

**FIRST 5
STANISLAUS**

A yellow hand icon with five fingers spread, positioned above the number '5' in the logo.

**Annual
Program
Evaluation
2019-2020**

April 2021

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. In July 2018, the Commission also adopted the use of the name First 5 Stanislaus to align with nomenclature used by nearly all local commissions and the State commission.

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

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

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

Mission

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

Commissioners

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

April 2021

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Introduction

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

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

This Evaluation Report contains information on:

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

Strategic Plan Goals and Objectives

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

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

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

Children are eager and ready learners

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

Children are born healthy and stay healthy

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

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

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

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

Evaluation Purpose and Methodology

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

With these questions in mind, the goal of the evaluation process for the 2019-2020 fiscal year was to acquire, report, and analyze information, share that information with stakeholders (i.e., programs, community, funders), and then upon reflection, make recommendations based on the areas of strengths and areas that could improve to better serve target populations on both the Commission and program levels.

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

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

Program data was provided exclusively by the respective programs 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 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 2019-2020

Invested...

over \$4.9 million in the community

Reached...

26,673 children, parents and providers

Provided...

parent education and support to the parents of 1,341 children

Served...

the families of 789 children participated in literacy services

Provided...

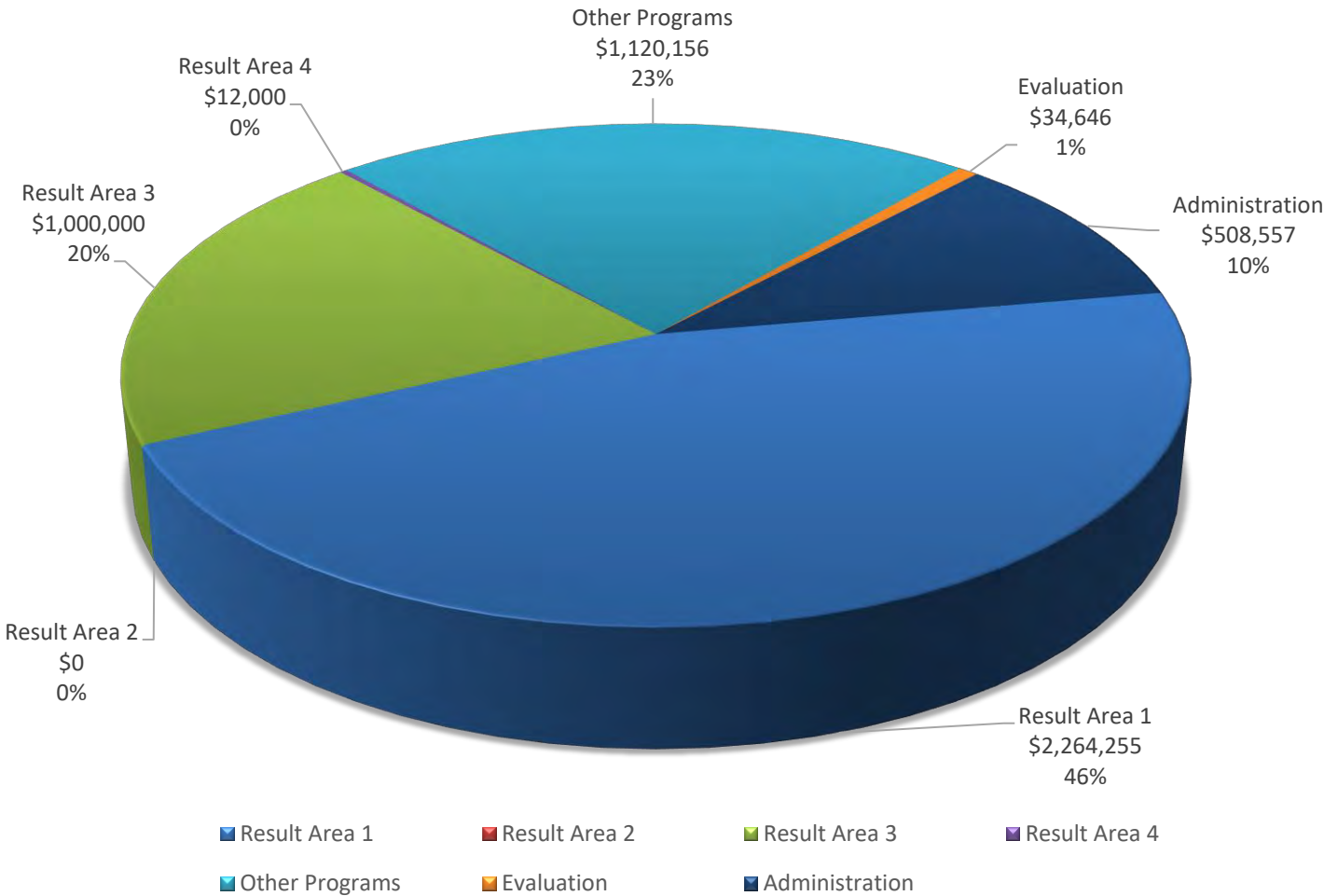
282 pregnant women with pregnancy education and support

Served...

718 children received developmental screenings

*All data reported by contractors

Funding Distribution by Budget Category
Total: \$4,939,614



The 2019-2020 budget pie chart portrays the distribution of Commission funding by budget category.

Program Categories:

The program categories (also known as Result Areas) make up 66% 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 and Stanislaus County charges that support programs, and the funds appropriated for program adjustments. This category makes up 23% of the budget and supports the work that the programs are doing throughout the fiscal year.

Administration and Evaluation Categories:

These categories make up just 11%, with Administration comprising 10% and Evaluation comprising 1% of the annual budget.

The two graphs on the next page compare the distribution of the Stanislaus County Children and Families Commission total budget by fiscal year from 2015-2016 through 2019-2020. Graph 1 compares the **amount** of funding allocated to each result area (RA), and Graph 2 compares the **percentage of the total budget** allocated to each RA.

Graph 1 illustrates that for the past five fiscal years the Commission has consistently appropriated the largest *amount* of funding to RA 1 (Improved Family Functioning). In fiscal year 17/18, the amount of funding and percent of funding decreased substantially due to a reclassification of service and expenditure categories as required by First 5 California reporting requirements for county commissions. In 18/19, there was an additional 10% decrease in funding as the Commission moved to realign its funding and develop a balanced budget. The Commission adopted a new strategic plan in December 2019 and, in an effort to align its funded programs for 2019-2020 with its newly adopted Strategic Plan, several programs formerly funded under RA 1 were not renewed, reducing the amount and budget for this category. While the amount budgeted for RA 1 decreased in 19/20, the percentage of the total budget did increase slightly.

Both the funding amount and the percentage of funding for RA 2 (Improved Child Development) has remained relatively steady since 18/19. As the Commission moves to an emphasis on programs with a more primary prevention focus with the ability to scale to reach more individuals, the decision was made to no longer fund the Kindergarten Readiness program. Kindergarten Readiness was the final program funded under RA 2. As a result, funding is no longer reported under this category. However, it should be noted several other programs provide services that support the goals of Improved Child Development.

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

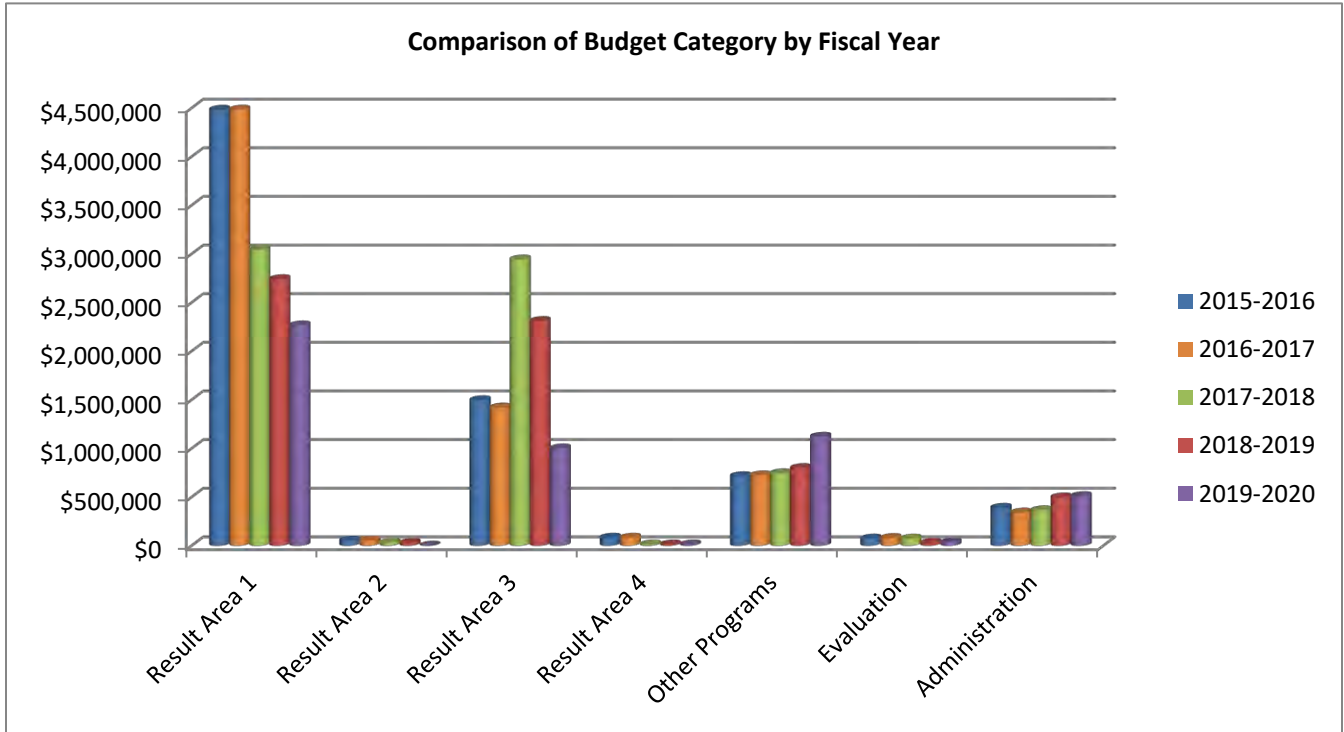
Graphs 1 and 2 show that RA 4 (Improved Systems of Care) has consistently been appropriated one of the smallest amounts and percentages of funding, even less than the "Administrative" category. The Early Care and Education conferences reported in RA 4 focus on supporting and nurturing widespread and overarching collaboration, coordination, and leveraging. However, there are also activities sponsored by the Commission, such as Commission staff time spent supporting funded programs, that are also support RA 4 but are categorized under "Other Programs." When reporting to First 5 California, these activity expenditures are reported under RA 4, but since they are not contracted programs, they remain in "Other Programs" for local budget and expenditure reporting.

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

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

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

Graph 1

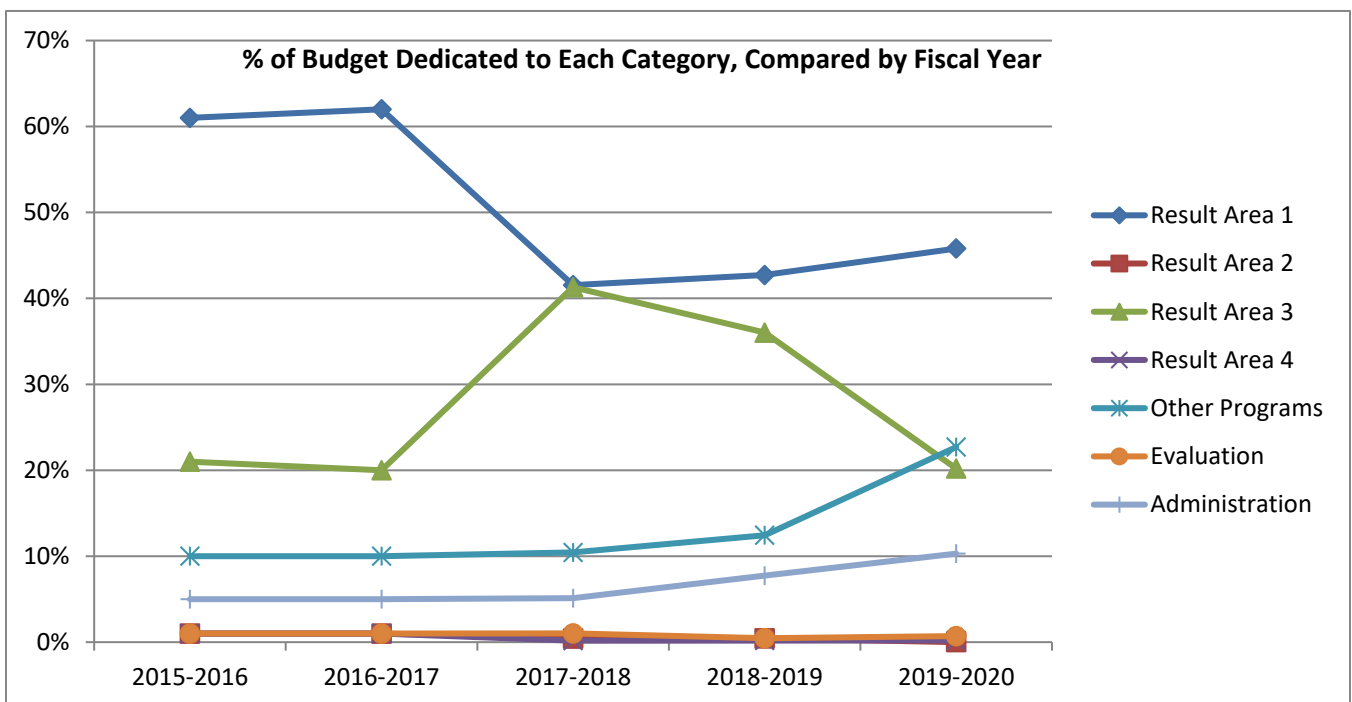


Total Budget

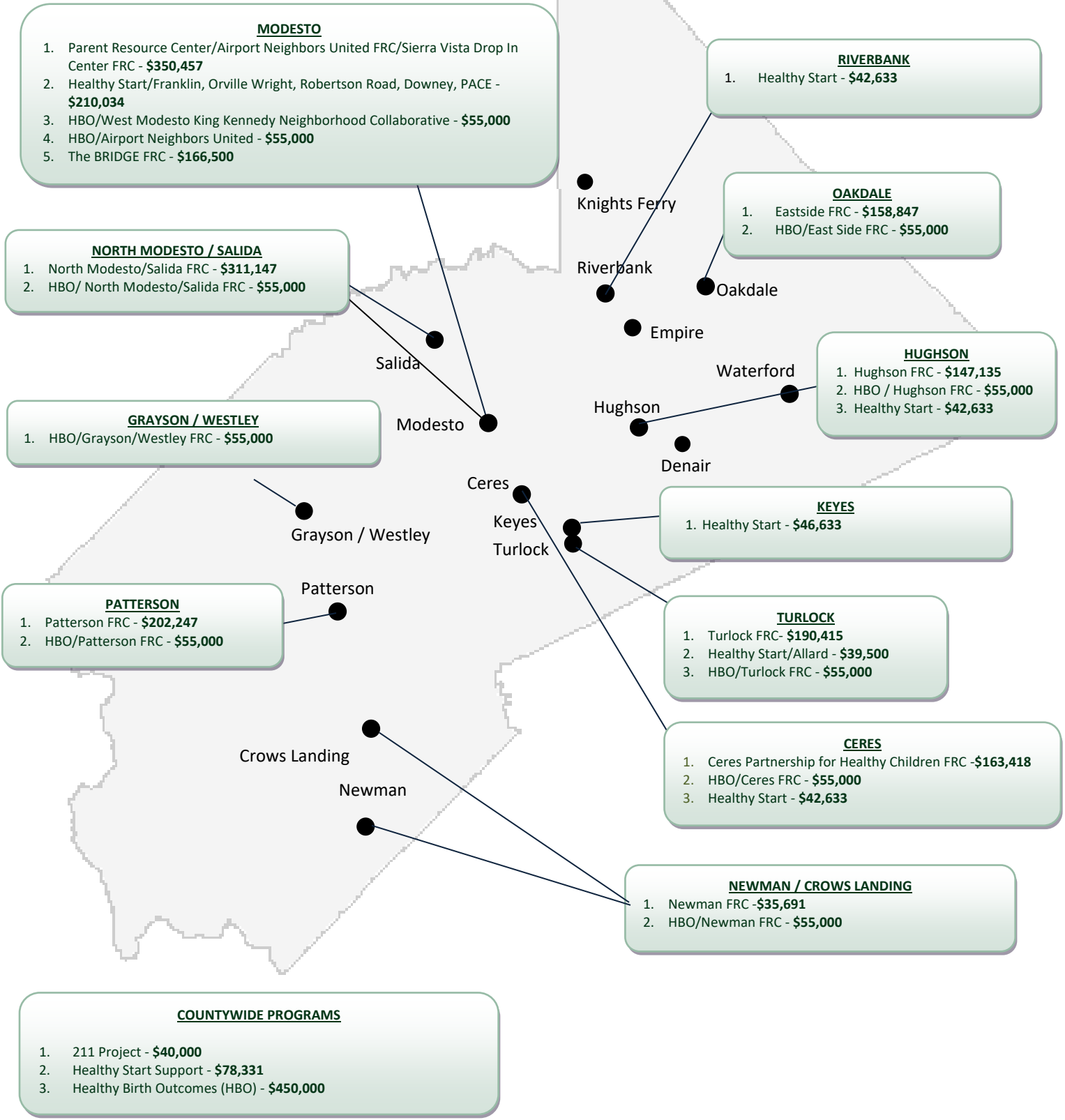
2015-2016: \$ 7,287,186
 2016-2017: \$ 7,178,774
 2017-2018: \$ 7,207,108
 2018-2019: \$ 6,413,193
 2019-2020: \$ 4,939,614

