



2016-2017

Annual Program Evaluation



*"Promoting the development
and well-being of children
0 through 5"*

April 2018

The Stanislaus County Children and Families Commission

Following voter approval of Proposition 10 in November 1998, the Stanislaus County Children & Families Commission was established by the Stanislaus County Board of Supervisors on December 8, 1998. The Commission operates as an independent County agency.

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 0 through 5 and their families in the areas of health, safety, family support, and child development.

The Commission evaluates each of its funded programs as part of the Annual Program Evaluation in order to reflect on each program's performance and the efforts made towards reaching the Commission's goals

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

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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 evaluations to be conducted of 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, costs, highlights, contractor responses to last year’s recommendations, planned versus actual outcomes, and recommendations.

Strategic Plan Goals and Objectives

In its 2015-2017 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 0-5 in Stanislaus County are listed below with corresponding objectives:

Families are supported and safe in communities that are capable of supporting safe families

- ✓ Maintain positive trends in the reduction of repeat child maltreatment reports
- ✓ Decrease incidents of child abuse and maltreatment
- ✓ Increase positive social support for families
- ✓ Increase family resilience capacity (knowledge, skills, and awareness) to promote healthy development and safety

Children are eager and ready learners

- ✓ Increase families’ ability to get their children ready for school
- ✓ Increase the number of children who are cognitively and socially-behaviorally ready to enter school

Children are born healthy and stay healthy

- ✓ Increase the number of healthy births resulting from high-risk pregnancies
- ✓ Increase community awareness and response to child health and safety issues
- ✓ Increase / maintain enrollments in health insurance products
- ✓ Maintain access and maximize utilization of children’s preventive and ongoing health care

Sustainable and coordinated systems are in place that promote the well-being of children 0-5

- ✓ Improve collaboration, coordination, and utilization of limited resources
- ✓ Increase the resources and community assets leveraged within the county
- ✓ Increase resources coming into Stanislaus County, as a result of leveraged dollars

Evaluation Purpose and Methodology

This evaluation intends to answer questions on two levels – questions regarding individual program performance and questions regarding the Commission programs as a collective. Put simply, on both program and collective Commission levels, the Results Based Accountability questions “How much did we do?”, “How well did we do it?” and “Is anyone better off?” are answered in this evaluation.

With these questions in mind, the goal of the evaluation process for the 2016-2017 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, and utilizes a variety of data sources to more 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 utilize 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, and financial data and contract information were acquired from Commission records. Whenever possible, the contracted programs’ self-analysis was 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 information 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 2016-2017

Invested...

over \$7.1 million in the community



Reached...

31,178 children, parents and providers



Provided...

parent education and support to the parents of 2,490 children



Served...

the families of 1,698 children participated in literacy services



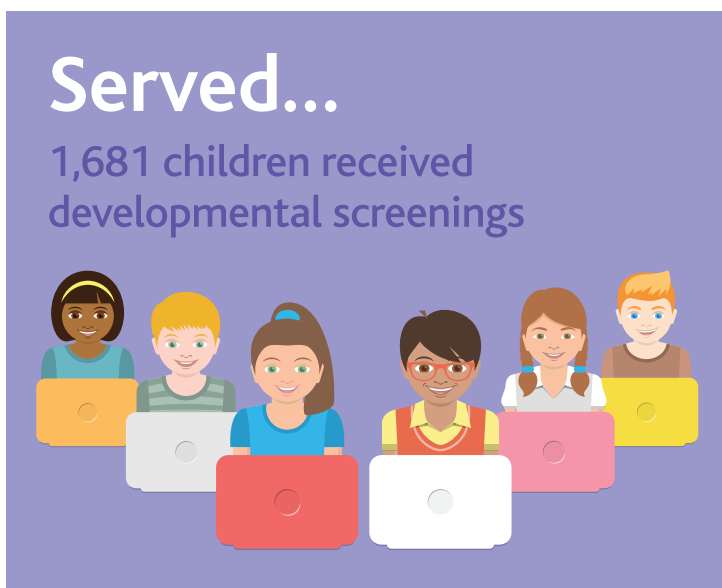
Provided...

457 pregnant women with pregnancy education and support



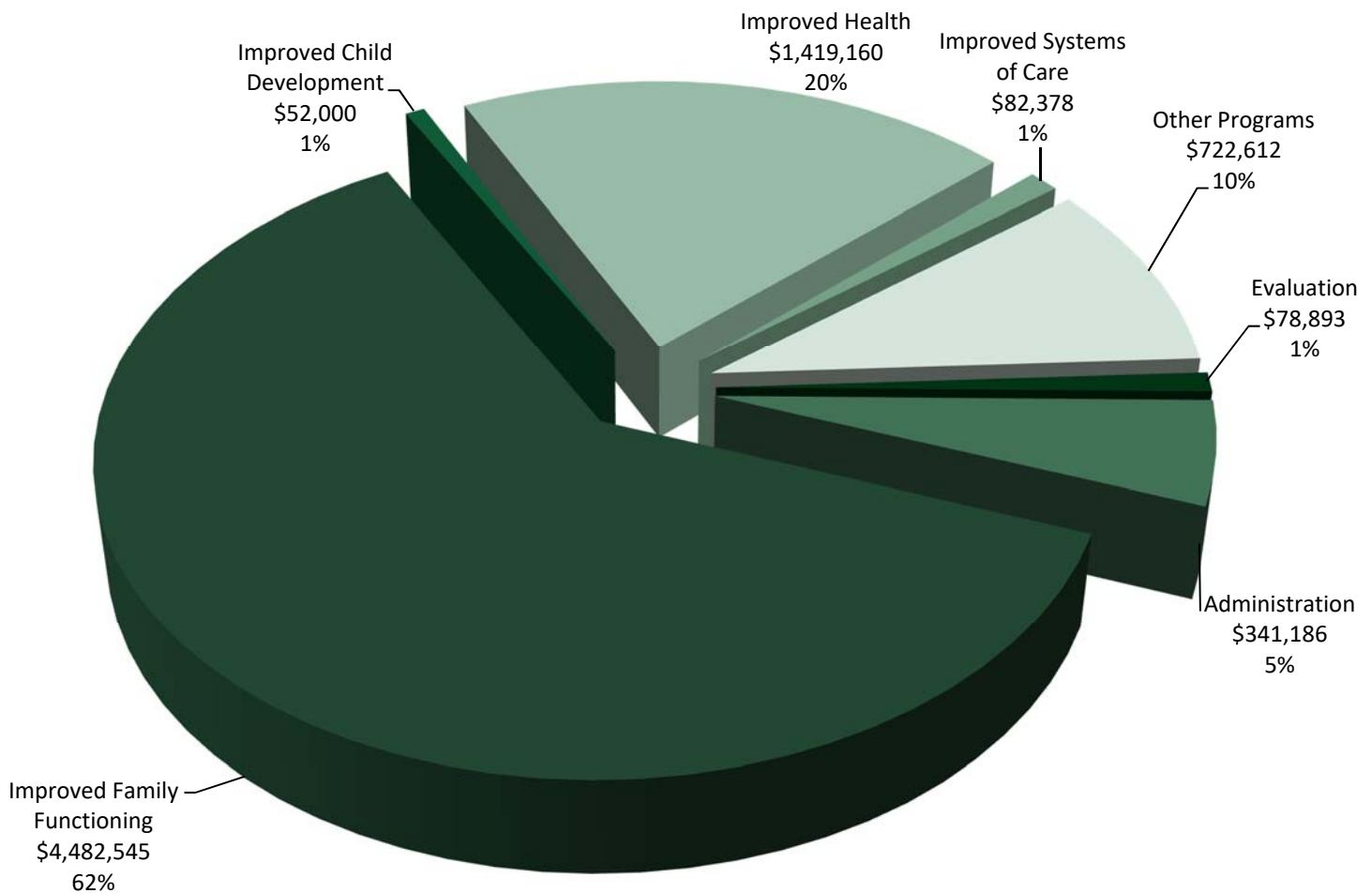
Served...

1,681 children received developmental screenings



Funding Distribution by Budget Category

Total: \$7,178,774



The 2016-2017 budget pie chart portrays the distribution of Commission funding by budget category.

Program Categories:

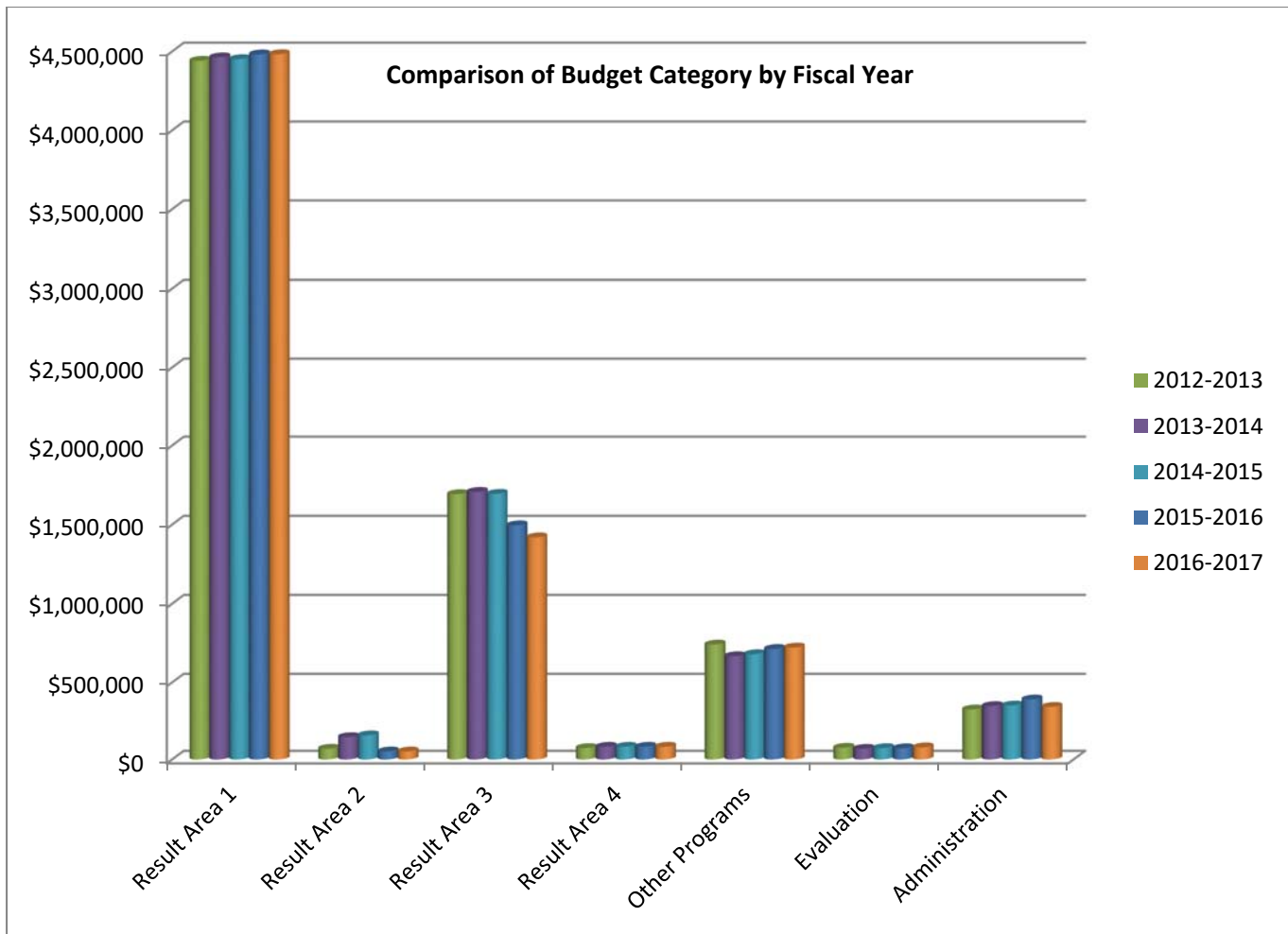
The program categories (also known as Result Areas) make up 84% of the annual budget. These are areas in which outcomes for children 0-5 and their families are reported and evaluated. The funding provides measurable services for children and families.

Other Programs Category:

“Other Programs” consists of Commission sponsored trainings and conferences, Commission and Stanislaus County charges that support programs, and the funds appropriated for program adjustments. This category supports the work that the programs are doing throughout the fiscal year.

Administration and Evaluation Categories:

These categories make up just 6%, with Administration comprising 5% and Evaluation comprising 1% of the annual budget.



Total Budget

2012-2013: \$ 7,420,001

2013-2014: \$ 7,515,250

2014-2015: \$ 7,490,083

2015-2016: \$ 7,287,186

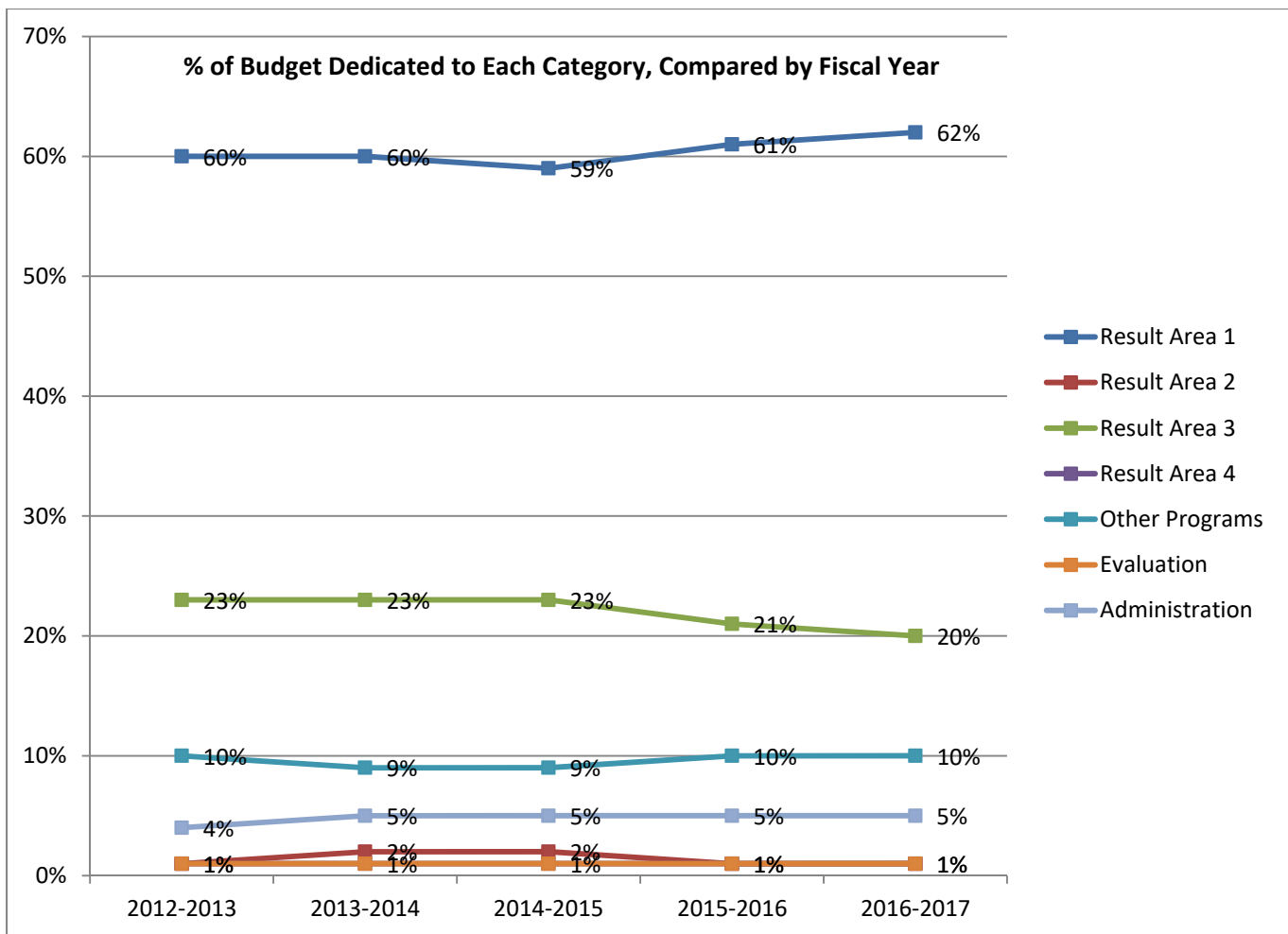
2016-2017: \$ 7,178,774

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



The above graphs compare the distribution of the Stanislaus County Children and Families Commission total budget by fiscal year from 2012-2013 through 2016-2017. The first graph (Graph 1) compares the **amount** of funding allocated to each result area (RA), and the second graph (Graph 2) compares the **percentage of the total budget** allocated to each of the result areas.

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). However, as the total budget amount has decreased over the years, the **percentage of the total budget** devoted to RA 1 has increased starting in '15-'16. This confirms the Commission's continuing emphasis on funding Improved Family Functioning activities.

Both funding amount and percentage of funding for RA 2 has remained relatively steady since '12-'13.

Both the **amount** of funding and **percentage of the total budget** dedicated to RA 3 decreased in '15-'16 and '16-'17. The decreases were a result of the Healthy Cubs program requesting less funding due to the implementation of Health Care Reform and Medi-Cal expansion.

Graphs 1 and 2 show that RA 4 has consistently been appropriated one of the smallest amount and percentage of funding, even less than the "Administrative" category. The programs in this result area focus on supporting and nurturing widespread and overarching collaboration, coordination, and leveraging. However, there are also activities sponsored by the Commission, such as Early Care and Education/Provider Conferences, that are also focused on these areas but are categorized under "Other Programs." When reporting to First 5 California, these activity expenditures are

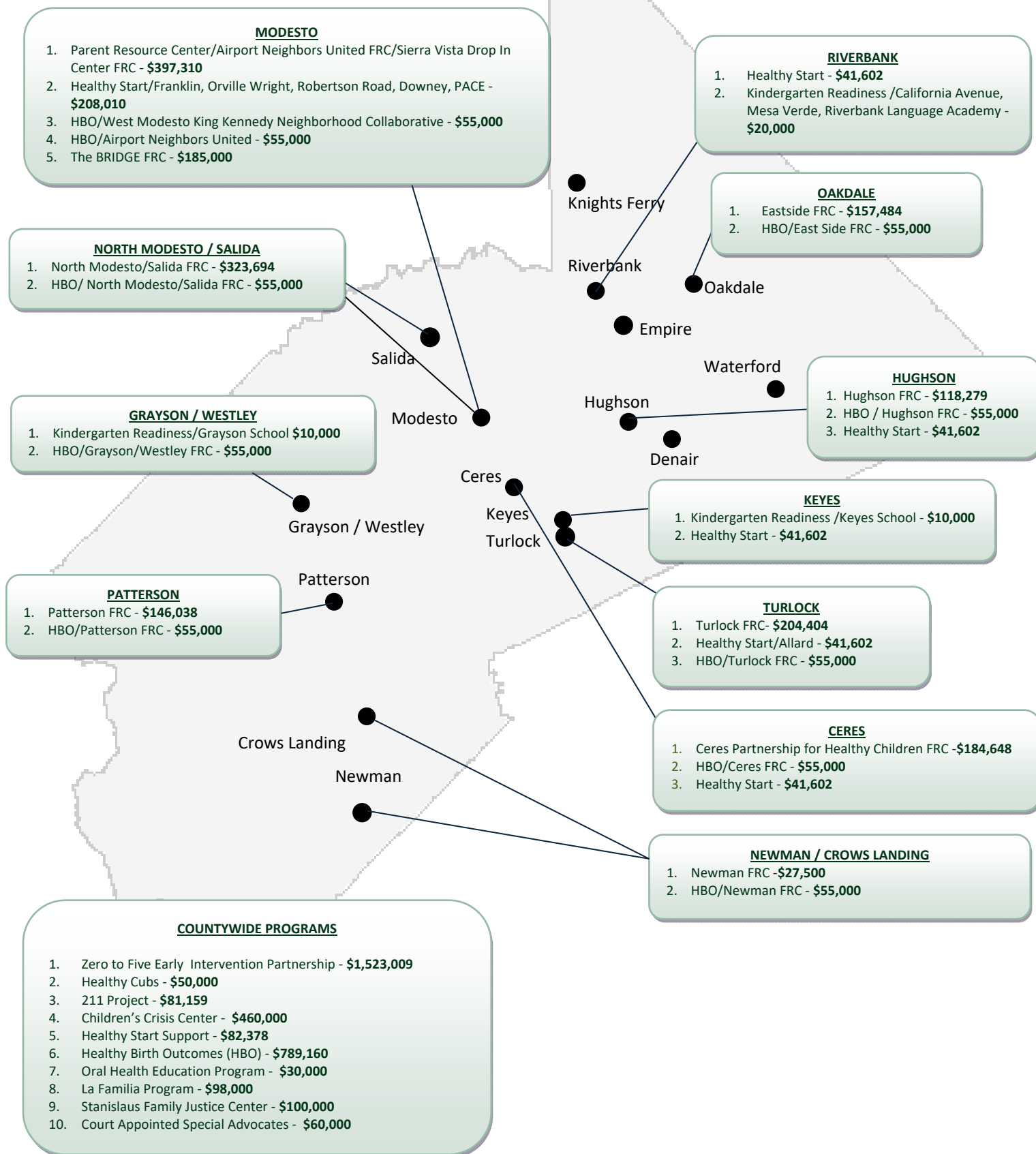
reported under RA 2, but since they are not contracted programs, they remain in “Other Programs” for local budget and expenditure reporting.

The funding category “Other Programs” has remained relatively consistent.

The budget for “Administrative” and “Evaluation” categories have remained consistently low in both the amount and percentage. The Stanislaus County Children and Families Commission remains dedicated to devoting the greatest amount and percentage of the budget to programs and services that positively affect the well being of children 0-5 and their families. As Prop 10 funding decreases, the Commission will need to continue to closely align spending with its priorities.

STANISLAUS COUNTY CHILDREN & FAMILIES COMMISSION

2016-2017 PROGRAMS



Program Budget Award by Location

Location	Program Budget Allocation	% of '16-'17 Program Budget*	% of County's Population**
Modesto	\$ 900,320	32.7 %	39.2%
Turlock	\$ 301,006	10.9 %	13.3%
Riverbank	\$ 61,602	2.2%	4.5%
Ceres	\$ 281,250	10.2%	8.7%
Newman/Crows Landing	\$ 82,500	3%	2.0%
Grayson/Westley	\$ 65,000	2.4%	.2%
Hughson (includes SE smaller towns)	\$ 214,881	7.8%	1.3%
Oakdale	\$ 212,484	7.7%	4.1%
Salida***	\$ 378,694	13.8%	2.5%
Keyes	\$ 51,602	1.9%	1.0%
Patterson	\$ 201,038	7.3%	4.1%
TOTAL of location specific programs	\$ 2,750,377		
Countywide Programs	\$ 3,273,706		
TOTAL:	\$ 6,024,083		

* Percent of Program Budget that is not allocated countywide

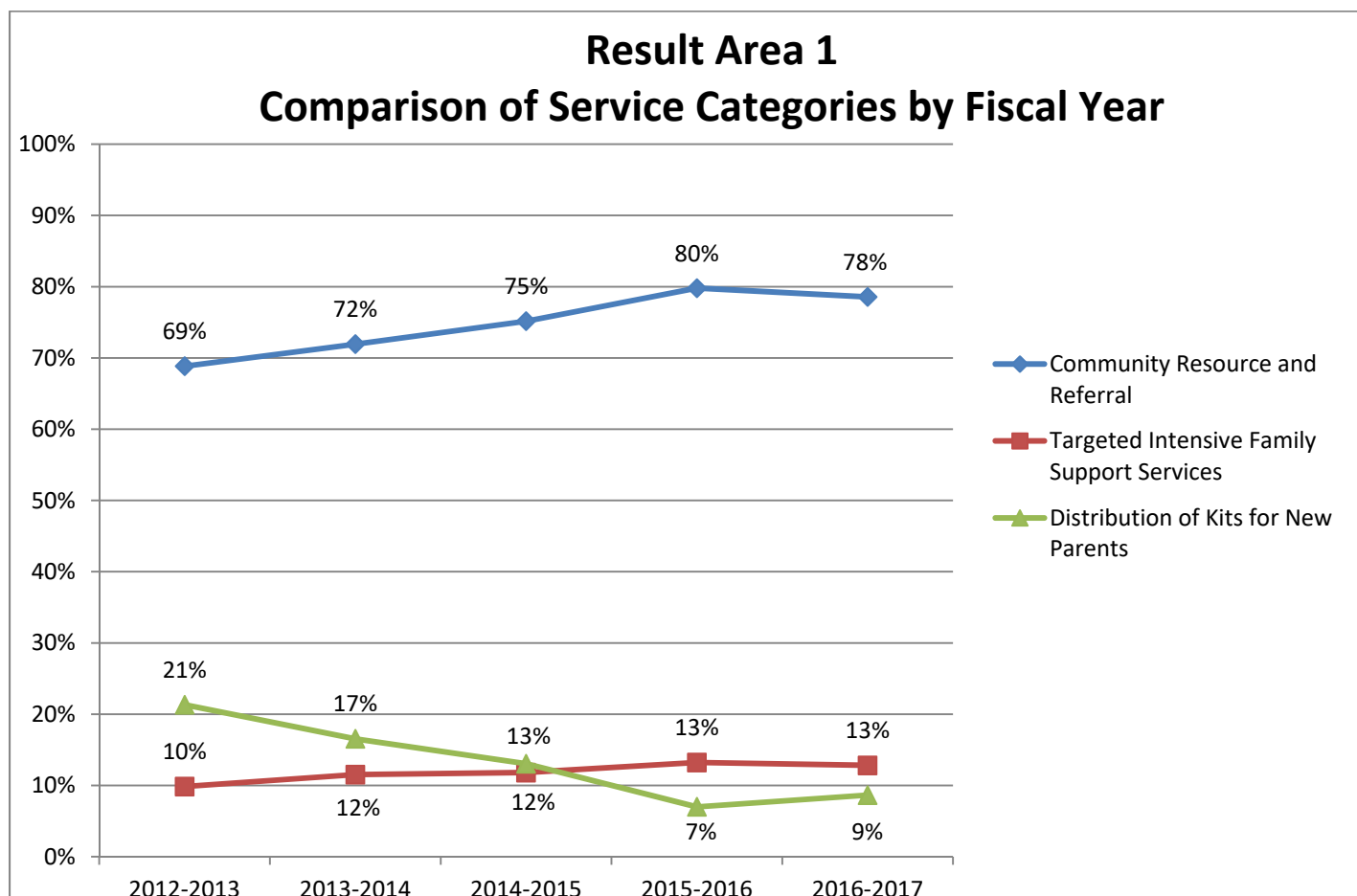
** State of California, Dept. of Finance, E-1 Population Estimates for Cities, Counties, and the State with Annual Percent Change – January 1, 2016 and 2017: Sacramento, CA, May 2017; <https://suburbanstats.org>, 2017

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

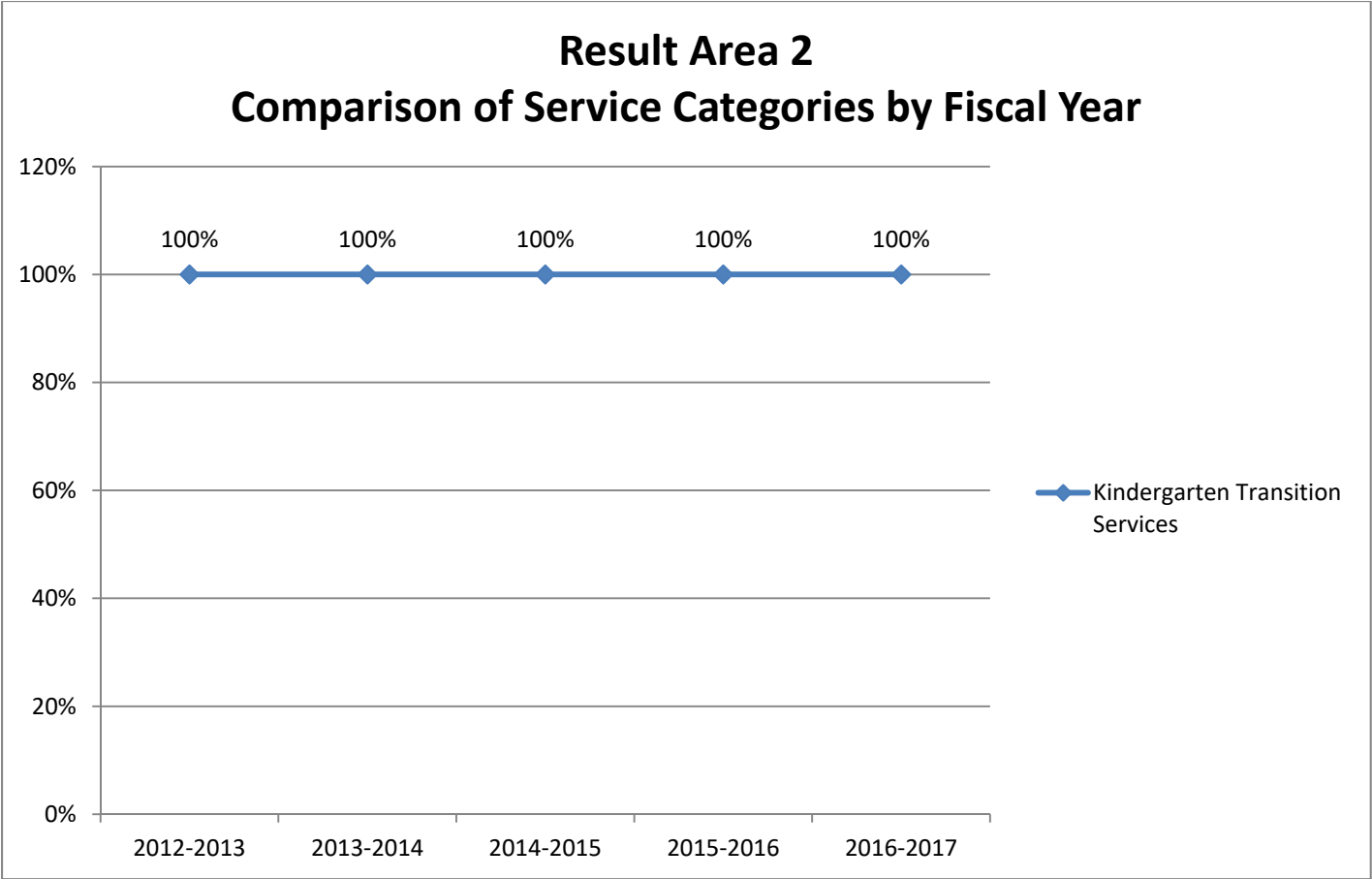
The map depicts the distribution of Stanislaus County Prop 10 funds allocated to programs by location within the county. The map illustrates the extent to which program services reach children 0-5 and their families countywide, and the number of programs in each area. The chart above shows the percentage of program funds allocated by city or region juxtaposed against the percentage of the county's population in that area. Similar to previous fiscal years, the percentage of funding allocated to the Stanislaus County cities and towns continues to align quite closely with population demographics, while some of the smaller, outlying areas of the county, such as Grayson/Westley and Patterson, were allocated disproportionately high amounts of funding. However, the distribution of funding among some of these smaller areas is closer to the population distribution than it was in past years due to some shifts in funding for FRCs based on population and needs, as well as decreases in funding for the school readiness programs.

