</b>	Parent Resource Center <i>Funded Programs: Family Resource Connection</i>
<b>PSI</b>	Parental Stress Index
<b>PSSF</b>	Promoting Safe and Stable Families
<b>RBA</b>	Results Based Accountability
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>SBA</b>	Strength Based Assessment
<b>SBS</b>	Shaken Baby Syndrome (Prevention Program)
<b>SCCCP</b>	Specialized Child Care Consultation Program
<b>SCCFC / CFC</b>	Stanislaus County Children and Families Commission
<b>SCDLPC</b>	Stanislaus Child Development Local Planning Council
<b>SCOARRS</b>	Stanislaus County Outcomes and Results Reporting Sheet
<b>SCOE</b>	Stanislaus County Office of Education <i>Funded Programs: SCOE Healthy Start Support</i>
<b>SEA Community</b>	Southeast Asian Community
<b>SEI</b>	Social Entrepreneurs, Inc.
<b>SELPA</b>	Special Education Local Plan Area
<b>SFJC / FJC</b>	Stanislaus Family Justice Center / Family Justice Center
<b>SR</b>	School Readiness
<b>SVCFS</b>	Sierra Vista Child and Family Services <i>Funded Programs: North Modesto/Salida FRC, Hughson FRC, Drop In Center, The BRIDGE</i>
<b>TCM</b>	Targeted Case Management
<b>TUPE</b>	Tobacco Use Prevention Education
<b>VFC</b>	Vaccines For Children
<b>VMRC</b>	Valley Mountain Regional Center
<b>WCC</b>	Well Child Checkup
<b>WIC</b>	Women, Infants, and Children