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

Graph 2



STANISLAUS COUNTY CHILDREN & FAMILIES COMMISSION 2019-2020 PROGRAMS



Program Budget Award by Location

Location	Program Budget Allocation	% of 19/20 Program Budget*	% of County's Population**
Modesto	\$ 836,991	31.0 %	40%
Turlock	\$ 284,915	10.6 %	13%
Riverbank	\$ 42,633	1.6%	4%
Ceres	\$ 261,051	9.7%	9%
Newman/Crows Landing	\$ 90,691	3.4%	2%
Grayson/Westley	\$ 55,000	2.0%	.4%
Hughson (includes SE smaller towns)	\$ 244,768	9.1%	3%
Oakdale	\$ 213,847	7.9%	4%
Salida***	\$ 366,147	13.6%	3%
Keyes	\$ 42,633	1.6%	1.0%
Patterson	\$ 257,247	9.5%	4%
TOTAL of location specific programs	\$ 2,695,924		
Countywide Programs	\$ 568,331		
TOTAL:	\$ 3,264,255		

*Percent of Program Budget that is not allocated countywide

**State of California, Department of Finance, E-1 Population Estimates for Cities, Counties, and the State with Annual Percent Change – January 1, 2019 and 2020; Sacramento, CA, May 2020; U.S. Census Bureau, 2019 American Community Survey (5 Year Estimates)

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

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

A total of \$593,398 was allocated to programs that operate throughout the county, making up 18% of the total program budget. These countywide programs reach all the above locations, and many have developed partnerships in order to collaborate with location specific programs, thereby leveraging Prop 10 resources. The remaining 82% of the program budget is allocated to programs that operate within a specific community to best serve the needs of the children and families within that community. As programs that operate within specific communities begin to expand their virtual services, they also have the potential to reach families outside of their immediate neighborhoods and community. This broadens their potential community reach.

Intensity of Services and Service Levels

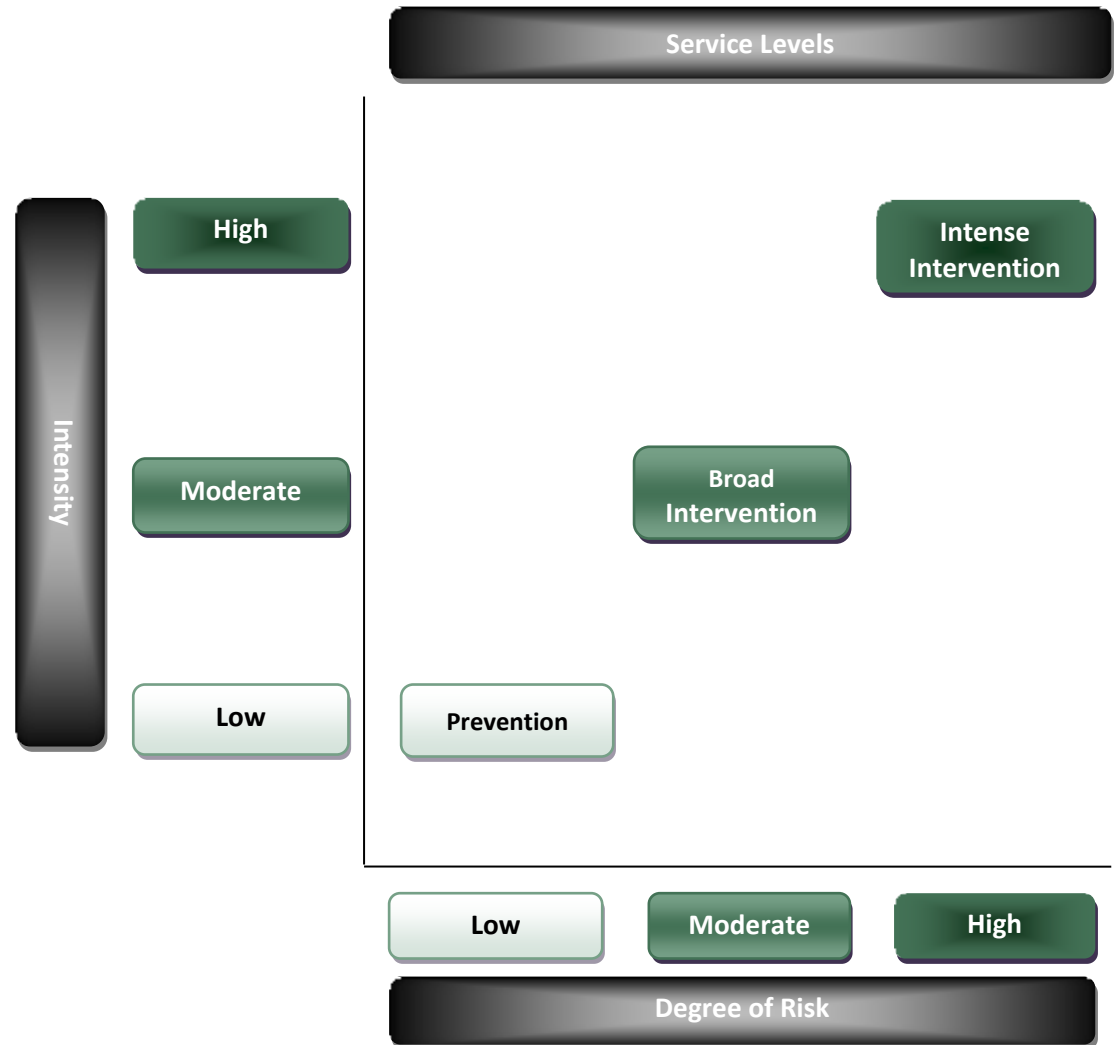
With the adoption of the Commission’s 2019-2024 Strategic Plan, the Commission decided to focus more on primary prevention services. While the Commission continues to fund programs that offer a continuum of prevention and intervention services that target all children 0-5 and their families in Stanislaus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

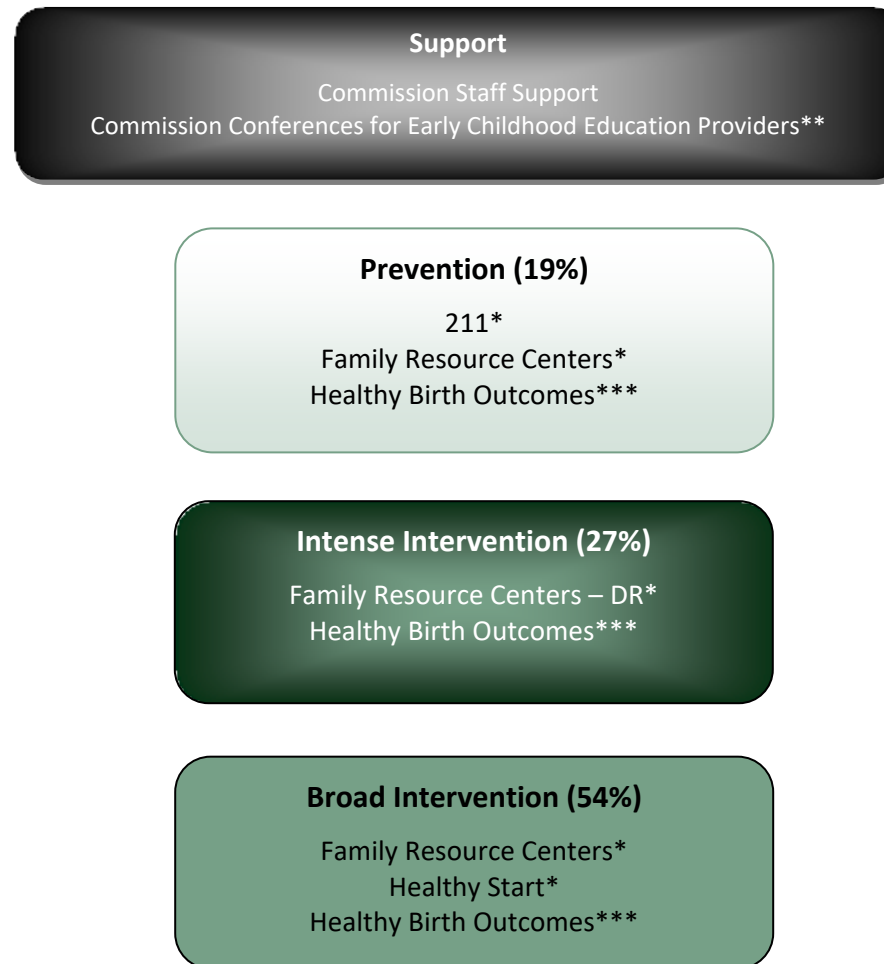
Service Levels

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

Service Level Investment

Approximately 54% of the program budget is dedicated to Broad Intervention, while 27% goes towards Intense Intervention and 19% to Prevention services. As the Commission’s priority has shifted away from intensive services, its percentage has decreased while prevention and broad intervention have increased. Some programs are listed under more than one level because they have different program components, and there is certainly overlap between service levels.





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

Prevention:

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

Broad Intervention:

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

Intense Intervention:

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

Participant and County Demographics

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

Race/Ethnicity Served and Participant Primary Language

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

Participating Children Age Distribution

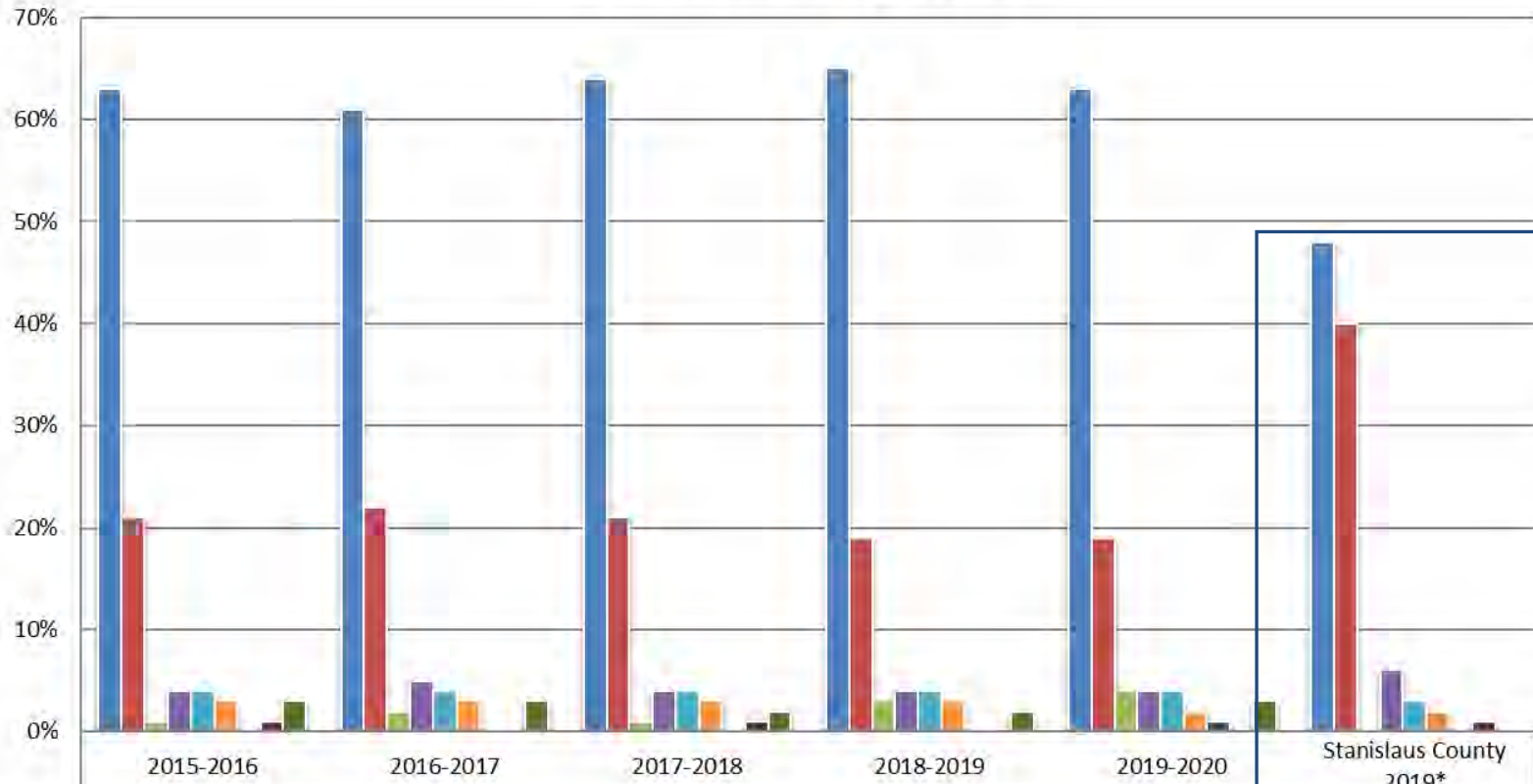
This chart shows the age distribution of children participating in Prop 10 funded programs. The programs offer families a wide range of services to engage and support children from birth through age 5. Since 15/16 the programs have almost equally served children ages 0 through 2 and children ages 3 through 5.