A total of \$3,273,706 was allocated to programs that operate throughout the county, making up 54% of the total program budget. These countywide programs reach all of the above locations, and many have developed partnerships in order to collaborate with location specific programs, thereby leveraging Prop 10 resources. The remaining 46% 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 illustrated in both the map, as well as the chart, there is a balance of countywide and location specific programs that form an extensive network spanning the county to provide services that impact the lives of Stanislaus County's children and families.

These graphs depict how the distributions of service categories in each result area compare from fiscal year '12-'13 through '16-'17. The percentages are based on the number of clients served in each service category related to the total number of clients served in each result area. It should be noted that the percentages of most services rendered have stayed fairly consistent. However, changes have occurred as the focus of specific services has been emphasized or deemphasized as changes in community needs or priorities change.



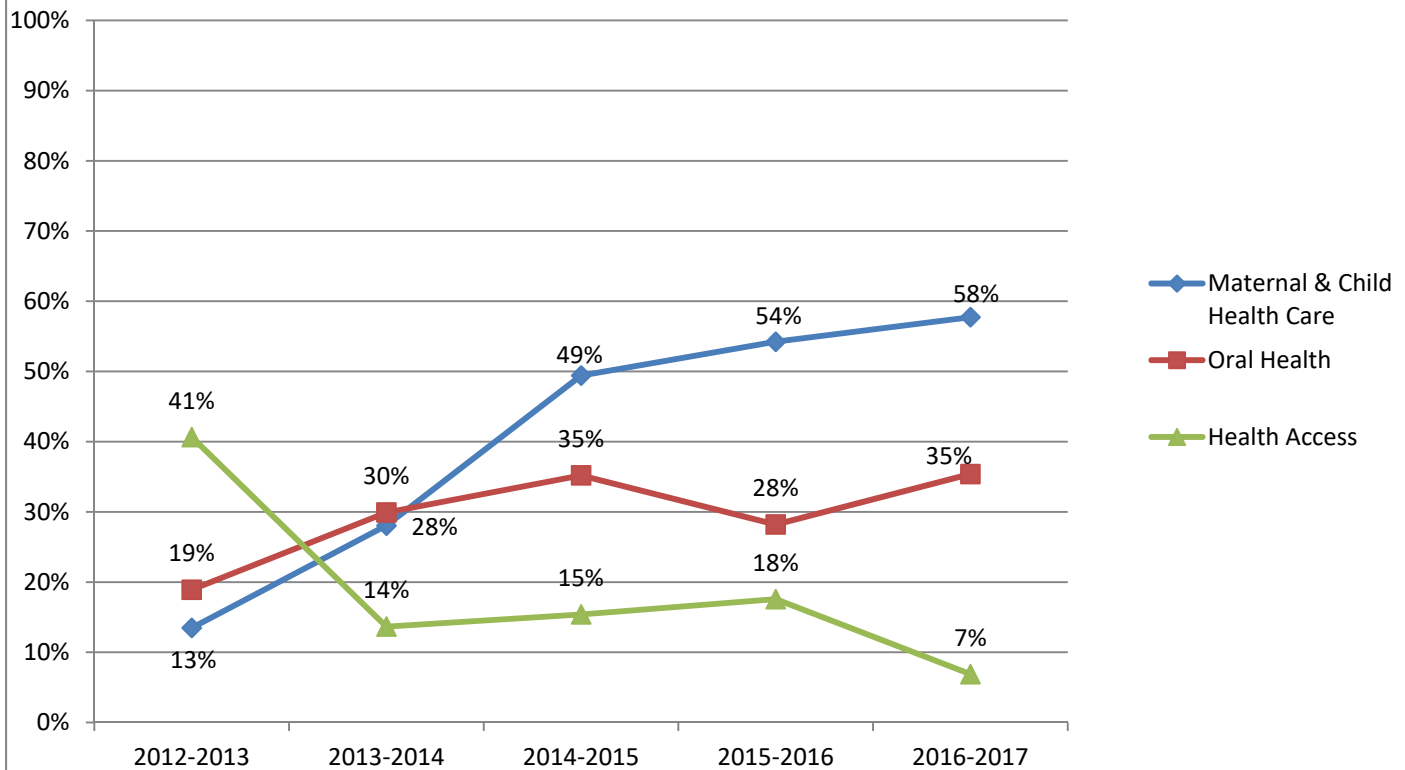
The highest percentage of services in Result Area 1 is consistently Resource and Referral services due in part to the broad base of participants and low level of intensity for this service. The percentage has increased as programs continue to build partnerships and the ability to provide resources and referrals to families and families learn what the programs can provide them. Programs share that the need for resources and referrals continues to grow. The number of Kits for New Parents that are distributed has declined over the past few years due to agencies in the County requesting less Kits each year. A concerted outreach effort by Commission staff resulted in a 2% increase in Kit distribution in '16-'17. (Note: Because of State reporting requirements, contracts, like the FRCs, are reported under one service category when, in fact, services provided fall into multiple service categories.)



The Kindergarten Readiness Program, a program that evolved from the more intensive Core 4 Kindergarten Readiness Program, comprises all of the services provided in Result Area 2.

Result Area 3

Comparison of Services Categories by Fiscal Year



Health Access showed a decrease in services provided and clients served due to the implementation of the federal government's Affordable Care Act (ACA) and the expansion of Medi-Cal to cover undocumented children through age 19.

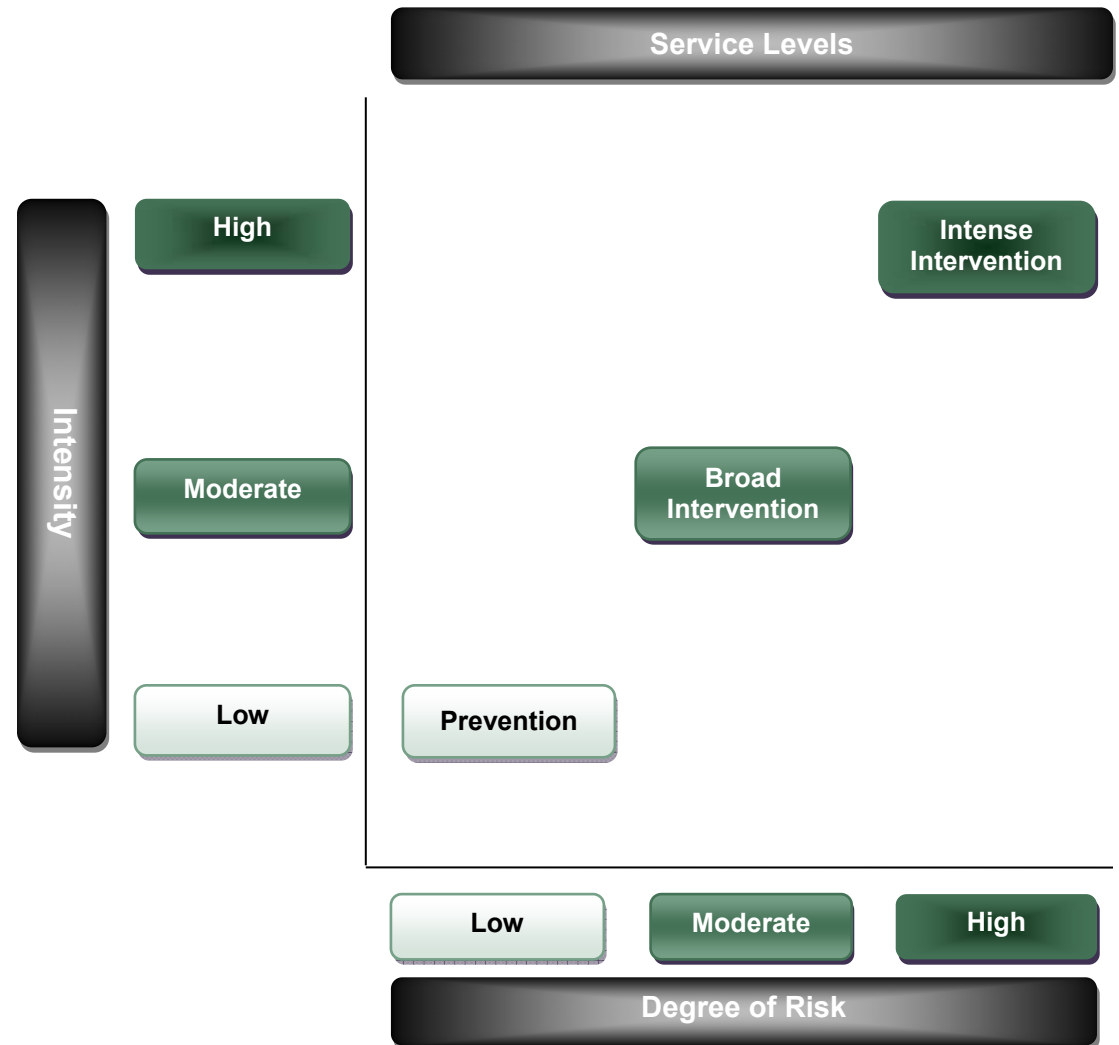
One of the Commission's funding strategies is to support a continuum of prevention and intervention programs that target all children 0-5 and their families in Stanislaus County. This means that Commission funds are working to benefit a spectrum of children from very low-risk to high-risk by providing services that can be categorized under prevention, broad intervention, and intense intervention.

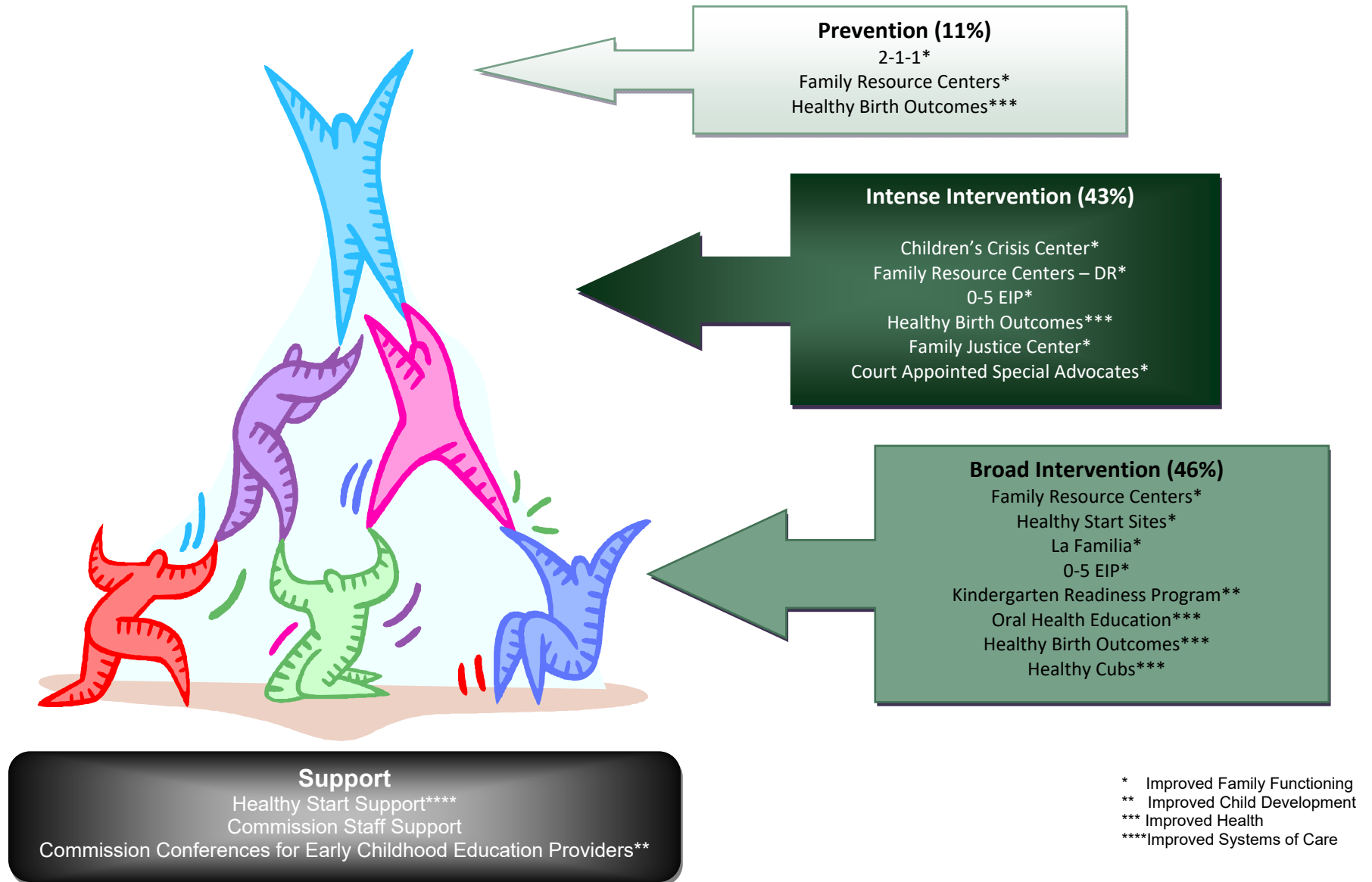
Service Levels

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 Pyramid

The pyramid image on the next page illustrates how Commission funds are extended across the range of service levels, and the distribution of the budget in relation to service levels. Approximately 46% of the program budget is dedicated to Broad Intervention, while 43% goes towards Intense Intervention and 11% to Prevention services. The percentage dedicated to all three categories has remained fairly stable. Some programs are listed under more than one level because they have different program components, and there is certainly overlap between service levels.



**Prevention:**

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

Broad Intervention:

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

Intense Intervention:

Strategies delivered to sub-groups of the 0-5 population and their families identified on the basis of 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 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, with continuing emphasis on serving Hispanic families. Both the percentage of Hispanic and Spanish speaking children and families served continue to be strong. Programs are aware of the need for culturally sensitive and appropriate services. Most funded programs have implemented cultural awareness/proficiency trainings and the outreach efforts to diverse populations have been consistently strong.

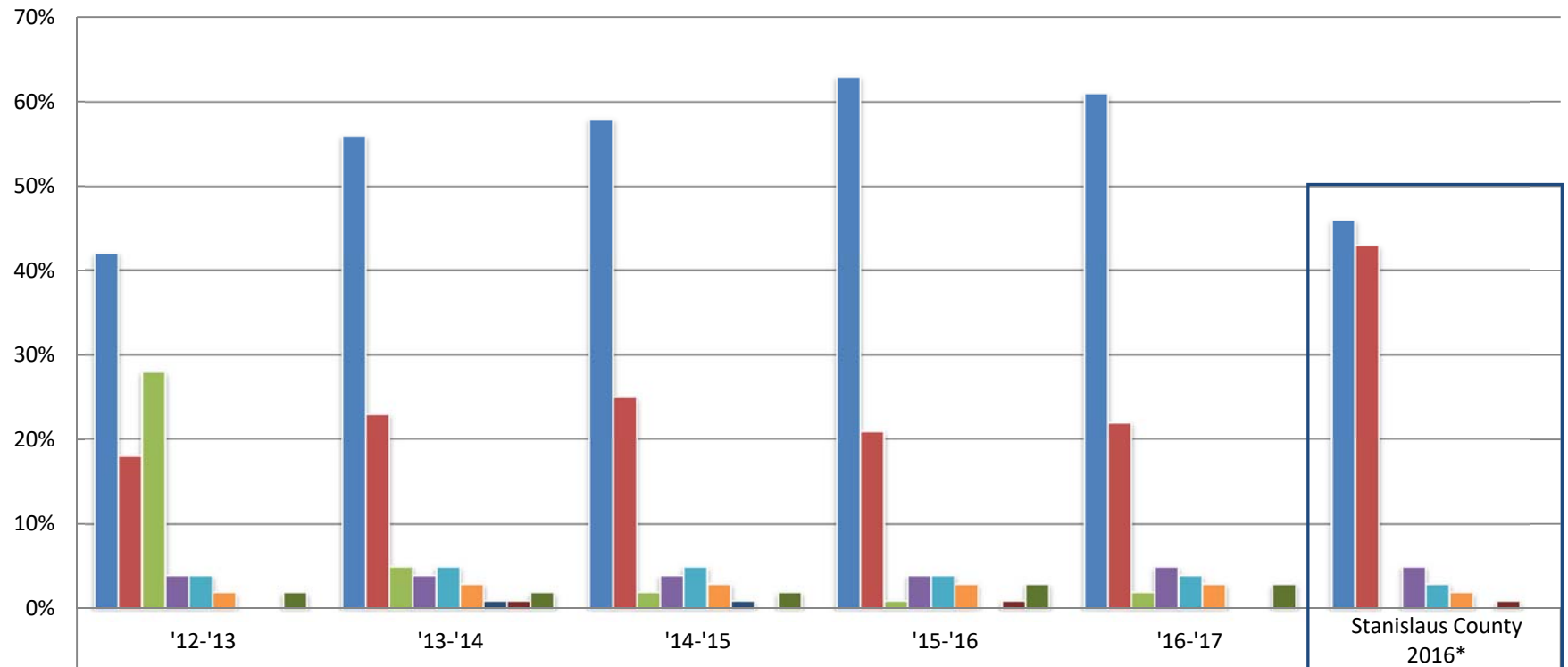
Participating Children Age Distribution

This chart shows the age distribution of children participating in Prop 10 funded programs. In '16-'17 the programs served slightly less children ages 3 through 5 than 0 through 2. In '13-'14 and '14-'15, the percentage of children 0-5 whose age was unknown spiked. This was due to 211 not collecting age information for a significant number of children as a result of a data gathering issue the program corrected in '15-'16).

Infant Mortality Rate

In general, infant mortality rates for Stanislaus County ethnic groups are higher than State group rates and the rates of all ethnic groups in our County tend to reflect the downward trends of the State as a whole. In 2017 Stanislaus County had a slight increase in the White infant mortality rate. State statistics show infant mortality rates for Blacks are demonstrably higher than other groups. Stanislaus County figures more than mirror this result. Infant mortality rates for Blacks in Stanislaus County are significantly higher than other groups, as well as being significantly higher than the State rate for Blacks. The Black infant mortality rate decreased slightly in 2016 and increased significantly more in 2017. (The sharp increase of Black infant mortality in Stanislaus County in 2014 and 2015 is partially due to the relatively small numbers of Blacks in Stanislaus' general population. A few cases of Black infant mortality can partially explain the spike in rates seen in Stanislaus' Black population in those years.)

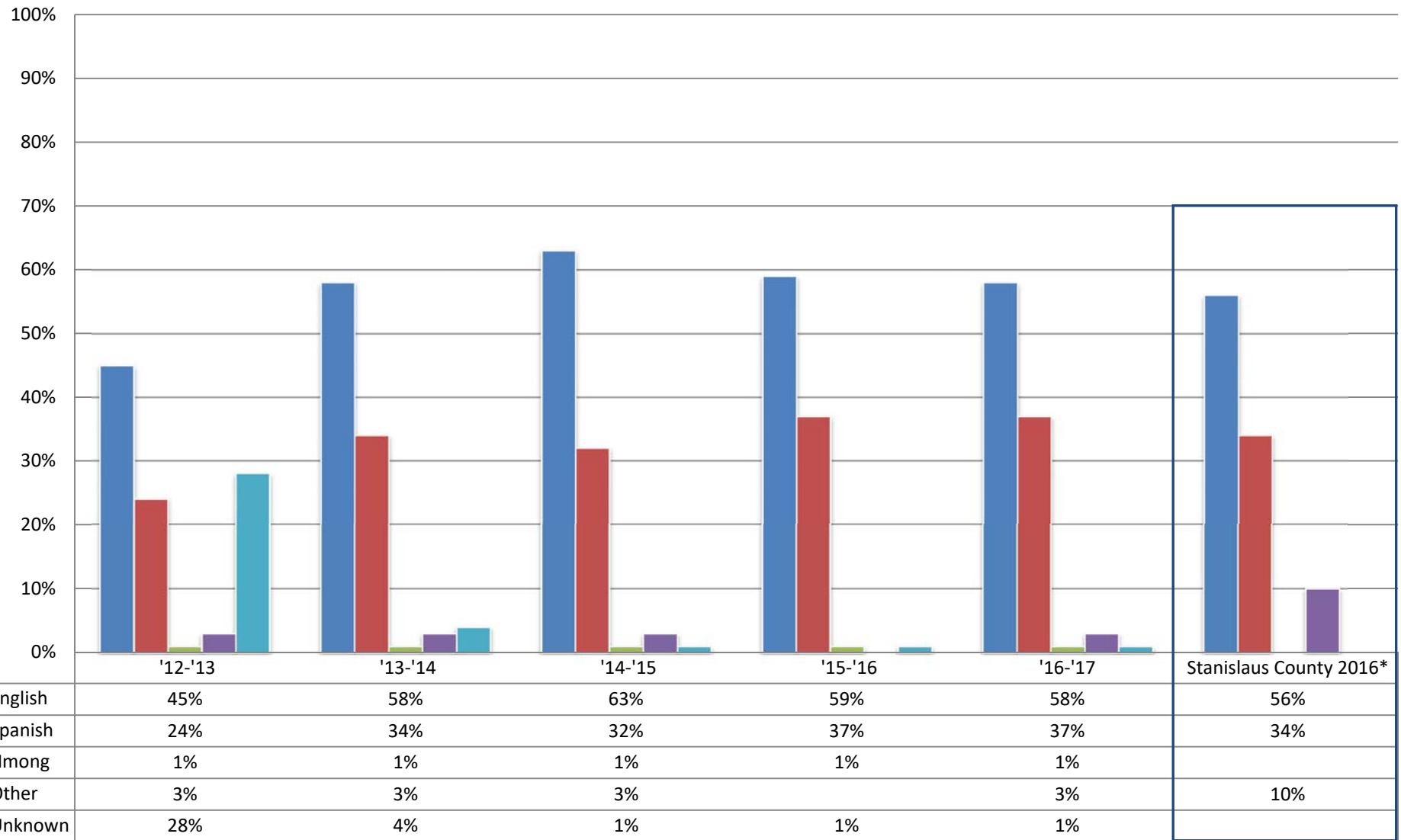
Race/Ethnicity Served



	'12-'13	'13-'14	'14-'15	'15-'16	'16-'17	Stanislaus County 2016*
Hispanic	42%	56%	58%	63%	61%	46%
White	18%	23%	25%	21%	22%	43%
Unknown	28%	5%	2%	1%	2%	0%
Asian	4%	4%	4%	4%	5%	5%
African American	4%	5%	5%	4%	4%	3%
Multiracial	2%	3%	3%	3%	3%	2%
American Indian		1%	1%		0%	0%
Pacific Islander		1%		1%	0%	1%
Other	2%	2%	2%	3%	3%	0%

*U.S. Census Bureau, 2016 American Community Survey.

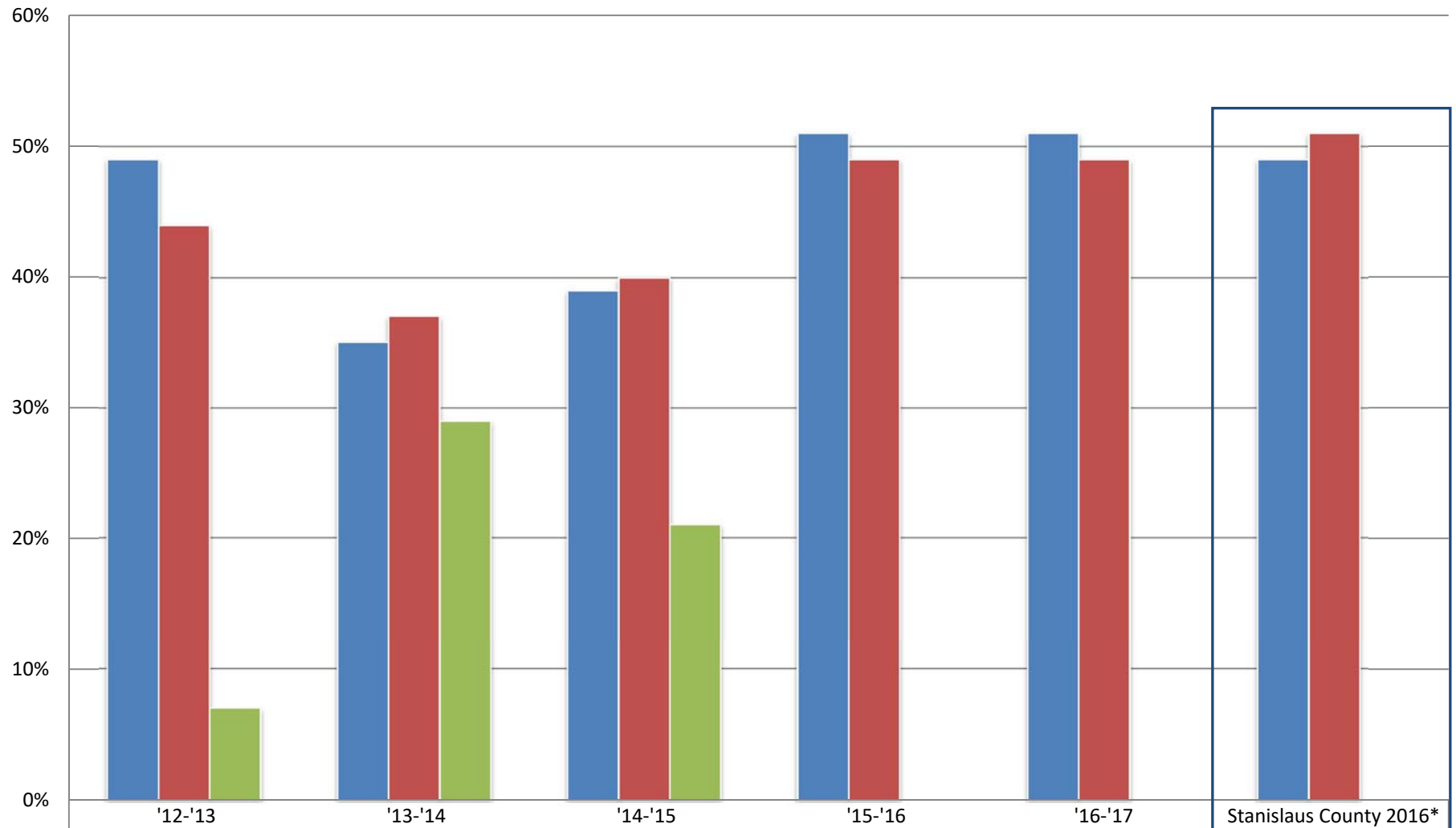
Participant Primary Language



CFC data does not include provider capacity language data.