Infant Mortality Rate

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

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

Race/Ethnicity Served

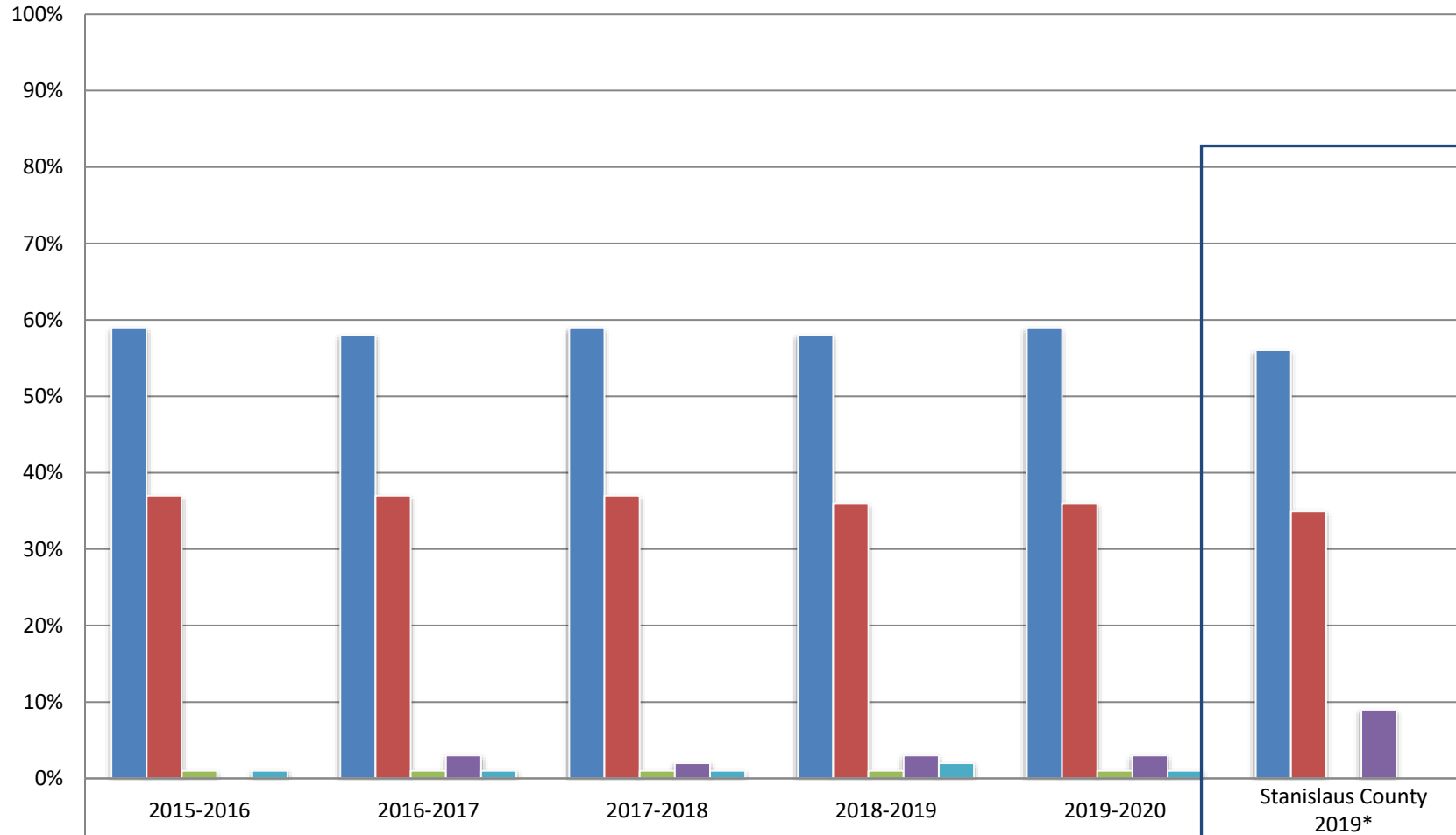


	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	Stanislaus County 2019*
Hispanic	63%	61%	64%	65%	63%	48%
White	21%	22%	21%	19%	19%	40%
Unknown	1%	2%	1%	3%	4%	0%
Asian	4%	5%	4%	4%	4%	6%
African American	4%	4%	4%	4%	4%	3%
Multiracial	3%	3%	3%	3%	2%	2%
American Indian	0%	0%	0%	0%	1%	0%
Pacific Islander	1%	0%	1%	0%	0%	1%
Other	3%	3%	2%	2%	3%	0%

CFC data does not include provider capacity language data.

*U.S. Census Bureau, 2019 American Community Survey.

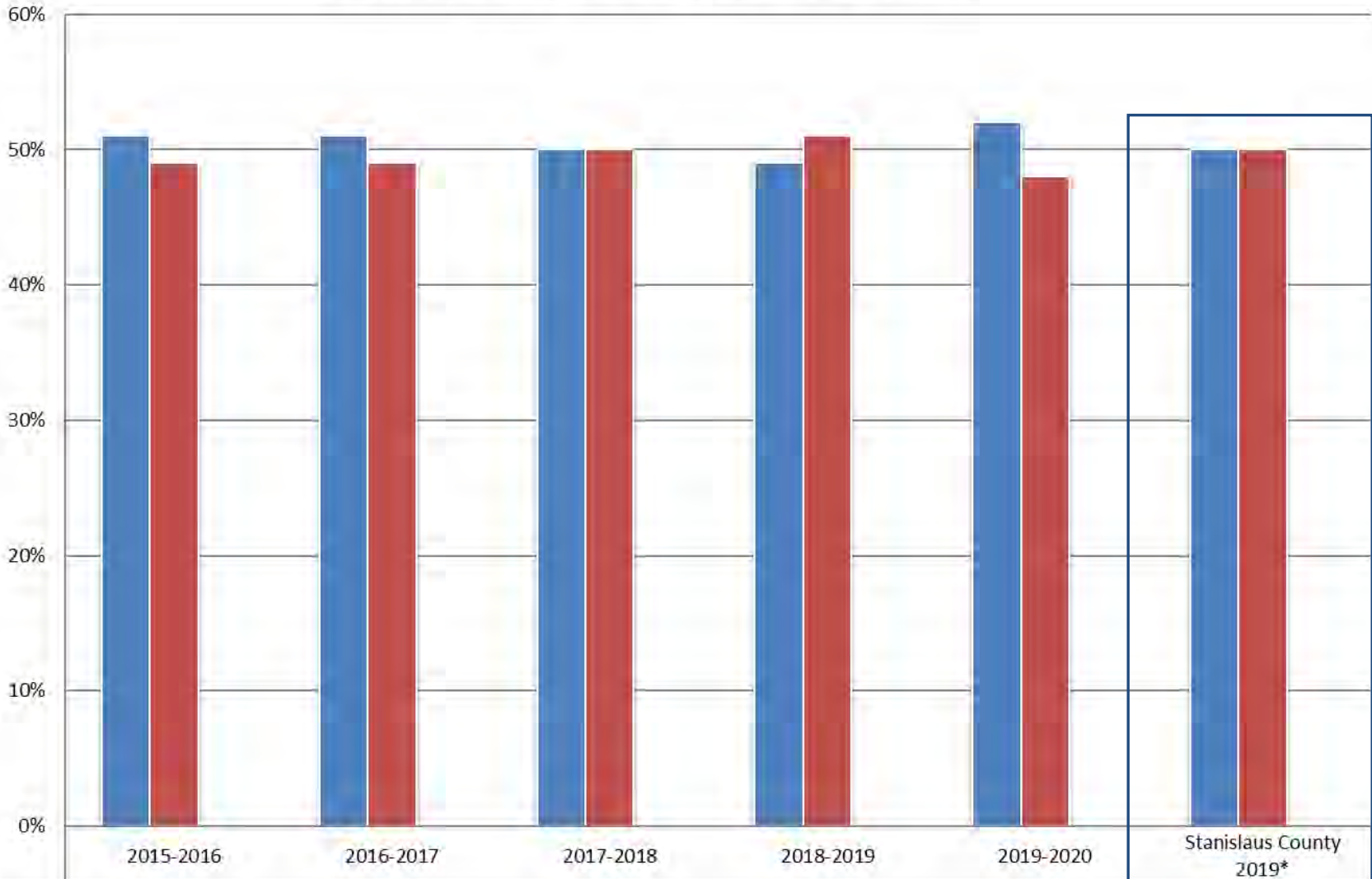
Participant Primary Language



CFC data does not include provider capacity language data.

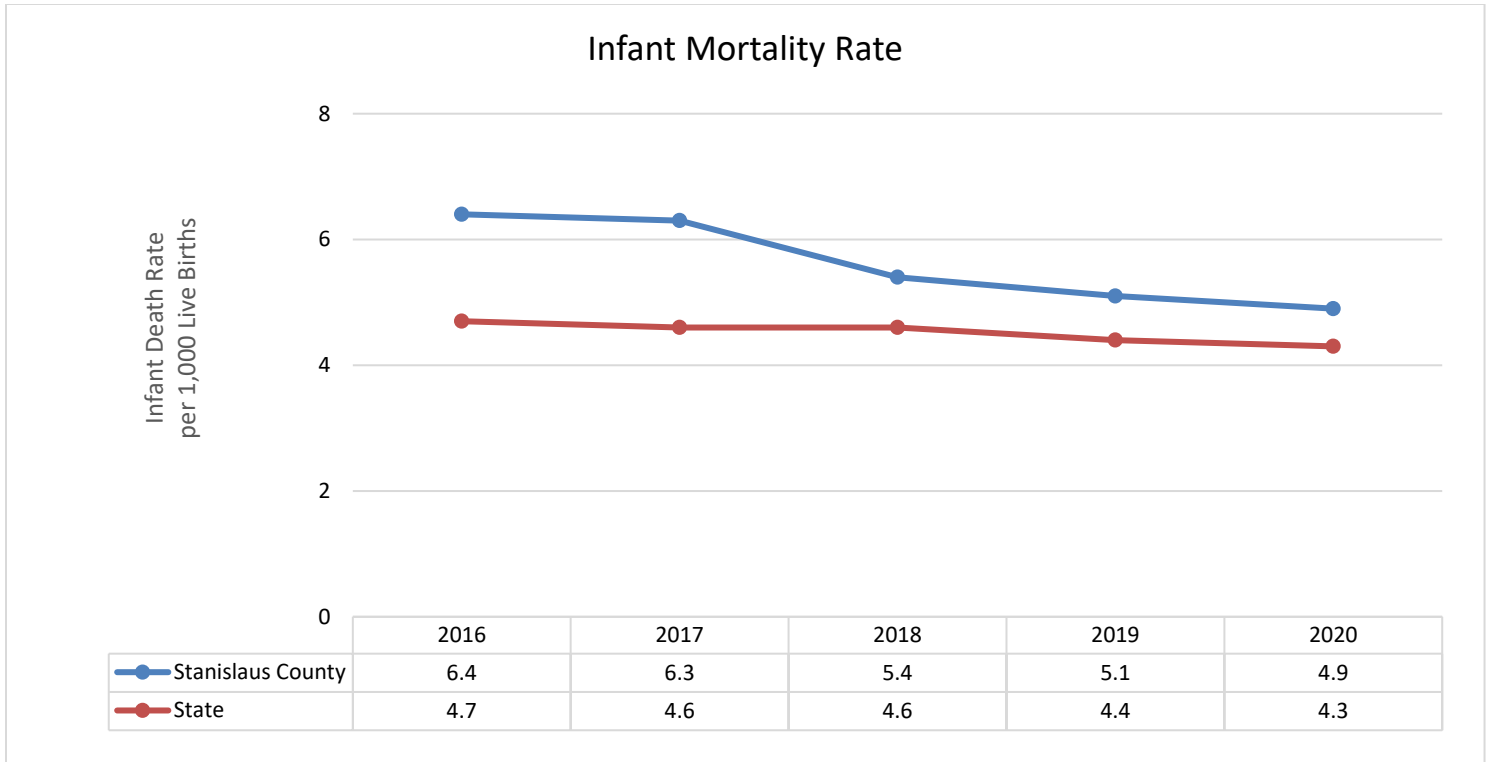
*U.S. Census Bureau, 2019 American Community Survey.

Participating Children Age Distribution



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

*State and County Total Population Projections by Race/Ethnicity and Detailed Age, California Department of Finance, 2020



County Health Status Profiles, California Department of Public Health, 2016, 2017 and 2020; Stanislaus County’s Health Status Profile, 2018 and 2019

Stanislaus County Infant Mortality Rate

	2016	2017	2018	2019	2020
All Races	6.4	6.3	5.4	5.1	4.9
Asian	8.3	6.3	7.7	NM*	NM*
Black	20.9	15.2	4.3	M*	M*
Hispanic	6.2	5.8	5	4	4.1*
White	5.9	6.3	5.2	5.7	5.3*

*Rates deemed unreliable when based on fewer than 20 data

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

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

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

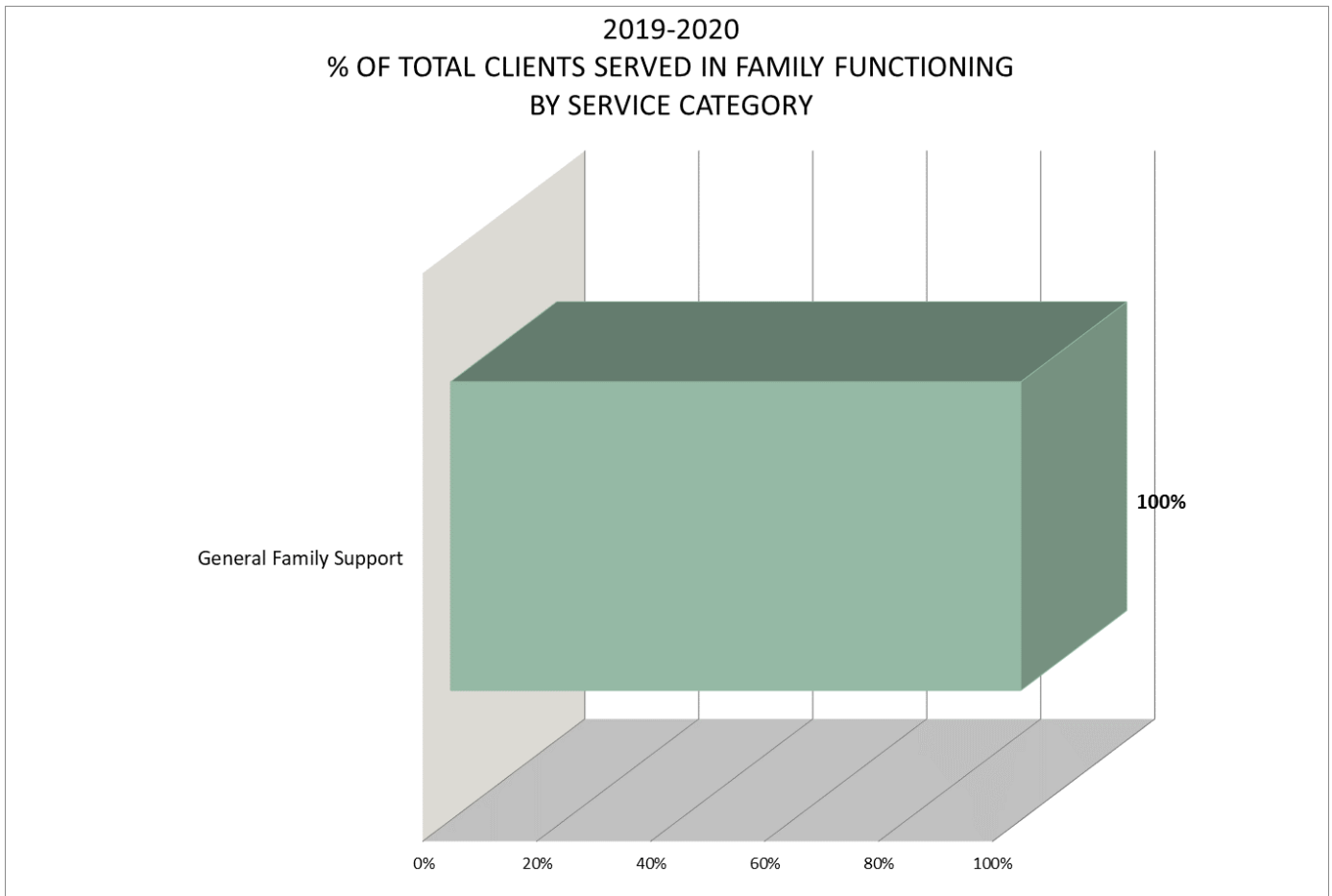
Result Area 1: Improved Family Functioning

Description

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

Ten Prop 10 funded programs are categorized under Improved Family Functioning and represent 46% of the 2019-2020 budget. Seven of the programs are grouped under “Family Resource Centers with Differential Response service

The amount budgeted in Result Area 1 is the largest of any other result area for fiscal year 19/20, suggesting that funding for Improved Family Functioning continues to be critical in the provision of services for children and families.