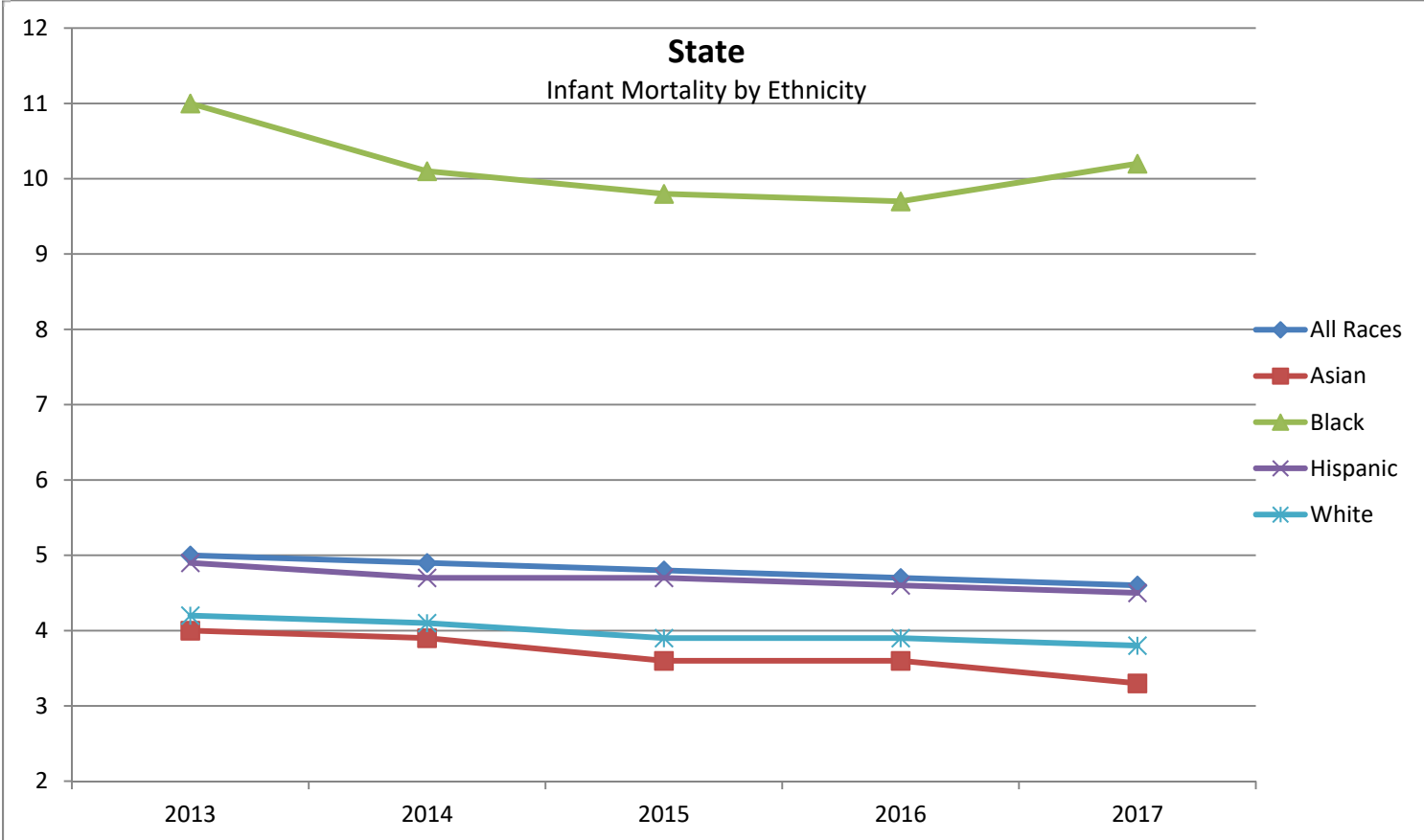
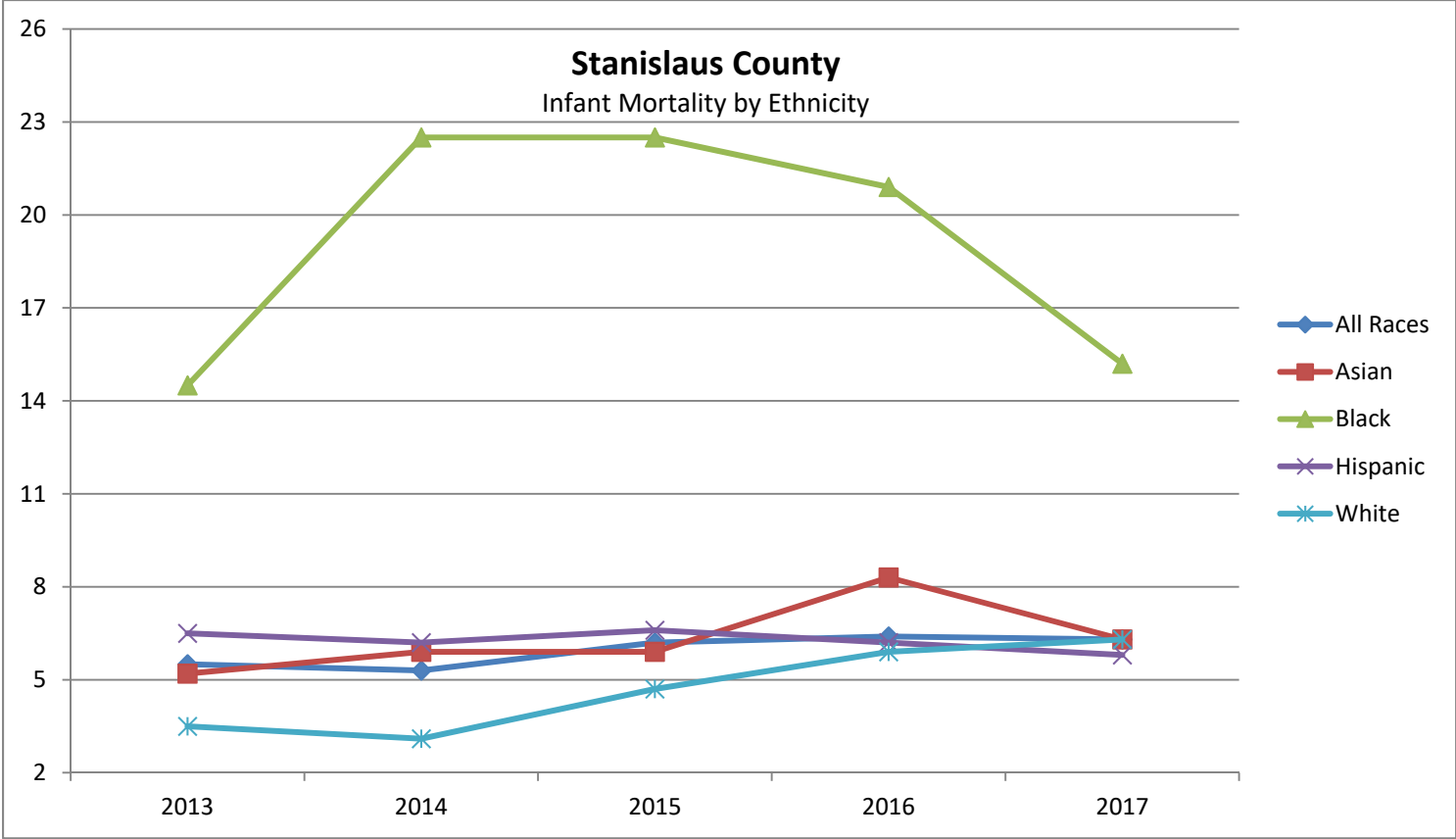
*U.S. Census Bureau, 2016 American Community Survey.

Participating Children Age Distribution



0-2	49%	35%	39%	51%	51%	49%
3-5	44%	37%	40%	49%	49%	51%
Unknown	7%	29%	21%			

*State and County Total Population Projections by Race/Ethnicity and Detailed Age, California Department of Finance, 2017



Infant Death Rate per 1,000 Live Births
County Health Status Profiles, California Department of Public Health, 2013-2017

Result Area 1: Improved Family Functioning

Description

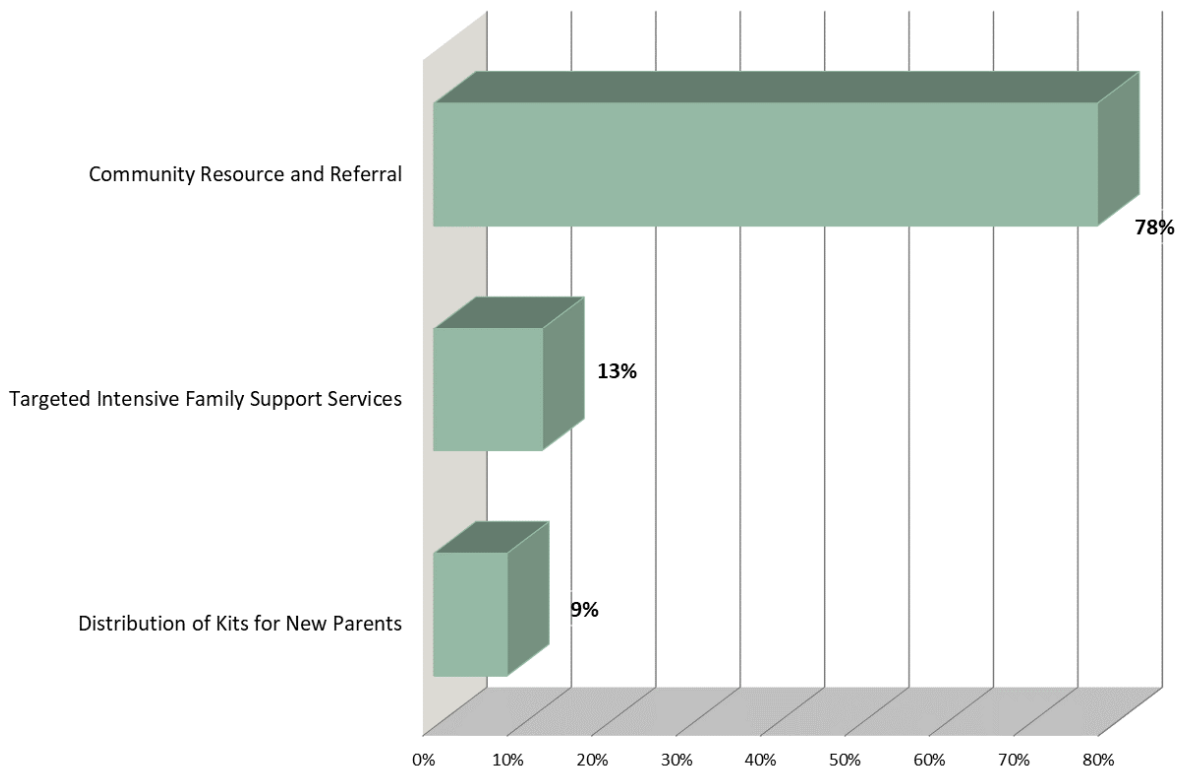
The goal of the Improved Family Functioning Result Area is to increase community capacity to support safe families. Included in this result area are programs that provide parents, families, and communities with relevant, timely, and culturally appropriate information, education, services, and support. The Commission strategy is to fund programs that are working towards the four strategic plan objectives for this result area.

Fifteen Prop 10 funded programs are categorized under Improved Family Functioning, and represent 62% of the 2016-2017 budget. Half of the programs are grouped under "Family Resource Centers with Differential Response services."

The amount expended in this result area is 96% of the amount budgeted for fiscal year '16-'17, suggesting that funding for Improved Family Functioning continues to be critical in the provision of services for children and families in this area.

Finances – Improved Family Functioning	
FY '16-'17 Total Awards	FY '16-'17 Expended
\$4,564,923	\$4,316,062 (96% of budget)

2016-2017
% OF TOTAL CLIENTS SERVED IN FAMILY FUNCTIONING
BY SERVICE CATEGORY



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. During the strategic planning process, the Commission confirmed 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 this Result Area 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 Supporting Safe 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 Supporting Safe Families

Objectives:

- *Maintain positive trends in the reduction of repeat child maltreatment reports*
- *Decrease incidents of child abuse and maltreatment*
- *Increase positive social support for families*
- *Increase family resiliency capacity (knowledge, skills, and awareness) to promote healthy development and safety*

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":

- **Community Resource and Referral Services**
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.
- **Distribution of Kit for New Parents**
Programs provide and/or augment the First 5 California Kit for New Parents to new and expectant parents.
- **Targeted Intensive Family Support Services**
Programs provide intensive and/or clinical services by a mental health professional, as well as one-to-one service in family support settings. Programs are designed to support at-risk expectant parents and families with young children to increase knowledge and skills related to parenting and improved family functioning (e.g. home visitation, counseling, family therapy, parent-child interaction approaches, and long-term classes or groups). This is also the category for reporting comprehensive and/or intensive services to homeless populations.

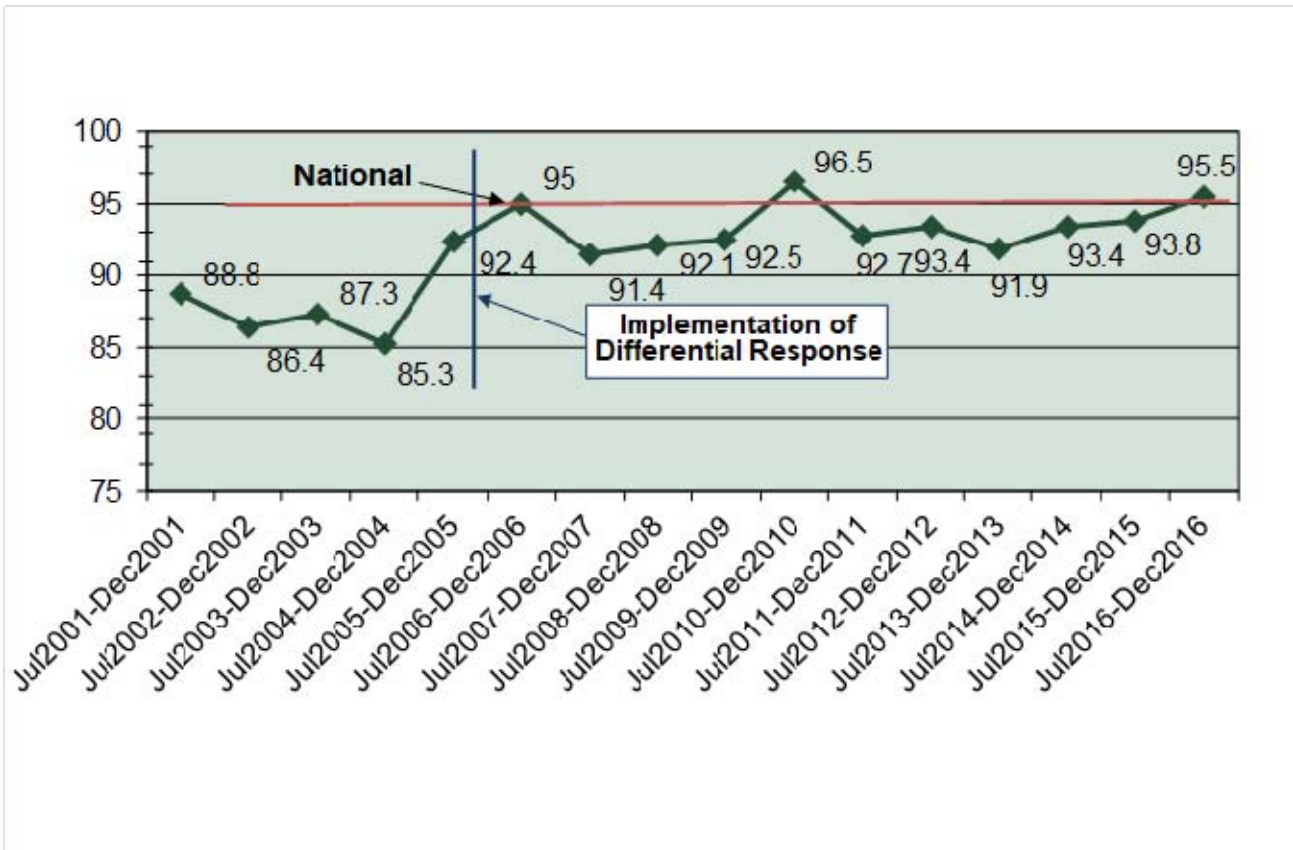
The services are offered by a spectrum of providers, from community based family resource workers to mental health clinicians. A variety of strategies are used to provide the services, including differential response (a flexible approach for child welfare to respond to child abuse/neglect referrals),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

Child Abuse/Neglect Outcomes

The graph below illustrates the recurrence of maltreatment trends from July 2001 through December 2016 for children 0-5. Stanislaus County exceeded the National Standard of 94.6% “no recurrence” of maltreatment within 6 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 has ever been in over a decade. Although there are many factors that contribute to this population indicator of “no recurrence” rate, 1,772 children 0-5 were referred through differential response, and of those, the families of 68% of those children (1,210) engaged with the FRCs for family support services. This engagement and participation is a key component in assisting families who are at risk, and these DR activities 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?
9,670 children 0-5 received services designed to improve family functioning 293 children 0-5 received behavioral health services - The parents of 3,031 children attended parenting education classes 101 early education sites received 2,384 hours of mental health consultation - The families of 6,561 children 0-5 received resources or referrals to improve family functioning		
25% of the children and families who received family support services (2,414/9,670) were engaged further through assessments 22% of those receiving family support services and who indicated a need (2,373/9,670) received more intensive services focused on improving child abuse risk factors		
Mental Health Access and Improvements 94% of parents whose children are participating in mental health services (158/168) report a reduction in their child's mental health symptoms and improvements in child functioning 1,730 caregivers of children 0-5 were screened for depression and 396 were referred for mental health services as a result		
Parents and Providers Skills Improvements 90% of parents participating in parent education (2,490/2,766) report an increase in skills or knowledge 94% of day care providers (49/52) report improved skills and confidence in working with difficult children after receiving mental health consultation 29% of dependent children ages 0-5 (21/73) under the jurisdiction of the court were placed in a safe, permanent home		

Result Area 1: Improved Family Functioning

Program	Amount Expended in '16-'17 (% of '16-'17 allocation)	Total # Children 0-5 Served (or served through family members)	Cost per Child 0-5	Total Award To-Date (7/1/2007-6/30/2017)	Cumulative Amount Expended (7/1/2007-6/30/2017)	% of Cumulative Amount Expended
2-1-1	\$ 81,159 (100%)	1,864	\$ 44	\$ 1,321,159	\$ 1,219,976	92%
Court Appointed Special Advocates (CASA)	\$ 57,732 (96%)	73	\$ 791	\$ 180,000	\$ 174,524	97%
Children's Crisis Center	\$ 460,000 (100%)	418	\$ 1,100	\$ 6,367,387	\$ 5,671,757	89%*
El Concilio - La Familia	\$ 96,219 (98%)	108	\$ 891	\$ 1,586,000	\$ 1,452,965	92%
Family Justice Center	\$ 98,931 (99%)	314	\$ 315	\$ 734,110	\$ 711,273	97%
Healthy Start Sites	\$ 416,020 (100%)	2,662	\$ 187** (includes Support funding)	\$ 7,037,035 (includes Support funding)	\$ 7,004,869 (includes Support funding)	99.5%
The Bridge (FRC)	\$ 185,000 (100%)	206	\$ 898	\$ 1,820,000	\$ 1,755,005	96%
Zero to Five Early Intervention (0-5 EIP)	\$ 1,439,097 (94%)	1,061	\$ 1,356	\$ 18,721,169	\$ 17,490,084	93%
Family Resource Centers (providing Differential Response Services) (7 contracts)	\$ 1,481,904 (95%)	2,964	\$ 500	\$ 17,515,111	\$ 16,370,892	93%
TOTAL	\$ 4,316,062 (96%)	9,670	\$ 446	\$ 55,281,971	\$ 51,851,345	94%

* See the Children Crisis Center (CCC) narrative for an explanation of this percentage. Since March 2005 the CCC has expended 100% of its Prop 10 funds.

**Cost per child calculation includes the total of the Support Expenditures \$82,378. The Support aspect of the Healthy Start Contract is explained in the Program Description.

211

Agency: United Way
Current Contract End Date: June 30, 2017

Program Description

211 helps meet the essential needs of Stanislaus County residents by providing health and human services referrals throughout Stanislaus County 24-hours-a-day, 7-days-a-week, and 365-days-a-year utilizing trained Call Specialists. 211 is an easy to remember toll-free number with which callers throughout the county can access information confidentially in over 120 different languages. Callers are given up-to-date referrals and also receive a follow-up call 7 to 10 days after the initial call to confirm they received the help they requested. In addition to information and referral, 211 also offers health insurance enrollment assistance for children.

Through comprehensive outreach efforts, 211 staff members also strive to educate the county at large of 211's ability to provide vital referrals. These outreach efforts focus on providing access to critical resources for any resident of Stanislaus County, and focus on reaching those who live in underserved areas of service and families with children 0-5.

Finances			
Total Award July 1, 2007 – June 30, 2017	FY '16-'17 Award	FY '16-'17 Expended	Cumulative Amount Expended
\$1,321,159	\$81,159	\$81,159 (100% of budget)	\$1,219,976 (92% of budget)

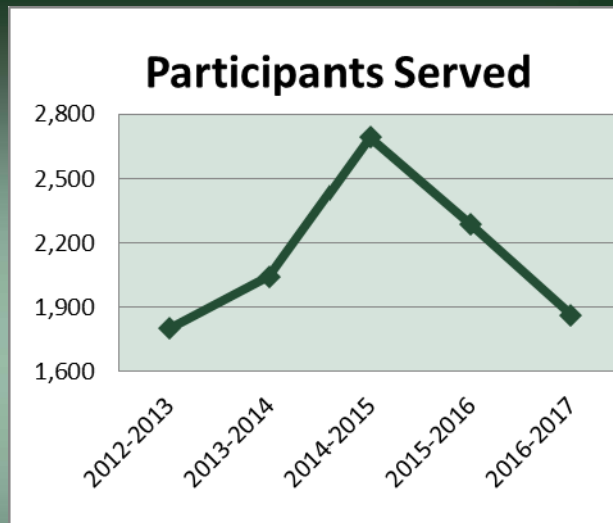
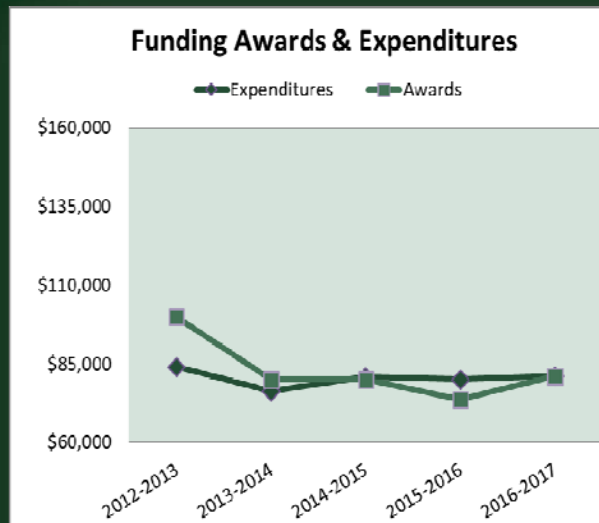
Personnel Costs	Services/Supplies	Marketing	Indirect Cost Rate	Cost per Caller (1,864 callers with a child 0-5)
\$42,280	\$36,670	\$2,209	0%	\$44

PARTICIPANT TYPE	% SERVED
Children 0-5	57%
54% <3; 45% 3-5; 1% unknown	
Parents/Guardians	40%
Other Family	3%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	45%
White	30%
Black/African American	10%
Asian	1%
Alaska Native/American Indian	1%
Pacific Islander	<1%
Multiracial	5%
Other	4%
Unknown	3%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	87%
Spanish	13%
Hmong	-
Other	-
Unknown	-

Funding Awards, Expenditures, and Children 0-5 Served Comparison by Fiscal Year



Reflecting decreased program costs resulting from outsourcing program operations, funds awarded to the program and spent by the program have declined in recent years. Participants served in '14-'15 increased over those served in '13-'14 due to an emphasis on outreach to encourage use of the program. The decreased number of participants served starting in '15-'16 reflects a State wide trend across 211 programs. People are preferring to access services through the internet or phone applications instead of calling the call center.

Program Highlights

- Only 24% of callers had families with a 0-5 child. This percentage remains below the goal of 33% despite efforts to target outreach to 0-5 families. However, website traffic continues to increase as participants, in ever-increasing numbers, use cell phones and other personal devices to obtain information they need.
- In 2016-2017, Stanislaus County 211 staff attended 12 outreach events and made 30 presentations to local agencies and organizations. Over 54,000 materials including 211 brochures, cards, inserts, posters and health insurance enrollment assistance flyers were distributed to local churches, medical clinics and facilities, day cares, agencies, organizations, etc.
- The following were common types of service requests in 2016-2017:
 - Housing / Shelter – 3,893 requests
 - Food / Meals – 2,660 requests
 - Utility Bill Payment – 2,013 requests
 - Health Care – 959 requests
 - Legal, Consumer and Public Safety – 910 requests
- The following were common types of referrals in 2016-2017:
 - Stanislaus County Community Services – 2,110 referrals
 - Central Valley Opportunity Center – 1,844 referrals
 - Salvation Army Modesto Corps – 1,277 referrals
 - Community Housing and Shelter Services – 1,246 referrals
 - Modesto Gospel Mission – 857 referrals
- Leveraging: 211 received \$80,000 in funding from Stanislaus County Community Services Agency and \$90,000 from Kaiser.

- **Cultural Competency:** Stanislaus County 211 has the following national origins and languages represented in the call center which helps callers to feel more comfortable when talking to staff. All other calls are assisted / handled through AT&T Language Line Services.
 - 1) Caucasian (1) – English speaking only
 - 2) Latino / Hispanic (12) – Spanish / English speaking
 - 3) Mixed Ethnicity (1) – English / Spanish speaking

211 staff attends cultural sensitivity training / meetings offered by the Latino Emergency Council / Emergency Communications Council, the Stanislaus County Prevention Initiative Homelessness Action Council, and the Stanislaus Housing and Support Service Collaboration.

- **Collaborations:** Stanislaus County 211 works with Stanislaus County agencies (OES, HSA, CSA, CAL-EMA, Advancing Vibrant Communities, Focus on Prevention, Latino Emergency Council, Stanislaus Housing and Supportive Services Collaborative, Turlock Community Collaborative) to strengthen the 211 Call Center for health and human resource referral assistance, emergency incidents, and disasters. Additionally, whenever possible, 211 refers callers to the closest Prop 10 funded family resource center or the closest standalone program providing the needed service based on the caller's address/zip code. Such referrals promote collaboration and cooperation between Prop 10 funded agencies and other social service agencies.
- **Sustainability:** The program continues to solidify its partnership with the Focus on Prevention initiative and is discussing the possibility of Stanislaus County 211 conducting housing assessments for homeless or residents at risk of being homeless who can't travel to the Outreach and Engagement Access Center. In addition, the program is pursuing technological developments (such as upgrading the 211 website and researching a phone app) to advance and sustain the program into the future as individuals preferred method of accessing services change.
- The program shows very little activity in the area of health insurance enrollment due to the federal government's pre-emption in the field resulting from the implementation of the Affordable Care Act (ACA).

Prior Year Recommendations

2015-2016 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.	• United Way of Stanislaus County continues to pursue collaborative projects with other 211 programs in the Central Valley which includes identifying funding sources, joint marketing efforts and the development of a mobile friendly database. In addition, we are pursuing grants through other funders to assist with long term sustainability.
2. Conduct targeted outreach to increase the number of callers with children 0-5.	• Stanislaus County 211 staff continues to target and provide outreach through presentations, material distribution and outreach events targeting families with children 0-5. Targeted 0-5 outreach included presentations to FRC parent meetings and classes (HBO, Mommy & Me, etc.); Head Start, Healthy Start and Preschool parent meetings; School Events (Dias de Los Ninos, Family Fun Nights, Year-End Spring Fling). • During this funding year, 211 has increased activities to reach individuals w/ children 0-5 to include: - 30 presentations - 12 outreach events - 54,007 materials distributed

3. Continue to focus on a regional approach to sustain the program, decrease costs, and obtain other funding.	• We continue to pursue collaborative projects with other 211 programs in the Central Valley which includes joint marketing efforts as well as development of a phone app. • Marketing is an area that many of our 211 partners struggle with; this is primarily due to limited funding. However, through collaboration we are able to maximize our marketing efforts. • In addition, we are pursuing grants to assist with long term sustainability. For example, we are currently pursuing a grant through Blue Anthem.
4. Consider redesigning the 211 website to accommodate the increasing number of participants accessing the site for information.	• As recommended, United Way designed and launched the "New" Stanislaus County 211 database (www.stanislauscounty211.com) in October 2016 in a step toward advancing and modernizing out services. • 2017-18 SCOARRS will report the following: - The number of users who access the SC 211 website. - 33% of website users will report having a child or children 0-5. - The number of total website sessions.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
OUTPUTS / OUTCOMES		
211 callers have access to health and human service program information 24/7/365	100%	96% (7,463/7,751)
211 callers with children 0-5 have access to health and human service program information 24/7/365	100%	97% (1,811/1,864)
33% of callers have children 0-5.	33%	24% (1,864/7,751)
Callers with children 0-5 years are unduplicated callers	75%	97% (1,811/1,864)
Children 0-5 years whose caregivers request health insurance assistance with their children's application are provided with health plan enrollment assistance	100%	0% (0/3)
211 callers with children 0-5 who were contacted for follow-up report satisfaction with 211 services	80%	98% (170/174)

Callers with children 0-5 learn of the 211 services through outreach or advertisement.	50%	68% (1,271/1,864)
Callers' children 0-5 who previously did not have health insurance have health insurance within 45 days after calling 211	75%	100% (3/3)
211 callers with children 0-5 who are contacted for follow-up report having their needs met through referrals after calling 211	50%	72% (126/174)

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 that the program:

- Conduct targeted outreach to increase the number of callers with children 0-5.
- Continue to focus on a regional approach to sustain the program, decrease costs, and obtain other funding.

CASA

Agency: Court Appointed Special Advocates (CASA)

Current Contract End Date: June 30, 2017

Program Description

CASA was established in 2002 by Judges and officers of the Superior Court of Stanislaus County in an attempt to address the needs of, and advocate for, dependent children under the jurisdiction of the court. All of the children served by CASA are legally classified as abused, neglected, molested, abandoned or tortured who are within poverty levels and eligible for Medi-Cal. The Juvenile Court Judge generally assigns CASA to cases of children whose placement is difficult to determine or maintain, or where the child has special problems or unmet medical or psychological needs. A CASA volunteer serves 1 to 3 children and makes a commitment to a child of at least eighteen months. CASA volunteers augment the work of social workers by providing the Judge with valuable information gleaned from family members, neighbors, teachers, physicians and therapists, which enables the Judge to make more informed decisions as to what is best for the child.

Finances			
Total Award July 1, 2013 – June 30, 2017	FY '16-'17 Award	FY '16-'17 Expended	Cumulative Amount Expended
\$180,000	\$60,000	\$57,732 (96% of budget)	\$174,524 (97% of budget)

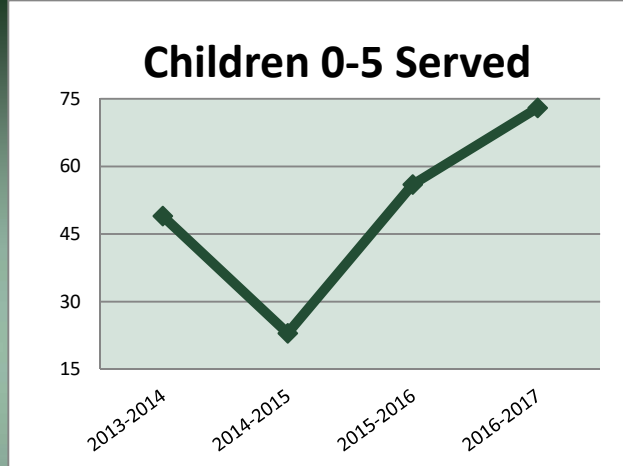
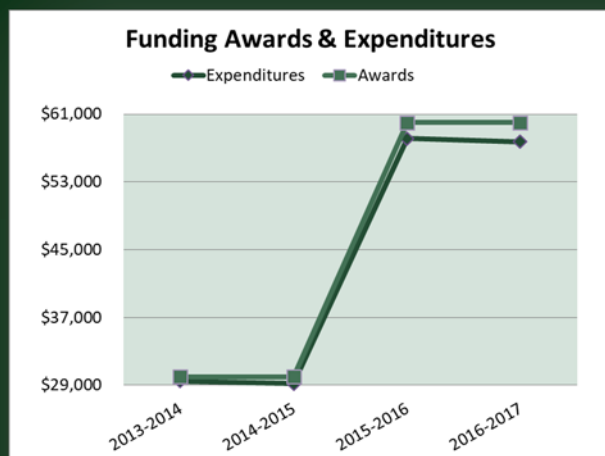
FY '16-'17 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Marketing	Indirect Cost Rate	Average Cost Per Child 0-5 (73)
\$55,718	\$2,014	\$0	0%	\$791

PARTICIPANT TYPE	% SERVED
Children 0-5	41%
56% <3; 44% 3-5	
Parents/Guardians	47%
Other Family	12%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	25%
White	56%
Black/African American	8%
Asian	0%
Alaska Native/American Indian	-
Pacific Islander	1%
Multiracial	9%
Other	<1%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	91%
Spanish	9%
Hmong	-
Other	-
Unknown	-

Funding Awards, Expenditures, and Children 0-5 Served Comparison by Fiscal Year



The 2013-2014 fiscal year was the first year CASA received Commission financial support, consequently all the children newly enrolled in the program were included in the year's enrollment statistics. As children may be served for 18 months before leaving the program, only new children enrolled in 2014-2015 were included in the second year's statistics. The addition of a second Case Manager resulted in new children served to increase in 2015-2016 and 2016-2017.

Program Highlights

- In 2015-2016, funding from the Commission permitted CASA to hire an additional full-time Case Managers who supervised additional volunteers, thus increasing the number of new cases the program was able to serve. In 2016-2017, new advocates were assigned to the Commission funded Case Managers, again resulting in more 0-5 children being served (72 0-5 children were served in 2016-2017 and of those 36 were new cases).
- Children served receive personal advocacy services within the court system, leading to better case coordination between all of parties involved. Specifically, CASA has been able to reunify families whose children would have likely languished in the 'system' if not for their advocacy efforts. In addition, CASA held education rights for more than half of children served resulting in more effective services for each of these children through an Individualized Family Service Plan, Individualized Education Plan, 504 plan or other interventions and supports.
- CASA staff and advocates continue to complete Ages and Stages Questionnaire (ASQ) assessments for the children being served by the program. This developmental tool helps staff and advocates determine if additional services are need for each child and appropriate referrals are made when determined necessary.
- Of the 21 children who obtained a permanent home in 2016-2017, 13 children were reunited with their families and 5 were adopted.
- Leveraging: In 2016-2017, CASA received \$49,835 directly from State and Federal government sources; \$44,000 was received from local government sources, and \$261,991 was generated by civic groups, foundations, and local fundraising events.
- Cultural Competency: CASA provides training to staff and advocates on cultural competency as a part of its initial (and ongoing) training program. The minimum training for an advocate or staff person is 12 hours per year. The trainings address cultural and gender issues.

- **Collaborations:** CASA has a consistent and interactive relationship with SCOE and the Children's Crisis Center. Additionally, CASA also provides education and special education training to Commission partners and other Stanislaus County agencies who request such training. CASA partners with the Stanislaus County Office of Education, the Parent Resource Center and United Way for referral information and meeting space.
- **Sustainability:** Commission funding accounts for less than 12% of CASA's total budget. Approximately 34% of CASA's funding comes from State and Federal sources. CASA actively seeks out other funding sources throughout the year, including applying for various local and national grants. CASA creates and participates in several annual fundraising events that typically account for a significant percentage of CASA's annual budget.

Prior Year Recommendations

2015-2016 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Track volunteer and staff hours spent advocating for children to better tell the story of the outcomes of Commission funding.	• The program's SCOARRs for 2017-2018 were updated to track and report this information.

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 served	60	73
Children ages 0-5 will be placed in a safe, permanent home	25%	29% (31/73)
All new children ages 0-5 receive a developmental assessment	100%	56% (20/36)
Volunteers and staff will spend time advocating for children 0-5 served	No planned outcome	1,824 hours

Recommendations

- Modify data gathering efforts to track the number referrals made for each child.
- Continue to focus on completing ASQs with all CASA clients. If a child has already recently received an ASQ from another agency, document and report that information.

Children's Crisis Center

Agency: Children's Crisis Center
Current Contract End Date: June 30, 2017

Program Description

The Children's Crisis Center of Stanislaus County (CCC) is a private, nonprofit organization established in 1980 to serve abused, neglected, and high risk children living in Stanislaus County. The Respite Childcare Program funded by the Stanislaus County Children and Families Commission includes delivery of essential shelter care and developmental services to abused, neglected, homeless, and at risk children ages 0-5 years residing in Stanislaus County. The Respite Childcare Program yields immediate protection to children at risk, allowing them to benefit from a secure environment that provides the comforts of a home setting along with nutritious meals, clean clothing, health screenings, educational opportunities, and a variety of therapeutic play activities to improve the overall health and development of children ages 0-5 years. Concurrently, parents receive help to overcome the underlying conditions bringing harm to their children. CCC staff work individually with abusive parents to achieve crisis resolution, recovery and improved family functioning.

The Respite Childcare Program is offered from four locations strategically located to serve low income and underserved neighborhoods throughout Stanislaus County. Shelters are located in the cities of Modesto, Ceres, Turlock, and Oakdale. Each site is regularly open seven days per week, from 8 a.m. to 9 p.m., but also is available for children in need of overnight stays and for stays of several days or weeks, depending on each child's need. Overnight services benefit high-risk children when Social Services or Law Enforcement recommends a separation of children from parents for short term respite, and also in circumstances involving domestic violence, substance abuse, hospitalization, or homelessness. CCC is the only agency in Stanislaus County that offers this type of sanctuary to abused, neglected, and high risk children.

Finances			
Total Award March 15, 2002* – June 30, 2017	FY '16-'17 Award	FY '16-'17 Expended	Cumulative Amount Expended
\$6,367,387**	\$460,000	\$460,000 (100% of budget)	\$5,671,757 **(89 % of budget)

* This date reflects that of the Master Contract with SCOE. Children's Crisis Center began subcontracting under the Master Contract as of January 2003.

**This amount includes budgeted expenditures from the Master Contract. In part, due to a lack of expenditures under the Master Contract, the Commission contracted directly with the Children's Crisis Center beginning March 15, 2005. Commission records indicate that the Crisis Center has expended 100% of the funds awarded since 03/15/05.

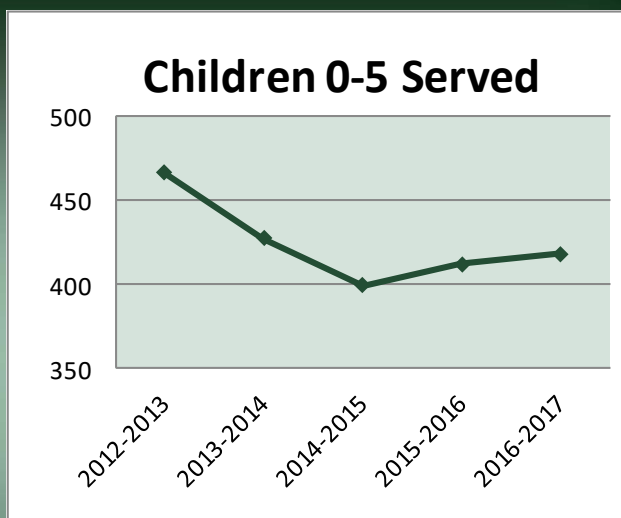
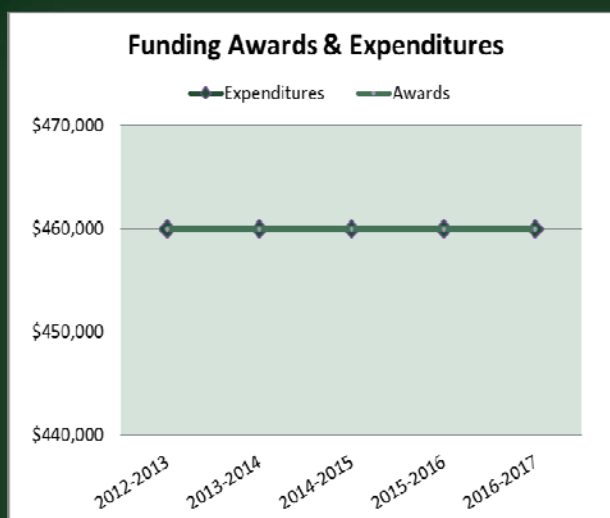
FY '16-'17 Budget / Expenditure Data			
Respite Care	Rent	Indirect Cost Rate	Average Cost Per Child 0-5 (418)
\$460,000	\$0	0%	\$1,100

PARTICIPANT TYPE	% SERVED
Children 0-5	50%
53% <3; 47% 3-5	
Parents/Guardians	45%
Other Family	5%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	51%
White	27%
Black/African American	3%
Asian	1%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	17%
Other	1%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	86%
Spanish	14%
Hmong	-
Other	-
Unknown	-

Funding Awards, Expenditures, and Children 0-5 Served Comparison by Fiscal Year



Funding awards and expenditures have been consistent throughout this period. The number of children served has declined starting in '12-'13 due to more intensive (and therefore more expensive) services being delivered. The number served increased starting in '15-'16 due to the program securing increase licensing capacity at the Oakdale site.

Program Highlights

- In 2016-2017, CCC served 418 children with 71,383 hours of respite care during 13,411 days of child enrollment. The goals for all three of these measurements were exceeded: 400 children, 65,700 hours of respite care, and 12,298 days of child enrollment.
- Economies of scale forced the closure of Cricket's House in June of 2014. CCC conducted a capital campaign to develop a new center on Kimble Street in Modesto in order to increase capacity in the Modesto area. Building plans have been submitted to the City of Modesto for final approval. Project completion is scheduled for September 2017. After securing Licensing's approval, respite shelter services at the Kimble Street site may commence as early as October of 2017.
- 170 children needing developmental assessments received such assessments and 48 of those children were referred for additional assessments and services. 84% of the 80 children receiving a second assessment were documented over time as progressing in at least one developmental area.
- 81,480 nutritionally based meals and snacks were served to 418 disadvantaged high risk children ages 0-5.
- Family risk scores from the children served during the year indicate that 84% of families achieved a lower family risk score between their 3 month and 6 month evaluation periods.
- Leveraging: In 2015-2016, the program received \$2,016,018 directly from State and Federal government sources; \$85,714 was received from local government sources, and \$546,261 was generated by foundations and other charities.
- Cultural Competency: CCC maintains a culturally competent and diverse workforce. CCC currently possesses staff able to communicate (both written and oral) in the following languages: Spanish, German, Portuguese, Laotian, Hmong, Thai, Cambodian, Hindi, Urdu, Punjabi, and ASL. Additionally, staff trainings are provided that focus on multicultural considerations.
- Collaborations: CCC works in collaboration with community partners from both the non-profit and for-profit sectors in Stanislaus County to meet the needs of their clients. These partners include Modesto Police Department, Sheriff's Office,

Stanislaus County District Attorney's Office, Stanislaus County Community Services Agency, Haven Women's Center, Stanislaus County Housing Authority, Modesto City Schools, Turlock Unified School District, Oakdale Joint Unified School District, Ceres Unified School District, Stanislaus County Library, Stanislaus County Department of Workforce Development, and various hospitals, medical clinics, sober living facilities, homeless shelters, civic groups, faith based organizations and local businesses.

- Sustainability: CCC has strategically developed partnerships within the community to increase the program's sustainability. CCC has recruited key partners and community leaders to provide both cash and in-kind community support. In-kind support has come in the form of cash, materials/good and labor.

Prior Year Recommendations

2015-2016 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.	• The Children's Crisis Center continues to pursue funding sources consistent with the mission of the agency, as evidenced by new foundations and charitable giving sources listed this year. In addition, the Children's Crisis Center is working on expanding our collaboration with Child Protective Services, as well as expanding our community partnerships through special events, such as our Health & Safety Fair.

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 who received respite care are from families progressing towards their Respite Priority Certification service plan goals	90%	94% (392/418)
Children 0-5 indicate decreased risk for child abuse or neglect	80%	84% (176/209)
Children 0-5 demonstrate progress in social-emotional competence	No planned outcomes	84% (67/80)
Children 0-5 indicating need for additional developmental services received appropriate referrals	No planned outcomes	83% (48/58)
Enrolled children 0-5 who did not have a medical assessment prior to enrollment	No planned outcomes	25% (106/418)
Enrolled children 0-5 without a medical assessment received one	No planned outcomes	100% (111/111)

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.

El Concilio – La Familia

Agency: El Concilio

Current Contract End Date: June 30, 2017

Program Description

The La Familia Counseling Program offers mental health services for families with children ages 0-5 who are underserved and in need of counseling. The La Familia team is comprised of a multilingual and multicultural mental health clinician and a supervising Licensed Clinical Social Worker. The clinician provides counseling sessions to individuals, couples, and families, as well as support group sessions. Case management services are offered when appropriate.

Counseling services are provided at locations throughout Stanislaus County, including other Prop 10 funded program sites such as FRCs and Healthy Starts in Modesto, Ceres, Turlock, Hughson, and Riverbank. Most clients are monolingual Spanish, and the program offers culturally and language appropriate services that are otherwise difficult to access. The goal is to increase family functioning by assisting with depression, anxiety, and domestic violence issues, providing health and parenting education, and helping to prevent substance abuse or provide interventions.

Finances			
Total Award July 1, 2006 – June 30, 2017	FY '16-'17 Award	FY '16-'17 Expended	Cumulative Amount Expended
\$1,586,000	\$98,000	\$96,219 (98% of budget)	\$1,452,965 (92% of budget)

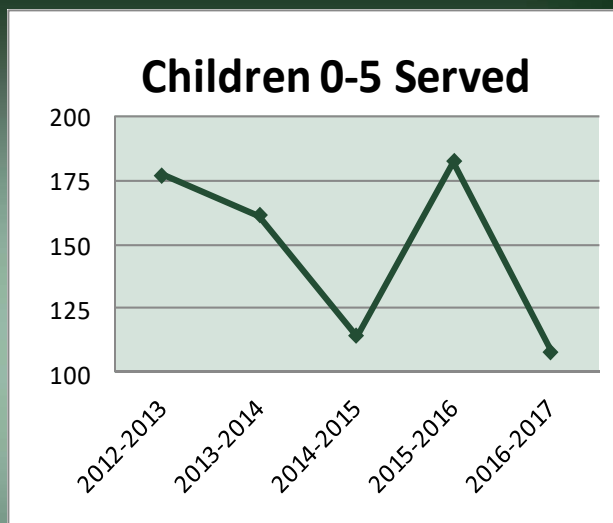
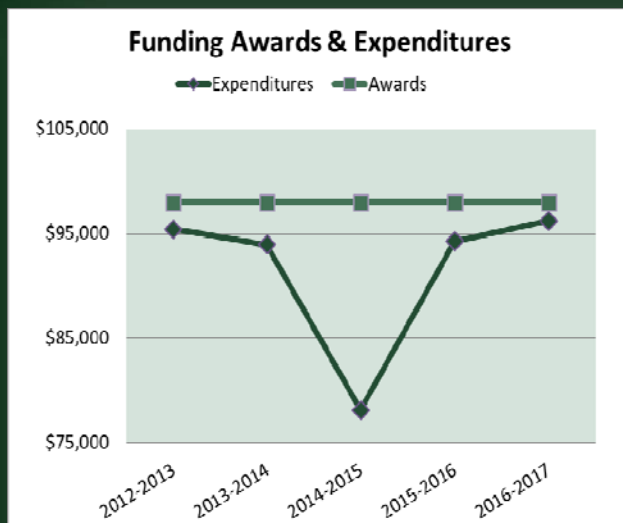
FY '16-'17 Budget / Expenditure Data			
Personnel Costs	Services/Supplies	Indirect Cost Rate	Cost Per Child 0-5 (108)
\$65,640	\$30,579	10%	\$891

PARTICIPANT TYPE		% SERVED
Children		30%
43% <3; 57% 3-5		
Parents/Guardians		37%
Other Family		33%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	93%
White	7%
Black/African American	-
Asian	-
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	-
Other	-
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	7%
Spanish	93%
Hmong	-
Other	-
Unknown	-

Funding Awards, Expenditures, and Children 0-5 Served Comparison by Fiscal Year



For the most part, expenditures and numbers served remained consistent over the past 5 years. The decreases in both categories in 2014-2015 were due to a 2 month vacancy in the Mental Health Clinician position, but they increased to normal levels in 2015-2016. The decrease in number served in 2016-2017 is a result of few clients seeking services due to their concerns related to their immigration status.

Program Highlights

- Through this contract, a Mental Health Clinician is at the following locations once a week: Parent Resource Center (Modesto), Turlock Family Resource Center, Casa del Rio (Riverbank), Newman Family Resource Center, Ceres Healthy Start, and Hughson Family Resource Center. The vast majority of clients in this program are monolingual Spanish speakers with no access to medical or other health insurance. If clients are unable to attend appointments on the set dates and hours, the clinician will see them at another location (and occasionally at the client's home).
- Transportation and child care continue to be the chief barriers for clients to make their appointments. Many clients work seasonal jobs during the spring and summer and this can negative impact service utilization during those months.
- To improve the system of care and assist clients in need of more specialized supports, program staff participates in the Latino Behavior Health Coalition with other experts in counseling specific to Latinos (Tele-Care, GVHC and others).
- Leveraging: The program's collaboration with other local partners has resulted in in-kind leveraging for services such as child care for the program's clients.
- Cultural Competency: The program has a bilingual/bicultural Spanish speaking Clinician. Most program participants are monolingual Spanish speakers.
- Collaboration: The La Familia program regularly works with Modesto City Schools, Ceres Unified School District, Turlock Family Resource Center, Casa del Rio, Turlock FRC, Parent Resource Center, Ceres Healthy Start, faith based organizations, Tele-Care, and Golden Valley Health Center. The program collaborated with Center for Human Services and other local agencies to host the community's first Fathers Conference.
- Sustainability: The program has received grants for services such as nutrition education, health insurance application access, and Cal-Fresh application assistance.

Prior Year Recommendations

2015-2016 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.	Leveraging partnerships that we currently partner with.
2. Continue to work on becoming a Medi-Cal provider in order to increase revenues and increase the number of clients the program is able to serve.	The majority of the population that El Concilio serves would not qualify for Medi-Cal.

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
The caregivers of children 0-5 will be screened for depression or other mental health issues.	158 children	68% (108)
Children 0-5 whose caregivers are receiving mental health services after being identified through the LSP/Burns Depression Screening or who request services.	95%	100% (108/108)
Children 0-5 whose caregivers receive individual counseling and indicate improvement with presenting issues.	65%	100% (108/108)
Children 0-5 whose caregivers receive group counseling and indicate improvement with presenting issues.	65%	100% (38/38)

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 that the program focus on improving attendance in group counseling sessions.

Stanislaus Family Justice Center

Agency: Stanislaus Family Justice Center
Current Contract End Date: June 30, 2017

Program Description

The Stanislaus Family Justice Center Foundation's mission is to offer victims and survivors residing in Stanislaus County a path to safety and hope through compassion and coordinated services. The Foundation operates the Stanislaus Family Justice Center (FJC), which co-locates public and non-profit staff and services for victims of domestic violence, sexual assault, child abuse, human trafficking and elder abuse. By co-locating staff and services, the amount of time and the number of places victims must travel to tell their story and receive services is reduced. The program builds a strong referral network for assistance to help bolster safety and security for the victims, but in such a manner that is particularly sensitive to the needs of the victims (clients) of violent crimes.

Prop 10 funds support core staff at the Family Justice Center. The Center staff is assigned administrative, coordination, and support duties to make service delivery for Stanislaus County families with children 0 through age 5 more efficient and more effective, with resultant better outcomes. The outcomes include an increase in supportive services for children and their families, and an increase in the self-sufficiency and resiliency of children and their families, thereby decreasing the incidences of family violence in Stanislaus County.

Services provided to victims include advocacy, basic needs assistance, counseling, crisis intervention, housing and shelter assistance, law enforcement and prosecution, legal assistance, life skills, chaplaincy, and translation services. The partner agencies consist of public, private, and not-for-profit agencies that respond as a multi-disciplinary team of professionals to reduce the incidences of violence in Stanislaus County. Participating agencies in the Family Justice Center include Behavioral Health and Recovery Services, Chaplaincy Services, Child Abuse Interview Referral and Evaluations (CAIRE) Center, Community Services Agency (CPS/APS/StanWorks), District Attorney, Haven Women's Center, Health Services Agency, local law enforcement agencies, Memorial Medical Center, Probation, the Chief Executive Office, Office of Education, Stanislaus Elder Abuse Prevention Alliance (SEAPA), VOICES of Stanislaus (VCS), and Superior Court.

Finances			
Total Award July 1, 2010 – June 30, 2017	FY '16-'17 Award	FY '16-'17 Expended	Cumulative Amount Expended
\$734,110	\$100,000	\$98,931 (99% of budget)	\$711,273 (97% of budget)

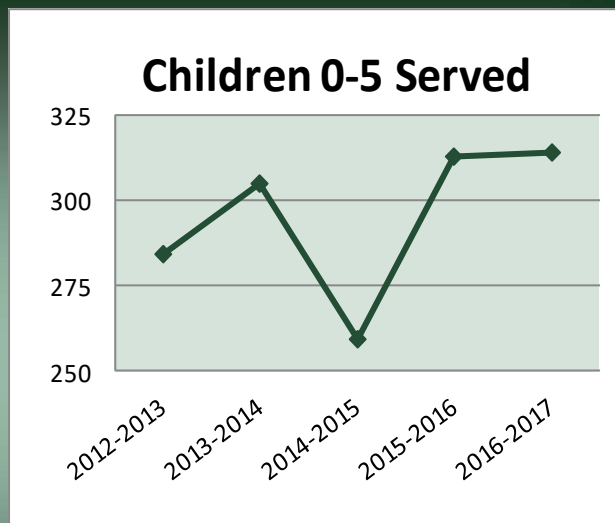
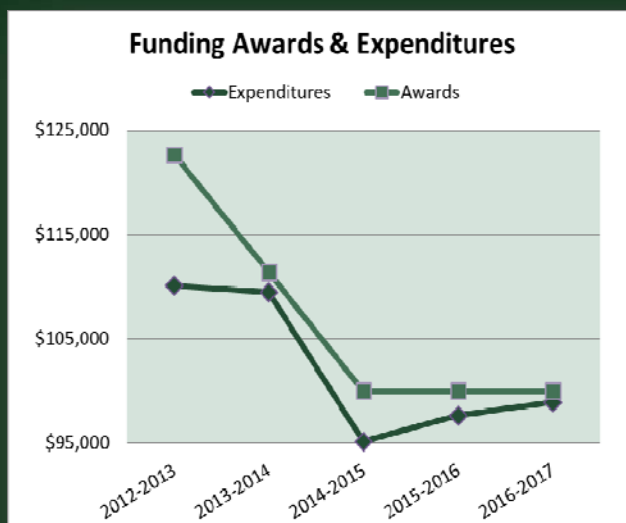
FY '16-'17 Budget / Expenditure Data			
Personnel Costs	Services/Supplies	Indirect Cost Rate	Cost Per Child 0-5 (314)
\$98,931	\$0	0%	\$315

PARTICIPANT TYPE	% SERVED
Children	50%
41% <3; 59% 3-5	
Parents/Guardians	24%
Other Family	26%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	61%
White	21%
Black/African American	3%
Asian	2%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	10%
Other	1%
Unknown	2%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	70%
Spanish	29%
Hmong	-
Other	1%
Unknown	-

Funding Awards, Expenditures, and Children 0-5 Served Comparison by Fiscal Year



The program received a one-time funding increase in '12-'13 to fund a legal assistance program. In '14-'15, funding was decreased as money for the legal assistance program was provided by a Federal grant. In recent years, the number of participants served has ranged between 325 and 250 due to the more or less intensive nature of services required by participants.

Program Highlights

- In 2016-2017, 314 children age 0-5 were served at the Family Justice Center (target outcome 200 children). In addition, 152 caregivers of children age 0-5 received services.
- In 2016-2017, 2,279 unique services were provided to caregivers and their children age 0-5 (an average of 15 unique services per family), as compared to 1,481 unique services provided in 2015-2016. The significant increase in unique services provided is a reflection of the program's effort to improve data gathering.
- In 2016-2017, 22% of the families with children age 0-5 had safety plans in place, as compared to 28% in 2015-2016 (target outcome was 50%). This low outcome may be the result of data not being shared between agencies co-located at the FJC. The program continues to work to improve data gathering.
- In 2016-2017, 78% of the caregivers of children age 0-5 referred to or engaged in self-sufficiency services reported an increase in self-sufficiency skills, as compared to 62% in 2015-2016 (targeted outcome was 70%). The program began having the services Navigator ask caregivers at each visit if they feel their self-sufficiency have improved. This has resulted in the program being able to better report on this outcome.
- In 2015-16, Kids Zone was a newly funded activity for Prop 10. FJC has made strides in reaching targeted outcomes for the Kids Zone program since the program's inception. In 2016-2017, 198 unduplicated children age 0-5 (63%) served at the Family Justice Center participated in Kid Zone activities (targeted outcome was 85%). There were 668 unique visits by children age 0-5, with an average of 3.4 visits per child. As such, 80% of caregivers had their child(ren) age 0-5 enrolled in Kids Zone while the caregiver received supportive services at the Family Justice Center.
- Leveraging: In 2016-2017, FJC received \$486,893 directly from State and Federal government sources; \$191,456 was received from local government sources, and \$362,901 was generated by civic groups, foundations, and local fundraising events.

- **Cultural Competency:** Because abuse is not limited to gender, income level, occupation, education level, ethnic or sexual preference, FJC serves people from all sectors of the county. A majority of the staff is bi-lingual Spanish and translation services are provided for clients that speak languages other than English. Program materials are provided in both English and Spanish.
- **Collaboration:** The operating model for the FJC is to co-locate partners providing services to victims of abuse. Agencies currently on-site at the FJC include CAIRE Center (Child Abuse Interviews, Referrals, and Evaluation), Community Services Agency, Haven Women's Center, Behavioral Health and Recovery Services, Child Protective Services, District Attorney, Civil Legal Attorney, Stanislaus County Sheriff, and Modesto Police Department. The Domestic Violence Response Team for Stanislaus County is also housed at the FJC site.
- **Sustainability:** FJC continues to expand fundraising opportunities and events. In 2016-17, the agency held its first golf tournament at Spring Creek Golf and Country Club (September 2016), and the Art of Justice event (March 2017). Fundraising events raise not only unrestricted charitable contributions for the agency, but also increase the awareness of the services and supports available to victims of domestic violence, dating violence, sexual assault, stalking, sex trafficking, and elder abuse. FJC continued its partnership with the Sheriff's Department operating the California Office of Emergency Services (CalOES) Law Enforcement Specialized Units program, which provides support for the Domestic Violence Response Team (DVRT) co-located at the FJC. Starting in October 2016, FJC is partnering with the Stanislaus County District Attorney's Office on two Cal Office of Emergency Services grants: Underserved Victims Services and Elder Abuse. Finally, FJC received a significant three year grant (Pathway to Justice, Healing, and Hope) from the Department of Justice, Office for Victims of Crimes starting in October 2016. With this grant, FJC will develop, test and implement a polyvictimization screening tool with coordinated service delivery to meet polyvictimization the needs of polyvictims requesting supportive services. The Stanislaus FJC was one of six FJCs nationwide chosen to participate in this program.

Prior Year Recommendations

2015-2016 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM 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.	• Stanislaus Family Justice Center (SFJC) will continue to seek grant funding to support and expand fund development activities during the 2017-2018 year. Carol Shipley, Executive Director, is working with the board and the Strategic Planning committee on an updated Strategic Plan which will include expanded sustainability activities over the next 3 years. One of the key steps was to move the SFJC to a larger facility on J Street to include more partners to improve services for victims and their children. • The SFJC is an inherently collaborative agency. A multi-disciplinary team of partner agencies, both from the government, private sector, and not-for-profit areas participate in the SFJC, bringing resources to the table including funding their respective staff to co-locate at the SFJC. • The SFJC is very active in leveraging funds and resources. Currently, over 10 funding streams/entities provide support to the SFJC and its partner agencies. This include charitable contributions; local, state, and federal grants; foundation grants; and in-kind support.

2. Work to increase the number and percentage of participants with safety plans in place.	Because of confidentiality policies, it continues to be difficult to collect data from co-located partners regarding client safety planning, which results in underreporting of safety plans. Therefore, the Client Coordinator asks the caregiver and records her/his response to the question: "Do you have Safety Plan in place?"
3. Work to increase the number of children enrolled in the Kid Zone.	There was a 27% increase in the number of unduplicated children participating in Kids Zone from 2015-2016 (156 children) to 2016-2017 (198 children). Unique visits also increased from 642 to 668.
4. Work to increase the number of parents who develop self-sufficiency skills.	More parents reported an increase in self-sufficiency skills during the 2016-2017 program period (77.5%) versus 2015-2016 (61.7%), exceeding the targeted outcome of 70% for 2016-2017.
5. Improve data gathering between agencies co-located at the FJC.	Clients check-in at each visit with the Client Coordinator, who records which co-located partner the client will be meeting with and for what type of service. Client service data is then entered into a database that includes unduplicated client count, demographics, service types, and numbers of times clients has accessed service over a period of time. We also corrected our data reporting practices two years ago for Prop 10 by "zeroing out" our client count at the beginning of each fiscal year to get a more accurate count of unduplicated clients served per fiscal/grant year.
6. Work to meet deadlines for submitting required reports.	All Quarterly Reports were submitted by their respective deadlines: Quarter 1 report submitted on 10/31/16; Quarter 2 report was submitted on 1/31/17; Quarter 3 report was submitted on 4/27/17; and Quarter 4 was submitted on 7/31/17.