Result Area 1 Services and Service Delivery Strategies

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

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

Objectives:

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

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

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

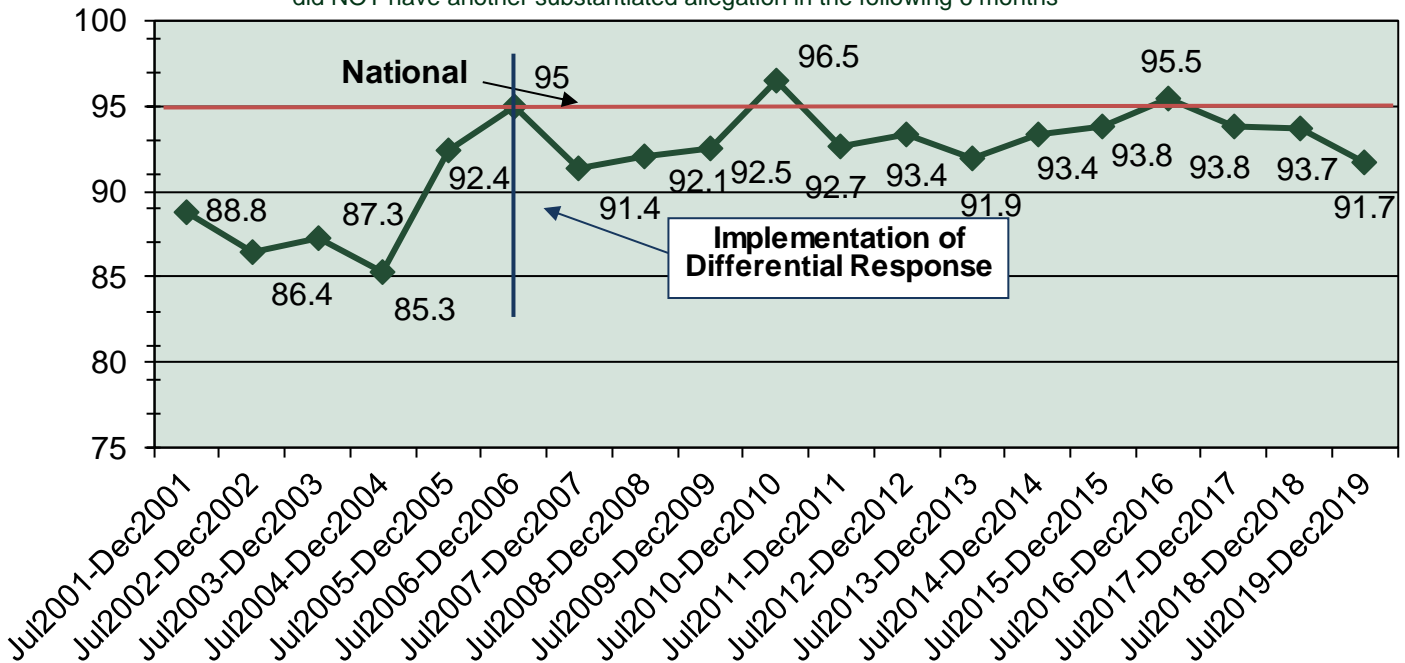
Services are offered by a spectrum of providers, from community-based family resource workers to mental health clinicians. A variety of strategies are used to provide the services, including differential response (a flexible approach for child welfare to respond to child abuse/neglect referrals), group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

Child Abuse/Neglect Outcomes

The graph below illustrates the recurrence of maltreatment trends from July 2001 through December 2019 for children 0-5. Stanislaus County exceeded the National Standard of 94.6% “no recurrence” of maltreatment within six months of a substantiated report in 2006, 2010 and 2016 after the implementation of Differential Response (DR) through FRCs. The rate has dropped in subsequent years, but it has never fallen below the rate before DR was implemented. In 2010, the rate of “no recurrence” of maltreatment was at the highest rate it had been in over a decade. Although there are many factors that contribute to this population indicator of “no recurrence” rate, 1,038 children 0-5 were referred through differential response, and of those, the families of 35% of those children (360) engaged with the FRCs for family support services. This engagement and participation are key components in assisting families who are at risk, and these DR services contributed to the statistics shown below. In addition, all programs funded in this result area help support these outcomes.

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

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



How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?
<ul style="list-style-type: none"> • 6,067 children 0-5 received services designed to improve family functioning • The parents of 1,341 children attended parenting education classes • The families of 5,349 children 0-5 received resources or referrals to improve family functioning • 634 children 0-5 whose caregiver participated in literacy services received a book 		
	<ul style="list-style-type: none"> • 19% of the children and families who received family support services (1,127/6,067) were engaged further through assessments • 18% of those receiving family support services and who indicated a need (1,081/6,067) received more intensive services focused on improving child abuse risk factors • 1,075 caregivers of children 0-5 were screened for depression and 117 were referred for mental health services as a result 	
		<ul style="list-style-type: none"> • 81% of parents participating in parent education (1,090/1,341) report an increase in skills or knowledge • 96% of children 0-5 whose caregiver received literacy services (609/634) increased time reading at home with their family • 97% of children 0-5 whose caregivers receive individual counseling indicated improvement with presenting issues (56/58)

Result Area 1: Improved Family Functioning

Program	Amount Expended in 2019-2020 <small>(% of 2019-2020 allocation)</small>	Total #Children 0-5 Served <small>(or served through family members)</small>	Cost per Child 0-5	Total Award To-Date <small>(7/1/2007-6/30/2020)</small>	Cumulative Amount Expended <small>(7/1/2007-6/30/2020)</small>	% of Cumulative Amount Expended
211*	\$ 32,720 (82%)	1,705	\$ 19	\$ 1,513,159	\$ 1,388,313	92%
Healthy Start***	\$ 506,286 (102%)**	2,004	\$ 253	\$ 8,482,389	\$ 8,447,938	99.6%
The Bridge (FRC)	\$ 161,352 (99.9%)	136	\$ 1,186	\$ 2,338,000	\$ 2,267,684	97%
Family Resource Centers (providing Differential Response and AfterCare Services) (7 contracts)	\$ 1,476,549 (95%)	2,222	\$ 665	\$ 22,037,246	\$ 20,606,844	94%
TOTAL	\$ 2,176,907 (96%)	6,067	\$ 359	\$ 34,370,794	\$ 32,710,778	95%

* Includes prior year adjustments that were recorded in 2019-2020 according to generally accepted accounting principles.

** Healthy Start did not exceed its budget for 2019-2020 but figures includes prior year adjustments.

***Data for expenditures, award, and cost per child includes the total of entire contract and amount awarded. The amount of support funding and expenditures was split between result areas in previous years but is now inclusive.

211

Agency: United Way

Current Contract End Date: June 30, 2020

Program Description

211 helps meet the essential needs of Stanislaus County residents by providing health and human services referrals throughout Stanislaus County from trained Call Specialists 24 hours a day, 7 days a week, and 365 days a year. 211 is an easy to remember toll-free number where callers throughout the County can confidentially access information in over 120 different languages. Callers are given up-to-date referrals and a follow-up call seven to 10 days after their initial call to confirm they have received the help requested. In addition to the toll-free number, residents may now access the same information via their smart phone using the 211 website.

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

Finances			
Total Award July 1, 2007 – June 30, 2020	FY 19/20 Award	FY 19/20 Expended*	Cumulative Amount Expended
\$1,513,159	\$40,000	\$32,720 (82% of budget)	\$1,388,313 (92% of budget)

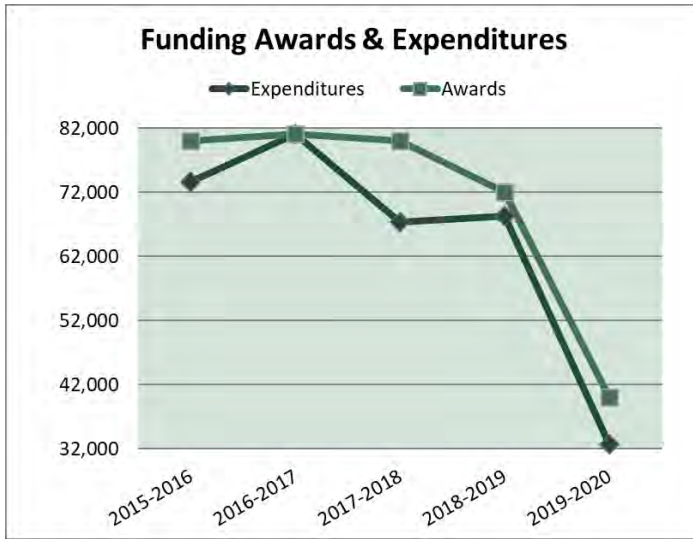
FY 19/20 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Marketing	Indirect Cost Rate	Cost per Caller (1,705 callers with a child 0-5)
\$17,370	\$14,190	\$1,160	0%	\$19

PARTICIPANT TYPE	% SERVED
Children 0-5	57%
52% <3; 48% 3-5;	
Parents/Guardians	41%
Other Family	2%

RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)
Hispanic/Latino	51%
White	20%
Black/African American	11%
Asian	1%
Alaska Native/American Indian	1%
Pacific Islander	<1%
Multiracial	6%
Other	7%
Unknown	3%

LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)
English	82%
Spanish	18%
Hmong	-
Other	-
Unknown	-

Participants Served Comparison by Fiscal Year



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

Program Highlights

- Only 16% of callers had families with a child 0-5. This percentage remains below the goal of 33% despite efforts to target outreach to 0-5 families. However, website traffic continues to increase as participants, in ever-increasing numbers, use cell phones and other personal devices to obtain information they need.
- 211 experienced a higher than normal call volume during the COVID-19 Pandemic. As a result, the call center implemented their standard "Disaster" call handling protocol which limits the amount of demographic data collected from callers. However, in reviewing the data, 1,263 COVID-19 related calls with limited or no demographic data including identifying a child 0-5 in the home were identified. 211 believes that a portion of those 1,163 calls were from a 0-5 household. As mentioned as above, 16% of callers were identified as an 0-5 call. Using that same percentage, it is not unreasonable to assume that at least 268 of the 1,163 unidentified demographic calls were a 0-5 call.
- On April 1, 2020, to support the residents of Stanislaus County during the COVID-19 Pandemic, 211 worked with Stanislaus County to establish a "COVID-19 Pop-Up Call Center" with the purpose of offering more detailed information about COVID-19 related resources. Stanislaus County directed individuals who needed assistance to call 211 through their live social media post. Calls were first triaged by 211 call specialists then, utilizing a hard transfer, directed to County staff who answered COVID-19 specific questions from callers. The Pop-Up Call Center answered questions regarding testing sites, specific testing information, Stanislaus County shelter in place information, stimulus check information, unemployment benefit support, etc. During the COVID-19 Pandemic, with the high demand of calls to Public Health, EDD, and the IRS, callers reported long wait times, busy signal, dropped calls or not being able get through to speak with a representative. The Pop-Up Call Center allowed callers to receive more "hands on" support during this time as well as report COVID-19 non-compliant businesses, social gatherings and activities exceeding COVID-19 social distancing guidelines.
- United Way Stanislaus County partnered with Love Our Neighbors (LON) to coordinate a food delivery program to assist seniors who could not leave their home due to COVID-19 and/or at-risk individuals who were self-quarantined due to health conditions. 211 assisted by screening calls and completing the LON food delivery survey which was then forwarded to LON to begin the process. Many individuals assisted were seniors; however, while screening calls, 211 found that some callers reported that they

were living with family or had family living with them which included children 0-5. During this reporting period, 211 referred/provided assistance to 304 individuals requesting food delivery assistance.

- In 2019-2020, Stanislaus County 211 staff attended 12 outreach events and made 10 presentations to local agencies and organizations. Over 20,000 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, and organizations. Due to COVID-19, 211 outreach activities, including presentations were put on hold starting in March 2020. 211 continued marketing efforts through social media including Facebook, Twitter, and Instagram.
- The following were common types of service requests in 2019-2020:
 - Housing / Shelter / Rent – 3,921 requests
 - Food / Meals – 3,489 requests
 - COVID-19 Related – 2,006 requests
 - Utility Bill Payment – 1,701 requests
 - Health Care – 1,410 requests
 - Legal, Consumer and Public Safety – 931 requests
- The 211 website had 15,118 unduplicated visitors who received information about health and human service program information. This is more than double the number of visitors for 2018-2019.
- Leveraging: 211 received \$80,000 in funding from Stanislaus County Community Services Agency, \$90,000 from Kaiser, and \$10,000 from United Way Worldwide/CalETIC.
- Cultural Competency: All of 211’s call operators are bi-lingual (English/Spanish) making the dialogue more proficient between the caller and the call specialist. All other languages are handled through the AT&T Language Line Services to provided translation services in over 120 languages as needed.
- Collaborations: 211 continues to collaborate with many agencies/programs throughout the county to educate staff, clients and the community through presentations, material distribution and attendance at scheduled outreach fairs/events in the community. United Way and 211 have partnerships already in place with local organizations, city/county government and existing collaborations to include: Stanislaus County agencies (OES, HSA, CSA, Cal-EMA); Advancing Vibrant Communities; Latino Community Roundtable/Latino Emergency Council; Stanislaus CBO Collaborative; Stanislaus County Focus on Prevention; Stanislaus Housing and Supportive Services Collaborative/Continuum of Care; and Turlock Community Collaborative Meeting. In addition, United Way and 211 are working with the Family Resources Centers to distribute 211 information among their clients. Due to COVID-19, outreach activities including presentations and community outreach were put on hold when the county was placed on a Shelter-in-Place order from Governor Newsom.
- Sustainability: As United Way Stanislaus County (UWSC) continues to operationalize their Strategic Direction that was adopted in 2017, and revisited in 2020, the sustainability of 211’s current model will be at the forefront for leadership in the 2019-20 fiscal year. There are great opportunities for the expansion of the 211 services in Stanislaus County and many communities have seen success in offering a fee for service model to community partners and County departments, but this will require an initial investment in UWSC capacity. Also, the COVID-19 Pandemic has created various projects for SC 211 to support the community, such as The Stanislaus County Pop-Up Call Center and Senior Food Delivery collaboration with Love Our Neighbors. This could create additional funding for 211 to effectively manage these projects Post COVID-10.

Prior Year Recommendations

2018-2019 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM’S RESPONSE
<p>1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.</p>	<ul style="list-style-type: none"> • UWSC continually seeks sources of funding to ensure SC 211 services will continue. Our current funding with Kaiser Permanente continues. During COVID-19, we have worked with statewide efforts to support 211’s. These collaborations will hopefully create continued relations to further partner and leverage funding sources.

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
211 callers have access to health and human services program information 24/7/365	100%	92% (9,908/10,821)
211 callers with children 0-5 have access to health and human services program information 24/7/365	100%	95% (1,612/1,705)
33% of callers have children 0-5	33%	16% (1,705/10,821)
Callers with children 0-5 years are unduplicated callers	75%	95% (1,612/1,705)
Children 0-5 years whose caregivers request health insurance information are provided a referral	No Planned Outcome	84% (41/49)

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.