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 receive services that reduce the risk of repeat child maltreatment.	200	314
Children ages 0-5 whose families have a safety plan in place.	50%	22% (70/314)
Children ages 0-5 enrolled in Kids Zone and engaged in supportive services provided by co-located partners	85%	63% (198/314)
Caregivers of children served report an increase in self-sufficiency skills.	70%	78% (114/147)

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 that the program:

- Continue to focus on increasing the number and percentage of participants with safety plans in place.
- Continue to focus on increasing the number of children enrolled in the Kid Zone.
- Continue to improve data gathering between agencies co-located at the FJC.

Healthy Start Support

Agency: Stanislaus County Office of Education
Current Contract End Date: June 30, 2017

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 programs 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 to families with 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 attending school. Healthy Start builds relationships by meeting families where they are, and Healthy Start sites reflect the demographics of the communities they serve.

The ten countywide Healthy Start sites provide services to families with children 0-5 in a variety of ways 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 makes 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. Monthly 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, 2017	FY '16-'17 Award	FY '16-'17 Expended	Cumulative Amount Expended
\$7,037,035	\$498,398	\$498,398 (100% of budget)	\$7,004,869 (99.5% of budget)

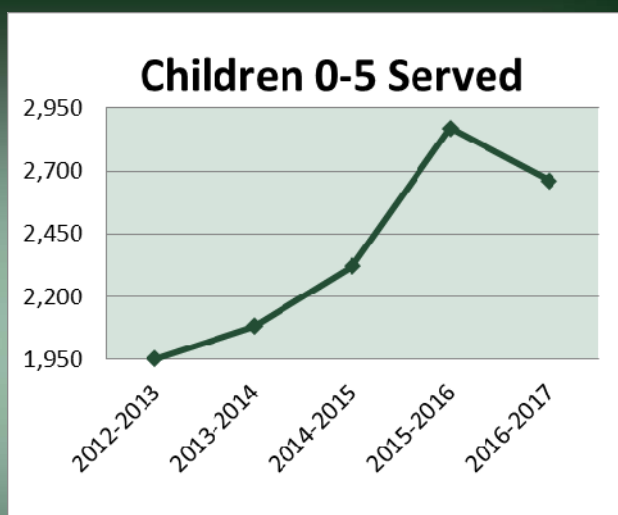
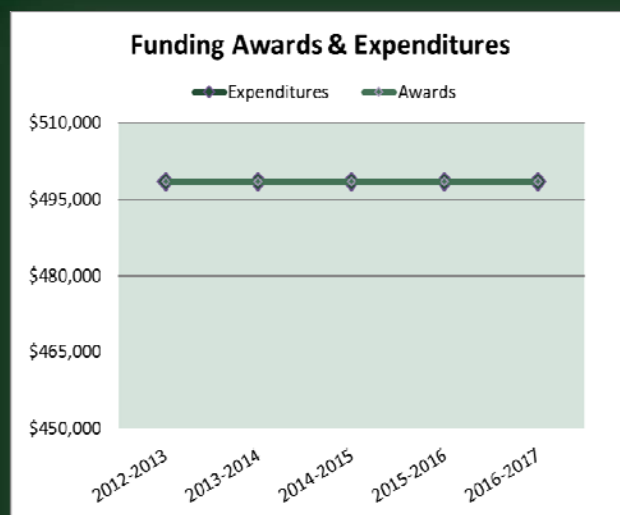
FY '16-'17 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Healthy Start Sites	Indirect Cost Rate	Cost Per Child 0-5 (2,662)
\$66,368	\$16,010	\$416,020	9.8% (excludes sites)	\$187

PARTICIPANT TYPE	% SERVED
Children	41%
49% <3; 51% 3-5	
Parents/Guardians	31%
Other Family	28%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	78%
White	13%
Black/African American	3%
Asian	3%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	2%
Other	1%
Unknown	-

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

Funding Awards, Expenditures, and Children 0-5 Served Comparison by Fiscal Year



Funding for the program has remained stable for the past five years. The 0-5 children served has continually increased since 2012-2013 when a new data system was implemented resulting in more accurate unduplicated participant counts. The number served in 2016-2017 declined slightly from the program high in 2015-2016.

Program Highlights

- The 10 Healthy Start sites funded by the Commission are located at the following schools: Allard, Ceres, Downey, Franklin, Hughson, Keyes, Orville Wright, Petersen Alternative Center for Education (PACE), Riverbank, and Robertson Road.
- 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 41.4% to 99.2%.
- The Hispanic/Latino population continues to be the largest ethnic group in each of the 10 school communities ranging from 60% to 83.3%.
- Pre and post-tests show increases of 77% for home literacy activities (reading to children, writing and coloring, and parental involvement).
- Use of the Family Support Outcome Survey (FSOS) has improved the accuracy and reliability of reported data but the tool is complicate and time consuming to use.
- Succession planning and cross-training continue to be a challenge for the program but the program has made efforts to ensure at least two SCOE staff are training at all times.
- Leveraging: In 2016-2017, the ten Healthy Start sites received \$474,663 directly from State and Federal government sources; \$90,384 was received from local government sources, and \$65,270 in-kind services or goods was generated by participating school sites.
- Cultural Competency: The largest ethnic group served continues to be Hispanic / Latino at all of the ten Healthy Start sites/districts. Materials and programs are culturally sensitive and provided in both Spanish and English.
- Collaboration: All sites work with FRCs in their community, other Prop 10 programs, and a myriad of other community organizations. The program reports the 10 funded sites collaborate with 109 different agencies.

- **Sustainability:** All ten Healthy Start school sites engage in various community capacity building efforts through their continued partnerships with local businesses, faith based and community organizations. Key Champions for each site are regularly revisited and revised due to ongoing personnel changes. 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.

Prior Year Recommendations

2015-2016 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.	• All sites continue to build new partnerships along with strengthening relationships with current community service organizations and businesses. Monthly collaborative meetings continue to allow sharing of best practices and new opportunities for partnerships. District Board and Community presentations are encouraged to provide individual and collaborative outcomes in efforts to build and cultivate key champions.
2. Continue to address succession planning and cross-training at Healthy Start sites and SCOE.	• Two SCOE support staff members have been trained on the FSOS process; one of whom assumed the former SCOE Healthy Start Support Coordinator's role following her recent retirement. An instruction manual was also created to assist the new coordinator, and any current or new support staff members, with the quarterly reporting process.

Planned Versus Actual Outputs / Outcomes

OUTPUTS / OUTCOMES	PLANNED	ACTUAL
Families with 0-5 children have support systems, social emotional systems, and decreased stress - as evidenced by the following:		2,000 families 2,622 children
Families indicating increased knowledge of community resources	80%	95% (314/330)
Families indicating increased social/emotional support	80%	96% (216/225)
Families indicating decreased stress	80%	94% (365/388)
Families reporting progress towards positive family goals	80%	93% (341/370)
Families reporting improved parenting skills	80%	93% (325/349)
Families reporting increased confidence in their parenting ability	80%	97% (298/307)

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%	95% (314/330)
Caregivers passing CPR/First Aid course	80%	100% (143/143)

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 that the program continue to address succession planning and cross-training at Healthy Start sites and SCOE.

The BRIDGE

Agency: Sierra Vista Child & Family Services
Current Contract End Date: June 30, 2017

Program Description

The BRIDGE is a non-profit community-based center located in a low-income, ethnically-diverse neighborhood in West Modesto. In 1988, The BRIDGE was created in response to a large number of Southeast Asian (SEA) refugee families arriving in Stanislaus County without the skills or background necessary to function or participate in a meaningful way in 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 and has hired younger, second generation outreach workers to identify families needing services. Additionally, Sierra Vista's 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, which provides administrative and fiscal services.

Finances			
Total Award June 1, 2007 – June 30, 2017	FY '16-'17 Award	FY '16'17 Expended	Cumulative Amount Expended
\$1,820,000	\$185,000	\$185,000 (100% of budget)	\$1,755,005 (96% of budget)

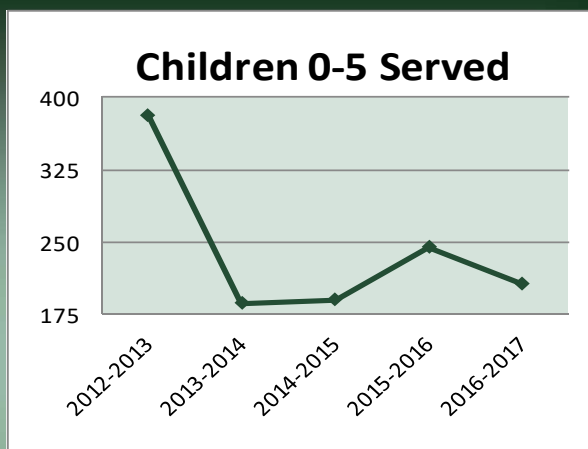
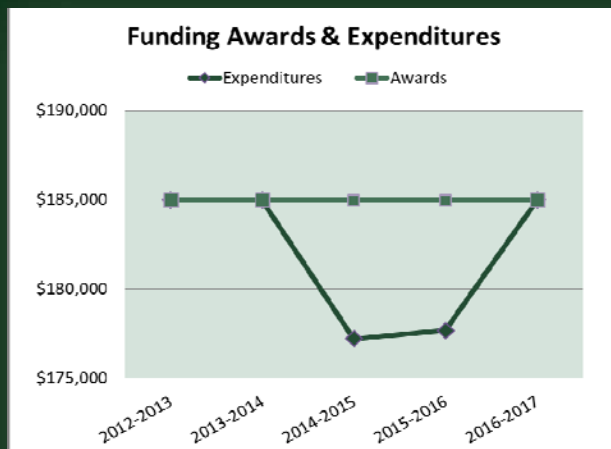
FY '16-'17 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Indirect Costs	Indirect Cost Rate	Cost Per Child 0-5 (206)
\$137,686	\$30,500	\$16,814	10%	\$898

PARTICIPANT TYPE	% SERVED
Children	22%
35% <3; 65% 3-5	
Parents/Guardians	58%
Other Family	20%

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	23%
Other	77%
Unknown	-

Funding Awards, Expenditures, and Children 0-5 Served Comparison by Fiscal Year



The funding award for The BRIDGE has remained constant. Children served increased in '12-'13 as a result of the Commission working with The BRIDGE to emphasize outreach. The BRIDGE reports that the number of children served decreased starting in '13-'14 due to reduction of staff hours resulting from budget limitations created by the loss of other funding sources. The number of children 0-5 served increased in '15-'16 as a result of staff focusing on outreach and engagement efforts. The loss of the Youth Advisor Program during the '16-'17 year resulted in a decrease to 0-5 served.

Program Highlights

- The Bridge provided 3,761 hours for Family Support Services to 198 families representing 206 0-5 children. A total of 1,110 of hours of case management services were provided to 144 families and 78 caregivers of children 0-5.
- In 2016-2017, large outreach events were sponsored by The BRIDGE that focused on the health, education, and welfare of children. The events included a Back to School event where school readiness materials were distributed and literacy activities were held, a Holiday Celebration with books given as gifts, and a Spring Picnic. The BRIDGE also partnered with Center for the Human Services and other local agencies on establishing the Father Involvement Learning Network (FILN). In addition, the BRIDGE has begun a father focused Parent Café which it offers quarterly.
- While recognizing norms in the SEA community discourage public criticism, participant feedback has been very positive and indicates that The BRIDGE services are well used and appreciated. In the ten categories surveyed, respondents representing 258 0-5 children indicated a high satisfaction with services that ranged from 78% to 100%.
- The BRIDGE has experienced administrative and service delivery challenges due to expectation of clients that services be provided at participants' homes and in the field. The program has had some successes encouraging participants to access services at The BRIDGE site and other service access locations.
- Information reported by the program indicates no referrals were needed by children for mental health and developmental issues. Rather than a reflection of the mental health and appropriate development of SEA children, these statistics more likely point to a reluctance within the SEA community to admit the need for counseling and developmental services.
- The number of children served decreased from 245 participants in '15-'16 to 206 in '16-'17, with a corresponding increase in costs per child from \$727 to \$898. The BRIDGE has worked to change the service delivery model previously employed (which emphasized services being delivered in the home and individual support to clients for translation, transportation, and advocacy) to focus on group services offered on site in an effort to bring down costs and allow more participants to be served with the same level of resources. Unfortunately in '16-'17, The BRIDGE lost its long time Youth Advisor whose role included working with children 0-5 in the afterschool program. This, in addition to reducing staff's hours to 30 hours week, contributed to the decline in children 0-5 serviced.

- **Leveraging:** In 2016-2017, The BRIDGE received \$78,245 from local government sources and \$40,000 from Kaiser Permanente.
- **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 provides services in Hmong, Cambodian and Laotian languages via staff that 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 material in SEA languages and uses them regularly.
- **Collaboration:** The BRIDGE has a long history of collaborating with the Modesto Police, MID, PG&E, Probation, CSUS, Josie's Place, El Concilio, United Way, Valley Mountain Regional Center, Stanislaus Asian American Community Resource, and others. The BRIDGE continues strong and active collaborations with King Kennedy, CVOC, and the Cambodian and Laotian Temples. Additionally, The BRIDGE has initiated collaborative relationships with several local Modesto City Schools campuses; Robertson Road, Kirschen, and Burbank. Lastly, The BRIDGE continues strong collaborations with doctors' offices, Social Security, and Community Services Agency, providing linkages to and interpretation services for families.
- **Sustainability:** The BRIDGE's strategy is to continue to seek outside funding sources (grants, allocations, and other government support) to fund its current and future operations. The BRIDGE current utilizes funding through grants from BHRS Youth Leadership, California Wellness, CSA Calfresh, and Kaiser.

Prior Year Recommendations

2015-2016 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.	• Sierra Vista Child & 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, fund raising). 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 in order 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.
2. Continue working to decrease travel and staff costs by providing services at the center versus at the client's home.	• The staff was able to maintain mileage costs by traveling out less. Clients were invited to come to The BRIDGE via public transportation, their vehicles, or a ride from a family or friend. Some who lived close were encouraged to walk to the center. Staff ensured that outside travel was not utilized unless it was mandatory to help with interpreting, translating, or case management at other sites, including home visits.

3. Encourage members of the SEA community (when appropriate) to seek out and accept counseling and mental health services.	• Clients were encouraged to seek out and accept counseling and mental health services during home visits, interpreting sessions while waiting in the lobby, and during events at The BRIDGE. During the end of year Spring Picnic, Fernando Granados presented on mental health stigma and how to seek mental health services. In June, a 0-5 family reported that their 14 year old son was contemplating suicide. The BRIDGE made a referral for services to the Sierra Vista Outpatient office on McHenry Ave.
4. Encourage the acculturation of the SEA community by providing services at the sites of partner social service organizations (like FRC's).	• When 0-5 families need to renew their Medi-Cal, The BRIDGE contacts the appropriate Medi-Cal renewal staff at other FRC's such as The Sierra Vista Drop-in Center or Hughson Family Resource Center. Efforts have been made by staff to refer clients to other FRC's for help. The BRIDGE staff accompanies the SEA community to appointments at CSA, SSI, etc. endeavoring to not only assist the SEA community in accessing but also in teaching the SEA community how to access and utilize said services themselves. Kristin Reza of Modesto Commerce Bank and Jose Sabala of Self-Help Federal Credit Union continue to come out and present. The plan is to continue to invite more professional guest speakers to come and educate parents/grandparents. In August of 2017, another financial presenter, Gabriel Vazquez, of Morgan Stanley will come out to present on investment and retirement planning. It appears that the parents/grandparents are enjoying the training and have mentioned that they are happier and feel that they have in increase knowledge of the system now that they have participated at The BRIDGE's PEGs.

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%	96% (198/206)
Children 0-5 referred during the year have caregivers who receive referrals, resources, or support services	80%	100% (95/95)
Children 0-5 have caregivers who receive ongoing case management	40%	82% (78/95)

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%	97% (140/144)
Children 0-5 who are assessed have caregivers who received depression screenings	60%	97% (73/75)
Children whose caregivers indicate a need will receive a mental health referral	90%	0% (0/0)
Children 0-5 whose families are assessed receive developmental screenings	55%	100% (75/75)
Children who indicate a need will be referred for further developmental assessment	90%	0% (0/0)
Children 0-5 served indicate increased time reading at home with family	60%	100% (94/94)
Children 0-5 who did not have health insurance when entering the program received assistance in obtaining health insurance	85%	0% (0/0)
Assessed children 0-5 who did not have health insurance are enrolled in a health insurance program within 90 days of intake	80%	0% (0/0)

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 that the program:

- Continue working to decrease travel and staff costs by providing services at the center versus at the client's home.
- Encourage the acculturation of the SEA community by providing services at the sites of partner social service organizations (like FRC's).

Zero to Five Early Intervention Partnership (0-5 EIP)

Agency: Stanislaus County Behavioral Health and Recovery Services

Current Contract End Date: June 30, 2017

Program Description

The Zero to Five Early Intervention Partnership (0-5 EIP) is a unique and innovative collaboration between Behavioral Health and Recovery Services Leaps and Bounds and Sierra Vista Early Intervention Services. The two mental health programs have developed specialty areas focusing on the development of social emotional health in children, families, and communities impacted by risk factors such as trauma, poverty, and insufficient information regarding healthy relationships between children 0-5 and their parents. The result from mental health services are children with social emotional health, and families who understand them. These children become those who are capable and ready for school and who are able to maintain healthy relationships with peers and others. Success at this stage in a child's life can create resilience in the child, and in the family, as they face normal developmental challenges. The mental health program goals are improved mental health in children 0-5, reduction in risk factors for child abuse and neglect, and improved quality and stability of early learning programs. The work is done within the context of relationships between child and family as well as with community partners. The activities provided are clinical mental health services, case management, and community collaboration performed by mental health providers.

The program also provides community mental health services through intensive childcare consultation to early education centers along a continuum of interventions ranging from intensive site-specific to child-specific at the request of a day care provider or early education teacher. Outpatient home and community-based therapeutic interventions focused on building a strong and beneficial relationship between the caregiver and the child are also offered through 0-5 EIP. Interventions and activities include therapeutic treatment, behavioral education, parenting training on social emotional health, and transitional services to Kindergarten. The recipients of these services are parents, community partners and teachers.

Finances			
Total Award March 1, 2002 – June 30, 2017	FY '16-'17 Award	FY '16-'17 Expended	Cumulative Amount Expended
\$18,721,169	\$1,523,009	\$1,439,097 (94 % of budget)	\$17,490,084 (93% of budget)

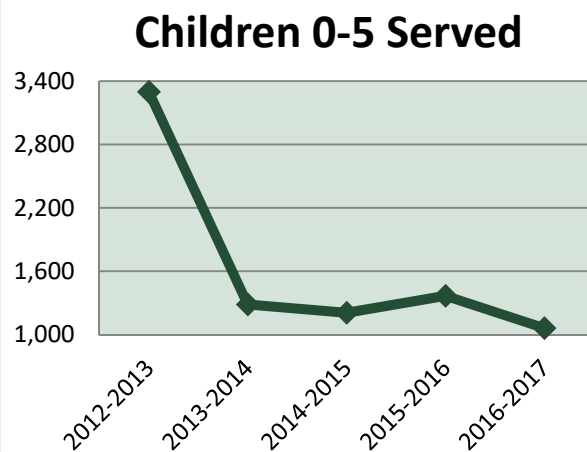
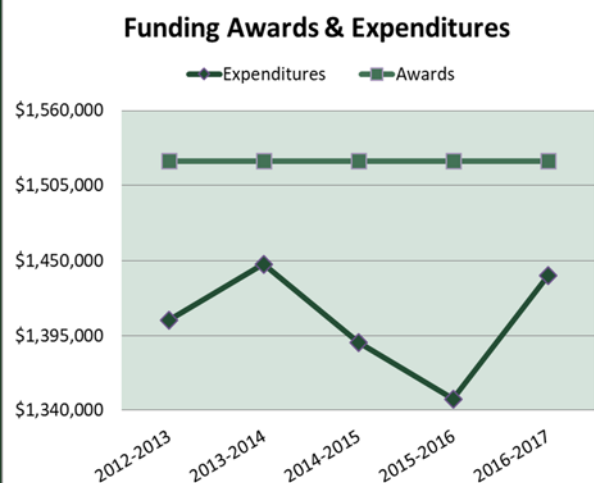
FY '16-'17 Budget / Expenditure Data			
BHRS	Sierra Vista	Cost Per Child 0-5 (1,061 - includes parent ed.)	Cost per Service Hour (10,663)
\$836,600	\$602,497	\$1,356	\$135

PARTICIPANT TYPE	% SERVED
Children	19%
36% <3; 64% 3-5	
Parents/Guardians	58%
Other Family	22%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	50%
White	43%
Black/African American	2%
Asian	1%
Alaska Native/American Indian	1%
Pacific Islander	-
Multiracial	-
Other	3%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	71%
Spanish	29%
Hmong	-
Other	-
Unknown	-

Funding Awards, Expenditures, and Children 0-5 Served Comparison by Fiscal Year



The funding award for this program has remained stable over the past five years. The decrease in both expenditures and children 0-5 served is a result of the program's continued difficulty with maintaining a full staff. The program has had issues with staff turnover as other agencies offer more competitive pay, especially for clinicians.

Program Highlights

- The target population of 0-5 EIP continues to be those children and families challenged by:
 - ✓ Poverty and Social Isolation
 - ✓ Traumatic events
 - ✓ Placement in foster care
 - ✓ The stigma associated with mental health
 - ✓ Substance Abuse and Addiction
 - ✓ Domestic Violence
 - ✓ Drug Exposure in Utero
 - ✓ Medical Issues and Chronic Health Conditions, Including Asthma and Developmental Delays
 - ✓ Learning Disabilities and Developmental Delays
 - ✓ Relatives as Primary Caregivers
 - ✓ Child Abuse and Neglect
 - ✓ Single Parent Homes
 - ✓ Blended Families
- The number of planned hours of service was met in two of four tracked areas. The number of planned clients and sites was met in three of the four track areas. The reduced number of service hours and numbers served was due to turnover and vacancies in the clinician classification.

Service	Planned Hours	Actual Hours
Outpatient mental health services	4,500	3,364
Parenting	420	500
Prevention	9,000	4,364
Consultation	2,600	2,434
Planned Total Hours	16,520	10,663

Service	Planned Child Clients	Actual Child Clients
Outpatient mental health services	275	293
Parenting	650	550
Prevention	500	218
Consultation	70 Sites	101 sites
	1,425 Clients	1,061 Clients
Planned Total Clients/Sites	70 Sites	121 Sites

- Services are provided at a community level and participants reflect the ethnic distribution of the county. Staff members are multi-cultural. Services to children and families include direct observation, case management, linkage to other services, on-site observation, children's groups (including Little Tykes), parenting groups, and in-home support services.
- 50% of participants in this program were Hispanic. Despite cultural norms within the Hispanic community often attributes "shame" to individuals and families accessing mental health services, 0-5 EIP has been successful in providing services to this population and the program will continue to seek opportunities to reach out in the least intrusive ways.
- Clinicians and Case Managers provided preventative mental health services by regularly attending parent groups at the Airport Parent Resource Center, presentations with local organizations and groups and Promotoras meetings and events. These events provided 0-5 EIP with opportunities to support and educate parents and to share information about community resources and other assistance to address any questions or concerns presented by parents.
- The 0-5 EIP program has seen an influx of families in higher need of a holistic approach. Families are needing wrap around services, such as psychoeducation, case management and peer support, in addition to behavioral health services. The program has also seen an increase in behavioral health needs for the caregivers of children served by the program.
- Leveraging: In 2016-2017, the program received \$629,391 directly from State and Federal government sources and \$317,466 was received from local government sources.
- Cultural Competency: The 0-5 EIP program strives for cultural sensitivity towards the families, partners and community they served. The program has bi-lingual, bi-cultural staff members who are sensitive to the multitude of cultural influences on families. Staff is regularly trained in cultural sensitivity. Additionally, staff serves on a committee called the Cultural Equity and Social Justice Committee, which meets on a monthly basis in order to bring awareness to the issue of culture. For Spanish-speaking families, 0-5 EIP has Spanish-speaking providers and representatives from various ethnic communities in Stanislaus County.
- Collaboration: 0-5 EIP continues to grow collaborative partnerships within the community. 0-5 EIP recognizes it is able to provide richer services to the community when it's able to partner with other community agencies in servicing the 0-5 community. Collaborations include working with Children's Crisis Center, Family Resource Centers, Family Justice Center, Stanislaus County Office of Education, Healthy Start, El Concilio, The BRIDGE, Parent Resource Centers, Court Appointed Advocates, Healthy Birth Outcomes, Community Services Agency - Child Welfare and Child and Family Services, Health Services Agency, School Districts, Valley Mountain Regional Center, Josie's Place, local substance abuse programs and Kinder Readiness Programs.
- Sustainability: Efforts by 0-5 EIP in this area focus on collaboration and relationship building with community partners, development of key champions, revenue enhancements by contracting with the educational system, and drawing down revenue from Medi-Cal and Early Periodic Screening Diagnosis and Treatment. Key Champions for 0-5 EIP include the following: Family Resource Centers; Parent Resource Centers; Healthy Birth Outcomes programs; Stanislaus County Office of Education (SCOE); Modesto City Schools (MCS); County School Districts; Behavioral Health and Recovery Services (BHRS), Child Welfare and Sierra Vista Child and Family Service.

Prior Year Recommendations

2015-2016 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.	• 0-5 EIP will continue to leverage the current funding through BHRS and a consulting contract through SCOE. From these fund sources together with Commission funding it allows the program to provide much needed intensive services to our 0-5 families in multiple settings. Collaborations continue to support the work being done for the 0-5 community. The 0-5 EIP works well with other 0-5 providers to help support and empower the families and children we serve. Referrals continue to be received from a variety of partners in the community. Education and training is also provided throughout the year to various programs and providers working with the 0-5 families. Allowing others to gain insight as to the importance of early intervention in the lives of these children and families.
2. Focus on increasing the number of children provided preventative behavioral health services.	• The 0-5 EIP continues to struggle in meeting this goal. Although we provide much preventative mental health in the community, during our outreach efforts, we have not identified a way to be able to capture all the families and children that we service in the community with preventative services. The program will continue to consult to find a way which confirms to our confidentiality regulations, but can get us the information we need for our quarterly reports. Staffing also has an impact on this number; with high numbers of staff turnover, staff on medical leave and the inability to fill bilingual positions – it has impacted the productivity of the 0-5 EIP.
3. Focus on increasing the number of hours providing preventative behavioral health services.	• Same response as made for recommendation #2.
4. Focus on increasing the number of depression screenings given to caregivers with children 0-5	• The 0-5 EIP continues to struggle in meeting the goal for this outcome. In the completion of our quarterly reports it was noticed that although the outcome is for those children being "assessed" that 65% of their caregivers are screened, we are actually tabulating the percentage of caregivers whose children are receiving "services" which would be a much greater number. This may be what is impacting the percentage and causing it to seem so low. There are different strategies that the 0-5 EIP could take, will need to discuss further for comprehension and collaborative understanding.

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
Parents report a reduction in their child's mental health symptoms and improvements in child functioning	75%	94% (158/168)
Clinical staff report improvements in participating children as measured by symptom checklists and improvement noted in client care plans	75%	93% (100/108)
Children 0-5 who are assessed have caregivers who receive depression screenings	65%	35% (102/291)
Participating parents report improvements in their relationship with their child	75%	90% (151/168)
Parents report a reduction of stress and risk factors	75%	95% (159/168)
Clinical staff report reductions in risk factors for participating families	70%	93% (100/108)
Parents report positive skill gains from training programs provided	85%	96% (469/491)
FRC staff report satisfaction with consultation and referral services provided by program	70%	92% (48/52)
Day care providers report improved skills and confidence in working with difficult children as a result of mental health consultation	80%	94% (49/52)
Providers report positive skill gains for training programs provided	80%	98% (48/49)
Providers report satisfaction with mental health consultation services	80%	88% (46/52)

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 that the program:

- Focus on increasing the number of Depression screenings given to caregivers with children 0-5
- Develop new targeted outcome for planned hours for each of the following services in light of the program's continued difficulty maintaining a full staff: outpatient mental health services, parenting, prevention and consultation

FRC 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, 2017

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). A seventh contract was awarded to serve North Modesto/Salida in May 2007. In the '10-'11 fiscal year, CSA was unable to provide monetary support for DR efforts, thereby eliminating DR funding for children over 5 years old. (Some sites were able to procure funding from different sources to continue that service.) CSA's funding for DR for children over 5 years of age was restored in the '11-'12 fiscal year.