Healthy Start

Agency: Stanislaus County Office of Education
Current Contract End Date: June 30, 2020

Program Description

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

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

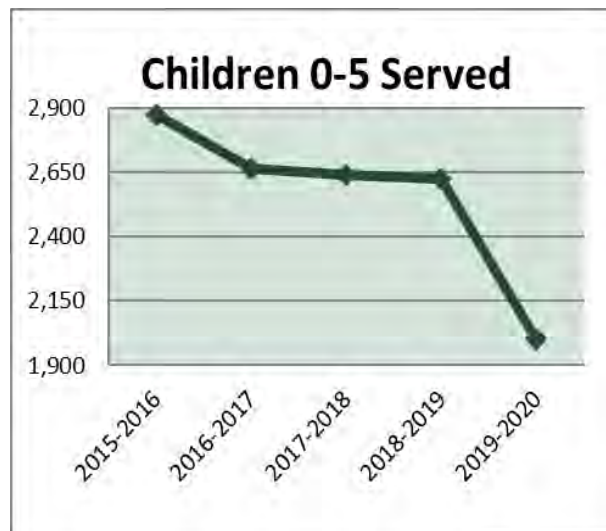
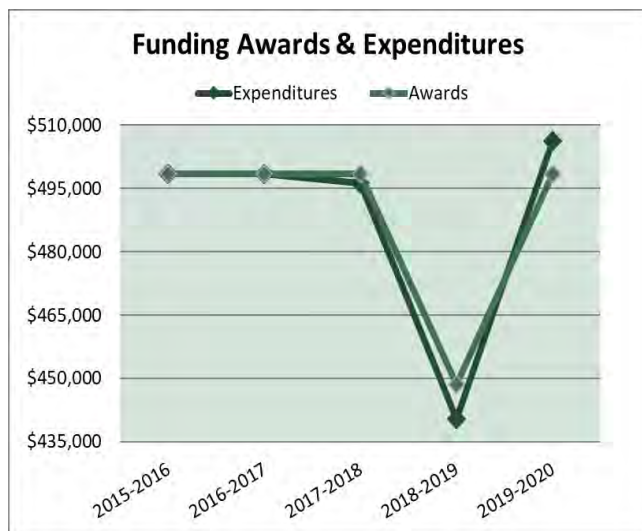
Stanislaus County Office of Education (SCOE) Healthy Start Support provides assistance in multiple ways to the individual Healthy Start sites. SCOE conducts site visits to each of the locations to provide technical assistance in the areas of budgeting, health services, outreach, education, sustainability,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

Finances			
Total Award March 15, 2002 – June 30, 2020	FY 19/20 Award	FY 19/20 Expended	Cumulative Amount Expended
\$8,482,389	\$498,398	\$506,286 (102%* of budget)	\$8,447,938 (99.6% of budget)

FY 19/20 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Healthy Start Sites	Indirect Cost Rate	Cost Per Child 0-5 (2,004)
\$70,764	\$7,567	\$420,067	9.8% (excludes sites)	\$253

	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #006633; color: white;"> <th>RACE/ETHNICITY</th> <th>PERCENTAGE (ALL PARTICIPANTS)</th> </tr> </thead> <tbody> <tr><td>Hispanic/Latino</td><td>83%</td></tr> <tr><td>White</td><td>13%</td></tr> <tr><td>Black/African American</td><td>2%</td></tr> <tr><td>Asian</td><td><1%</td></tr> <tr><td>Alaska Native/American Indian</td><td><1%</td></tr> <tr><td>Pacific Islander</td><td>-</td></tr> <tr><td>Multiracial</td><td><1%</td></tr> <tr><td>Other</td><td>1%</td></tr> <tr><td>Unknown</td><td>-</td></tr> </tbody> </table>	RACE/ETHNICITY	PERCENTAGE (ALL PARTICIPANTS)	Hispanic/Latino	83%	White	13%	Black/African American	2%	Asian	<1%	Alaska Native/American Indian	<1%	Pacific Islander	-	Multiracial	<1%	Other	1%	Unknown	-	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #006633; color: white;"> <th>LANGUAGE</th> <th>PERCENTAGE (ALL PARTICIPANTS)</th> </tr> </thead> <tbody> <tr><td>English</td><td>38%</td></tr> <tr><td>Spanish</td><td>62%</td></tr> <tr><td>Hmong</td><td>-</td></tr> <tr><td>Other</td><td>-</td></tr> <tr><td>Unknown</td><td>-</td></tr> </tbody> </table>	LANGUAGE	PERCENTAGE (ALL PARTICIPANTS)	English	38%	Spanish	62%	Hmong	-	Other	-	Unknown	-
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Children 0-5 Served Comparison by Fiscal Year



Funding for Healthy Start has remained stable except for 18/19 when all programs received funding reductions in an effort by the Commission to balance its budget while going through extensive strategic planning. A prior year technical adjustment in 19/20 is the reason the program appears to have spent over its award. The number of children served increased significantly in 15/16 due to increased outreach efforts by all Healthy Start sites. The number served decreased in 16/17 as a result of clients' immigration concerns but has remained stable since then. School closures as a result of COVID-19 impacting all 10 sites caused a significant decline in the number of children served in 19/20.

Program Highlights

- The 10 Healthy Start sites funded by the Commission are located at the following schools: Ceres, Downey, Franklin, Hughson, Keyes, Orville Wright, Petersen Alternative Center for Education (PACE), Riverbank, Robertson Road and Stanislaus Military Academy (SMA) at Teel.
- Many of the Healthy Start sites' classes and programs were scheduled for March, when gatherings began to be limited due to COVID-19. Ultimately the schools were closed, and as a result, the program's numbers reflect less children and families served compared to 2018-2019 (approximately 22% less families and 24% less children).
- Shortly following the school closures, several sites increased their services to children 0-5 and their families as they began to offer child care services for essential workers and other services to support families during the COVID-19 crisis. However, sites experienced difficulty collecting data due to the in-person contact limitations they employed to protect staff and clients while offering these services. The Collaborative is brainstorming how to collect data on services provided to families safely in these formats (such as curbside distributions) as schools will continue with the distance learning model for the start of the 2020-2021 school year.
- Due to parents having varying levels of comfort, familiarity, or technology skills the sites struggled to find effective virtual platforms to shift their classes and workshops. Another challenge reported was parents feeling "Zoomed out" after assisting their children with their distance learning for the traditional school day. The sites are in the process of trying out new apps and platforms and sharing with the Collaborative what platforms seem to be working well for families.
- 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 53.6% to 96.9%.

- The Hispanic/Latino population continues to be the largest ethnic group in each of the 10 school communities ranging from 53% to 81.8%.
- Pre- and post-tests show increases of 82% 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 complicated and time consuming to use. The program will begin using Persimmony, an online data tool, to further improve accuracy, efficiency and save staff time in 2020-2021.
- Leveraging: In 2019-2020, the 10 Healthy Start sites reported receiving \$487,107 directly from State and Federal government sources, local government sources, and in-kind services or goods generated by participating school sites.
- Cultural Competency: The largest ethnic group served continues to be Hispanic/Latino at all of the 10 Healthy Start sites/districts. Materials and programs are culturally sensitive and provided in both Spanish and English. Most staff are bilingual or have bilingual support available as needed.
- 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 over 100 different agencies.
- Sustainability: It continues to be a priority for sites to present outcome results to their local school boards and to community members as a method to promote and market their program. All 10 Healthy Start Family Resource Centers also support various community capacity building efforts through their continued partnerships with local businesses, faith-based organizations, and community organizations. Key champions are constantly revisited, and/or revised due to ongoing personnel changes. Site Coordinators continue to keep community decision makers such as Boards of Trustees, County Supervisors, district administrators and school principals apprised of up-to-date Healthy Start information.

Prior Year Recommendations

2018-2019 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
<p>1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.</p>	<ul style="list-style-type: none"> • Sustainability: Site Coordinators continue to keep community decision makers such as Boards of Trustees, County Supervisors, district administrators and school principals apprised of up-to-date Healthy Start information. For example, presentations were provided to Roma Teel Campus staff on the services and resources available through SMA at Teel's Healthy Start Family Resource Center. Ceres Healthy Start Family Resource Center presented at their district's Community Liaison meetings. Franklin presented information about Healthy Start at their district's Student, Parent and Community Support Services parent programs. • Leveraging: Sites continue to leverage school district resources such as Ceres Unified School District LCAP funds, and facilities usage (in-kind); Hughson Unified School District McKenny Veto Act, Student Attendance Review Team and LCAP funds; Riverbank Unified School District general fund, facilities usage (in-kind), and AEBG (in-kind). • Collaboration: All 10 Healthy Start school sites support various community capacity building efforts through their continued partnerships with local businesses, faith-based and community organizations.

Planned Versus Actual Outputs / Outcomes

How Much Was Done?	How Well Was it Done?	Is Anyone Better Off?	
OUTPUTS / OUTCOMES		PLANNED	ACTUAL
Families with children 0-5 have support systems, social emotional systems, and decreased stress - as evidenced by the following:			1,583 families 2,004 children
Families indicating increased knowledge of community resources	80%	99% (265/268)	
Families indicating increased social/emotional support	80%	98% (153/156)	
Families indicating decreased stress	80%	96% (272/283)	
Families reporting progress towards positive family goals	80%	98% (276/282)	
Families reporting improved parenting skills	80%	98% (252/257)	
Families reporting increased confidence in their parenting ability	80%	99% (233/235)	
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%	99% (265/268)	
Caregivers passing CPR/First Aid course	80%	100% (87/87)	

Recommendations

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

Additionally, it is recommended the program continues its use of virtual services with families as appropriate.

The BRIDGE

Agency: Sierra Vista Child & Family Services

Current Contract End Date: June 30, 2020

Program Description

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

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

Finances			
Total Award June 1, 2007 – June 30, 2020	FY 19/20 Award	FY 19/20 Expended	Cumulative Amount Expended
\$2,338,000	\$166,500	\$161,352 (97% of budget)	\$2,267,684 (97% of budget)

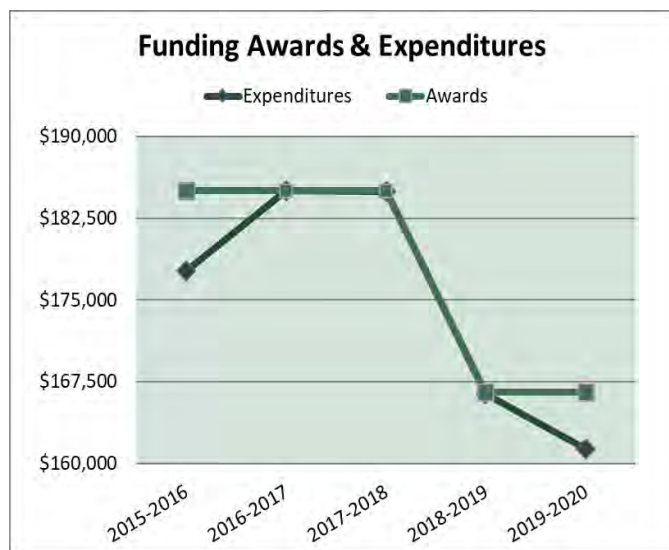
FY 19/20 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Indirect Costs	Indirect Cost Rate	Cost Per Child 0-5 (136)
\$113,809	\$32,775	\$14,768	10%	\$1,186

PARTICIPANT TYPE	% SERVED
Children	28%
41% <3; 51% 3-5	
Parents/Guardians	51%
Other Family	21%

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	19%
Other	81%
Unknown	-

Children 0-5 Served Comparison by Fiscal Year



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

Program Highlights

- In December 2019, The BRIDGE moved to 1414 Scenic Drive in Modesto, about three miles east of its original location, between East and West Modesto. It is now centrally located and surrounded by the Southeast Asian populations it serves. The new facility is larger and provides more meeting space for families.
- The Bridge experienced staffing changes in 2019-2020. On August 16, 2019, The Bridge Site Supervisor resigned. In addition, one of the Cultural Advisors retired on December 31, 2019, further decreasing the number of staff members from four to two. These staffing changes, along with the site move during the year, impacted the program's ability to serve as many clients or offer as many services as in the prior year.
- Sierra Vista responded to COVID-19 sheltering orders by promptly developing protocols and guidance to continue family engagement and services through HIPAA compliant telehealth platforms. Within two weeks of the sheltering order, service provision had transitioned and outreach to families had occurred. The staff exhibited a strong commitment to caring for the families served and for each other. The swift and diligent adaptation to telehealth service delivery and day-to-day operations enabled the agency to maintain high-quality client/family engagement and comprehensive business practices. Community response to these efforts have been overwhelmingly positive and there was minimal to no disruption in services.
- Starting in March 2020, COVID-19 created additional challenges for staff. COVID-19 led to work changes, which included telecommuting and working in the office. If necessary, to assist children and family, staff would go for a home visit to drop off basic necessities while wearing a face mask and maintaining six feet social distance per the CDC's and agency guidelines at all times.
- The BRIDGE provided 2,878 hours for Family Support Services to 42 families representing 136 children 0-5. A total of 957 hours of case management services were provided to 109 families representing 50 children 0-5. While less children 0-5 were served for the year, almost as many families were served. In addition, more family support services and case management service hours were provided during the year with less program staff.

- In 2019-2020, large outreach events were sponsored by The BRIDGE focusing 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 Community Input and Information Meeting, and Modesto Irrigation District (MID) programs which provided staff an opportunity to outreach to families with children/grandchildren 0-5. Outreach workers continually identify and visit SEA families in their homes.
- The BRIDGE received eight food boxes from a collaboration with Ag Link. The food boxes were distributed to families within the Southeast Asian community in need (Cambodian, Hmong, and Lao).
- Special funding was made available via the California Family Resource Association. The BRIDGE purchased basic needs and filled bags to distribute to 40 Southeast Asian families (Cambodian, Hmong, and Lao).
- Leveraging: In 2019-2020, The BRIDGE received \$60,000 from local government sources and \$50,000 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 provide services in Hmong, Cambodian and Laotian languages by staff who are both linguistically and culturally competent. Limited materials are available in the SEA languages; however, The BRIDGE has found several resources for health and parent education materials in SEA languages and uses them regularly. The BRIDGE participates in the monthly Cultural Competency Equity and Social Justice Committee (CCESJC) facilitated by Stanislaus County Behavioral Health & Recovery Services (BHRS). Additionally, Sierra Vista Child & Family Services (SVCFS) employs a Cultural Services Director who oversees all aspects of cultural diversity within the agency, including holding bi-monthly cultural competency meetings specifically structured to support staff who provide services to clients/families.
- Collaboration: The BRIDGE has a long history of collaborating with the Modesto Police Department, MID, PG&E, Probation, CSU Stanislaus, Josie’s Place, El Concilio, BHRS, among other organizations. The BRIDGE also has collaborative relationships with several local Modesto City School campuses; Robertson Road, Kirschen, and Burbank. The BRIDGE continues strong and active collaborations with West Modesto King Kennedy, CVOC, Clients’ Rights Advocates, Modesto Commerce Bank, and the Cambodian and Laotian Temples. The BRIDGE also continues strong collaborations with doctors’ offices, social security, the Community Services Agency, and to providing linkages to interpreting services for families. The BRIDGE has created new relationships with other agencies and businesses including Modesto Commerce Bank, Self-Help Federal Credit Union, United Way, Public Health Advocates, Doctor’s Medical Center, Stanislaus County Library, and Valley Mountain Regional Center. In addition, The BRIDGE has also collaborated with Health Plan of San Joaquin, Health Net, and Central California US 2020 Census. The Stanislaus Asian American Community Resource (SAACR) has reached out to and collaborated with The BRIDGE as well.
- Sustainability: The BRIDGE’s continued strategy is to seek outside funding sources (grants, allocations, and other government support) and to work with a volunteer grant writer to search out and apply for new grants focused on serving The BRIDGE’s client base to fund its current and future operations. The BRIDGE currently uses funding through grants from CSA CalFresh, Kaiser and California Resource Association. However, the majority of the program’s funding continues to be provided by the Commission.

Prior Year Recommendations

2018-2019 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM’S RESPONSE
<p>1. Continue to work on the Commission’s priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission’s financial support ends.</p>	<ul style="list-style-type: none"> • 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, fundraising). SVCFS consistently

	seeks to leverage new and diverse funding to broaden services to families and bolster financial stability. Lastly, SVCFS values collaboration throughout the organization and with partners to provide children and families with the most comprehensive services to meet the unique needs of the community as well as to minimize duplication of services.
2. Continue to work to increase the number of caregivers engaging in parenting education services.	<ul style="list-style-type: none"> The BRIDGE increased outreach activities to engage the community in parenting classes. This was successful as indicated in outcomes. The BRIDGE staff will continue to outreach and encourage engagement in parenting classes.
3. Continue to work to increase the number of children 0-5 engaging in literacy services.	<ul style="list-style-type: none"> The BRIDGE increased outreach activities to engage more 0-5 children in Literacy activities. This was successful as indicated in outcomes. The BRIDGE staff will continue to outreach and encourage engagement in literacy services.

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%	97% (132/136)
Children 0-5 referred during the year have caregivers who receive referrals, resources, or support services	80%	100% (92/92)
Children 0-5 have caregivers who receive ongoing case management	40%	54% (50/92)
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%	09% (89/111)
Children 0-5 who are assessed have caregivers who received depression screenings	60%	100% (90/90)
Children whose caregivers indicate a need will receive a mental health referral	90%	N/A (0/0)
Children 0-5 whose families are assessed receive developmental screenings	55%	100% (81/83)
Children who indicate a need will be referred for further developmental assessment	90%	N/A (0/0)
Children 0-5 served indicate increased time reading at home with family	60%	100% (49/49)

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 continues 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:

- Offer virtual services with families as appropriate.
- Continue to work to increase the number of caregivers engaging in parenting education services.
- Continue to work to increase the number of children 0-5 engaging in literacy services.