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, health insurance enrollment assistance, 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, 2017		FY '16-'17 Award		FY '16-'17 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)
\$17,515,111	\$23,444,072	\$1,559,357	\$2,059,357	\$1,481,904 (95%)	\$1,981,904 (96%)	\$16,370,892 (93%)	\$22,254,765 (95%)

Cost per Child 0-5 to Commission (2,964) = \$500

PARTICIPANT TYPE	% SERVED
Children	30%
46% <3; 53% 3-5	
Parents/Guardians	39%
Other Family	31%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	60%
White	27%
Black/African American	4%
Asian	1%
Alaska Native/American Indian	-
Pacific Islander	2%
Multiracial	4%
Other	1%
Unknown	<1%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	67%
Spanish	32%
Hmong	-
Other	1%
Unknown	-

An Investment In Communities

Family Resource Centers and Differential Response

During the last twelve years, the Commission has invested \$17.5 million dollars in Differential Response-Family Resource Centers (DR-FRCs). The funding for '16-'17 represents 26% of the Commission's total program budget and 35% 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 that indicated that FRCs are 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 these 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 utilizing 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 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 3 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, and 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 health, safety, 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 because often a variety of barriers prevent 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)

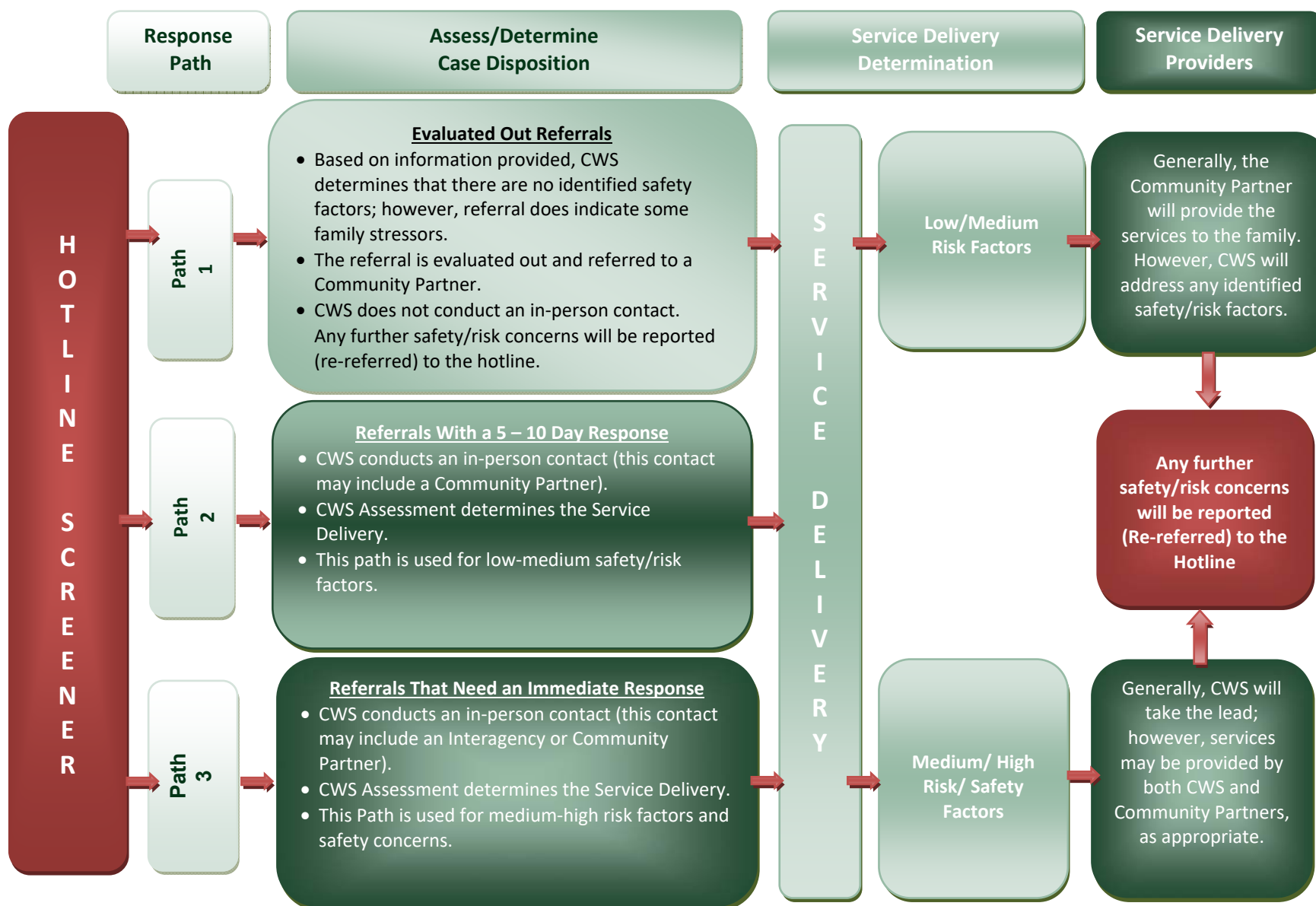
The Ages and Stages Questionnaire is used by all FRCs to screen children 0-5. The screening is intended for the early detection of developmental concerns in asymptomatic children. The caregiver is involved in the screening process, and child development activities and issues are discussed. If indicated, 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)

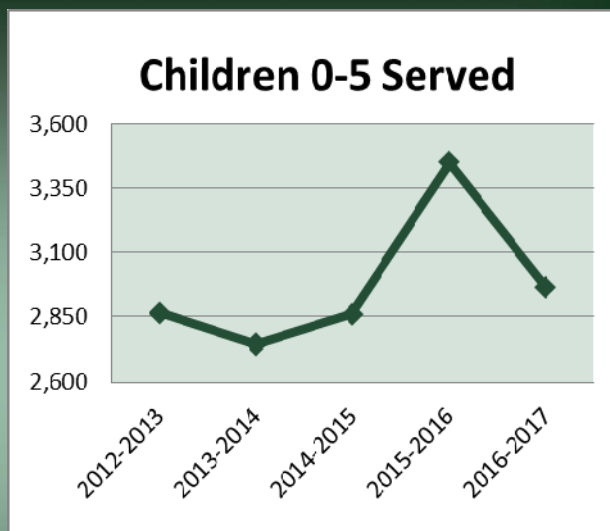
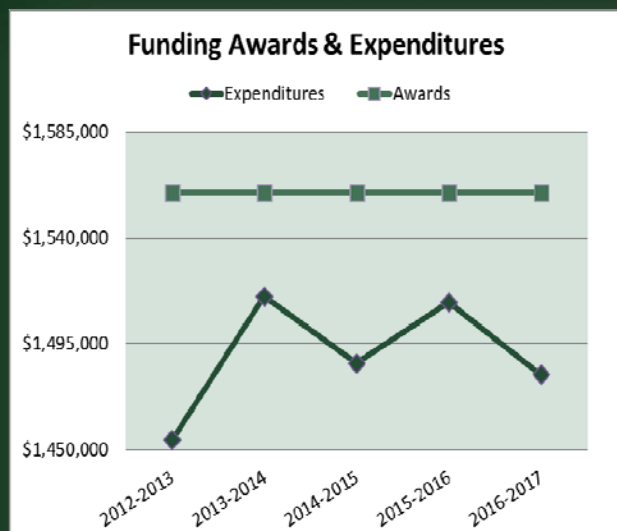
Every family who is assessed by an FRC is asked about the status of health insurance for their children 0-5. If a child does not have medical insurance, the family is assisted with applying for a program such as Medi-Cal and Kaiser Kids within 90 days of the assessment. FRCs conduct this activity in 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 utilized by Stanislaus County.

Stanislaus Differential Response Paths



Funding Awards, Expenditures, and Children 0-5 Served Comparison by Fiscal Year



Funding for Countywide FRCs has remained stable for the past five years. Numbers served has been stable but in '15-'16 there was a 21% increase in children 0-5 served. This increase might be a result of increased outreach and a focus by all programs to expand the types of activities offered at the FRCs. The number of children 0-5 decreased in '16-'17 and is more in line with numbers served over the past five years.

Program Highlights

- 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. As the FRCs have become established and trusted in the communities, they are now considered hubs of services, and 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:
 - ✓ SCOARRS (Stanislaus County Outcomes and Results Reporting Sheet) - Completed on a quarterly basis throughout the fiscal year; six milestones are addressed: 1) Caregivers' assets and needs are assessed; 2) Mental health issues of caregivers are assessed; 3) Mental health issues of caregivers are addressed; 4) Children receive early screening and intervention for developmental delays and other special needs; 5) Children possess literacy tools (books, skills) and caregivers demonstrate improved literacy skills; and 6) Children 0-5 are enrolled in health insurance. The SCOARRS lists the strategies each program uses to reach milestones, and the indicators that show progress towards the milestones and planned outcomes.
 - ✓ 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.
 - ✓ 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 three months 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. (It should be noted that the State of California stopped funding the FDM at the end of the '14-'15 fiscal year. The Commission assumed the costs of the FDM so FRCs could continue to track family outcomes.)
 - ✓ 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.
- As recommended in past years, the FRCs have focused on encouraging father involvement with classes, programs, and with their own children. FRCs have had mixed success, but mostly positive success, with their efforts to involve fathers.
 - For more than a year, the FRCs have been involved in a father involvement collaborative learning network that brings organizations and community groups together to achieve positive mental health results and build protective factors against mental health problems for fathers in Stanislaus County. This is a recent concept in promoting interagency collaboration to reach fathers with mental illness or those at risk of mental illness and their families. The learning goal is increase broad father involvement as a way to improve mental health and related outcomes and reduce risk factors and promote protective factors for the subgroup of fathers who are at risk of a mental illness.
 - FRCs report that more and more clients are coming to their agencies for assistance with one issue (clothing, food, utility assistance, etc.). Frequently, there is only one contact with the client and no assessment is able to be completed. Because of this difficulty, FRCs need to develop strategies to increase engagement with clients as well as develop strategies to increase the length of engagement. Completing a first and second FDM assessment is especially important as a second FDM demonstrates clients' improvement as a result of the FRCs work with the client.
 - Leveraging: As a group, in '16-'17 the FRCs leveraged a total of \$1,900,033 from local government sources and \$570,653 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, who provide mental health and case management services, are employed by FRCs. FRCs also employ staff with fluency in other languages including Cambodian, Laotian, Hmong, Farsi, and American Sign Language. FRCs also contract with the Language Line for translation for other languages. 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 La Familia Counseling, The BRIDGE, other Family Resource Centers, Healthy Birth Outcomes, Family Justice Center, Salvation Army, United Samaritans, Leaps and Bounds/Zero to Five Early Intervention Program, churches, city governments, Children's Crisis Center, 2-1-1, Healthy Starts, school districts, CalFresh Outreach Program, and California Connects.
 - 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 2015-2016 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	
2015-2016 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.	- 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 Regional FRC Network (Northern San Joaquin Valley Family Resource Center Network) will continue to help us advance our work and best practices, as well as connect us to larger, regional or national funding streams that support family strengthening work. - On Leveraging: The FRCs are building 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 our partnership on the Westside with Grainger Corporation. After learning about the work our Westside FRCs do directly with families, Grainger donated \$10,000 to help with food and nutritional support for the FRC and families. - 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.
2. Continue to focus on outreach to isolated groups and communities.	At Ceres Partnership (CP) we provide outreach in the community and often engage in door-to-door outreach in those more isolated areas of Ceres. We host a Family Resource Fair on our site to engage the community. We host an information table at school events and provide presentations at their Migrant Parent Meetings and Parent Meetings.
3. Provide direct mental health services, rather than relying exclusively on referrals.	This year we had a clinician on site allocated to provide 6 hours a week of her time to our DR caregivers with children 0-5. We continue to refer adults to Center for Human Services (CHS) and outside agencies depending on their insurance and needs.

4. Continue to focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	• We continue to engage with our referred DR families and always extend a personal invitation for them to attend our many community events held at our office and in the community. We also assist them with transportation to off-site events if needed. Our Family Advocate is also the facilitator our School Readiness which encourages more DR families to attend. We invite all DR families to Parent Cafes and our Family Advocates also rotate facilitation of Parent Cafes. We have seen an increase in DR families attending the café events.
5. Continue to promote the involvement of fathers and male caregivers in the lives of young children.	• We continue to engage fathers to by inviting them to classes and events: - We have several fathers who attend our School Readiness classes with their children. - We also have a few fathers who attend our HBO group, and 7 fathers attended our Community Baby Shower. - Five Ceres fathers attended the 1st Father Conference held in Modesto. - We have a Ceres Dads group that meets every other month. Fathers participate in Dads Cafes as well as other activities with their children. Our Dads group has been very well attended. • Finally, with CHS as the lead for the Father Involvement Learning Network (FILN), we have been learning more about best practices for father engagement, and connecting some of our fathers to county-wide father involvement activities and events. Our work to support father involvement will continue next year, as the agency will continue to facilitate the network meetings and all our FRC sites will host the Bootcamp for New Dads program.

EASTSIDE	
2015-2016 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.	• 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 Regional FRC Network (Northern San Joaquin Valley Family Resource Center Network) will continue to help us advance our work and best practices, as well as connect us to larger, regional or national funding streams that support family strengthening work. • On Leveraging: The FRCs are building 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 our partnership on the Westside with Grainger Corporation. After learning about the work our Westside FRCs do directly with families, Grainger donated \$10,000 to help with food and nutritional support for the FRC and families.

	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.
2. Continue to focus on outreach to isolated groups and communities.	While the FRC continues to provide a variety of outreach services through events and activities, we work to connect with the outlying areas of Riverbank, Knights Ferry and Valley Home. We will continue to connect with school partners to access parents and children in these communities by giving presentations at the schools or parent meetings. We also continue to engage our homeless community with local partners to reach those who are parents and help connect them and their children to FRC services.
3. Provide direct mental health services, rather than relying exclusively on referrals.	We will continue to work with our Behavioral Health department to see how we can support this for adults. The FRC budget will not support the cost of a clinician, but we may be able to utilize clinical trainees to provide some services. We do have Medi-Cal Behavioral Health Counseling for Children 5-17 years old provided by our clinicians. IOT (Intensive Outpatient Treatment) is also provided at the FRC, which is a free substance abuse treatment group offered 3 nights per week.
4. Continue to focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	We increased engagement this year over last year by eight fold for the DR Children 0-5 Caregivers. We also added Parent Cafes to our lineup of classes. The cafes increased our engagement with families and we saw 38 Caregivers of 0-5 children and 22 Caregivers of children 6-17. Our Family Advocate is also the facilitator of our School Readiness classes and Parent Café Groups which encourages more DR families to attend.
5. Continue to promote the involvement of fathers and male caregivers in the lives of young children.	This year our Family Advocates engaged 5 dads. We also had several dads bring their children to our school readiness classes. We encourage dads to attend our events as well. We also had 7 dads attend the community baby shower with their partners. With CHS as the lead for the Father Involvement Learning Network (FILN), we have been learning more about best practices for father engagement, and connecting some of our fathers to county-wide father involvement activities and events. Our work to support father involvement will continue next year, as the agency will continue to facilitate the network meetings and all our FRC sites will host the Bootcamp for New Dads program.

FAMILY RESOURCE CONNECTION	
2015-2016 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.	The Family Resource Connection (FRC) recognizes the importance of and continues to work on sustainability, leveraging, and collaboration. The partners, Parent Resource Center and Sierra Vista Drop In Center, utilize FRC funding as a base and leverage funds to support current programs and expand services as is possible. New funding sources and ideas are continually sought. Additionally, the partners work jointly on two other contracted projects. Collaboration with both Prop. 10 partners and other community partners is key to providing and enhancing services provided to clients. Examples include collaborating for mental health services from Sierra Vista, El Concilio and Behavioral Health and Recovery's Leaps and Bounds Program for the benefit of clients.
2. Continue to focus on outreach to isolated groups and communities.	- Staff continue to go to flea markets, parks, grocery stores, laundromats, and door-to-door outreach to improve and maintain local connections. Staff visited the La Michuacana Paleteria, hair salon, Mi Tierra, Disco Azteca and "check n cash" in the Carruso Shopping Center, distributed flyers, and spoke to store employees about programs. Additionally, staff visited Golden Valley Health Centers and WIC offices on Hackett Road. - Staff participated in weekend and evening outreach events as this is a great opportunity to meet families because they are more likely to be receptive to information. Staff will continue to attend these events. - Giving presentations to schools and service providers in isolated communities is beneficial. This year staff gave two presentations at Health Plan of San Joaquin. The topics focused on healthy pregnancy and on prevention of shaken baby syndrome using the Timmy mannequin. Staff will continue to provide presentations. - Presented information to other organizations who serve isolated groups and communities to have them share our information. - During home visits families are given resources information which best serves them and transportation information. - Information and resources, such as utility assistance information, are provided to all individuals.
3. Provide direct mental health services, rather than relying exclusively on referrals.	- Provide counseling on-site in collaboration with El Concilio and Leaps & Bounds at Parent Resource Center and Airport Neighbors Partnership Office. Child care is provided by PRC. - When referrals are received, staff follow up with clients to make sure they engage with the other agencies and partners. Additionally, staff follow up with the agencies as well to be sure referrals were received and contact with client has been established. - Through continued partnership with Sierra Vista mental

	health services are provided at Sierra Vista thus breaking down barriers such as transportation that may impact families. • Clients are provided mental health along with comprehensive services to on site in their neighborhood.
4. Continue to focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	• Listening to the immediate needs of the client to help reduce stressors and then provide the best service/resource. • Continued use of the “Warm Interaction” to engage families especially at the Airport Office; facilitators even attended the last day of class to congratulate the client. The “Warm Interaction” approach includes introductions, follow up calls, sending cards or letters in the mail. • The PRC Airport Neighborhood office continued to use “orientation night” prior to start of class to help ease clients’ apprehensions. This has proved successful in building attendance. • By hosting free markets, nutrition presentations, and health fairs, including the Community Connection Fair, families can visit the center without feeling pressured to enroll in classes or services. • Will survey parents from classes regarding interest in Parent Cafes during which the Five Protective Factors are presented. Clients become more comfortable at the offices. • Will plan to offer a “mini” parenting class in English and Spanish to introduce the agency and services • Currently offer clients incentives such as emergency food and bread, Christmas gifts, healthy snacks during class, diapers, formula and shoes to encourage class attendance. Access to the clothes closet is provided. Incentives will continue. • Continue to “sell” parenting class as fun and engaging by using the topics to attract interest of parents. Brochures and schedules of classes are given to clients. • Will continue training to improve and strengthen communication skills and contact with clients. • Ice breakers continue to be used in class to help parents become better able to engage.
5. Continue to promote the involvement of fathers and male caregivers in the lives of young children.	• In the Madres Amorosas (Loving Mothers), class facilitator continually encourages mothers to share packets and information with husbands/ fathers (put the information in their lunch bags). Also, mothers are encouraged to verbally share information with fathers, model positive parenting, and include the father in everyday activities. • Continue to offer co-ed English class in evenings which attracts primarily fathers. • Community events such as health fairs and free markets were used to engage with fathers and men. • Both PRC and SV Drop-In Center continue to be active partners in the Fatherhood Involvement Network through Center for Human Services. Both agencies participate in the April “Our Story” Fatherhood Conference.

	• Fatherhood Involvement Coordinator has been a guest speaker during parenting and HBO classes. • PRC's Babies in Bloom invites fathers to attend. • Both agencies provide events that are father focused. • Sweet Beginnings pregnancy class and support group welcomes fathers and includes them in classes.
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HUGHSON

2015-2016 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.	• Sierra Vista Child & 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, fund raising). 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 in order 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. Specific to HFRC, the advisory board has continued to develop new fundraising opportunities. They have consistently increased their fundraising dollars each year.
2. Continue to focus on outreach to isolated groups and communities.	• HFRC has increased outreach efforts this year to include the isolated communities of Empire, Denair, and Hickman. Staff has participated in community fairs, provided outreach tables and presentations at school sites. We opened a new FRC in Waterford to better reach isolated groups in the most eastern parts of the region.
3. Provide direct mental health services, rather than relying exclusively on referrals.	• Mental health services have been provided by two staff clinicians and two CSU Stanislaus intern students. A mental health support group is also provided at HFRC.
4. Continue to focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	• We continue to work on engagement efforts. This year 95% of DR referred children had caregivers that responded to a contact.
5. Continue to promote the involvement of fathers and male caregivers in the lives of young children.	• This year we held three events to promote father involvement. Additionally, the FRC participates in the Father Involvement Learning Network, an Innovations Project led by Center for Human services and funded by BHRS. A staff also received training on boot camp for new dads.

NORTH MODESTO / SALIDA

2015-2016 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.	Sierra Vista Child & 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, fund raising). 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 in order 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.
2. Continue to focus on outreach to isolated groups and communities.	North Modesto/Salida FRC is working to identify the isolated groups and communities in the region it serves. Outreach efforts will emphasize these remote areas. The plan is to forge collaborative relationships with preschools, schools, and faith based organizations in the identified areas that would be open to hosting services.
3. Provide direct mental health services, rather than relying exclusively on referrals.	Mental health services have been provided by three staff clinicians. A mental health support group is also provided at NMFRC. For families with children 6-17, these services are provided via other funding sources.
4. Continue to focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	SVCFS holds a monthly leadership meeting with all four agencies FRCs. Engagement is a regular agenda item as we evaluate what is working as well as explore new ideas. We continue to seek training opportunities that are hoped to facilitate engagement with a diverse community.
5. Continue to promote the involvement of fathers and male caregivers in the lives of young children.	This year we held events/parent café's to promote father involvement. We have partnered with Sergio Lara from The Father Involvement Learning Network, an Innovations Project led by Center for Human services and funded by Sutter Health.

TURLOCK

2015-2016 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.	Aspiranet Turlock Family Resource Center (TFRC) continues to work on sustainability, leveraging and collaboration. Aspiranet grant writers seek to continually expand resources and develop ways to raise unrestricted funds. Additional funding by other entities help support the efforts of the TFRC. Collaboration with other agencies

	generates expanded resources families in our community. • A volunteer program is currently being developed. An Advisory committee is being formed and is comprised of members of the community and former recipients at the TFRC. A partnership with CSUS has already been established and will serve to assist in the volunteer program. Aspiranet's WTW program has expanded to include a work program. Participants will augment the needs of both the VESL program and the TFRC. • The Regional FRC Network (Northern San Joaquin Valley Family Resource Center Network) will continue to assist in advancing our program objectives and best practices. • The TFRC is building leverage opportunities within the community and Aspiranet has already established donors from Bed Bath and Beyond, Walmart, Target, several small businesses in Turlock, Umqua and Wells Fargo Bank, and non-profit entities. The TFRC has leveraged their clothing donations with Monte Vista Chapel. The TFRC continues to receive food donations from the United Samaritans and Salvation Army and gift cards from Costco and Raley's which provides incentives to participants in the TFRC programs. • Reaching beyond our Center and inviting other agencies to use our Community Center will serve to provide additional resources without incurring additional personnel cost.
2. Continue to focus on outreach to isolated groups and communities.	• The TFRC continues to provide presentations to parents at Chatom Elementary School and Keyes Elementary. Targeted outlying areas for FY 16-17 include more community involvement in Keyes and outlying areas of Turlock. The Promotora program makes referrals to the TFRC and helps join families from the rural farming areas of Turlock with the TFRC.
3. Provide direct mental health services, rather than relying exclusively on referrals.	• The TFRC has been able to provide consistent on-site Mental Health services since December of 2015. The TFRC clinician has provided invaluable assistance to several parents in crisis with children 0-5. Additionally, our onsite clinician has been able to provide Social Work consultation and support with our DR clients. Additionally, several support groups provided families with stress management techniques and methods to cope with depression.
4. Continue to focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	• A welcome letter is used to help engage new DR parents. Family Liaisons use a warm, friendly approach and invite families to learn about our programs. During joint visits, family needs are initially assessed and a family liaison will bring a box of food, baby food or diapers to the second visit if that is one of their needs. Working more closely with CSA has contributed to an increase in joint visits. The TFRC invites all families to our events and invites them to community events as well. Getting the family connected is paramount to building resiliency and regular weekly check-ins serve to foster relationships and help families overcome barriers to engagement.

5. Continue to promote the involvement of fathers and male caregivers in the lives of young children.	• The TFRC has made a concerted effort to involve fathers and male caregivers in the lives of young children as shown by our Nurturing Parenting classes and Mommy, Daddy and Me. The TFRC conducted a Parents Day celebration engaging approximately 45 fathers. TFRC is currently involved in the Father Initiative with the Center for Human Services and plans to start a game and movie night at the Center to further encourage father involvement. • Parent Cafes also encourage male participation and are used in all of our classes.
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WESTSIDE	
2015-2016 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.	• 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 Regional FRC Network (Northern San Joaquin Valley Family Resource Center Network) will continue to help us advance our work and best practices, as well as connect us to larger, regional or national funding streams that support family strengthening work. • On Leveraging: The FRCs are building 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 our partnership on the Westside with Grainger Corporation. After learning about the work our Westside FRCs do directly with families, Grainger donated \$10,000 to help with food and nutritional support for the FRC and families. • 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.
2. Continue to focus on outreach to isolated groups and communities.	• The Westside Family Resource Centers conduct a variety of outreaching in the community in Spanish and English. FRC staff work together to reach isolated groups at community and special events. Part of the work that occurs to reach these groups involves the Community Promotoras. These volunteers are in both the Newman and Patterson communities to help reduce or eliminate the stigma of mental health in the Latino community, but also do a great

	deal of outreaching for the FRCs. The Community Promotoras go to isolated ranches, migrant camps, rivers and other communities that are located on the outskirts of the city boundaries. Community Promotoras refer families to the FRC and are very knowledgeable of the services that are provided. Promotoras know the communities extremely well and are able to engage the Latino community in their native language.
3. Provide direct mental health services, rather than relying exclusively on referrals.	The Westside Resource Centers currently have in-house mental health clinicians from the Center for Human Services, El Concilio and Leaps and Bounds. Mental health referrals are made to each of the agencies mentioned previously, but the actual counseling takes place at both the Patterson and Newman FRC. Families do not have to travel out of the Patterson or Newman community to receive services. Substance abuse counseling for adults or teens is also provided at the Patterson FRC for the Westside Community. This allows families on the Westside to travel a short distance to receive substance abuse counseling.
4. Continue to focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.	- The Westside Resource Centers are part of the Differential response program and participate in all mandated trainings and meetings. We are committed to collaborate with CSA and help reduce the recurrence of child abuse in the county by trying engage and serve as many DR families possible - One area of focus is connecting with social workers on providing joint visits for DR referrals. This fiscal year less than 5 joint visits were conducted with CPS social workers and FRC Family Advocates. The Westside FRC would like to have more involvement with the social workers to engage DR families in the services and resources that the FRC provides.
5. Continue to promote the involvement of fathers and male caregivers in the lives of young children.	The Westside FRCs have Father's Day event to celebrate the importance of a father figure in the lives of their children. This year the Westside FRC joined the Father Involvement Learning Network (FILN) along with other partner agencies, school districts, FRCs and county programs to begin building a network that will help bring more and new services to father around the County. With CHS as the lead for the Father Involvement Learning Network (FILN), we have been learning more about best practices for father engagement, and connecting some of our fathers to county-wide father involvement activities and events. Our work to support father involvement will continue next year, as the agency will continue to facilitate the network meetings and all our FRC sites will host the Bootcamp for New Dads program.

Planned Versus Actual Outputs / Outcomes

Family Resource Centers 16/17 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 (DR & Non-DR).																
65% children 0-5's caregivers who responded to a contact will receive an FDM assessment	8%	62 / 781	63%	123 / 196	87%	580 / 665	92%	277 / 301	82%	216 / 263	75%	183 / 243	51%	44 / 302	58%	1,584 / 2,730
FRC staff will provide a valid depression screening to caregivers of children 0 -5 who receive an FDM assessment (DR & Non-DR).																
80% of the children 0-5 whose caregivers receive an FDM assessed will have caregivers will receive depression screenings.	89%	55/62	98%	120 / 123	91%	527 / 580	99%	275 / 277	89%	192 / 216	81%	149 / 183	17%	24 / 143	85%	1,342 / 1,584
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	100%	31/31	100%	24/24	100%	13/13	95%	61/64	N/A	0/0	98%	129 / 132
80% of the children 0-5 whose caregivers receive INDIVIDUAL counseling will, according to their clinician, indicate improvement with presenting issues	100%	16/16	N/A	0/0	100%	18/18	100%	2/2	100%	16/16	95%	136 / 143	100%	6/6	97%	194 / 201

Family Resource Centers 16/17 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 the Ages & Stages Questionnaire (DR & Non-DR).																
65% of the children 0-5, whose caregivers receive an FDM assessment, will receive developmental screenings.	84%	52/62	72%	88 / 123	62%	357 / 580	75%	207 / 277	68%	147 / 216	72%	131 / 183	85%	/143	70%	1,103 / 1,584
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%	568 / 568	97%	64/66	95%	113 / 119	100%	198 / 198	100%	96/96	90%	321 / 356	100%	79/79	97%	1,439 / 1,482
97% of children 0-5 will be provided books	100%	568 / 568	100%	66/66	97%	116 / 119	95%	189 / 198	100%	96/96	100%	204 / 204	100%	79/79	99%	1, 470 / 1,482
75% of children 0-5 whose caregivers receive adult literacy services will self-report an increase in adult literacy skills	100%	568 / 568	98%	60/61	84%	242 / 284	100%	213 / 213	100%	16/16	100%	51/51	100%	94/94	96%	1,244 / 1,290
FRC Staff will assist families in obtaining health insurance and with the enrollment of children 0-5 into a health insurance program within 90 days of first time contact or assessment.																
92% of the children 0-5 who did not have health insurance at the time of first contact will be enrolled in a health insurance program within 120 days of first contact	100%	27/27	N/A	0/0	100%	1/1	N/A	0/0	N/A	0/0	100%	13/13	100%	15/15	100%	56/56

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:

- Continue to focus on engagement of referred clients, particularly differential response clients from the Community Services Agency.
- Continue to promote the involvement of fathers and male caregivers in the lives of young children.

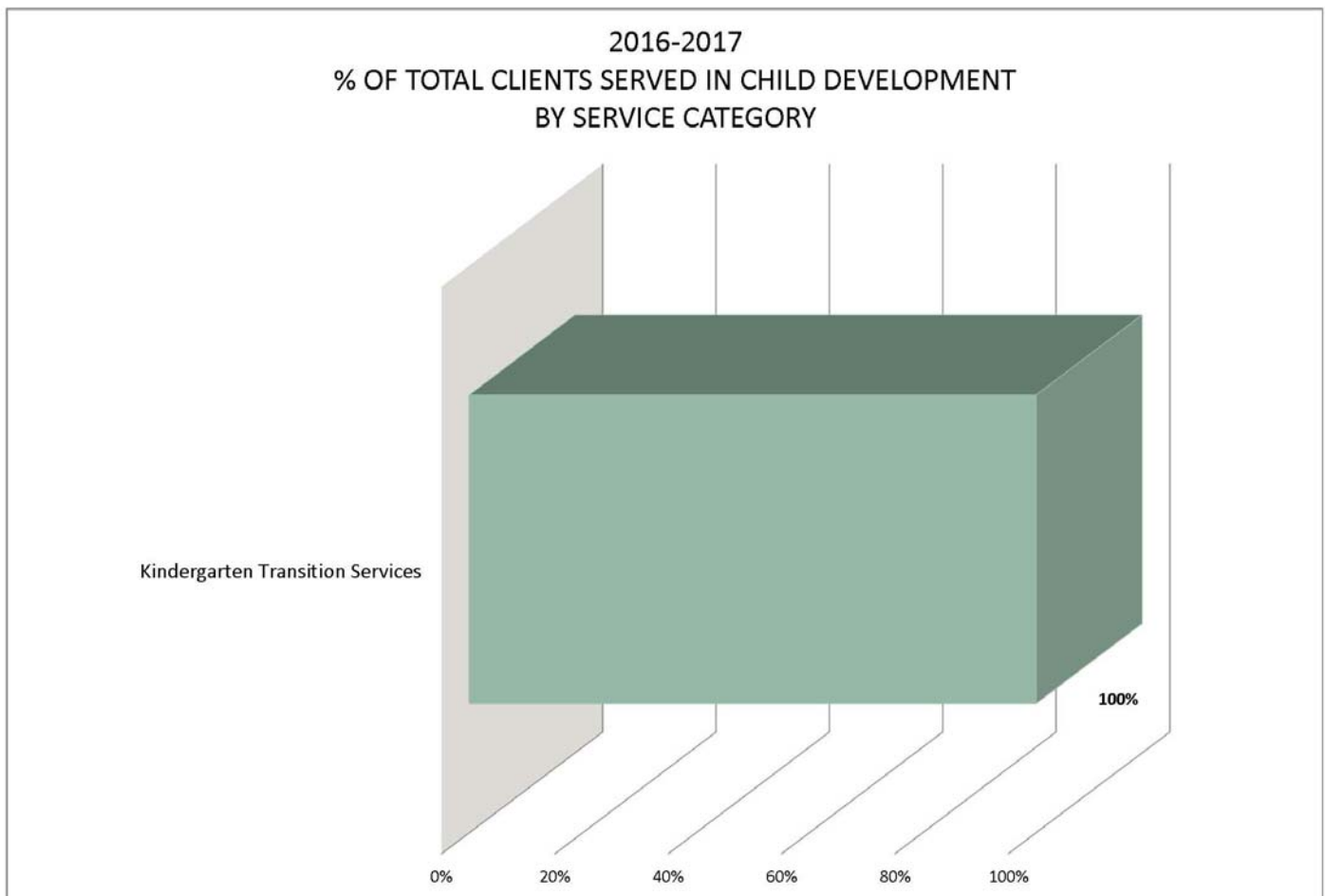
Result Area 2: Improved Child Development

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 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. The Commission strategy is to fund programs that are working towards the two strategic plan objectives for this result area.

The Kindergarten Readiness programs are categorized under Improved Child Development and comprise less than 1% of the 2016-2017 budget. An additional program, Early Providers Conference is reported to the State under this result area, but is not reflected here in this Local Evaluation Report as it has been evaluated by a separate process.

Finances – Improved Child Development	
FY '16-'17 Total Awards	FY '16-'17 Expended
\$40,000	\$19,350 (48% of budget)



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 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 families’ ability to get their children ready for school
- Increase the number of children who are cognitively, and socially-behaviorally ready to enter school

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:

- **Kindergarten Transition Services**

Programs of all types (classes, home visits, summer bridge programs) that are designed to support the kindergarten transition for children and families.

The services are offered mainly by teachers and early learning providers, as well as mental health clinicians. A variety of strategies are used to provide the services, including school based group classes and individual services, community based classes and services, countywide mental/behavioral health services to support early learning environments, and countywide support for child care providers.

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
• 120 children 0-5 received services that focused on improved child development		
• All services in this result area were provided in both English and Spanish		
Kindergarten Readiness Results • 57% of parents feel comfortable navigating the school system • 43% of parents spend more than 20 minutes a day just talking to their child • 75% of parents have increased knowledge on how they can help their child do well in school		

Result Area 2: Improved Child Development

Program	Amount Expended in '16-'17 (% of '16-'17 allocation)	Total # Children 0-5 Served	Cost per Child 0-5	Total Award To-Date (7/1/2012-6/30/2017)	Cumulative Amount Expended (7/1/2012-6/30/2017)	% of Cumulative Amount Expended
Kindergarten Readiness Program	\$ 19,350 (48%)	120	\$ 161	\$ 200,000	\$ 157,136	79%
TOTAL	\$ 19,350 (48%)	120	\$ 161	\$ 200,000	\$ 157,136	79%

Kindergarten Readiness Program

Agencies: The School Districts of Keyes Union and Riverbank Unified
Current Contract End Date: June 30, 2017

Program Description

The Kindergarten Readiness Program (KRP) was one of the research-based strategies from the Core Four Early Foundations (Core 4) program that was linked to children's success in school. Prior to '12-'13, KRP activities and three other strategies (Pre-Literacy Activities, Interactive Parent-Training Activities, and Screening Children for Behavior Problems) were funded through Core 4. Funding for all strategies except KRP ended on June 30, 2012. The Kindergarten Readiness Program was the only strategy of the four continued and funded starting in '12-'13.

The KRP currently operates in 2 school districts:

- Keyes Union School District – Keyes Elementary School (\$10,000 – 40 students)
- Riverbank Unified School District – California Avenue and Mesa Verde Elementary (\$20,000 – 80 students)

The KRP is designed to introduce children to classroom routines and expectations for classroom behavior; engage children in daily activities that promote self-help skills and healthy habits; encourage daily use of oral language skills in the classroom; and promote participation in activities that build fine and gross motor skills. Parents are also encouraged to observe or assist in classes during the final week of camp and encouraged to visit a branch of the Stanislaus County Library to obtain library cards.

Finances			
Total Award July 1, 2012– June 30, 2017	FY '16-'17 Award	FY '16-'17 Expended	Cumulative Amount Expended
\$ 200,000	\$40,000	\$19,350 (48% of budget)	\$157,136 (79% of budget)

Cost per Child 0-5 (120) = \$161

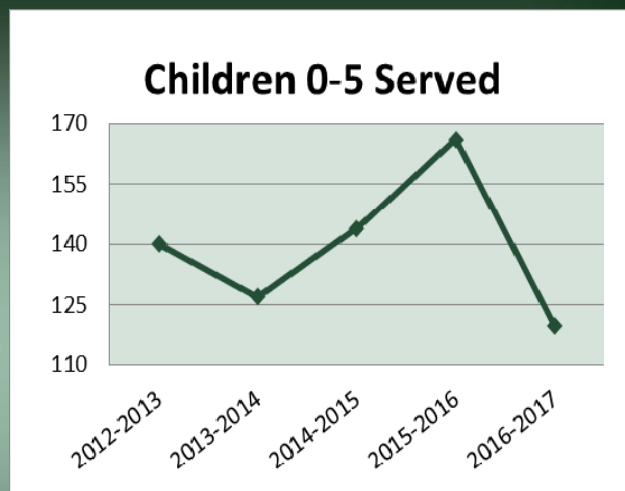
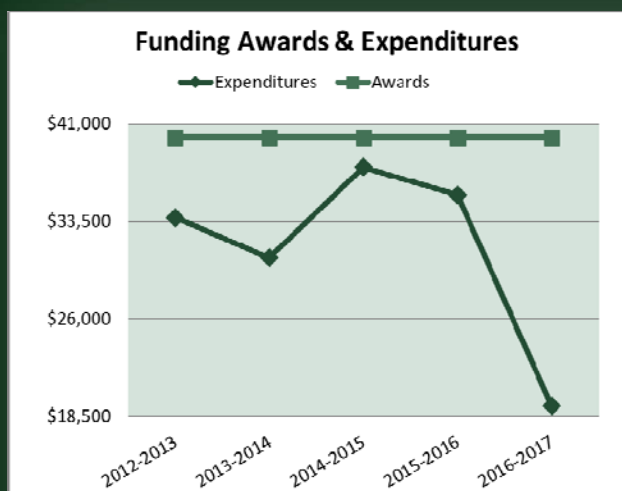
PARTICIPANT TYPE		% SERVED
Children		38%
100% 3-5		
Parents/Guardians		62%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	39%
White	5%
Black/African American	-
Asian	4%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	1%
Other	-
Unknown	50%*

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	21%
Spanish	25%
Hmong	-
Other	4%
Unknown	50%*

*High unknown percentage for race/ethnicity and language is due to Riverbank not collecting demographic data for parents/guardians.

Funding Awards, Expenditures, and Children 0-5 Served Comparison by Fiscal Year



The decrease in number of children served in '16-'17 is due to Patterson Unified declining to participate in the Commission's KRP program in '16-'17. In addition, Patterson Unified's decision to not participate resulted in a significant decrease in expenditures in '16-'17.

Program Highlights

- Operating characteristics of the Kindergarten Readiness Program include:
 - ✓ A four week Kindergarten transition camp is operated in the month of June at each school site.
 - ✓ Classes are staffed by at least one credentialed person and an aide (no more than 20 children per classroom).
 - ✓ Intensive instruction is given to children lacking basic Kindergarten skills. Parents are also provided with tools and strategies to address gaps during home instruction.
 - ✓ Two meetings are held for parents to learn about school expectations and the role that parents play in their children's education.
 - ✓ Visits to the school or public library are conducted for children. Parents learn how to use the library.
 - ✓ All KRP sites employ bilingual staff and materials are in both English and Spanish. In addition, each site is designed to meet the cultural needs of that particular community.
- The majority of students served in the KRP program are Hispanic, English-language learners, and socioeconomically disadvantaged. Most have had limited social experiences beyond immediate family and few have any experience in a structured, formalized educational setting.
- With attendance in the Transitional Kindergarten Program rising each year, Kindergarten Readiness Programs have revised their curriculum so there is more of a learning distinction between Kindergarten Readiness and Transitional Kindergarten.
- Leveraging: Kindergarten Readiness Programs reported receiving in-kind contributions from their Districts. Riverbank School District leveraged a total of \$16,562 in cash and in-kind contributions from the District.
- Cultural Competency: Program teachers speak English and Spanish. Parent education classes are conducted both languages and class materials for parents were in English and Spanish.

- **Collaboration:** Programs collaborate with family resource centers and public libraries in their area, Sierra Vista, Behavioral Health and Recovery Services, Healthy Start, Stanislaus County Office Healthy Services Agency, CHDP, Migrant Education, Head Start, local health clinics, and their local school district.
- **Sustainability:** Key champions for the programs include school administrators, pre-K centers, PTA's, parents, and social services agencies.

Program Challenges & Recommendations

The same recommendations were made to each of the KRP sites. The responses of the sites are listed below.

KEYES	
2015-2016 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.	• Keyes Kindergarten Readiness Program will continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue. The program will build on sustainability by continuing to increase community support through our target audience which is the families, teachers and community in the Keyes Union School district. We will continue to work with our Key Champions and Strategic Partnerships to build upon the program foundation. We are planning to continue collaborating with community resources such as the Keyes Public Library, Sierra Vista, and the Keyes Union School District as well as searching for new community resources that we may collaborate.
2. Focus on parent education to improve parent involvement outcomes.	• Keyes Kindergarten Readiness Program offered three parenting classes this year. Two of the classes were provided at the Keyes Preschool and Keyes Head Start. The topic was Kindergarten Readiness. Another class was offered at Keyes Elementary School. This class introduced the school staff and the district-wide initiative: The Leader in Me Program. Parents were also invited to a class at the Keyes Public Library to learn about library resources. Parents were invited to observe the Kindergarten Readiness Program. 20 parents observed and/or volunteered during the program.

RIVERBANK	
2015-2016 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.	• Riverbank Unified School District (RUSD) and CASA del Rio have a planning team that helps coordinate the Kinder Camp program. The success of the program is due to the collaborative work effort between staff,

	kindergarten teachers, administrators, parents and the community. • Program decisions are made at district and/or site level depending on the complexity of the item. • The program will continue to remain in operation as long as Prop 10 funds are available. In the event that the funds were no longer available, the RUSD School Board will strive to identify resources to maintain the program.
2. Focus on parent education to improve parent involvement outcomes.	• Parent education is an important component of our Kinder Camp program. We focus on preparing our students for kinder as well as enhancing parents parenting skills, and school engagement. Parenting classes, material, and linkage & support are available to parents during and outside of the program term. • RUSD families seek the services we provide at CASA, allowing us to build an engaged parent community.

Planned Versus Actual Outputs / Outcomes

OUTPUTS / OUTCOMES	Keyes		Riverbank		Total	
	Planned	Actual	Planned	Actual	Planned	Actual
Children served in the Kindergarten Readiness Program	40	40 (100%)	80	80 (100%)	120	120 (100%)
Parents will indicate that they feel comfortable navigating the school system	50%	50% (20/40)	50%	60% (48/80)	50%	57% (107/120)
Parents will indicate that they spend more than 20 minutes a day just talking with their child	50%	28% (11/40)	50%	51% (41/80)	50%	43% (52/120)
Parents will indicate an increase in knowledge on how they can help their child do well in school	50%	43% (17/40)	50%	91% (73/80)	50%	75% (90/120)
Children served will finish the Kindergarten Readiness Program	85%	98% (39/40)	85%	90% (72/80)	85%	93% (111/120)
Children served will show improvement (based on a pre/post evaluations)	No planned outcome	95% (38/40)	No planned outcome	98% (78/80)	No planned outcome	97% (116/120)

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 that the sites:

- Focus on familiarizing caregiver with the school system so they feel comfortable navigating the school system.
- Focus on educating caregivers on the importance of reading and talking with their child so they spend at least 20 minutes a day talking with their child.

Result Area 3: Improved Health

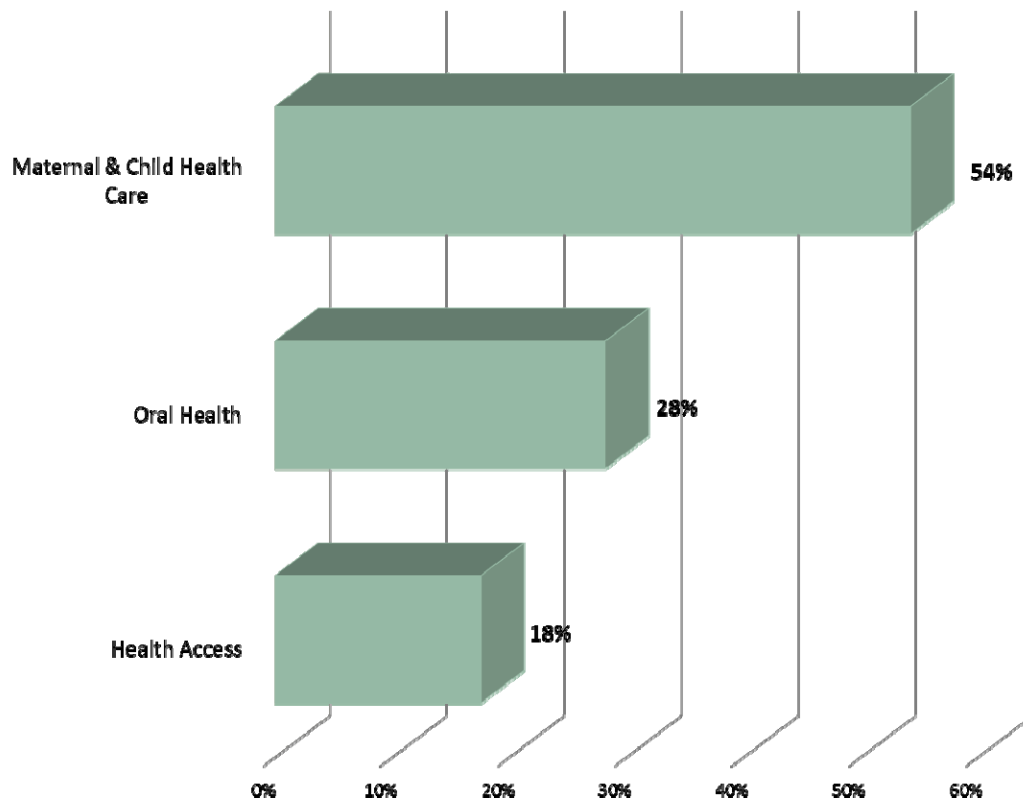
Description

Children who are born healthy and stay healthy is the goal of the Improved Health Result Area. In order to work towards this goal, this result area's programs include those that increase access to, and provide healthcare and health education for pregnant women, children 0-5, and their families. The Commission strategy is to fund programs that are working towards the four objectives for this result area.

Three Prop 10 funded programs are categorized under Improved Health, representing 20% of the 2016-2017 budget. Although this Result Area remained the same percentage of the budget in recent years, there are on-going efficiencies and cost savings with the Healthy Cubs program that continue to contribute to a reduction of appropriations in this result area.

Finances – Improved Health	
FY '16-'17 Total Awards	FY '16-'17 Expended
\$1,419,160	\$1,380,959 (97% of budget)

2016-2017 % OF TOTAL CLIENTS SERVED IN CHILD HEALTH BY SERVICE CATEGORY



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. Although the allocation of budget in this area has decreased over time, services are more efficient and effective and outcomes are even stronger in some areas. During the strategic planning process, the Commission confirmed the need for effective services in this Result Area after reviewing countywide statistics regarding the lack of health insurance, barriers to healthcare, and infant mortality rates.

The funding that is allocated to this Result Area 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. The programs contribute to this population result by providing a spectrum of services ranging from intensive one-to-one services to countywide campaigns. Although programs categorized in other result areas also contribute to the Strategic Plan goal and objectives below, the programs categorized in this Result Area 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 number of healthy births resulting from high-risk pregnancies*
- *Increase community awareness and response to child health and safety issues*
- *Increase/maintain enrollments in health insurance products*
- *Maintain access and maximize utilization of children's preventive and ongoing health care*

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":

- ***Health Access***

Programs are designed to increase access to health / dental / vision insurance coverage and connection to services: health insurance enrollment and retention assistance, programs that ensure use of a health home, and investments in local "Children's Health Initiative" partnerships. Some providers participate in Medi-Cal Administrative Activities to generate reimbursements.

- ***Oral health***

Programs provide an array of services that can include dental screening, assessment, cleaning and preventive care, treatment, fluoride varnish, and parent education on the importance of oral health care. Services may include provider training and care coordination of services.

- ***Maternal and child health care***

Programs are designed to improve the health and well-being of women to achieve healthy pregnancies and improve their child's life course. Voluntary strategies may include prenatal care / education to promote healthy pregnancies, breastfeeding assistance to ensure that the experience is positive, screening for maternal depression, and home visitation to promote and monitor the development of children from prenatal to 2 years of age. Some providers participate in Medi-Cal Administrative Activities to generate reimbursements.

- ***Safety education and injury prevention***

Programs disseminate information about child passenger and car safety, safe sleep, fire safety, water safety, home safety (childproofing), and the dangers of shaking babies. Includes education on when and how to dial 911, domestic violence prevention and intentional injury prevention. Referrals to community resources that specifically focus on these issues may also be included.

The services are offered by a variety of providers, including public health nurses, FRC family service providers, doctors, and dentists. 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?
• 1,716 children 0-5 received services that focused on improved health • 566 pregnant women received prenatal care • 399 women (who were pregnant for the first time) participated in pregnancy support groups • 951 home visits were made to at-risk pregnant women • 185 applications for interim medical services for pregnant women and children 0-5 were completed and processed • Caregivers of 772` children participated in health, nutrition, or safety programs		
A Greater Number of Children Now Have Health Insurance • 81 children 0-5 who did not have health insurance are now enrolled in a health coverage plan More Pregnant Women and Children are Receiving Health Care • 237 pregnant women and children 0-5 who did not have access to health care received medical attention either through interim health care or mobile health care Children are Receiving Oral Health Care • 600 children 0-5 received fluoride varnish • 21 children 0-5 received an oral health screening Children and Parents Have Knowledge and Tools for Better Oral Health • 490 children received oral health instructions, educational materials, and toothbrushes and demonstrated brushing techniques • 183 parents received oral health instructions, educational materials, and toothbrushes Infants are Being Born Healthy • 84% of the infants born to participants in a healthy birth program (163/195) were born term • 84% of the infants born to participants in a healthy birth program (164/195) were born with a healthy weight (between 5 lbs. 5 oz. and 8 lbs. 13 oz.) • 92% of the mothers in a healthy birth program (180/195) initiated breastfeeding Pregnant Women in a Healthy Birth Program Have Increased Knowledge and Make Positive Health Decisions for Themselves and Babies • 98% of the infants (106/108) were up-to-date on immunizations at one year and 100% had health insurance (108/108) • 91% of participants (1,716/1,882 - duplicated) report making positive changes based on health, nutrition, and safety classes • 100% of case managed families (28/28) reported making positive changes for themselves or children		

Result Area 3: Improved Health						
Program	Amount Expended in '16-'17 (% of '15-'16 allocation)	Total # Children 0-5 Served (or served through family members)	Cost per Child 0-5	Total Award To-Date (7/1/2007-6/30/2017)	Cumulative Amount Expended (7/1/2007-6/30/2017)	% of Cumulative Amount Expended
Dental Disease Prevention Education (HSA)	\$ 30,000 (100%)	600	\$ 50	\$ 160,000	\$ 119,488	75%
Healthy Birth Outcomes	\$ 1,322,218 (99%)	924	\$ 1,431	\$ 17,727,516	\$ 16,623,267	94%
Healthy Cubs	\$ 28,741 (57%)	192	\$ 150	\$ 12,260,528	\$ 6,033,217	49%
TOTAL	\$ 1,380,959 (97%)	1,716	\$ 805	\$ 30,148,044	\$ 22,775,972	76%

Dental Disease Prevention Education

Agency: Health Services Agency
Current Contract End Date: June 30, 2017

Program Description

HSA's Dental Disease Prevention Education Program is part of the Oral Health Program for targeted children, parents and staff of Family Resource Centers, Healthy Starts, and school sites. This program is comprised of three components: 1) providing comprehensive dental disease prevention education to children, parents, and community based organization (CBO) employees; 2) providing oral health screenings and applying fluoride varnish to children 0-5; 3) assisting with the establishment of dental/medical homes for children 0-5; 4) coordinating the applications of fluoride varnish at clinics.

The Health Services Agency facilitates the health education sessions for the sites. The health education sessions address the following:

Children –The causes, processes, and effects of oral disease; plaque control (how to brush correctly, etc.); nutrition; and preparation for visiting the dentist. Children receiving fluoride application receive a dental supply bag with: toothbrush, tooth cover, toothpaste, timer, dental floss and stickers.

Parents – The causes, process, and effects of oral disease; plaque control; nutrition; use of preventive dental agents, including fluoride; the need for regular dental care and preparation for visiting the dentist; tobacco cessation; and dental injury prevention. Each family also receives a toothbrush, and educational pamphlets.

Staff – A brief oral health in-service is provided regarding the importance of good oral health. Training is also provided on staff's role during parent and children sessions. Each site also receives a "Ready, Set, Brush" book and educational materials to reinforce the educational sessions.

Finances			
Total Award October 27, 2009 – June 30, 2017	FY '16-'17 Award	FY '16-'17 Expended	Cumulative Amount Expended
\$160,000	\$30,000	\$ 30,000 (100% of budget)	\$119,488 (75% of budget)

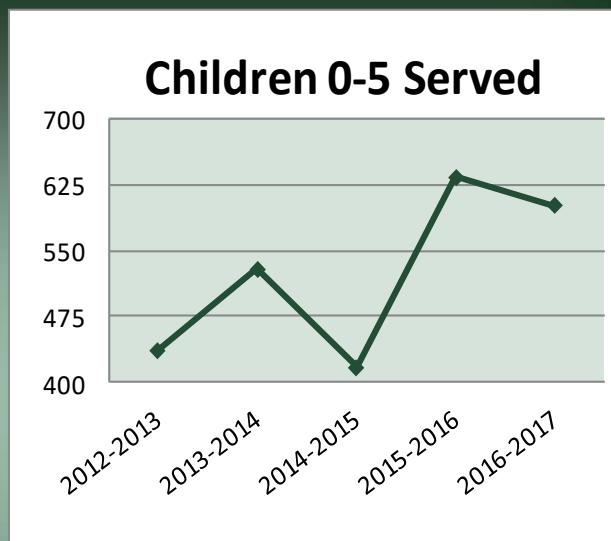
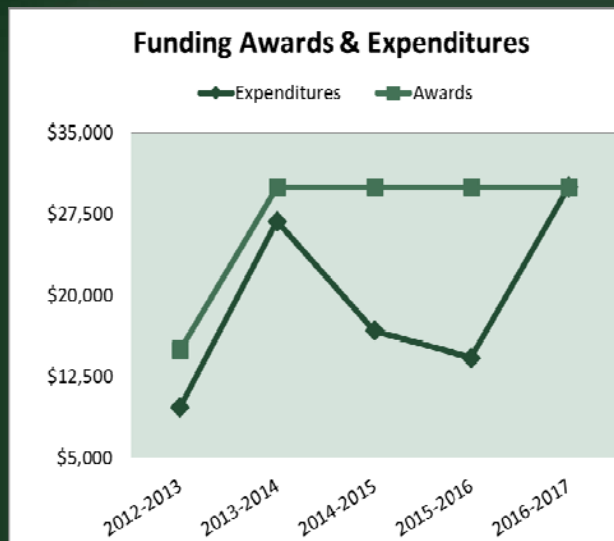
FY '16-'17 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Indirect Costs	Indirect Cost Rate	Cost Per Child 0-5 (600)
\$26,153	\$1,510	\$2,337	10%	\$50

PARTICIPANT TYPE	% SERVED
Children	63%
30% <3; 70% 3-5	
Parents/Guardians	36%
Other Family	1%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	79%
White	7%
Black/African American	5%
Asian	2%
Alaska Native/American Indian	1%
Pacific Islander	-
Multiracial	2%
Other	4%
Unknown	-

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	15%
Spanish	77%
Hmong	1%
Other	7%
Unknown	-

Funding Awards, Expenditures, and Children 0-5 Served Comparison by Fiscal Year



In '12-'13, Golden Valley Health Care Centers were unable (due to reduced funding) to host planned dental outreach activities. Being unable to use the activities to bring in participants, participation in the Dental Disease Prevention/Education Program fell off sharply in '12-'13. A slight increase in participants served was reported in '13-'14 when the program began offering varnish applications. In '15-'16 the program hired an additional staff person to increase the program's capacity to serve clients. The program expended 100% of its award after struggling to expend its full award since '14-'15 and '15-'16.

Program Highlights

- The program is comprised of four components:
 - 1) Providing comprehensive dental disease prevention education to children, parents, and CBO employees
 - 2) Providing oral health screenings and applying fluoride varnish to children 0-5
 - 3) Assisting with the establishment of dental/medical homes for children 0-5
 - 4) Coordinating the applications of fluoride varnish at clinics
- 61 staff members from Kindergarten Readiness sites, Healthy Starts, and Family Resource Centers received an oral health in-service. Handouts, posters and educational materials were provided.
- 490 children/students from the Kindergarten Readiness sites, Healthy Starts, and Family Resource Centers received an instructional session on oral health. Educational materials and toothbrushes were provided.
- 345 parents from all sites received oral health education and resources (including a list of local dental care providers). Additionally, parents received toothbrushes.
- 600 children 0-5 received fluoride varnish applications and a dental supply bag with: toothbrush, tooth cover, toothpaste, timer, dental floss and stickers.
- All 23 Kindergarten Readiness, Healthy Start, and Family Resource Center sites were offered the opportunity to hold children's dental education sessions and fluoride varnish clinics. Only 20 sites accepted the offer. Participation was reduced due to a lack of interest on the part of the sites or no time or space was available to offer educational sessions or clinics.

- Baby bottle tooth decay continues to be an issue. The majority of children who received a fluoride varnish had visible decay and or fillings on their primary teeth.
- Leveraging: The program reported no leveraging of funds from any source.
- Cultural Competency: The program is taught in both English and Spanish using multiple learning modalities including: auditory, written and visual aids. All educational materials and handouts are offered in both English and Spanish. Additionally, the health educator is fluent in both English and Spanish. The program developed and utilizes a feedback survey in both English and Spanish.
- Collaboration: Program staff collaborates with child health services/programs within the Health Services Agency such as Child Health Disability Prevention (CHDP), Women Infants and Children (WIC), Maternal Child Adolescent Health (MCAH) and Healthy Birth Outcomes (HBO). The program also collaborates and coordinates with Kindergarten Readiness Program sites, Healthy Starts, and Family Resource Centers. The program also partnered with Stanislaus READS! to offer fluoride varnish clinics and dental education session to Stanislaus READS! 8 pilot schools.
- Sustainability: Key champions identified by the program include: Public Health Services, Family Resource Centers, school sites, and Healthy Starts. Strategic partnerships identified by the program include: WIC, CHDP, Community Health Services, Family Resource Centers, school sites, Healthy Starts and Maternal Child and Adolescent Health.

Prior Year Recommendations

2015-2016 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.	• HSA will continue to work to achieve the Commission's priorities of sustaining, leveraging, and collaborating to ensure services continue after the Commission's financial support end. This year HSA investigated applying for the Dental Transformation Initiative Grant offer through the Department of Health Care Services (DHCS); however, HSA did not meet the eligibility requirements for application. HSA will continue to apply for additional funding as opportunities arise.
2. Research the possibility of obtaining Medi-Cal reimbursement for varnish applications.	• Due to substantial changes in Medi-Cal eligibility for children this year (i.e. expansion to include the undocumented), this activity was put on hold; HSA staff will continue to explore this possibility in FY 16/17.
3. Consider expanding services and prevention efforts to other sites (like WIC or Stanislaus READS! pilot schools).	• The Dental Disease Prevention Program has expanded to WIC, Children's Crisis Center, and First Step. Services will continue to be provided to these agencies in FY 16/17.
4. Develop strategies to increase the number of Kindergarten Readiness, Healthy Start, and FRC sites holding children's dental education sessions and fluoride varnish clinics.	• HSA staff plans to contact FRC and Healthy Starts sites earlier in the year for FY 16-17 to more easily secure a date for the education presentation and fluoride clinics.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
OUTPUTS / OUTCOMES		
Targeted Kindergarten Readiness, Healthy Start, and FRC sites receive oral health in-service	23	23 (61 staff)
Targeted Kindergarten Readiness, Healthy Start, and FRC sites receive oral health instructional visits for students	23	20 (490 students)
Targeted Kindergarten Readiness, Healthy Start, and FRC sites receive oral health instructional visits for parents	23	20 (345 parents)
Targeted Kindergarten Readiness, Healthy Start, and FRC sites receive fluoride varnish application for students	23	20 (600 students)
Children receive an oral health screenings	No planned outcome	21
Dental Disease Prevention staff provide dental health education at health fairs and other community events	No planned outcome	640 people

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 that the program:

- Work with partners to develop strategies to increase the number of Kindergarten Readiness, Healthy Start, and FRC staff receiving oral health education in-services.
- Begin tracking how Kindergarten Readiness, Healthy Start, and FRC staff receiving oral health education in-services use the information they received to educate their clients.