Family Resource Center Countywide Summary

Agencies: AspiraNet, Center for Human Services, Ceres Partnership for Healthy Children,
Sierra Vista Child & Family Services, Parent Resource Center
Current Contract End Date: June 30, 2020

Program Description

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

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

Finances							
Total Award June 1, 2005 – June 30, 2020		FY 19/20 Award		FY 19/20 Expended (% of budget)		Cumulative Amount Expended (% of budget)	
Commission Funds	Combined Funds <i>(includes CSA)</i>	Commission Funds	Combined Funds <i>(includes CSA)</i>	Commission Funds	Combined Funds <i>(includes CSA)</i>	Commission Funds	Combined Funds <i>(includes CSA)</i>
\$22,037,246	\$30,666,207	\$1,559,357	\$2,459,357	\$1,476,549 (95%)	\$2,1704,815 (88%)	\$20,480,844 (95%)	\$28,786,269 (94%)

Cost per Child 0-5 to Commission (2,222) = \$608

PARTICIPANT TYPE	% SERVED
Children	23%
46% <3; 54% 3-5	
Parents/Guardians	38%
Other Family	39%
RACE/ETHNICITY	PERCENTAGE <small>(ALL PARTICIPANTS)</small>
Hispanic/Latino	59%
White	24%
Black/African American	4%
Asian	<1%
Alaska Native/American Indian	-
Pacific Islander	<1%
Multiracial	2%
Other	2%
Unknown	8%
LANGUAGE	PERCENTAGE <small>(ALL PARTICIPANTS)</small>
English	68%
Spanish	28%
Hmong	-
Other	-
Unknown	4%

An Investment In Communities

Family Resource Centers and Differential Response

During the last 14 years, the Commission has invested \$22 million dollars in Differential Response-Family Resource Centers (DR-FRCs). The funding for 19/20 represents 48% of the Commission's total program budget and 69% of the budget allocated to Improved Family Functioning. This investment is based on both published national research about DR and FRCs, as well as the results that Stanislaus County has experienced. The Commission is funding what works within an effective structure.

What Works

Family Resource Centers

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

Shared Principles

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

Key Characteristics

- Integrated
- Comprehensive
- Flexible
- Responsive to community needs

Differential Response

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

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

Effective Structure

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

Family Development Matrix and Case Management (Improved Family Functioning)

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

Parent Education and Support Groups (Improved Family Functioning)

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

Community Outreach

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

FRC Core Services

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

Behavioral Health Services/ Depression Screenings (Improved Family Functioning)

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

Developmental Screenings/Preparation for School (Improved Child Development)

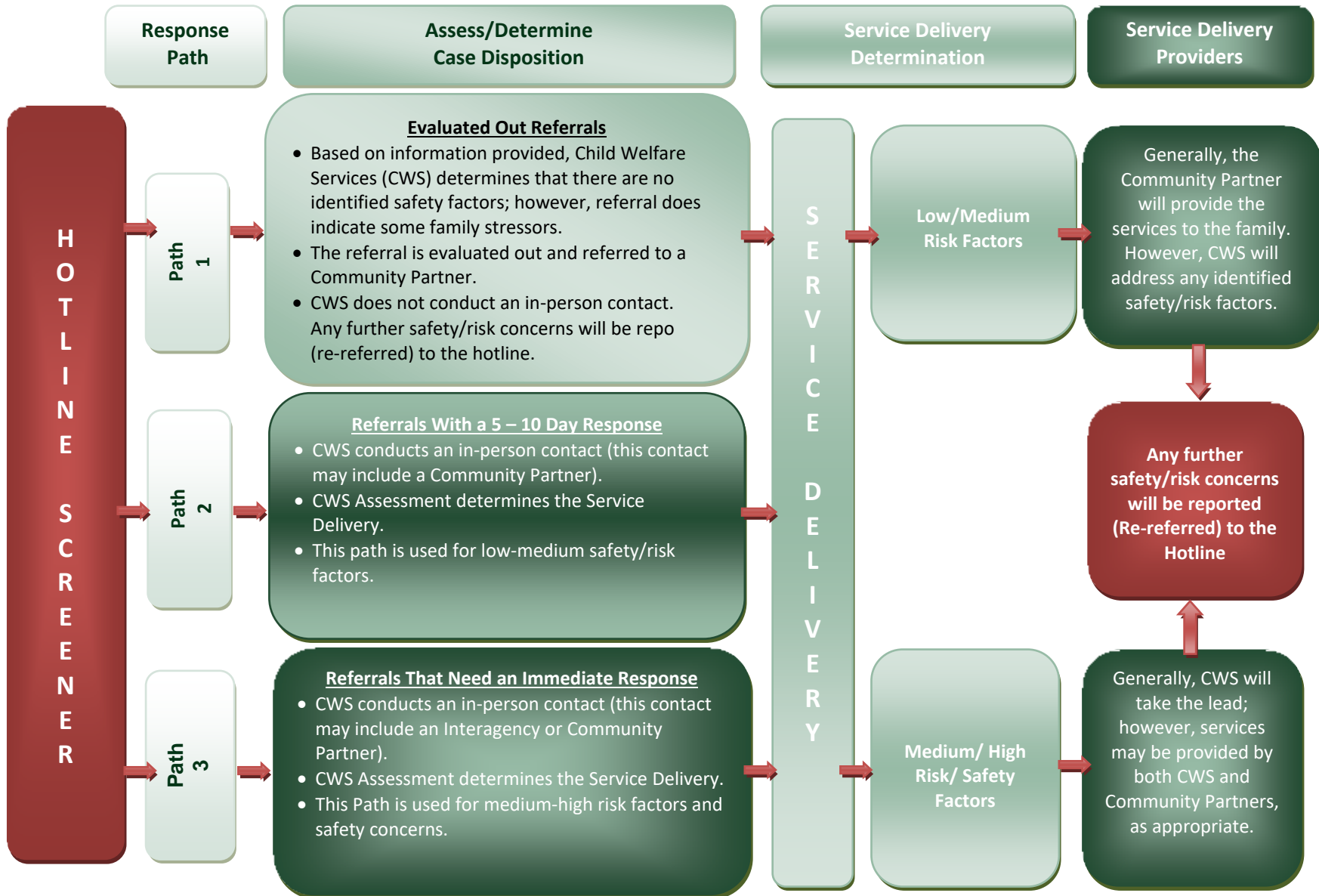
The Ages and Stages Questionnaire is used by all FRCs to screen children 0-5. The screening is intended for the early detection of developmental concerns in asymptomatic children. The caregiver is involved in the screening process, and child development activities and issues are discussed. If indicated,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

Health Insurance Enrollment Assistance (Improved Health)

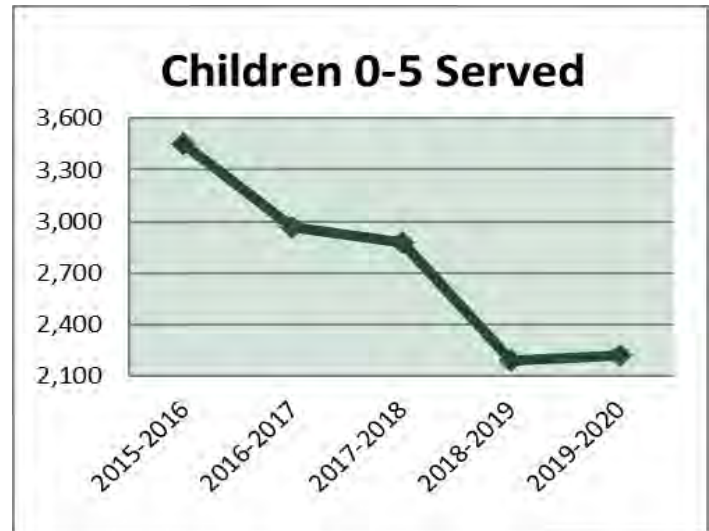
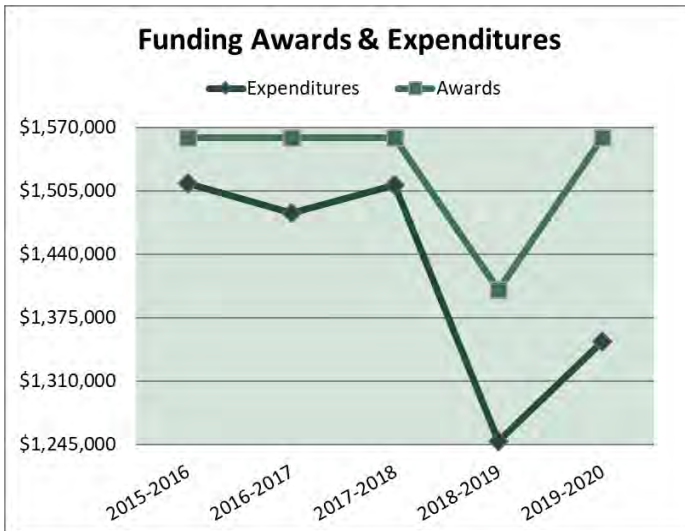
Every family who is assessed by an FRC is asked about the status of health insurance for their children 0-5. If a child does not have medical insurance, the family is assisted with applying for a program such as Medi-Cal and Kaiser Kids within 90 days of the assessment. FRCs conduct this activity in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

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

Stanislaus Differential Response Paths



Children 0-5 Served Comparison by Fiscal Year



Commission funding for countywide FRCs has remained stable except for 18/19 when all programs receiving funding reductions in an effort by the Commission to balance its budget while going through extensive strategic planning. FRC expenditures have been relatively stable (averaging 93% of award). The number of children served in 15/16 was high attributed to increased outreach efforts and an expansion of service by FRC. The number served returned to prior levels in 16/17 and declined slightly 17/18. In 18/19, there was a significantly decline in the number served in as a result of several factors: reduced funding, reporting error that were corrected, and staffing vacancies that impacted outreach efforts and service provision. The FRCs had a slight increase in the number served in 2019-2020 due to their efforts to engaging families during the pandemic using alternative formats.

Program Highlights

- In 2017-2018, CSA added an additional \$400,000 to the FRC program for the provision of After Care services. CSA began referring clients who closed out their family unification and family maintenance cases with CSA to FRCs for After Care support. The intent of After Care services is to increase awareness of and utilization of community resources by referred clients. CSA and FRC staff continue to develop strategies to further engage After Care clients and the FRCs have been slowly increasing their work with this population.
- In addition to collaborating with others in the region, the FRCs work together through the Multidisciplinary Team (MDT) within Stanislaus County. The MDT consists of providers of Differential Response services from each FRC. The Team has been meeting twice monthly since the inception of FRCs. The MDT members discuss cases, protocol, and best practices, as well as share successes and challenges.
- Each FRC partners with a wide and unique spectrum of agencies, businesses, and community organizations to serve the needs of the children and families it serves. The list of partnerships is extensive and continues to grow as one of the critical roles of the FRCs is to link children and families to community resources. The FRCs have become established and trusted in the communities and are considered hubs of services. Partnerships and collaboration are the cornerstones for this development.
- Each FRC utilizes unique tools for evaluation and operational purposes. However, the following are the common tools all FRCs use:
 - ✓ Stanislaus County Outcomes and Results Reporting Sheet (SCOARRS) - Completed quarterly throughout the fiscal year addressing five milestones: 1) Caregivers' assets and needs are assessed; 2) Mental health issues of caregivers are assessed; 3) Children receive early screening and intervention for developmental delays and other special needs; 4) Children possess literacy tools (books, skills) and caregivers demonstrate improved literacy skills; and 5) Caregivers possess parenting knowledge, skills, and support. The SCOARRS lists the strategies each program uses to reach milestones, and the indicators that show progress towards the milestones and planned outcomes.

- ✓ 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 sixty days to track the progress a case managed family is making towards independence and resiliency. The periodic assessments can be compared to document changes in the family unit.
 - ✓ Intake Forms/Logs – FRCs began using intake forms that collected consistent information. These coordinated intake forms allowed FRCs to collect and report data more consistently and accurately.
 - ✓ ASQ (Ages and Stages Questionnaire) – Every FRC uses the ASQ-3 to screen children 0-5 for developmental concerns.
 - ✓ Burns Depression Screening – Every FRC uses this screening to assess depression indicators.
- Due to the COVID-19 pandemic, delivery of all FRCs' services were still offered, although, via modified formats. All in person classes and groups were transitioned to virtual platforms. One-on-one meetings have been moved to virtual or telephone appointments. Staff adhere to strict safety procedures when in person contact is required, including wearing masks, social distancing, sanitization/disinfecting procedures, and health screenings for staff and clients before the in-person contact was made. The FRCs also increased their social media presence to reach families. These strategies allowed families to access critical services and resources during the pandemic.
 - The FRCs continued to offer holiday and other events to families using drive through or pick-up formats which allowed families to participate while maintaining social distance. Families received the materials needed to participate in the activities planned by the FRCs and could virtually join FRC staff for the scheduled activities. This allowed families to continue to have a sense of normalcy and much needed social connection during the pandemic. The FRCs also provided other materials in this way including: school readiness activities for families, self-care packets for caregivers, food and hygiene kits for families, and distributing emergency supplies First 5 Stanislaus received from First 5 California.
 - With the COVID-19 pandemic, families faced more struggles including: loss of employment or reduced work schedule, lack of availability or inability to access food and daily supplies, lack of availability or inability to access cleaning and hygiene supplies, the stressors of needing to become teachers for their children, and coping with anxiety and uncertainty. Due to being geographically dispersed throughout the County and their established relationships within their communities, FRCs were recognized as strategic partners to support families during the pandemic. Therefore, the FRCs received various COVID emergency grants to provide needed support for families such as housing and utility assistance and gift cards to purchase food, cleaning, hygiene and other basic needs.
 - Leveraging: As a group, in 2018-2019 the FRCs leveraged a total of \$1,222,064 from local government sources and \$263,984 was generated by civic groups, foundations, and local fundraising events.
 - Cultural Competency: All DR-FRCs are committed to the continued development of cultural competency for staff. FRCs recruit and hire multicultural and bi-lingual staff to meet the needs of their diverse communities. A large number of bi-lingual Spanish staff are employed by FRCs. FRCs employ staff with fluency in other languages including Cambodian, Laotian, Hmong, Farsi, Assyrian, and American Sign Language. FRCs also contract with the Language Line for translation for other languages and interpreters as needed. The FRCs provide direct services, literature, and presentations in threshold languages and in other languages as material is available. Staff at the FRCs is provided with ongoing cultural competency training in order to provide competent services to clients.
 - Collaboration: FRCs have developed an extensive number of collaborations with public, private, and non-profit agencies including: El Concilio, The BRIDGE, other Family Resource Centers, Women Infant and Children (WIC), Workforce Development, Healthy Birth Outcomes, Healthy Starts, International Rescue Committee, Family Justice Center, Salvation Army, United Samaritans, Children's Crisis Center, 211, Promotoras, local health plans and health clinics, churches, city governments, County departments, school districts, civic groups, and CalFresh.
 - 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 2018-2019 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	
2018-2019 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
<p>1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.</p>	<ul style="list-style-type: none"> • On Sustainability: CHS and our FRCs will continue to grow a broad base of local community support and involvement to help sustain our work in the communities of Oakdale/Eastside, Westside/Newman/Patterson and Ceres. The agency will work to advance best practices and strong partnerships, as well as connect to larger, regional or national funding opportunities that support family strengthening work. Locally, CHS has been successful at promoting regional fund-raising events to increase our unrestricted funding, as well as utilizing MAA Medi-Cal as an additional resource to support FRC work. This year we will be focused on planning and new partner/funder development for all our community FRCs. • On Leveraging: The FRCs continue to build a continuum of leveraged resources and support from public and private partners. We have leveraged monetary donations, manpower, food, clothing, space and household items (to name a few) and continue to look for ways to minimize costs and maximize our funding. A good example of leveraging is our collaborative application to CFRA for Emergency Funding to support all DR/0-5 FRCs in Stanislaus County. Leveraging our partnerships and resources resulted in an additional \$37,386 for impacted FRC 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.
<p>2. Work to increase the number of caregivers engaging in parenting education services.</p>	<ul style="list-style-type: none"> • Ceres Partnership promotes parent engagement and education by implementing several strategies, including 1:1 sessions, parent cafes, activity based events with families and workshops. We share local partner programs and opportunities to connect them to a broader array of resources to help them increase their parenting knowledge and skills.

<p>3. Work to increase the number of children 0-5 engaging in literacy services.</p>	<ul style="list-style-type: none"> • Ceres Partnership has been providing a variety of literacy services for children since its establishment in 1996. We have robust school readiness and literacy groups and are frequently at capacity in terms of the maximum number of children per group (which are bilingual English/Spanish). We work with our local schools and Head Start partners to recruit children for groups and will continue to focus on literacy services. Use of the Creative Curriculum has been key to strong child engagement.
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EASTSIDE	
2018-2019 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
<p>1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.</p>	<ul style="list-style-type: none"> • Center for Human Services continues to look for programs or grants to support sustainability efforts. Leveraging and collaboration with other partners, as well as developing other strategies, are a priority to ensure identified services continue as the Commission's financial support ends. The Center for Human Service is committed to continue to provide service to the Eastside Community as it has done for the past 18 years. • Medi-Cal Administrative Activities (MAA) is an example of unrestricted funds that are available that we are using as a way to leverage the end of financial support for the Oakdale FRC.
<p>2. Work to increase the number of caregivers engaging in parenting education services.</p>	<ul style="list-style-type: none"> • This has been a unique year. We are utilizing virtual platforms and drive thru events to engage our community. Each time someone new engages us we complete a welcome form to get to know them and we invite all of our parents to our parent cafe and other groups that fit their needs and is appropriate for their current stage in life. We have increased our group size for parent cafe and also heard their request to offer it twice per month.
<p>3. Work to increase the number of children 0-5 engaging in literacy services.</p>	<ul style="list-style-type: none"> • While our services are anything but traditional currently, I would say we have been able to reach far more families in literacy services during this time. We are using Facebook and have engaged hundreds of families with our virtual story time, crafts, and bingo. We are also engaging families on Zoom two times per month.

FAMILY RESOURCE CONNECTION	
2018-2019 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
<p>1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.</p>	<ul style="list-style-type: none"> The program partners, Parent Resource Center and Sierra Vista Drop-In Center, continued to work on sustainability by seeking new funding sources to maintain services. The PRC was awarded funding from the City of Modesto CBDG and Stanislaus County CBDG funding, both for parenting education classes. Also, as of March 2020, the PRC had a new contract from Stanislaus County Behavioral Health and Recovery Services to promote mental health awareness in west Modesto. Sierra Vista secured funding through BHRS and Probation to operate a Youth Assessment Program for youth at risk for law enforcement involvement. The Family Resource Connection project partners continually work on the priorities of financial sustainability, leverage, and collaboration.
<p>2. Work to increase the number of caregivers engaging in parenting education services.</p>	<ul style="list-style-type: none"> During fiscal year 2019-2020, the Family Resource Connection provided parenting education to 91 caregivers using Prop-10 funding. This is a decrease from 254 in fiscal year 2018-2019. However, a total of 258 parents/caregivers received parenting education through all programs. At the PRC these caregivers were primarily served through two CDBG programs with the City of Modesto and Stanislaus County, ensuring families in our community did not go without the important skills that can be learned from parenting classes. During the last quarter and due to classes and services being delivered via video platforms because of the COVID pandemic, staff reported a higher level of parent engagement.
<p>3. Work to increase the number of children 0-5 engaging in literacy services.</p>	<ul style="list-style-type: none"> Staff at all sites actively promote and engage children 0 to 5 in literacy services through book distribution, encouraging parents to read with their children, and providing a variety of learning activities while children are in child care. In January 2020 the Family Resource Connection staffs received training on The Creative Curriculum which utilizes a variety of activities to promote literacy and was incorporated by staff. Example activities that focused on engaging children include caterpillars and butterfly cycle project, the emotions (emoji) activity, and reading books to incorporate learning new vocabulary words, colors and related topics. The reading of the Peter the Cat book, "I Love My White Shoes" demonstrates a high level of literacy and engagement for children. Children read about Peter stepping into different things like blueberries, strawberries, and mud, and his white shoes changed colors with each object. Using craft sticks the children made puppets of the strawberries, blueberries, mud, water and the shoes, then sang the book's song, "I Love My White Shoes," using the puppets to demonstrate the cat stepping into objects until the cat steps into a water buck and the shoes come out white again. The phonemic awareness, phonics, new

	<p>vocabulary, reading comprehension, fluency and ability to learn rhyming words are other learning experiences that children experience by reading and singing. They also use their motor skills when turning the pages, holding the puppet sticks, and also body coordination when dancing to the song. The activities are easy and can be repeated at home, plus the materials are low cost and easy to access, increasing the likelihood of being used.</p>
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<p style="text-align: center;">HUGHSON</p>	
<p style="text-align: center;">2018-2019 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS</p>	<p style="text-align: center;">PROGRAM'S RESPONSE</p>
<p>1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.</p>	<ul style="list-style-type: none"> 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, fundraising). SVCFS consistently seeks to leverage new and diverse funding to broaden services to families and bolster financial stability. This fiscal year SVCFS leveraged new funding with BHRS PEI Brief Intervention Counseling Program Lastly, SVCFS values collaboration throughout the organization and with partners to provide children and families with the most comprehensive services to meet the unique needs of the community, as well as to minimize duplication of services. Specific to HFRC, the advisory board has continued to develop new fundraising opportunities. They have consistently increased their fundraising dollars each year.
<p>2. Work to increase the number of caregivers engaging in parenting education services.</p>	<ul style="list-style-type: none"> Hughson staff have reached out to the local elementary schools in the geographical area to educate on the parenting services available. The staff has created relationships with local churches to distribute services information. In March, letters were mailed to current and former clients with information on services being offered virtually and how to access it. The staff also visited migrant campus providing outreach regarding parenting services.
<p>3. Work to increase the number of children 0-5 engaging in literacy services.</p>	<ul style="list-style-type: none"> Hughson staff hosted several literacy events/activities focused on early literacy. The themed events helped engage children and promote literacy services. The staff also visited migrant campus providing outreach regarding literacy services.

NORTH MODESTO / SALIDA

2018-2019 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
<p>1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.</p>	<ul style="list-style-type: none"> 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, fundraising). SVCFS consistently seeks to leverage new and diverse funding to broaden services to families and bolster financial stability. Lastly, SVCFS values collaboration throughout the organization and with partners to provide children and families with the most comprehensive services to meet the unique needs of the community, as well as to minimize duplication of services.
<p>2. Work to increase the number of caregivers engaging in parenting education services.</p>	<ul style="list-style-type: none"> North Modesto staff have reached out to the local elementary schools in the geographical area to educate on the parenting services available. The staff has created relationships with local churches to distribute services information. In March, letters were mailed to current and former clients with information on services being offered virtually and how to access it.
<p>3. Work to increase the number of children 0-5 engaging in literacy services.</p>	<ul style="list-style-type: none"> North Modesto staff hosted several literacy events/activities focused on early literacy. The themed events helped engage children and promote literacy services.

TURLOCK

2018-2019 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
<p>1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.</p>	<ul style="list-style-type: none"> Aspiranet TFRC continues to work to achieve Commission's priorities of sustaining, leveraging, and collaborating to ensure services continue after the Commission's financial support end. The TFRC will continue to participate in the Commission's ongoing strategic planning towards sustaining funding streams towards the continued support of the FRC's. Aspiranet grant writers continually seek to expand resources and develop ways to raise funds. Currently, a Big Lots grant is in the RFP stage. Additional county funders serve to support the FRC expenses. Collaboration with other agencies generates expanded resources for the families in our community. Recently, WIC considered partnering with the TFRC, however, the space wasn't conducive to their needs. TFRC has been awarded the OCAP collaborative grant along with the other FRC's. Aspiranet

	<p>applied for another CSA grant with the plan to further leverage the TFRC expenses, however, negotiations resulted in CSA declining our bid. Aspiranet will continue to seek out other needed county programs.</p> <ul style="list-style-type: none"> • TFRC is looking to decrease the cost of overhead by looking for another building. • Our volunteer program has been successful and we plan to increase use of volunteers to include mentoring. TFRC is a Workforce Development site for the CSP program that allows Aspiranet to hire potential employees in their program without any cost to the employer.
<p>2. Work to increase the number of caregivers engaging in parenting education services.</p>	<ul style="list-style-type: none"> • The TFRC will continue to provide outreach to parents in the community, as evidenced by passing out flyers in the community and at local events. The TFRC staff will also continue reaching out to preexisting clients for referrals. The TFRC has started utilizing social media in order to inform parents in the community of the parent education services currently being offered. The TFRC provides incentives to parents that participate in the parent education services, as well as incentives to parents who refer others from the community.
<p>3. Work to increase the number of children 0-5 engaging in literacy services.</p>	<ul style="list-style-type: none"> • The TFRC will continue to pass out books to clients in order to promote literacy in the home setting. The TFRC has utilized different platforms in order to engage youth in a weekly story time facilitated by a TFRC staff member. The TFRC will be doing outreach at local libraries and putting together a “Book of the Month Club”.

WESTSIDE	
2018-2019 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM’S RESPONSE
<p>1. Continue to work on the Commission’s priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission’s financial support ends.</p>	<ul style="list-style-type: none"> • The Center for Human Service is committed to continue to provide service to the Westside Community as it has done for the past 18 years. Center for Human Services continues to look for programs or grants to support sustainability efforts. Leveraging and collaboration with other partners, as well as developing other strategies, are priorities to ensure identified services continue, as the Commission’s financial support ends. • The development of a strong FRC regional network will be important to join to help leverage possible funding streams that can help sustain the programs. • Medi-Cal Administrative Activities (MAA) is an example of unrestricted funds that are available that we are using as a way to leverage the end of financial support for the Westside FRC’s.

<p>2. Work to increase the number of caregivers engaging in parenting education services.</p>	<ul style="list-style-type: none">• The Westside FRCs will focus to work with community partners, organizations and schools to outreach and engage caregivers in parenting education. We are looking to engage caregivers in non-traditional parenting education like Parent Café and/ or more formal parenting education. We will work to provide these parenting groups at our FRC locations, but also be more accessible by offering the parenting groups at other locations like community centers, and classrooms.
<p>3. Work to increase the number of children 0-5 engaging in literacy services.</p>	<ul style="list-style-type: none">• The Patterson and Newman FRC will use social media as an approach to engage more children 0-5 in literacy services. Working with partners in the community like WIC, Healthy Starts, public library and schools to outreach will help parents become aware of the literacy services provided at each of our FRC's. Working with current parents to help reach other parents and using volunteers like the Community Promotoras to disseminate information about the literacy groups offered.

Planned Versus Actual Outputs / Outcomes

Family Resource Centers 19/20 Annual Scorecard Data

	Ceres Partnership	Eastside FRC	Parent Resource Center	Hughson FRC	North Modesto / Salida	Turlock FRC	Westside FRC	Total
FRC Staff will provide an FDM Assessment to the caregivers of children 0-5 (AC, DR & Non-DR).								
30% children 0-5's caregivers who responded to a contact will receive a second FDM assessment	29%	2%	38%	21%	37%	35%	1%	63% 527/1934
FRC staff will provide a valid depression screening to caregivers of children 0 -5 who receive an FDM assessment (AC, DR & Non-DR).								
Number of the children 0-5 whose caregivers receive depression screenings.	43	31	464	151	144	105	28	966
FRC staff or contracted staff will provide group and individual mental health counseling to caregivers of children 0-5. Improvement will be reported by clinician.								
96% of the children 0-5 whose caregivers receive GROUP counseling will, according to their clinician, indicate improvement with presenting issues	N/A 0/0	N/A 0/0	N/A 0/0	100% 17/17	100% 15/15	95% 21/22	N/A 0/0	98% 53/54
80% of the children 0-5 whose caregivers receive INDIVIDUAL counseling will, according to their clinician, indicate improvement with presenting issues	N/A 0/0	N/A 0/0	N/A 0/0	100% 7/7	100% 20/20	94% 29/31	N/A 0/0	97% 56/58

Family Resource Centers 19/20 Annual Scorecard Data

	Ceres Partnership	Eastside FRC	Parent Resource Center	Hughson FRC	North Modesto / Salida	Turlock FRC	Westside FRC	Total
FRC Staff will provide children 0-5, whose caregivers are assessed, with developmental screenings using Ages & Stages Questionnaire (AC, DR, & Non-DR)								
65% of the children 0-5, whose caregivers receive a second FDM assessment, will receive developmental screenings.	50	48	256	98	61	72	43	628
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	84%	96%	97%	100%	100%	92%	100%	96% 560/585
97% of children 0-5 will be provided books	100%	100%	99%	100%	100%	100%	100%	100% 584/585
75% of children 0-5 whose caregivers receive adult literacy services will self-report an increase in adult literacy skills	100%	100%	96%	100%	100%	100%	100%	99% 559/564

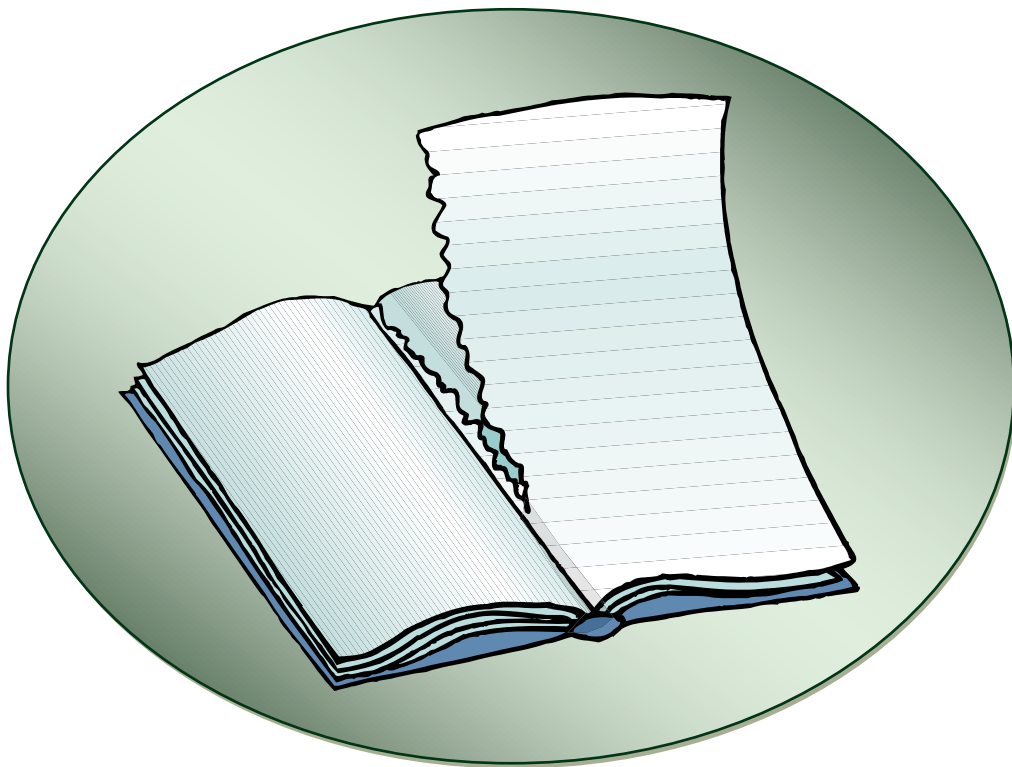
Recommendations

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

Additionally, it is recommended that Family Resource Centers:

- Work to increase the number of caregivers engaging in parenting education services.
- Work to increase the number of children 0-5 engaging in literacy services.
- Continue their use of virtual services with families as appropriate.