Healthy Birth Outcomes (HBO)

Agency: Health Services Agency
Current Contract End Date: June 30, 2017

Program Description

HBO focuses on improving maternal and infant health through education and support. Public Health staff and ten community partners together 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, intensive case management services, and outreach. Women and teens who are pregnant and would like extra support can attend one of 10 support groups that are located throughout the county where they receive advocacy, peer and professional support, and education. They can continue to attend these groups 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.

Women who are less than 28 weeks pregnant and are at highest risk due to medical issues, behavioral health, domestic violence, or other psycho-social stressors impacting their pregnancies, can receive intensive case management services by a multidisciplinary team of public health nurses, community health workers, and a social worker. Referrals for case management services can come from any entity who feels the pregnant woman could benefit from additional help to deliver a healthy infant.

Outreach to locate and provide information on services available to pregnant women is conducted by both the collaborative partners and 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. In addition, HSA staff provides health education classes to participants at substance abuse treatment programs within First Step and Drug Court.

Finances			
Total Award September 1, 2003 – June 30, 2017	FY '16-'17 Award	FY '16-'17 Expended	Cumulative Amount Expended
\$17,727,516	\$1,339,160	\$1,322,218 (99% of budget)	\$16,623,267 (94% of budget)

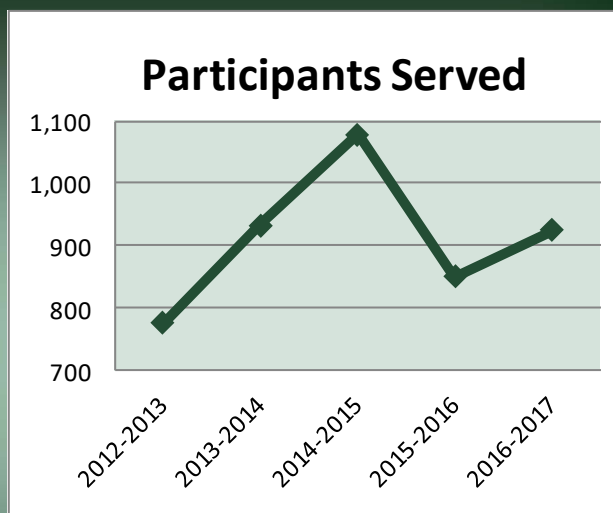
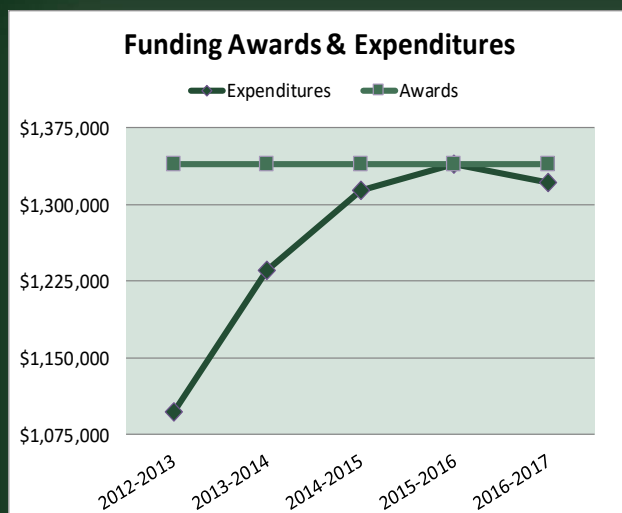
FY '16-'17 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Community Partners	Indirect Cost Rate	Total Cost Per Participant
\$675,379	\$52,476	\$526,825	10% of personnel	\$1,431 (924)

PARTICIPANT TYPE	% SERVED
Children	50%
100% <3	
Parents/Guardians	49%
Other Family	1%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	79%
White	11%
Black/African American	2%
Asian	1%
Alaska Native/American Indian	-
Pacific Islander	-
Multiracial	1%
Other	1%
Unknown	5%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	41%
Spanish	56%
Hmong	-
Other	1%
Unknown	2%

Funding Awards, Expenditures, and Participants Served Comparison by Fiscal Year



The program has steadily been increasing its expenditure to award ratio. In '13/'14 and '14/'15, the program reported an increase in participants served due to increased outreach. In '15/'16 the numbers served decreased due to participation decreases at each of the ten program sites, particularly Newman and North Modesto.

Program Highlights

- The program uses a multidisciplinary team approach, where public health nurses lead the case management team of community health workers and social workers in providing intensive services to high risk mothers. The program continues to struggle staff absences due to medical leave. However, staff from other programs help teach community HBO classes when needed.
- Overall, HBO program participants have babies that are being born on time, at healthy weights. 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.
- 471 support sessions were held at ten community sites and 347 new pregnant women joined the program. 93% of mothers who completed satisfaction surveys stated that the groups met their needs.
- The Newman, North Modesto, Turlock and Hughson sites struggled to enroll a minimum of 40 pregnant women during the year (Newman – 30, North Modesto – 23, Turlock – 32 and Hughson - 32). North Modesto has been encouraged to increase their outreach to the community. The site also struggled with staffing vacancies. Newman struggles due to the limited population of pregnant women and staff medical leaves at the site. Both the Turlock and Hughson sites expressed difficulty enrolling women into their programs due to fear in the community related to immigration status.
- The HBO home visiting program has continue to see an increase in referrals from California Forensic Medical Group (CFMG), the agency contracted with the jail to provide medical services. Most of the women referred have limited resources, at high risk for substance use or psycho/social challenges. However about 40% of these cases are lost to care upon the woman's release.
- A concerning trend in the County is the rising rate of Congenital Syphilis. The program has had several referrals for women positive for syphilis. The treatment regime for a pregnant woman requires her to return to the clinic every 7 days for 3 weeks. The treatment is very rigid and she is not allowed to miss the scheduled appointment or she must restart her treatment. This makes it very difficult for HBO clients.

- More than 73% of new pregnant mothers joining the ten HBO pregnancy support groups were in their first or second trimester on entry. Women are joining groups earlier in their pregnancies, which gives these mothers more time to learn self-care and receive support during the prenatal period, thereby improving their odds of having healthy babies.
- More than 70% of participants indicated an increase in knowledge resulting from attending health education classes and 91% reported making changes in how they cared for themselves or their children as a result of information they gained in their HBO class.
- The Persimmony data base implemented in 2015-2016 has been an operating challenge for staff. A back-up for the operator was trained in 2016-2017.
- Leveraging: In 2015-2016, the HBO program drew down \$321,939 in Federal matching funds.
- Cultural Competency: Classes are presented in English and Spanish, and the community component has Spanish speakers available for class presentations. Interpreters from the HSA volunteer program and HSA staff assist case management staff when they conduct home visits with Spanish speaking clients. Program materials are in Spanish and English, the two main languages used by program participants. Most recently, the program reached out to the Afghani refugee population.
- Collaboration: HBO continues to collaborate with Stanislaus County Community Services Agency (CSA) on the Shaken Baby prevention outreach. HBO covered the dangers and consequences of shaking a baby at HBO support groups as well as collecting data for CSA. HBO has increased collaboration with the HSA HIV/STD program this past year, specifically focusing on Congenital Syphilis. HBO case managers conducted more intensive outreach to women with infections and assisted them in accessing treatment.
- Sustainability: Key Champions for the program include the MCAH Advisory Board, Stanislaus Health Foundation, and the family resource centers. Strategic partnerships have been established with WIC, SCOE, March of Dimes, and the Child Lead Poisoning Prevention Program. The program has worked with FRC's to continue to leverage Commission funds and draw down Federal Funds to support ongoing activities. This work will continue in the upcoming FY. The case management portion of HBO continues to utilize Commission funding to bring in Federal funding to support programs.

Prior Year Recommendations

2015-2016 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.	• CHS/HBO will continue to utilize Targeted Case Management (TCM) to match Commission funds and leverage federal draw down when providing case management services to high risk pregnant women and their families. This includes meeting required documentation, time study, and program requirements. (For more information on leveraging please refer to the 2016-2017 HBO annual report.) • Center for Human Services participates in the MAA program at all of their Family Resource Centers with HBO contracts to leverage Commission funding in drawing down additional Federal funding.
2. Continue to work with FRC's to maximize Medi-Cal Administrative Activities (MAA) funding	• Currently, Center for Human Services participates in MAA at 4 of their FRC sites (Ceres, Oakdale, Patterson, and Newman). • No new contracts have been signed. Sierra Vista Child & Family Services and Parent Resource Center are still receptive and we will continue to work with them in 17/18 FY to facilitate their use of MAA.

3. Increase the number of expectant mothers who give up smoking and substance abuse during their pregnancy.	• Clients are encouraged to enter into or continue treatment programs for substance abuse and smoking cessation programs. Case managers received smoking cessation training to increase tools and knowledge in assisting mothers in quitting smoking.
4. Train an employee to serve as a back-up operator for the Persimmony data base.	• A matrix was created to identify the location of data needed to complete the SCOARRS report. • A staff Services Analyst was hired this past year to work on Persimmony. He is able to run reports as needed on the Persimmony data base.

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
Participants rate the support groups as having met their needs	85%	98% (239/243)
Women receiving case management services recommend the service to others	85%	100% (28/28)
Participants demonstrate an increase in knowledge after attending classes promoting health, nutrition, and safety	70%	73% (1,369/1,882) (not a unique participant count)
Participants report having made changes based on what they learned in classes	60%	91% (1,716/1,882) (not a unique participant count)
Case managed clients report having made self-care behavior changes for themselves and/or children based on case management services	60%	100% (28/28)
Clients score 36 or greater on Caldwell HOME score (measurement of adequate environment for learning, implementing parental interventions, and change)	70%	92% (11/12)
Clients score 55 or greater on NCAST FEED (measurement of reciprocal behaviors between a mother and her child during the first 12 months)	70%	100% (9/9)
Clients score 50 or greater on the NCAST TEACH (measurement of caregiver-child interactions and communication)	70%	100% (8/8)
Participants deliver term infants	90%	84% (163/195)
Participants deliver infants weighing at least 5 lbs. 5 oz. and no more than 8 lbs. 13 oz.	90%	84% (164/195)
Participants initiate breastfeeding	50%	92% (180/195)

Participants breastfeed for at least 6 months	30%	71% (190/266)
Infants at one year of age have up-to-date immunizations	85%	98% (106/108)
Infants at one year of age have health insurance	85%	100% (108/108)
Clients admitting to substance use initiate treatment program	40%	38% (5/13)
Case managed women discontinue smoking during pregnancy	25%	45% (5/11)
Case managed clients who indicate a need for mental health services are referred	90%	81% (22/27)
Case managed clients who self-report behavioral health issues at time of intake receive referrals to mental health services	90%	75% (15/20)
Perinatal providers are reached to increase awareness of services available to pregnant/parenting women	20	20

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 that the program:

- Work with FRC site to retain FRC HBO facilitators and cross train FRC staff to serve as a backup HBO facilitator if need arises.
- Work with FRC staff to ensure proper tracking and notification to HSA when a FRC HBO participant gives birth.
- Ensure all HSA HBO staff receives NCAST training.

Healthy Cubs

Agency: Health Services Agency
Current Contract End Date: June 30, 2017

Program Description

Healthy Cubs provides primary care access for uninsured residents of Stanislaus County, targeting children ages 0 – 5 and pregnant women living in families with incomes at or below 300% of the Federal Poverty Guideline (FPG). This population may not currently be eligible for government sponsored programs or coverage for specific health care services, but for many of the beneficiaries, the program is a temporary medical home while they await eligibility for other health coverage such as Medi-Cal, Healthy Families, and Kaiser Kids.

Services offered to children and pregnant women enrolled through Healthy Cubs include primary medical care, ambulatory specialty care, pharmaceuticals, laboratory services, x-rays, obstetrical care, pharmacy services, dental care, and rehabilitation services such as physical therapy. Participants may receive services at the HSA medical clinic and pharmacy, Golden Valley Health Center locations within Stanislaus County, Oakdale Community Health Center, or Oakdale Women's Health. Dental care is offered at various locations throughout Stanislaus County.

With the implementation of Health Care Reform, many beneficiaries are now able to obtain other health coverage at low or no cost. As a result, the majority of the remaining Healthy Cubs Program beneficiaries are those that are not able to obtain other health coverage due to their residency status or present at the various clinical locations with no insurance and require an immediate medical need. The availability of funding made possible through the Commission enables this program to provide these very necessary medical and dental services to this uninsured or underinsured population which in turn benefits the entire community. However, the need for Healthy Cubs Program benefits has continued to decline in recent years and as of May 1, 2016, Medi-Cal expanded coverage to include undocumented residents under 19 years through SB 75. The remaining program beneficiaries are pregnant women.

Finances			
Total Award October 1, 2002 – June 30, 2017	FY '16-'17 Award	FY '16-'17 Expended	Cumulative Amount Expended
\$12,260,528	\$50,000	\$28,741 (57% of budget)	\$6,033,217 (49% of budget)

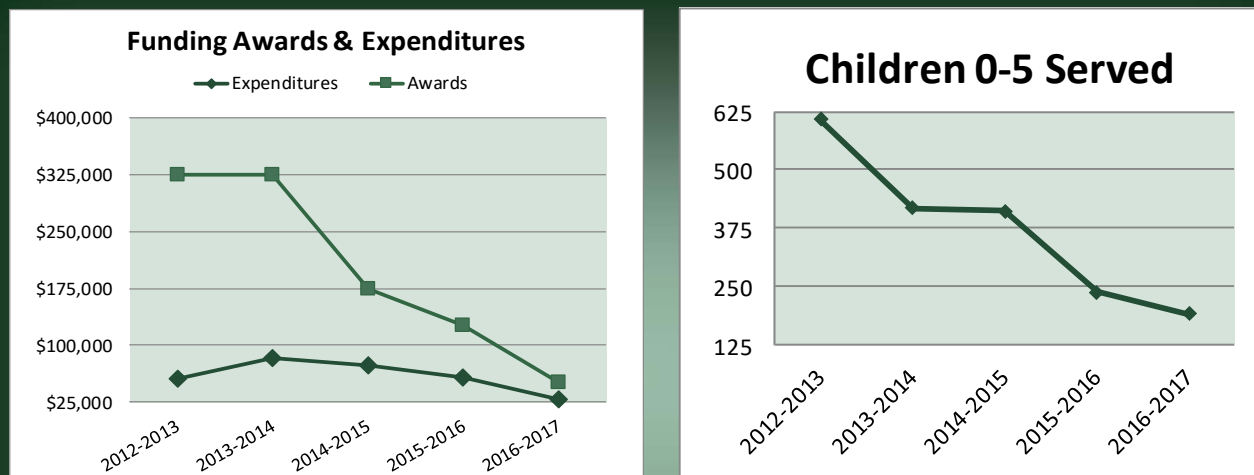
FY '15-'16 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Medical Claims	Indirect Costs	Cost Per Participant (192)
\$14,614	\$945	\$9,777	\$3,405	\$150

PARTICIPANT TYPE	% SERVED
Children	7%
69% <3; 31% 3-5	
Parents/Guardians	93%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	92%
White	0%
Black/African American	<1%
Asian	<1%
Alaska Native/American Indian	-
Pacific Islander	2%
Multiracial	-
Other	-
Unknown	5%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	25%
Spanish	70%
Hmong	-
Other	-
Unknown	5%

Funding Awards, Expenditures, and Children 0-5 Served Comparison by Fiscal Year



The Healthy Cubs funding award has decreased significantly over the years (as requested by the program) due to efficiencies in operation and due to success in transferring participants to other public and private health insurance programs. The continuing funding decline through 2015-2016 is due to the passage of the Affordable Care Act and its provisions that expand insurance coverage for more people. Additionally, 2016 legislation expanding eligibility for the California Medi-Cal program further decreased the number of 0-5 served by this program.

Program Highlights

- The program paid \$9,917 to providers for 192 beneficiaries.
- Healthy Cubs identified \$560 in claims that became eligible for payment under Medi-Cal due to the patient receiving retroactive Medi-Cal benefits.
- Program participants must apply for Healthy Cubs benefits at HSA's Scenic campus. Applicants must bring proof of Medi-Cal eligibility.
- Medical services for participants are provided at HSA clinics and Golden Valley Health Centers.
- The only dentist contracted with the Healthy Cubs program declined to continue to participate in the program. The program is no longer able to provide dental services for Healthy Cubs beneficiaries.
- Cultural Competency: Over 90% of Healthy Cubs' program beneficiaries are Hispanic. Approximately 80% of program beneficiaries list Spanish as their primary language. The program is adequately staffed to support the language needs of the majority of its applicants. In addition, Healthy Cubs staff has a list of employees working within the Health Services Agency to assist patients when translation services for other languages are needed.
- Collaboration: Healthy Cubs reports developing cooperative relationships with organizations throughout the county. Healthy Cubs provides program information to hospitals and medical providers in Stanislaus County as well as WIC, Child Health & Disability Prevention Program, and HSA medical clinics for distribution to uninsured patients meeting age and income criteria who are in need of primary care or obstetric services.
- Sustainability: The program generates MAA funding that is used to support this and other health programs. However, Healthy Cubs would be discontinued if Commission funding were to be eliminated.

Prior Year Recommendations

2015-2016 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.	The Health Services Agency is a Federally Qualified Health Center Look-Alike (FQHC) and must provide uninsured patients that present for services at the 5 primary care clinics assessment for sliding fee scale or discounted charges. If the Healthy Cubs Program were no longer funded by the Commission, the remaining uninsured patients would be assessed for the sliding fee scale as any other uninsured patient who presents to these FQHC clinics.
2. Continue to analyze the impacts the Affordable Care Act (ACA) and the expansion of Medi-Cal will have on program operations and design.	The Healthy Cubs staff continuously monitors state and federal legislation that may impact health coverage and provides recommendations for the program changes as needed.

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
Uninsured pregnant women and children 0-5 are given Healthy Cubs applications and provided medical services in the interim	350	192
Applicants are beneficiaries of Healthy Cubs health care	300 / 85%	96% (185/192)
Program participants convert to other health coverage	10%	12% (22/185)
Health fair and other presentations are given by Healthy Cubs staff	3	0
Accounts paid with Prop 10 funds are recovered from other payer sources	-	\$0

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 that the program:

- Work to identify a dental provider in Stanislaus County willing to accept Healthy Cub beneficiaries.

Result Area 4: Improved Systems of Care/Sustainable Systems

Description

Expenditures in Result Area 4 reflect contracts which support and nurture widespread and overarching collaboration, coordination, and leveraging. Programs funded specifically to improve coordination, leveraging, collaboration, or utilization of resources are to be categorized in this Result Area, along with their outcomes.

The percentage of the budget represented by the Result Area Improved Systems of Care/Sustainable Systems has consistently been 1% and is 1% again in 2016-2017. It should be noted, however, that although the budget allocation for this Result Area is relatively low, expenditures that are allocated to “Other Programs” in the Commission’s 2016-2017 budget should be considered as contributing to the results in Result Area 4. These include expenditures for the Early Care and Education Conference as well as staff time spent supporting and monitoring programs. These expenditures are reflect on the next page in the Result Area expenditure chart.

Finances – Improved Systems of Care/Sustainable Systems	
FY ‘16-‘17 Total Awards	FY ‘16-‘17 Expended
\$82,378	\$82,378 (100% of budget)

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 this Result Area is “Sustainable and coordinated systems are in place that promote the well-being of children 0-5.” 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 and leveraging efforts, collaboration, and building capacity.

Desired Result: Sustainable and Coordinated Systems Are In Place that Promote the Well-Being of Children 0-5

Objectives:

- *Improve collaboration, coordination, and utilization of limited resources*
- *Increase the resources and community assets leveraged within the county*
- *Increase in resources coming into Stanislaus County, as a result of leveraged dollars*

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. The Commission funds a contract under this Result Area that is entirely dedicated to providing planning, support, and management of 10 sites. In addition, Commission staff also 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 two Early Childhood Educator/Provider Conferences provided 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. Another way is through the training and support Commission staff provides to contractors, including contractor trainings.

- ***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.

- ***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, and 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 '15-'16, programs leveraged Commission funding both within and outside of Stanislaus County.

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
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- 96% of the surveyed attendees (406/423) rated the August 2015 and February 2016 ECE/Provider Conferences as good or excellent

SCO's Support & Coordination of Healthy Start Sites (a funded program)

- Improved collaboration amongst sites and services for 2,662 children 0-5 and their families
- Ten sites received technical assistance, coordination, and support with an 96% satisfaction rate

Increases in Leveraging Within and Outside of the County

Increase in Resources and Community Assets Leveraged Within the County

- 75% of the Commission contracted programs (18/21) report leveraging of community resources
- A total of over \$3 million was leverage from inside sources in 2016-2017

Increase in resources coming into Stanislaus County, As a Result of Leveraged Dollars

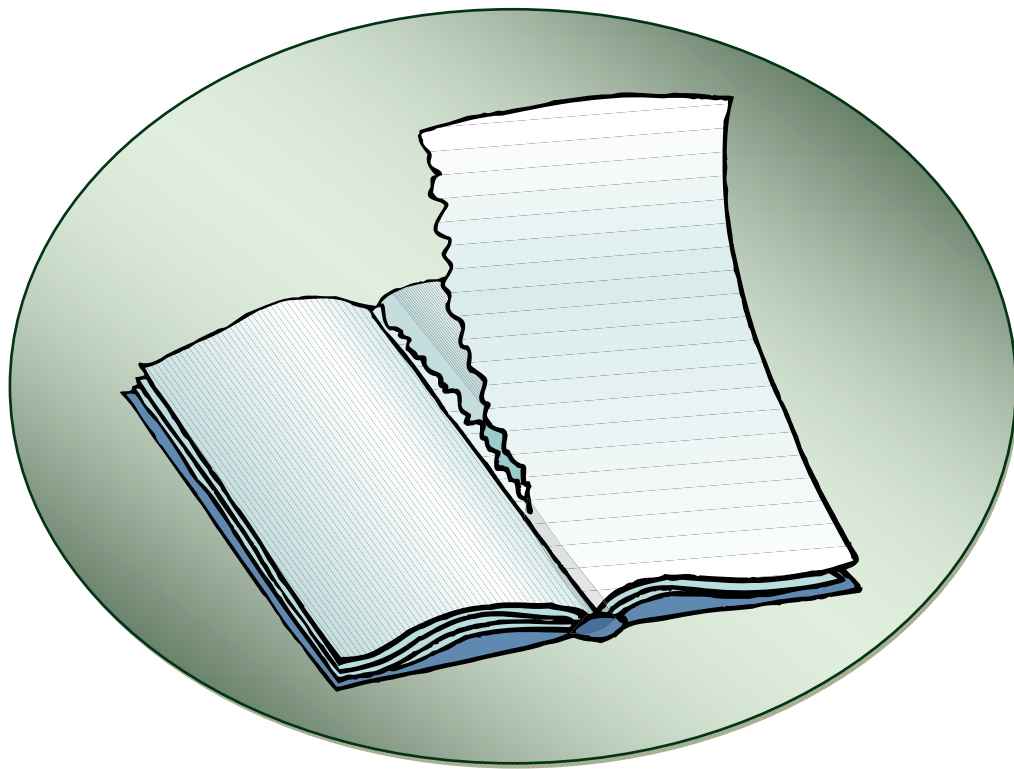
- 75% of the Commission contracted programs (15/21) report leveraging Prop 10 dollars to receive funding from outside of Stanislaus County
- Nearly \$5.7 million was leverage from outside sources in 2016-2017

Result Area 4: Improved Systems of Care (Sustainable Systems)					
Program/Activity	Amount Expended in '16-'17		Amount Budgeted in '16-'17		% Expended in '16-'17
Program Salaries & Benefits*	\$	69,160	\$	193,023	36%
Services, Supplies, County Cap*	\$	29,980	\$	30,748	98%
SCOE Healthy Start Support	\$	82,378	\$	82,378	100%
TOTAL	\$	181,518**	\$	306,149**	59%

*The numbers show on the above chart reflect information reported by the Commission to the State of California for Result Area Four in the Commission's 20016-2017 Local Annual Report. Program Salaries & Benefits and Services, Supplies, County Cap are expenses/activities that are categorized as "Other Programs" in the Commission's 2016-2017 budget. However, the work performed by Commission staff while support the Commission's contractors contributes to improved systems of care and sustainable systems objectives and costs associated with this work is reflected here.

**These amounts include the budgeted and expended dollars of the activities denoted with an asterisk. However, they are included in the "Other Programs" category of the budget pie chart "Funding Distribution by Budget Category."

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APPENDIX 1 - ACRONYMS

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

1. **0-5 EIP**.....Zero to Five Early Intervention Partnership (formerly SCCC)
2. **ADRD/DRDP**Adapted Desired Results Developmental Profile/Desired Results Developmental Profile
3. **AOD**Alcohol and Other Drugs
4. **ASQ**Ages and Stages Questionnaire
5. **ASQ-3**.....Ages and Stages Questionnaire – Third Edition
6. **ASQ SE**Ages and Stages Questionnaire – Social Emotional
7. **BHRS**Behavioral Health and Recovery Services
Funded Program: Zero to Five Early Intervention Partnership (0-5 EIP)
8. **CAA**Certified Application Assistor
9. **CAPC**Child Abuse Prevention Council
10. **CASA** Court Appointed Special Advocates
11. **CAPIT**Child Abuse Prevention, Intervention, and Treatment
12. **CARES**Comprehensive Approaches to Raising Educational Standards Project
13. **CBCAP**Community-Based Child Abuse Prevention
14. **CBOs**Community Based Organizations
15. **CCC**.....Children’s Crisis Center
Funded Program: Respite Care
16. **CDBG**Community Development Block Grant
17. **CDC**Center for Disease Control
18. **CFC**Children and Families Commission
19. **CHA**Community Health Assessment
20. **CHDP**Child Health and Disability Prevention Program
21. **CHIS**California Health Interview Survey
22. **CHS**Center for Human Services
Funded Programs: Westside Family Resource Centers, Eastside Family Resource Center
23. **CHSS**.....Community Housing and Shelter Services
24. **CPHC**Ceres Partnership for Healthy Children
25. **CPS**Child Protective Services
26. **CPSP**Comprehensive Prenatal Services Program
27. **CSA**.....Community Services Agency
Funded Programs: Family Resource Centers
28. **CVOC**Central Valley Opportunity Center

29. **CWS**Child Welfare Services
30. **CWS/CMS**Child Welfare Services Case Management System
31. **DMCF**Doctors Medical Center Foundation
32. **DR**Differential Response
33. **ECE**Early Childhood Education
34. **0-5 EIP**.....Zero to Five Early Intervention Program
35. **EL**Early Learning or English Learners
36. **EPSDT**Early and Periodic Screening, Diagnosis, and Treatment
37. **ESL**English as a Second Language
38. **FJC**Family Justice Center
39. **FCC**Family Child Care
40. **FDM**Family Development Matrix
41. **FFN**.....Family, Friends, and Neighbors (childcare category)
42. **FM**.....Family Maintenance (division of CPS)
43. **FPG**Federal Poverty Guideline
44. **FPL**Federal Poverty Level
45. **FRCs**Family Resource Centers
46. **FSN**.....Family Support Network
47. **FY**Fiscal Year
48. **GED**General Education Diploma
49. **GVHC**Golden Valley Health Centers
50. **HBO**Healthy Birth Outcomes
51. **HEAL**Healthy Eating Active Living
52. **HEAP**Home Energy Assistance Program
53. **HRSA**.....Health Resources and Services Administration
54. **HSA**Health Services Agency
Funded Programs: Healthy Birth Outcomes, Healthy Cubs, Dental Education
55. **IZ**Immunizations
56. **KBS**Keep Baby Safe
57. **KRP**.....Kindergarten Readiness Program
58. **LSP**Life Skills Progression tool
59. **MAA**Medi-Cal Administrative Activities
60. **MCAH**Maternal Child Adolescent Health
61. **MHSA**Mental Health Services Act
62. **MOMobile**Medical Outreach Mobile

- 63. **NSJVFRCN** Northern San Joaquin Valley Family Resource Center Network
- 64. **PACE** Petersen Alternative Center for Education
- 65. **PAT** Parents as Teachers Program
- 66. **PEDS** Prop 10 Evaluation Data System
- 67. **PEI** Prevention and Early Intervention
- 68. **POP** Power of Preschool
- 69. **PRC** Parent Resource Center
Funded Programs: Family Resource Connection
- 70. **PSI** Parental Stress Index
- 71. **PSSF** Promoting Safe and Stable Families
- 72. **RBA** Results Based Accountability
- 73. **SAMHSA** Substance Abuse and Mental Health Services Administration
- 74. **SBA** Strength Based Assessment
- 75. **SBS** Shaken Baby Syndrome (Prevention Program)
- 76. **SCCCP** Specialized Child Care Consultation Program
- 77. **SCCFC / CFC** Stanislaus County Children and Families Commission
- 78. **SCDLPC** Stanislaus Child Development Local Planning Council
- 79. **SCOARRS** Stanislaus County Outcomes and Results Reporting Sheet
- 80. **SCOE** Stanislaus County Office of Education
Funded Programs: SCOE Healthy Start Support
- 81. **SEA Community** Southeast Asian Community
- 82. **SEI** Social Entrepreneurs, Inc.
- 83. **SELPA** Special Education Local Plan Area
- 84. **SFJC / FJC** Stanislaus Family Justice Center / Family Justice Center
- 85. **SR** School Readiness
- 86. **SVCFS** Sierra Vista Child and Family Services
*Funded Programs: Zero to Five Early Intervention Partnership,
North Modesto/Salida FRC, Hughson FRC, Drop In Center, The BRIDGE*
- 87. **TCM** Targeted Case Management
- 88. **TUPE** Tobacco Use Prevention Education
- 89. **VFC** Vaccines For Children
- 90. **VMRC** Valley Mountain Regional Center
- 91. **WCC** Well Child Checkup
- 92. **WIC** Women, Infants, and Children