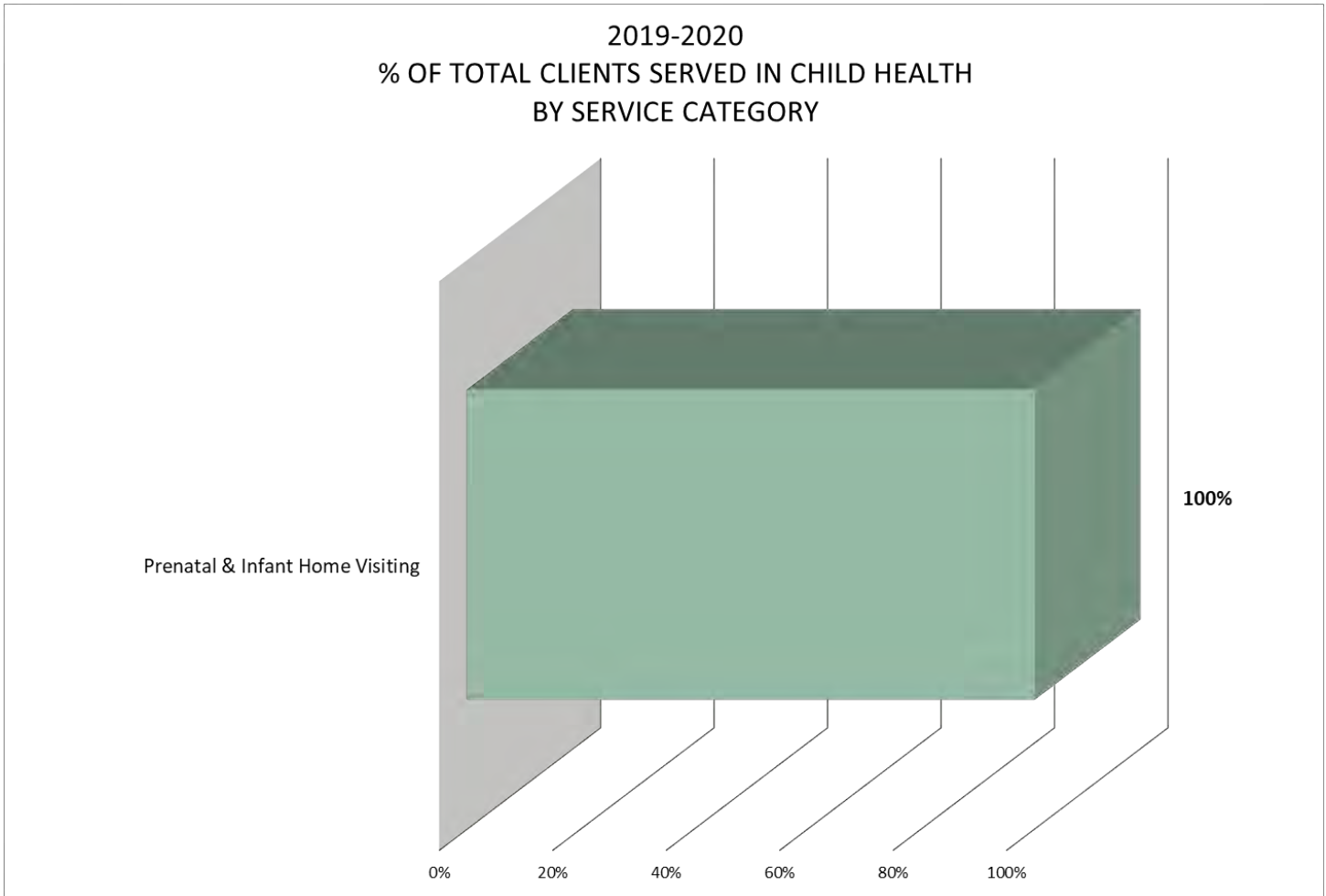
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Result Area 3: Improved Health

Description

Children who are born healthy and stay healthy is the goal of the Result Area 3: Improved Health. In order to work towards this goal, the programs in this result area include those that increase access to, and provide healthcare and health education for pregnant women, children 0-5, and their families. The Commission’s strategy is to fund programs that are working towards the two objectives for this result area: (1) Increase the rate of healthy births and (2) Increase children’s access to and utilization of health insurance benefits. The Prop 10 funded program categorized under Improved Health, represents 20% of the 2019-2020 budget.



Result Area 3 Services and Service Delivery Strategies

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

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

Desired Result: Children Are Born Healthy and Stay Healthy

Objectives:

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

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

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

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

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

How Much Was Done?**How Well Was it Done?****Is Anyone Better Off?**

- 530 children 0-5 received services that focused on improved health
- 246 pregnant women received prenatal care
- 246 women (who were pregnant for the first time) participated in pregnancy support groups
- 125 home visits were made to at-risk pregnant women
- Caregivers of 296 children participated in health, nutrition, or safety programs

Infants are Being Born Healthy

- 80% of the infants born to participants in a healthy birth program (122/153) were born term
- 84% of the infants born to participants in a healthy birth program (128/153) 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 (141/153) initiated breastfeeding

Pregnant Women in a Healthy Birth Program Have Increased Knowledge and Make Positive Health Decisions for Themselves and Babies

- 100% of the infants (71/71) were up-to-date on immunizations at one year and 100% had health insurance (71/71)
- 91% of participants (1,111/1,218 duplicated) report making positive changes based on health, nutrition, and safety classes
- 100% of case managed families (7/7) reported making positive changes for themselves or children

Result Area 3: Improved Health

Program	Amount Expended in 2019-2020 (% of 2019-2020 allocation)	Total # Children 0-5 Served (or served through family members)	Cost per Child 0-5	Total Award To-Date (7/1/2007-6/30/2020)	Cumulative Amount Expended (7/1/2007-6/30/2020)	% of Cumulative Amount Expended
Healthy Birth Outcomes	\$ 948,250 (95%)	530	\$ 1,789	\$ 21,138,004	\$ 19,969,320	94%
TOTAL	\$ 948,250 (95%)	530	\$ 1,789	\$ 21,138,004	\$ 19,969,320	94%

Healthy Birth Outcomes (HBO)

Agency: Health Services Agency
 Current Contract End Date: June 30, 2020

Program Description

HBO focuses on improving maternal and infant health through education and support. Together, Public Health (PH) staff and 10 community partners provide services to pregnant and parenting women and teens in Stanislaus County. Program services are designed for those who are at risk of having an adverse outcome to their pregnancies because of age, medical, and/or psycho-social factors. This partnership also seeks to link individuals, families, and providers in Stanislaus County to available resources, increase access to services, and raise awareness about how to have a healthy pregnancy.

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

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 from 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.

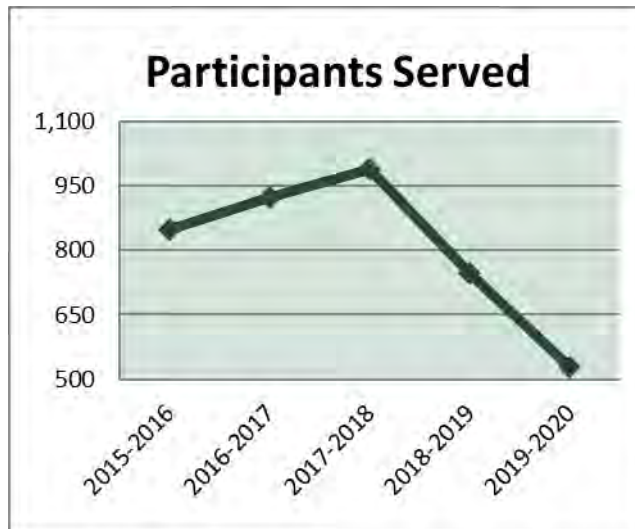
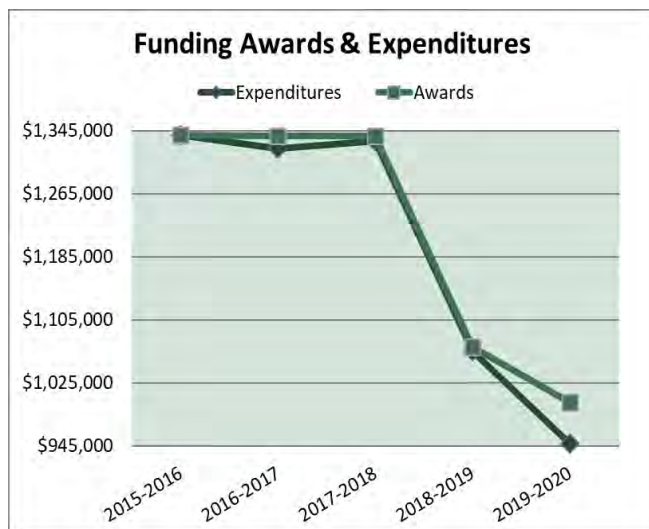
Outreach to locate and provide information on services available to pregnant women is conducted by both the collaborative partners and the Health Services Agency (HSA) Public Health staff through door-to-door outreach, attending health fair events, creating linkages with neighborhood clinics and businesses,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

Finances			
Total Award September 1, 2003 – June 30, 2020	FY 19/20 Award	FY 19/20 Expended	Cumulative Amount Expended
\$21,138,004	\$1,000,000	\$948,250 (95% of budget)	\$19,969,320 (94% of budget)

FY 19/20 Budget / Expenditure Data				
Personnel Costs	Services/Supplies	Community Partners	Indirect Cost Rate	Total Cost Per Participant (530)
\$388,373	\$57,874	\$502,003	10% of personnel	\$1,789

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Participants Served Comparison by Fiscal Year



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

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 case management component of the program has been reduced as these services are being transitioned to existing programs at HSA.
- Overall, HBO program participants deliver babies that are born on time and 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.
- Ten community sites held 422 support sessions and 246 new pregnant women joined the program. 95% of mothers who completed satisfaction surveys stated that the groups met their needs.
- Nearly all sites struggled to enroll 40 new pregnant women into HBO groups. The groups were temporarily suspended as result of the shelter in place orders before transitioning to a digital platform. The sites also struggled to adjust their outreach efforts during the pandemic once the groups resumed in a digital platform.
- More than 79% 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.
- Leveraging: Leveraging data for 2019-2020 was unavailable. HSA staff continue to be impacted due to supporting the COVID 19 response for the community at large.
- 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, which are the two main languages used by program participants.
- Collaboration: HBO works closely with the Maternal, Child and Adolescent Health program at HSA. 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. There continues to be increased collaboration with the Public Health HIV/STD program, 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 Maternal, Child and Adolescent Health 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.

Prior Year Recommendations

2018-2019 ANNUAL PROGRAM EVALUATION RECOMMENDATIONS	PROGRAM'S RESPONSE
1. Continue to work on the Commission's priorities of sustainability, leveraging, and collaboration to ensure services continue after the Commission's financial support ends.	<ul style="list-style-type: none"> • Fiscal year 2020-2021 will be the final year of the Healthy Birth Outcomes program. The high-risk case management component of the program will be absorbed into other existing programs offered at Health Services Agency. The Commission and HSA are developing a strategy to continue offering the community support groups in a modified way without HSA continued involvement.

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%	95%* (83/88)
Women receiving case management services recommend the service to others	85%	100%* (7/7)
Participants demonstrate an increase in knowledge after attending classes promoting health, nutrition, and safety	70%	79%* (963/1,218) (not a unique count)
Participants report having made changes based on what they learned in classes	60%	91%* (1,111/1,218) (not a unique count)
Case managed clients report having made self-care behavior changes for themselves and/or children based on case management services	60%	100%* (7/7)
Participants deliver term infants	90%	80% (122/153)
Participants deliver infants weighing at least 5 lbs. 5 oz. and no more than 8 lbs. 13 oz.	90%	84% (128/158)
Participants initiate breastfeeding	50%	92% (141/153)

Participants breastfeed for at least 6 months	30%	74%* (122/165)
Infants at one year of age have up-to-date immunizations	85%	100% (71/71)
Infants at one year of age have health insurance	85%	100% (71/71)
Clients admitting to substance use initiate treatment program	40%	75%* (3/4)
Case managed women discontinue smoking during pregnancy	25%	N/A* (0/0)
Case managed clients who indicate a need for mental health services are referred	90%	100%* (5/5)
Case managed clients who self-report behavioral health issues at time of intake receive referrals to mental health services	90%	100%* (6/6)
Perinatal providers are reached to increase awareness of services available to pregnant/parenting women	20	7*

* While raw data for these outcomes was collected for the entire year, Health Services Agency staff only provided analyzed data through third quarter as they were assigned to work on the COVID-19 pandemic response in the Emergency Operations Center in Stanislaus County. Commission staff approved this reporting for 19/20 given the staffing constraints the program was under.

Recommendations

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

As it enters its final year, it is recommended the program:

- Prepare its subcontractors and their clients for the conclusion of the HBO program.
- Completed all final reports and submit them in a timely manner.
- Compile and share all training materials and resources developed for HBO with Commission staff.

Result Area 4: Improved Systems of Care/Sustainable Systems

Description

Programs and services funded specifically to improve coordination, leveraging, collaboration, or utilization of resources are to be categorized in Result Area 4: Improved Systems of Care/Sustainable Systems. While the Commission does not have contracts to report under Result Area 4; however, it does have expenditures which support and nurture widespread and overarching collaboration, coordination, and leveraging.

The percentage of the budget represented by the Result Area 4: Improved Systems of Care/Sustainable Systems has consistently been .002%. In 2017-2018, due to State required reporting changes which resulted in contracted funds previously reported in Result Area 4 to be reported in Result Area 1, less than 1% of the Commission's 2019-2020 budget was in Result Area 4. It should be noted, that although the budget allocation for this Result Area is relatively low, expenditures that are allocated to "Other Programs" in the Commission's 2019-2020 budget should be considered as contributing to the results in Result Area 4. These include expenditures for community and partner training education, as well as staff time spent supporting and monitoring programs.

Result Area 4 Services and Service Delivery Strategies

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

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

Objectives:

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

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

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

- **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, skills, and knowledge from other community members and organizations can and are utilized to benefit children 0-5 and families served. Leveraging resources outside of the county, including state, federal, and private sources, is also an effective strategy to sustain results. During FY 18/19, 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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- 100% of the surveyed attendees (331/331) rated the August 2019 and February 2020 ECE/Provider Conferences as good or excellent
- 99% of surveyed attendees (353/356) indicated they would take information they learned at the August 2019 and February 2020 ECE/Provider Conferences and apply it in their family childcare home/classroom/center
- 100% of the surveyed attendees (45/45) indicated the Spanish Language ECE Conference trainer was effective and the content was fair/excellent

Increases in Leveraging Within and Outside of the County

Increase in Resources and Community Assets Leveraged Within the County

- 91% of the Commission contracted programs (10/11) report leveraging of community resources
- A total of over \$1.5 million was leverage from inside sources in 2019-2020

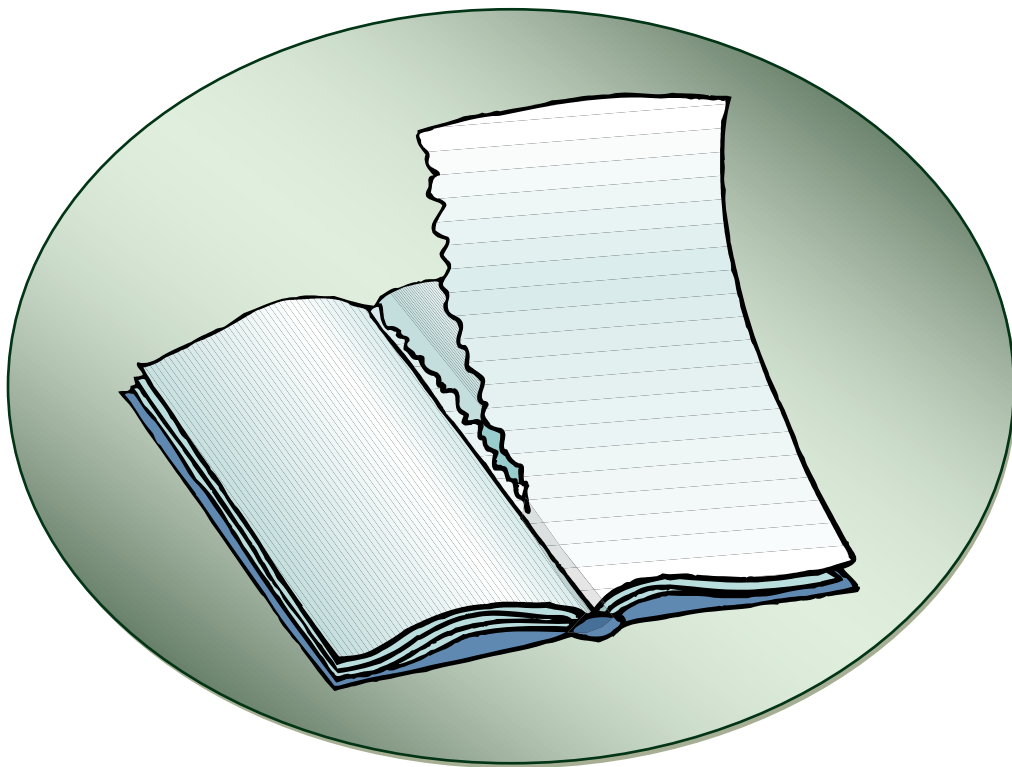
Increase in resources coming into Stanislaus County, As a Result of Leveraged Dollars

- 91% of the Commission contracted programs (10/11) report leveraging Prop 10 dollars to receive funding from outside of Stanislaus County
- Over \$728,944 million was leverage from outside sources in 2019-2020

**Result Area 4: Improved Systems of Care
(Sustainable Systems)**

Program/Activity	Amount Expended in 2019-2020	
Early Care & Education Conferences	\$	6,315
TOTAL	\$	6,315

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APPENDIX - ACRONYMS

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

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

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

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